

Workforce **Disability** Equality Standard Highlight Report 2021-22

Further information-

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Final



Introduction	3
What is WDES?	4
WDES National Report (2021) highlights	5
Our WDES performance 2021/22	6-7
Recommendations	8
Metric 1: Staff by bands and categories	9-12
Metric 2: Staff being appointed from shortlisting	13
Metrics 4-9: Staff survey	14-22
Metric 10: Board voting members and overall workforce	23
How do we operationalise WDES?	24
Appendix 1: WDES Metrics	25
Appendix 2: Key WDES activities in 2021/22	26-29

Introduction




To us, the Workforce Disability Equality Standard (WDES) gives us another opportunity to analyse our performance, attracting, developing, and supporting disabled staff- and what more we ought to do to sustain the progress and become an employer of choice.

This report summarises the findings of the WDES return 2022, covering the reporting period 2021-22. It outlines the Trust WDES performance across the ten metrics enabling a comparison of workplace and career experiences of disabled staff and non-disabled staff.

The report covers only those employed by the Trust, not bank staff. We have highlighted some key areas the Trust has made good progress in, and where it needs to accelerate progress in the future. To understand our progress, we have compared our performance with the previous reporting years and the national average (NHS England's WDES Report 2021). We have not reported on Metric 3 (capability) as there is no data to report.

The next step for us is to be innovative and bold about improvement and set specific goals by triangulating the WDES with other workforce strands including the WRES, Gender Pay Gap Report and Stonewall. To deliver our objectives, we will develop an Integrated EDI Strategy Action Plan, which will include specific actions and outcomes based on recommendations in this report.

What is WDES?



The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

NHS England publishes an annual WDES report on Trusts performance
[NHS England » Workforce Disability Equality Standard](#)

WDES National Report 2021 highlights



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.

Our WDES performance

2021-22

The Trust has made good progress in the following areas to advance disability equity.

8.3%

Trust staff have declared to have a disability compared with 3.7% nationally across all NHS trusts- an improvement of 1 percentage point since 2021.

90%

Disability declaration rate at SWLStG, compared with 78.7% nationally (source: WDES report 2021).

+ 2.9

Percentage points increase of staff with LTC/illness saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

- 6.9

Percentage points decrease of staff with LTC/illness experiencing harassment, bullying or abuse from patients / service users, relatives or the public.

- 5.6

Percentage points decrease of staff with LTC/illness experiencing harassment, bullying or abuse from managers.

- 8.9

Percentage points decrease of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Our WDES performance

2021-22

We must progress the following areas to advance disability equity.

2.5%

Difference between staff with LTC/illness and staff without LTC/illness experiencing harassment, bullying or abuse from patients / service users, relatives or the public .

X 2

Staff with LTC/illness are twice as likely to be experiencing harassment, bullying and abuse from their manager compared with those without LTC/illness.

X 2

Staff with LTC/illness are twice as likely to be experiencing harassment, bullying and abuse from other colleagues compared with those without LTC/illness.

- 4.1

Percentage points decline in staff with LTC/illness feeling satisfied with the extent to which their organisation values their work.

- 2.6

Percentage points decline in staff with LTC/illness who believe that their organisation provides equal opportunities for career progression or promotion.

- 2

Percentage points decline in the percentages of staff with LTC/illness saying the Trust has made reasonable adjustment.

0%

8% of our current workforce have a disability. However, 0% Board member has declared to have a disability.

Recommendations

**1**

Develop specific interventions to address harassment, bullying and abuse facing disabled staff.

2

Ensure Disabled staff have equity of access to personal development and career progression opportunities.

