

**Report to the Board of Directors**

**2 September 2020**

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| **Title of report** | **Workforce Race Equality Standard and Workforce Disability Equality Standard**  |
| **Report author(s)** | **Christopher Rowlands, Equality and Diversity Lead** |
| **Executive Lead (if different from above)** | **Lynne Shaw, Executive Director of Workforce and OD** |

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| **Strategic ambitions this paper supports (please check the appropriate box)** |
| Work with service users and carers to provide excellent care and health and wellbeing |  | Work together to promote prevention, early intervention and resilience |  |
| To achieve “no health without mental health” and “joined up” services |  | Sustainable mental health and disability services delivering real value  |  |
| To be a centre of excellence for mental health and disability |  | The Trust to be regarded as a great place to work | x |

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| **Board Sub-committee meetings where this item has been considered (specify date)** |  | **Management Group meetings where this item has been considered (specify date)** |
| Quality and Performance |  |  | Executive Team |  |
| Audit  |  |  | Corporate Decisions Team (CDT) |  |
| Mental Health Legislation |  |  | CDT – Quality |  |
| Remuneration Committee |  |  | CDT – Business |  |
| Resource and Business Assurance |  |  | CDT – Workforce | 17.8.20 |
| Charitable Funds Committee |  |  | CDT – Climate |  |
| CEDAR Programme Board |  |  | CDT – Risk |  |
| Other/external (please specify) |  |  | Business Delivery Group (BDG) |  |

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| --- |
| **Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*** |
| Equality, diversity and or disability | X | Reputational |  |
| Workforce | X | Environmental  |  |
| Financial/value for money |  | Estates and facilities |  |
| Commercial |  | Compliance/Regulatory |  |
| Quality, safety, experience and effectiveness |  | Service user, carer and stakeholder involvement |  |

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| --- |
| **Board Assurance Framework/Corporate Risk Register risks this paper relates to** |
|  |

**Workforce Race Equality Standard and Workforce Disability Equality Standard**

**Trust Board of Directors**

**2 September 2020**

**1. Executive Summary**

The NHS Equality and Diversity Council (EDC) has implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015 the Workforce Race Equality Standard (WRES) and from 2019 Workforce Disability Equality Standard (WDES). Both standards support positive change for existing employees, and enable a more inclusive environment for BAME and Disabled people working in the NHS. This year’s submission of data coincides with the release of the NHS People Plan. Where actions are proposed they will be linked wherever possible to actions that are required under the People Plan.

**2. Risks and mitigations associated with the report**

There are specific risks of Race Discrimination and Disability Discrimination under the Equality Act if policies and practices are not in line with legislation.

There are reputational risks to the Trust if legislation and best practice is not followed which may have a detrimental effect on attraction and retention of staff.

**3. Recommendation/summary**

The Board is asked to consider approval to the following. Many of the proposed actions relate to the NHS People Plan and as such relate equally to address WRES and WDES issues.

* Overhaul of recruitment and promotion practices for all levels of post to ensure that staffing reflects the diversity of the community and regional and national labour markets.
* Adopt NHSEI toolkits when available to meet the action of eliminating the ethnicity gap when entering formal disciplinary processes.
* Adopt the NHSEI toolkit on civility and respect for all.
* Adopt the principle of the Social Model of Disability by the Trust.
* Review and cleanse all data to ensure staff disability and CPD is recorded appropriately.
* Further develop the role of the Cultural Ambassador.
* Consider positive action where it is felt appropriate.

Christopher Rowlands Lynne Shaw

Equality, Diversity and Inclusion Lead Executive Director Workforce and Organisational Development

August 2020

**Workforce Race Equality Standard (WRES)**

The figures contained within this document are a snapshot as of 31 March 2020 and as such do not reflect the significant amount of work that has been undertaken since that date to reduce the unknown ethnicity figures for our staff. It should be noted that these figures do not include NTW Solutions.

Please see Appendix 1 for WRES data tables.

**(1) Percentage of staff in each of the Agenda for Change Bands 1-9 and Very Senior Managers (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff**

At the audit date there were 315 BAME staff employed by the Trust. These staff made up 5% of our overall workforce. Although it should be noted that this average is inflated by the inclusion of medical staff. If we exclude medical staff the average is 3.5%. The latest available Office for National Statistics population figures across the region put the BAME population at 6.4%. This points to an under-representation from the BAME population in our workforce.

There are disparities between BAME and White staff in their distribution across the pay bands for both non-clinical and clinical roles. Only with the data for Doctors do we see a greater likelihood for BAME staff to be employed at higher grades.

