Workforce Disability Equality Standard (WDES) Report 2021

An outstanding experience for every patient

1. Introduction - Judy Dyos, Chief Nursing Officer

Welcome to the annual Worforce Disabilty Equality Standard (WDES) Report 2021, I am delighted to be stepping into the role of Executive Sponsor for Disabilities.

I am keen to play my part in ensuring the voice of staff that identify with a disability is heard at Executive and Trust board level.

The information we see in this report shows that we have work to do in order to raise the profile of staff in this group and increase the opportunities for our diverse and rich workforce.

Covid may have slowed progress in 2020 but we now need to accept Covid will be an ongoing challenge and relaunch and refocus on these important workstreams.

I look forwards to working with staff, our EDI colleagues and Disability Diversity Champion in delivering on the recommendations made in this report over the coming year.

2. Executive Summary – Rex Webb, Head of Diversity & Inclusion

Our Workforce Disability Equality Report for 2021 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2021 regarding our overall workforce and comparisons between Clinical and Non-Clinical staff.

- Some comparison with the 2020 WDES data.

- Recommendation as to future action to support our people who identify with a disability within the workforce.

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The past twelve months have been incredibly challenging for many of our people including those who identify as having a disability.

The Trust's successful risk assessment process for vulnerable staff has meant that many staff with disabilities have been redeployed or have been working from home.

We are now three year's into reporting against the Workforce Disability Equality Standard and identifying how as an organisation we treat our people who identify with a disability.

As will be seen in this year's report despite the disruption caused by Covid19 we are now proactively working to update our disability policies, processes and organisational culture. We are doing this to ensure that our culture is compassionate, fair and non-discriminatory.

Once again this year when we look at the data within the Trust we have identified that we do not have a true picture of people with a disability within our Electronic Staff Record (ESR) system. Within those systems 104 people have identified as having a disability and 175 people did not state whether they had a disability or not. These figures have changed slightly since last year with an increase in the number of people disclosing a disability and a reduction in people preferring not to say.

We have a similar position to last year when we looked at the response to the NHS Staff Survey we see that 358 of our people identifying as having some form of disability. This is an increase of 28 people since last year. There is obviously a discrepancy with the numbers disclosed on ESR.

This continues to indicate that we need to work on our organisational culture as well as encouraging our people to provide accurate and up-to-date equality data.

The EDI Committee has developed a number of actions to move the Equality, Diversity and Inclusion agenda forward. These actions include identifying protected time for staff networks leads and also creating a Disability Task & Finish Group. The group will look at how we treat people who identify with a disability and make recommendations to the EDI Committee and Trust Board. Further details of the group, including membership is included in section 6 of this report.

Overall when we look at the data there have not been any significant changes. There are some variations in some areas.
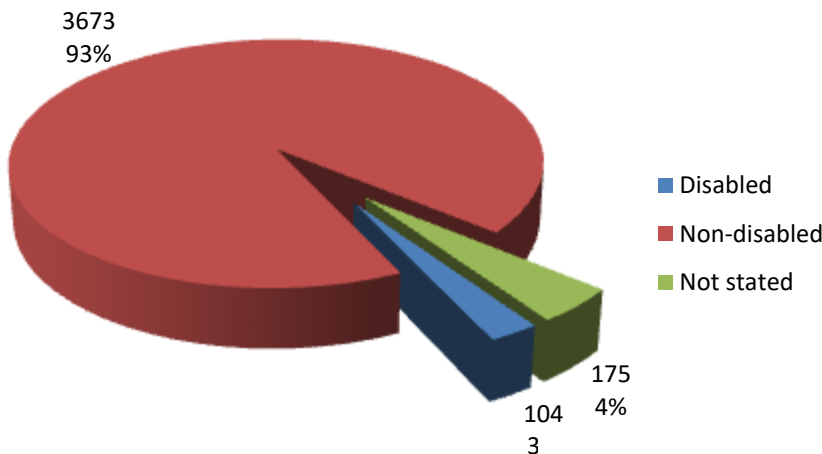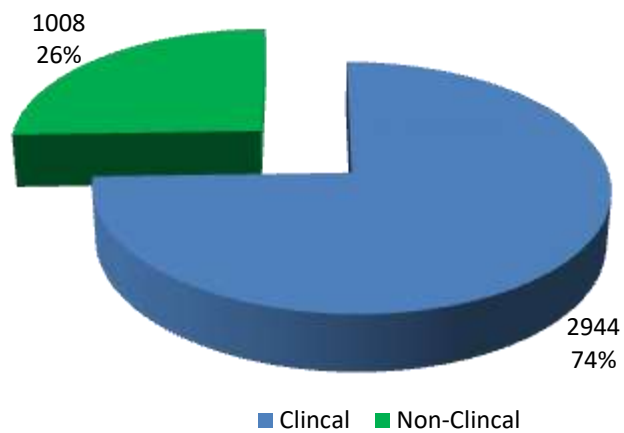
For example the relative likelihood of staff with disabilities entering the formal capability process has decreased to 1.47 times that of non-disabled staff. This is calculated as a two year average.

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In section 12 of this report data indicated that there has been an increase in the number of staff with disabilities who feel that the organisation does not value their work. This is a staff survey question and 229 responded to the question negatively. We continue to engage with the national WDES group and with regional EDI Leads to identify and share best practice.
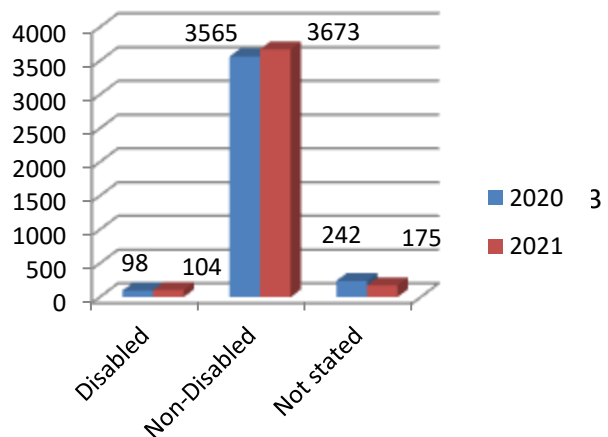
3. Specific Information 31st March 2021

The Trust collected it's data on the 31st March 2021 when our workforce consisted of 3,952 people.

