

Trust Board 27 October 2020

Workforce Disability Equality Standard Metrics Report 2019/20

Purpose of the report

It is asked that Trust Board approves the 2019/20 WDES metrics data and action plan for publication on the Trust's website by 31st October 2020 in line with its regulatory obligations.

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The Workforce Disability Equality Standard (WDES) was mandated through the NHS standard contract from 2018/19 to address the finding that Disabled staff have a less favourable experience of working for the NHS than their non-disabled colleagues.

1. Aim

This paper presents the WDES metrics for 2019/20 and accompanying action plan in order to fulfil the statutory requirement to submit these metrics to Trust board for approval. The paper also asks the board to note that a WDES action plan has been developed to address issues arising from the WDES metrics and is attached as Appendix 2.

2. Recommendations

It is asked that Trust Board approves the 2019/20 WDES metrics data and action plan for publication on the Trust's website by 31st October 2020 in line with its regulatory obligations.

3. Discussion

It is a statutory requirement that the WDES metrics are seen, in full, by the Trust's board. To fulfil this requirement, the WDES metrics are presented with this paper, in two formats:

- an infographic version to convey quickly the main findings,
- a detailed version, supported by a narrative, so that the metrics can also be considered in full, as per the statutory requirement,
- please refer to the appendices that accompany this paper.

It is a further statutory requirement that a WDES action plan is produced to address issues arising from the WDES metrics. The WDES technical guidance states that boards "must play a full and visible part in signing off the Trust's WDES data and agreeing the associated action plan (attached as Appendix 1). They should be clearly seen to own this work."

The requirements above reflect an annual governance cycle. The exact dates mentioned are subject to change by NHS England, and have been adjusted in 2020 to allow for disruption to normal business caused by the COVID-19 pandemic.

Leicestershire Partnership NHS Trust Workforce Disability Equality Standard March 2020

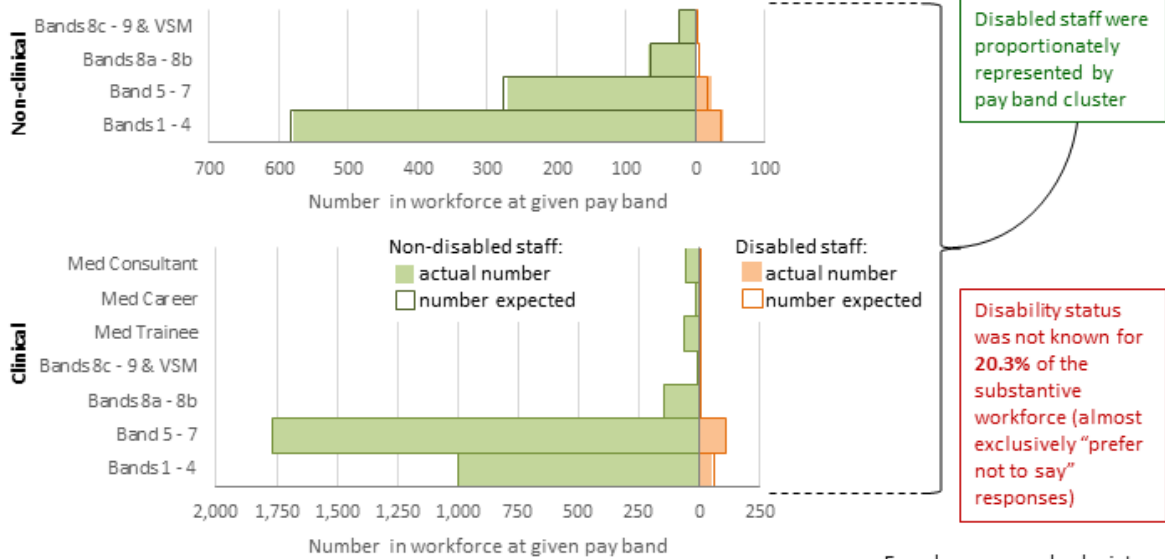
Key findings and information are highlighted in boxes:

