Workforce Disability Equality Standard Report 2020/2021

Contents

Introduction and Background

The Workforce Disability Equality Standard (WDES) has been commissioned by the NHS Equality and Diversity Council (EDC), and is mandated by the NHS Standard Contract. This restricts the WDES to NHS Trusts and Foundation Trusts for the first two years of implementation (2019/20 and 2020/21). The WDES is voluntary for CCGs and ALBs.

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 is a set of ten specific measures (metrics) that will enable NHS Trusts and Foundation Trusts to compare the career and workplace experiences of Disabled and non-disabled staff. This information will then be used by the organisations to develop local action plans, enabling them to demonstrate year on year progress against the indicators of disability equality.

The implementation of the WDES will support positive change for existing employees and enable a more inclusive environment for Disabled people currently working – as well as those wishing to pursue careers – in the NHS.

Summary

The report contains information in relation to our workforce and the NHS Workforce Disability Equality Standard (WDES). The WDES has ten metrics and this report is written in response to each of the 10 metrics. The WDES has nine standards and this report is written in response to each of the standards. Please note this year we do not have to report on Indicators 4-9a as part of the WDES submission as these are reported separately as part of the National NHS staff survey.

The report details the WDES workforce data and presents the information in a very visual format, particularly the Disabled/Non-Disabled employee ratios at each Band, the graphs are a visual representation and may be an appropriate way to share our information with our workforce and embed the actions in this plan.

The statistics within the report have been captured from the NHS ESR system and the calculations have been carried out manually by the ESR team. Indicators 4-9a has been extracted from the NHS staff survey dashboard.

1.0 Employee Disability in Workforce

1.1 Population demographics

The local population for the Sandwell and West Birmingham area has the disability and health breakdown as follows (2011 Census Data)

	Sandwell	West Birmingham
Day-to-day activities limited a lot	10.8%	9.0%
Day-to-day activities limited a little	10.1%	9.0%
Day-to-day activities not limited	79.1/%	82.0%
Total	**100%**	**100%**
Very Good Health	41.9%	45.6%
Good Health	34.8%	33.9%
Fair Health	15.6%	13.6%
Bad Health	5.9%	5.2%
Very Bad Health	1.8%	1.7%
Total	**100%**	**100%**

Our Trust workforce data below demonstrates the % distribution of Disabled and Not Disabled employees in 2020 and 2021. The data for us in 2021 reports Disabled staff % below that of the local population, however 22.5% of employees have not declared their disability status and therefore this may be a contributory factor in showing under the local population numbers. The data for 2021 shows a general deterioration over 2020 as there is a 3.6% increase in the number of staff who have not declared their disability.

	2020	**%**	**2021**	**%**
Disabled	202	2.8	199	2.7
Not Disabled	5642	78.3	5607	74.8
Not Declared	1363	18.9	1693	22.5

The most prevailing reason for non-discloser is fear of repercussion in the form of discrimination. It is felt by many that as a result of disclosing a disability, opportunities for career progression will be negatively impacted.

There are many barriers for disabled people to the workplace. These barriers can include: barriers to the application process, physical barriers to the interview, structural barriers to the organisation and offices, attitudinal barriers of the employees and management. In order to mitigate them we need to develop an awareness and understanding of these barriers.

The tables below demonstrate the Medical, Clinical and Non Clinical workforce % numbers as a total of the whole Trust total (headcount).

		2020	%	2021	%
Medical Workforce	Disabled	6	0.69	6	0.64
	Not Disabled	588	68.3	536	57.08
	Unknown	267	31.0	397	42.28
		2020	%	2021	%
Clinical Workforce	Disabled	131	2.0	127	2.80
	Not Disabled	3667	81.3	3612	79.67
	Unknown	711	15.8	795	17.53
		2019	%	2021	%
Non Clinical Workforce	Disabled	65	3.50	66	3.26
	Not Disabled	1387	75.5	1458	71.93
	Unknown	385	21.0	503	24.81

The table above shows that across all areas of the trust we have an increase in the number of staff who do not declare if they have a disability.

1.2 SWBH Workforce by Band

The graphs below demonstrate for Medical, Clinical and Non Clinical staff by Band. the proportion of the workforce who are Disabled, Not Disabled and Disability Not Declared in each of the Bands.

