

Workforce Disability Equality Standard

Annual Report 2020

Executive Summary

The Workforce Disability Equality Standard (WDES) is a requirement for all NHS organisations to publish data and action plans against 10 indicators of workforce disability equality.

This report shows the Trusts latest workforce disability equality data (as at 31st March 2020) and identifies where improvements have been made and where data has deteriorated.

The key findings from the 2020 report show:

- Disabled staff represent 5.4% of the total workforce
- 28.4% of staff have not declared their disability status
- There is no disparity in the number of Disabled staff and Non-Disabled staff entering the formal capability process
- Disabled staff are more likely to experience harassment, bullying or abuse from patients, service users, relatives, the public, their manager and colleagues than Non-Disabled staff
- Disabled staff are more likely to report harassment, bullying or abuse than Non-Disabled staff
- Disabled staff are less likely to believe the Trust provides equal opportunities for career progression or promotion than Non-Disabled staff
- Disabled staff are more likely to come to work despite not feeling well enough than Non-Disabled staff
- 76% of Disabled staff say that their employer has made adequate reasonable adjustments to enable them to carry out their work
- The Disabled staff engagement score has increased but is lower than the overall workforce engagement score
- The Trust has taken action to facilitate the voices of Disabled staff
- There is no Disabled staff representation on the Board with voting membership

It is pleasing to see improvements in 7 out of the 10 indicators of disability equality:

- Increase in the percentage of Disabled workforce
- Increase in the likelihood of Disabled staff being appointed from shortlisting
- A reduction in the likelihood of Disabled staff entering the formal capability process
- A reduction in the percentage of Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public
- A reduction in the percentage of Disabled staff experiencing harassment, bullying or abuse from their manager
- An increase in the percentage of Disabled staff saying that the last time they experienced harassment, bullying or abuse at work they reported it
- Increase in the percentage of Disabled staff believing the Trust provides equal opportunities for career progression or promotion
- A reduction in the percentage of Disabled staff saying that they felt pressure from their manager to come to work despite not feeling well enough to perform their duties
- An increase in the National Staff Survey engagement score for Disabled staff

Although the Trust has seen improvements in the data, it is important to recognise that Disabled staff have a poorer work experience than Non-Disabled staff overall. The following have been identified as areas of concern that the Trust will focus on for improvement:

- Staff who have not declared their disability status
- Disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives or members of the public, their manager and colleagues
- Disabled staff believing the Trust provides equal opportunities for career progression or promotion
- Lack of Disabled representation on the Board with voting membership

With this in mind, the Trusts EDI Improvement Plan (see Appendix 1) outlines actions the Trust will take to respond to the WDES and achieve improvements against the following themes:

- Inclusive recruitment and selection processes
- Staff are free from discrimination, bullying and harassment in the workplace
- Inclusive career opportunities for development
- Compassionate and inclusive leadership

Introduction

The WDES is a set of 10 measures that enables NHS organisations to compare the work experience of Disabled and Non-Disabled staff.

The WDES launched in 2018 last year and this is the second year of reporting. The data gathered is used to develop and publish action plans that aim to improve the work experience of Disabled staff. Every year comparisons are made to enable us to demonstrate progress against the indicators of disability equality.

The WDES is important because we know that an included and valued workforce helps to deliver high quality patient care and improved patient safety. It also allows us to better understand the experiences of our Disabled employees and supports positive change for all by creating a more inclusive environment.

The data for indicators 1 to 3 and 10 are taken from the Trusts workforce data as at 31st March 2020 and data for indicators 4 to 9 are taken from the Trusts National Staff Survey 2019 results.

The aim of this report is to present the Trusts latest disability equality data and identify where improvements have been made and where data has deteriorated.