* For non-clinical roles BAME staff are predominately in the lower pay bands. 90% of BAME staff are in Band 5 jobs or lower. This compares to 76% for White staff.
* For clinical roles BAME staff are predominately in the lower pay bands. 69% of BAME staff are in Band 5 jobs or lower. This compares to 51% for White staff.
* 25% of BAME clinical staff are in Band 6/7 jobs. This compares to 41% of White staff.
* 6% of BAME clinical staff are in Band 8a-d jobs. This compares to 7% for White staff.
* BAME staff make up 26.5% of the medical workforce.
* 64% of BAME doctors are at Consultant grade. This compares with 52% of White doctors.

**Recommendations**

It is recommended that the following actions are taken:

* a review of our recruitment procedures in line with NHS People Plan actions for both external and internal appointments to ensure that bias is removed from the process. We also need to do this in line with the Model Employer targets given to us for WRES in late 2019.
* we take positive action to attract the BAME applicants to non-clinical roles.
* we take positive action to address the glass ceiling at Band 5 for BAME staff in clinical roles. Positive action can take many forms, eg, offering coaching, mentoring and development opportunities to BAME staff.
* Analysis of the distribution of staff by ethnicity to be scrutinised at CDT-Workforce on a regular basis

**(2) Relative likelihood of staff being appointed from shortlisting across all posts**

* 1,072 BAME applicants were shortlisted. Of those shortlisted 70 were appointed.
* 5,354 White applicants were shortlisted. Of those shortlisted 1,018 were appointed.
* White job applicants are nearly 3 times more likely to be appointed from shortlisting compared to BAME applicants.

**Recommendations**

It is recommended the following actions are taken:

* a review of our recruitment and promotion procedures in line with NHS People Plan to ensure that staffing reflects the diversity of the community and regional and national labour markets. This will need to consider equality and diversity training beyond the statutory requirement for recruitment panel members.
* positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers. Best practice has been identified from the WRES National Report and will be used to develop our approach to meet this NHS People Plan action.

**(3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

* From a position of almost parity in 2019, we have reverted back to the trend we have seen in previous years where a BAME member of staff is two and a half times more likely to enter the formal disciplinary process compared to a White member of staff.

**Recommendations**

It is recommended the following actions are taken:

* early evidence suggests that the Cultural Ambassador role introduced this year will have a positive impact on the above figures. For the impact of the role to be fully realised we need to involve the Cultural Ambassador from the start of a fact find process to ideally remove the need for a formal procedure.
* to attract and train more Cultural Ambassadors.
* in line with the NHS People Plan we should adopt NHSEI toolkits upon their introduction to support this area of action.

**(4) Relative likelihood of staff accessing non-mandatory training and CPD**

* The data shows that BAME staff are 1.5 times more likely than White staff to access non mandatory training. This is a reversal on the 2019 figures, where White staff were 2.4 times more likely than BAME staff to access non-mandatory training.
* In the WRES annual report NHS England noted that organisations are still not keeping accurate and up-to-date records of non-mandatory training. However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes to non–mandatory training and CPD.

**Recommendation**

It is recommended that the following action is taken:

* Review of process to ensure that all CPD information is captured in the Electronic Staff Record

**(5-8) Staff Survey Metrics**

The WRES submission contains 4 metrics that are based on staff survey questions.

* 2 on bullying harassment or abuse – patient/staff
* 1 on the belief that the Trust provides equal opportunities
* 1 on experiencing discrimination from managers.

These metrics were discussed at the March Trust Board. The data for BAME staff shows that results are typically average by comparison with other Mental Health and Learning Disability Trusts. However, when compared against the results for White staff all of these metrics show a gap between the experience of BAME and White staff.

**Recommendations**

It is recommended that the following actions are taken:

* in line with the NHS People Plan we develop plans to prevent and tackle bullying, harassment and abuse against staff and create a culture of civility and respect.
* NHSEI is launching a toolkit on civility and respect for all and once published this should be implemented at the earliest possible opportunity. We should also work with our Staff Network on these developments.
* overhaul recruitment and promotion practices as outlined above.

**(9) Percentage difference between the organisations’ Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BME staff**

* The Board is more representative of the population than the overall workforce. BAME representation is at 7%, compared to the overall figure of 5% for the Trust. In the National 2019 WRES Report, the proportion of BAME Board members for Mental Health Trusts was 11.9%. Across the North East the average for BAME representation at Board level was 5.8%.

