



**Luton and Dunstable University Hospital
Workforce Disability Equality Standard (WDES)**

First WDES Report 2019

12th July 2019

Trust Board Leads for the WRES	Angela Doak - Director of Human Resources Liz Lees - Chief Nurse.
Lead manager compiling this report	Diane Brown – Equality and Diversity Lead
Date this report was approved by the Trust Board	TBC

Website URL where this report can be found: <https://www.ldh.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents>

Introduction and Background

WDES requirements

National NHS research data has indicated that less favourable treatment of Disabled staff can and does occur. Results of the annual NHS staff survey show that nationally Disabled staff consistently report higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities.

The Workforce Disability Equality Standard (**WDES**) was devised by NHS England and the NHS Equality and Diversity Council as a tool to enable NHS organisations to address this.

Following the success of the national Workforce Race Equality Standard (**WRES**), the WDES has been devised with a set of 10 specific metrics (similar to the WRES 9 indicators but titled differently), to measure and benchmark local and national NHS disability equality performance.

The ten evidence-based Metrics will enable the Trust to compare the experiences of Disabled with non-disabled staff and to develop a local action plan and demonstrate progress against these indicators. It is designed to help improve the experiences of Disabled staff and to ensure their equal access to career opportunities and fair treatment in the workplace.

The WDES is mandated in the NHS Standard Contract 2017-19.

Reporting for this has been implemented from year ending March 2019. The Trust is required to publish a report (this report) and their results and to develop action plans to address the differences highlighted by the Metrics with the aim of improving workforce disability equality. This includes completing a data reporting format for national benchmarking. First reports with action plans must be published by 30 September 2019 and based on the data from the 2018/19 financial year.

WDES METRICS

The Trust will submit WDES data annually to demonstrate progress against the 10 metrics of workforce disability equality.

Two metrics focus on disability representation across the Trust at Board Level, in senior management, and across all Pay Bands clinical and non-clinical.

Seven metrics highlight any differences between the experience and treatment of Disabled and Non-Disabled staff. Five are in the National NHS Staff Survey and relate to experiences of patient and colleague conduct the 6th is also in survey and asks Disabled staff about the adequacy of provision of reasonable adjustments. The seventh is with regard to handling capability in performance.

The data submitted is benchmarked and reported on nationally for transparency, and

for sharing of learning and good practice. Since this year one there is limited data for benchmarking purposes at this stage and this is more of a year for initial data sourcing after which Trusts are expected to understand the data and report on it, and that any poor results will trigger their inquiry into the causes with robust evidence based action plans. In particular, areas such as career development, appraisals, capability and recruitment processes

Care Quality Commission Inspections CQC – as for the WRES, WDES performance will be included in the CQC Inspections “well led” domain and supported by WDES advisors. This includes analysis of the Trust’s WDES Report and action plan and how any issues have been addressed. The Trust’s last CQC inspection was last summer 2018.

Trust Commitment

The Trust will publish an Annual WDES report on the Trust website and an action plan for transparency, scrutiny and continuous improvement. The format of this report includes the responses required in the WDES data submission.

The Trust is one of the more diverse organisations in the NHS and in the UK. The Trust is committed to the WDES. Also to promoting equality and diversity in the workforce, and to the inclusive leadership crucially associated with good workforce and patient experience, such as increased staff morale and access to a wider talent pool and improved patient-centered care and innovation.

What Outcomes are intended by the WDES?

- Better understanding of the issues faced by Disabled staff and an increased understanding of Disabled patients’ needs and patient outcomes.
- Key areas highlighted by the Metrics e.g. career development, appraisals, capability and recruitment processes are acted upon.
- Consideration of Disabled staff representation at all levels throughout the organisation and any barriers which stand in the way of their career progression.
- Positive change through action plans to enable a more inclusive environment for Disabled people working in the NHS.
- Support an increased focus on Disability and the voices of Disabled staff.
- Improvement of disability declaration rates on ESR.

The WDES General Data –

Completeness of data and reliability of year on year comparisons

Data is taken from the NHS Electronic Staff Record **ESR** payroll system. Staff provide their disability status on a separate equal opportunity form as part of the recruitment

application process and this is also included on Staff Appointment forms. This has been standard practice for a number of years.

