

Workforce Disability Equality Standard (WDES) Report 2020



1. Affects of Covid19

On the 4th April 2020 the Trust received a notification from NHSE/I that the collection of Data for the Workforce Disability Equality Standard was being suspended for 2020 due to the effects of Covid19.



On the 20th May 2020 a further communication was received from NHSE/I reinstating the WDES process with the following message.

“We wrote to you on 2 April 2020, stating that we had suspended the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) data collection process for 2020 due to COVID-19.

However, COVID-19 has highlighted the critical importance of workforce equality, and we have therefore decided that WDES and WRES implementation, including data collections, will continue as usual this year. The data collection period for the WRES and the WDES will be from 6 July to 31 August 2020. We will make contact with you in the coming days regarding this.

A letter from Prerana Issar, Chief People Officer for the NHS, and Dido Harding, Chair of NHS Improvement, highlighting the above was sent to CEOs, chairs and accountable officers of NHS organisations on 19 May 2020

This is a challenging time for everyone, especially our NHS staff working on the frontline; it presents even more reason for us to ensure we are living the principles of equality and inclusion in all that we do, and continue to progress WDES and WRES work within organisations.

We look forward to continuing with the momentum of the WDES and WRES programmes with you during 2020 and beyond.”

Subsequently NHSE/I have supplied Trusts with the new key dates for the WDES program which are illustrated in the following table.

WDES – Key Dates for 2020	
WDES Data Collection Period	6 th July to 31 st August 2020
WDES Spreadsheet (returned via SDCS) and WDES Online Reporting Form deadline	31 st August 2020
Publication of Board Approved Trust WDES Action Plans	31 st October 2020

2. WDES Reporting metrics

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of Disabled staff in the NHS.

The WDES comprises ten Metrics (see Appendix A). All of the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report.

The Metrics refer to staff “clusters” which are defined at Appendix B.

The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers. The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of Disabled staff in the NHS.

The WDES Metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

3. Our WDES report 2019

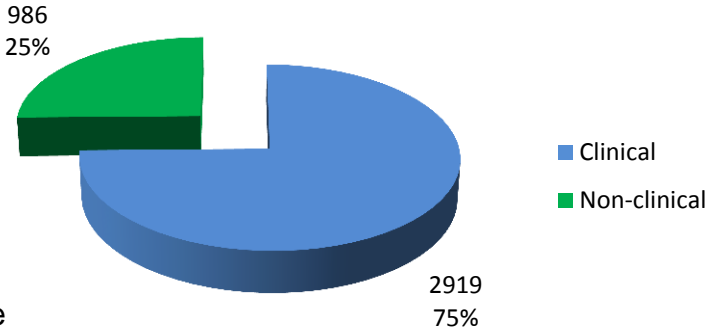
Our Workforce Disability Equality Report for 2020 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2020 regarding our overall workforce and comparisons between Clinical and Non-Clinical staff.
- Some comparison with the 2019 WDES data.
- Recommendation as to future action to support our people who identify with a disability within the workforce.

4. Specific Information 31st March 2019

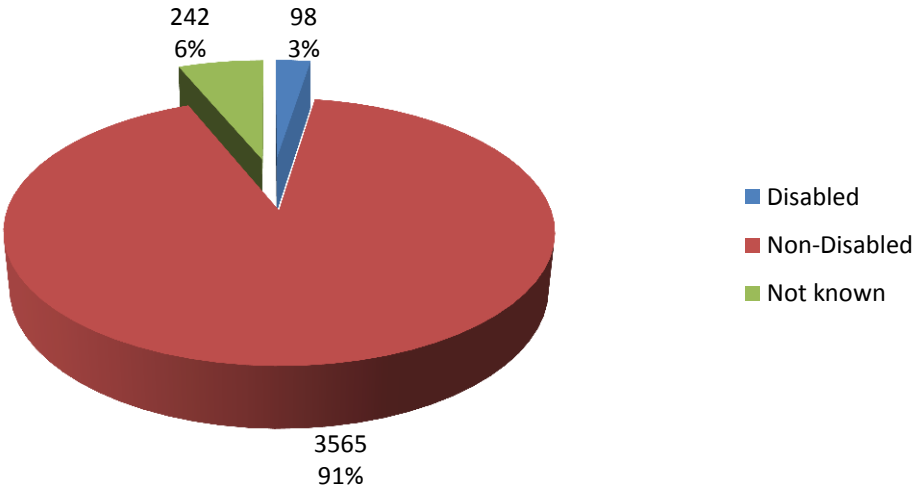
Clinical / Non-Clinical:

The Trust collected our data on the 31st March 2020 when our workforce consisted of 986 non-clinical staff and 2919 clinical staff.

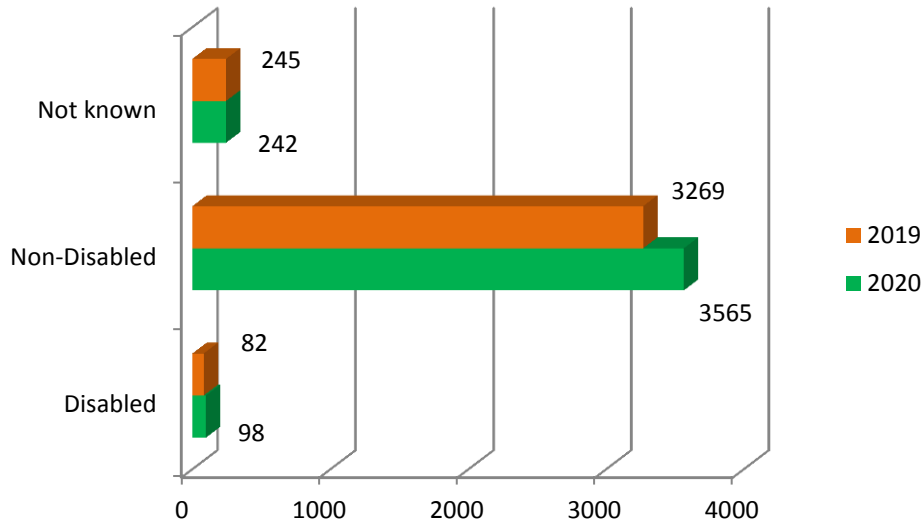


Overall workforce:

When we look at the overall workforce we see that 3% of our people have identified with a disability, 91% as non-disabled and 6% have preferred not to say.



