

<b>Title:</b>	<b>Workforce Disability Standard Equality (WDES) 2021 Report</b>
<b>Agenda item no:</b>	
<b>Meeting:</b>	Workforce Committee
<b>Date:</b>	September 2021
<b>Presented by:</b>	Don Fairley (Chief People Officer)
<b>Prepared by:</b>	Pete Sandham – Head of OD, Engagement and Inclusion

<b>Purpose of the Report</b>	To provide the committee with oversight of Trust performance relative to the Workforce Disability Equality Standard (WDES).  Seek approval for the publication of the data set in line with National reporting requirements.
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<b>Report History</b>	
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<b>What action is required?</b>	The Committee is asked to review and discuss the paper and approve the publication of data in line with National requirements.			
Assurance	Information	<input checked="" type="checkbox"/>	Discussion/input	<input checked="" type="checkbox"/>
			Decision/approval	<input checked="" type="checkbox"/>

<b>Resource Impact:</b>	None
<b>Relationship to Risk in BAF:</b>	Failure to be a Great Place to Work

<b>Strategic objectives.</b> This report impacts on (tick all that apply)::				
Provide the highest quality care				<input checked="" type="checkbox"/>
Invest in our staff and live out our values				<input checked="" type="checkbox"/>
Drive the development of integrated services				
Cultivate innovation and transformation				
Achieve long-term financial sustainability				
<b>Well Led Framework applicability:</b>			Not applicable <input type="checkbox"/>	
1.Strategy & planning <input checked="" type="checkbox"/>	2. Risk Management	3. Board capability	4. Culture <input checked="" type="checkbox"/>	5. Learning & development
6. Roles & accountabilities	7. Performance management	8. Stakeholder engagement	9. Information analysis	10. Robust <input checked="" type="checkbox"/> information
<b>Publication</b>				
Published on website	<input checked="" type="checkbox"/>	Confidentiality (Fol)	Private	Public
[Insert as applicable the Fol exemption basis]				

## 1 BACKGROUND

- 1.1 Similar in breadth and substance to the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) enables organisations to review performance across 10 metrics and to develop plans to close gaps between the experience of disabled and non-disabled staff. In doing so, it provides impetus and structure for improvements in disability equality.
- 1.2 At the RBFT in 2021, a little under 3% of staff are recorded as having a disability in the ESR system (largely unchanged since 2020). Self-reporting of disability is however much higher in terms of NHS Staff Survey responses (up to 14% of the workforce). As such the key thrust of the WDES is important to the Trust as we seek to maintain and further develop an inclusive organisational culture.

## 2 THE EXPERIENCE OF DISABLED STAFF IN THE NHS AND THE IMPACT OF COVID 19

- 2.1 A large body of evidence points to the continued significant disadvantage experienced by disabled people in the workplace in the United Kingdom.
- 2.2 Data from the *2019 NHS National WDES Annual Report (2020 data as yet still unpublished)* shows that disabled staff in the NHS reported a poorer experience at work than non-disabled staff in a wide range of areas, including:
  - significantly higher levels of bullying and harassment from colleagues/managers/patients
  - significantly less confident that their Trust acts fairly in relation to career progression
  - feel significantly less valued;
  - report significantly lower staff engagement
  - Under representation at Board Level.
- 2.3 The Covid 19 pandemic has had significant and widespread impacts across society. People with disabilities have been particularly affected by COVID-19 because of three factors: the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic. (Triple jeopardy: disabled people and the COVID-19 pandemic - The Lancet)
- 2.4 From an employment perspective, again the disproportionate impacts on disabled workers has been widely reported (higher redundancy and furlough rates, negative impacts of shielding and social isolation etc). However, the wide ranging changes that Covid has brought to the world of work has signalled for some the possibility of more accessible work practices and conditions into the future.
- 2.5 Evidence gathered as part of the 2020 NHS Staff Survey and through our What Matters 2021 engagement provides some insights in this regard

- 2.6 2020 Survey findings make it possible to focus on the experience of staff who have been shielding at some point during this past year. Whilst the experience of staff who are shielding does not solely exclusively represent the experience of staff with a disability, it does provide some key insights into this area.
- 2.7 The data shows that in 8 out of the 10 Survey Themes at the RBFT **staff shielding reported a better staff experience** than the organisational average – including in areas such as engagement, morale and health and wellbeing. The same is true of staff who were predominantly working from home during this period.
- 2.8 Through qualitative engagement as part of our What Matters 2021 programme we have heard how for many of our disabled staff community - the increased flexibility, our significantly enhanced Health and Wellbeing offer and hybrid working models particularly - have enabled staff to **achieve more optimal work life balance** and supported them to manage their conditions. The same is also reported by our staff carer community – enabling improved and more flexible prospects to balance work and caring responsibilities.