2,944 were in clinical roles and 1,008 in non-clinical roles.

1008
26%

2944
74%

■ Clincal ■ Non-Clincal

3673
93%

■ Disabled

■ Non-disabled

■ Not stated

175
4%

104
3

When we look at the overall workforce we see that 3% of our people have identified with a disability, 93% as non-disabled and 4% have preferred not to say.

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| | Disabled | Non-Disabled | Not stated |
| 2020 | 98 | 3565 | 242 |
| 2021 | 104 | 3673 | 175 |

■ 2020 3
■ 2021

When we look at these numbers compared with last year's figures we see that disclosure rates have increased slightly. There has been a decrease of 67 in the non-disclosure numbers which is a significant reduction.

There has been an increase of 6 people who have disclosed their disability on ESR. As with last year's figures the disclosure rate on ESR is quite low with a total of 104 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 358 people identified as having a disability.

5. Metric 1: Percentage of staff with disabilities

The following graph shows the total number of our people who identify with a disability across all pay bands. They are compared with people who do not have a disability or have not stated either way.
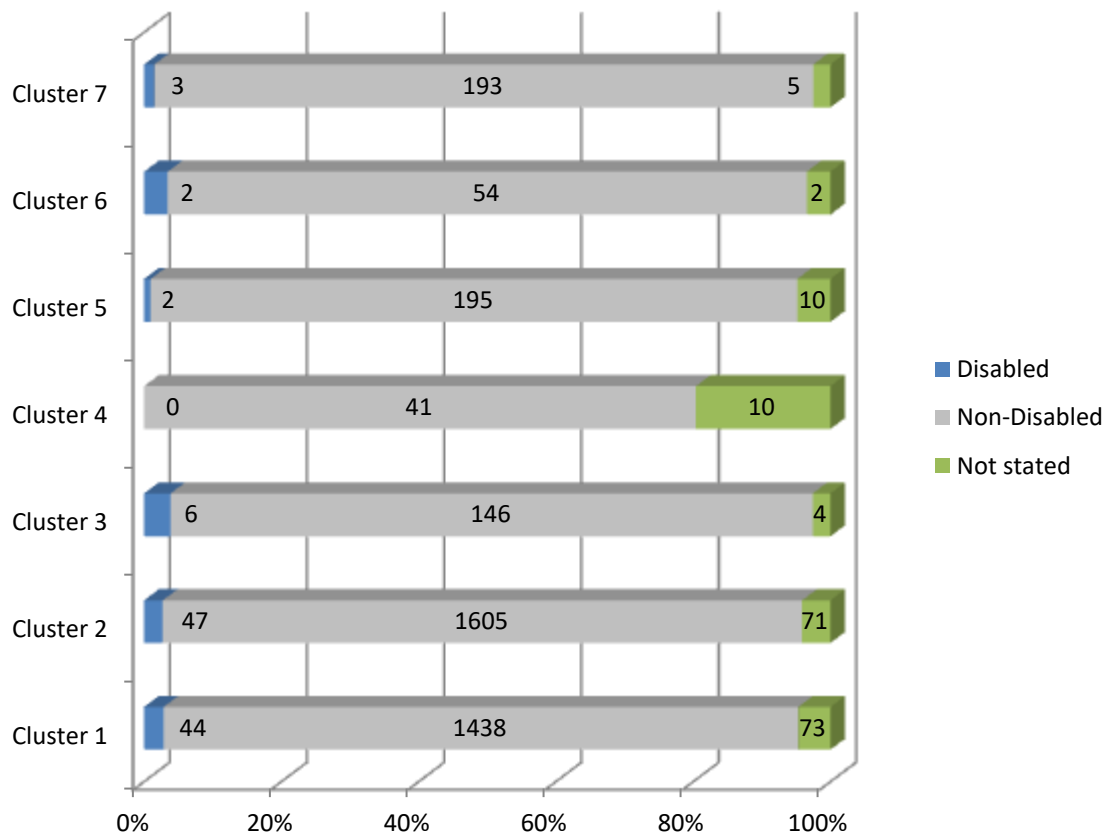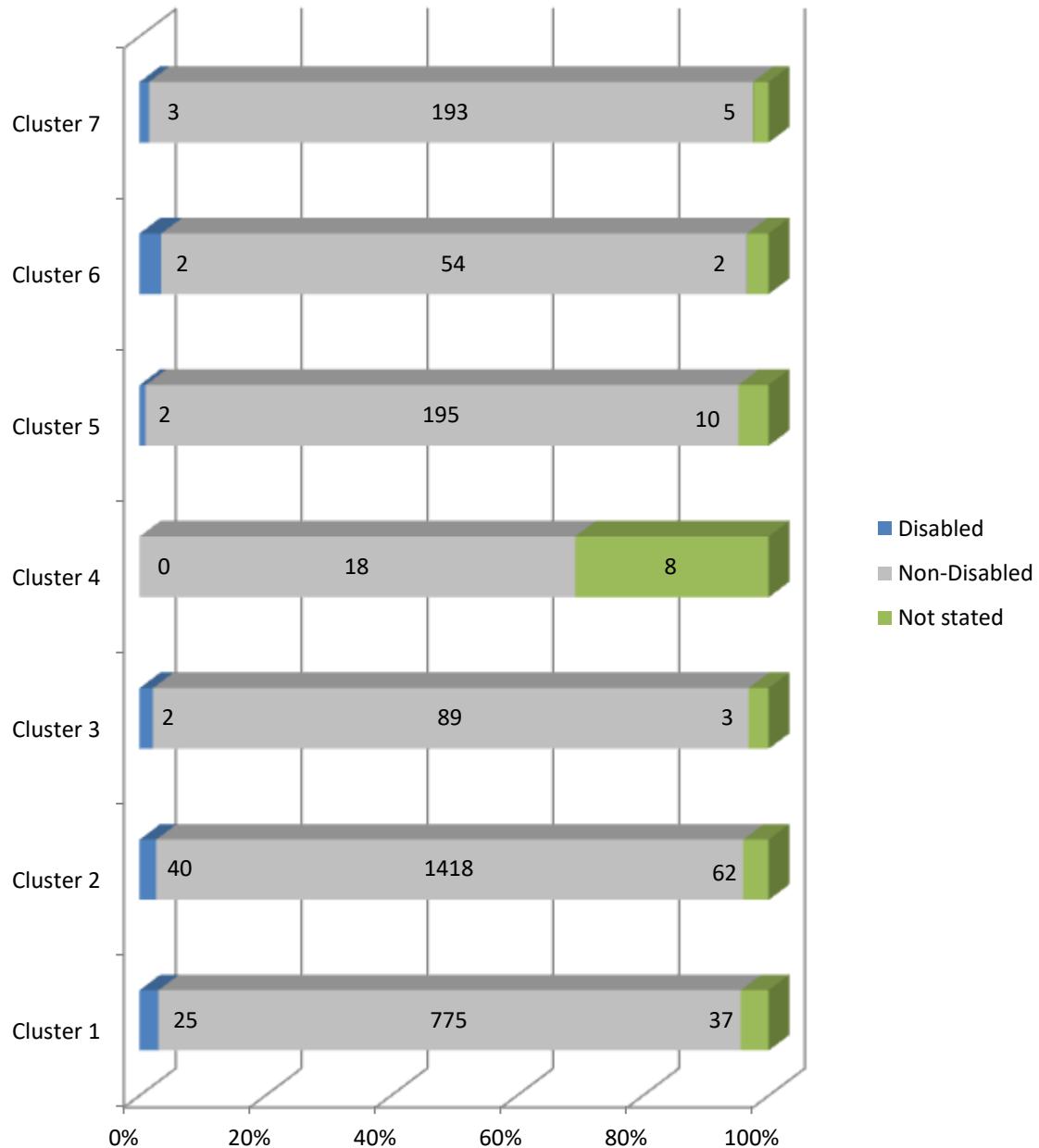
N.B. Clusters are described at Appendix A
The number of staff who identify with a disability within clinical and non-clinical roles are illustrated in the graphs below.