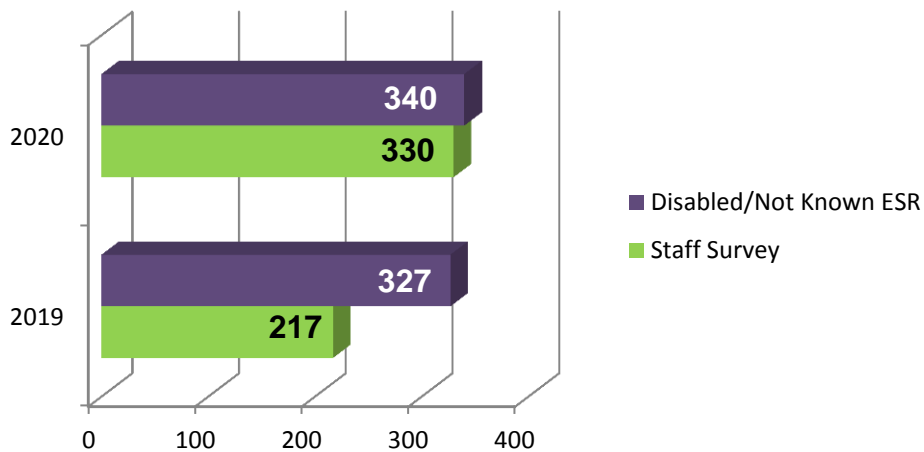
When we look at these numbers compared with last year's figures we see that they have increased slightly, although the non-disclosure numbers have decreased.



There has been an increase of 16 people who has disclosed their disability on ESR. As with last years figures the disclosure rate on ESR is quite low with a total of 98 people identifying as having a disability.

When we look at the later matrix in this report relating to staff survey responses we see a discrepancy in those identifying as having a disability. Of those taking part in the staff survey 330 identified as having a disability.

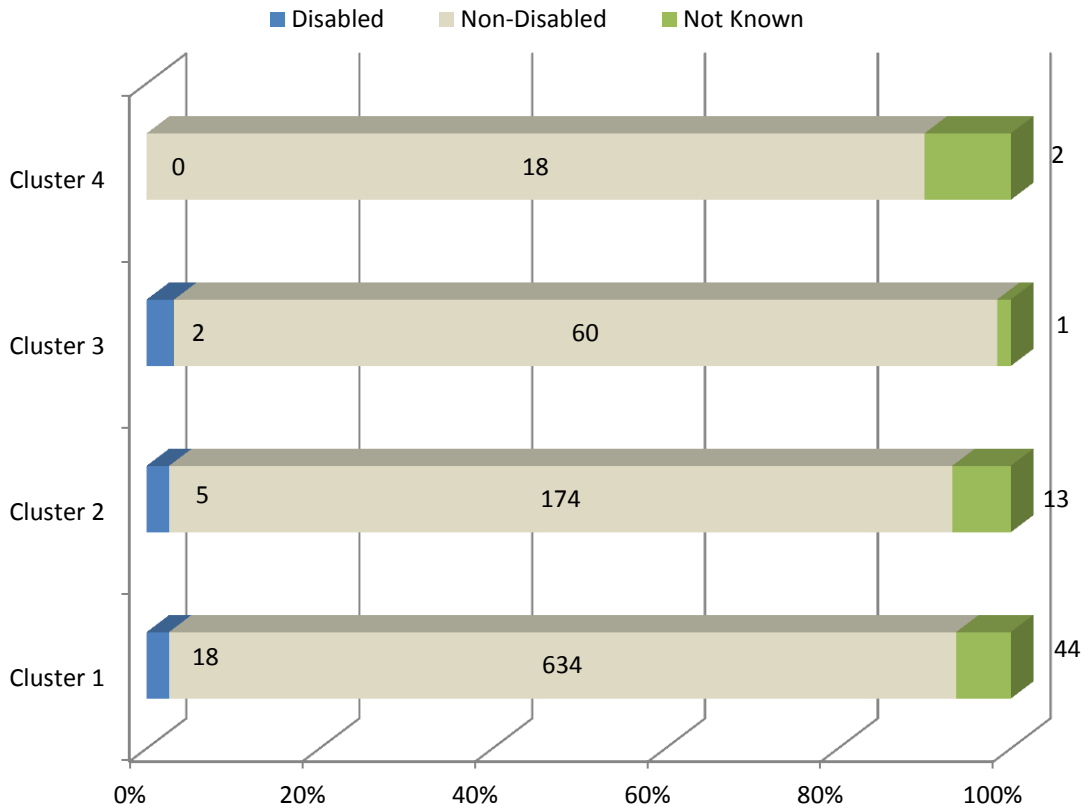
The following graph compares the staff survey results to our ESR results. The ESR figure is the total of people who have identified as having a disability or preferred not to say. You will see that the 2020 figures show that the staff survey and ESR figures are very close.



5. Metric 1

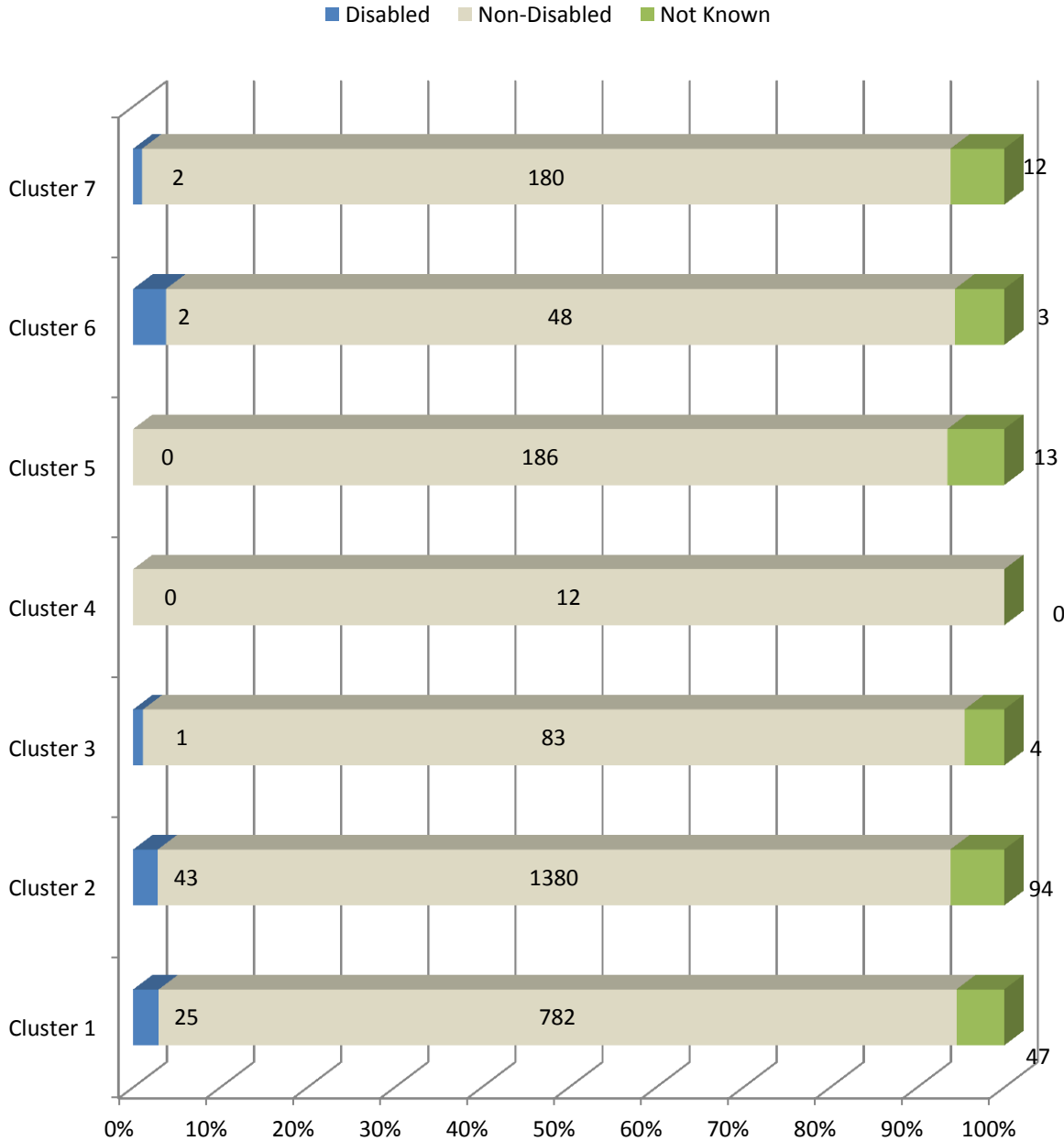
The following graphs show the numbers and percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Clinical and non-clinical staff are display on separate graphs.