2020 - % Medical Staff - Disabled, not Disabled and Disability Unknown

2021 - % of Medical and Dental Staff - Disabled, Not disabled and Not Declared
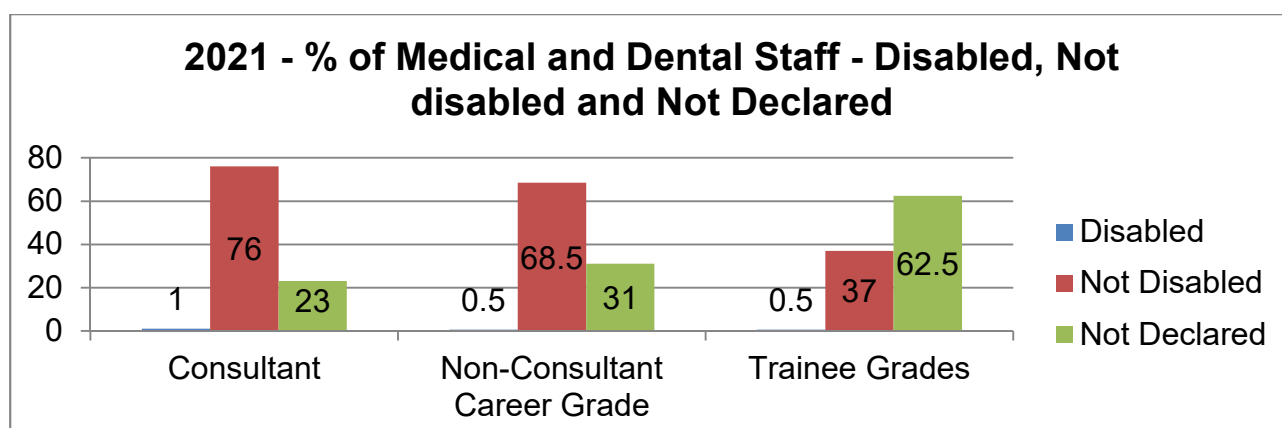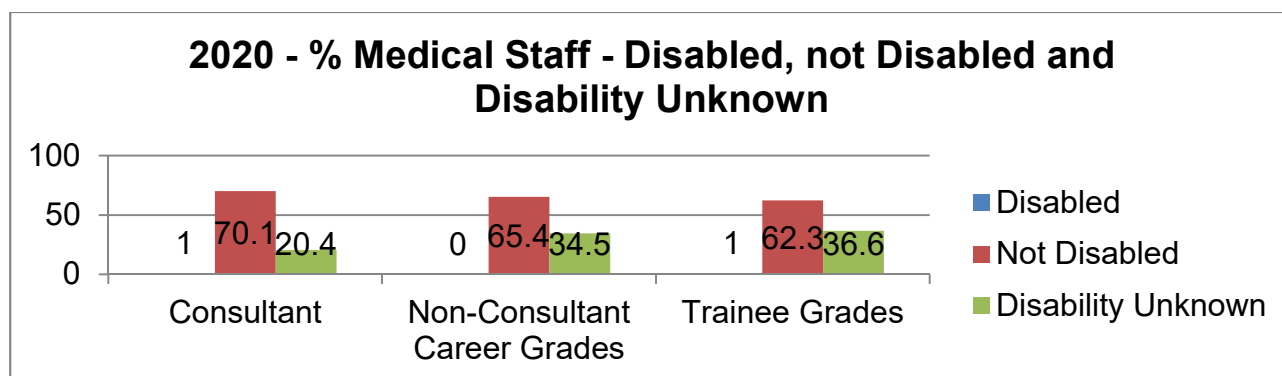
The table above shows the increase in the number of Medical and Dental staff who do not declare a disability has increased the greatest for trainee grades which show a 25.9% increase over the last 12 months.
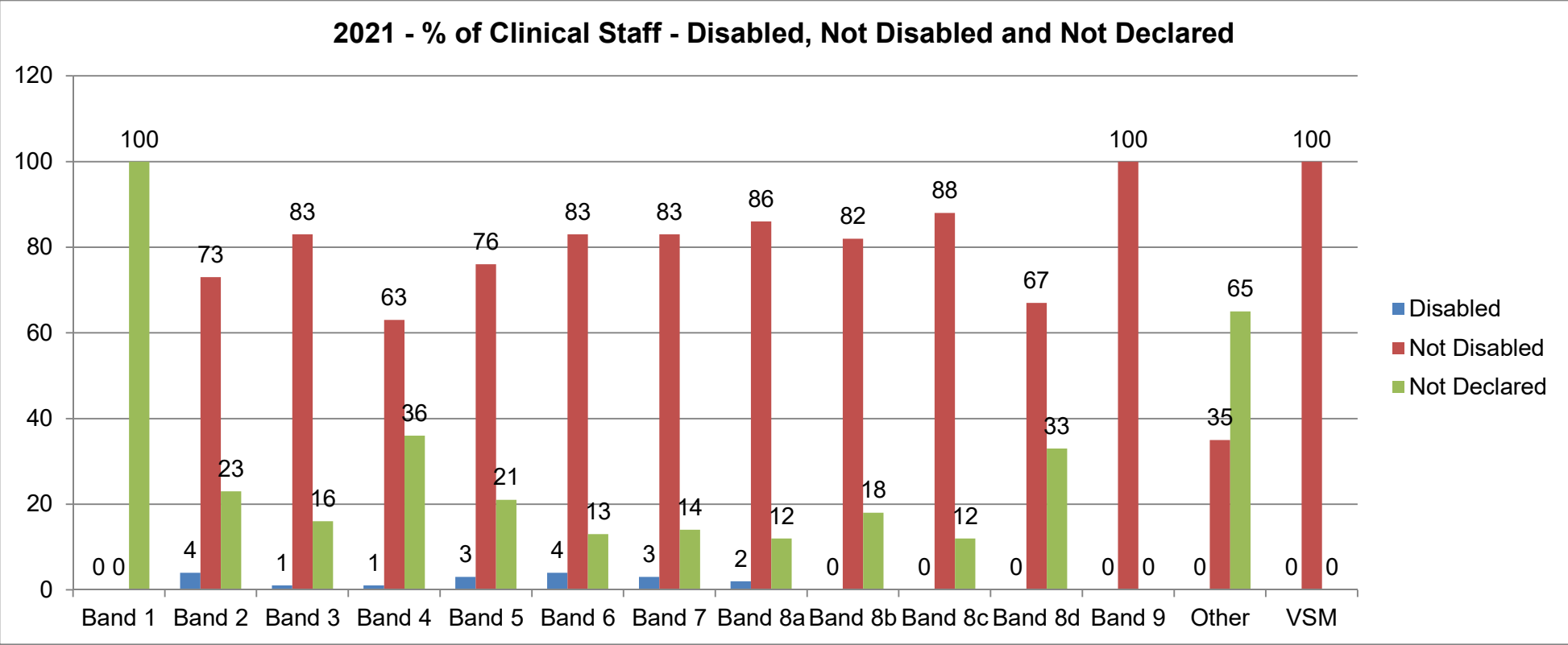
2020 - % of Clinical Staff - Disabled, Not Disables and Disability Unknown

Band	Disabled	Not Disabled	Disability Unknown
Band 1	0	33.3	66.7
Band 2	2.5	77	20.5
Band 3	1.9	79.3	18.8
Band 4	1.3	87.2	11.5
Band 5	3.7	80.5	15.8
Band 6	3.5	84.2	12.3
Band 7	2.9	81.8	15.3
Band 8A	2	84.3	13.7
Band 8B	0	83.9	16.1
Band 8C	0	75	25
Band 8D	0	75	25
Band 9	0	100	0
VSM	0	100	0