Disabled people not significantly disadvantaged

Disabled people significantly disadvantaged

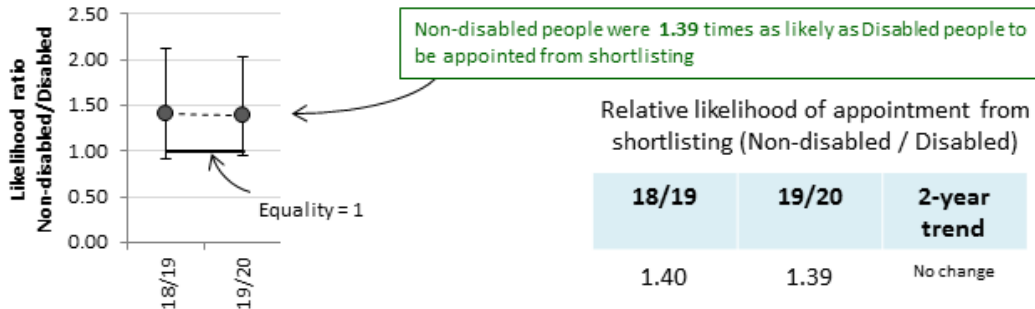
Indicator 1: Workforce disability profile by pay band cluster

Substantive workforce overall: 5.8% Disabled out of 4245 staff of known disability status

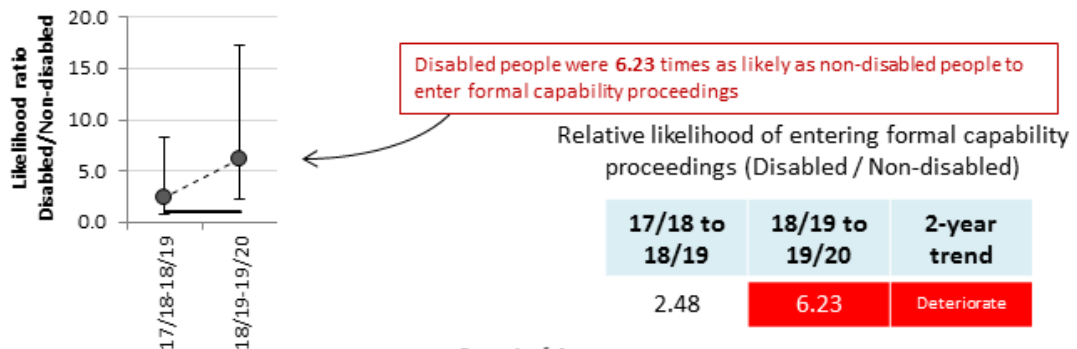


Error bars on graphs depict the 95% confidence interval

Indicator 2: Recruitment – appointment from shortlisting



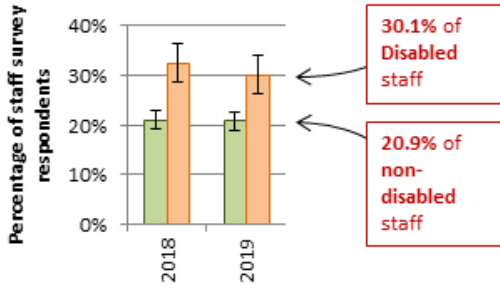
Indicator 3: Formal capability proceedings



○ Disabled
○ Non-disabled

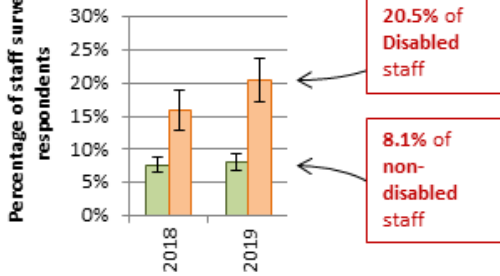
Indicator 4a: Staff experiencing harassment, bullying or abuse in last 12 months:

i: from patients, relatives or the public



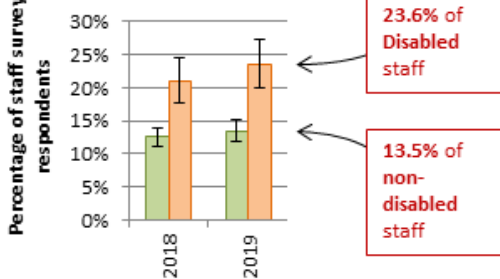
	2018	2019	2-year trend
Disabled	32.5%	30.1%	No change
Non-disabled	21.0%	20.9%	No change