Non-clinical:



100% of non-clinical staff who identify with a disability (totalling 25) are located within Clusters 1 to 3 (Bands 1 to 8b). This represents a total of 2.5% of the non-clinical workforce.

Clinical:



95% of our clinical staff who identify with a disability (totalling 69) are located within clusters 1 to 3 (Bands 1 to 8b). The remaining 5% (totalling 4) are located within clusters 6 & 7 (Medical and Dental: Non-consultant career grade and trainees). This represents 2.4% of the total clinical workforce.

6. 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.

Two additional questions were asked in this section:

1. Has your organisation signed up to the Disability Confident Scheme?
2. Does your organisation use a Guaranteed Interview Scheme?



Response to these questions:

1.

Salisbury NHS Foundation Trusts Disability Confident accreditation expired in October 2019. At the present time the Trust is working with its Disability Diversity Champions to carry out a self-assessment under the Disability Confident Scheme. Progress has been delayed due to Covid19.

2.

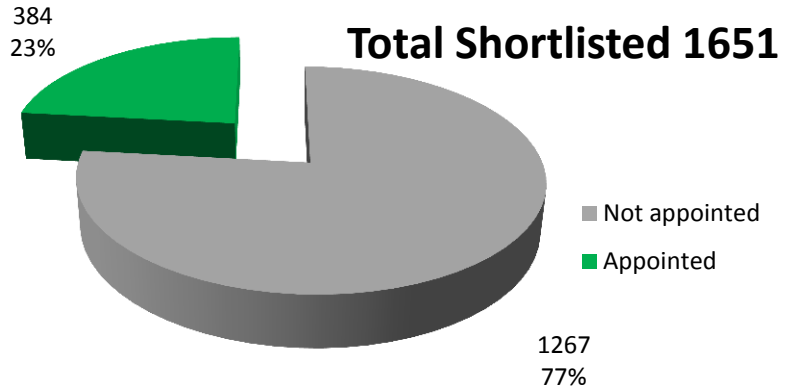
Salisbury NHS Foundation trust does operate a Guaranteed Interview Scheme.

As our organisation implements the guaranteed interview scheme matrix 2 includes the following endorsement:

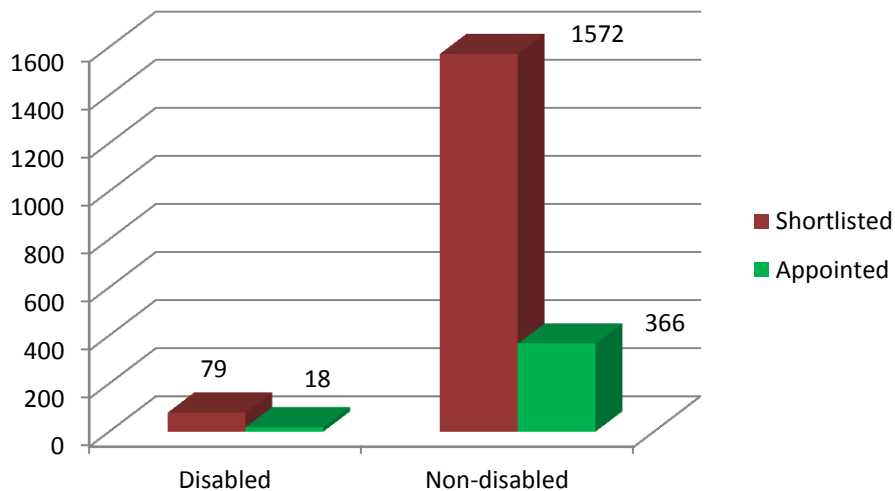
“If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.”

Number of shortlisted and appointed applicants:

A total of 1651 people were shortlisted for positions within the Trust during 2019/20. Of these 384 were appointed to posts, this equates to 23% of those who were shortlisted.

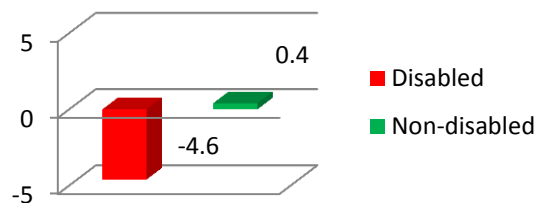


Of those shortlisted 79 people identified as having a disability. 18 people with disabilities were appointed, this equates to 22.8% of shortlisted candidates with a disability.



1572 of those shortlisted identified as having no disability or preferred not to say. Of these 366 were appointed to posts, this equates to 23% of those shortlisted.

This represents a 4.6% decrease in the number of staff with disabilities being appointed against a 0.4% increase in non-disabled staff being appointed.

