

Workforce Disability Equality Standard (WDES) Report

2021-2022



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Foreword



Click the image (above) to see Justin discussing the WDES

My name is Justin Sysum, I am the Clinical Audit and Effectiveness Facilitator for the Trust and the Chair of our Differently Abled Network. Our network is open to all staff who have a passion for an inclusive culture.

I always wait on the results of the latest WDES (Workforce Disability Equality Standard) report with interest, as I believe this gives us a real temperature check against not only the previous years results, but also our peer trusts and our EDI Strategy. But more importantly, it gives us an important insight into our organisational culture, and as they say, *“Organisational culture will eat strategy for breakfast, lunch and dinner.”*

**“Disability
need not be
an
obstacle
to
success”**

**Steven
Hawking**

I have always believed that for us to be an inclusive place to work, we should not just judge our inclusivity by the reported percentage of disabled, BAME or LGBTQ+ staff that work for us or are recruited by

us. A truly inclusive culture is an organisation that embraces equality and is a place where disabled, BAME and LGBTQ+ people are able and proud to be themselves, and in turn, is an attractive place for all people to work.

As you will see in the report, we have made important strides and we are traveling in the right direction for some metrics, but there is still much to be done in others. You will also see in this report what our action plan is going forward, and my call to arms is that it is all our responsibility to continue the good work we have started.

Thank you.

**‘...My call to arms is that it is all our
responsibility to continue the good work
we have started.’**

Justin Sysum
Chair, Differently Abled Network

Report Summary



In essence, the NHS Workforce Disability Equality Standard (WDES) helps NHS commissioners and NHS healthcare providers (including independent organisations) achieve workplace parity between their disabled (see Equality Act definition below) and non-disabled staff. It aims to achieve this by reviewing data against a number of key performance indicators, and obliges organisations to produce action plans to close identified gaps in career and workplace experiences.

A WDES return is completed annually. As well as requiring comparative information on workforce indicators for disabled and non-disabled staff, it also compares national NHS Staff Survey data for these groups. Progress is measured against the WDES indicators, and we compare our present position with results from previous years.

Our findings present a fairly mixed picture regarding career progression and improved work experiences for staff with disabilities. For instance, when viewed against the benchmark Trusts' national averages, our disabled staff believe there are more opportunities for career progression and promotion, feel under less pressure to come to work when unwell, and are more likely to be appointed to roles once shortlisted. By contrast, they are more likely to experience abuse at work, and less likely to be satisfied with the value placed on their work, than in previous years.

Crucially, we cannot be wholly confident about our findings due to the disparity in number between our staff who self-declare a disability on our recording system, and our staff who declare a disability via the NHS Staff Survey.

We have developed an action plan that builds on work we have done in previous years, and responds to the areas where we currently need to improve. We also continue to engage with Equality, Diversity and Inclusion (EDI) leads and staff networks across the Bath, Swindon and Wiltshire Integrated Care System, to share best practice and resources. With this wider engagement in mind, our action plan has been agreed with and is jointly owned by our neighbouring acute Trusts. The range of issues are consistent across our organisations (although key steps to achieve the actions and completion dates may differ). Finally, our network for staff with disabilities continues to act as an important source of advice, support and awareness-raising for staff in the Trust.

The Equality Act 2010 defines disability as:

A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.



Listen to an audio recording of this report summary



Dr Patrick Ismond
Lead for Equality, Diversity & Inclusion

What is the WDES?

The NHS Workforce Disability Equality Standard (WDES) launched on 1 April 2019. There are ten metrics, taken from a variety of data sources and they are used to compare the experiences of staff who have a disability with those who do not.

The aim is for results to be published annually in order to support organisations, particularly those with lower scores, to continuously improve standards. Trusts can compare their performance with others in the same region or providing similar services.

Our WDES Report for 2021/2022 contains a number of elements:

- Comparison with findings from previous GWH NHS FT WDES reports;
- Comparison with latest national findings for all participating NHS organisations (report for 2020-2021 released in March 2022). For indicators 2 and 3;
- Comparison with latest average NHS Staff Survey findings, for the benchmark group assigned by NHS England. In our case, the benchmark group is 'Acute and Acute and Community Trusts'. For indicators 4-8;
- A Summary of key findings;
- An updated action plan, 2022-2023.

WDES data sources include:

- The Electronic Staff Record (ESR) (Indicators 1, 3 & 10)
- The TRAC recruitment system (Indicator 2)
- The Annual Staff Survey (Autumn 2021) (Indicators 4 to 9)

**This workforce data is reporting against the period
1 April 2021 to 31 March 2022**

Where possible, we have compared our position with that of our local partners in the Bath, Swindon and Wiltshire Integrated Care System (BSW ICS). Datasets extracted from the South West Workforce Planning and Intelligence Systems Information Pack were used to create a quarterly report for the BSW/South West Region, and any compatible metrics have been taken from the report released in December 2021.

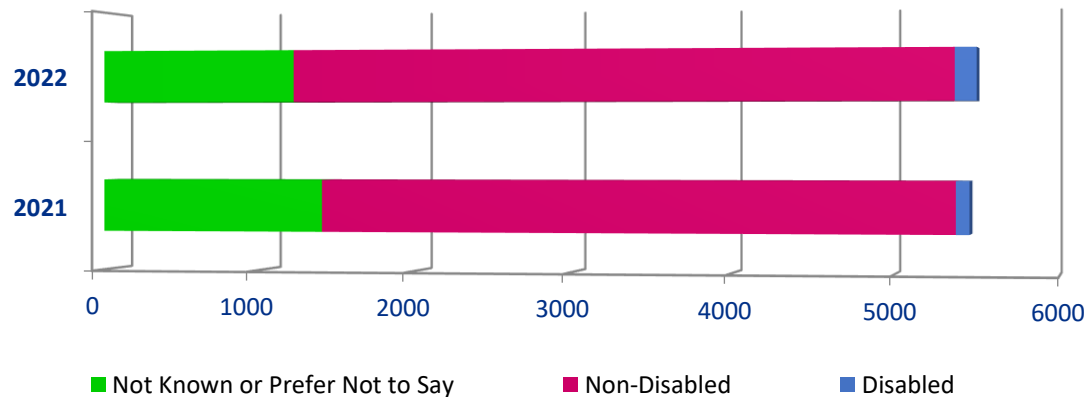


Overall Trust Picture

Overall Picture

The total number of staff employed at our Trust as at 31 March 2022 is 5502. The table and chart below show the proportion of our workforce, by disability status. The total staff number for 2020/21 differs slightly from the Workforce Race Equality Standard (WRES) data, because last year's data snapshots were taken at different points in time.

		2020/21		2021/22	
		Headcount	% of Staff	Headcount	% of Staff
Disability Declared	Disabled	83	1.5%	133	2.4%
	Non-Disabled	3999	72.7%	4133	75.1%
Total Disability Declared		4082	74.2	4266	77.5%
Not Known or Prefer Not to Say		1421	25.8%	1236	22.5%
Total Number of Staff (Headcount)		5503	100.0%	5502	100.0%



Since last year:

A greater proportion of staff are choosing to share their disability status on the ESR system, and by extension, the proportion of staff for whom this information is not known, or who 'prefer not to say' has decreased.

The improved findings suggest an increased staff awareness about the importance of accurate data collection for service improvement, and a gradual easing of staff fears regarding job security and data safety

Comparing the ESR and Annual Staff Survey

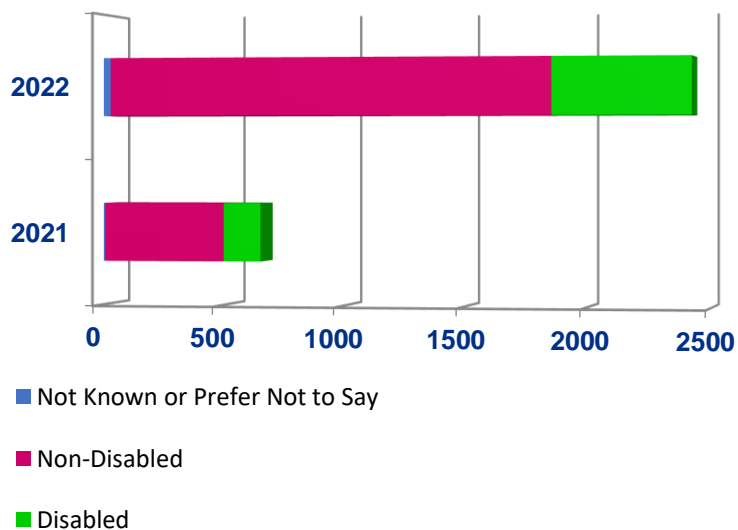
The Annual NHS Staff Survey (2021)

- 6.0%

- The percentage decrease in eligible staff who completed the Annual NHS Staff Survey, since 2020;
- It was completed by **2428** Great Western Hospital NHS FT staff in 2021;
- We achieved an **overall response rate of 47.1%** from all eligible respondents;
- **568** staff who completed the NHS Staff Survey declared a disability.