ii: from managers



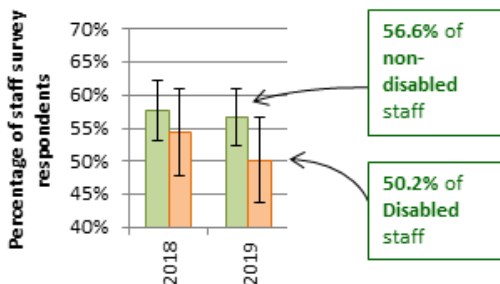
	2018	2019	2-year trend
Disabled	15.9%	20.5%	Deteriorate
Non-disabled	7.6%	8.1%	No change

iii: from other colleagues



	2018	2019	2-year trend
Disabled	21.0%	23.6%	No change
Non-disabled	12.5%	13.5%	No change

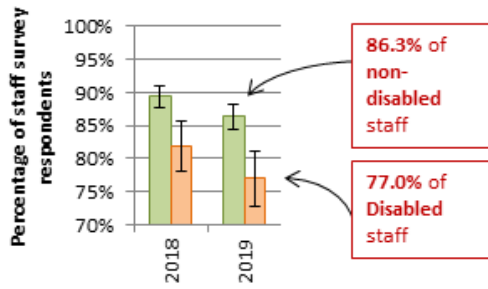
Indicator 4b: Staff saying they, or a colleague, reported their last incident of harassment, bullying or abuse



	2018	2019	2-year trend
Disabled	54.4%	50.2%	No change
Non-disabled	57.6%	56.6%	No change

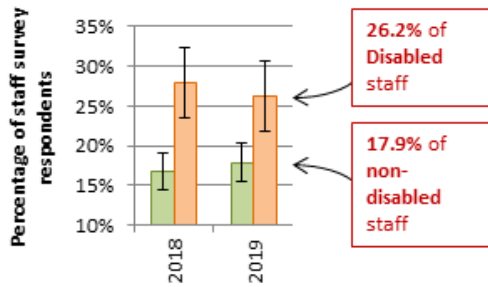
- Disabled
- Non-disabled

Indicator 5: Staff who believe that their organisation provides equal opportunities for career progression or promotion



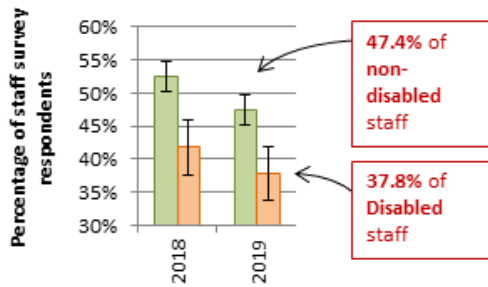
	2018	2019	2-year trend
Disabled	81.8%	77.0%	No change
Non-disabled	89.3%	86.3%	Deteriorate

Indicator 6: Staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



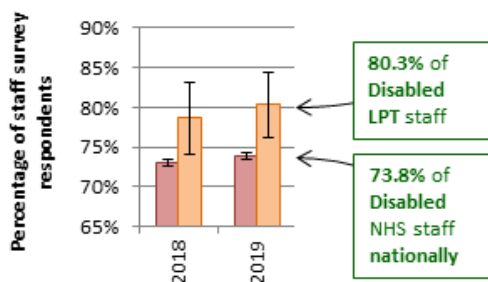
	2018	2019	2-year trend
Disabled	27.8%	26.2%	No change
Non-disabled	16.7%	17.9%	No change

Indicator 7: Staff satisfied with the extent to which their organisation values their work



	2018	2019	2-year trend
Disabled	41.8%	37.8%	No change
Non-disabled	52.5%	47.4%	Deteriorate

Indicator 8: Disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work

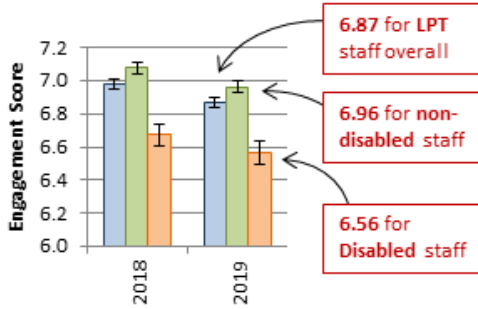


	2018	2019	2-year trend
LPT Disabled	78.6%	80.3%	No change
National Disabled	73.0%	73.8%	