3

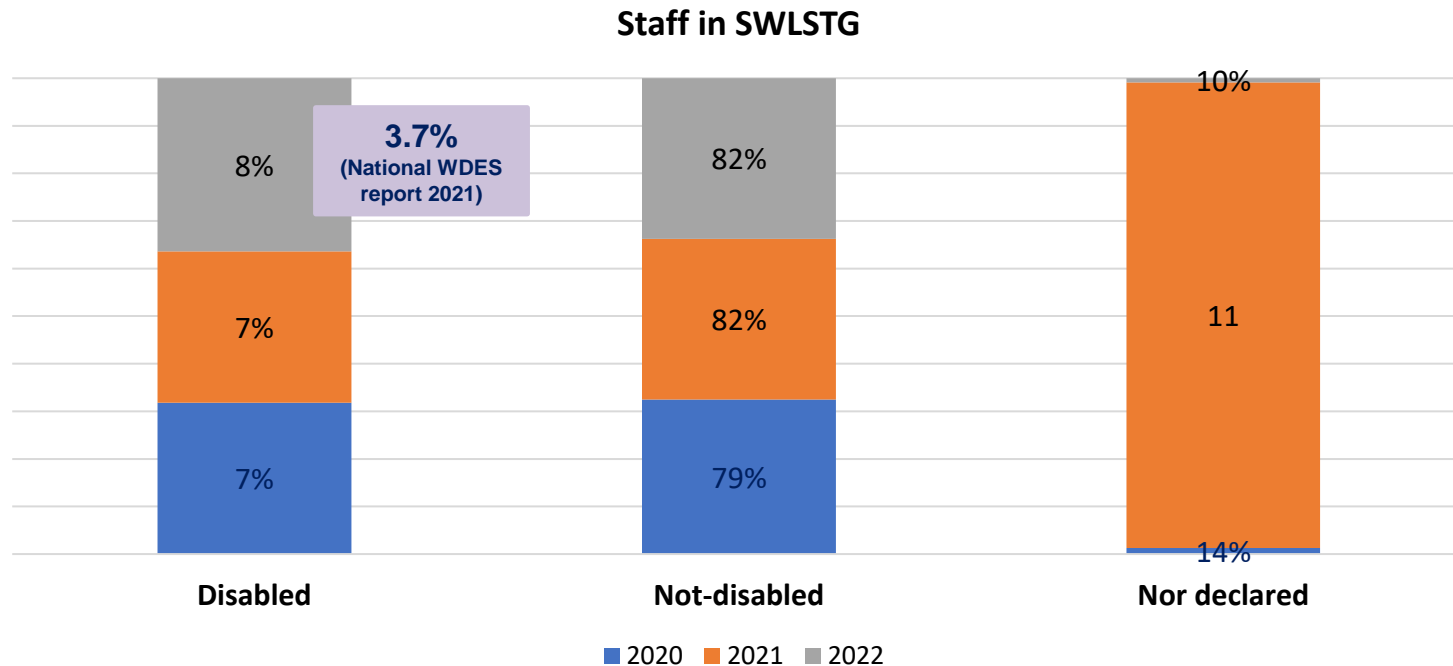
Implement and monitor the reasonable adjustment policy and measure outcomes.

4

Widen the scope of the data analysis beyond the WDES metrics/data for a better understanding of disability discrimination and the impact of Trust policies and practices on Disabled staff.

Key findings

WDES Metric 1: 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. (Workforce Data).