**Recommendation**

It is recommended that the following action is taken:

* that a review of Board level recruitment practices is undertaken.

**Workforce Disability Equality Standard (WDES)**

Please see Appendix 2 for WDES data tables.

**(1) Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce**

* According to the information held in ESR, there are 341 Disabled Staff employed by the Trust, they make up 5% of the Trust workforce. This figure is considerably lower than the figure identified through the NHS Staff Survey, where regularly up to 20% of our workforce state that they live with a long term condition. The most recent figures for the disabled population of the North East states that 22% of the population meets the criteria for disability as defined by the Equality Act.
* Disabled staff make up 5.9% of our non-clinical workforce.
* 80% of Disabled staff in non-clinical roles, are in roles that are Band 5 or below. This compares with 81% for non-disabled staff.
* 4.9% of Disabled staff are in Bands 8a-d compared with 5.2% of non-disabled staff.
* Disabled staff make up 4.9% of our clinical workforce.
* 55% of Disabled staff in clinical roles, are in roles that are Band 5 or below. This compares with 51% of the non-disabled workforce in clinical roles.
* 4% of Disabled staff in clinical roles are employed in Bands 8a-d. This compares with 8% of non-disabled staff.
* Disabled staff are 3.5% of the medical workforce.
* 55% of Disabled Doctors are at Consultant grade. This compares with 60% for non-disabled Doctors at Consultant grade.

**Recommendations**

It is recommended that the following actions are taken:

* the findings suggest that there is not a bias against disabled people in terms of distribution across pay band in the Trust. However to be comfortable in making that statement, we need to close the gap of the 20% unknown data. It is recommended as a matter of urgency, using the same approach that we used to address unknown ethnicity data, that we write to all staff whose disability status is unknown and update the information in the system.
* upon receiving an update we should run this report again later this autumn to assess the true picture.
* to ensure that the overhaul of the recruitment procedure as required by the NHS People Plan follows best practice for employing Disabled people.

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

* 447 Disabled applicants were shortlisted. Of those 70 (15.7%) were appointed.
* 5,960 non-disabled applicants were shortlisted. Of those 970 (16.3%) were appointed.
* The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 1.03:1. In other words, recruitment shows that the likelihood of appointment is similar for disabled and non-disabled applicants.

**Recommendation**

It is recommended that the following actions are taken:

* the overhaul of the recruitment procedure as required by the NHS People Plan follows best practice for employing Disabled people.
* the Disability Passport developed by our Staff Network is implemented this autumn and is promoted as part of recruitment.

**(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.**

* 17 out of our 341 Disabled staff entered the formal capability process in the last year.
* 162 out of our 5064 non-disabled staff entered the formal capability process in the last year.
* From the above figures a Disabled member of staff is 1.5 times more likely to enter the capability process compared with a non-disabled member of staff.

**Recommendations**

It is recommended that the following actions are taken:

* a deep dive of all of these cases takes place to establish the reasons and whether anything by way of reasonable adjustment would have averted them and to take action where findings suggest they are required.
* Disability passport to be introduced for staff autumn 2020.
* central approach to reasonable adjustments to be introduced 2020/21

**(4-9) Staff Survey Metrics**

The WDES submission contains 6 metrics that are based on staff survey questions.

* Bullying harassment or abuse – patient/staff/managers
* The belief that the Trust provides equal opportunities
* Pressure to come to work when feeling ill
* How valued people feel
* Whether reasonable adjustments have been made
* The engagement score for Disabled staff compared to non-disabled

**Findings**

* All figures for bullying and harassment by patients, staff or managers demonstrate a worse experience for disabled compared to non-disabled staff. Worryingly, there was 9% point difference in reporting of incidents between non-disabled staff (74%) and Disabled staff (65%).
* 92% of non-disabled staff thought that the Trust provides equal opportunities, compared with 86% of disabled staff.
* 23% of disabled staff have felt pressure to come to work despite not feeling well, compared to 13% of non-disabled staff.
* 43% of disabled staff stated they felt valued, the figure for non-disabled was 55%.
* 83% of disabled staff stated that adequate reasonable adjustments had been made.
* The engagement score for disabled staff is 6.8 (out of 10) compared with 7.1 for non-disabled staff.