2021 - % of Clinical Staff - Disabled, Not Disabled and Not Declared
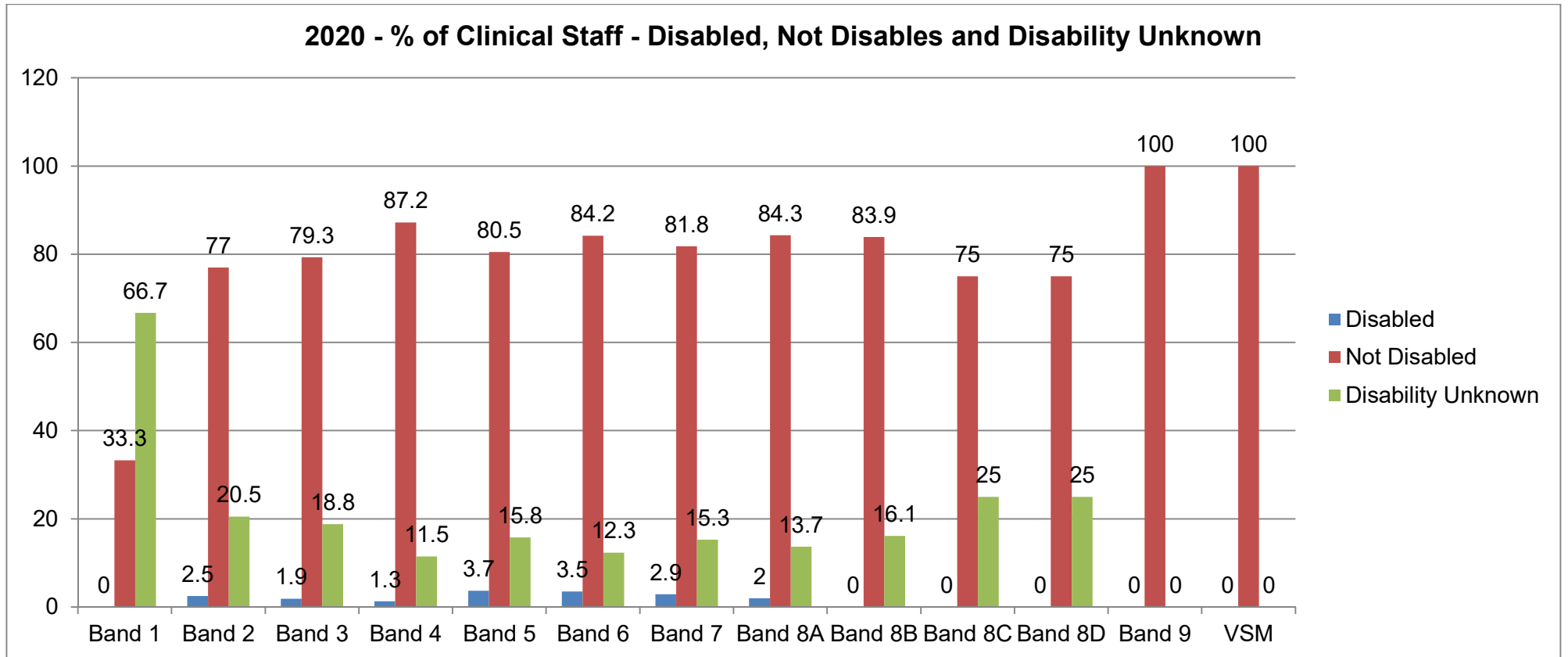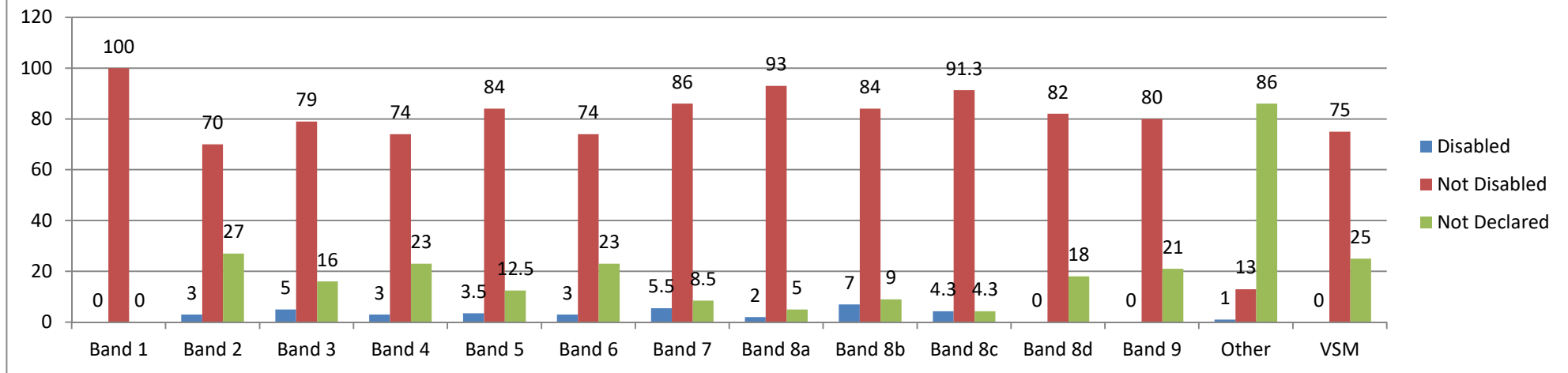
The table above shows the increase in the number of Clinical staff who do not declare a disability has increased across all bands except bands 3, 8A and 8D over the last 12 months.

2020 - % of Non Clinical Staff - Disabled, Not Disabled and Disability Unknown

Band	Disabled	Not Disabled	Disability Unknown
Band 1	0	50	50
Band 2	3.8	69.5	26.7
Band 3	4.3	79.4	16.3
Band 4	3	75	22
Band 5	4.1	82.1	13.8
Band 6	2.7	79.3	18
Band 7	3.2	90.5	6.3
Band 8A	1.9	90.4	7.7
Band 8B	5.4	86.5	8.1
Band 8C	4.8	85.7	9.5
Band 8D	0	77	23
Band 9	0	100	0
VSM	0	62.5	37.5

2021- % of Non CLinical Staff - Disabled, Not Disabled and Not Declared

| Band	Disabled	Not Disabled	Not Declared
Band 1	0	100	0
Band 2	3	70	27
Band 3	5	79	16
Band 4	3	74	23
Band 5	3.5	84	12.5
Band 6	3	74	23
Band 7	5.5	86	8.5
Band 8a	2	93	5
Band 8b	7	84	9
Band 8c	4.3	91.3	4.3
Band 8d	0	82	18
Band 9	0	80	21
Other	1	13	86
VSM	0	75	25

9
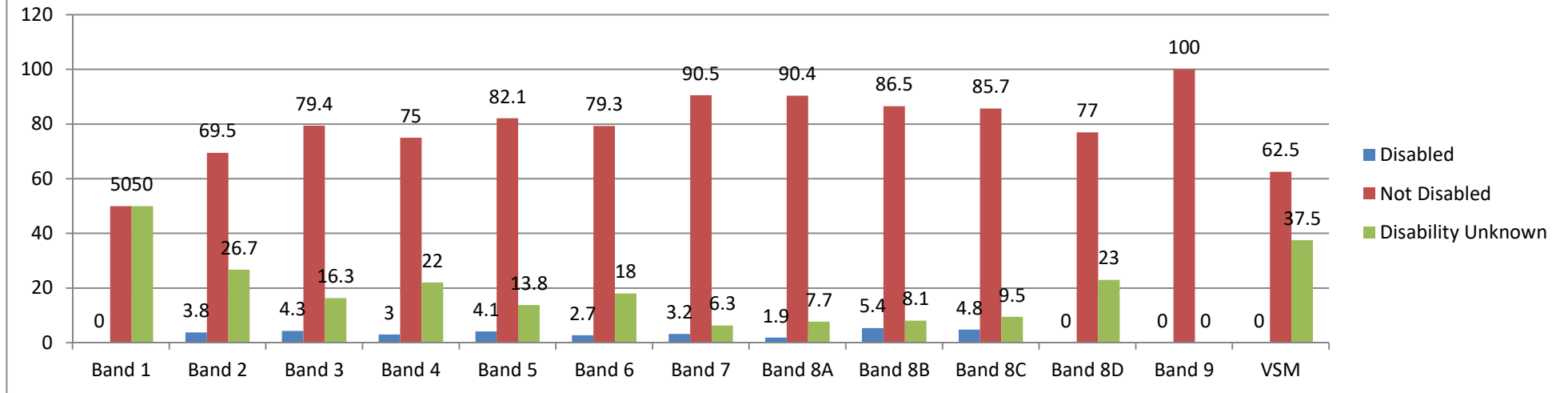
The tables above shows the increase in the number of Non Clinical staff who do not declare a disability has increased across all bands except bands 3, 5, 8A, 8B, 8C and 8D over the last 12 months. This shows that non clinical staff are more likely to declare a disability than clinical or medical staff.

2.0 Recruitment of Disabled Employees

This section describes the relative likelihood of staff being appointment from shortlisting across all posts.

The table below demonstrates the number of candidates who applied, were shortlisted and appointed by Disabled, Not Disabled and Disability Unknown in 2019 and 2020.