Unlike the WRES and ethnicity (where non-declaration is 2.3%), **non-declaration of disability status is 29% at March 2019.**

It is a National phenomenon for both patients and the workforce that declaration of Disability status, (along with Religion or Belief and Sexual Orientation), is lower compared to other equality areas such as age, gender or ethnicity. This is partially because this data has not been collected for as long as some other protected characteristics and also this data is deemed more sensitive or private.

Since 2017, the Trust has undertaken initiatives to improve declaration and help with confidence in the anonymity, confidentiality and generic nature of the data collected. This has been helped by self-declaration on the Electronic Staff Record **ESR** (see the next section and table). This has helped lower non-declaration from 56.9% in 2016 to 29% in 2019 (a reduction of 27.9%).

This 29% non-declaration still means circa a third of our staff's disability status is unknown which affects data value. Also a constant review of disability status is needed as a disability can be acquired at any time such as through a change in mental or physical health, as part of the ageing process or through an accident or illness.

Measures to improve the level of self-reporting by disability status

ESR has been rolled out and improvements undertaken such as having internet access and a smart phone app for access. Staff are issued an account and are encouraged to use it. They can sign up for user training sessions, or apply a user training handout.

Equality, Diversity and Human Rights weeks in May 2018 and 2019 promoted a "what's it got to do with you?" initiative about the organisational and personal benefits and value of declaration.

Steps planned in the current period – to apply further encouragement of ESR use and continue our "what's it got to do with you" initiative with more varied and engaging approaches.

Workforce data

What period does our workforce data refer to? – Year ending March 31st 2019 (annual data from activities from 1st April to March 31st and status at March 31st)

TOTAL NUMBER OF STAFF – employed at the Trust at March 31st 2019¹ by number and percentage, showing disabled, non-disabled and non-declared staff numbers:

Total Staff numbers –	4353	100%
Total Disabled Staff	78	2.0%
Total Non-disabled staff	2677	69.0%
Proportion of total staff self-reporting ethnicity	2755	71.0%
Non- declaration by staff number ²	1125	29.0%

WORKFORCE DISABILITY PROFILE 2019 (and 2015 to 2018)

Workforce by Disability 2019 (compared to 2015 to 2018)								Varies to 2015		
Status	2015	2015 staff	2016	2017	2018	2019	2019 staff	%	Staff No.	
Disabled	1.5%	58	1.6%	2.0%	2.2%	2.0%	78	0.5%	19	
Not Disabled	47.7%	1851	41.4%	62.4%	67.5%	69.0%	2677	21.3%	826	
Not declared	50.8%	1971	56.9%	35.6%	30.4%	29.0%	1125	-22%	-846	
Total staff 2015 =	3880	Total staff 2019 =					4353			

METRICS - Workforce Disability Equality Metrics

(NB – the Metrics are similar to WRES indicators but are titled metrics to avoid confusion between these two workforce standards)

For each of these workforce metrics the data for Disabled and Non-Disabled Staff is compared.

¹ Total number of staff does not include bank staff

² The Trust does not have non- declared broken down into broader categories (e.g. unknown, null, other, prefer not to say) which are requested in the WRES if available.

(1) Metric 1 - Percentage of disabled and non-disabled staff in each salary range by clinical / non-clinical staff compared to the percentage of staff in the overall workforce.

This includes Very Senior Managers (VSM) and Executive Board Members.

