

Workforce Disability Equality Standard 2020 Update and Action Plan



Photos kindly provided by DAWN (Disability and Wellbeing Network) members
and the Derriford User Group

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INTRODUCTION

Equality, diversity, and inclusion are crucial to the delivery of our services. We recognise that our community is diverse and our workforce are part of the community which is why we continue to strive towards ensuring we are an inclusive hospital for both our patients and colleagues. University Hospitals Plymouth NHS Trust (UHP) is committed to ensuring equality, diversity and inclusion in part of everything we do. UHP's vision is to provide excellent care, with compassion, wrapped around people's individual needs which is reflected in how we support our colleagues and underpinned by our Trust values:

- Put people first
- Take ownership
- Respect others
- Be positive
- Listen, learn and improve

This update provides an overview of the national 2020 Workforce Disability Equality Standard (WDES) submission from UHP covering the period 01 April 2019 to 31 March 2020. The submission includes workforce data and feedback from the 2019 National Staff Survey results for UHP (all colleagues are able to respond to the survey) in relation to the questions which contribute to WDES.

This update also outlines our key priorities that form part of the Equality, Diversity, and Inclusion (EDI) Improvement Plan.

BACKGROUND

WDES was introduced in 2019 and is designed to improve workplace experience and career opportunities for Disabled people working or looking to work in the NHS, to enable a more inclusive environment for all. The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

WDES enables NHS organisations to review their performance against ten specific measures (metrics) and produce action plans to support positive change and close the gap in the career and workplace experience between Disabled and non-disabled colleagues. Similar to the Workforce Race Equality Standard (WRES) on which the WDES is part modelled, WDES also identifies good practice and compares performance regionally and nationally.

More information can be found at:-

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/workforce-disability-equality-standard>.

UHP's WDES FINDINGS

Workforce Metrics

Metric	Indicator
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. Note: this metric will be based on data from a 2 year rolling average of the current year and the previous year. This metric is voluntary in year one.

Metric 1 - Appendix 1 shows the headcount and percentage of the workforce by payband or staff group and disability. The workforce data shows that Disabled colleagues represent 7.2% of colleagues in non-clinical Agenda for Change (the national pay system for all NHS staff with the exception of doctors, dentists and most senior managers (AfC)) bands 1-4 (134 colleagues) and 5.34% (2 colleagues) at AfC bands 8-9. There has been an increase at AfC Band 2 level of 2% (from 8% to 10%) which has been driven by the reintroduction of Hotel Services (previously Serco).

3.6% of the clinical workforce (excluding medical and dental staff) are recorded as disabled. As at 31st March 2020, 4% of UHP colleagues have declared that they have a disability which remains the same as the previous year and above the national average of 3.6%. 12% of colleagues have not declared their disability status.

Metric 2 - The relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff is 1.86 which indicates that non-disabled applicants are more likely to be appointed than Disabled applicants. This has worsened from the previous year at 1.43 and higher than the national figure of 1.23

Metric 3 – Over the previous two financial years (April to March 2018/19 and 2019/20) there was one case relating to a Disabled colleague entering a formal capability process.

Staff Survey Feedback

879 of the 4602 respondents identified themselves as Disabled which was an increase of 238 from the previous year. Disabled colleagues who answered the survey responded less favourably to the majority of questions particularly relating to their job, managers and the organisation. 53% of Disabled respondents would recommend the Trust as a place to work compared to 63% for non-disabled respondents.

Metrics

Metric	Indicator
4 – Staff Survey Q13	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:- <ul style="list-style-type: none"> • Patients/service users; their relatives or other members of the public • Managers • Other colleagues

	b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5 – Staff Survey Q14	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6 – Staff Survey Q11	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7 – Staff Survey	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
The following NHS Staff Survey Metric only includes the responses of Disabled staff	
8 – Staff Survey Q28b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard (yes) or (no).

Results

Metric 4 - There was a notably higher percentage of Disabled staff compared to non-disabled staff experiencing bullying, harassment or abuse from patients, managers and colleagues in the last 12 months:

Source of bullying, harassment or abuse	Disabled	Non-disabled
Patients/service users, relatives or the public	30.9%	26.3%
Managers	15.7%	10%
Colleagues	26%	16.6%

Positively 51.4% of cases relating to Disabled colleagues are reported either by the individual or a colleague compared to 48% for non-disabled colleagues which is notably better than the national average of 47.8% and 46.6% respectively.