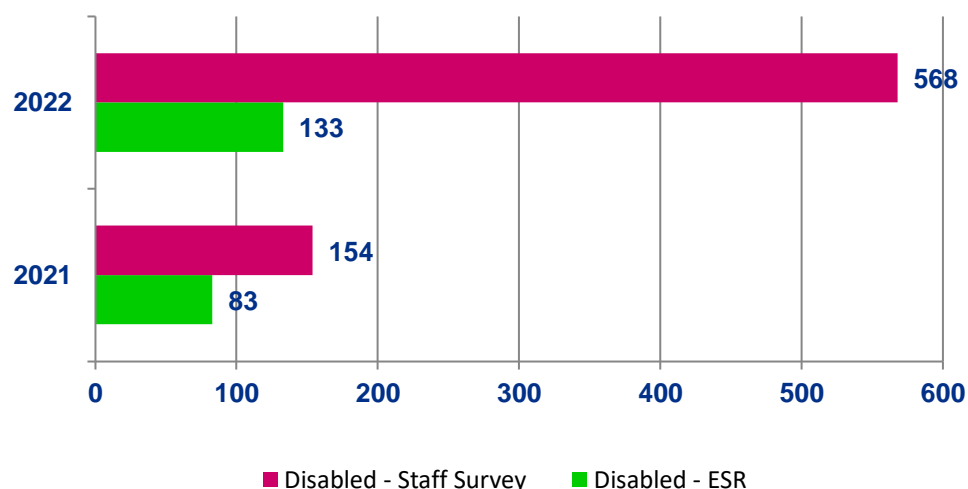
In 2020, a sample of our staff (around 22%) were invited to complete the NHS Staff Survey, whereas in 2021, it was open to all eligible staff. As a result, 2428 completed the survey in 2021, up from 660 the previous year. This significant increase has affected the disability declaration ratio, between the ESR and NHS Staff Survey.

Total number of Trust staff eligible to complete the latest Annual NHS Staff Survey in 2021, and 2022, by disability status



We have traditionally seen that more staff declare a disability in the annual staff survey, than they do on ESR. However, the disparity has increased significantly since 2021, as can be shown by the graph below. This suggests that despite the improvements identified with an increase in sharing rates on ESR, there is a note of caution about the extent of progress made in this area.

Declaration of disability status, for ESR (2022), and the latest NHS Staff Survey (2021)



WDES: The National Picture

The NHS 2021 WDES report was published in March 2022, and refers to data from the 2020-2021 reporting year. Its key findings are reproduced below.

The national results demonstrate positive change in a range of areas including an overall increase in disabled staff at board level across the NHS compared with the previous year; and an increase in the proportion of disabled staff reporting that

adjustments made to the workplace enable them to perform their roles effectively. While these increases are welcome, the national report also showed that disabled staff are more likely to enter the formal capability process, and we know that nationally, numbers of staff declaring disability status are artificially low. The full report can be accessed [here](#).

Workforce Representation

2021 data shows an **increase of 0.3** percentage points to **3.7%** of the total workforce.

59% of trusts have five or fewer Disabled staff in senior positions (bands 8c and above, including medical consultants and Board members).

Capability

Disabled staff are nearly **twice as likely** to enter the formal capability process as their non-disabled colleagues.

Board Representation

Disabled board member numbers have increased by **more than 20**.

The proportion has **increased by 0.7** percentage points to **3.7%**.

Staff Engagement

All but six trusts facilitate the voices of Disabled staff to be heard.

CQC well-led domain

Trusts that are rated outstanding in the CQC well-led domain show evidence of **being better employers** for Disabled staff.

Reasonable Adjustments

76.6% of Disabled staff report that they have the adjustments necessary to perform their duties effectively, an **increase of 2.8** percentage points from 2020.

Electronic Staff Records (ESR) Indicators

Indicator 1: Workforce by disability, as at March 31 2022

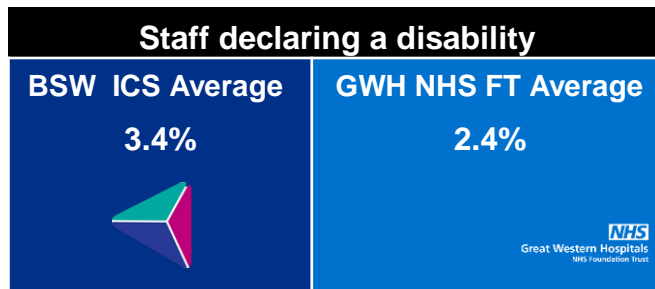
This indicator looks at the numbers of disabled staff, as a proportion of the entire workforce.

+0.9%

The percentage increase in Trust staff who declared a disability, since last year

When our latest results are compared with our results from 2020/21:

- 2.4% (133) of staff working at The Great Western Hospitals NHS Foundation Trust declared they had a disability.
- This is an increase of 50 staff since last year, as illustrated in the bar chart opposite.
- There were 3.35% (132) more non-disabled staff in 2022, compared with 2021.



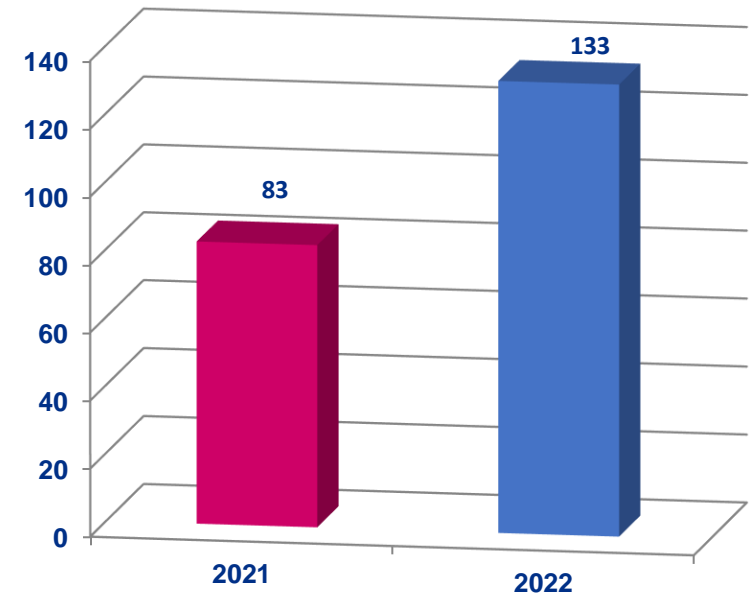
What we know

- Our declaring rate is lower than the overall average for other Trusts in BSW ICS.
- This is a persistent, long-standing issue that will not have a 'quick fix'.
- There is a 'clear and growing need' to more accurately capture diversity at Board level.

What action we will take

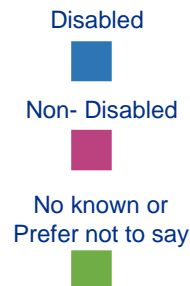
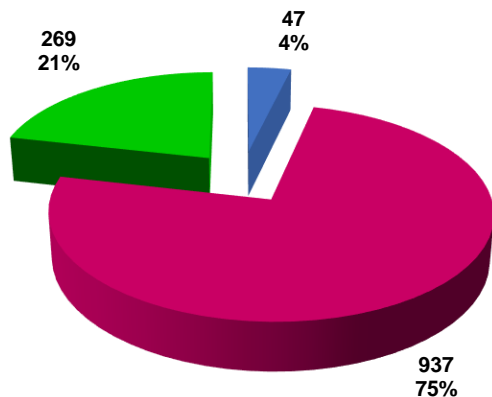
- Continue with regular stories from staff and patients with disabilities heard at Board Level;
- Use our Differently Abled Network to introduce and review resources to aid our staff with disabilities;
- Increase awareness about the range and scope of disabilities and remove the stigma sometimes associated with them. See **Appendix 1** for more detail

Number of staff declaring a disability, 2021 and 2022

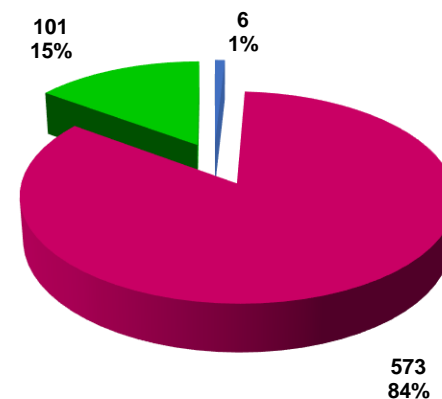


Indicator 1: Workforce by disability, as at March 31 2022

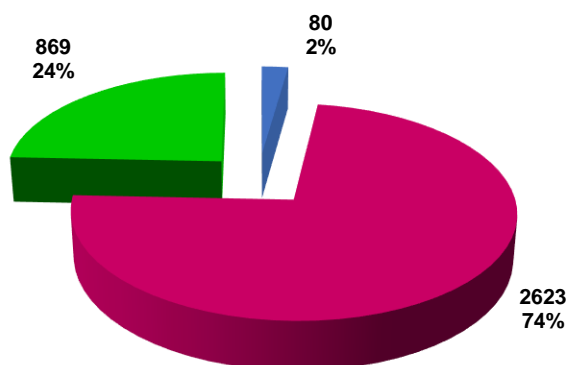
Non-clinical



Medical and Dental



Clinical



The pie charts show the percentage of disabled staff in clinical and non-clinical roles compared with non-disabled staff. 4,252 (77.2%) of our staff are clinical, compared with 1,253 (22.8%) non-clinical.

