NHS Workforce Disability Equality Standard (WDES)

Annual Report 2021

University Hospitals Dorset NHS Foundation Trust

WDES Annual Report approved by the Trust Board on 28 October 2021

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- *ICS: Integrated Care System*

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1   Introduction

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of disabled colleagues in the NHS.

This report is the first report and action plan for University Hospitals Dorset NHS Foundation Trust (UHD), following the integration of Poole Hospital and Royal Bournemouth & Christchurch Hospitals (RBCH) in October 2020.

This report and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG). EDIG serves to provide assurance that the Trust has an effective framework within which it oversees the implementation of the national Standards, which includes WDES.

EDIG is Co-Chaired by an Executive Director and a Non-Executive Director, who hold Inequalities in their portfolio and the committee reports to the Workforce Strategy Committee and to the Board.

Legacy data and overall themes/results from 2019 have been included for reference. There are some anomalies with data figures due to the different ways of data collection in the previous organisations. These processes have now been aligned and unified to provide assurance of accuracy in the reporting for UHD.

The **WDES national annual report 2020** is delayed. When it is published our Equality, Diversity and Inclusion Group will review the national benchmarking against our internal data reporting and action plans, to highlight good practice and performance and address any further actions that are significantly out of line with our peer organisations.

2   Executive Summary

This is the first University Hospitals Dorset NHS Foundation Trust (UHD), Workforce Disability Equality Standard (WDES) report for the period ending financial year 2020/21. The data presented in this report reinforces the need for the WDES as a mechanism to create a fairer and safer workplace.

We aim to provide equal access to the same career opportunities for all staff notably disabled colleagues providing adjustments and support wherever possible.
We aspire to deliver this through a co-ordinated data declaration programme and its importance in building the safe culture we aspire to create.

The WDES indicators are described sequentially and a summary of the data and analysis by each indicator has been provided.
We should acknowledge the impact that COVID-19 has had on our staff, patients and their families. Many staff have been required to isolate, shield or work very differently from home. It has meant that we have been able to look again at our emerging Healthy Working Lives framework and our Equality Diversity and Inclusion strategy where our objectives and work are coming together in new ways.

Our ProAbilty Staff Network has been instrumental in many staff interventions during COVID-19 leading to the development of the Health Passport and supporting staff back to work after shielding for long periods.

We understand that we have a long way to go, we will be equipping our Managers to identify staff wellbeing needs through regular wellbeing conversations and our new UHD values based appraisal will record their experience and support their future development.

The appointment of our Executive Wellbeing Guardian will bring senior leadership and direction to the implementation and delivery of objectives within our Health and Wellbeing strategy.

The UHD core values reiterate the rights of people using our services to healthcare that is free from discrimination; it also includes the rights of staff to a workplace that is free of discrimination, and the commitment to putting this into practice.

3   Voice of our Network

Looking back at the last two years we are very proud of the work our Pro-Ability network has achieved.   It has provided the safe space for staff to share their stories and receive peer support, for many the first time they have openly discussed their underlying health condition and the impact on their lives.

Our Executive Sponsor, Alyson O'Donnell, has been a great support to the network in raising awareness and acknowledging the commitment of the network leads and the workload they have managed in addition to their day jobs.

Our successes:

- Monthly meetings – switched to virtual during the pandemic, with guest speakers
- Additional online drop-in sessions – creating a safe space for staff to connect, talk, share and receive support
- Developed and introduced the Health Passport for all staff
- Captioning, subtitles and transcripts included in visual communication messages
- Founding members of the Southern Disability network in collaboration with the Disability network lead at Sussex Community Health Trust
- Continuing to raise the issue of lack of clear face masks for healthcare staff at national meetings and online forums.
- Developing guidance on reasonable adjustments
- Deaf Awareness week – bringing free online training to all staff, sharing resources and promoting good practice and techniques to communicate better with deaf patients
- Active members of National NHS Employers Disability Pioneer Group
- Connected to the South Western Leadership Academy
- Active members of National NHS Employers Health & Wellbeing forum

At times it has felt we have been filling the gaps in the organisational support to disabled staff, particularly those who were working from home and shielding. We will continue to work to champion those who need support, raise awareness of hidden disabilities and provide support and guidance on how to be an effective ally and see everyone for what they can do, not what they can't.

Our biggest hurdle is data – the lack of it. We know so little about our workforce as you will see from this report and it is disappointing this figure has not improved since the WDES was implemented in 2019. Our staff survey tells us so much more anonymously. The priority action for the Trust is to create a safe culture for disclosure. Visible role models at senior level can be the most influential in this work.

We will continue to work in partnership with the organisation, particularly in the developing Health Working Lives framework and with the Wellbeing Champion to ensure those who live and work with a disability and underlying health conditions voices are heard, understood and included.

We would like to say a very big thank you to Elayne Goulding for starting this network and creating a positive and welcoming space for staff to connect and share their lived experiences. For continuing to ask questions, for challenging and role modelling inclusive leadership.