This Year – March 31st 2019

Disability Representation across Non Clinical / Clinical Grades in 2019							
BANDS	NON CLINICAL (NC)			CLINICAL (CN)			TOTAL ALL STAFF
	Total NC staff	% disabled in band	Versus 2% all staff	Total CN staff	% disabled in band	Versus 2% all staff	
Band 1	56	1.8%	-0.2%	1	0.0%	-2.0%	57
Band 2	240	2.5%	0.5%	462	1.9%	-0.1%	702
Band 3	195	4.1%	2.1%	126	3.2%	1.2%	321
Band 4	240	4.2%	2.2%	168	1.8%	-0.2%	408
Band 5	88	2.3%	0.3%	722	2.2%	0.2%	810
Band 6	67	7.5%	5.5%	725	2.8%	0.8%	792
Band 7	49	2.0%	0.0%	372	0.5%	-1.5%	421
Band 8A	36	0.0%	-2.0%	91	1.1%	-0.9%	127
Band 8B	20	5.0%	3.0%	27	3.7%	1.7%	47
Band 8C	11	9.1%	7.1%	5	20.0%	18.0%	16
Band 8D	12	0.0%	-2.0%	5	0.0%	-2.0%	17
Band 9	3	0.0%	-2.0%	0	0.0%	-2.0%	3
Consultant				263	0.0%	-2.0%	263
Junior				289	0.3%	-1.7%	289
Middle				56	0.0%	-2.0%	56
Ad-Hoc-Board	10	0.0%	-2.0%	2	0.0%	-2.0%	12
Ad-Hoc-Non	7	0.0%	-2.0%	0	0.0%	-2.0%	7
Ad-Hoc-Other	1	0.0%	-2.0%	0	0.0%	-2.0%	1
Ad-Hoc-Apprentice	4	0.0%	-2.0%	0	0.0%	-2.0%	4
No Total	1039	35		3314	58		4353

This highlight shows higher representation than 2%

Disability Representation in Numbers across Non Clinical / Clinical									
Band	Non Clinical (NC)				Clinical (CN)				TOTAL ALL STAFF
	No	Not known	yes	total NC	No	Not known	yes	total CN	
Band 1	40	15	1	56	1			1	1
Band 2	169	65	6	240	364	89	9	462	95
Band 3	145	42	8	195	81	41	4	126	49
Band 4	161	69	10	240	120	45	3	168	55
Band 5	55	31	2	88	526	180	16	722	182
Band 6	52	10	5	67	522	183	20	725	188
Band 7	36	12	1	49	209	161	2	372	162
Band 8A	27	9		36	56	34	1	91	34
Band 8B	14	5	1	20	17	9	1	27	10
Band 8C	8	2	1	11	2	2	1	5	3
Band 8D	9	3		12	4	1		5	1
Band 9	3			3				0	0
Consultant					146	117		263	117
Junior					198	90	1	289	90
Middle					28	28		56	28
Ad-Hoc-Board	7	3		10	1	1		2	1
Ad-Hoc-Non	2	5		7				0	0
Ad-Hoc-Other	1			1				0	0
Ad-Hoc-Appren	1	3		4				0	0
No Total	730	274	35	1039	2275	981	58	3314	1016

Non- Clinical Grades show higher disabled representation than the workforce figure of at 2% at 3.4% than Clinical who have 1.8% declared disability. 76.1% of Trust Staff are Clinical.

Comparing Clinical and Non Clinical Totals 2019					
Category	Non clinical totals	Non clinical %	Clinical Totals	Clinical %	Variation numbers
Disabled	35	3.4%	58	1.8%	23
unknown	274	26.4%	981	29.6%	707
Non-Disabled	730	70.3%	2275	68.6%	1545
Total	1039		3314		2275
total %	23.9%		76.1%		

(2) Metric 2- Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting. The Trust's result is 2.06 indicating that Non-Disabled Staff are more than twice as likely to be appointed after short-listing.

(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.

From 1st April 2018 - 31st March 2019, we had 15 cases whereby staff entered a formal capability process. Since none of them declared that they had a disability we are unable to provide a comparison as to the likelihood of disabled and non-disabled staff entering a formal capability process.

*Since the above a general FAQ has been raised about the WDES and how capability is defined for the purposes of Metric 3 and if this should be performance or ill health capability? The shared response from the WRES team was that "For this year, we have defined capability as capability on the ground of performance, not ill health. Therefore, only capability data on performance should be included in your data. The WRES team will ask some questions in the **online reporting form** about this Metric, e.g. if capability on the grounds of ill health should be included in future Metrics".*

NATIONAL STAFF SURVEY METRICS 4 to 8

Note: The latest staff survey was 2018 and the data from this is in this 2019 report, as is the case for all years of reporting. In all instances the report year is referred to rather than the survey year.