The majority of our known disabled workforce are employed as...

Bands 5 & 6 Clinical Staff

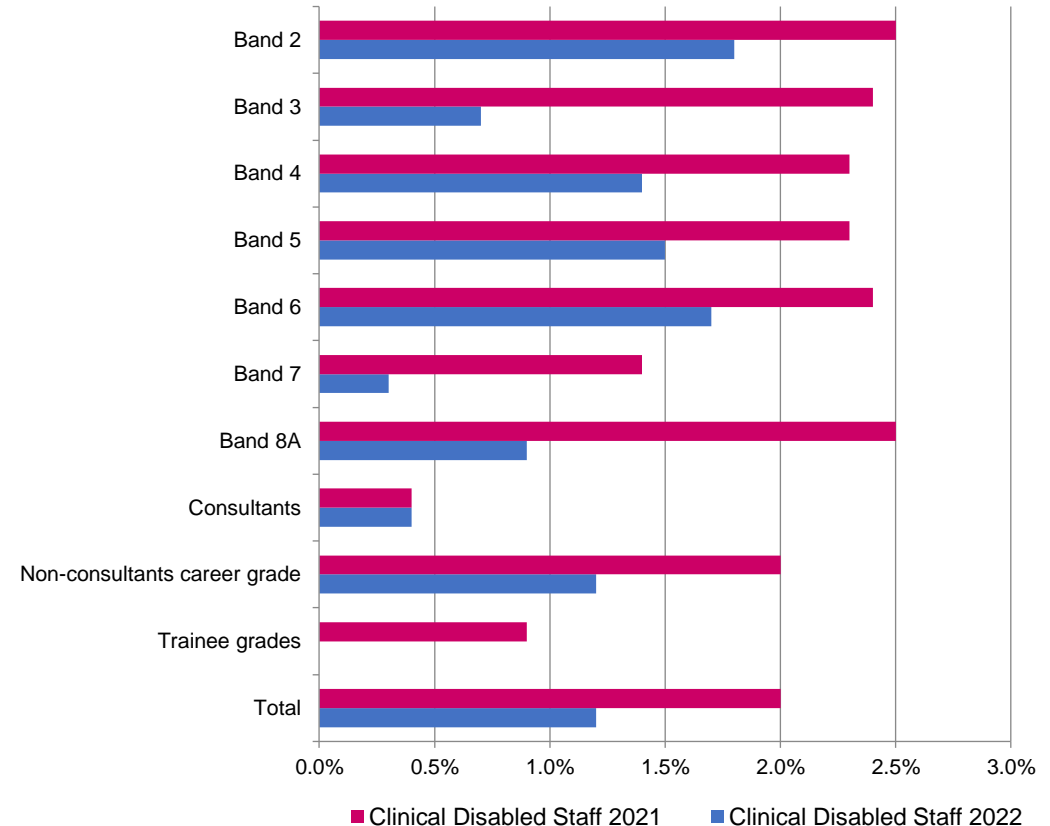
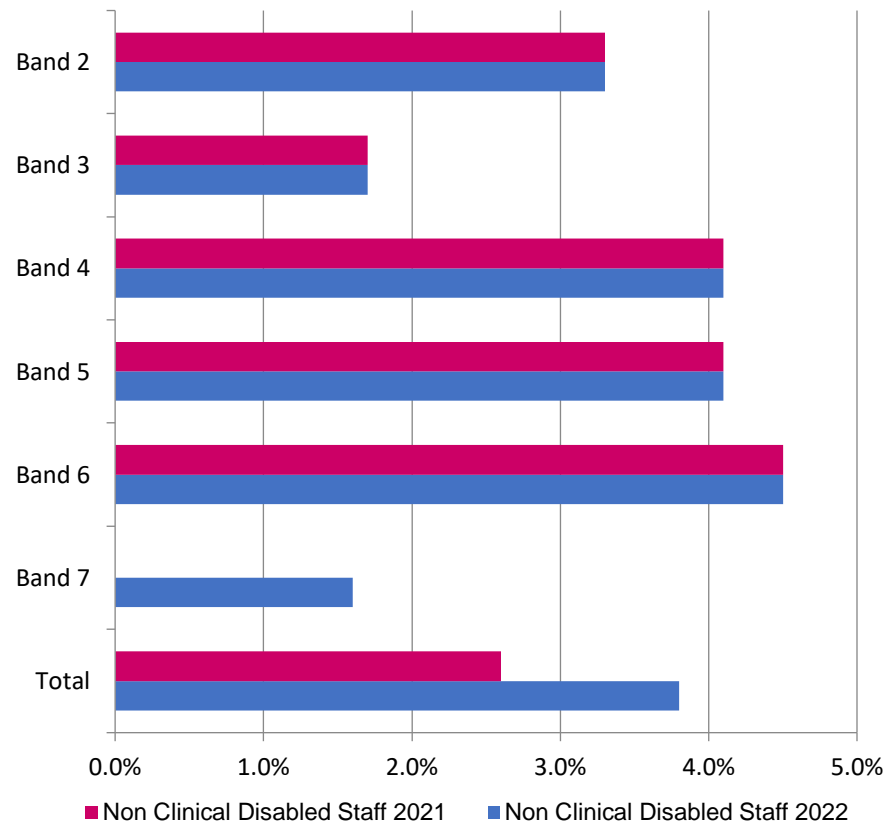
Our 43 disabled Band 5 & 6 clinical staff represent 2.3% of the total number of Band 5 & 6 Clinical staff (1833).

Indicator 1: Workforce by disability, as at March 31 2022

	Non Clinical						Clinical, Medical and Dental					
2022	Disabled	Non-Disabled	Prefer Not to Say	Total	Disabled %	Non-Disabled %	Disabled	Non-Disabled	Prefer Not to Say	Total	Disabled %	Non-Disabled %
Under Band 1	1	13	3	17	5.9	76.5	0	4	0	4	0.0	100.0
Band 1	0	1	0	1	0.0	100.0	0	2	0	2	0.0	100.0
Band 2	18	316	79	414	4.3	76.3	16	487	139	642	2.5	75.9
Band 3	11	256	73	341	3.2	75.1	7	233	55	295	2.4	79.0
Band 4	7	92	46	146	4.8	63.0	5	142	72	219	2.3	64.8
Band 5	4	67	14	85	4.7	78.8	23	728	246	997	2.3	73.0
Band 6	5	46	16	67	7.5	68.7	20	615	201	836	2.4	73.6
Band 7	1	45	16	62	1.6	72.6	6	298	117	421	1.4	70.8
Band 8A	0	43	10	53	0.0	81.1	3	81	34	118	2.5	68.6
Band 8B	0	17	0	17	0.0	100.0	0	15	4	19	0.0	78.9
Band 8C	0	14	6	20	0.0	70.0	0	7	0	7	0.0	100.0
Band 8D	0	2	1	3	0.0	66.7	0	9	1	10	0.0	90.0
Band 9	0	7	2	9	0.0	77.8	0	2	0	2	0.0	100.0
VSM	0	18	0	18	0.0	100.0	0	0	0	0	0.0	0.0
Consultants							1	190	44	235	0.4	80.9
Non-consultants career grade							2	76	20	98	2.0	77.6
Trainee grades							3	307	37	347	0.9	88.5
Other							0	0	0	0	0.0	0.0
Total	47	937	266	1250	3.8%	74.8%	86	3196	970	4252	2.0%	75.2%

Movement between pay bands

The following chart shows the changing proportions of disabled staff in movement between pay-bands over the last 2 years, for clinical and non-clinical staff.