Metric 5 – 81.1% of Disabled colleagues compared to 88.4% of non-disabled staff believe that the Trust provides equal opportunities for career progression or promotion. This is better than the national position of 75.3% and 82.7% respectively.

Metric 6 - 26.7% of Disabled colleagues said that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, in comparison to 18.3% of non-disabled colleagues. The feedback for both Disabled and non-disabled colleagues has improved by 1.7% and is better than the national average (32% and 23% respectively).

Metric 7 - 40% of Disabled staff said that they are satisfied with the extent to which the Trust values their work, compared to 49.4% of non-disabled colleagues. On a positive note the feedback from Disabled colleagues has improved by 3.4% compared to 1.7% for non-disabled colleagues. UHP responds more favourably than the national position at 37.2% for Disabled colleagues and 47.9% for non-disabled colleagues.

Metric 8 - 77.6% of Disabled colleagues believe the Trust has made adequate adjustment(s) to enable them to carry out their work. This is 0.8% increase on last year and better than the national average of 72.4%.

Metric 9 - The staff engagement score for Disabled colleagues is 6.7 (0.1% improvement from last year) which is lower than non-disabled colleagues at 7.1 which remains the same as last year and better than the national average at 6.64 and 7.01 respectively.

We launched a Disability Staff Network which has been set up for the benefit of its members offering a safe space to share experiences and ideas, seek and offer support and receive helpful information. The network will support to organisation with the EDI agenda.

Board Representation Indicator

Metric	Indicator
10	Percentage difference between the organisations Board membership and its overall workforce disaggregated <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board

Metric 10 - The overall representation at Trust Board level is 6% reflective of non-voting/non-executive membership compared to 4% for the overall workforce.

CONCLUSION

The workforce data and staff survey feedback indicates Disabled staff continue to experience workplace inequalities when compared to non-disabled colleagues. In addition COVID-19 has had specific impacts for Disabled people, including those who are shielding or in other areas such as reasonable adjustments (both at home and in new roles) and risk assessments. As we start to understand the impact and effects of COVID-19, UHP are committed to finding ways to bridge the gaps identified through the workforce standard and to better understand the lived experience of Disabled colleagues to enable them to reach their full potential especially in this fast and challenging environment.

NEXT STEPS AND ACTION PLAN

Our key areas of focus in the next 12 months are:-

<p>EDI campaign to change the conversation</p>	<ul style="list-style-type: none"> • Talk openly about our WDES challenges and make EDI part of everyday conversations:- <ul style="list-style-type: none"> ○ Create and share colleague stories to support a change in mind-set in collaboration with the networks ○ Increase our website and social media activity ○ Engage and work collaboratively with our local community
<p>Engagement</p>	<ul style="list-style-type: none"> • Work collaboratively with our networks to: <ul style="list-style-type: none"> ○ Listen, learn and work together to co-create, develop and deliver the ongoing EDI Improvement plan ○ Foster better relationships with our community by opening communication channels, encouraging and welcoming their input into how we achieve our aim and to uncover our blind spots.
<p>Leadership and Education</p>	<ul style="list-style-type: none"> • Maintain a comprehensive EDI package for mandatory training and induction in collaboration with the networks. • Enable people in leadership positions to measure (using ESR data at varying levels including department, role, band) and close the gap in their areas. • Targeted leadership development for Disabled colleagues • Positive action in recruitment to increase applications from protected/underrepresented groups. • Learn from Covid and facilitate collective leadership
<p>Governance and QEIA</p>	<ul style="list-style-type: none"> • Key HR policies to be reviewed through the lens of inclusion in collaboration with the networks, ensuring there is a robust QEIA process. • Cleanse the workforce data to increase declaration rates by reminding colleagues of the purpose of gathering the data. • Ensure reasonable adjustments are clearly outlined within relevant policies
<p>Recruitment</p>	<ul style="list-style-type: none"> • Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, regional and national labour markets (the People Plan). <ul style="list-style-type: none"> ○ Review of reliance on qualifications and education balanced against evidence of competence ○ Easy access to off line applications ○ Review of internal progression and processes.
<p>Wellbeing</p>	<ul style="list-style-type: none"> • Equality, diversity and inclusion action as part of the health and wellbeing conversations described in the People Plan health and wellbeing table • Achieve Disability Confident Level 2