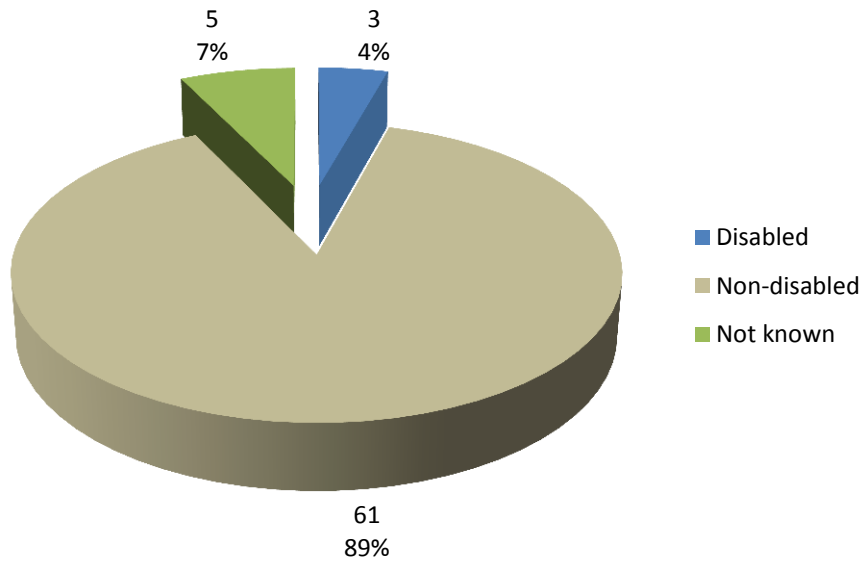


Relative likelihood of being appointed:

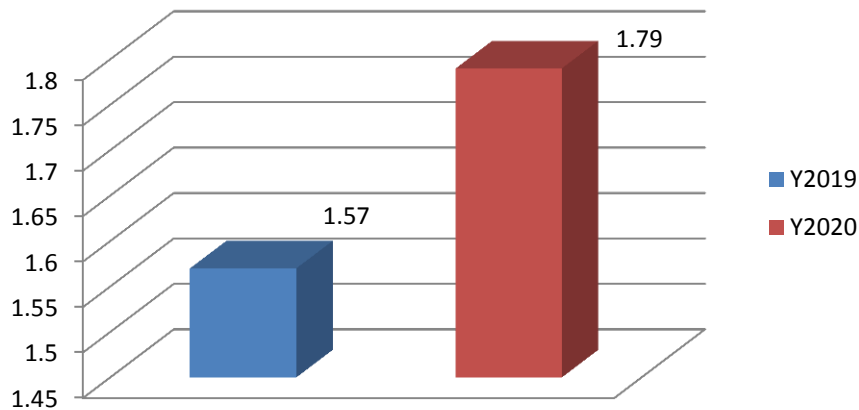
Non-disabled staff are 1.03 times more likely to be appointed than staff who identify with a disability.

7. Metric 3

Staff entering the formal capability process:



At the present time our ESR records show 98 people who have identified as having disabilities with the workforce. Using this figure to calculate the relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff it shows that Disabled staff are 1.79 times more likely than Non-Disabled staff.

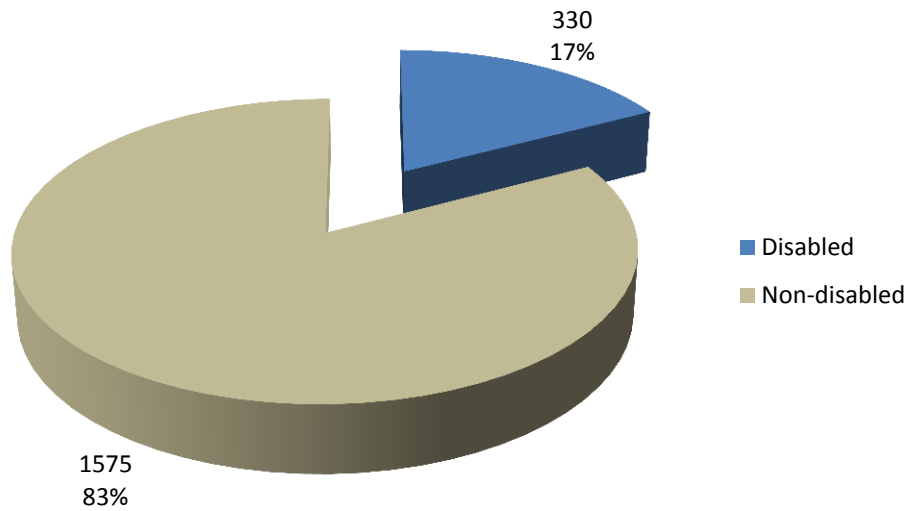


The above graph shows that the relative likelihood of disabled staff entering the capability process has increased from 1.57 to 1.79 times.

8. National NHS Staff Survey Metrics

The following Metric's have used information from the National NHS Staff survey.

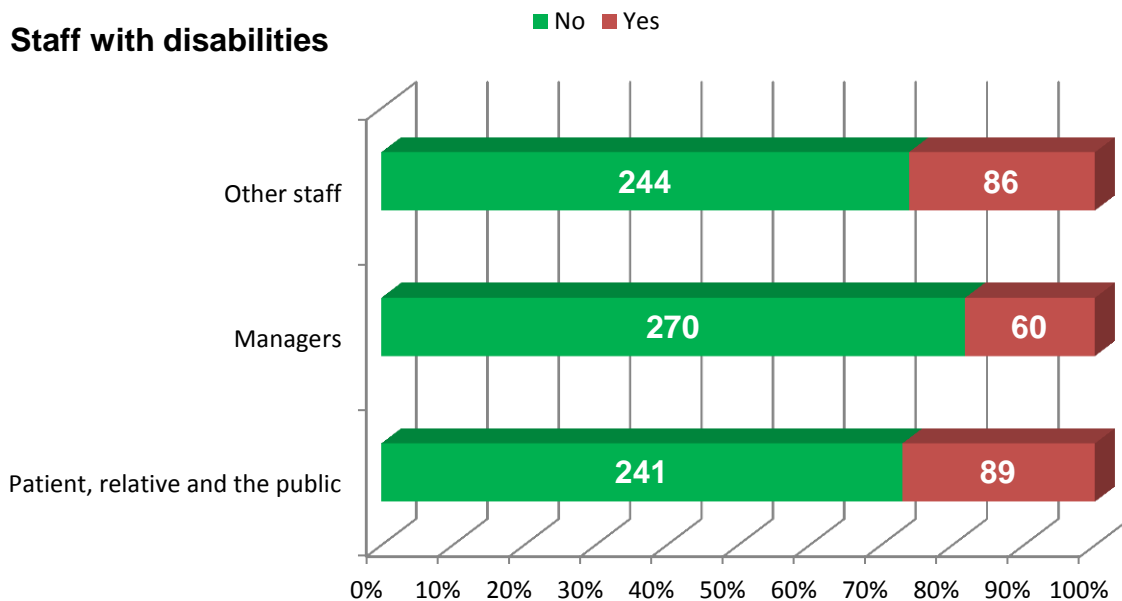
A total of 1,958 members of Salisbury NHS Foundation trust staff took part in the Survey, this equates to 54% of the total workforce. Of those who responded to the survey 330 stated that they had a disability, this equates to 9% of the total workforce.