### **3 WHAT IS THE WORKFORCE DISABILITY EQUALITY STANDARD (WDES)**

- 3.1 WDES comprises ten indicators relating to the workforce. The ten indicators cover a range of areas including pay composition of the organisation; recruitment; involvement in capability processes in addition to a range of measures taken directly from the NHS Staff Survey. The final indicator relates to Board representation.
- 3.2 Data on the 10 indicators is **required** to be submitted and published on the Trust website having secured Board sign off, by the 31 October 2021.

### **4 2020 RBFT WDES PERFORMANCE**

- 4.1 Key themes from RBFT 2020 WDES performance are summarised as follows. Relevant data tables are provided as appendices
- 4.2 **Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM compared with the percentage of staff in the overall workforce.**
- **This indicator remains largely unchanged from last year**
  - 157 staff have their self-reported status recorded in ESR as disabled (a little under 3% of the organisation and broadly comparable to the NHS wide reported figures in 2019).
  - The pay profile of the disabled workforce continues to show a proportionately representative picture in the senior non-clinical workforce
  - Within the senior clinical workforce, disabled staff are under-represented in the most senior clinical roles (8b+). There are also low numbers of recorded disabled staff in the Medical Workforce, 1% (a picture which is consistent with National data trends).
  - Summary pay profile by disability is included as Appendix 1.

#### **4.3 Indicator 2: Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.**

- **This indicator has improved**
- Non- disabled applicants are 1.41 times (down from 1.48) more likely to be appointed from shortlisting relative to disabled applicants, where 1 would indicate exactly the same relative likelihood.
- Represented in another way, this means that 18% of non-disabled applicants were appointed following shortlist for interview, compared to 13% of disabled candidates in the last financial year.
- Any declarations relating to disability are hidden from managers at the point of shortlisting. Disabled candidates are not required to declare a disability either at the point of application, interview or appointment or any time thereafter.

#### **4.4 Indicator 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.**

- **This indicator suggests that staff with disabilities are not disproportionately represented in capability proceedings**
- Capability process in this context refers solely to performance grounds, not ill health grounds.
- Of 11 formal capability cases in the relevant reference period (Mar 19-Mar 21):
  - 7 cases involved staff with no disability
  - 0 cases involved staff with a disability
  - 4 cases had no disability status recorded
- Overall, the low self reporting rates of disability status provide a challenge to the validity of this measure. Of note, over a third of all cases have no disability status recorded.

#### **4.5 Indicators 4 – 9: Staff Experience metrics drawn from the 2020 Staff Survey**

- **2/3<sup>rds</sup> of Staff Experience Indicators are trending positively and 2/3<sup>rds</sup> are better than the acute average.**
- A number of staff survey measures are included, comparing the experience of disabled and non-disabled staff across areas including experience of bullying and harassment; staff engagement and being valued, workplace pressure and reasonable adjustments at work. Full data table with all relevant metrics are presented in Appendix 2.
- Relative to last years performance at the Trust, **6 Staff survey indicators are trending positively.** These include

- Improved levels of staff engagement and feeling valued at work
- Belief that the Trust provides equal opportunities for career progression
- % of disabled staff saying the Trust has made adequate adjustment(s) to enable them to carry out their work
- Relative to last year performance **3 performance indicators are trending negatively**. Of concern is an increase in disabled staff reporting bullying and harassment from colleagues and also a drop in the % of staff who would report such bullying or harassment.
- **Benchmarked against the National Average position (2019 data as 2020 National data as yet unpublished)** – the RBFT performs better on SIX staff survey indicators and Worse than average on three (full benchmark data included in Appendix 2)

#### 4.6 Indicator 10: Board Composition

- As of the 31.03.20, the differential in disabled workforce composition between board and the organisation as a whole is - 3% (0% Board; 3% Organisation)