2020 - Number of Shortlisted and Appointed Candidates

2021 - Number of Shortlisted and Appointed Candidates
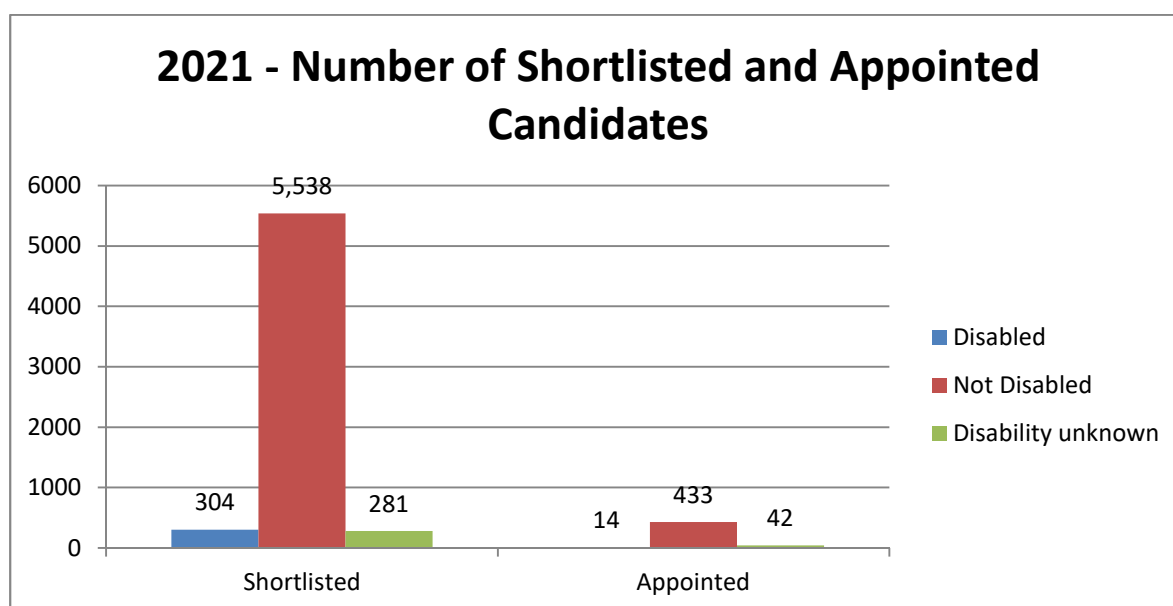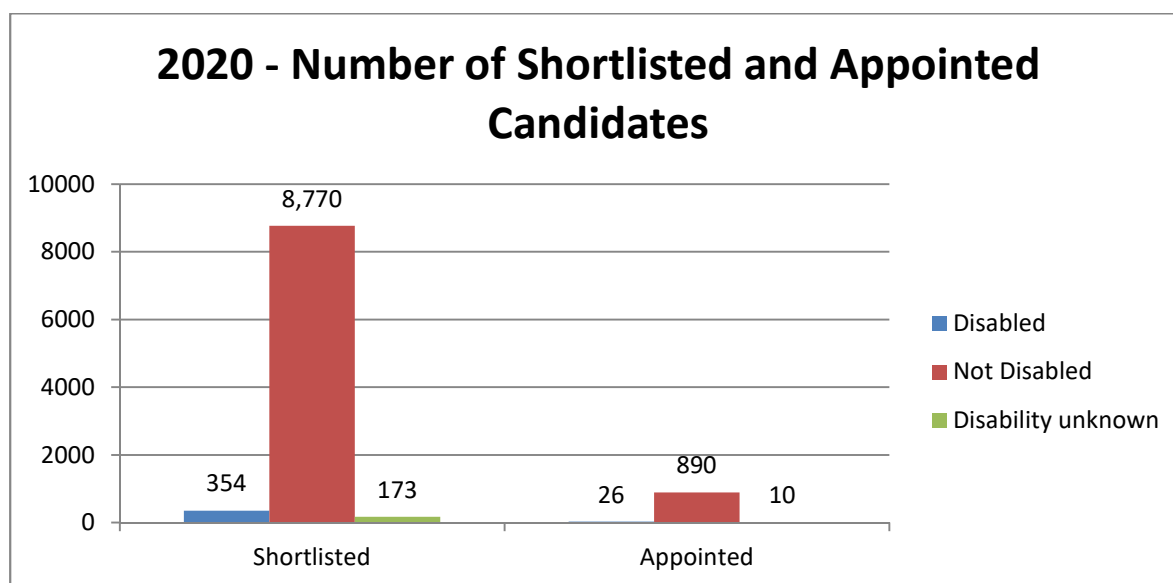
The data for 2020 showed that non-disabled candidates are 1.38 times more likely than disabled candidates to be appointed. The data for 2021 shows that non-disabled candidates are 1.70 times more likely to be appointed than disabled candidates this is an increase of 0.32 times.

3.0 Formal Capability Process

Our data shows that there were a total of 8 capability cases during the 2 years of 2019 and 2020 of which only 1 declared a disability, 3 declared no disability, and there were 4 cases where the disability status was undeclared.

Therefore the relative likelihood of Disabled staff entering formal capability processes compared to non-disabled staff is 9.39

4.0. Harassment, bullying or abuse

Staff with a long term standing health condition or illness experiencing harassment,bullying or abuse;
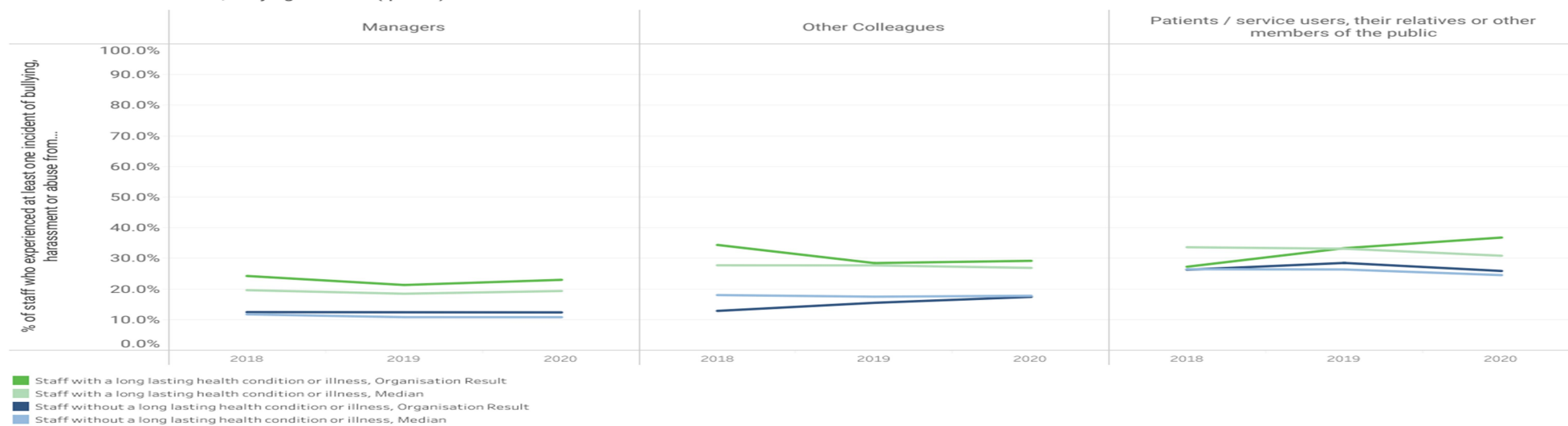
from managers has increased from 21.3% in 2019 to 23.0% in 2020

from other colleagues had increased from 28.% in 2019 to 29.2% in 2020

from patients, service users, their relatives or members of the public has increased from 33.3% in 2019 to 36.8% in 2020.