Non-clinical:
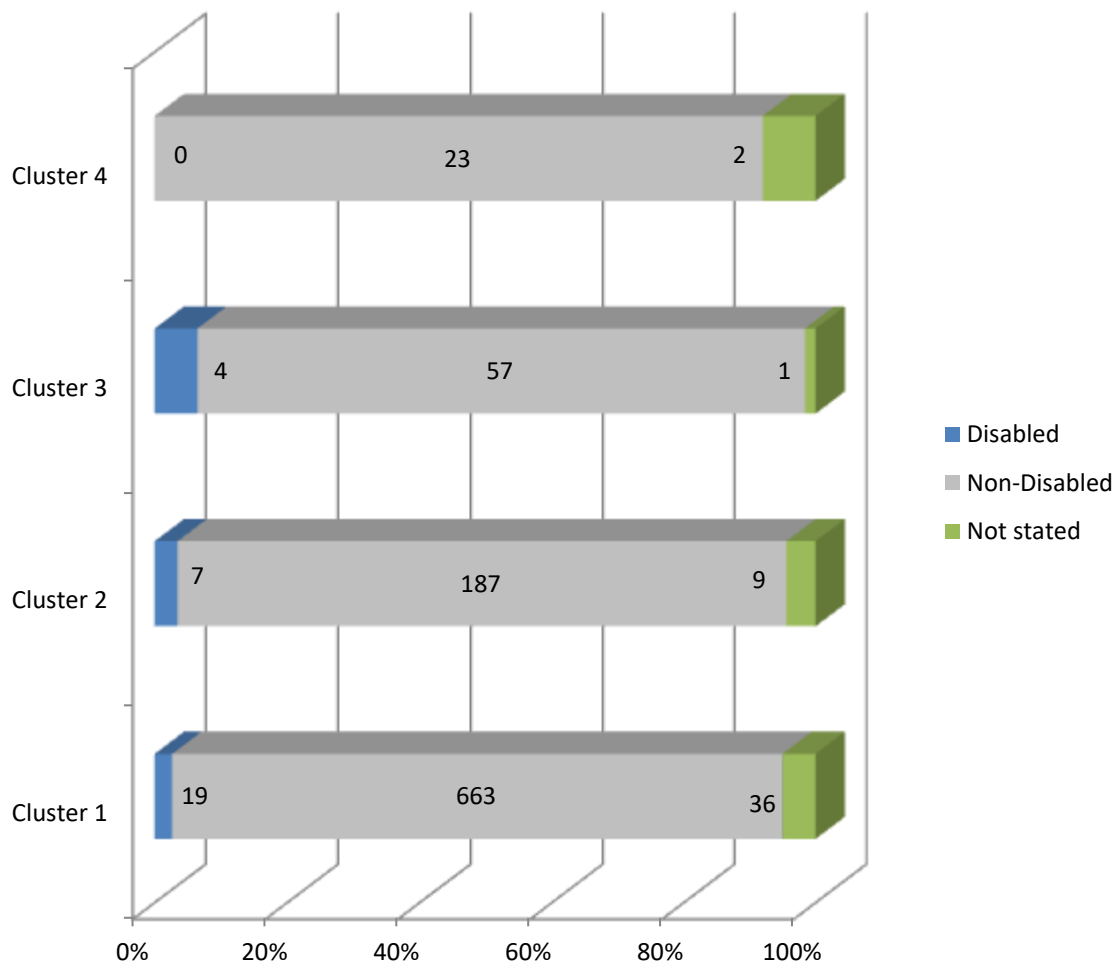
100% of non-clinical staff who identify with a disability (totalling 30) are located within Clusters 1 to 3 (Bands 1 to 8b). This represents a total of 2.9% of the non-clinical workforce. This is an increase of 5 people on the 2019 figures.