**Recommendations**

It is recommended that the following actions are taken:

* In line with the NHS People Plan we develop plans to prevent and tackle bullying, harassment and abuse against staff and create a culture of civility and respect. NHSEI is launching a toolkit on civility and respect for all and once published this should be implemented at the earliest possible opportunity.
* adoption of the principle of the Social Model of Disability by the Trust. This sees Disability stemming from societal barriers rather than a person’s impairments. This will fundamentally shift how we address issues facing disabled people within the Trust, focusing on ensuring that we have attitudes and environments that support disabled employees.
* Disabled Staff Network to be involved in the Equality Analysis of the draft Sickness Absence policy
* implementation of the Disability Passport
* introduction of the Central approach to reasonable adjustments 2020/21
* introduction of inclusive mentoring
* overhaul of recruitment practices in line with NHS People Plan

**(10) 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**

* 5% of the Trust overall workforce is 5% Total Board status is 21%
* 17% of the Executive membership are disabled.

**Recommendations**

It is recommended that the following action is taken:

* consideration is given to the Disability status of Trust governors, and whether they are broadly representative of the local population.

**Appendix 1**

**WRES Metrics**

(1) Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Non clinical** | **2019 White** | **2019 BAME** | **2019 Unknown** | **2020 White** | **2020 BAME** | **2020 Unknown** |
| Under 1 | 25 | 0 | 0 | 30 | 1 | 0 |
| 1 | 1 | 0 | 0 | 3 | 0 | 0 |
| 2 | 152 | 4 | 10 | 204 | 5 | 14 |
| 3 | 313 | 3 | 22 | 388 | 4 | 22 |
| 4 | 229 | 5 | 30 | 274 | 4 | 27 |
| 5 | 87 | 2 | 6 | 132 | 6 | 5 |
| 6 | 63 | 1 | 18 | 78 | 0 | 13 |
| 7 | 45 | 2 | 8 | 59 | 1 | 9 |
| 8a | 33 | 0 | 4 | 30 | 0 | 4 |
| 8b | 23 | 0 | 3 | 27 | 1 | 3 |
| 8c | 2 | 0 | 0 | 3 | 0 | 0 |
| 8d | 0 | 0 | 0 | 1 | 0 | 1 |
| 9 | 1 | 0 | 1 | 2 | 0 | 0 |
| VSM | 0 | 0 | 1 | 4 | 0 | 1 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical** | **2019 White** | **2019 BAME** | **2019 Unknown** | **2020 White** | **2020 BAME** | **2020 Unknown** |
| Under 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| 2 | 32 | 0 | 1 | 13 | 0 | 1 |
| 3 | 1217 | 62 | 84 | 1382 | 77 | 78 |
| 4 | 188 | 7 | 11 | 237 | 5 | 14 |
| 5 | 591 | 46 | 48 | 711 | 56 | 46 |
| 6 | 1023 | 28 | 93 | 1266 | 31 | 86 |
| 7 | 435 | 12 | 41 | 598 | 19 | 37 |
| 8a | 161 | 10 | 19 | 181 | 9 | 17 |
| 8b | 68 | 1 | 7 | 87 | 2 | 3 |
| 8c | 41 | 1 | 2 | 50 | 2 | 2 |
| 8d | 22 | 0 | 2 | 22 | 0 | 1 |
| 9 | 4 | 0 | 0 | 3 | 0 | 0 |
| VSM | 1 | 0 | 0 | 1 | 0 | 0 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Doctors** | **2019 White** | **2019 BAME** | **2019 Unknown** | **2020 White** | **2020 BAME** | **2020 Unknown** |
| Consultants | 91 | 53 | 41 | 99 | 59 | 38 |
| Senior MedManager | 2 | 1 | 0 | 3 | 1 | 0 |
| Career Grade | 22 | 15 | 14 | 30 | 23 | 15 |
| Trainee Grade | 10 | 8 | 9 | 11 | 9 | 3 |
| Other | 46 | 0 | 8 | 49 | 0 | 6 |

(2) Relative likelihood of staff being appointed from shortlisting across all posts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2019 White | 2019 BAME | 2019 Unknown | 2020 White | 2020 BAME | 2020 Unknown |
| Number shortlisted applicants | 3871 | 547 | 44 | 5354 | 1072 | 108 |
| Number appointed from shortlisting | 683 | 40 | 31 | 1018 | 70 | 62 |
| Relative likelihood of appoint from shortlisting | 17.64% | 7.31% | 70.45% | 19.01% | 6.53% | 57.41% |
| White compared to BAME Staff | 2.41 |  |  | 2.91 |  |  |