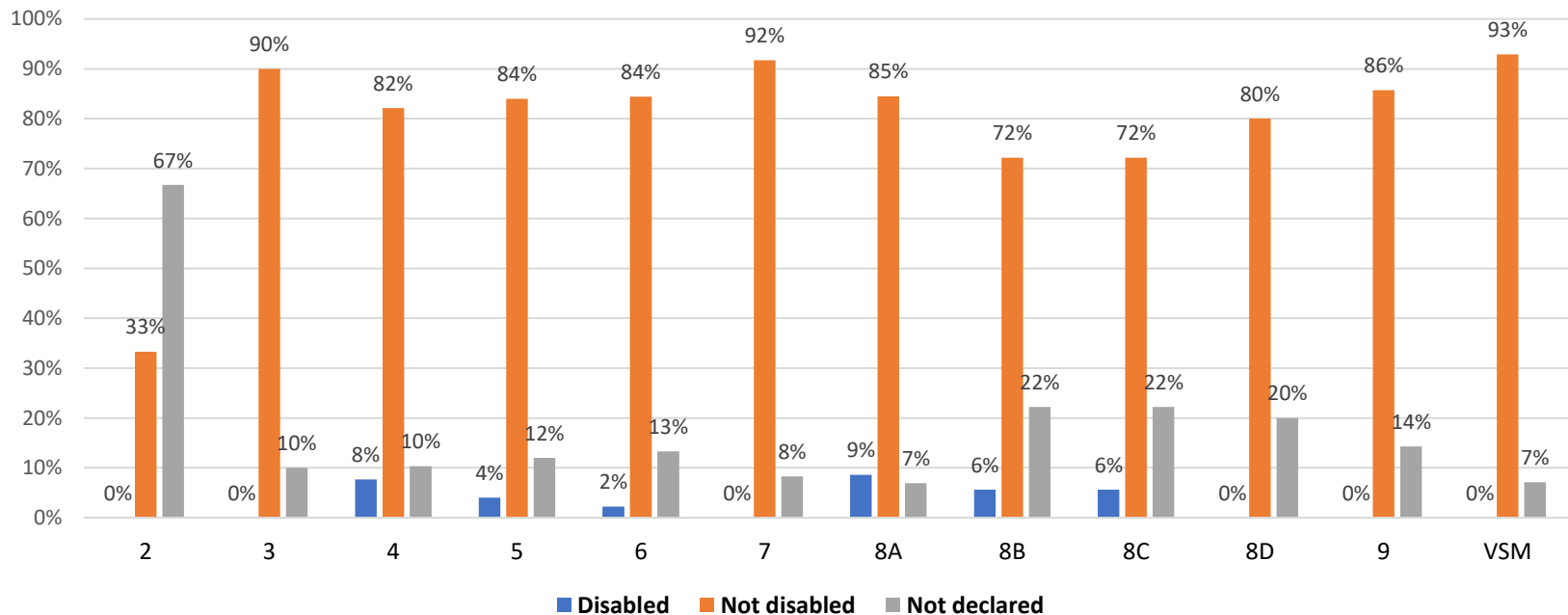


- Overall, the data shows an improvement in the percentages of Disabled staff in the organisation declaring a disability, with an increase from 7.2% in 2020/21 to 8.3% in 2021/22, compared with 3.7% national average across all NHS trusts. This increase is largely replicated across most pay bands. Although such a declaration rate is above average for NHS Trusts it is recognised that more work is required, as it is suggested that the proportion of the working age population with a disability is c.19% (ONS, June 2020).

Key findings

WDES Metric 1: 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. (Workforce Data).