The Trust has introduced a Cultural Ambassador programme and trained its first cohort of ambassadors during 2021, they will be involved in any harrasment and bullying cases to ensure that no discrimination or bias is evident.

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 4a: Harassment, bullying or abuse (q13a-c)

Staff with a long lasting health condition or illness, Organisation Result
Staff with a long lasting health condition or illness, Median
Staff without a long lasting health condition or illness, Organisation Result
Staff without a long lasting health condition or illness, Median
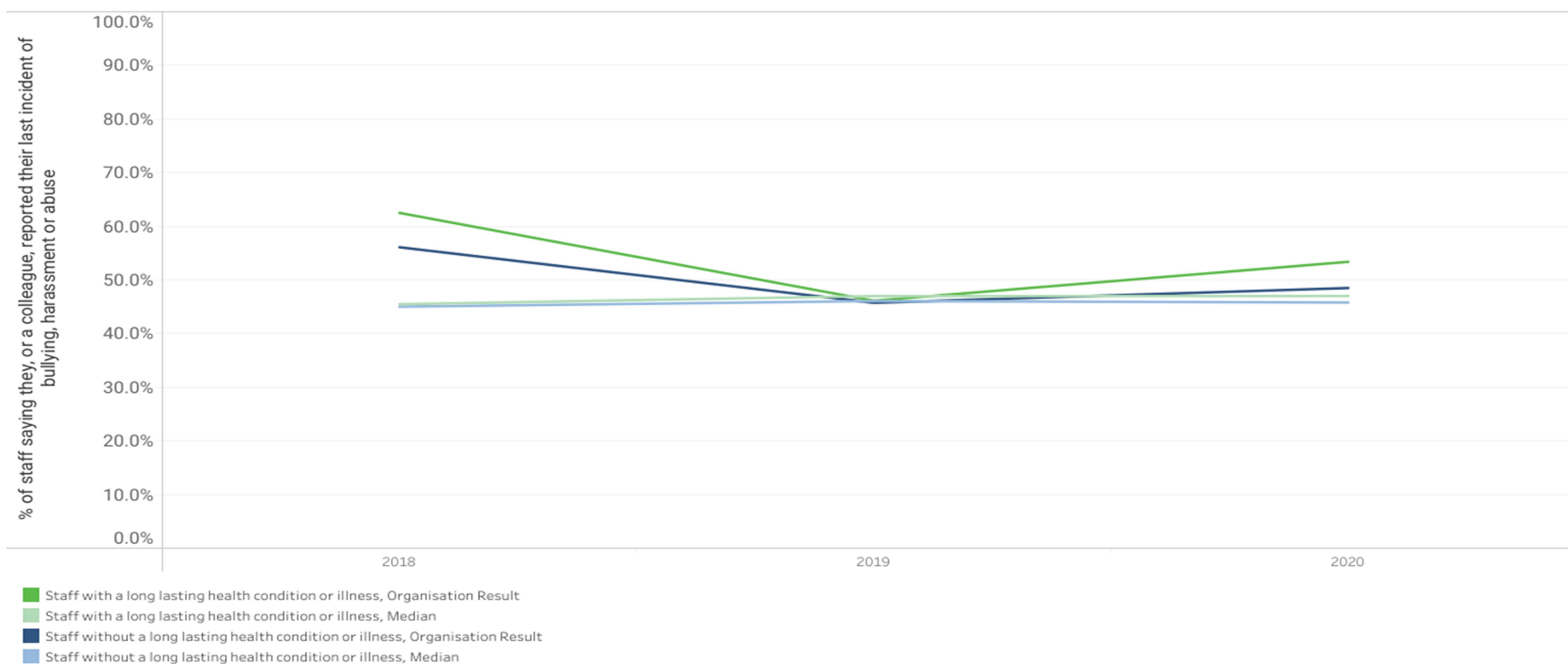
4.1 Reporting harassment, bullying or abuse

The number of staff with a long standing health condition or illness who have reported harassment, bullying or abuse has increased from 46.1% in 2019 to 53.4% in 2020

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 4b: Reporting harassment, bullying or abuse (q13d)

■ Staff with a long lasting health condition or illness, Organisation Result
■ Staff with a long lasting health condition or illness, Median
■ Staff without a long lasting health condition or illness, Organisation Result
■ Staff without a long lasting health condition or illness, Median

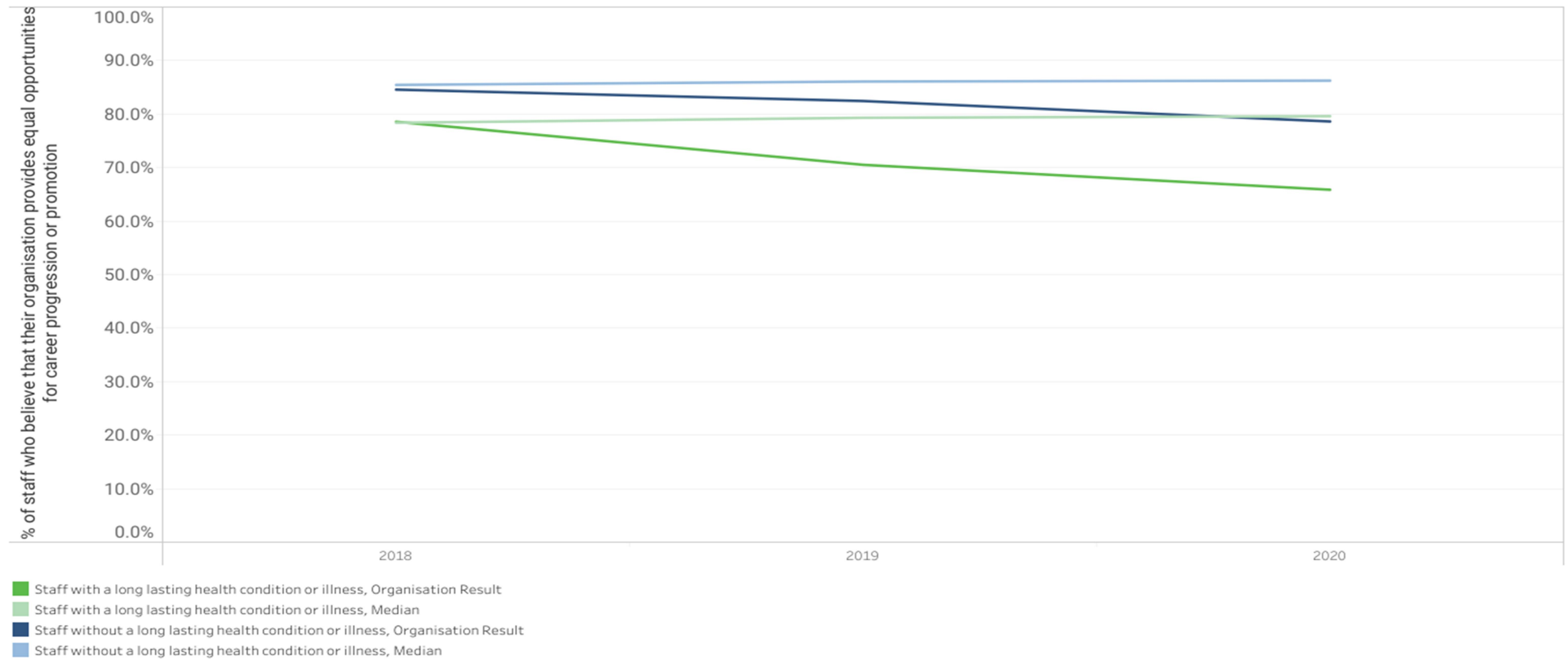## 5.0 Equal opportunities for career progression / promotion