Notes:

- There are only non-clinical staff who declared a disability between Band 2 and Band 7, for both 2021 and 2022, so all other bands have been removed from the chart.
- There are no clinical staff with a declared disability below Band 2, or between Bands 8B, VSM level and Other, for 2021 and 2022, so those bands have been removed from the chart.

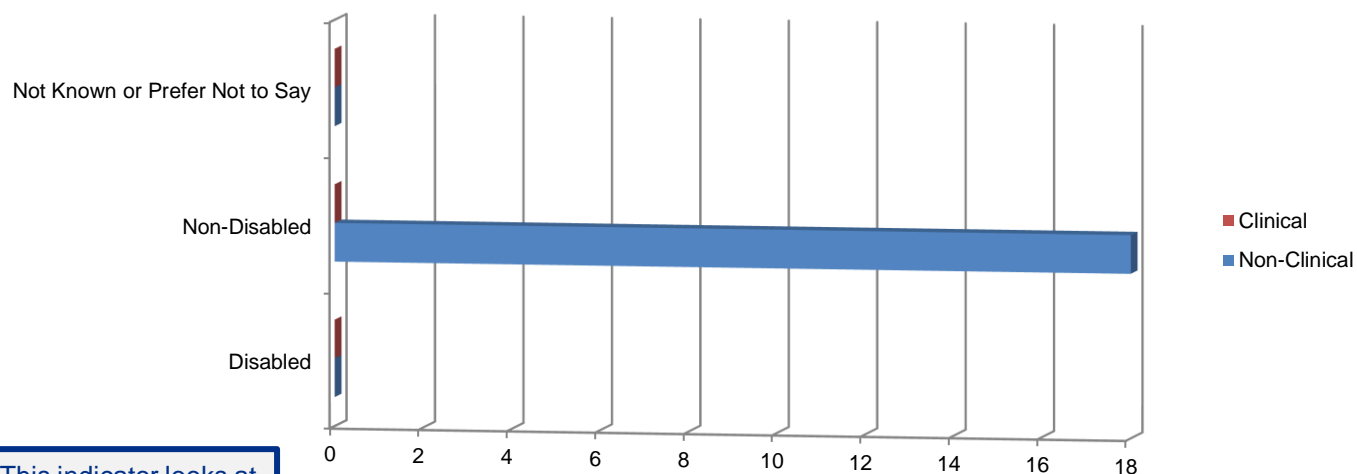
- The number of Trainees with a declared disability has reduced to zero for 2022, and this will affect future WDES data, as Trainees form an important part of the NHS future workforce
- The overall number of non-clinical staff declaring a disability has increased and the number of clinical staff declaring a disability has reduced.

Indicators 1, 10: Disabled staff in senior management positions

0

The Number of Disabled Staff at Very Senior Manager (VSM) Level in 2021

Declared disability status, clinical and non-clinical staff



This indicator looks at the percentage difference between the organisation's board voting membership and the organisation's overall workforce.

	Overall Workforce		Executive Board Voting Membership		% Difference
	No. in Workforce	% in Workforce	No. on Board	% on Board	
Disabled	133	2.4%	0	0.00%	-2.4%
Non-Disabled	4133	75.1%	14	100.00%	24.9%
Not Known or Prefer Not to Say	1236	22.5%	0	0.00%	-22.5%
Total	5502	100.00%	14	100.00%	

What we know

- There is a 'clear and growing need' to more accurately capture diversity at Board level.



What action we will take

- Continue with regular stories from staff and patients with disabilities heard at Board Level;
 - Use our Differently Abled Network to introduce and review resources to aid our staff with disabilities;
 - Increase awareness about the range and scope of disabilities and remove the stigma sometimes associated with them.
- See **Appendix 1** for more detail

Indicator 3: Disabled staff and the formal capability process

This indicator looks at the rate at which disabled staff were likely to enter the formal capability process, compared with their non-disabled colleagues.

x 1.94	National Average in 2021
x 0.00	Our Trust Average in 2021
x 0.00	Our Trust Average in 2022

- Our Trust figure is 0.00, which shows that no disabled staff entered the formal capability process during this period.
- If disabled staff were equally as likely as non-disabled staff to enter the formal capability process, then the figure for disabled staff would be 1.
- By contrast, figures from 2020 showed disabled staff were more likely to enter the formal capability process than non-disabled staff.

Notes

- This metric looks at capability on the grounds of performance, rather than ill health.
- A capability process is a formal way for an employer to address the circumstances surrounding an employee's 'under performance'. This may involve, for example, reviewing an employee's personnel file, appraisals, and gathering any relevant documents.
- Before starting a capability process, it is recommended that an employer first see whether the problem can be resolved in an informal way. This can often be the quickest and easiest solution.



Declaration rates: the national picture, since March 2015

+1.44% (30,977)	Percentage (and numerical) increase in numbers of staff declaring a disability
-11%	Percentage decrease in number of staff records where disability question is left unanswered
-6.6%	Percentage decrease in number of staff records where 'not declared' is recorded

Note

Over recent years, there has been a push at national level to improve data collection on all personal protected characteristics. Partly as a result, we have seen improvements in the overall return rates for all these data sets. In the case of disability, the progress is less marked than, say, data on ethnicity, but it does suggest that employees now feel more comfortable sharing their disability status.

Declared rates of disability are low, relative to the size of the working population, and this means we cannot be assured about the experiences of staff with disabilities, including their reasons for not sharing disability status. Improving data collection is central to our action plan (see **Appendix 2**).

Data Quality in ESR

National Equality & Diversity Recording & Reporting on ESR



Electronic Staff Record



ESR - A Workforce Service delivered by the NHSBSA



Board diversity and workforce data quality – meeting the people plan challenge

ESR Equality and Diversity Workshop – 19/11/2021

Nick Armitage

Senior Programme Manager: Workforce Research and Insights
People Directorate, NHS England and NHS Improvement
M: 07783821609
E: n.armitage@nhs.net

NHS England and NHS Improvement



Why neurodiversity?

We know from national studies (and from members of our Trust Disability network) that a sizeable number of staff are neurodivergent, and are reluctant to talk about their condition, for fear of stigma. Our action plan aligns with the findings of these studies. See Appendix 2.

Neurodiversity at Work: The Power of Difference

The research summary study found that:

- Around 1 in 7 people (more than 15% of people in the UK) have neurodivergent conditions, meaning that the brain functions, learns and processes information differently;
- 50% of people would not employ someone from one of the neuro-minorities;
- Most organisations do not include neurodiversity within policy and procedures, or provide training on inclusion;
- People who have neurodivergent conditions have worse experiences than their neurotypical peers perceive.

**Click on the image (right) to access
the full study**



Neurodiversity at work Research Summary

Our research: why now?

It is estimated that around 1 in 7 people (more than 15% of people in the UK) have neurodivergent conditions, meaning that the brain functions, learns and processes information differently; this includes Attention Deficit Disorders, Autism, Dyslexia and Dyspraxia (ACAS, 2019). Although often characterised by a set of "deficits" which are used to identify ways they differ from the majority of the neurotypical population, neurodivergents often have unique attributes and there is a strong business case for employing people from neurominorities for their creativity, problem solving skills and other capabilities (Bawley & George, 2016, CIPD, 2018; Faragher, 2018; GMB, 2018; Silberman, 2015).

Despite the opportunities presented by employing neurodivergents, false stereotypes persist which limit opportunities available to both neurodivergents and to organisations who are not accessing this untapped talent. Furthermore, many neurodivergents report mental health issues arising as a result of active discrimination, exclusion and bullying due to their differences, or as a result of the efforts of hiding their differences (ACAS, 2019; CIPD, 2018; GMB, 2018).

Highlights

The Institute of Leadership & Management found that neurominorities have far worse experiences in the workplace than their neurotypical colleagues believe they do; with autistics, dyscalculics and people with ADHD reporting the worst experiences. Half of all leaders and managers reported that they would not employ someone who had one or more neurodivergent condition with many providing statements making assumptions of incapability, the need for additional supervision and other negative and false stereotypes.



Empowering Dyslexic Thinking in the Workplace

A guide aimed at helping organisation to understand and empower dyslexic thinking in the workplace, and to help dyslexic employees, and their colleagues, to understand and value dyslexic strengths – and the vital contribution they make.

The guide refers to four key steps to achieve it's vision, namely:

- Define dyslexia as a valuable thinking skill set;
- Offer adjustments to help every dyslexic thrive;
- Tailor recruitment processes to spot dyslexics;
- Start affinity groups for support and openness.