Non-clinical staff by band as at 31 March 2022

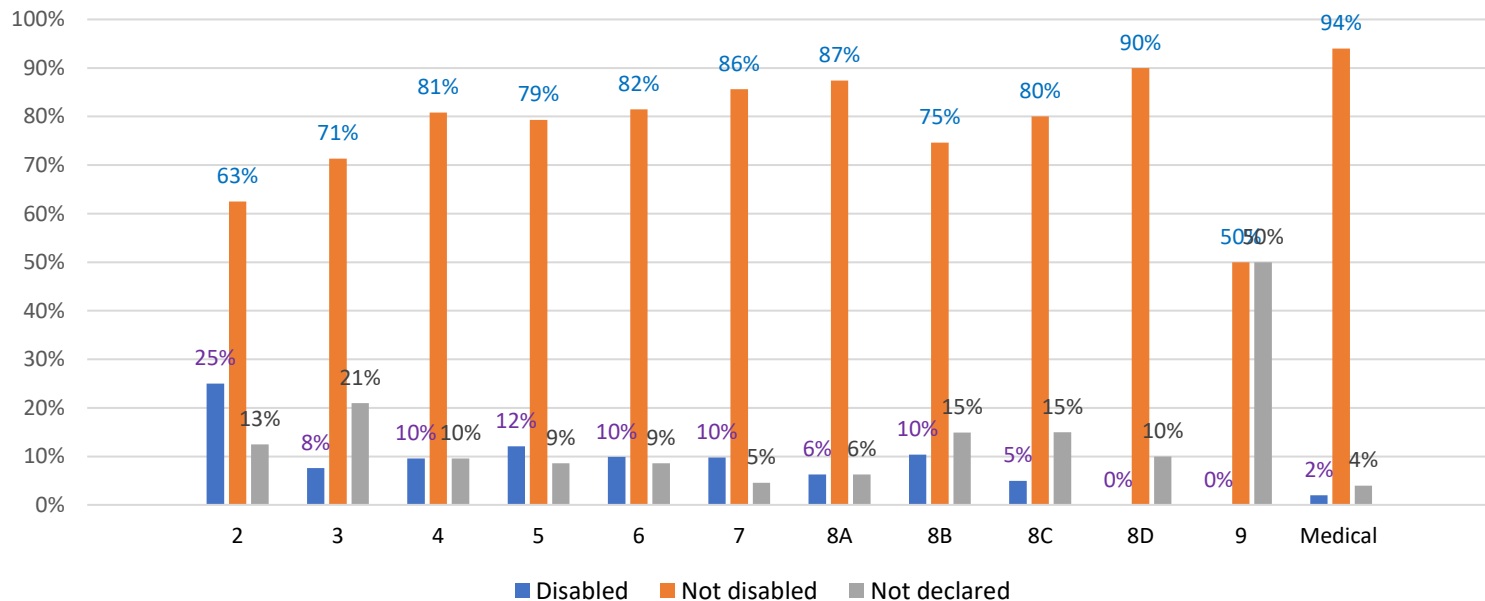


- The highest percentage of disabled staff in non-clinical service are in band 8a (9%), followed by bands 4 (8%) and 8b/8c (6%), but none in bands 8d-VSM or below 3 posts with a disability. This allows us to investigate how we attract disabled staff into our entry-level jobs, develop them, and offer the opportunity for career progression and promotion.

Key findings

WDES Indicator 1: 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. (Workforce Data).

Clinical staff by band as at 31 March 2022



- Some clinical services at SWLStG employ disabled staff (e.g. deaf staff) to work with deaf service users. The highest percentage of disabled staff in clinical services are in bands 2 (25%) followed by bands 5 (12%), 4/6/7/8b (10%), 3 (8%), 8a (6%), 8c (5%) but none in Bands 8d-VSM posts with a disability. This allows us to investigate how we develop our staff, and offer the opportunity for career progression and promotion.

Key findings

WDES Metric 1: 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. (Workforce Data).

Consultant	2020/21	2021/22
Disabled	3.39%	2.48%
Not disabled	89.83%	91.74%
Not declared	6.78%	5.79%

Trainee grade	2020/21	2021/22
Disabled	1.01%	1.08%
Not disabled	98.66%	96.77%
Not declared	0.34%	2.15%

Non-consultant (career grade)	2020/21	2021/22
Disabled	4.55%	5.26%
Not disabled	90.91%	89.47%
Not declared	4.55%	5.26%

The percentage of Disabled staff medical and dental sub-grounds is lower than the overall percentage of Disabled staff in the workforce (8.3%).

Key findings

WDES Indicator 2: Relative likelihood of non- Disabled staff being appointed from shortlisting compared to Disabled staff (Workforce Data) NB: Reverse Metric (inverse phrasing compared to the other metrics).

X 0.99

2019/20

X 0.72

2020/21

X 0.88

2021/22

- In 2021/22 non-disabled applicants were 0.88x less likely to be appointed than their disabled counterparts, which is more equitable compared to the 2020/21 ratio of 0.72X less likely. This means that in 2021/22 for every 100 disabled staff appointed only 88 nondisabled staff were appointed, suggesting that disabled applicants were more successful in securing employment than those without a disability.

Key findings

WDES Metric 4a (i): Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months.

	2019	2020	2021	Difference
Staff with a LTC/illness	42.8%	36.1%	29.2%	-6.9 (percentage points)
Staff without a LTC/illness	30.9%	29.7%	26.7%	-3 (percentage points)

- Our staff survey results show a year-on-year improvement in staff with LCT/Illness experiencing harassment, bullying, or abuse from patients / service users, relatives, or the public since 2019 from 42.8% to 29.2% which is below the national average of 32.2%. However, when compared with staff without a LCT/Illness, the results show a gap of 2.5%, which is also below the national average of 7.5%.