The number of staff with the long standing health condition or illness who believe that they are provided equal opportunities for career progression or promotion has decreased from 70.5% in 2019 to 65.9% in 2020.

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 5: Equal opportunities for career progression/promotion (q14)

- Staff with a long lasting health condition or illness, Organisation Result
- Staff with a long lasting health condition or illness, Median
- Staff without a long lasting health condition or illness, Organisation Result
- Staff without a long lasting health condition or illness, Median

## 6.0 Experiencing pressure from your manager to attend work when unwell

The number of staff with a long standing health condition or illness who felt pressure from their manager to come to work despite not feeling well enough to perform their duties increased from 36.1% in 2019 to 40.4% in 2020. During 2021 we introduced a well-being hub which is open to all staff members. We also started to deliver Yoga and Meditation sessions. We have also introduced working from home or hybrid working in order to improve staff work life balance and improve sickness levels.

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 6: Experiencing pressure from your manager to attend work when unwell (q11e)

Legend:
- Staff with a lon..
- Staff without a ..
- Staff with a lon..
- Staff without a ..
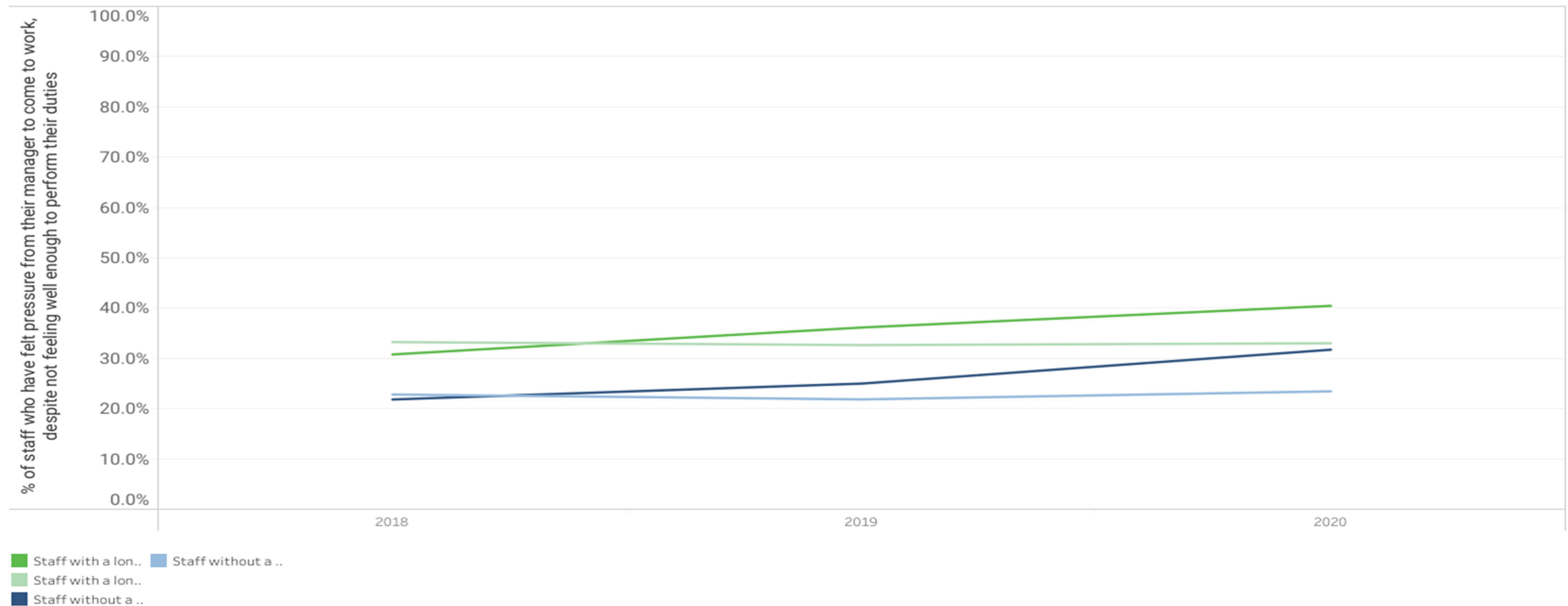
## 7.0 Staff satisfaction with the extent work is valued by the organisation

Staff with a long standing health condition or illness who were satisfied with the extent that the organisation values their work has decreased from 33.0% in 2019 to 31.0% in 2020.