Clinical:

Chart showing clinical staff by cluster and disability status (Disabled, Non-Disabled, Not stated):

Cluster	Disabled	Non-Disabled	Not stated
Cluster 7	3	193	5
Cluster 6	2	54	2
Cluster 5	2	195	10
Cluster 4	0	18	8
Cluster 3	2	89	3
Cluster 2	40	1418	62
Cluster 1	25	775	37

95% of our clinical staff who identify with a disability (totalling 71) are located within clusters 1 to 3 (Bands 1 to 8b), this is an increase of 2 people The remaining 5% (totalling 4) are located within clusters 6 & 7 (Medical and Dental: Non-consultant career grade and trainees). The number of staff who identify with a disability represents 2.4% of the total clinical workforce.

6
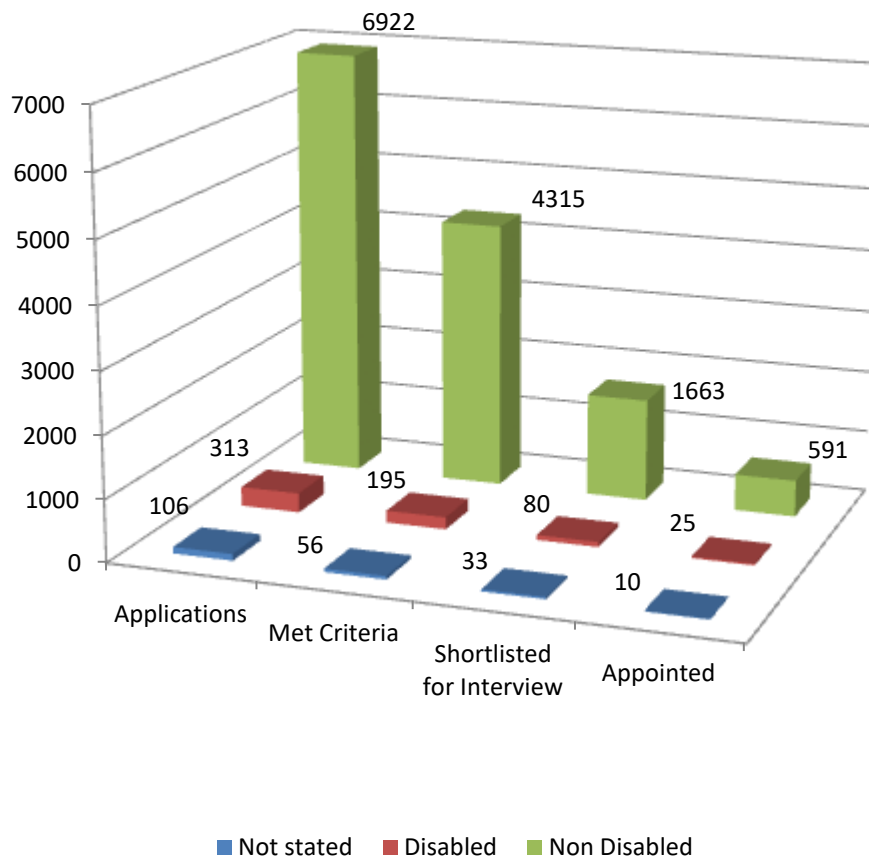
During 2020/21 a total of 7,341 applications were received at the Trust. 4% (313) of the applications were received from people who stated they had a disability. Of these 195 met the minimum requirements for the role and were shortlisted for interview, 80 applicants with a disability, were selected for interview. 41 of these applicants were part of the guaranteed interview scheme.

35% of non-disabled staff and 32 % of disabled staff were appointed following interview. Non-disabled staff were 1.14 times more likely to be appointed from shortlisting. This is a slight increase on last year when non-disabled staff were 1.03 times more likely to be appointed.

The second part of this matrix refers to the Disability Confident Scheme.

The Trust's accreditation expired in October 2019. Since that time the Disability Confident self-assessment has been used to identify the changes which need to be put in place to create a disability confident culture.

Work on the self-assessment was interrupted by the Covid19 pandemic.

In February 2021 a Disabilities Task & Finish Group was established by the Trust EDI Committee. The group will use staff experiences, WDES data and the Disability Confident Self-Assessment to identify good practice within the Trust and also any gaps or issues that need to be addressed. They will also look outside the Trust for best practice across BSW Integrated Care System and the wider NHS.

The Task & Finish Group will then make recommendations to the EDI Committee and OD & People Management Board on any changes that are required to be made to policy or processes.

The Task & Finish Groups commenced work on the 1st March 2021 and is in the process of developing a project plan to complete this piece of work. The Group will report its findings to the EDI Committee on the 2nd November 2021at the latest. It will provide updates on progress to the EDI Committee throughout that period as required.

The Task Group consist of the following members:

- Board Sponsor for Disabilities
- Disability Diversity Champion (Chair of the Ability Network).
- Head of Diversity & Inclusion
- Representative for OD & People – Business Partners
- Representative for OD & People – Education
- Staff Side representative

7. Metric 3: Staff entering the formal capability process:

A total of 66 people entered the formal capability process in the Trust during 2020/21. Of these 5 identified with a disability and 2 were not stated.
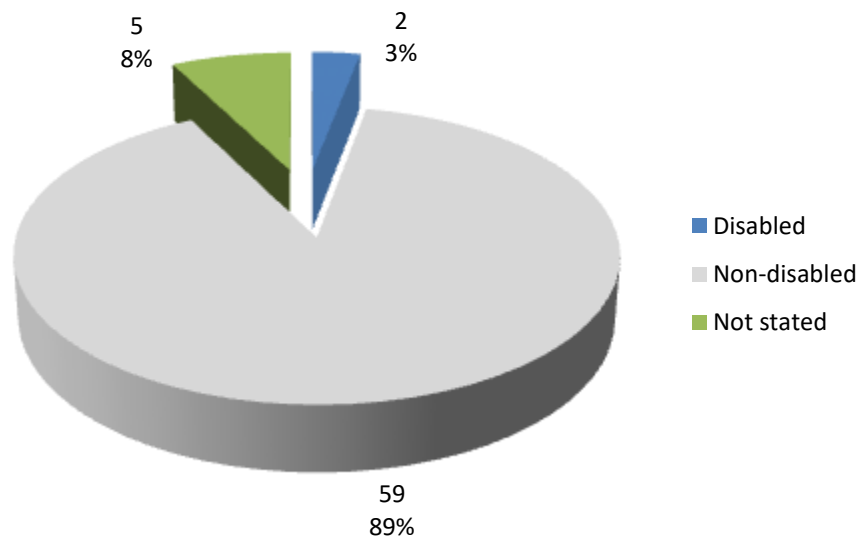

This year the WDES metrics have looked at staff with a disability entering the formal capability process over a two year period. Based on this data average relative likelihood of non-disabled staff entering the formal capability process has decreased to being 1.47 times more likely that non-disabled staff on the ground of performance and not ill health.

