

Workforce Disability Equality Standard - Annual Report 2020



Executive Summary

The Workforce Disability Equality Standard (WDES) is a set of ten metrics that will help NHS organisations to compare the experiences of disabled and non-disabled staff. These metrics are needed because evidence reports and research shows that the level of reported discrimination and inequality for disabled people working in the NHS is higher than any other protected characteristic.

The WDES has been commissioned by the Equality and Diversity Council (EDC), and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

Implementation of the WDES became an obligatory requirement for national healthcare organisations in 2019, so this is the second reporting year for the WDES metrics and the data has been compared to the 2019 data submission throughout.

The key findings from the 2020 submission show:

1. Disabled staff represent 15% of the workforce, which is a 12% increase from 2019 to 2020 data. There has been an overall improvement in representation in all Pay Band Clusters with the exception of Cluster 4 in the non-clinical workforce.
2. Disabled shortlisted applicants are 1.5 times less likely than non-disabled applicants to be appointed to post.
3. Disabled staff are less likely than non-disabled staff to be entered into a formal capability process.
4. Disabled staff are more likely than non-disabled staff to experience bullying, harassment and abuse from patients, service users, relatives, members of the public, managers and colleagues than non-disabled counterparts.
5. Disabled staff are 5.3% less inclined to believe the Trust provides equal opportunities for career development as compared to those staff without disabilities.
6. Disabled staff feel more pressure than non-disabled staff (2%) in feeling pressure to come to work when unwell.
7. Non-disabled staff are 11.9% more satisfied than disabled staff that the Trust values their work.
8. There has been a 3.6% drop in staff saying that UHS have made adequate adjustments for them to carry out their work.
9. The staff engagement score for disabled and non-disabled staff is on par with each other and with that of overall staff engagement at UHS.
10. There is no representation of disabled staff on the Trust Board.

Other than the hugely significant increase in disability disclosures, there has been little to no improvement in the WDES indicators. However, given that we now have a significant dataset available to us, we are now in a position to have meaningful engagement with our disabled staff to co-create an action plan with the support of the Long-term Illness and Disability Network to help move the Trust towards disability equality. The data indicates that we must maintain our focus on:

1. **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
2. **Staff Experience:** Improve the day-to-day experience of working at the Trust for disabled staff.

WDES Data Return 2020

Metric 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

Pay clusters: Non clinical	2019				2020			
	Total staff in pay cluster	Total disabled staff	Total non-disabled staff	Total unknown staff	Total staff in pay cluster	Total disabled staff	Total non-disabled staff	Total unknown staff
Cluster 1 Bands 1 – 4	1,610	3% (55)	72% (1156)	25% (399)	1,542	15% (237)	66% (1017)	19% (288)
Cluster 2 Bands 5 – 7	537	4% (21)	76% (410)	20% (106)	573	10% (58)	74% (424)	16% (91)
Cluster 3 Bands 8a –b	139	4% (5)	67% (93)	29% (41)	156	14% (21)	64% (99)	23% (36)
Cluster 4 Bands 8C-9 & VSM	74	0% (0)	66% (49)	34% (25)	72	0% (0)	75% (54)	25% (18)

Owing largely to a successful risk assessment campaign throughout the Covid-19 pandemic, disclosure rates have risen significantly and now more accurately reflect what you would expect to see within the local population. With the exception of Cluster 4, where there remain no disability disclosures, every other cluster has risen by a minimum of 6% (Cluster 2) and up to 12% (Cluster 1).