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 7: Staff satisfaction with extent work is valued by organisation (q5f)
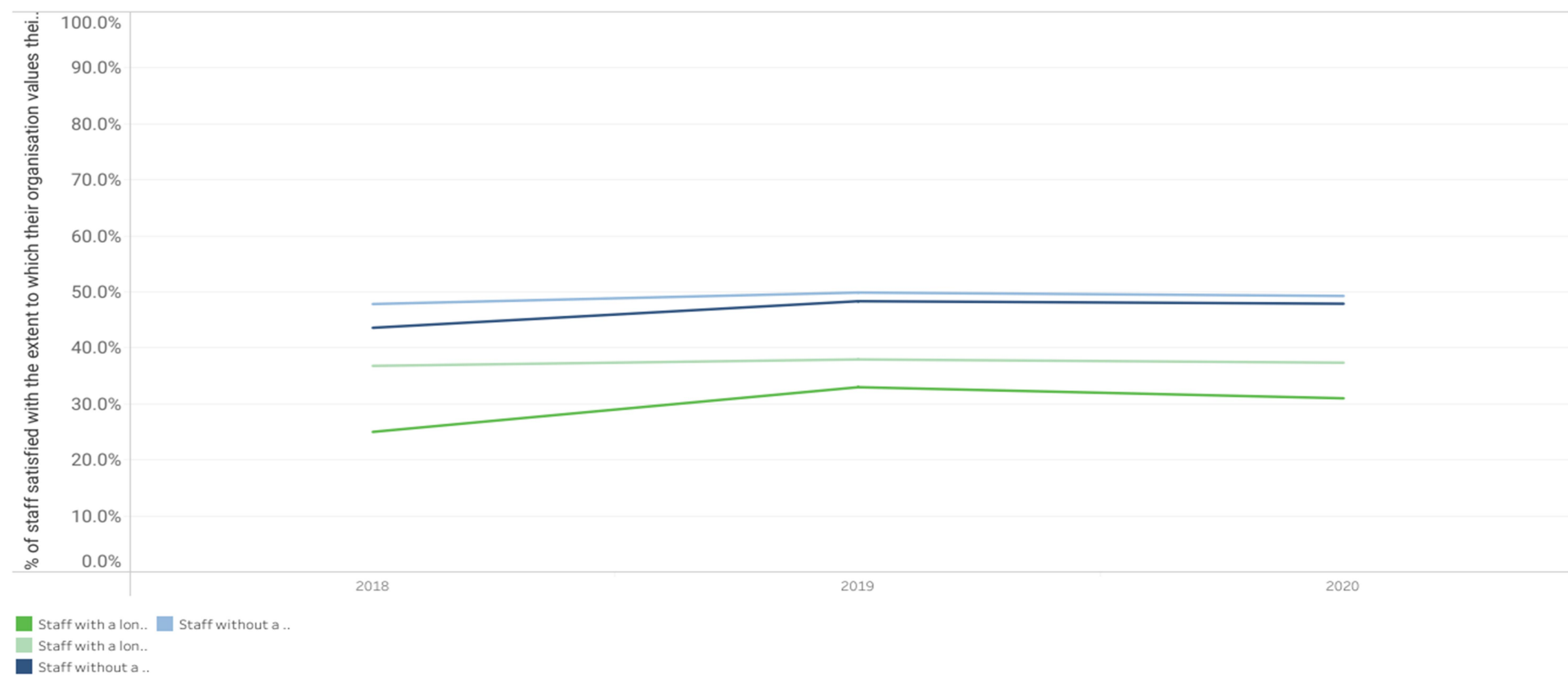
8.0 Adequate adjustments made for staff with a long term condition or illness

The number of staff with a long standing health condition or illness who said their employer has made adequate adjustments to enable them to carry out their work has increased from 69.6% in 2019 to 70.9% in 2020.

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 8: Adequate adjustments made for staff with a long term condition or illness (q26b)
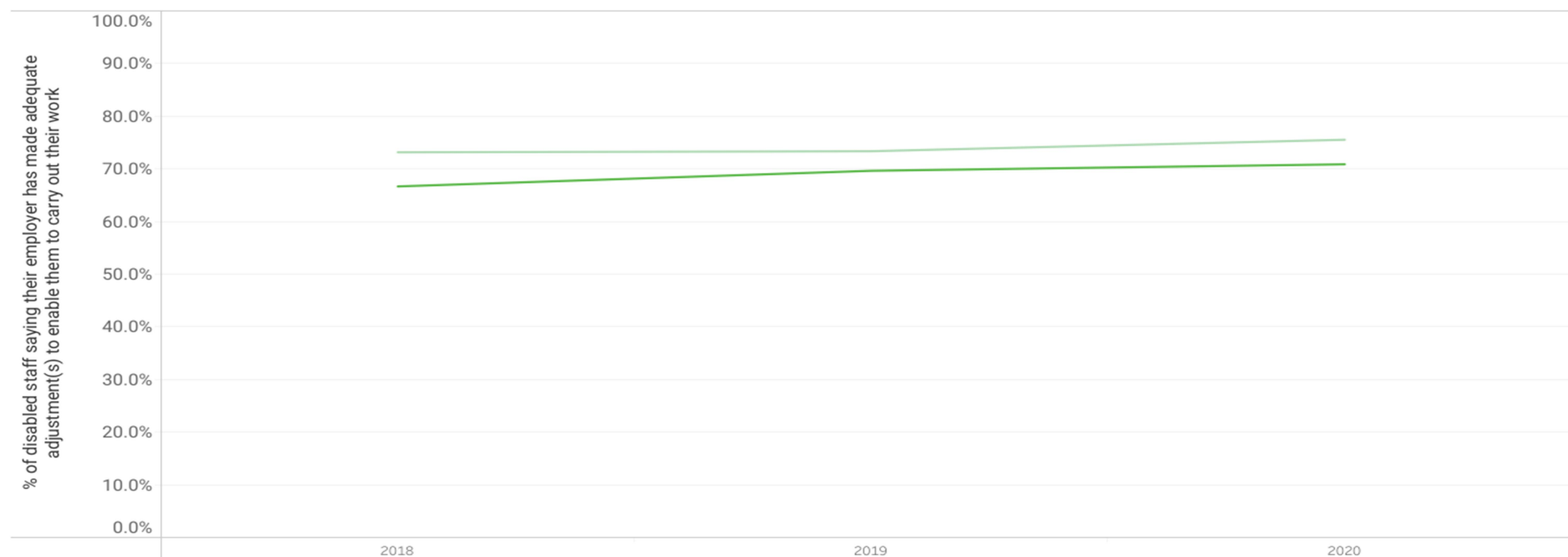
Staff with a long lasting health condition or illness, Organisation Result
Staff with a long lasting health condition or illness, Median
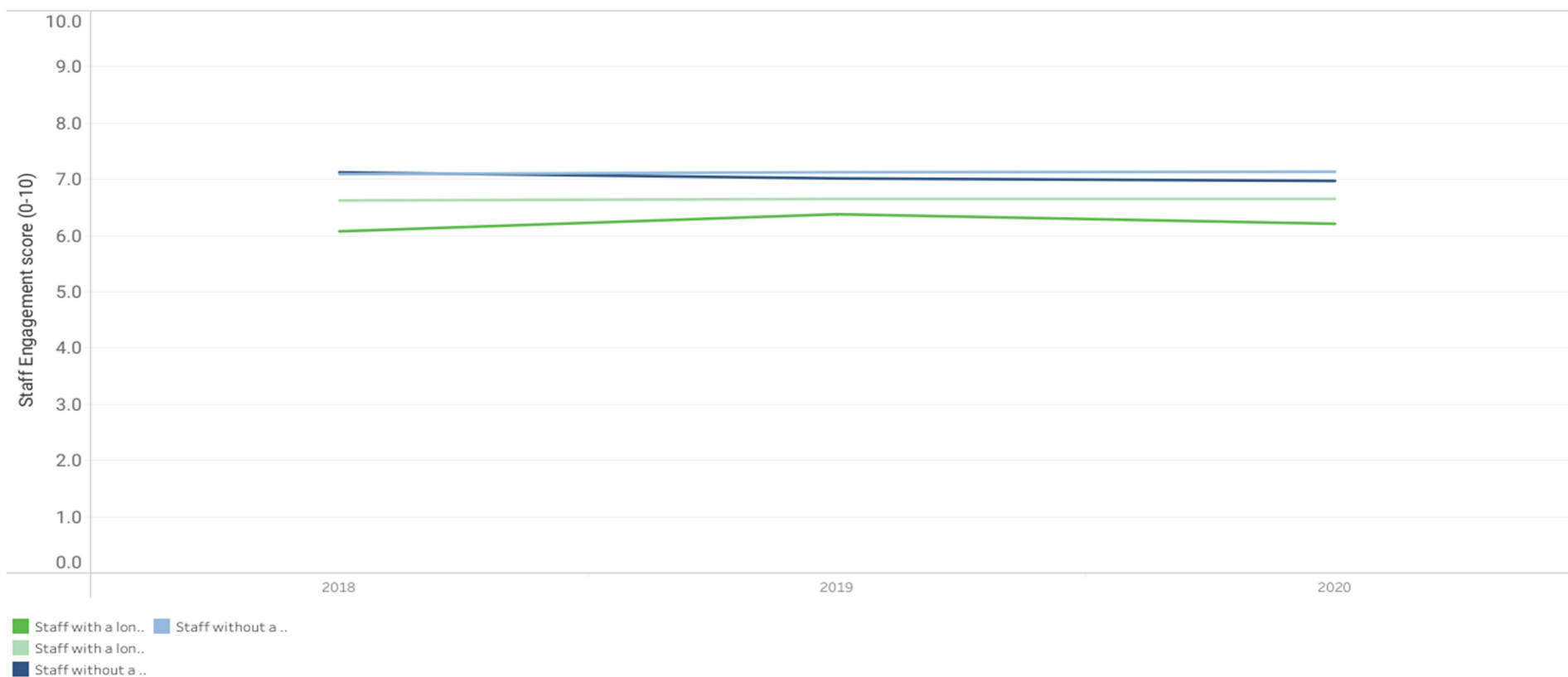
9.0 Staff engagement

