**WORKFORCE DISABILITY EQUALITY STANDARD**

**2019/2020**



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|  | 1. Background narrative  a. Any issues of completeness of data |  | |
|  |
| b. Any matters relating to reliability of comparisons with previous years |
|  |
| 2. Total numbers of staff  a. Employed within this organisation at the date of the report |
| 7049 (data from 31st March 2020) |
| b. Proportion of disabled staff employed within this organisation at the date of the report |
| 5% |
|  | 3. Self-reporting  a. The proportion of total staff who have self-reported their disability status |  | |
| 76% |
| b. Have any steps been taken in the last reporting period to improve the level of self-reporting by disability |
| No |
| c. Are any steps planned during the current reporting period to improve the level of self-reporting by disability |
| Yes |
| 4. Workforce data  a. What period does the organisation’s workforce data refer to? |
| Data as of 31st March 2020 |
|  | 5. Are there any other factors or data which should be taken into consideration in assessing progress? | |  |
|  | |
| 6. Organisations should produce a detailed WDES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WDES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WDES Action Plan or provide a link to it. | |
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|  | **Indicator**. | **Data for reporting year** | **Data for previous year** | **Narrative – the implications of the data and any additional background explanatory narrative** | **Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective** | **Target date and person responsible** |
|  | **For each of these four workforce indicators, compare the data for disabled and non-disabled staff.** |  |  |  |  |  |
| 1 | % of staff in each of the AfC pay bands or medical and dental subgroups and VSM (excluding executive board members) compared with the % of staff in the overall workforce. | Please see appendix 1 at the end of the document for 2020 data. | Please see appendix 1 at the end of the document for 2019 data. | There has been an increase in staff recording if they have a disability this year, 24% not declare 2020 compared to 28% not declared in 2019. | Develop a campaign which will include a review process to ensure that staff know the importance of why demographic data is collected on ESR. | AH Q4 |
| 2. | Relative likelihood of staff being appointed from shortlisting across all posts. | Non-disabled staff are 1.36 times more likely to be appointed from shortlisting compared to disabled staff. | Non-disabled staff are 1.27 times more likely to be appointed from shortlisting compared to disabled staff. | There has been an increase in the likelihood of a non-disabled staff member being appointed compared to a disabled staff member. | Develop a multi-disciplinary working task group, including HR, clinical staff and service improvement. With the outcome to ensure that people employed in the Trust reflect local populations.  Introduce the reporting of quarterly recruitment information that will be shared with services that will highlight this indicator information at locality/corporate directorate level. | SJ LC AH  Locality EDHR leads  Q3  multi-disciplinary working task group  Q4 |
| 3. | Relative likelihood of staff entering the formal capability process, as measured by entry into a formal process. This indicator will be based on data from a two year rolling average of the current year and the previous year. | Disabled staff are 0.55 times more likely to enter capability than non-disabled staff (they are less likely) | Disabled staff are 1.7 times more likely to enter formal capability than non-disabled staff. | There has been a decrease in the likelihood of disabled staff entering capability, meaning that non-disabled staff are more likely to entre formal capability.  However there are small numbers of formal cases and a high proportion of staff, 39% of those in formal capability, have not declared if they have a disability. | HR to continue to involve the Equality & Diversity and Human Rights team when a disabled staff member is potentially entering the formal disciplinary or capability process. | LH LC  ongoing |
|  | **National NHS Staff Survey indicators (or equivalent**).  For each of the four staff survey indicators, compare the outcomes of the responses for disabled and non-disabled staff. |  |  |  |  |  |
| 4. | Percentage of staff experiencing harassment/bullying or abuse from:   1. Patients/service users, their relatives or other members of the public 2. Managers 3. Other colleagues | Disabled 34%  Non-disabled 28%  Disabled 14%  Non-disabled 9%  Disabled 22%  Non-disabled 13% | Disabled 32%  Non-disabled 25%  Disabled 15%  Non-disabled 8%  Disabled 20%  Non-disabled 14% | The staff survey results remain similar to last year. The results show that disabled staff are more likely to experience harassment ant bullying than non-disabled staff. | Develop and implement an anti-discrimination campaign, which will include a poster campaign to highlight the issue of verbal abuse to staff from service users, relatives, carers and the general public.  Undertake a detailed analysis of the staff survey information looking at different localities and job specialities.  Develop anti-discrimination training sessions on how to address discrimination, bullying and abuse aimed at all staff.  Deliver anti-discrimination training to the Dignity at Work Champions.  Evaluate the procedure for addressing verbal aggression towards staff by patients, carers and relatives using a survey to those who have been involved in verbal abuse incidents.  Develop locality based action plans to address discrimination.  EDHR Locality Leads to promote the procedure for addressing verbal aggression towards staff by patients, carers and relatives | AH Communications Team  Q3  LC KJ  Q3  LC Q4  LC Q3  SJ Q3  EDHR Locality Leads Q3  EDHR Locality Leads  ongoing |
| 5. | Percentage believing that Trust provides equal opportunities for career progression or promotion. | Disabled 86%  Non-disabled 90% | Disabled 87%  Non-disabled 92% | The results are similar to last year’s showing that disabled staff are 4% less likely than non-disabled staff to believe the Trust provides equal opportunities for career progression or promotion. | Explore including disabled staff in the reverse mentoring programme.  Promote coaching, leadership programmes and interview skills training to disabled staff. | MB SJ AH LC Q4  SJ LC AH Q4 |
| 6. | Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. | Disabled 26%  Non-disabled 17% | Disabled 22.5%  Non-disabled 17% | There has been an increase in the percentage of disabled staff who have felt pressure to come to work despite not feeling well enough. There is a 9% difference between disabled staff and non-disabled staff. | Review the Equality & Diversity and Human Rights information within the leadership and management training.  Undertake a detailed analysis of the staff survey information looking at different localities and job specialities. | AW SJ Q3  LC KJ Q3 |
| 7. | Percentage of staff saying that they are satisfied with the extent to which their organisation values their work. | Disabled 44%  Non-disabled 55% | Disabled 46%  Non-disabled 57% | There has been a decrease for both disabled and non-disabled staff. There continues to be a large difference of 11%. | Undertake a detailed analysis of the staff survey information looking at different localities and job specialities. | LC KJ Q3 |
| 8. | Percentage of staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. | 76% | Disabled 89% | There has been a decrease of 13% of disabled staff saying their employer has made adequate adjustments. | Develop a trust wide system for capturing all formal reasonable adjustment requests and the outcome of these.  Develop a health passport for staff that outlines any formal reasonable adjustments required which will move with the staff member into other roles within the trust and a system that enables the passport to be reviewed annually.  Review the reasonable adjustment packs to staff and managers information about reasonable adjustments.  Undertake a detailed analysis of the staff survey information looking at different localities and job specialities. | HC LC Q3  LH HC Q3  HC Q2  LC KJ Q3 |
| 9. | a) The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (out of 10)  b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? Yes or No  Response to b) | Disabled 6.8  Non-disabled 7.2  Organisation average 7.0  Yes  Disability Staff network | Disabled 6.9  Non-disabled 7.4 | This remains similar to last year, with disabled staff being less engaged than non-disabled staff.  The Trust has a monthly disability staff network subgroup which engages with disabled staff. | Undertake a review of disabled staff engagement, seeking views on how disabled staff would like to engage with the organisation on key issues including discrimination. | SJ Q3/4 |
| 10. | Percentage difference between the organisations’ Board voting, non-voting membership and NEDs and its overall disabled workforce.  Definition 2019   |  | | --- | | Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:   * • By voting membership of the Board. * • By Executive membership of the Board. | | Percentage difference between organisations boards voting membership and its overall workforce = -5%  Percentage difference between organisations board executive membership and its overall workforce = -5% | Percentage difference between organisations boards voting membership and its overall workforce = -5%  Percentage difference between organisations board executive membership and its overall workforce = -5% | 67% of the board have not declared if they have a disability. | Request all board members update their demographic data on ESR.  Request a disability lead from the Board. | DL Q3  DL Q3 |