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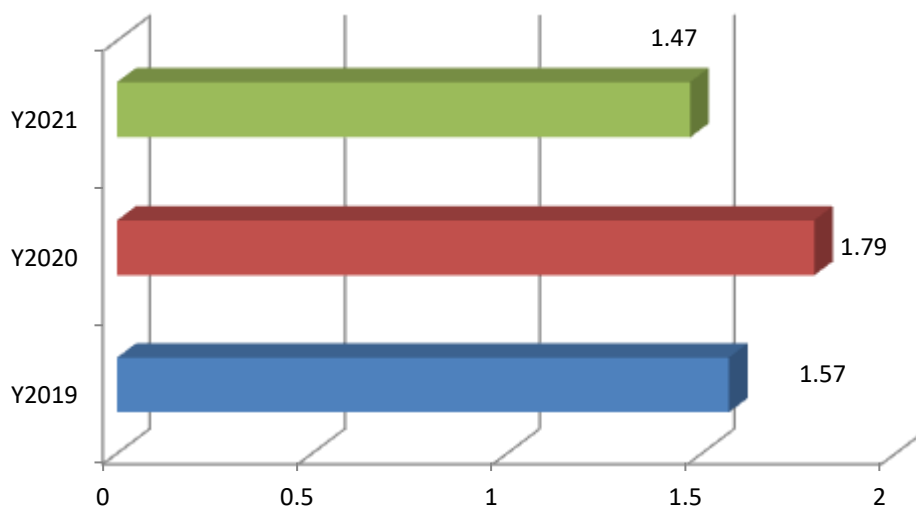
The following Metrics have used information from the National NHS Staff survey.
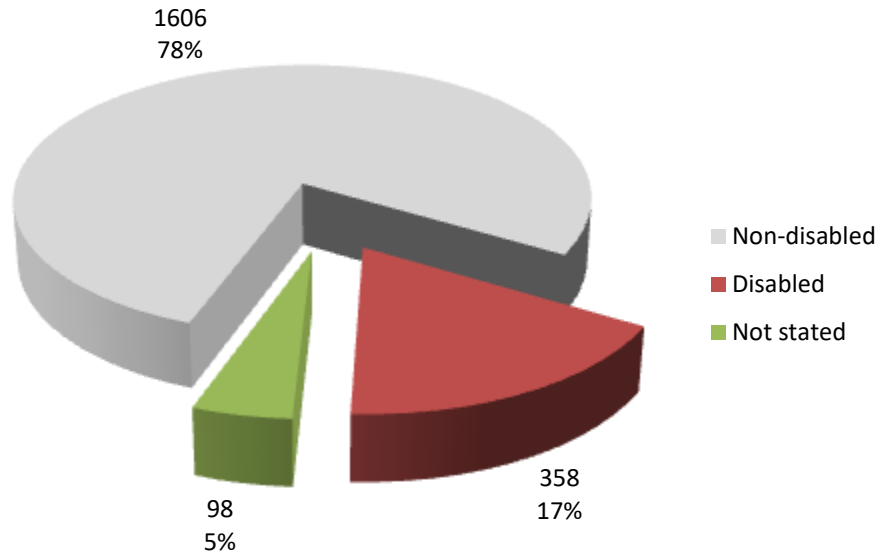
A total of 2,062 members of Salisbury NHS Foundation Trust staff took part in the Survey, this equates to 52% of the total workforce. Of those who responded to the survey 358 stated that they had a disability, this equates to 9% of the total workforce.
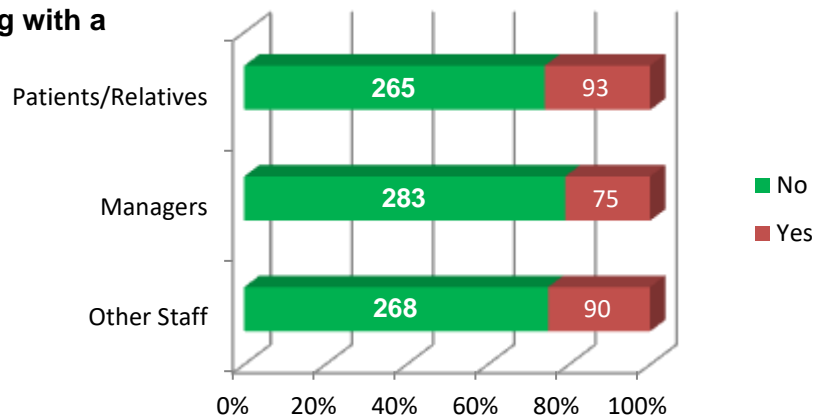
In 2020/21 there was an increase in the overall workforce numbers by 47. Although the number of staff who identifed with a disability in the staff survey has increased by 28 it still remains at the same percentage of the overall workforce as last year.