Staff engagement has reduced to 6.2 in 2020 from 6.4 in 2019

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WDES indicator to view:
Indicator 9a: Staff Engagement

Legend:
- Staff with a lon..
- Staff without a ..
- Staff with a lon..
- Staff without a ..

10.0 Board Representation

We have a total of 18 board members, 12 voting members of the board and 11 executive members none of our board members declared a disability in both 2020 and 2021.

10.1 Staff networks

The People who work for the NHS are its greatest asset and when they feel supported and happy in work this positivity reaches those very people we are here for – the patients.

 In our Trust we are committed to creating a more diverse and inclusive organisation, ensuring that we harness the talents of all our staff fully.

One of the ways we try to support this is through the development of specific staff networks that contribute to addressing and solving problems for all under-represented and disadvantaged groups and individuals within our organisation.

We have four staff networks:

- Black and Minority Ethnic (BME) network
- Lesbian, Gay, Bisexual and Trans+ (LGBT+) network
- Disability and Long Term Conditions Staff Network
- Muslim Liaison Group

We believe our staff networks offer a place for staff to come together, share experiences and facilitate learning and development. Networks assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues relating to each network.

Our staff networks will support a fairer and more diverse NHS for everyone. They will:

• Tackle issues for underrepresented and disadvantaged groups and individuals

• Offer a place to come together, share experiences and facilitate learning and development

• Help shape and deliver our organisational strategy and policy

• Improve the staff experience on specific issues relating to each network.

11.0 What we have done so far:

Actions taken to facilitate the voices of disabled people

In order for the Trust to facilitate the voices of Disabled staff in the organisation to be heard we have a Disability and long term conditions staff network group. This

network is open to all employees of the Trust who self-define as disabled, or have a long term health condition. Staff are also welcome to join the network as allies.

Our informatics team are currently working on making our Unity system more adaptable for staff members who have disabilities.

We are planning to implement Dragon software for Neurodiverse colleagues within the next 12 months.

Cultural Ambassadors

We have introduced Cultural ambassadors into the organisation who are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving ethnic minority staff.

With evidence showing that ethnic minority nursing staff in the NHS are over-represented in such processes, and as a result more likely to face sanctions, the role is supporting the organisations to make crucial changes and tackle racial discrimination.

In June 2021 we trained our first cohort of 14 cultural Ambassadors. The primary aim of the Cultural Ambassador is to address the disproportionate impact of BAME staff entering informal and formal Processes: The programme is aimed directly at WRES, WDES data to:

- Reduce the number of BAME staff disproportionately affected by the employment relations process
- Improve the experience of BAME staff whilst in the informal or informal processes
- Improve the experience of BAME applicants in the recruitment and selection process.

Disability and Long Term Conditions Staff Network

The Disability and Long Term Conditions (DLTC) Staff Network is a group of individuals from across the Trust who self-identify as having a Disability or Long Term Condition. The aim of the network is to promote equality and inclusion for Staff with a disability or long term condition and to assist the Trust deliver better services for all, both staff and patients. We want to improve the working lives of staff that have a disability or long term condition by empowering them to speak up about personal experiences and to highlight the areas of improvement and the areas of good practice within the Trust allowing all staff to bring their whole selves to work will benefit both our colleagues and our patients.

Raising Awareness

In partnership with the Black Country & West Birmingham ICS, we have delivered a number of Education & Awareness Events in 2021 (March, April and May) this includes:

- Gas lighting and Macroaggressions sessions
- How to be an effective ally workshops

Just and Learning Culture and Workplace Civility

A just culture is a culture of trust, learning and accountability. It is about how we create psychological safety by giving people the confidence to raise issues and enable learning from things that go wrong, but also holding people to account for undesirable performance or conduct.

We are committed to implementing a culture where patient safety is improved and our staff feel more secure in decisions they make. We know that creating a safe and transparent environment encourages reporting of mistakes and hazards and ultimately improves the care we provide to our patients.

As part of our journey towards transforming our culture and improving staff experience we are working on embedding just and learning principles within our HR processes. There are four key areas of focus within this programme of work:

- Transforming our policy and practice
- Communication, awareness, training and culture change
- Wellbeing support for staff going through formal processes
- Board oversight and assurance

A draft framework has been developed aligned to just and learning principles and is in the process of being piloted within two Groups. The findings of this pilot will inform the implementation of the four core areas identified above.

As part of this programme of work we will also explore how we create a culture of civility and respect and how this is embedded within the work that we are undertaking around the development of our values and behavioural framework as well our new leadership framework (aligned to the proposed 6 domains of our new people plan).

11.0 Trust Action Plan 2020/21 -This work be will feed into our wider EDI action plan with leads and timelines included

WDES Action plan		Date: August 2021			
WDES Action point	**Action**	**Who**	**Date**	**Status**	**Comments**
2	CIU to ensure that all protected characteristic data is captured.	CIU Lead	Dec - 21		Not yet started
3	Monitor the data for Metric 4 through the WDES to ensure that there is no increase in bullying or harassment.	EDI Team/ CIU Lead	Jan - 21		In Progress
4	Raise awareness of the support offered by the Disability and long Term condition staff network.	Network Lead	Oct -21		In Progress
5	Develop a photo exhibition / poster campaign to celebrate and acknowledge the diversity of staff and	Exec lead for Comms / EDI Team	Dec-21		Not yet Started

WDES Action plan		Date: August 2021				
	role model diverse leadership at different levels.					
6	To provide information through Lunch and Learn session to ensure conversations re: sickness is supportive and follows a process to ensure reasonable adjustments are discussed, change in working hours etc.	EDI Team / Disability and Long Term Conditions Staff Network chair	Jan -22			Not yet Started
7	Monitor board data through the WDES	EDI Team	Oct -21			In Progress