9. Metric 4 – Staff Survey Question 13

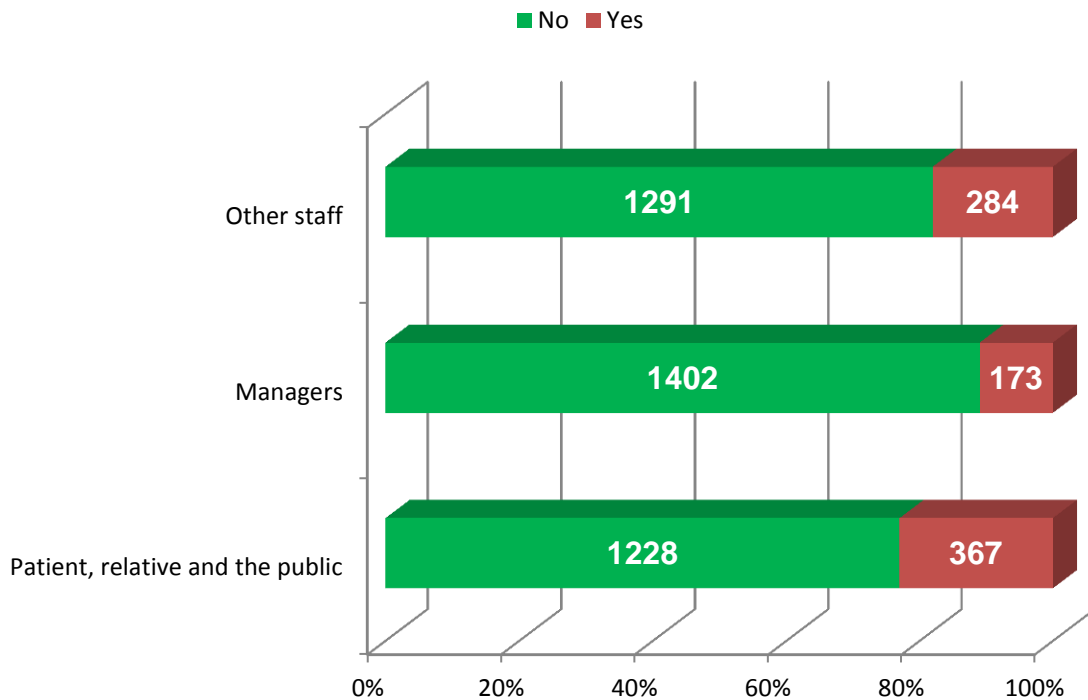
Staff experiencing harassment, bullying or abuse from:

Staff with disabilities



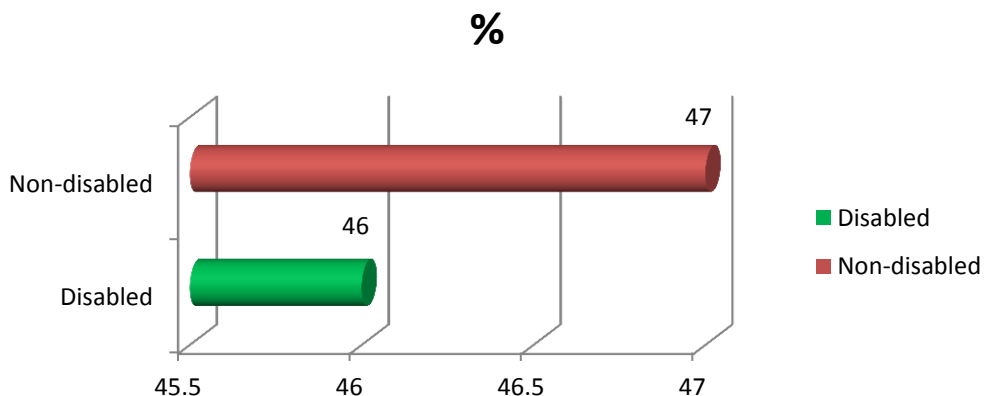
You will see that a total of 330 of our people stated in the Staff Survey that they had a disability compared to only 98 in our ESR records. The previous graph shows the breakdown of responses from the staff with a disability who responded to the staff survey.

Of the 330 respondents 89 (27%) said they had experienced harassment, bullying or abuse from patients/service users, 60 (18%) from managers and 89 (26%) from colleagues.



Of the 1575 non-disabled staff who responded, a total of 367 (23%) stated that they had experienced harassment, bullying or abuse from patients, relatives or the public, 173 (11%) from managers and 284 (18%) from colleagues.

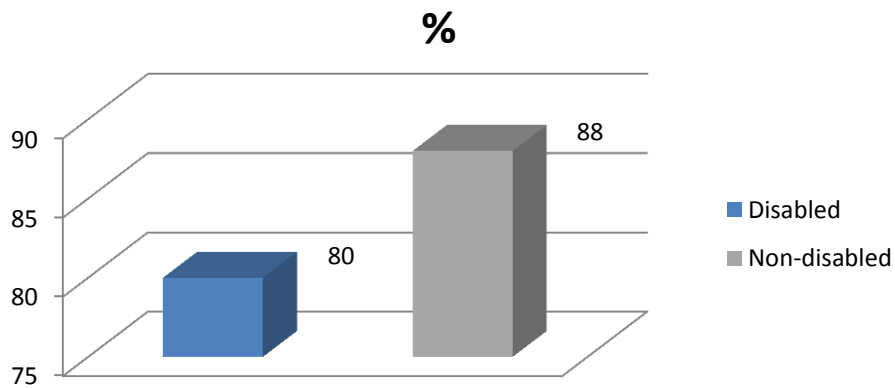
b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



Concern re: Metric 4: The number of staff with disabilities experiencing bullying and harassment is low with figures of 89, 60 and 86. However the number of staff who have identified as having a disability on the ESR system amounts to only 98. Although we cannot be sure that those answering this question are those who have identified on ESR we should consider that that might be the case.

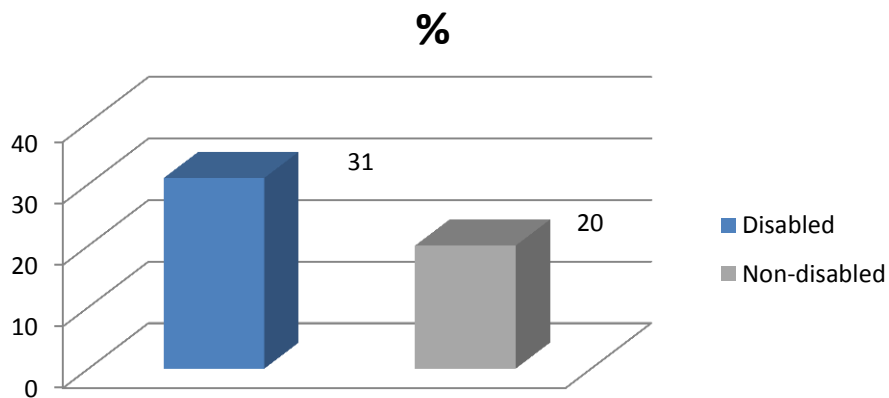
10. Metric 5 – Staff Survey question 14

80% of staff with a disability believe that the Trust provides equal opportunities for career progression and promotion. This compares to 88% of non-disabled staff.