### 5. FURTHER INSIGHTS INTO DISABILITY EQUALITY AND INCLUSION AT THE RBFT

- 5.1 A number of on-going interventions are in place to support disability equality and inclusion at the Trust.
- 5.2 **Route to Recruit:** Now entering its 10<sup>th</sup> year at the RBFT, Route to Recruit is a unique collaboration which supports young people with learning disabilities transition from education into the world of paid employment. The programme has been significantly impacted this past 18 months, however in September 2021 we are pleased to welcome a full complement of students in addition to supporting those whose placements have been impacted this past year. Our record in converting placements in substantive employment opportunities remains strong and exemplar services such as the Procurement Logistics service are innovatively recruiting route to recruit students onto apprenticeship pathways and into substantive employment in their service.
- 5.3 **Mindful Employer and Disability Confident Employer:** In addition to our ongoing Disability Confident Employer accreditation through Job Centre Plus, this year we became a Mindful Employer accredited organisation – signalling our commitment to supporting and improving Mental Health at Work:
- 5.4 **Supporting Neurodiversity:** We have set out an exciting programme of work on our journey to become a neurodiverse smart organisation, full details of which is set out in the accompanying paper
- 5.5 **Supporting staff during the Covid 19 pandemic:** During the past 18 months, the Trust has worked hard to support staff colleagues impacted during Covid 19. Through a range of measures, including risk assessments, redeployments, flexible working arrangement, we have been able to support staff and make adaptations to enable a safe and productive work environment is maintained. Many of the changes implemented, such as remote/flexible working arrangements will be locked in into the future and will provide a supportive context to enable staff to manage work and their health and wellbeing.

- 5.6 **Staff Disability Forums:** We have established a staff disability forum with Senior Leadership Champions and this year will seek to develop the network both in terms of size and maturity and seek to replicate the successes we have delivered through the growth of our Ethnic Minority Staff Network.
- 5.7 **Enhanced Delivery Capacity:** Through the support of the CEO we are able to build upon the success of our pilot BAME staff experience facilitator post. We are extending the breadth and capacity of this post to develop a new Inclusive Staff Experience facilitator post which will work full time across the whole inclusion agenda and seek to mirror the progress we have seen with our BAME staff community across all protected groups, with Disability a key focus.

## **6 CONCLUSION**

- 6.1 Our third WDES report identifies a broadly improving trajectory. Positive improvements are reported in a range of staff experience indicators. The organisational pay profile of disabled staff indicates a balanced representation in non clinical roles, however an underrepresentation of disabled staff in senior clinical role and some improvement is reported in appointment from shortlisting rates for disabled applicants.
- 6.2 The broad context remains one of a continuing range of challenges in the field of disability equality and inclusion at the RBFT and across the NHS more broadly. Disabled staff at the RBFT (like disabled staff across the NHS), report a poorer experience at work than their non-disabled colleagues.
- 6.3 Our improvement priorities and areas of focus are captured in the associated Improvement Plan (Appendix 3)

## **7 RECCOMENDATION**

- 7.1 The committee is requested to note this report and approve the publication of data in fulfilment of National reporting requirements.

## **8 APPENDICES**

- 8.1 **Appendix 1:** Workforce Composition and Pay Profile by Disability (31.03.21)  
**Appendix 2:** 2020 Staff Survey Indicators  
**Appendix 3:** Draft Workforce Disability Equality Standard Improvement Plan 2021- 2023.

## Appendix 1: 2021 Workforce Composition and Pay Profile by Disability\*

	DISABLED		NON DISABLED		UNKNOWN/NULL	
	Number	%	Number	%	Number	%
<b>Non Clinical Staff</b>						
Cluster 1 (Bands 1 - 4)	34	3%	1046	85%	154	12%
Cluster 2 (Band 5 - 7)	9	4%	218	85%	29	11%
Cluster 3 (Bands 8a - 8b)	3	4%	69	85%	9	11%
Cluster 4 (Bands 8c - 9 & VSM)	1	3%	37	79%	9	18%
<b>Clinical Staff</b>						
Cluster 1 (Bands 1 - 4)	34	3%	979	85%	142	12%
Cluster 2 (Band 5 - 7)	67	3%	1973	82%	372	15%
Cluster 3 (Bands 8a - 8b)	3	2%	146	81%	32	17%
Cluster 4 (Bands 8c - 9 & VSM)	0	0%	27	80%	7	20%
Cluster 5 (Medical & Dental Staff, Consultants)	2	1%	265	81%	62	18%
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	2	2%	58	71%	21	26%
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	2	1%	86	26%	253	73%