Next steps for the network are to develop new co-leads. This is a refreshed approach to leading a network, bringing different experiences to the role that reflect the complexity and range of disabilities people work with, sharing the workload, mentoring future leaders and developing together to ensure the continued representation and sustainability of the network.
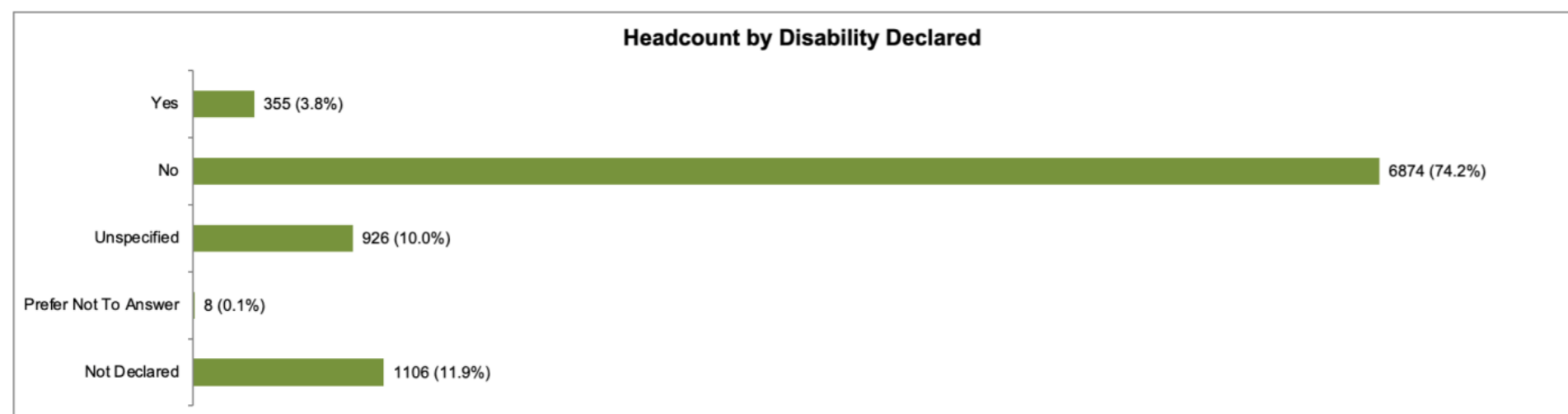
4   Conclusion

- There is an apparent lack of data on staff living and working with a disability and/or long term health condition in our workforce (3.8%)
- The declaration rate on the national staff survey, which is anonymous, is higher, at 18%
- The evidence suggests we need to encourage staff to feel safe to share their health related information
- The unknown/null category has significant numbers and is a further indicator that our workforce does not wish to share this information or is not aware of the importance of this and how it is used to develop support services and mechanisms
- The Pro-Ability network has been instrumental in raising the awareness of the need to focus on what an individual can do and recognise the societal and workplace barriers that can disable people.

Next Steps

- With the above in mind in the next reporting period UHD will be consolidating workplans through the action plans and strategy programme through the Equality, Diversity and Inclusion Group.
- Data driven decision making
- Continued work to support raising the profile of the staff networks and their leads in the organisation, developing partnership working and raising awareness and understanding of the lived experience of our ethnically diverse workforce.
- Co-ordinated campaign to raise declaration rates, gaining an understanding of the barriers and raising awareness of the importance of this information for support mechanisms and data driven decision making
- Roll out of ESR self-service (ESS) across all sites, enabling staff to manage own personal information updates
- Enhanced wellbeing programme responsive to needs identified through engagement events and feedback from staff
- Encouraging the adoption of Wellbeing Conversations at every point in an employee life cycle

Metric 1: workforce metrics

Headcount by Disability Declared

Category	Count
Yes	355 (3.8%)
No	6874 (74.2%)
Unspecified	926 (10.0%)
Prefer Not To Answer	8 (0.1%)
Not Declared	1106 (11.9%)

	Disabled Staff	%Disabled Staff	Non-Disabled staff	%Non-Disabled Staff	Disability unknown or null	Disability Unknown/null %
NON-CLINICAL Cluster 1 (under band 1, bands 1-4)	57	3.5%	1179	71.8%	405	25%
Cluster 2 (bands 5-7)	25	5.9%	315	74.6%	82	19%
Cluster 3 (bands 8a-8b)	0	0%	81	68.6%	37	31%
Cluster 4 (bands 8c – 9 & VSM)	0	0%	34	68%	16	32%
CLINICAL Cluster 1 (under band 1, bands 1-4)	101	5%	1632	77%	413	19%
Cluster 2 (bands 5-7)	151	4%	2744	74%	797	22%
Cluster 3 (bands 8a-8b)	11	5%	159	69%	59	26%
Cluster 4 (bands 8c – 9 & VSM)	0	0%	21	75%	7	25%
Cluster 5 (Medical&Dental Staff Consultants)	5	2%	275	59%	187	40%
Cluster 6 (Medical 7 Dental Staff, non-Consultants career grade)	8	3%	195	70%	76	27%
Cluster 7 (Medical & Dental staff, Medical and dental trainees)	11	2%	409	91%	34	7%

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2020 (Poole)	Relative likelihood in 2020 (RBCH)	Relative likelihood in 2021 UHD	Relative likelihood difference (+) between disabled and non-disabled staff
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.29	1.45	0.96	-0.04

Metric 3

(Data source: Trust's HR data)

	Relative likelihood in 2020 (Poole)	Relative likelihood in 2020 (RBCH)	Relative likelihood in 2021 UHD	Relative likelihood difference (+-) between disabled and non-disabled staff
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	42.89	15.42	3.18	+3.18

Note: some disparities in data collection for the two legacy organisations in 2020, these systems are now aligned and unified.