Key findings

WDES Metric 4a (ii): Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

	2019	2020	2021	Difference
Staff with a LTC/illness	22.8%	23.1%	17.5%	-5.6 (percentage points)
Staff without a LTC/illness	13.0%	10.1%	9.4%	-0.7 (percentage point)

- Our staff 2021 survey results show a significant improvement (5.6 percentage points) in staff with LCT/Illness experiencing harassment, bullying, or abuse from managers which is above the national average of 13.4%.
- *When we compare the experience of staff with LTC/illness with those without LTC/illness we see that those with LTC/illness are almost twice as likely to be experiencing harassment, bullying and abuse from managers compared with those without LTC/illness, which is comparable with the national average.*

Key findings

WDES Metric 4a (iii): Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

	2019	2020	2021	Difference
Staff with a LTC/illness	30.0%	27.9%	23.0%	-4.9 (percentage points)
Staff without a LTC/illness	17.2%	16.5%	12.4%	-4.1 (percentage points)

- Our staff survey results show a year-on-year improvement in staff experiencing harassment, bullying, or abuse from other colleagues since 2019. The 2021 results show the experience of staff with LTC/illness has improved from by 4.9 percentage points. However, this is still above the national average of 20.2%.
- *When comparing with staff without a LCT/illness, the result shows a significant gap of 11.4%, whereas the national average is 7.9%.*

Key findings

WDES Metric 4 (b): Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	2019	2020	2021	Difference
Staff with a LTC/illness	58.3%	56.4%	59.3%	+ 2.9 (percentage points)
Staff without a LTC/illness	58.3%	63.1%	62.3%	- 0.8 (percentage point)

- The 2021 results show more staff (2.9 percentage points) with LTC/illness, they or a colleague reported when someone experienced harassment, bullying and abuse at work, compared with the 2020 results. The result is comparable with the national average (59.4%).
- *When comparing with staff without a LTC/illness, the result shows a gap of 3%, whereas the national average is 1.6%.*

Key findings

WDES Metric 5: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

	2019	2020	2021	Difference
Staff with a LTC/illness	41.8%	43.5%	40.9%	- 2.6 (percentage points)
Staff without a LTC/illness	49.9%	49.4%	47.6%	- 1.8 (percentage points)

- The 2021 results show a decline in the percentage of staff, with or without a LTC/illness, who believe that their organisation provides equal opportunities for career progression or promotion compared with the 2020 results. These figures are significantly lower than the national average (54.4% with a LTC/illness and 60.2% without).
- *When comparing staff without a LTC/illness with staff without a LTC/illness, the result shows a gap of 6.7%, whereas the national average is 5.8%.*

Key findings

WDES Metric 6: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2019	2020	2021	Difference
Staff with a LTC/illness	30.1%	34.8%	25.9%	- 8.9 (percentage points)
Staff without a LTC/illness	21.2%	19.7%	18.2%	- 1.5 (percentage points)

- The 2021 results show an improvement in the percentages of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, compared with the 2020 results. We see a significant improvement in the staff with a LTC/illness (8.9 percentage points) than staff without (1.5 percentage points).
- The 2021 results also show that staff with and without a LTC/illness are significantly higher than the national average (20.8% with a LTC/illness and 14.7% without).
- *When comparing staff without a LTC/illness with staff without a LTC/illness, the result shows a gap of 7.7%, whereas the national average is 6.1%.*

Key findings

WDES Metric 7: Percentage of staff satisfied with the extent to which their organisation values their work.

	2019	2020	2021	Difference
Staff with a LTC/illness	41.7%	40.7%	36.6%	- 4.1 (percentage points)
Staff without a LTC/illness	49.4%	56.7%	46%	- 10.7 (percentage points)

- The 2021 results show a decline in the percentages of staff who have felt satisfied with the extent to which their organisation values their work compared with the 2020 results. We see a significant decline in the staff without a LTC/illness (10.7 percentage points) than staff with (4.1 percentage points). These figures of staff with and without a LTC/illness are lower than the national average (43.6% with a LTC/illness and 51.5% without).
- *When comparing staff without a LTC/illness with staff without a LTC/illness, the result shows a gap of 9.4% (improved from 16% in 2020), whereas the national average is 7.91%.*

Key findings

WDES Metric 8: Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work.