10
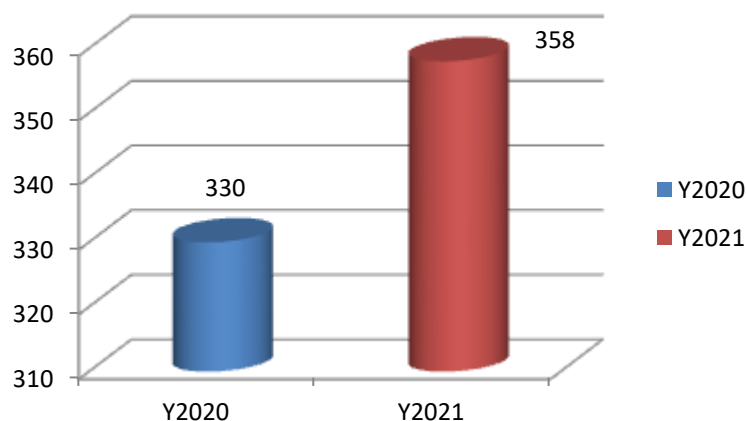
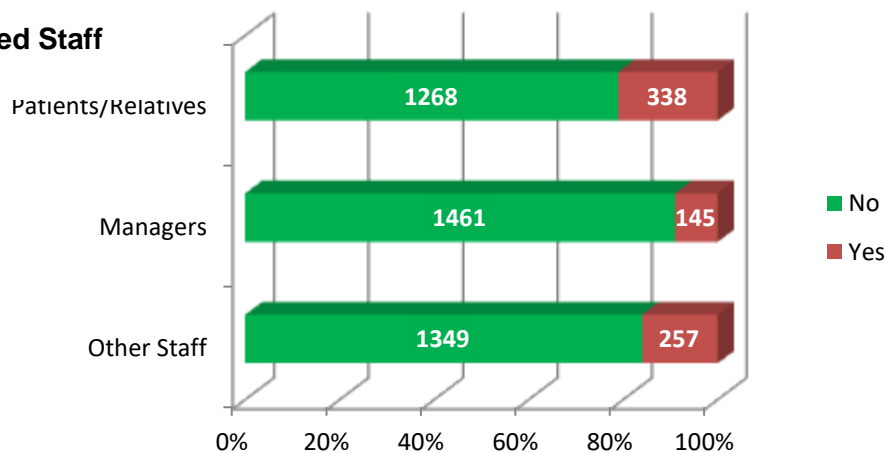**Staff experiencing harassment, bullying or abuse from:**

Staff identifying with a disability

A total of 358 of our people stated in the Staff Survey that they had a disability compared to only 104 in our ESR HR records. The previous graph shows the breakdown of responses from the staff with a disability who responded to the staff survey.

Of the 358 respondents 93 (25%) said they had experienced harassment, bullying or abuse from patients/service users, 75 (20%) from managers and 90 (26%) from colleagues.

Non-disabled Staff

Of the 1606 non-disabled staff who responded, a total of 338 (21%) stated that they had experienced harassment, bullying or abuse from patients, relatives or the public, 145 (9%) from mangers and 257 (16%) from colleagues.

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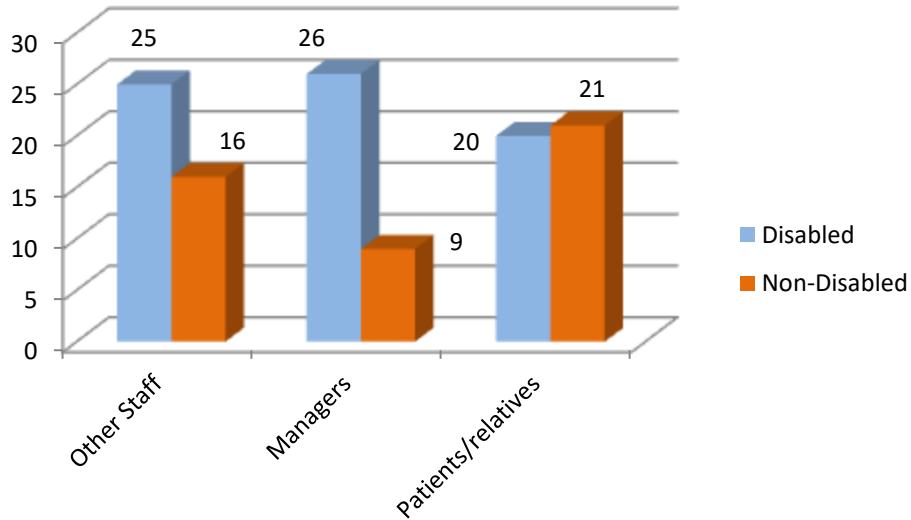
The above graph shows that in 2020/21 staff who identified with disabilities reported higher levels of harassment, bullying or abuse from other staff and managers than the non-disabled staff.

It will be seen that there was an increase in the number of staff with disabilities reporting harassment, bullying or abuse in 2020/21.

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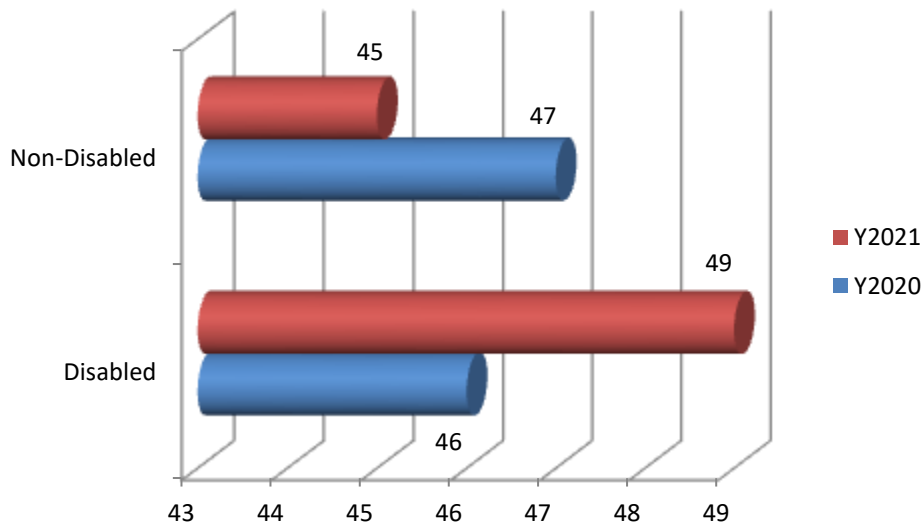
10. Metric 5 – Staff Survey question 14