(3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019 White** | **2019 BAME** | **2019 Unknown** | **2020 White** | **2020 BAME** | **2020 Unknown** |
| Number of staff in workforce | 4927 | 260 | 483 | 5976 | 314 | 446 |
| Number entering formal disciplinary processes | 252 | 15 | 22 | 185 | 24 | 25 |
| Likelihood of staff entering process | 5.11% | 5.77% | 4.55% | 3.10% | 7.64% | 5.61% |
| Relative likelihood BME to White Staff |  | 1.13 |  |  | 2.47 |  |

(4) Relative likelihood of staff accessing non-mandatory training and CPD

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019 White** | **2019 BAME** | **2019 Unknown** | **2020 White** | **2020 BAME** | **2020 Unknown** |
| Number of staff in workforce | 4927 | 260 | 483 | 5976 | 314 | 446 |
| Number accessing non mandatory | 46 | 1 | 2 | 25 | 2 | 0 |
| Likelihood of of staff accessing non mandatory | 0.93% | 0.38% | 0.41% | 0.42% | 0.64% | 0.00% |
| Relative likelihood White staff to BAME | 2.43 |  |  | 0.66 |  |  |

Staff Survey Metrics

(5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| White Trust | 36.4% | 37.7% | 34.2% |
| BAME Trust | 44.6% | 43.6% | 39.2% |
| White Average | 31.8% | 29.6% | 31.7% |
| BAME Average | 36.1% | 38.2% | 39.7% |

(6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| White Trust | 15.4% | 15.5% | 16.2% |
| BAME Trust | 24.3% | 22.6% | 24.0% |
| White Average | 20.7% | 22.4% | 21.4% |
| BAME Average | 26.9% | 27.2% | 25.5% |

(7) Percentage believing that trust provides equal opportunities for career progression or promotion

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| White Trust | 92.7% | 92.5% | 90.6% |
| BAME Trust | 81.1% | 84.1% | 83.5% |
| White Average | 87.4% | 85.1% | 85.9% |
| BAME Average | 77.0% | 71.9% | 74.3% |

(8) In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| White Trust | 4.6% | 4.8% | 4.8% |
| BAME Trust | 8.8% | 12.1% | 8.9% |
| White Average | 6.1% | 6.2% | 6.4% |
| BAME Average | 14.0% | 14.1% | 14.0% |

(9) Percentage difference between the organisations’ Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BME staff

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019 White** | **2019 BAME** | **2019 Unknown** | **2020 White** | **2020 BAME** | **2020 Unknown** |
| Total Board Members | 11 | 1 | 1 | 13 | 1 |  |
| Voting Board Members | 11 | 1 | 1 | 13 | 1 |  |
| Exec | 5 | 1 | 1 | 5 | 1 |  |
| NED | 6 | 0 | 0 | 8 | 0 |  |
| % Difference Total Board – Overall Workforce | -2.3% | 3.1% | -0.8% | -2.1% | 2.0% |  |

**Appendix 2**

**WDES Metrics**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Non clinical** | **2019 Disabled staff** | **2019 Not Disabled** | **2019 Unknown** | **2020 Disabled Staff** | **2020 Not Disabled** | **2020 Unknown** |
| 1 | 0 | 1 | 0 | 0 | 2 | 1 |
| 2 | 12 | 129 | 25 | 11 | 173 | 39 |
| 3 | 19 | 258 | 61 | 25 | 326 | 63 |
| 4 | 13 | 191 | 60 | 19 | 230 | 56 |
| 5 | 5 | 72 | 18 | 10 | 112 | 21 |
| 6 | 2 | 47 | 33 | 3 | 57 | 31 |
| 7 | 0 | 38 | 17 | 1 | 51 | 17 |
| 8a | 3 | 26 | 8 | 4 | 24 | 6 |
| 8b | 0 | 18 | 8 | 0 | 22 | 9 |
| 8c | 0 | 2 | 0 | 0 | 3 | 0 |
| 8d | 0 | 0 | 0 | 0 | 0 | 2 |
| 9 | 0 | 0 | 2 | 0 | 0 | 2 |
| VSM | 1 | 2 | 1 | 1 | 3 | 1 |
| Other | 8 | 34 | 8 | 7 | 34 | 17 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical** | **2019 Disabled staff** | **2019 Not Disabled** | **2019 Unknown** | **2020 Disabled Staff** | **2020 Not Disabled** | **2020 Unknown** |
| 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| 2 | 4 | 27 | 2 | 3 | 8 | 3 |
| 3 | 56 | 352 | 355 | 72 | 1099 | 366 |
| 4 | 7 | 164 | 35 | 13 | 200 | 43 |
| 5 | 33 | 542 | 110 | 47 | 653 | 113 |
| 6 | 56 | 831 | 257 | 71 | 1065 | 247 |
| 7 | 19 | 364 | 105 | 32 | 507 | 115 |
| 8a | 6 | 142 | 42 | 6 | 163 | 38 |
| 8b | 2 | 58 | 15 | 1 | 80 | 11 |
| 8c | 1 | 30 | 13 | 3 | 37 | 14 |
| 8d | 0 | 18 | 6 | 0 | 17 | 6 |
| 9 | 0 | 4 | 0 | 0 | 3 | 0 |
| VSM | 0 | 1 | 0 | 0 | 1 | 0 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Doctors** | **2019 Disabled staff** | **2019 Not Disabled** | **2019 Unknown** | **2020 Disabled Staff** | **2020 Not Disabled** | **2020 Unknown** |
| Consultants | 5 | 108 | 72 | 6 | 117 | 73 |
| Career grade | 4 | 24 | 23 | 5 | 40 | 23 |
| Trainee grades | 0 | 19 | 8 | 0 | 19 | 4 |
| Other | 0 | 18 | 11 | 0 | 18 | 10 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2019 Disabled staff** | **2019 Not Disabled** | **2020 Disabled Staff** | **2020 Not Disabled** |
| Number of shortlisted applicants | 242 | 4092 | 447 | 5960 |
| Number appointed from shortlisting | 45 | 644 | 70 | 970 |
| Percentage appointed | 18.6 | 15.7 | 15.7 | 16.3 |