	2019	2020	2021	Difference
Staff with a LTC/illness	65.2%	76.4%	74.4%	- 2 (percentage points)
National average	76.9%	81.4%	78.8%	- 2.6 (percentage points)

- The 2021 results show a 2 percentage points decline in the percentages of staff with LTC/illness saying the Trust has made reasonable adjustment(s) to enable them to carry out their work, compared with the 2020 results. This figure is lower than the national average (78.8%).
- *The figures show NHS Trusts made good progress against this metric in 2020 but then declined in 2021 by 2 percentage points. However, SWLStG performance declined less compared to the national average (2.6 percentage points).*

Key findings

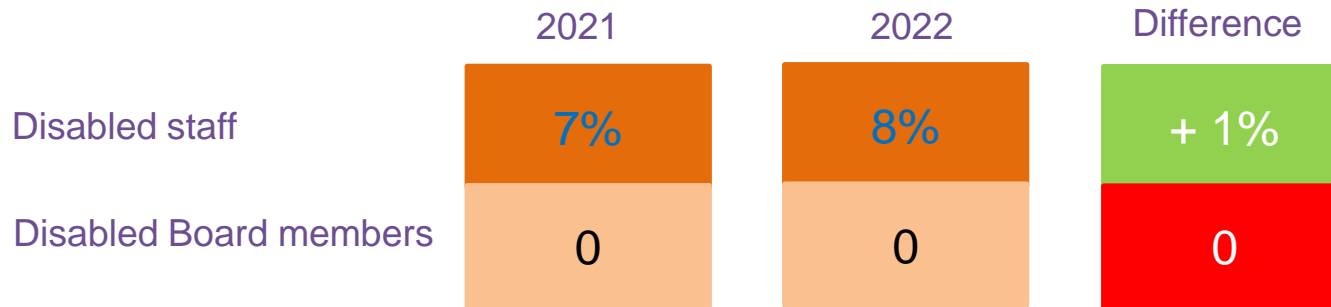
WDES Metric 9: The staff engagement score for Disabled staff, compared to non-disabled staff.

	2019	2020	2021	Difference
Staff with a LTC/illness	6.6	6.7	6.6	0.1
Staff without a LTC/illness	7.1	7.3	7.0	- 0.3

- The 2021 results show no change in the engagement score for Disabled staff, which is comparable with the national average of 6.7 out of 10.

Key findings

WDES Metric 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: (i) By voting membership of the Board, (ii) By executive membership of the Board



- 8% of the Trust's current workforce have a disability. However, no Board member has declared to have a disability.

How do we operationalise WDES?

You Cannot Be What You Cannot See

We will use a reflective model for improving disability equity in the workforce.

Awareness

WHAT?

What does the WDES data tell us?

What has improved and what has not improved?

What have we done?

Analysis

SO WHAT?

So what more do need learn about the WDES data?

So what action(s) must we take to improve disability equity?

So what makes WDES more important now than ever before?

Synthesis

NOW WHAT?

So now what could/must we do?

What will we do differently next time?

Appendix 1: WDES Indicators

Ref	WDES Indicator
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
4	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
4	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: ii. Managers iii. Other colleagues
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
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.
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.
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

Appendix 2: Progress against WDES Action Plan 2021/22

Staff networks

4; 5; 7; 9

The Trust has 3 disability related staff networks: [DiverseAbility](#), [Mental Health and Deaf](#). The networks are built by staff for staff. They aim to enhance the employee work experience and provide invaluable insights into how both Trusts can ensure equal opportunities are available to all employees. Through Staff Networks, employees can communicate and identify areas to enhance personal and professional development and provide feedback to both Trusts on strategies for engaging both Trusts' diverse workforce. The staff network chairs are great advocates of their members and staff voices and always raise related issues and conversations in meetings and with colleagues accordingly.

Staff had an opportunity to hear more about each staff networks' role, achievements and plans in a webinar organised to celebrate National staff Networks Day in May 2022. The Diverseability staff network also had a stand at Springfield Summer StreetParty.

Celebration and Awareness

7; 9

The Trust celebrated International Day of People with disabilities on 3 December 2021 with a webinar about 'the Importance of Self-Care' with emphasis on strategies, ideas, and encouragement on how to look after your wellbeing. The webinar offered a safe space for staff to share their lived experience, voice their stories and issues, and support each other.