**Click on the image (above) to access
the full study**

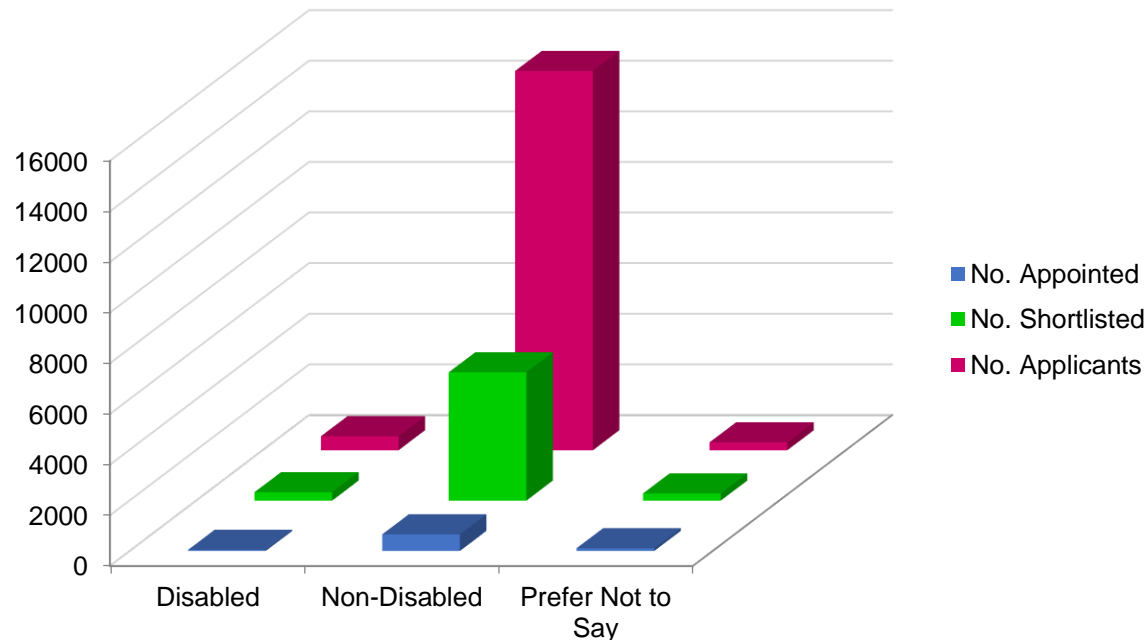
TRAC Recruitment Indicator

Indicator 2: Disabled Appointments from Shortlisting

This indicator looks at the rate at which non-disabled applicants were more likely to be appointed than disabled applicants

x 1.11	National Average in 2021
x 1.12	Our Trust Average in 2021
x 0.98	Our Trust Average in 2022

- During 2021/22, a total of 554 applicants who declared a disability applied for job roles at GWH;
- 332 were shortlisted for interview, and 44 were appointed;
- If disabled staff were equally as likely to be appointed from shortlisting as non-disabled candidates, then the above figure would be 1.
- Our ratio is closer to one in 2022 than it was in 2021. We are therefore showing an Improvement in our position, relative to the previous year.



What we know

Although we are closer to parity, our data shows that a relatively low number of applicants who declare a disability apply for roles in the Trust.



What action we will take

Continue work at a wider system level to redress issues with recruitment.

See **Appendix 2** for more detail

Latest NHS Staff Survey Data (2021)

Indicator 4: Disabled Staff experiencing Harassment, Bullying or Abuse*

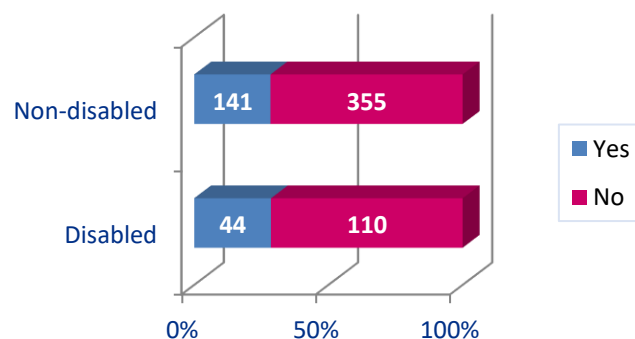
This indicator looks at the percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

- Patients/service users, their relatives or other members of the public
- Managers
- Other colleagues

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.

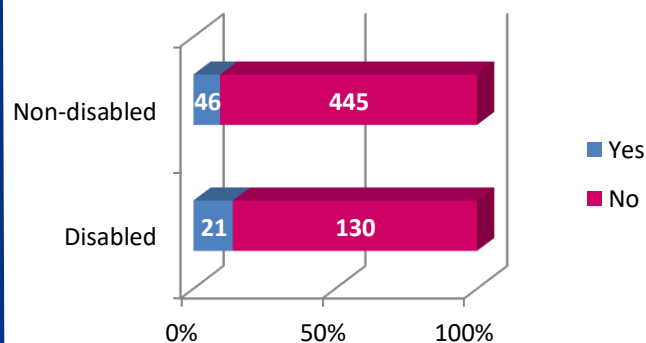
a) 37.7%

- This is an increase for disabled staff, when compared to data from both 2019 and 2020.
- 31.7% of non-disabled staff also reported experiencing harassment, bullying or abuse from patients, relatives or the public.
- GWH figures are higher when compared to the latest national benchmark average (2021), which records figures of 32.4% for disabled staff (and 25.2% for non-disabled staff).



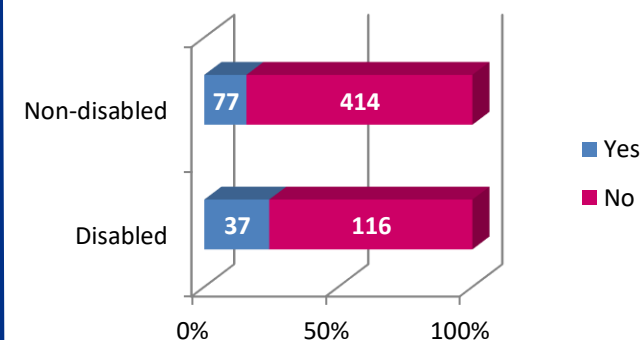
b) 16.90%

- This is an increase for disabled staff, when compared to data from both 2019 and 2020.
- 9.6% of non-disabled staff also reported experiencing harassment, bullying or abuse from patients, relatives or the public.
- GWH figures are lower when compared to the latest national benchmark average (2021), which recorded figures of 18.0% for disabled staff (and 9.8% for non-disabled staff).



c) 27.50%

- This is an increase for disabled staff, when compared to data from both 2019 and 2020.
- 20.1% of non-disabled staff also reported experiencing harassment, bullying or abuse from patients, relatives or the public.
- GWH figures are higher when compared to the latest national benchmark average (2021), which recorded figures of 26.6% for disabled staff (and 17.1% for non-disabled staff).



Indicator 5: Disabled Staff believing the Trust provides equal opportunities for career progression or promotion

This indicator looks at the percentage of disabled staff who believe Great Western Hospitals NHS FT provides equal opportunities for career progression or promotion.

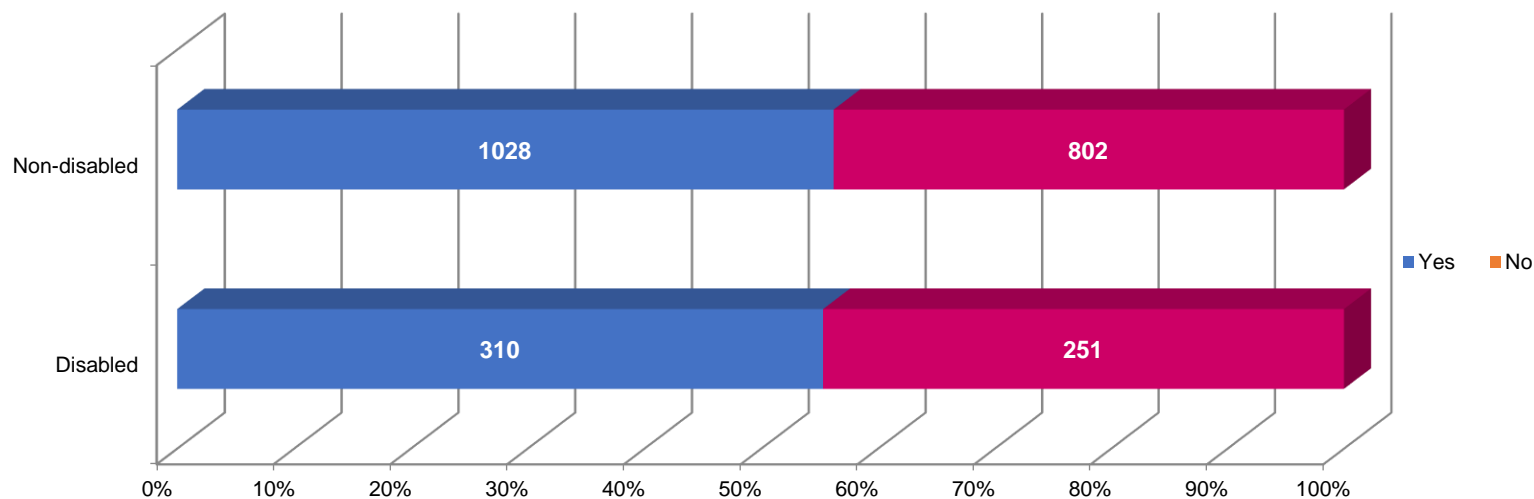
51.4%

Benchmark Organisations Average in 2021

55.3%

Our Trust Average in 2021

Disabled and non-disabled staff who believe Great Western Hospitals NHS FT provides equal opportunities for career progression or promotion



Note:

This is a similar position to the previous year, for both disabled and non-disabled staff groups (50% for disabled staff in 2020, 58.4% for non-disabled staff).