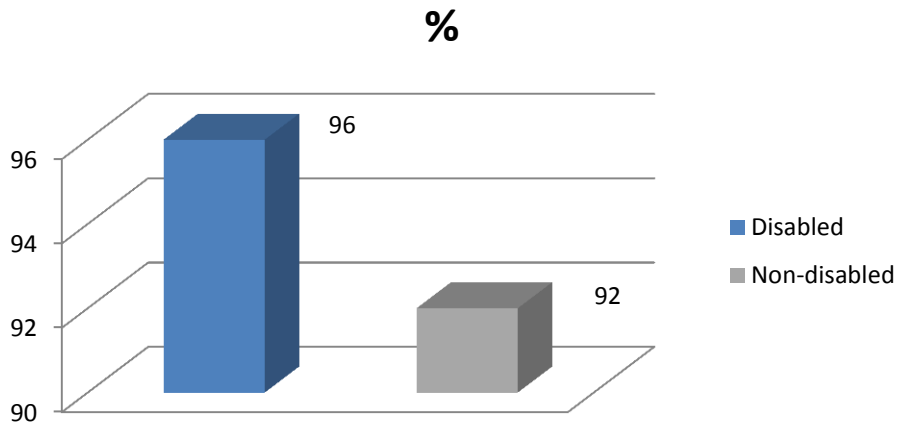


11. Metric 6 – Staff survey question 11

31% of staff with a disability stated that they had felt pressure from their manager to come to work despite not feeling well enough. This compares to 20% of non-disabled staff.



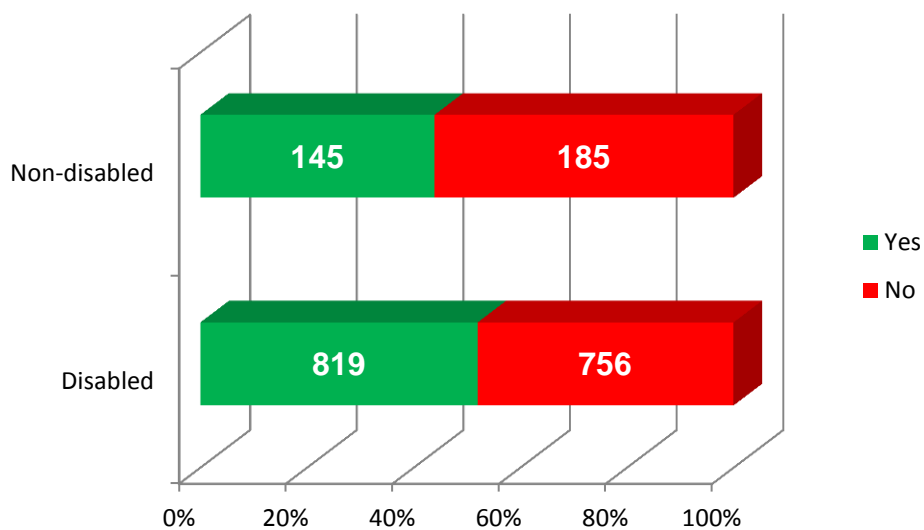
Of greater concern was the response to Question 11g in the staff survey:
“Not put myself under pressure to come to work when not feeling well enough”
 Only 4% of staff with a disability answered yes to this question and only 8% of non-disabled staff. This indicates that the majority of staff are putting pressure on themselves to attend work when they are not feeling well enough to carry out their duties.



The above graph shows that 96% of staff with a disability and 92% of non-disabled staff put themselves under pressure to work when feeling unwell.

12. Metric 7 – Staff survey question 5

44% (145) staff identifying with a disability compared to 52% (819) of non-disabled staff said that they are satisfied with the extent to which the Trust values their work.



There was an additional question asked in this section:

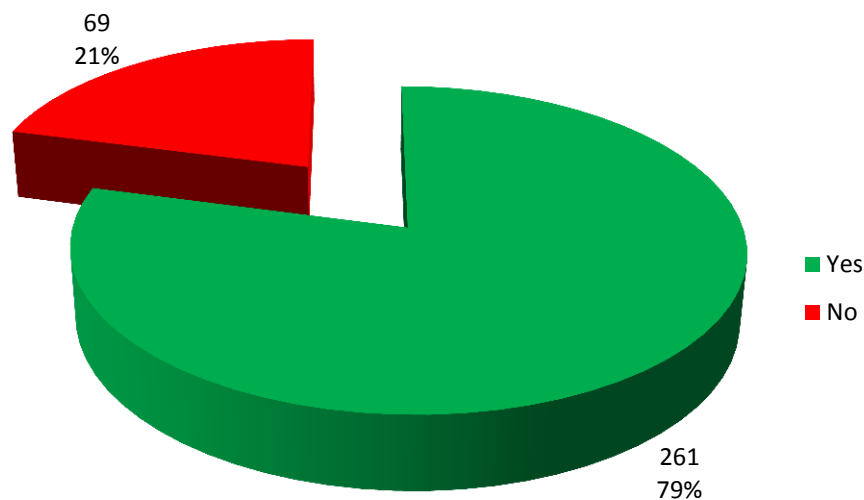
- Has your Trust planned any targeted actions to increase the workplace satisfaction of Disabled staff?

A specific action was included in the 2019 WDES action plan to work with the Disability Diversity Champions to facilitate the development of a Disability Network. During the year we have run a number of workshops, attended by the champions, a number of staff with disabilities and managers to begin the development of the network. This work has been disrupted by the onset of the Covid19 pandemic.

13. Metric 8 – Staff survey question 28b

Note: This NHS Staff Survey Metric only includes the responses of Disabled staff.

Of the 330 disabled staff who responded to the NHS Staff Survey 261 (79%) stated that the trust had made adequate adjustment(s) to enable them to carry out their work.



There is anecdotal evidence that many staff who have minor or hidden disabilities, which are not identified on ESR, have received assistance from the organisation informally.

For example: being provided with specific chairs or desks.

Many of these have not been recorded as reasonable adjustments.

There were a number of additional questions asked:

- Does your organisation have a reasonable adjustments policy?
- Are costs of reasonable adjustments met through centralised or local budgets?
- Has your organisation taken action to improve the reasonable adjustments process?

In response to the additional questions we reported that we do not have a specific policy referring to reasonable adjustments. However, our process is included in the “Employment of People with Disabilities Policy” which is linked to the “Attendance Management Policy”

At the present time we do not have a central register of reasonable adjustments. These are agreed between the individual and their line manager, who keeps the record of adjustments.