Relative likelihood 2019 0.87

Relative likelihood 2020 1.03

(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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2019 Disabled staff** | **2019 Not Disabled** | **2020 Disabled Staff** | **2020 Not Disabled** |
| Number of staff entering the capability process | 0 | 13 | 17 | 162 |

Disabled staff comprise 9.5% of those entering the formal capability process, but only comprise 5% of the workforce

(4) 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

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 39.8% | 39.7% |
| Non-disabled staff | 37.3% | 32.3% |
| Disabled staff Average | 36.6% | 37.1% |
| Non-disabled staff Average | 29.8% | 30.7% |

ii) Managers

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 9.6% | 11.8% |
| Non-disabled staff | 5.6% | 5.5% |
| Disabled staff Average | 18.0% | 16.6% |
| Non-disabled staff Average | 10.8% | 9.9% |

iii) Other colleagues

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 16.6% | 18.2% |
| Non-disabled staff | 10.6% | 9.7% |
| Disabled staff Average | 23.1% | 23.0% |
| Non-disabled staff Average | 14.0% | 13.6% |

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.

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 70.5% | 65.3% |
| Non-disabled staff | 74.3% | 74.4% |
| Disabled staff Average | 56.1% | 58.2% |
| Non-disabled staff Average | 58.2% | 59.9% |

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

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 89.1% | 85.9% |
| Non-disabled staff | 93.1% | 91.6% |
| Disabled staff Average | 75.9% | 79.3% |
| Non-disabled staff Average | 85.3% | 86.6% |

(6) 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.

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 21.8% | 23.0% |
| Non-disabled staff | 12.7% | 12.5% |
| Disabled staff Average | 24.6% | 22.3% |
| Non-disabled staff Average | 16.4% | 14.3% |

(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.

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 43.2% | 43.4% |
| Non-disabled staff | 54.0% | 55.3% |
| Disabled staff Average | 38.5% | 41.7% |
| Non-disabled staff Average | 52.8% | 53.5% |

(8) Percentage of Disabled staff saying that their employer has made adequate adjustment(s)

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Disabled staff | 83.0% | 83.1% |
| Disabled staff Average | 77.3% | 77.1% |

(9) The staff engagement score for Disabled staff compared to non-disabled staff

|  |  |  |
| --- | --- | --- |
|  | 2018 | 2019 |
| Organisation average | 7.1 | 7.1 |
| Disabled staff | 6.8 | 6.8 |
| Non-disabled staff | 7.2 | 7.2 |
| Disabled staff average | 6.7 | 6.7. |
| Non-disabled staff average | 7.1 | 7.2 |

(10) 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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019 Disabled staff** | **2019 Not Disabled** | **2019 Unknown** | **2020 Disabled Staff** | **2020 Not Disabled** | **2020 Unknown** |
| Total Board members | 3 | 6 | 4 | 3 | 11 |  |
| Execs | 1 | 4 | 1 | 1 | 5 |  |