Indicator 6: Disabled staff feeling pressurised to come to work

This indicator looks at the percentage of disabled staff who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

32.2%

Benchmark Organisations Average in 2021

29.4%

Our Trust Average in 2021

- When compared with last year, there has been a decrease in the proportion of disabled staff feeling pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- Our Trust figures are slightly better than the national average.

Disabled and non-disabled staff who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



What we will continue to do

- Work to reduce levels of harassment, bullying or abuse from manager or colleagues;
- Work to reduce levels of discrimination at work by manager/ team leader or colleague;
- Work to reduce levels of harassment, bullying and abuse from patients, relatives or the public;
- Continue our work as part of the BSW ICS, and our commitment to delivering the People Plan. We will work with our regional partners to develop a joined-up approach to EDI for the future.
- Increase awareness about the range and scope of staff Wellbeing support services, alongside staff and management training.

Indicator 7: Disabled staff satisfied with the value placed on their work

This indicator looks at the percentage of disabled staff who are satisfied with the extent to which their organisation values their work

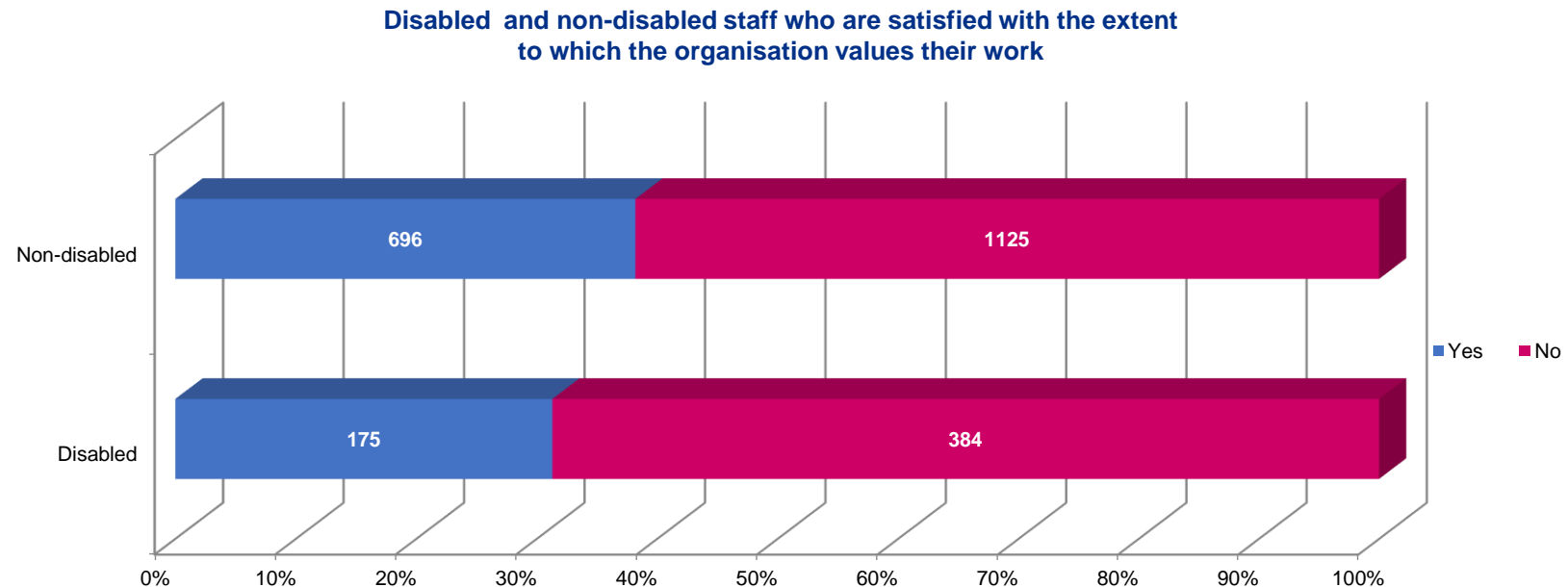
32.6%

Benchmark Organisations Average in 2021

31.3%

Our Trust Average in 2021

- Our findings for 2021 show a significant deterioration for disabled staff, when compared with our findings for 2020 (41.8%)
- Our findings for 2021 also show a deterioration for non-disabled staff groups, when compared to the benchmark figure for 2021 (38.2% for non-disabled staff in 2021, with the benchmark average being 43.3%).



Indicator 8: Disabled staff satisfied that adequate adjustments are made

This indicator looks at the percentage of disabled staff who are satisfied that their employer has made adequate adjustment(s) to enable them to carry out their work.

70.9%

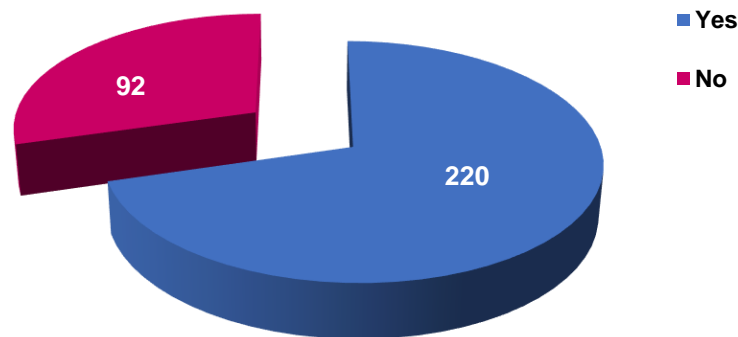
Benchmark Organisations Average in 2021

70.5%

Our Trust Average in 2021

- The staff survey data for this metric only collects responses of disabled staff.
- Our latest result is a deterioration in our position from the previous year, when we recorded a figure of 81.4%.
- Our latest result is the closest we have been to the benchmark average, since 2018.

Disabled staff who are satisfied that the trust has made adequate adjustment(s) to enable them to carry out their work



Indicator 9: Disabled Staff Engagement Score

53.4%

Our Trust in 2020

41.7%

Our Trust in 2021

- The overall response rate (from all eligible respondents) in 2021 is 47.1%. This is a deterioration on the previous year, and represents an engagement score of 6.3 for disabled staff.
- In 2020, we achieved an overall response rate of 53.4% from all eligible respondents, representing an engagement score of 7.0.
- Our latest engagement scores are similar for both our disabled and non-disabled staff groups. They are also similar to the latest national scores.

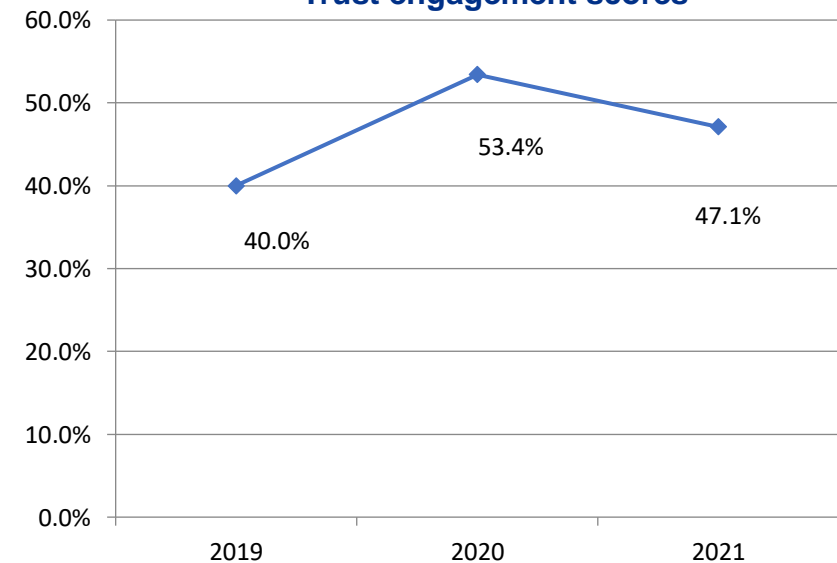
The staff engagement score is a composite score calculated using the responses to nine individual questions. See [here](#) for more information.