The Trust also celebrated the following, amongst others, to create further awareness and offer support:

- World Mental Health - October 2022
- Black Maternal Mental Health Week – September 2022
- International day of Sign Languages – September 2022
- Maternal Mental Health Week – May 2022
- Time to Talk – February 2022
- London Great Mental Health Day – January 2022
- Healing our broken village - Black Mental Health Conference – October 2021 and 2022

Appendix 1: Progress against WRES Action Plan 2021/22 (cont)



<p>Disability Leave guidance</p> <p>In April 2022, the Trust launched its 'Disability leave guidance', which provides an explanation of the differences between 'disability leave' and 'disability-related sickness absence', while sharing good practice in providing further support to our staff. The guidance was reviewed by the staff networks members, staff side, EDI team and the EDI committee to ensure that our staff voices are represented. In addition, our DiverseAbility chair is meeting various teams to discuss this guidance with staff, and support managers accordingly.</p>	6-9
<p>Staff survey action plan</p> <p>Having carefully analysed the 2021 staff survey results, the Trust identified and is focusing on three key areas to make a real difference: (i) Looking after our colleagues, (ii) Learning and Development, and (iii) Equality, Diversity, and Inclusion</p>	1-10
<p>Equality and Engagement Leads</p> <p>Our E&E Leads are staff who have been nominated by their department to receive communications of key strategic priorities, updates, and good practice about EDI and Employee Engagement, and promote it with their teams/departments. They also highlight and address issues raised, whether in a ward department/community or corporate setting, while advocating on behalf of their colleagues.</p>	4; 5; 7; 9
<p>Calibre Leadership Programme</p> <p>Ashley Painter (DiverseAbility staff network Chair) and Lenka Novakova (Deaf staff network Chair) graduated from the Calibre leadership programme (a talent development and leadership programme for people who identify as neurodiverse or disabled, or who have a long-term physical or mental health condition) in May 2022.</p> <p>As part of their programme, Ashley and Lenka are working on disability-related projects (Ashley - 'Workplace health and wellbeing passport'; Lenka - 'Deaf professionals at SWLSTG'), presented them at the EDI Committee, and ensured commitment and support from the Board and ELT.</p>	2; 5; 7; 9

Appendix 1: Progress against WRES Action Plan 2021/22 (cont)



<p>Disability Confident Employer - Level 2</p> <p>The Trust carried out a self-assessment of our disability related work, gaps and next steps, and we were awarded a Disability Confident Employer certificate accreditation (and progressed to a Level 2) until January 2025. Disability Confident is a scheme that supports employers to make the most of the talents people with disabilities can bring to our workplace</p>	<p>2; 5-9</p>
<p>Mindful Employer</p> <p>The Trust successfully completed our Mindful Employer Charter review in 2022 as per requirement. The Charter is about recognising those employers who are working towards better mental health in the workplace, no matter where they are in their journey.</p>	<p>3-9</p>
<p>British Deaf Association</p> <p>The Trust signed the British Deaf Associate (BDA) Charter for BSL signed in 2017. The Charter sets out several key pledges to improve access and rights for Deaf people who use sign language.</p> <p>Deaf Network Chair meets with BDA lead regularly to discuss our commitment to Charter for BSL. BDA Lead wanted to carry out an informal audit of our work and gaps, however we were informed that BDA cannot carry such task as it would not meet their reason to do so.</p>	<p>4-9</p>
<p>Disability Declaration</p> <p>Our target for 2021-2022 was to increase declarations from 7% to 8% - This was achieved and surpassed as current deceleration rate is 8.3% (August 2022). This is higher than national NHS data, as the last national WDES report in 2022, indicated that 3.7% of staff working for NHS trusts have declared themselves Disabled on ESR</p>	<p>1-10</p>

Appendix 1: Progress against WRES Action Plan 2021/22 (cont)



<p>Covid</p> <p>Our Covid response plans ensured that staff was regularly updated on support available for health and wellbeing.</p> <p>Trust set up a Long Covid/post covid clinic delivered by Guys and St Thomas's</p> <p>Our OH provider. The service led by the Occupational Physiotherapy team provides holistic assessment for staff referred via OH and who have continued symptoms following Covid-19 infection.</p> <p>Support is available depending on the outcome of the assessment and may include self-management, therapeutic management, support for those on a phased return to work, signposting to specialist guidance, and where necessary recommendations for adjustments.</p>	<p>1-10</p>
<p>Health and Wellbeing</p> <p>Health and wellbeing (HWB) are included as part of the annual PADR (appraisal) process</p> <p>All staff can discuss their health and wellbeing annually as part of their individual performance and development review. The PADR online guidance notes highlights that the HWB section provides a space for individuals to talk about their wellbeing at work which includes reasonable adjustment support and flexible working.</p>	<p>6; 7; 9</p>