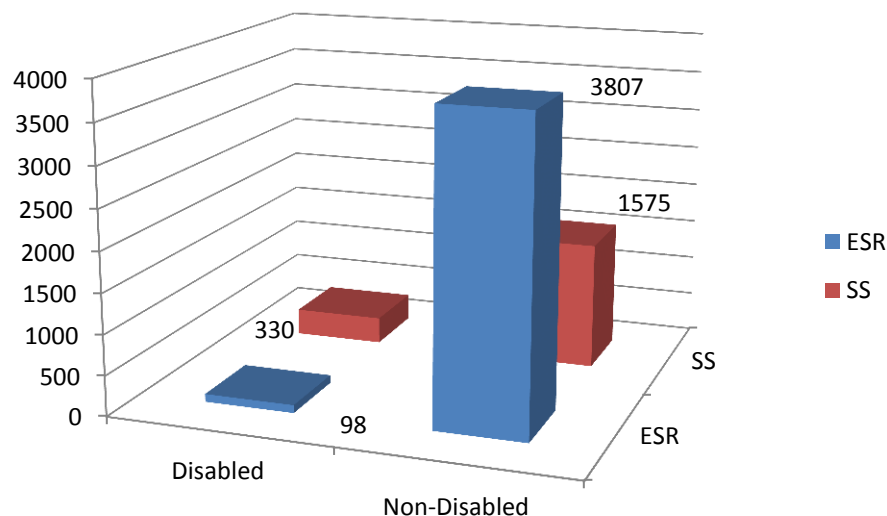
Cost of adjustments are met at a local department level.

At the present time the reasonable adjustment process is being reviewed.

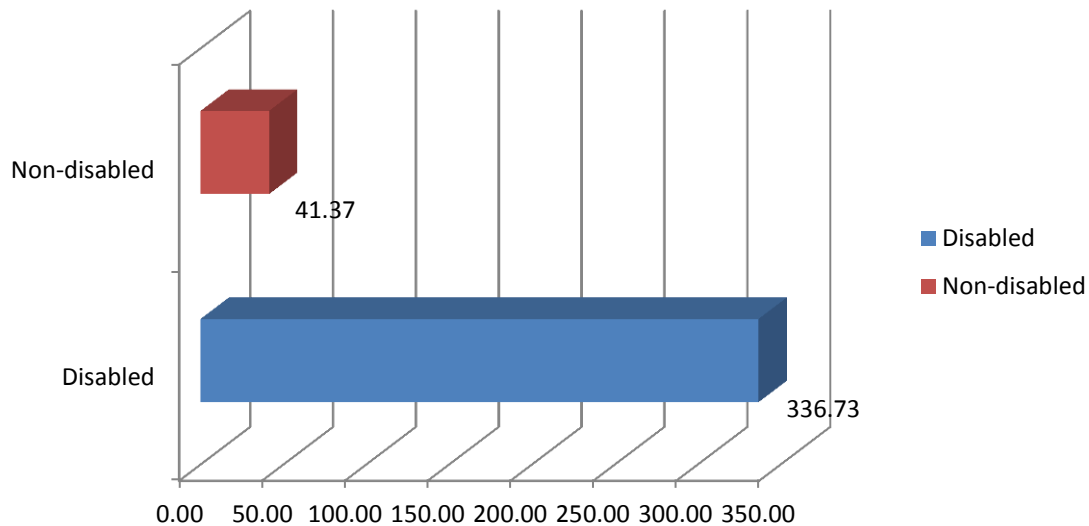
14. Metric 9

Staff Engagement Scores (NHS Staff Survey)

Salisbury NHS Foundation Trust had an overall engagement score of 54%. When we look at disabled and non-disabled staff the picture is not clear because only 98 people have identified with a disability on ESR.



Using the ESR figure as a baseline, our staff survey engagement with disabled staff works out at 336%. This compares to 41.7% of staff who identified as non-disabled.



Part B:

Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes. Our lead Disability Diversity Champion sits on our strategic EDI Committee. The Trust has also run a number of workshops for disabled staff to share their views.

There was an additional question:

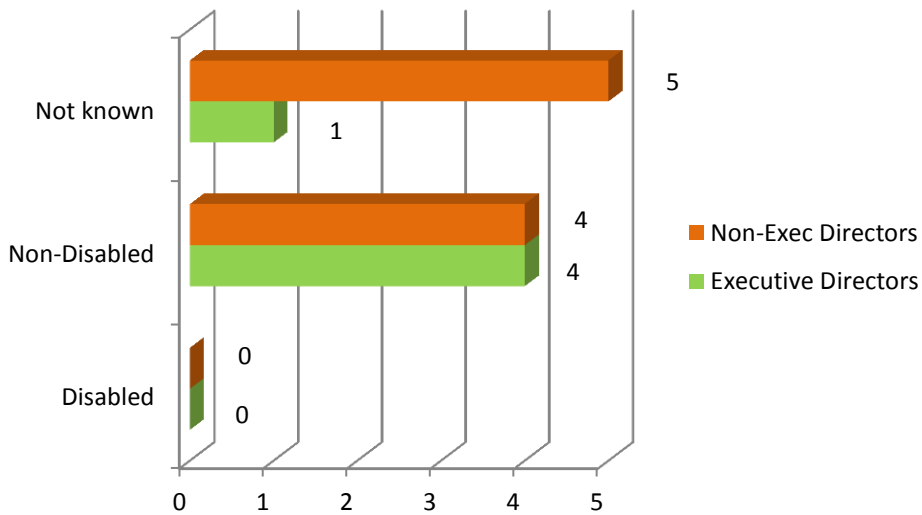
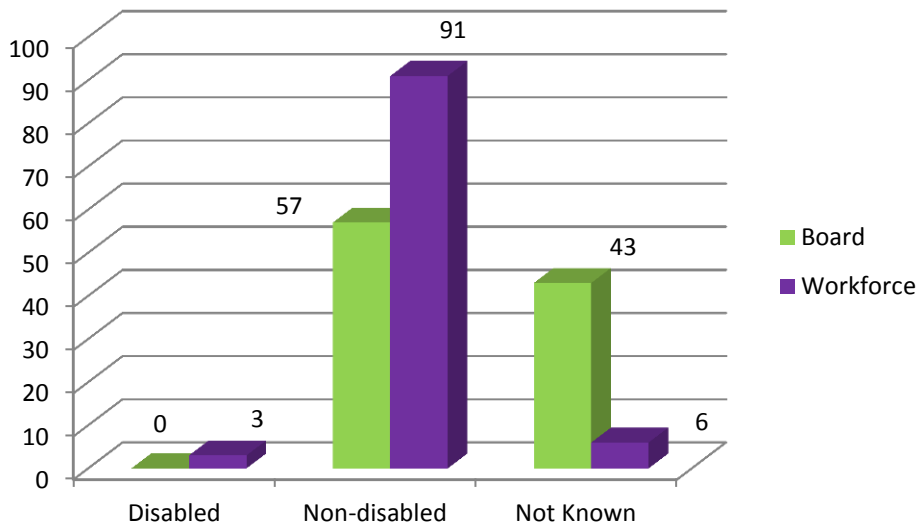
- Does your organisation have a Disabled Staff Network?