	2018	2019	2020	2021
Organisation average	6.9	7.0	7.0	6.6
Staff with a LTC or illness: Your org	6.4	6.6	6.7	6.3
Staff without a LTC or illness: Your org	7.0	7.0	7.0	6.7
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0
Organisation Responses	529	495	659	2,425
Staff with a LTC or illness: Responses	80	93	154	562
Staff without a LTC or illness: Responses	417	380	500	1,836

Average calculated as the median for the benchmark group

Trust engagement scores



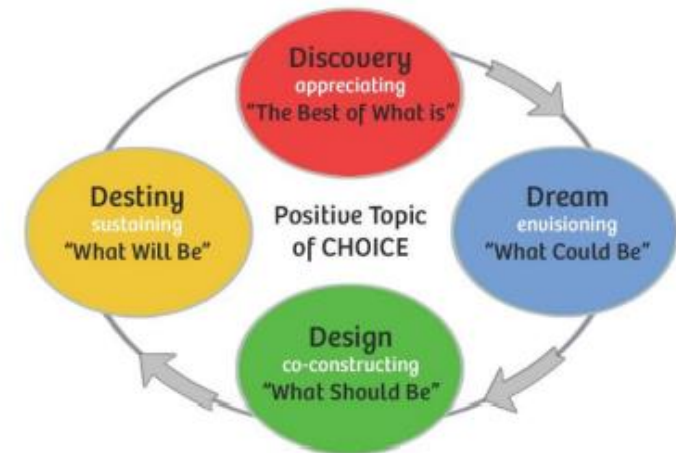
Indicator 9: Taking action to facilitate the voices of disabled staff

In 2021, the Trust created a Disability Equality Network, as a space for staff with visible and non-visible disabilities and impairments to connect, share experience and information, and support each other. The Network also raises and promotes awareness of disability issues, and shares best practice.

Differently Abled Network

Upskill the DAN

- We would like the DAN Group to be the point of contact for support and advice.
- Our aim is to ensure we have the necessary skills and information withing the network to support any staff member who may need it.
- Continue to build a library of resource available via our Intranet Site. (Added useful ADHD resource recently)
- Currently using 4-D Model to envisage what we as a group could do in the future.



Summary of Key Findings

Our data presents a mixed picture regarding career progression and improved work experiences for staff with disabilities. Whilst some WDES indicators show an improvement on scores from previous years, and when viewed against the national averages, others have deteriorated or remained the same.

Our disabled staff are:

- More likely to share their disability status;
- Equally likely as non-disabled applicants to be appointed to roles once shortlisted;
- Less likely to enter the formal capability process;
- Part of a growing network, increasing awareness of member's issues. For example, raising awareness of and providing support for neurodiverse staff.

When compared with the national average for benchmark Trusts, we also know that:

- Our disabled staff believe there are more opportunities for career progression and promotion;
- Fewer disabled staff feel pressured to come to work when ill.

There are areas where our progress is less marked. Namely:

- We have yet to have any members of our Executive team or Board with a declared disability;
- Very few staff (133, or 2.4%) have self-declared a disability;
- There is a large disparity between the number of staff declaring a disability through the ESR, and the number of staff declaring a disability when completing the National NHS Staff Survey.
- More likely to experience abuse, than in previous years;
- Less likely to be satisfied with adjustments made to the workplace, compared with previous years;
- Less likely to feel valued by the organisation, compared with previous years.

With such low numbers declaring a disability, and with a large disparity the ESR and NHS staff survey, it is difficult to draw firm conclusions. However, our Differently Abled Network (created in March 2021), continues to build on the work being done to improve experiences for disabled staff.

About Our Action Plans



Joint ownership of our action plans

To improve the work experience for our staff, we will continue to engage with EDI Leads and Staff Networks across the BSW Integrated Care System, to share best practice and resources. With this wider engagement in mind, our action plan has been agreed with and is jointly owned by our neighbouring acute Trusts. The range of issues are consistent across our organisations (although our key steps to achieve the actions and completion dates may differ).

Our Action Plans

Following the results of the Trust WDES, our action plan has been simplified and updated (see Appendix 2). Principally, our focus is to increase diversity at senior levels in the organisation, improve the physical workplace and improve data collection for our disabled staff. It aligns closely with the BSW system plan.

Alongside the action plan, we will:

- Work to reduce levels of harassment, bullying or abuse from manager or colleagues
- Work to reduce levels of discrimination at work by manager/team leader or colleague
- Work to reduce levels of harassment, bullying and abuse from patients, relatives or the public
- Continue our work as part of the BSW ICS, and our commitment to delivering the People Plan. We will work with our regional partners to develop a joined-up approach to EDI for the future.



Appendices

Appendix 1: Summary of WDES Indicator Scores

Below is a summary of the WDES indicator scores for our Trust over the last three years, shown as either a percentage or as an indicator (an indicator score of one, or 'parity', being the overall aim). Comparisons are between figures from 2020 and 2021, to rate our direction of travel, with an assessment of positive or negative referring to the indicator's impact on disabled staff.

Direction Key

Improvement
No noticeable change
Deterioration



WDES Indicator		2019-2020		2020-2021	2021-2022	Direction of Travel
1	Disabled representation across all pay bands	1%		2%	2.4%	↑
2	Relative likelihood of appointment from shortlisting.	x1.52		x1.12	x0.98	↑
3	Relative likelihood of entering the formal capability process	x2.83		0	0	↔
4	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	35.3% disabled 26.4% not disabled		28.6% disabled 28.4% not disabled	37.7% disabled 31.7% not disabled	↓
	ii. Managers	15.1% disabled 6.7% not disabled		13.9% disabled 9.4% not disabled	16.9% disabled 9.6% not disabled	↓
	iii. Other colleagues	24.4% disabled 16.4% not disabled		24.2% disabled 15.7% not disabled	27.5% disabled 20.1% not disabled	↓
5	Believing that the Trust provides equal opportunities for career progression or promotion.	52.7% disabled 51.6% not disabled		50.0% disabled 58.4% White	55.3% disabled 56.2% not disabled	↓
6	Relative percentage saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	27.4% disabled 18.4% not disabled		32.7% disabled 23.0% not disabled	29.4% disabled 23.9% not disabled	↑
7	Relative satisfaction with their organisation valuing their work	30.8% disabled 43.4% not disabled		41.8% disabled 46.2% not disabled	31.3% disabled 38.2% not disabled	↓
8	Adequate adjustments made, to enable disabled staff to carry out their work	82.4%		81.4%	70.5%	↓
9	a) Staff engagement score (10 = highest score)	6.6 disabled 7.0 not disabled		6.7 disabled 7.0 not disabled	6.3% disabled 6.6% not disabled	↔
	b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)	No		Yes	Yes (see indicator 9)	↑
10	Percentage difference between the organisation's Board voting membership and the proportion of the organisation's overall workforce.	-1.3%	-1.4%	-2.5%	-2.4%	↔

Appendix 2: Trust Action Plan, 2022-2023






**Improving
the
Physical Workplace**

■

**Increasing diversity
at
senior levels**

■

**Improving
Data
Collection**

Key Problem Area(s) and Action(s)	Source(s)	Key Steps to Achieve Actions	Completed	Desired outcome(s)
		Continue to grow and develop the Differently Abled Network	Currently Ongoing	<p>Increased awareness and understanding of hidden and visible disabilities</p> <p>■</p> <p>Improved workplace adjustments</p> <p>■</p> <p>More staff sharing disability as a personal protected characteristic</p> <p>■</p> <p>Smaller disparity between staff sharing disability status on ESR, and staff sharing on the NHS Staff Survey</p> <p>■</p> <p>Achieve Disability Confident Level III</p>
		Regular Board Stories about experiences of disabled staff	Currently Ongoing	
		Actively encourage applications from disabled staff for the Trust Aspiring Leaders programme	Feb. 2023	
		Develop an Allyship programme	Dec. 2022	
		All recruiting managers to complete the License to Recruit training to promote good practise (training includes EDI, unconscious bias and safeguarding). This is monitored and reported to the EDI Group.	Aug. 2022	
		Continue to grow existing library of neurodiversity toolkits	Currently Ongoing	
		Develop and embed a Reciprocal Mentoring programme	Sept. 2022	