**APPENDIX 1**

**DETAILED STAFF BREAKDOWN DISABILITY 31st March 2019**

**DETAILED STAFF BREAKDOWN DISABILITY 31st March 2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | **Clinical Staff %** | | |
| **Band** | **Disabled %** | | | **Not Disabled %** | **Not Declared %** |
| **1-4** | 6 | | | 57 | 37 |
| **5-7** | 6 | | | 72 | 22 |
| **8 ab** | 4 | | | 73 | 23 |
| **8 cd** | 4 | | | 59 | 37 |
| **9** | 0 | | | 50 | 50 |
| **VSM** | 0 | | | 0 | 0 |
| **Medics** | 2 | | | 80 | 18 |
|  | | | **Non-Clinical Staff %** | | |
| **Band** | | **Disabled %** | | **Not Disabled %** | **Not Declared %** |
| **1-4** | | 5 | | 64 | 31 |
| **5-7** | | 6 | | 72 | 22 |
| **8 ab** | | 3 | | 57 | 40 |
| **8cd** | | 6 | | 44 | 50 |
| **9** | | 0 | | 50 | 50 |
| **VSM** | |  | | 40 | 60 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | **Clinical Staff %** | | |
| **Band** | **Disabled %** | | | **Not Disabled %** | **Not Declared %** |
| **1-4** | 6% | | | 64% | 30% |
| **5-7** | 6% | | | 75% | 19% |
| **8 ab** | 4% | | | 76% | 19% |
| **8 cd** | 6% | | | 61% | 33% |
| **9** | 0% | | | 100% | 0% |
| **VSM** | 0% | | | 100% | 0% |
| **Medics** | 2% | | | 76% | 22% |
|  | | | **Non-Clinical Staff %** | | |
| **Band** | | **Disabled %** | | **Not Disabled %** | **Not Declared %** |
| **1-4** | | 5% | | 67% | 28% |
| **5-7** | | 6% | | 75% | 19% |
| **8 ab** | | 2% | | 65% | 33% |
| **8cd** | | 4% | | 53% | 43% |
| **9** | | 0 | | 0 | 0 |
| **VSM** | | 0% | | 35% | 65% |