Metric 4

(Data source: Question 13, NHS Staff Survey)

	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019 (Poole)	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019 (RBCH)	Disabled staff responses to 2020 NHS Staff Survey (UHD)	Non-disabled staff responses to 2020 NHS Staff Survey (UHD)	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020 (UHD)
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	+6.1%	+12.3%	28.4%	24%	+4.4%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	+9.3%	-9.1%	48.2%	47.5%	+0.7%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	+9.9%	+11.8%	25.1%	16.7%	+8.4%
4d) 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	-5.0%	+4.7%	46.4%	47.5%	-1.1%

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019 (Poole)	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019 (RBCH)	Disabled staff responses to 2020 NHS Staff Survey (UHD)	Non-disabled staff responses to 2020 NHS Staff Survey (UHD)	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020
			Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	-7.7%	-7.6%	87.7%	88.8%	-1.1%
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.	-5.5%	+7.5%	27.2%	23.7%	+3.5%
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.	-16.0%	-8.3%	43.5%	46.5%	-3.0%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	N/A	N/A	81.3%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	difference (+/-) between disabled staff and non-disabled staff engagement scores 2019 (Poole)	difference (+/-) between disabled staff and non-disabled staff engagement scores 2019 (RBCH)	Disabled staff engagement score for 2020 NHS Staff Survey (UHD)	Non-disabled staff engagement score for 2020 NHS Staff Survey (UHD)	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2020 (UHD)
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	0.6	0.3	7.0	7.31	0.31

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Continuing support and development of the Pro-Ability staff network.
The network supported the development of return to the workplace sessions and a listening event for vulnerable staff who had been shielding during the lockdown periods in the pandemic.

Health Passport: continued promotion of the Health Passport within the Wellbeing support services and through the Occupational Health team.

Deaf Awareness: online training module and face to face workshops held to raise awareness of barriers to communication the face masks are presenting for the deaf/hard of hearing community. This includes staff and patients.

Reverse Mentoring programme: open to members of the Pro-Ability network.

Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce

(Data source: NHS ESR and/or trust's local data)

	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2020 (Poole)	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2020 (RBCH)	Disabled Board members in 2021 (UHD)	Non-Disabled Board members in 2021 (UHD)	Board members with disability status unknown in 2021 (UHD)	%points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2021 (UHD)
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	**Total Board = 0%** **Overall workforce = 2%** **Difference = -2%** percentage points	**Total Board = 0%** **Overall workforce = 4%** **Difference = -4%** percentage points	0%	56%	44%	**Total Board = 0%** **Overall workforce = 4.0%** **Difference -4%** percentage points

APPENDIX 2 - WDES action plan 2020/21

Objective	Action/s	Timescale	Progress review/reporting
Improve workforce data representation	Increase self-declaration rates and track action plan with targeted interventions against all NHS Standards action plans	March 2022	EDIG Workforce Strategy Committee
Recruitment and selection	Values Based shortlisting and interview questions Statement on all job adverts welcoming applications from under-represented groups and links to staff networks Diverse representation on interview panels, including staff networks Raise awareness of reasonable adjustments Disability Confident and Armed Forces Covenant guaranteed interviews.	Implemented June 2021 In place	EDIG Workforce Strategy Committee
Staff Experience	Continued development of the staff network leads to work in partnership across the organisation and share their lived experience to inform and raise awareness Unconscious bias workshops to include disability/long term health conditions in scenarios Health Passports included in wellbeing conversations	March 2022 Sept-Dec 2021	EDIG Workforce Strategy Committee
Career promotion and progression	Promoting all development opportunities widely and encouraging applications from under-represented groups Ensure all training and development opportunities are fully accessible. Risk assessment and Equality Impact Assessments completed to ensure barriers and possible reasonable adjustments identified in advance.	March 2022	EDIG Workforce Strategy Committee Training and Development team Risk Management
Staff Wellbeing	Continue to promote the Health Passport as a tool to support staff wellbeing and wellbeing conversations Wellbeing conversations Long Covid support programme Professor Clifford Shearman, Non-Executive Director appointed as Wellbeing Guardian to oversee the implementation of the Building Healthy Working Lives Framework, objectives and measures	March 2022 August 2022	EDIG Workforce Strategy Committee Building Healthy Working Lives Group and Workforce Strategy Committee