Organisation acts fairly: career progression

You will see below that the percentage of people who believe the Trust acts fairly around career progression has decreased slightly for both staff with disabilities and those that do not have a disability.
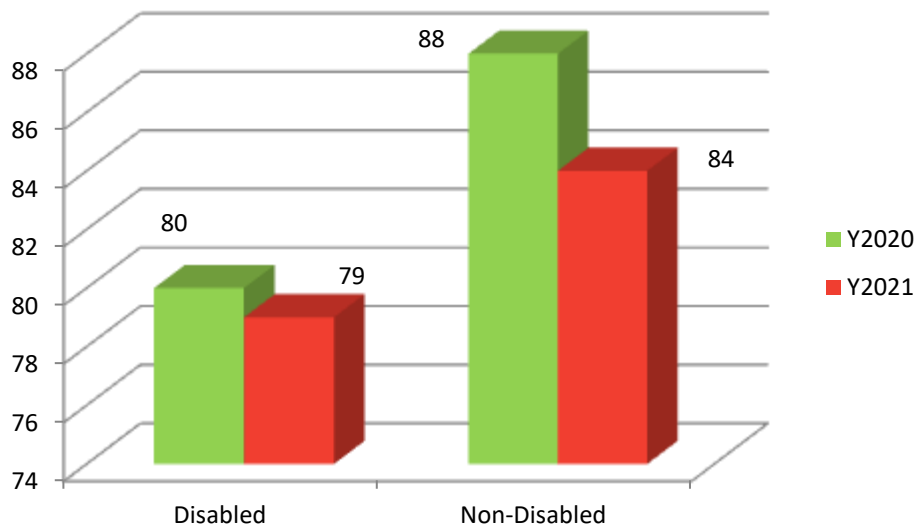
11. Metric 6 – Staff survey question 11

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.

In 2020/21 37% of staff with a disability stated that they had felt pressure from their manager to come to work despite not feeling well enough. This is an increase of 6% on the previous year's figures. In will be noted that the percentage of non-disabled staff has remained the same at 20%.

In the 2019/2
Question 11

to

13

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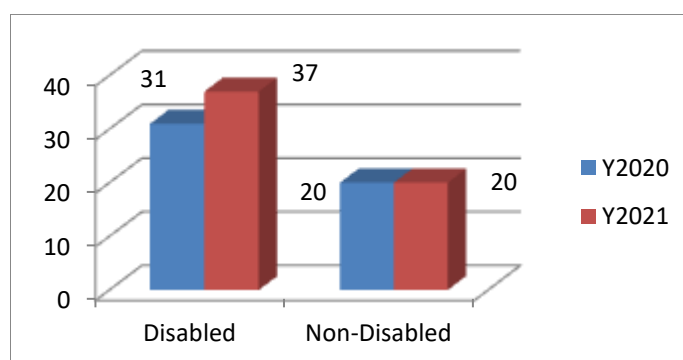
"Not put myself under pressure to come to work when not feeling well enough"
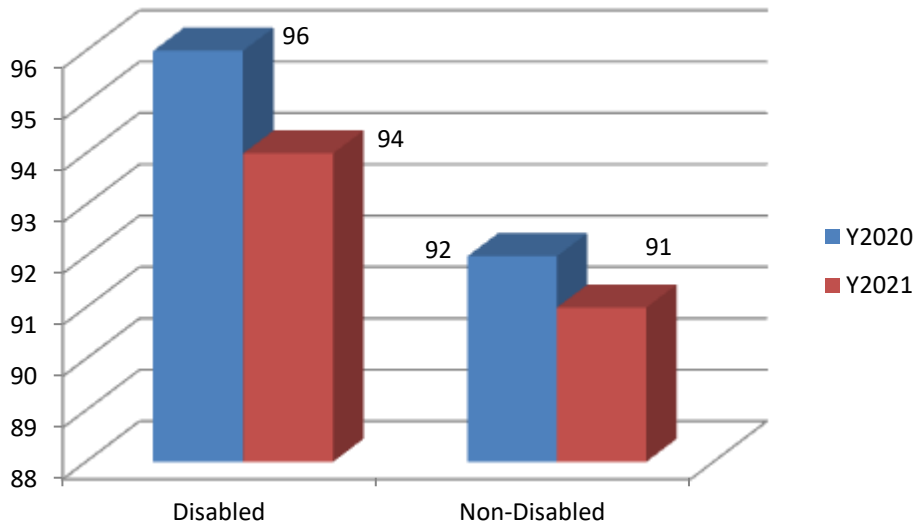
Although the percentages of staff putting themselves under pressure to attend work whilst unwell are still high (94% of staff with disabilities and 91% of those without), you will note a decrease in both categories this year.

It is possible that this may be a consequence of the COVID19 pandemic. This has meant that there is more direct guidance about when to stay at home. Also many of our staff with disabilities have been shielding throughout the past months.

12. Metric 7 – Staff survey question 5

36% (129) staff identifying with a disability compared to 49% (787) of non-disabled staff said that they are satisfied with the extent to which the Trust values their work.