At the present we do not have a Disabled staff network but we have for a number of years had dedicated Disability Diversity Champions. During the past years we have run a number of workshops with our champions, disabled staff and managers to facilitate the development of a network. We have used our first WDES report as a catalyst for this discussion.

Unfortunately work on the development has been disrupted due to the effects of Covid19, with many disabled staff self-isolating or working remotely.

15. Metric 10

Percentage Board/Workforce:



There was an additional question in this section:

- Does your Board have a champion for Disability Equality?

Judy Dyos, the Executive Director for Nursing has been nominated as the Board sponsor for Disabilities.

18. Conclusion

This is the second year that the Workforce Disability Equality Standard has operated which now gives us the opportunity to make a comparison to the previous year. This report includes a number of such comparisons which indicate that we made slight progress in identifying staff with disabilities.

In collecting the data within the Trust we have identified that we do not have a true picture of people with a disability within our ESR system. Within those systems 98 people have identified as having a disability and 242 staff did not state whether they had a disability or not. These two figures give us a total of 340 staff. When we looked at the response to the NHS Staff Survey we see that 330 of our people identified as having some form of disability. In comparing these two figures it is clear they are very similar and a number of our staff do not feel confident in disclosing their disability to the organisation.

This indicates that we need to encourage our people to provide accurate and up-to-date equality data.

One main influencing factor this year has been the effect of the Covid19 pandemic. Many of our staff who have disabilities have been shielding, are self-isolating or are working remotely. This has disrupted the development of a Disability Network and the progress of our Disability Confident self-assessment.

Covid19 has also highlighted the disproportionate effect the virus has had on high risk groups. These include those with underlying health problems, those with disabilities, those from low socio-economic backgrounds and members of BAME communities.

A system of risk assessments for all staff falling within the high risk categories has been developed. All staff with disabilities have been included within the risk assessment process.

Work has continued over the past year to review and develop an appropriate reasonable adjustment process, to establish a Disability Network and to encourage staff to update and complete their equality data on ESR.

It is clear that a number of people are still reluctant to provide equality data as can be seen in this report, including members of the Board as indicated in Metric10.

19. Recommendations

We recommend that Salisbury NHS Foundation Trust take the following action to support our people who identify with disabilities to ensure they have an equal opportunity to progress within the workforce:

- Encourage our people to provide up-to-date, relevant and accurate equality data through our ESR self-reporting process. Ensuring they understand the benefits for doing so.
- The EDI Committee should consider this report and develop appropriate actions to ensure progress on the WDES and develop an inclusive workplace for those who identify as having a disability.

20. Author and Sponsor

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Sponsor: Judy Dyos, Director of Nursing
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Appendix A: WDES Metrics.

For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff.

Metric 1

Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

- Cluster 1: AfC Band 1, 2, 3 and 4
- Cluster 2: AfC Band 5, 6 and 7
- Cluster 3: AfC Band 8a and 8b
- Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)
- Cluster 5: Medical and Dental staff, Consultants
- Cluster 6: Medical and Dental staff, Non-consultant career grade
- Cluster 7: Medical and Dental staff, Medical and dental trainee grades

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

Metric 2

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

Note:

- i) This refers to both external and internal posts.
- ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

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.

Note:

- i) This Metric will be based on data from a two-year rolling average of the current year and the previous year.
- ii) This Metric is voluntary in year one.

National NHS Staff Survey Metrics

For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.

Metric 4 Staff Survey Q13

- a) 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
 - ii. Managers
 - iii. Other colleagues
- 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.

Metric 5 Staff Survey Q14

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

Metric 6 Staff Survey Q11

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.

Metric 7 Staff Survey Q5

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

The following NHS Staff Survey Metric only includes the responses of Disabled staff

Metric 8 Staff Survey Q28b

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

NHS Staff Survey and the engagement of Disabled staff

For part a) of the following Metric, compare the staff engagement scores for Disabled, non-disabled staff and the overall Trust's score For part b) add evidence to the Trust's WDES Annual Report

Metric 9

- a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.
- b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.

Board representation Metric

For this Metric, compare the difference for Disabled and non-disabled staff.

Metric 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.

Appendix B: WDES Clusters

Cluster 1	AfC Band 1, 2, 3 and 4
Cluster 2	AfC Band 5, 6 and 7
Cluster 3	AfC Band 8a and 8b
Cluster 4	AfC Band 8c, 8d, 9 and VSM (including Executive Board members)
Cluster 5	Medical and Dental Staff, Consultants
Cluster 6	Medical and Dental staff, Non-consultant career grade
Cluster 7	Medical and Dental staff, Medical and Dental Trainee grades

Note: definitions for these categories are based on Electronic Staff record occupation codes with the exception of medical and dental staff, which are based upon grades.

Appendix C: Equality Act Definition of Disability

The definition is set out in section 6 of the Equality Act 2010. It says you're disabled if:

- you have a physical or mental impairment
- that impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities

Some impairments are automatically treated as a disability. You'll be covered if you have:

- cancer, including skin growths that need removing before they become cancerous
- a visual impairment - this means you're certified as blind, severely sight impaired, sight impaired or partially sighted
- multiple sclerosis
- an HIV infection - even if you don't have any symptoms
- a severe, long-term disfigurement - for example severe facial scarring or a skin disease

These are covered in Schedule 1, Part 1 of the Equality Act 2010 and in Regulation 7 of the Equality Act 2010 (Disability) Regulations 2010.

Please note the definition is quite wide - for example, a person might be covered if they have a learning difficulty, dyslexia or autism.



Appendix D: Reasonable Adjustments – Sec.20 Equality

Section 20 of the Equality Act 2010 creates a legal duty on employers which comprises the following three requirements.

1. The first requirement is a requirement, where a provision, criterion or practice of A's puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
2. The second requirement is a requirement, where a physical feature puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
3. The third requirement is a requirement, where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.

When must an employer make reasonable adjustments?

An employer must consider making reasonable adjustments, involving the disabled worker or successful job applicant in the discussion about what can be done to support them and the decision, if:

- it becomes aware of their disability
- it could reasonably be expected to know they have a disability
- the person asks for adjustments to be made
- the worker is having difficulty with any part of their job
- either the worker's sickness record, or their delay in returning to work, is linked to their disability.

What does reasonable mean?

What is reasonable will depend on the circumstances of each individual case. And it will depend on an assessment of factors including:

- Is the adjustment practical to make?

- Does the employer have the resources to pay for it?
- Will the adjustment be effective in overcoming or reducing the disadvantage in the workplace?
- Will the adjustment have an adverse impact on the health & safety of others?

The size of an employer can be a factor. An employment tribunal may expect more from a large organisation than a small one because it may have greater means. Also, whether the employer has access to other funding, such as the Government's Access to Work scheme, could be another factor. The employer is responsible for paying the cost.

An employer is not required to change the basic nature of a job. And if there are times when suggested adjustments are unreasonable, an employer could lawfully refuse to make them.