Appendix 2: Trust Action Plan, 2022-2023





**Improving
the
Physical Workplace**

■

**Increasing diversity
at
senior levels**

■

**Improving
Data
Collection**

Key Problem Area(s) and Action(s)	Source(s)	Key Steps to Achieve Actions	Completed	Desired outcome(s)
<p>Improving the Physical Workplace</p> <p>■</p> <p>Increasing diversity at senior levels</p> <p>■</p> <p>Improving Data Collection</p>		Develop a public EDI Q+A forum to address areas of confusion, outline measures and Trust support, and emphasise importance and safety of data collection	Dec. 2022	Increased awareness and understanding of hidden and visible disabilities
		Work with DAN network to develop narrative for EDI Q+A forum, around safety and confidentiality of data sharing	Currently Ongoing	Improved workplace adjustments
		Review and complete the Disability Confident Assessment with the DAN; Work with the Resource team and the DAN to collect the necessary data for the assessment.	Currently Ongoing	More staff sharing disability as a personal protected characteristic
		Review how the Trust collects data on the progress of individuals from application to appointment. This to include the comparison between applicants who identify with a disability and those who do not.	Currently Ongoing	More staff sharing disability status on ESR, with smaller disparity between this figure, and sharing on the NHS Staff Survey
				Achieve Disability Confident Level III

Appendix 3: Action plan for 2021-22, with areas developed with our system partners

Following the results of the Trust WDES, the following action plan was developed and has been updated for 2021/22. The table cells coloured blue below contain measures developed with our local partners as part of a system wide approach to overhaul recruitment processes. These were the areas under discussion during 2021-22, some of which are still under discussion.

Key Action	Steps to achieve action	Due by	Desired Outcomes
Achieve Disability Confident Leader Level III	<ul style="list-style-type: none"> Improved recruitment processes to ensure attraction of diverse candidates; Promote best practice standards in line with the level 3 requirements; Validate self assessment by recognised validator organisations; Encourage other employers to make the journey to become Disability Confident; Report using the Voluntary Reporting Framework. 	End of 2022 to achieve Level 3 status	More candidates with disabilities attracted to roles and appointed to post from shortlisting.
Increase uptake of recorded personal protected characteristics on ESR	<ul style="list-style-type: none"> Continue with campaign to encourage staff to update personal information on ESR; Run quarterly ESR reports to see rates of data submission on ESR; Publicise importance of data collection via Trust Comms and EDI newsletter, and EDI Podcasts; Use targeted emails to contact staff showing as "Not Known" in any of the protected characteristic monitoring information fields on ESR and ask if they are prepared to discuss concerns about declaring this information. EDI Lead to work with Head of Quality to ensure that a standard set of equality data is recorded across all directorates in the Trust. 	Done Ongoing Done Done Done	More targeted interventions to improve services and experiences for staff. More staff self-declaring personal protected characteristics. Decrease unknown/ null figures by 5% (currently 26%)
Raise the profile and awareness of disability issues	<ul style="list-style-type: none"> Continue with regular stories at Board Level, The Differently Abled Network to introduce and review resources to aid our staff with disabilities, that also recognise the diversity of mental and physical health issues included under this term. To continue to embed Equality, Diversity and Inclusion into strategic decision making committees and forums; Increase membership of DAN and diversity of voices. 	Done Done Ongoing Ongoing	Greater awareness throughout organisation of the range and scale of disability issues in the Trust; Greater awareness to Trust Board and Senior Leaders around equality issues and information included in monthly Workforce Report Increased visibility of ED&I at Trust Board and Senior Leaders with ED&I topics on agenda quarterly.
Note The Trust and BSW ICS Action Plan was developed and has been updated for 2021/22, and contains measures developed with our local partners as part of a system wide approach. These were the areas under discussion during 2021-22, some of which are still under discussion.			

Appendix 3: Action plan for 2021-22, with areas developed with our system partners

Key Action	Steps to achieve action	Due by	Desired Outcomes
<p>Improved recruitment processes to ensure attraction of diverse candidates</p> <p>Introduce a system of constructive and critical challenge to ensure fairness during interviews.</p> <p>This system includes requirements for diverse Interview panels, and the presence of an equality representative who has authority to stop the selection process before offer is made, if it is deemed unfair and complements the need for accountability</p>	<ul style="list-style-type: none"> Adopting diverse interview panels for Exec and VSM OR across the Trust where possible; Explore the inclusion of patients on focus groups; Recruiting managers to undertake 'License to Recruit' mandatory training which includes EDI and unconscious bias training; Pilot the introduction of a 'critical friend', to observe and review consistency across interview panels (target areas based on experience feedback, ensuring different roles and banding are included). 	<p>31 December 2022</p> <p>Ongoing</p> <p>Done</p> <p>December 2022</p>	<p>Training to be included as role essential</p> <p>At least 1 member of the recruitment panel has completed the "License to Recruit" training</p> <p>Monitoring of training compliance</p>
<p>Organise talent panels to:</p> <p>a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff</p> <p>b) Agree positive action approaches to filling roles for under-represented groups</p> <p>c) Set transparent minimum criteria for candidate selection into talent pools</p>	<ul style="list-style-type: none"> Standardise adverts to include applicants welcomed from under-represented groups; Use CPD/Appraisals to support Divisions creating a database of individuals who are eligible for promotion. Ensure this succession planning data is captured in Divisional workforce planning; Collate feedback from wider community groups to reach candidates (areas to include; where we advertise, type of advertisement, language used...) 	<p>Done</p> <p>December 2022</p> <p>Done</p>	<p>Monitoring of progress through relevant governance routes</p>
<p>Enhance EDI support available to:</p> <p>a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies</p> <p>b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews</p>	<ul style="list-style-type: none"> Incorporate questions for bands 8a level roles that enable candidates to demonstrate their EDI experience, commitment and engagement. Internal communications to promote the importance of completing effective Equality Impact Assessments and the governance process on monitoring EIA's. 	<p>Done</p> <p>Done</p>	<p>Monitoring of progress through relevant governance routes</p>

Appendix 3: Action plan for 2021-22, with areas developed with our system partners

Key Action	Steps to achieve action	Due by	Desired Outcomes
Overhaul interview processes to incorporate: <ul style="list-style-type: none"> a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used. b) Ensure adoption of values based shortlisting and interview approach. c) Consider skills-based assessment such as using scenarios 	<ul style="list-style-type: none"> Compulsory for all recruiting managers to complete the License to Recruit training to promote good practise (training includes EDI, unconscious bias and safeguarding). This will be monitored and reported. Create best practise document that can be distributed to recruiting managers across the Trust. Values based recruitment to be explored and implemented across the system (BSW RRS Objective) 	<p>31 Dec 2022</p> <p>Done</p> <p>October 2022</p>	<p>Monitoring of progress through relevant governance routes</p>
Raise the profile and awareness of disability issues	<ul style="list-style-type: none"> Continue with regular stories at Board Level, The Differently Abled Network to introduce and review resources to aid our staff with disabilities, that also recognise the diversity of mental and physical health issues included under this term. To continue to embed Equality, Diversity and Inclusion into strategic decision making committees and forums; Increase membership of DAN and diversity of voices. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Greater awareness throughout organisation of the range and scale of disability issues in the Trust;</p> <p>Greater awareness to Trust Board and Senior Leaders around equality issues and information included in monthly Workforce Report</p> <p>Increased visibility of ED&I at Trust Board and Senior Leaders with ED&I topics on agenda quarterly.</p>
Adopt resources, guides and tools to help leaders and individuals have productive conversations about race	<ul style="list-style-type: none"> Developing a range of teaching resources that focus on intersectionality (audio visual, newsletter, fresh eyes, feedback from all networks – BAME, DAN, LGBTQ...) 	<p>Ongoing</p>	<p>Monitoring of progress through relevant governance routes</p>

Workforce Metrics

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

Metric 1	<p>Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>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</p> <p>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</p>
Metric 2	<p>Relative likelihood of non-disabled staff compared to Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Note:</p> <ul style="list-style-type: none"> i) This refers to both external and internal posts ii) If your trust 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	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Note:</p> <ul style="list-style-type: none"> 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 applies to capability on the grounds of performance and not ill health.

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 Q13a-d	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <ul style="list-style-type: none"> i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues <p>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</p>
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Appendix 4

WDES Indicators

Appendix 4

WDES Indicators

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 Q11e	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 Q5f	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 Q26b	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 and non-disabled staff For part b) add evidence to the Trust's WDES Annual Report	
Metric 9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</p> <p>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 national WDES 2019 Annual Report.</p>
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: <ul style="list-style-type: none"> By voting membership of the Board. By Executive membership of the Board.