Workforce Disability Equality Standard Progress in 2019/2020

It is pleasing to see improvements in 7 out of the 10 indicators of disability equality:

- Increase in the percentage of Disabled workforce
- Increase in the likelihood of Disabled staff being appointed from shortlisting
- A reduction in the likelihood of Disabled staff entering the formal capability process

- A reduction in the percentage of Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public
- A reduction in the percentage of Disabled staff experiencing harassment, bullying or abuse from their manager
- An increase in the percentage of Disabled staff saying that the last time they experienced harassment, bullying or abuse at work they reported it
- Increase in the percentage of Disabled staff believing the Trust provides equal opportunities for career progression or promotion
- A reduction in the percentage of Disabled staff saying that they felt pressure from their manager to come to work despite not feeling well enough to perform their duties
- An increase in the National Staff Survey engagement score for Disabled staff

A number of actions have been taken in the last WDES reporting year that will have attributed to the above improvements, these include:

Training and Development

- Ad-hoc Unconscious Bias training for managers have been delivered.
- Equality Diversity and Inclusion Training has been embedded within the mandatory Passport to Manage Induction Programme or all new and newly promoted managers.
- The recruitment of a Talent Lead has placed inclusion at the centre of the talent strategy.
- The Trusts' recent Senior Leaders development programmes included compassionate and inclusive leadership as a key component.
- The Trust hosted its 5th Leadership Summit in October 2019 with the topic of Inclusive Leadership; keynote speakers included Catherine Loftus, NHS Leadership Academy and Hayley Barnard, MIX Diversity Developers.
- The Attendance Management Training for managers was updated to educate managers about disability in the workplace and reasonable adjustments.

Health Passport



In March 2020, the Trust launched the Health Passport, developed by the DisAbility Staff Network, which is a confidential document that is completed by an employee who has a physical, mental health or learning disability and may require workplace adjustments. The document aims to ensure that everyone is supported by their line manager in the workplace and that this is consistent across the Trust.

Staff Networks

The Trust continues to promote staff networks that have a key role in developing and overseeing the implementation of the action plans. The DisAbility Staff Network continues to oversee the WDES action plan and to improve the experiences of Disabled staff. The Trust also has the BAME Staff Network, LGBT+ Staff and Allies Network and the DisAbility Staff Network. All staff are encouraged to join any of the groups they wish.

NHS Employers Partners Diversity and Inclusion Programme

The partners programme supports participating NHS organisations to progress and develop their equality performance and build an inclusive culture in the workplace. This year the Trust completed of year 2 of the programme and is now a member of the alumni.

Despite these improvements, it is important to recognise that Disabled staff have a poorer work experience than Non-Disabled staff overall and action is needed to close the gap.

Workforce Disability Equality Standard 2020 Data

Indicator 1: Percentage of Disabled staff in AfC bands, VSM and Medical and Dental compared with the Non-Disabled staff in the overall workforce

Table 1

Metric	2019	2020
<p>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</p> <p><i>*Medical and Dental includes consultants, non-consultants career grade, medical and dental trainee grades</i></p>	<p>Overall Workforce: Disabled: 5.3% Non-Disabled: 62.5% Unknown: 32.2%</p> <p>Non-Clinical Disabled Staff Bands 1 - 4: 7% Band 5 - 7: 6% Bands 8a - 8b: 10% Bands 8c - 9 & VSM: 7%</p> <p>Clinical Disabled Staff Bands 1 - 4: 6% Band 5 - 7: 5% Bands 8a - 8b: 3% Bands 8c - 9 & VSM: 3% *Medical & Dental: 12%</p>	<p>Overall Workforce: Disabled: 5.4% Non-Disabled: 66.1% Unknown: 28.4%</p> <p>Non-Clinical Disabled Staff Bands 1 - 4: 8% Band 5 - 7: 6% Bands 8a - 8b: 10% Bands 8c - 9 & VSM: 9%</p> <p>Clinical Disabled Staff Bands 1 - 4: 6% Band 5 - 7: 4% Bands 8a - 8b: 4% Bands 8c - 9 & VSM: 3% *Medical & Dental: 12%</p>

The data in table 1 indicates that 5.4% of our workforce is Disabled, which is a 0.5% increase since 2019.

28.4% of our workforce have not declared their disability status. And although It is pleasing to see that this figure has reduced by 3.8% since last year, there is still more to be done.

The highest percentage of our Disabled workforce is in Medical and Dental, followed by Non-Clinical staff in bands 8a to 8b.

Indicator 2: Relative likelihood of staff being appointed from shortlisting

Table 2

Metric	2019	2020
<p>2. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts</p>	1.3	1.02

The data in table 2 indicates that the likelihood of Disabled staff being appointed from shortlisting has improved since 2019. Non-Disabled staff are 1.02 times more likely to be appointed from shortlisting, almost reaching parity with Disabled staff.