14
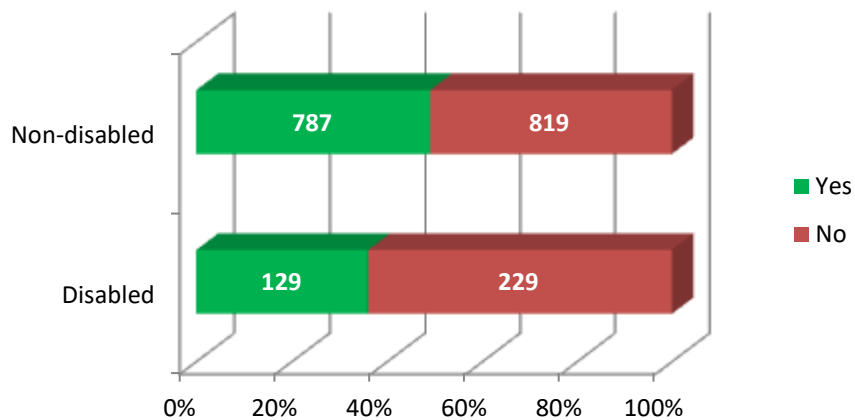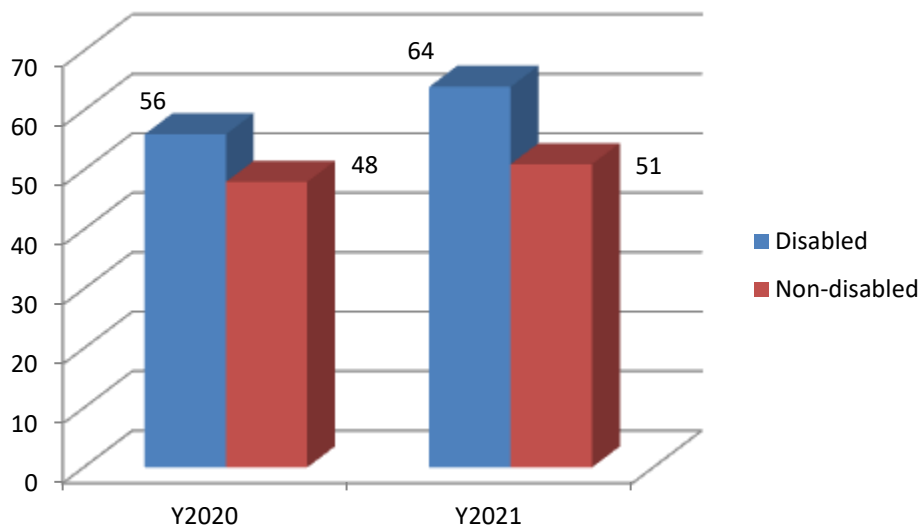
It will be noted that the number of staff who do not think the organisation values their work has risen slightly since last year. There has been a slightly bigger increase amongst staff who identify with a disability.

There was an additional question asked in this section:

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

The Disability Diversity Champion now regularly attends the Trust's EDI Committee. Unfortunately the Covid19 Pandemic has continued to disrupt progress on the disability agenda.

Many staff with disabilities have, as a result of the proactive risk assessments carried out with all staff, been working from home. This is making it difficult to properly develop a Disability Staff Network.

13. Metric 8 – Staff survey question 26b

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

Of the 358 disabled staff who responded to the NHS Staff Survey, 291 (82%) stated that the Trust had made adequate adjustment(s) to enable them to carry out their work. This is an increase of 3% on last year's figures.

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?

The Trust's response again this year is 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 there line manager, who keeps the record of adjustments.

Costs of adjustments are met at a local department level.

As mentioned in Section 6 of this report the EDI Committee has now set up a Disability Task & Finish Group to look at the how the Trust works with staff who identify as having a disability. This group is reviewing the Trust's approach to implementing reasonable adjustments and will make recommendations to the EDI Committee.

14. Metric 9: Staff Engagement Scores (NHS Staff Survey)

Salisbury NHS Foundation Trust had an overall engagement score of 52%. When we look at disabled and non-disabled staff the picture is not clear because only 104 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 334%. This compares to 40.6% 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. As previously stated the lead Disability Diversity Champion actively participates in the Trust's Strategic EDI Committee.

The Trust, through its EDI Committee have ensured that the Disability Diversity Champions are part of the Task & Finish Group working on the disability agenda.

There was an additional question:

- Does your organisation have a Disabled Staff Network?

Unfortunately the answer remains the same as last year:

"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."

Since December 2020 our staff network leads, including our Disability Diversity Champion have been engaging with other staff networks across the region. They are also attending a recently established group of network leads across the Bath and North East Somerset, Wiltshire and Swindon Integrated Care System. Membership includes a number of disability networks who are sharing best practice regarding staff engagement.

15. Metric 10: Percentage Board/Workforce.

Board	Disabled	Non-disabled	Not stated
Total Board members	0	10	4
Voting Board members	0	10	4
Non-voting Board members	0	0	0

At the present time there are no Board members who have identified as having a disability. There are 4 Board members who have not disclosed whether or not they have a disability.

There was an additional question in this section:

- Does your Board have a champion for Disability Equality?

Judy Dyos, Chief Nursing Officer has been nominated as the Board sponsor for Disabilities.

19. Recommendations and Actions

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:

Action	Lead	Deadline
Identify and recruit a Disability Diversity Champion the lead the development of a staff network to support people who identify with a disability.	Head of Diversity & Inclusion Executive Sponsor for Disability	September 2021

Support the Disability Diversity Champion to establish and develop a Trust wide Disability Staff Network.	Head of Diversity & Inclusion Executive Sponsor for Disability	November 2021
The Trust allocates protected time for Staff Support network lead to assist in the development of fully functioning and empowered staff networks.	Deputy Chief People Officer Head of Diversity & Inclusion	November 2021
Support the Disability Diversity Champion to engage with similar staff networks across BSW ICS to facilitate the development of the Disability Staff Network and share best practice	Head of Diversity & Inclusion	November 2021
Ensure our people are confident to share up to date, relevant and accurate equality data through our ESR self-reporting process. Ensuring that they understand the benefits of doing so.	Deputy Chief People Officer Head of Diversity & Inclusion	November 2021
Identify the number of Reasonable Adjustments which have been agreed and implemented within the Trust. Calculate the cost of implementing these Reasonable Adjustments.	Head of People Operations	September 2021
Review the "Working with people with disabilities policy" and the culture of the Trust concerning the treatment of people who identify with a disability.	Head of Diversity & Inclusion Disability Task & Finish Group	November 2021
Complete the Disability Confident Self-Assessment.	Head of Diversity & Inclusion Disability Task & Finish Group	November 2021
Research and review how the Trust collects data on the progress of	Head of Resourcing	November 2021

individuals from application to appointment. This to include the comparison between applicants who identify with a disability and those who do not.		
Regular Starter and Leaver reports to include a comparison of people who identify with a disability and those who do not.	Head of Resourcing	November 2021
Continue to engage with EDI Leads and Staff Networks across the BSW Integrated Care System to share best practice and resources.	Head of Diversity & Inclusion Staff Network Leads	Ongoing

20. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
               Rex.webb@nhs.net

Sponsor: Judy Dyos, Chief Nursing Officer
               Judy.dyos@nhs.net

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.

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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.