Clinical

Pay clusters: Clinical	2019				2020			
	Total staff in pay cluster	Total disabled staff	Total non-disabled staff	Total unknown staff	Total staff in pay cluster	Total disabled staff	Total non-disabled staff	Total unknown staff
Cluster 1 Bands 1 – 4	2,426	4% (85)	77% (1873)	19% (468)	2,557	18% (465)	68% (1744)	14% (348)
Cluster 2 Bands 5 – 7	4,693	4% (165)	73% (3480)	23% (1098)	4,819	17% (802)	67% 3234	16% (783)
Cluster 3 Bands 8a –b	293	3% (10)	55% (162)	41% (121)	228	14% (46)	54% (172)	32% (101)
Cluster 4 Bands 8C-9 & VSM	42	0% (0)	57% (24)	43% (18)	35	11% (4)	43% (15)	46% (16)
Cluster 5 Medical & Dental staff, consultants	672	0% (1)	67% (449)	33% (222)	701	8% (56)	64% (452)	28% (193)
Cluster 6 Medical & Dental staff, non-consultants career grades	297	1% (3)	89% (263)	10% (31)	317	5% (16)	88% (279)	7% (22)
Cluster 7 Medical & Dental staff, medical & dental trainee grades	650	2% (10)	93% (602)	6% (38)	652	6% (43)	89% (618)	4% (31)

As in the non-clinical workforce, there has been a significant increase in disability disclosures as a direct result of the risk assessment campaign. The most notable increase can be seen in Cluster 1 (14%) and, unlike the non-clinical workforce, the higher pay bands have also increased in disclosures; 8% in Cluster 5 and 4% in Clusters 5 and 6.

Rating: **Green**

Metric 2: Relative likelihood of Disabled staff compared to Non-Disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

Relative likelihood of staff being appointed from shortlisting across all posts	2020	
	Disabled	Non-Disabled
	#	#
Number of shortlisted applicants	404	4,929
Number appointed from shortlisting	112	2,122
Relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff	1.55	

The 2020 data shows that non-disabled staff are 1.5 times more likely to be appointed from shortlisting than disabled staff. In 2019, the Trust reported a figure of 0.95. The rise in the relative likelihood will in part be attributed to the significant increase in staff declaring a disability and as such next year's data will provide a more accurate comparable figure.

Rating: Red

Metric 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.

Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability process	2020	
	Disabled	Non-Disabled
	#	#
Number of staff entering the formal capability process	2	11
Relative likelihood of staff entering the formal capability process compared to White staff	0.84	

Last year this metric was not a compulsory measure so we do not have comparable data available. However, it is reassuring to note that staff with disabilities are less likely than those without to enter into a formal capability process.

Rating: Green

Metric 4: (Part 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, managers and other colleagues;

Harassment, bullying or abuse from patients/service users, their relatives or other members of the public:

2019: Disabled – 32.3%; Non-Disabled – 30.3%

2020: Disabled – 23.3%; Non-Disabled – 25%

Rating: Red

Whilst disabled staff remain 1.7% more likely to experience harassment, bullying or abuse from patients/service users, their relatives or members of the public, it is positive that the data indicates a 10% reduction in this figure from last year.

Harassment, bullying or abuse from managers:

2019: Disabled – 15.3%; Non-Disabled – 9.1%

2020: Disabled – 15.8%; Non-Disabled – 8%

Rating: **Red**

The data indicates that there has been a 0.5% increase in harassment, bullying or abuse by managers towards staff with disabilities, and that they remain twice as likely as non-disabled staff to receive such treatment. This is not acceptable and the Trust will ensure that it takes appropriate action to redress this as a matter of priority.

Harassment, bullying or abuse from other colleagues:

2019: Disabled – 26.3%; Non-Disabled – 16.6%

2020: Disabled – 24.6%; Non-Disabled – 16.4%

Rating: **Red**

Whilst there has been a 1.7% decrease in disabled staff experiencing harassment, bullying or abuse from other colleagues, it is disturbing that they remain 10% more likely to experience it than non-disabled colleagues. It is not acceptable that any staff member experiences harassment, bullying and abuse from colleagues and therefore the Trust will ensure that this redressed as an absolute priority as we aim to truly embed a zero tolerance of such behaviours.

Metric 4: (Part 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.

2019: Disabled – 50.8%; Non-Disabled – 49.1%

2020: Disabled – 45.4%; Non-Disabled – 45.5%

Rating: **Red**

It is disappointing to note that reporting rates for both staff with and without disabilities has dropped by 5.4% and 3.6% respectively. It is important that the Trust understands why this has happened and takes appropriate action to redress this.

Metric 5: Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career development.