Indicator 3: Relative likelihood of staff entering the formal capability process

Table 3

Metric	2019	2020
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	*1.69	0

The data in table 3 shows an improvement since 2019 and there is no disparity in the likelihood of Disabled and Non-Disabled staff entering the formal capability process based on performance

** Last year this figure was reported incorrectly as 3.11, upon review of the technical guidance the figure has been corrected to 1.69*

Indicator 4a: Percentage of staff experiencing harassment, bullying or abuse

Table 4

Metric	2019	2020
4. a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months	Patients, service users, relatives or members of the public Disabled Staff: 34% Non-Disabled Staff: 28% Manager Disabled Staff: 18% Non-Disabled Staff: 12% Colleagues Disabled Staff: 28% Non-Disabled Staff: 19%	Patients, service users, relatives or members of the public Disabled Staff: 30.5% Non-Disabled Staff: 28% Manager Disabled Staff: 17.5% Non-Disabled Staff: 10.3% Colleagues Disabled Staff: 28% Non-Disabled Staff: 17.5%

Table 4 indicates that Disabled staff experience harassment, bullying or abuse from patients, service users, relatives, members of the public, managers and colleagues more so than Non-Disabled staff.

There is a 0.5% reduction in Disabled staff who receive this treatment from their manager and a 3.5% reduction in Disabled staff who receive this treatment from patients and the public. There is no difference in the percentage of Disabled staff experiencing this poor treatment from their colleagues since 2019.

Indicator 4b: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Table 5

Metric		2019	2020
4. 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 in the last 12 months	Disabled	43%	49%
	Non-Disabled	46%	44%

Table 5 indicates that the percentage of Disabled staff saying they have reported harassment, bullying or abuse at work has increased by 5%.

Disabled staff are 5% more likely to report this than Non-Disabled staff.

Indicator 5: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

Table 6

Metric		2019	2020
5. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion	Disabled	82%	86%
	Non-Disabled	89%	90%

Table 6 indicates that the percentage of Disabled staff believing the Trust provides equal opportunities for career progression or promotion has improved since last year by 4% however this is less is 4% less than Non-Disabled staff.

Indicator 6: Percentage staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Table 7

Metric		2019	2020
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	Disabled	36%	31%
	Non-Disabled	25%	21%

Table 7 demonstrates that Disabled staff are 10% more likely to feel pressure from their manager to come to work, despite not feeling well enough that Non-Disabled staff however, this figure has improved by 5% since 2019.

Indicator 7: Percentage of staff saying that they are satisfied with the extent to which their organisation values their work

Table 8

Metric		2019	2020
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	Disabled	39%	39%
	Non-Disabled	48%	53%

Table 8 indicates that 39% of Disabled staff say they are satisfied with the extent to which their organisation values their work, which is 14% less than Non-Disabled staff.

The percentage number of Disabled staff saying this has remained the same as 2019.

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

Table 9

Metric	2019	2020
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8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	76%	76%
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Table 9 indicates that 76% of Disabled staff say that their employer has made adequate adjustments to enable them to carry out their work, meaning that 24% have not had the adjustments required. This figure has remained the same at 2019.

Indicator 9a: National staff survey staff engagement score

Table 10

Metric		2019	2020
9a. The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	Disabled	6.6	6.8
	Overall	7	7.1

Table 10 shows that the staff engagement score for Disabled staff has increased since last year to 6.8 however this is lower than the overall workforce engagement score which is 7.1.

Indicator 9b: Has the Trust taken action to facilitate the voices of Disabled staff

Table 11

Metric	2019	2020
9b. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	Yes	Yes

Table 11 shows that the Trust has answered yes to this question and voices of Disabled staff are heard via an active, up and running DisAbility Staff Network with Executive level sponsorship.

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

Table 12

Metric	2019	2020
10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated	-5%	-5%

The data in table 12 shows that there is no Disabled staff representation on the Board with voting membership and that this has not changed since 2019. Staff not declaring their disability status on ESR is prevalent throughout all levels of the organisation, as demonstrated by 28.4% of the workforce not reporting their disability status on ESR.