For each of the staff survey metrics, the outcomes of the responses for Disabled and non-disabled staff are compared and relate to the percentage differences in experience or treatment between the two.

(4) Metric 4

(a) Percentage of Disabled Staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

- Patients, service users, their relatives or other members of the public

As can be seen from the table below, this is **the most likely area that staff will have a poor experience**. A high number of disabled and non-disabled staff have had a poor conduct experience from patients, service users or the public. In the Trust's WRES BME experience was 33.5%, for White or non-disabled it is 32%. However, **disabled staff are reporting a 40% experience**.

- **Colleagues** In the WRES experiencing poor conduct from managers and other colleagues is within one result which is at 27.6% BME to 26.7% White.
- In the WDES it is shown separately with:
 - **Other colleagues** – this indicates a higher level of poor experience disabled staff at 28.6% compared to non-disabled at 20.4% (an 8.6% gap).
 - **Managers** – The result indicates a much poorer experience for disabled staff than for non-disabled staff at 24.2% to 10.4% - which is a 14% gap.

Metric 4a staff in 2019 experiencing harassment , bullying or abuse from:				
Category	Number of Responses	Patients, public etc.	Managers	Colleagues
Disabled	77-80	40.0%	24.4%	28.6%
Non-Disabled	531-535	31.4%	10.4%	20.4%
Gap		8.6%	14.0%	8.2%

(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.

This metric is unique to the WDES. This result indicates there could be a higher level of reporting by or for disabled by 8.6%.

Metric 4b 2019 reporting harassment , bullying or abuse by themselves or a colleague		
Category	Number of Responses	Reported
Disabled	37	40.0%
Non-Disabled	197	31.4%
Gap		8.6%

(5) Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Metric 5 - Belief in Equal Opportunities in career and progression 2019		
Category	Number of Responses	Level of belief @
Disabled	54	74.1%
Non-Disabled	391	89.0%
Gap		-14.9%

In the WRES, the result for BME to White staff was 83.5% to 89.5% which shows a 6% gap in BME belief compared to White. This was a good result benchmarked against the Acute Trust Average for 2019 of 72.1%: 86.5% (-14.5% Gap).

In the WDES, there is much less confidence or belief from disabled staff against non-disabled staff with a ratio of 74.1%: 89%. In the Trust’s first WRES in 2015 the BME result was 73.9% in this category and has had progressive increase in belief by 9.6% in 2019. It is an aim to achieve improvements in the WDES initiatives

(6) Metric 6 – the 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.

This metric is unique to the WDES. This indicates that 29.9% of disabled respondents felt pressurised by management to come to work when not feeling well enough to perform their duties compared to 21.1% non-disabled.

Metric 6 - % felt management pressure to attend when ill in 2019		
Category	Responded	Felt pressure
Disabled	67	29.9%
Non-Disabled	280	21.1%
Gap		8.8%

(7) Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

This metric is unique to the WDES. This category had the least gap with 48.8% disabled indicating that they are satisfied with the extent to which their organisation values their work against 52.3% non-disabled (a 3.5% gap).

Metric 7 - % satisfied the organisation values their work in 2019		
Category	Responded	Said satisfied
Disabled	82	48.8%
Non-Disabled	537	52.3%
Gap		-3.5%

(8) Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

This metric is unique to the WDES and it only includes the responses of/ is applicable to Disabled staff.

Metric 8 - % of disabled staff with adequate reasonable adjustments 2019		
Category	Responded	reported
Disabled	53	69.8%

For a new question and a starting place in the WDES, this indicates an encouraging level of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This is against the low declaration of having a disability of 2% in the Trusts ESR system.

(9) Metric 9 - NHS Staff Survey and the engagement of Disabled staff

(a) A- The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Metric 9 - Engagement score for disabled, non-disabled and overall in the Trust in 2019		
Category	Responded	scored
Disabled	82	6.9
Non-Disabled	541	7.3
overall	636	7.2

(b) B Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

YES

At this stage the main activities that the Trust has undertaken have been initiatives around:

Culture, values, conduct expectations - to encourage better, more respectful and more inclusive behaviour. This includes the Board signing up to the Social Partnership Forum pledge to deal with poor conduct in the workplace and encouraging speaking up from all staff.