2019: Disabled - 86.1%; Non-Disabled – 89.2%

2020: Disabled – 85.4%; Non-Disabled – 90.7%

Rating: **Red**

Disabled staff are 5.3% less inclined to believe the Trust provides equal opportunities for career development as compared to those staff without disabilities. It is also interesting to note that for disabled staff this percentage fell by .07% this year and rose by 1.5% for non-disabled staff. The Freedom to Speak Up Guardian, in conjunction with the Long Term Illness and Disability Staff Network, recently issued all staff that declared a disability with a questionnaire that explored their experiences of working at the Trust. It is hoped that this will give some indication as to why perception is not only lower for staff with disabilities but also why it has dropped in the past year.

Metric 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.

2019: Disabled – 30.2%; Non-Disabled – 31.2%

2020: Disabled – 21.9%; Non-Disabled – 18.9%

Rating: **Red**

Whilst there remains a small percentage difference (2%) between disabled and non-disabled staff in feeling pressure to come to work when unwell, it is reassuring that this percentage has dropped considerably from last year (8.3% and 12.3%).

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

2019: Disabled – 46.8%; Non-Disabled – 56.0%

2020: Disabled – 44.5%; Non-Disabled – 56.4%

Rating: Amber

The data highlights that non-disabled staff are 11.9% more satisfied than disabled staff that the Trust values their work. However, it should be noted that for the latter this percentage dropped by 2.3% which is of concern. On a positive note, for both cohorts the percentages are significantly higher than the average for NHS Trusts (37.4% disabled and 49.5% non-disabled).

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

2019: 81.5%

2020: 77.9%

Rating: Red

There has been a 3.6% drop in staff saying that UHS have made adequate adjustments for them to carry out their work. Whilst this is of concern and of course the Trust will look into to this, we must be mindful that almost twice as many disabled staff completed the survey as last year so this will skew the results. Now that we have a more accurate number of declarations it will be next year's data that will give us a truer indication of perception around this metric.

Metric 9: (Part A) The staff engagement % score for Disabled staff, compared to Non-Disabled staff and the overall engagement % score for the organisation

2019: Disabled – 7.1; Non-Disabled – 7.3; UHS overall – 7.5

2020: Disabled – 7.5; Non-Disabled – 7.4; UHS overall 7.4

Rating: Green

It is reassuring to note that the staff engagement score for disabled and non-disabled staff is on par with each other and with that of overall staff engagement at UHS. We also have a higher engagement score than the NHS Trust average.

Metric 10: Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce.

Rating: Red

15% of the staff population have declared a disability. No Board member has declared a disability, therefore for both parts of this metric the difference is -15%. The Trust will continue to encourage staff of all levels, but particularly at higher levels, to declare any disabilities.

Next Steps

Other than the hugely significant increase in disability disclosures, there has been little to no improvement in the WDES indicators. However, given that we now have a significant dataset available to us, we are now in a position to have meaningful engagement with our disabled staff to co-create an action plan with the support of the Long-term Illness and Disability Network to help move the Trust towards disability equality.

The data indicates that we must maintain our focus on:

- 1. Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
- 2. Staff Experience:** Improve the day-to-day experience of working at the Trust for disabled staff.

Our action plan is currently being produced in partnership with the LIDs Group. A draft version can be found in the appendix and the Board is asked to approve it in principle at this stage. It will be discussed at the next People and Organisational Committee and the Equality, Diversity and Inclusion Committee. There is a requirement to publish it on our website by 31st October.