Conclusion and Next Steps

Based on the 2020 data the following have been identified as areas of concern that the Trust must focus on for improvement:

- Staff who have not declared their disability status
- Disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives or members of the public, their manager and colleagues

- Disabled staff believing the Trust provides equal opportunities for career progression or promotion
- Lack of Disabled representation on the Board with voting membership

With this in mind, the Trusts EDI Improvement Plan (see Appendix 1) outlines actions the Trust will take to respond to the WDES and achieve improvements against the following themes:

- Inclusive recruitment and selection processes
- Staff are free from discrimination, bullying and harassment in the workplace
- Inclusive career opportunities for development
- Compassionate and inclusive leadership

Appendix 1: EDI Improvement Plan 2020/2022

Our overall aim is to ensure our workforce at every level is inclusive and representative of the community we serve		
Priority Objective	Underpinning Action	Measures of Success by March 2022
<p>1. Reduce the number of BME and Disabled staff reporting a lower likelihood of being appointed from shortlisting through improved and inclusive recruitment processes</p>	<ul style="list-style-type: none"> Place inclusion at the centre of people processes such as recruitment, appraisal, training and development programmes (including unconscious bias) Develop an internal group of inclusion experts to provide advice for shortlisting and target recruitment opportunities for BME staff Invest in a system with suitable data reporting capabilities to monitor candidate profiles at all stages of recruitment 	<ul style="list-style-type: none"> Year on year improvement in the likelihood of Disabled and BME applicants being appointed from shortlisting, measured by the WRES and WDES, as we move towards parity Increased representation of BME staff in senior post (bands 7+) based on workforce composition and national model employer strategy
<p>2. Take positive steps to ensuring all staff are free from discrimination, violence, abuse and harassment in the workplace</p>	<ul style="list-style-type: none"> Eradicate unacceptable behaviours through ensuring all staff, patients, relatives and carers are clear on expectations and consequences of their actions and behaviours: <ul style="list-style-type: none"> Violence against staff campaign continues with media support Staff are encouraged to report any form of discrimination/abuse Continue to work with staff networks to address any concerns Continue to build positive relationships with local constabulary Improve training for staff to deal with violence from service users Implement and fully embed a Leadership Behaviours Framework as identified through the culture and leadership programme 	<ul style="list-style-type: none"> Significantly less staff report experiencing discrimination, violence, abuse and harassment as measured across three themes within the National Staff Survey; Equality, Diversity and Inclusion, Violence, Bullying and Harassment and benchmark within top percentile of England acute Trusts
<p>3. Provide inclusive career opportunities for development, leading to a more representative workforce at every level</p>	<ul style="list-style-type: none"> Career conversations embedded as part of the annual appraisal process Implement and fully embed an inclusive talent management system, to support the development of a talent pipeline Grow coaching and mentoring capacity as part of our development offer Promote and support inclusive access to training, learning and development opportunities, at national, regional and local level, identifying any specific gaps requiring some targeted or bespoke 	<ul style="list-style-type: none"> Increase of BME staff compared to white reporting equal opportunities for career progression or promotion (WRES indicator 7) Increase of Disabled staff compared to non-disabled reporting equal opportunities for career progression or promotion (WDES indicator 5) Increased representation of BME staff in senior post (bands 7+) based on workforce composition and national model employer strategy

Appendix 1: EDI Improvement Plan 2020/2022

	<p>programmes</p> <ul style="list-style-type: none"> • Targeted recruitment for volunteers and non-executive Board members 	<ul style="list-style-type: none"> ➤ The Board's composition accurately reflects staff and community demographic with any gaps identified
<p>4. Continue to invest in developing compassionate and inclusive leadership</p>	<ul style="list-style-type: none"> • Continue to deliver Phase 3 of our Culture Change Programme • Set clear expectations of all staff through embedding our values and implementing a leadership behaviours model • Invest in our management and leadership development, ensuring compassionate, inclusive leadership is at the centre. • Implement a 'reverse mentoring' scheme for ethnic minority staff • Grow coaching and mentoring capacity as part of our development offer • Continue to work with staff networks and support the delivery of key actions identified to improve their experience in the work place • Ensure full implementation of our staff health and well-being improvement plan 	<ul style="list-style-type: none"> ➤ No disparity between protected staff groups reporting that they would recommend the organisation as a place to work (Q21c of the NSS) ➤ Staff turnover remains below target of 12% with parity between protected characteristic staff groups ➤ Year on year reduction in the Gender Pay Gap ➤ Recognised within the top quartile of employers in the Stonewall top 100 workplace equality index ➤ Data recording of protected characteristics has increased