Having a voice and speaking up – The Trust has stepped up the right to respect and

the right to no abuse campaign, and also increased our freedom to speak up Champions from having one lead to this lead being supported by having 3 further champions across the Trust. For two years our Chief Executive CE has had monthly briefings for all staff on current activities, initiatives, concerns etc. that is open to all staff with participation in content and in discussions.

Confident sharing and inclusion. It is not CE briefings that encourage confident sharing and inclusion, the Trust has an on-going “what’s it got to do with you” campaign to encourage confident sharing of relevant data and confidence in support and respect for an individual’s characteristics.

Wellbeing and Assistance – The Trust has an on-going well-being program that focuses on mental and physical well-being and promotes speaking up and assistance initiatives such as the Employee Assistance Program etc.

Staff voice, contribution and networks - Earlier this year a lead clinical staff member developed a strategy for staff networks which includes one for disability. This has been shared with leaders and has been promoted at our EDHR committee meeting and also in our celebration of EDHR NHS Employers Diversity and Inclusion week in May this year.

Engagement initiatives - This included engagement initiatives in EDHR Diversity week to gain interest and support such as staff communications and newsletters. Also a presentation about the power of staff networks by a leading light in this area Cherron Inko-Tariah, and the power of inclusion by Wendy Irwin - RCN Equality Lead. More recently the theme was continued at our Bi-annual staff engagement “Event in the Tent” in July when a presentation was given about the power of civility.

More work is planned to generate a staff voice including for disabled staff members.

(10) Metric 10 - Board representation - compare the difference for Disabled / non-disabled staff.

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.**

Board representation metric (compares the difference for Disabled and NON Disabled staff).

Percentage difference between the organisations' Board voting membership and its overall workforce

Trust Workforce = 2% Disabled

No Board voting members out of 15 with a declared disability = 0%

The difference is 2% - 0% = - 2%

Other factors/ data which should be taken into consideration in assessing progress in metric 10

According to National Statistics the true or realistic percentage of staff who are disabled within the National workforce could be closer to 13 -17%. The level of declared disability nationally for the National NHS staff Survey is closer to 13% and the level on ESR is much lower for instance for the Trust it is 2%.

The Disability profile of the Trust in 2019 by Patient and Patient Division compared to the Workforce

This cannot be completed for the WDES as is completed for the WRES. This is because the disability data gathered and held across the Trusts Patients Services has very low declaration (as is the case for Sexual Orientation and Religion or Belief). More details of this can be seen in the relevant sections of the Annual Patient Equality Information Report 2019 on the Trust website under Corporate – Equality – Reporting.

WDES Report Summary - Recommendations and Action Plan

The WDES responsibility requires a detailed WDES action plan, agreed by the Trust Board, which should be published on the Trust's website, beside this WRES report. The plan should detail actions and next steps for expected progress against the WDES indicators. It may also identify links with other work streams agreed at board level, such as EDS2.

Annual Data and WDES reports are shared with and approved by the Trust Executive Team and Board. Results are shared by the Equality, Diversity and Human Rights (EDHR) Committee, and COSQ Committee. The Action Plan will be published before the deadline of September 30 after consideration of this report.

Three key priority areas to address as part of the WDES actions will be:

(1) Improvement to declaration of disability status and confidence in declaring a disability

(2) Conduct - NHS Staff Survey Results around poor experience of conduct and discrimination as a priority for fair treatment, better experience, staff morale and wellbeing, and also for improving retention, performance and patient experience.

(3) Representation, Career progression and Belief in Fair, Equal Opportunities –
Initiatives for improving the results for **WRES Indicators 1, 3, 4, 7, 9)** which are:

- **Board representation** (Indicator 9).
- **Senior Management representation** (Indicator 1).
- **Appointments after short listing BME: White** – (Indicator 3)
- **Belief in Equal Opportunities for career progression / promotion -**
ratio of BME to White – (Indicator 7)

The Trust's WDES Action Plan

The results of the WDES need to be shared and discussed to arrive at the WDES Action Plan needed. This will also need to be approved and shared publicly on the Trust's website.