\*Data as of the 31.03.21

## Appendix 2: 2020 Staff Survey Indicators

		WDES INDICATOR	%Disabled (2020 RBFT)	Disabled Trend (2020 vs. 2019 RBFT)	% Non- Disabled (2020 RBFT)	% Disabled NHS Average (2019)
<b>4</b>	51	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	29.2	▼(-6%)	27.7	30.9
	52	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	18.7	▼(-1%)	9	19.3
	53	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	29	▲(+4%)	18	26.9
	54	% of 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	44.4	▼(-3%)	45.8	46.7
<b>5</b>	55	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	82.7	▲(+3%)	84.8	79.6
<b>6</b>	56	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	35.5	▲(+0.3%)	24.5	33
<b>7</b>	57	% staff saying that they are satisfied with the extent to which their organisation values their work.	49.8	▲(+3%)	58.9	37.4
<b>8</b>	58	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	78.2	▲(+2%)	/	75.5
<b>9a</b>	59	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (1-10; 10 Best)	7.1	▲(+0.3%)	7.5	6.7
<b>9b</b>	60	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)		Yes		

Performance Better than  
National Average

Performance Worse than  
National Average

### Appendix 3: Draft Workforce Disability Equality Standard Improvement Plan (2021-2023)

Theme and objective	Action	Who and When	Measure	RAG
<b>Declaration rates</b> - increase to ensure reliable and valid analytics	Continue to promote ESR self-service functionality to encourage staff to review all demographic and protected characteristic information to ensure a representative picture is captured.	Workforce Information and Inclusive Staff Experience Facilitator – by Sept '22	4% decrease in unknown/null declarations (from 17% to 13%) by Sept '22	
	Seek to remove any potential or perceived stigma around disability declaration by ensuring clear and positive communication and promotion e.g. staff disability network; staff stories and videos, , promotion of support etc.	OD and Comms	Improved Communications profile driving increase in reporting and driving above target	
<b>Recruitment</b> - increase in number of disabled applicants and greater equity in prospects of appointment post shortlisting	Review on-boarding activity in post shortlisting/pre interview stage to decrease DNA interview rates . Around 33% of all candidates do not attend interview post shortlisting	Recruitment Sept '22	3% increase in attendance at interview by July Sept '22	
	Review and refresh Recruitment and Selection training. New Values Based Recruitment training has significantly improved focus on inclusion and bias etc	Recruitment Team	Completed	
	As part of our Neurodiversity Smart roadmap – develop focussed recruitment pathways for Neurodiversity Talent (building on the success of our Route to Recruit programme).	Widening Participation Officer and Recruitment Sept '22	Targeted Talent recruitment pipelines in place.	
	Deliver plans for cohort/batch recruitment for internal staff.	Recruitment TBC	% increase in internal promotions and perceptions of career progression	

<p><b>Staff Experience –</b> improving engagement; eliminating B&amp;H and improving perception of career development</p>	Grow our Staff Disability Network	Inclusive Staff Experience Facilitator  By April '22	Triple Network numbers	
	Deliver our programme of interventions in pursuit of our aspirations to become a neuro-diverse smart organisation.	Various as per specific plan	Various as per specific plan	
	Expand our Mentoring+ programme, enabling under-represented groups to develop mentoring relationship with exec leaders	PS – April 22	All EMC members engaged in a mentoring relationship	
	Renewed provision of 'Disability is our Ability' training' – enabling improved management and engagement of disabled staff.	PS and Ways into Work by Dec '21.	Reintroduce, post covid challenges	
	Active promotion of our HWB offerings and ensure our new HWB centre provides a fully accessible space for all staff	Occupational Health April '22	Maintained promotion of strong portfolio and fully accessible HWB spaces	
	Raise awareness and improve utilisation of Government 'Access to work' funding stream – dedicated financial support to organisations to support reasonable adjustments and support to disabled staff in the workplace	HR team supported by PS Aug '22		
	Through continued delivery of our What Matters programme and behaviours framework, promote a culture of value, respect and inclusion.	All On-going	Improvement in cultural measures extracted from staff survey relating to B&H	
	Active engagement of FTSU guardian in network development and ensure representative network of FTSU champions	FTSU Guardian Ongoing	Representative Structures	
	Ongoing delivery of our new peer to peer feedback model (Feedback Matters) across the Trust to promote positive behaviours and reflective practice.	Associate MD and OD Team		