Appendix 1 – Workforce Data

	DISABLED		NON-DISABLED		DISABILITY UNKNOWN OR NULL	
	2019	2020	2019	2020	2019	2020
1a) Non Clinical Staff						
Bands 1	13.64%	6.56%	80.30%	45.90%	6.06%	47.54%
Bands 2	6.00%	10.00%	83.92%	73.56%	10.07%	16.44%
Bands 3	4.17%	3.78%	85.10%	87.94%	10.73%	8.27%
Bands 4	3.07%	3.13%	84.65%	88.75%	12.28%	8.13%
Bands 5	4.41%	5.98%	81.21%	83.70%	14.39%	10.33%
Bands 6	2.99%	2.34%	85.60%	89.84%	11.41%	7.81%
Bands 7	2.84%	4.88%	84.22%	87.80%	12.94%	7.32%
Bands 8a	2.40%	1.89%	81.44%	88.68%	16.17%	9.43%
Bands 8b	0.00%	0.00%	90.74%	95.24%	9.26%	4.76%
Bands 8c	0.00%	3.45%	94.59%	93.10%	5.41%	3.45%
Bands 8d	0.00%	0.00%	100.00%	85.71%	0.00%	14.29%
Bands 9	7.14%	0.00%	78.57%	77.78%	14.29%	22.22%
VSM	0.00%	0.00%	53.85%	54.55%	46.15%	45.45%
1a) Clinical Staff – non medical	2019	2020	2019	2020	2019	2020
Bands 1	26%	16.67%	61%	66.67%	13%	16.67%
Bands 2	5%	4.92%	84%	84.99%	11%	10.09%
Bands 3	4%	4.11%	83%	85.16%	13%	10.73%
Bands 4	4%	3.85%	78%	81.73%	19%	14.42%
Bands 5	4%	3.37%	81%	78.14%	15%	18.49%
Bands 6	3%	2.93%	85%	87.82%	12%	9.25%
Bands 7	3%	3.09%	83%	84.75%	14%	12.16%
Bands 8a	2%	1.63%	81%	80.49%	18%	17.89%
Bands 8b	0%	0.00%	89%	85.71%	11%	14.29%
Bands 8c	0%	0.00%	92%	92.31%	8%	7.69%
Bands 8d	0%	0.00%	100%	100%	0%	0.00%
Bands 9	0%	0.00%	100%	100%	0%	0.00%
VSM	0%	0.00%	0%	0.00%	100%	0.00%
Medical and Dental						
Consultants	1%	1.11%	84%	84.44%	15%	14.44%
Non-consultant career grade	2%	2.07%	91%	90.16%	7%	7.77%
Trainee grades	1%	0.59%	92%	94.69%	7%	4.72%
Other	0%	0.00%	100%	0.00%	0%	0.00%

Appendix 2- Staff Survey

Staff Survey Metrics		2018	2019	National
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues	Disabled	31.4%	30.9%	33.8%
	Non	25.7%	26.3%	26.8%
	Disabled	17%	15.7%	19.8%
	Non	10.4%	10%	13%
	Disabled	26.6%	26%	26.8%
	Non	17.6%	16.6%	18.1%
b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Disabled	50.2%	51.4%	47.8%
	Non	48.1%	48%	46.6%
Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled	78.5%	81.1%	75.3%
	Non	86.2%	88.4%	82.7%
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	28.4%	26.7%	32%
	Non	20%	18.3%	23%
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled	36.6%	40%	37.2%
	Non	47.7%	49.4%	47.9%
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled	76.8%	77.6%	72.4%
The staff engagement score for Disabled staff, compared to non-disabled staff.	Disabled	6.6	6.7	6.64
	Non	7.1	7.1	7.01
b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)			Yes	
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.	Disabled	-4%	-4%	1.8%
	Non	-24%	-50%	70.1%
	Disabled	-4%	6%	1.7%
	Non	-9%	-23%	71.2%