Acting now – Changing the future – our LID Improvement Plan

Area	Proposed Action	Executive Champion	Responsible officer	Deadline
Leadership from the top	<p>Clear Board Commitment</p> <p>Board (CEO) to provide a clear public position statement on EDI. The statement to outline actions the Board are committed to and actively working towards.</p> <p>Review and revise strategy and action plan in light of recent events and feedback.</p>	Chief Executive Officer	Chief People Officer	October 2020
	<p>Inclusion in Trust decision making</p> <p>Provide opportunities for Network Leads to attend senior leadership events and Trust Board.</p> <p>Standing invites for network leads to:</p> <ul style="list-style-type: none"> • People and OD sub board Committee • UHS People Board • HR Policy Group • LID Group representation at the Clinical Executive Group 		Chief People Officer	September 2020
	<p>EDI Committee</p> <p>Revise and reinstate post COVID 19 the EDI Committee (Chaired by Paula Head, CEO)</p>		Chief Executive Officer	October 2020
	<p>Increased information on the issue</p> <p>Introduce a dedicated page on EDI related content in core brief providing updates, raising awareness of WRES, WDES etc., work of the Networks, sharing news and stories etc.</p>		Chief People Officer (with Head of EDI)	From October 2020
	<p>Deliver on following themes identified from post COVID Freedom To Speak Up BAME survey and WRES data:</p> <p>1) Equal Opportunities and Recruitment: The implementation and embedding of new recruitment practices.</p> <p>2) Employee Relations: Identify mechanisms and root causes of the disproportionality of disabled staff experiencing discrimination, harassment, bullying and abuse.</p> <p>3) Staff Experience: Improve the day-to-day experience of working at the Trust for staff with disabilities.</p>		Chief People Officer	July 2021

	<p>Ongoing dialogue and engagement</p> <p>Exec and Senior managers to commit to regular dialogue with the LID Group, i.e. bi-monthly with option for extraordinary meetings as appropriate.</p> <p>Review appraisal form to include a direct question about a person's disability and/or long term illness and the reasonable adjustments they may require.</p>		Chief People Officer	Ongoing
	<p>Reciprocal board mentoring</p> <p>Deliver a reciprocal mentoring programme involving NEDs and Exec Team members. All participants on the 'Inclusive leaders' Senior Leadership Programme will be offered a Board level reciprocal mentor.</p>		Chief People Officer (with Head of Leadership & Development)	December 2020
Developing our culture	<p>Cultural Review</p> <p>Complete a Trust wide cultural review focusing on the gaps in creating a culture of inclusion, physiological safety and belonging.</p>		Chief People Officer	December 2020
	<p>A Trust wide conversation</p> <p>Initiate an organisation-wide conversation on inclusion, including a campaign to promote success and talent in Disabled and other diverse groups</p> <p>Use high profile leaders (Clinical and managerial) to explain their support and champion the agenda.</p>		Chief People Officer Director of Communications	
	<p>Education</p> <p>Provide training and support for Managers in developing confidence to have conversations relating to a staff member's disability/long-term illnesses through Senior Leaders forums. Training should cover:</p> <ul style="list-style-type: none"> - Access and reasonable adjustments, including inclusive recruitment practices - Sick leave and disability leave policy - Holding constructive conversations around Wellbeing during appraisals - Career development and planning <p>Appraisal training for Managers with a mandatory 2 year refresher to ensure career development and wellbeing questions are discussed appropriately.</p> <p>Overhaul all leadership development programmes to ensure inclusive and compassionate leadership becomes the central thread for all our leaders at UHS.</p>		Chief People Officer Head of Leadership & Development	

	<p>Understanding WDES</p> <p>Generate greater and wider understanding of WDES and how to use it to bring about change, i.e. understanding and acting upon gaps in progression data for disabled staff groups – broken down to Divisional levels and lower where appropriate.</p>		Chief People Officer Head of EDI	Starting November 2020
	<p>Training</p> <p>Review and revise EDI training offered to include greater presence in induction programme (corporate and online) of unconscious bias, bystander training, having difficult conversations with people with protected characteristics, challenging micro aggressions etc.</p>		Chief People Officer Head of EDI / Head of Leadership & Development	January Starting 2021
Embedding into our Performance Management	<p>Divisional Performance Structure</p> <p>Introduce inclusion into Executive Divisional and Care Group management performance meetings to ensure this receives appropriate process.</p> <p>Additional focus on direct intervention where inclusivity is failing to gain suitable traction</p>	Chief Operating Officer	Chief People Officer (with Head of EDI)	November 2020
	<p>Performance of our leaders</p> <p>Performance on inclusivity will be reviewed and included in our leaders' appraisal process. This will include reviewing actions taken to drive improvements in staff experience, engagement and inclusivity for diverse groups.</p> <p>Increasing use of multi-source feedback on leaders, including approach to inclusivity.</p> <p>Senior leaders to participate in "A day in the life of..." using this experience to influence and develop an inclusive leadership style.</p>		Divisional Directors Head of EDI	
Increasing capacity to lead change	<p>Director of OD and Inclusion</p> <p>Recruit to a Senior permanent position focusing on Organisational Development and Inclusion reporting to the Chief People Officer. Seek talent through national search.</p>	Chief People Officer	Chief People Officer	Jan 2021