- LPT Disabled
- National NHS Disabled

- Disabled
- Non-disabled
- LPT-wide

Indicator 9a: Staff Engagement Score



	2018	2019	2-year trend
Disabled	6.67	6.56	No change
Non-disabled	7.08	6.96	Deteriorate
LPT-wide	6.98	6.87	Deteriorate

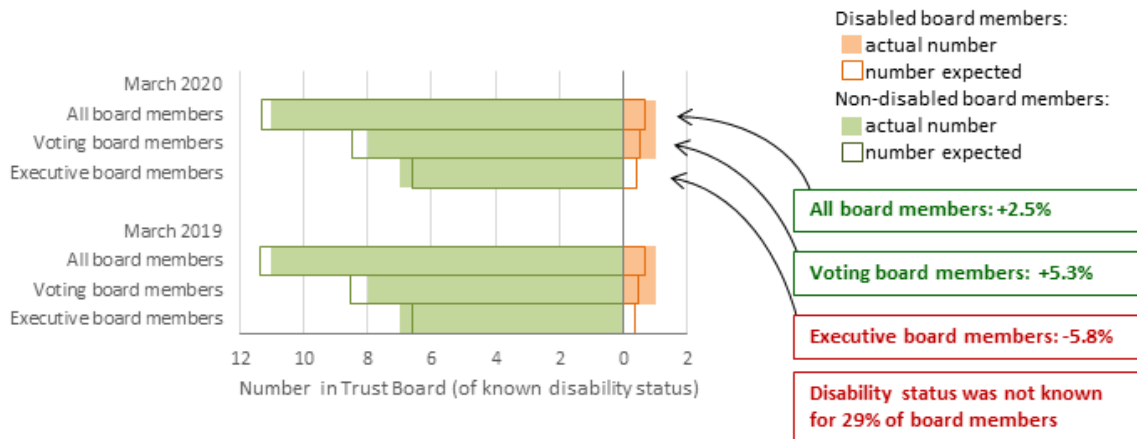
Indicator 9b: Action to facilitate the voices of Disabled staff in your organisation to be heard

Channels for voices to be heard	Issues Addressed	Outputs
<ul style="list-style-type: none"> Disabled Staff Support Group: MAPLE (Mental and Physical Life Experience) which feeds into the Equality, Diversity and Inclusion Strategic Workforce Group Equality, Diversity and Inclusion Patient Involvement and Experience Group 	<ul style="list-style-type: none"> Discriminatory language Able staff parking in disabled parking bays Derogatory comments about work performance 	<ul style="list-style-type: none"> Co-production of training packages and tools Unconscious bias training Managing ill health (for line managers, including access to work, reasonable adjustment, and stress management) Stress management toolkit and links to the discussion of health and well-being at appraisal

Indicator 10: Difference between the representation of Disabled people in the workforce overall and on the Trust's board

	2018	2019	2-year trend
%Disabled Workforce overall	5.4%	5.8%	No change
Difference: %Disabled Board minus %Disabled Workforce	All board members	+2.9%	No change
	Voting board members	+5.7%	No change
Executive board members	-5.4%	-5.8%	No change

Substantive workforce overall: 5.8% Disabled out of 4245 staff of known disability status
 Disability status was not known for 20.3% of the substantive workforce



4. Conclusions

The WDES metrics for 2019/20 have been submitted to Trust board for approval. The board has been asked to note that a WDES action plan is being developed to address issues arising from the WDES.

Governance table

For Board and Board Committees:	Trust Board 27 th October 2020	
Paper sponsored by:	Sarah Willis (Director of Human Resources and Organisational Development)	
Paper authored by:	Haseeb Ahmad (Head of Equality, Diversity and Inclusion) Iain Darker (Data Analyst: Equality, Diversity and Inclusion)	
Date submitted:	27 October 2020	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Equality Diversity and Inclusion Workforce Group 20.05.20/16.06.2020 Quality Assurance Committee (QAC) 29.10.2020	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Annual Report	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	
	Single Patient Record	
	Equality, Leadership, Culture	X
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	24
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:	This paper presents the WDES metrics for 2019/20 and accompanying action plan in order to fulfil the statutory requirement to submit these metrics to Trust board for approval. The paper also asks the board to note that a WDES action plan has been developed to address issues arising from the WDES metrics and is attached as Appendix 2. These papers have been to QAC prior for discussion and approval.	

Version 1.0