Nurturing talent and creating opportunity	<p>Inclusive leaders programme</p> <p>Launch cohort 3 of a revised Inclusive Management Programme with up to 25% of participants being drawn from staff with disabilities and long-term illnesses</p> <p>Programme to focus on Senior Leaders (Consultants and B7+) and aspiring leaders (Bands 5/6).</p>	Chief Nursing Officer	Chief People Officer	Starting November 2020
	<p>Developing our Network leads</p> <p>Clearly define Network roles and skill up network leads, i.e. provide mentoring and coaching, influential leadership skills, resilience training etc., and recognise their contributions as career development.</p> <p>Provide dedicated time for our Network leads to support their capacity to lead.</p>		Head of Leadership & Development	
	<p>Unearthing talent</p> <p>Develop a process for identifying and enabling people to use hidden skills, knowledge and qualifications.</p> <p>Long term career planning for staff that are or will be facing a situation where they are unable to continue in their current career path/jobs.</p>		Chief People Officer (with Head of Leadership & Development)	Starting September 2020
	<p>Developing talent</p> <p>Develop a talent pipeline/talent management plan to include stretch activities, i.e. secondments, shadowing, specialist training/quals, coaching and mentoring.</p> <p>Support for staff with disabilities and/or long term illnesses in order to better prepare for the career and wellbeing appraisal conversation.</p>		Head of Resourcing / Assistant Director of People	Starting November 2020
	<p>Deep dive equality review of the Recruitment and Selection process in partnership with diverse groups. Look at each stage and deliver on recommendations arising from focus group discussions.</p>		Head of Resourcing / Assistant Director of People	Starting December 2020
Growing leaders from within medical pathways	Develop a talent pipeline, talent scouting and talent management plan; implement career development conversations and planning to develop clear career pathways, particularly for senior medical talent.	Chief Medical Officer	Head of EDI	October 2020
			Head of Resourcing / Assistant Director of People	Starting November 2020

Protecting our staff from discrimination and abuse	<p>Urgent review of “No Excuse for Abuse Campaign”</p> <ul style="list-style-type: none"> • Raise the profile (Internal and external) of the No Excuse for Abuse/No Bystander Campaign underpinning it by policy and training. • Audit staff experience and expectations to develop appropriate actions which might include: <ul style="list-style-type: none"> - A review all of related policies to support no bystanding - A review of the incident reporting process and outcomes - Development of bystander role models/champions to actively drive the campaign - Design and pilot a training programme for conflict resolution and safe bystander intervention - Ensuring appropriate support is in place for victims and witnesses of abuse • Continue to work closely with staff and police to drive prosecution and convictions where appropriate. • Explore and develop a strong position/process for managing abuse directed at staff that can, at the highest level, mean that patients are excluded from treatment (not including non-capacity and life or limb treatment). 	Chief Operating Officer	Chief People Officer (with Head of H&S / Head of EDI)	Immediate and Ongoing
Supporting Wellbeing	Develop an appropriate wellbeing support package for disabled colleagues to access when required (psych support etc.)	Chief People Officer	Staff Wellbeing Lead	(ongoing)
	Develop a protocol and guidance for managers to better support staff shielding and/or working from home which will include: <ul style="list-style-type: none"> - Regular contact (Individually and included in team meetings/events) - Provision of essential equipment to work from home - Inclusive conversation around redeployment, changes to work patterns and environment, medical suspension 		Staff Wellbeing Lead / Head of EDI / LID Group Leads	October 2020
	Provide reassurance to Disabled staff, addressing concerns recently highlighted and lessons learned of preparedness for the second wave of Covid-19.		Chief People Officer	Ongoing