Workforce Disability Equality Standard Report 2021/2022

Contents

Introduction and Background

• The Workforce Disability Equality Standard (WDES) is a mandated evidence-based standard that aims to help improve the experiences of Disabled staff in the NHS.

• The ten WDES metrics enable NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff.

• The WDES is mandated by the NHS Standard Contract.

• NHS and Foundation trusts are required to publish a WDES annual report, which should contain a report that sets out the organisation's data for each metric.

A WDES action plan, will set out how we will address the differences highlighted by the metrics data in the forthcoming 12 months.

We will also provide narrative on what progress has been made in delivering the objectives detailed in their 2021 WDES action plan. •

Our Trusts must publish the 2022 WDES Annual reports on our website by 31 October 2022.

Summary

• The purpose of the WDES is to improve the workplace and career experiences of Disabled staff working in and seeking employment in the NHS and build on progress achieved in the first three years (2019 - 2021).

• The WDES 2021 Data Analysis Report provides key findings highlighting inequalities between the experiences of Disabled and non-disabled staff across all 10 metrics.

This demonstrates the case for trusts to continue in 2022 to take urgent action to create an inclusive and diverse leadership; reduce bullying and harassment; improve recruitment of a diverse workforce; and improve the retention of Disabled staff.

• The WDES mandates all trusts to build on progress made in 2021 and outline the steps the organisation will take to improve the experiences of Disabled staff in their 2022 WDES action plan.

• The WDES aims to foster a better understanding of the issues faced by Disabled staff and the inequalities they experience compared to non-disabled colleagues.

• All Trusts will be able to look at key areas highlighted by their metrics data and will enable them to compare performance on a national, regional, trust type and size basis.

• The WDES will aid trusts to consider Disabled staff representation at all levels throughout the organisation and identify any barriers that stand in the way of career progression.

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) The data from the 2021 Census has not yet been fully released.

	Sandwell	West Birmingham
Day-to-day activities limited a lot	10.8%	9.
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 shows the % distribution of Disabled and Not Disabled employees in 2021 and 2022. 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. .

	2021	%	2022	%
Disabled	199	2.7	232	3
Not Disabled	5607	74.8	5528	72.8
Not Declared	1693	22.5	1829	24.1

There appears to be a significant number of non-declarations on disability status for 2022 that has increased since 2021.

This is not only evident in our organisation.

Research shows that fifteen percent of all NHS staff choose not disclose their disability status on whether they have a disability or not. [2]

During our annual National Inclusion Week events the disability staff network will distribute pamphlets and give information to attendees about the importance of declaring disability status and updating their ESR profile concerning their protected characteristics.

Statistics show 3.5% of NHS staff identify as disabled on the NHS formal record system however in the Staff Survey 19% identified as disabled. This may be because staff do not feel able to tell the NHS they are disabled due to stigma and discrimination. [1] If the EDI team and staff networks work with key stakeholders to promote that we are an inclusive employer by posters in primary areas promoting this, and also by videos showing disabled staff case studies during meetings and QIHD sessions.

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

		2021	%	2022	%
Medical Workforce	Disabled	6	0.64	8	0.105
	Not Disabled	536	57.08	483	6.36
	Unknown	397	42.28	389	5.12
		2021	%	2022	%
Clinical Workforce	Disabled	127	2.80	146	1.92
	Not Disabled	3612	79.67	3565	46.97
	Unknown	795	17.53		
		2021	%	2022	%
Non Clinical Workforce	Disabled	66	3.26	74	0.975
	Not Disabled	1458	71.93	1431	18.85
	Unknown	503	24.81	384	5.05

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**.**
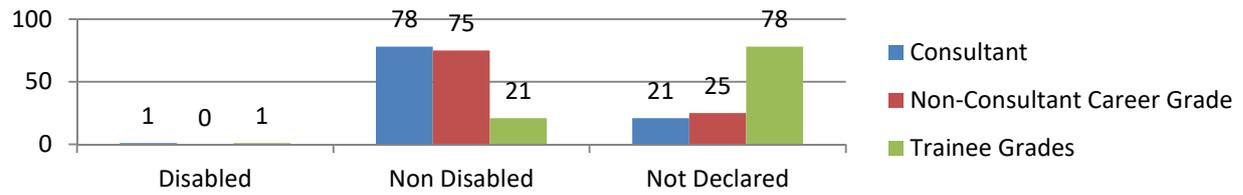
1.2 SWBH Workforce by Band

The graphs below demonstrate the 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.
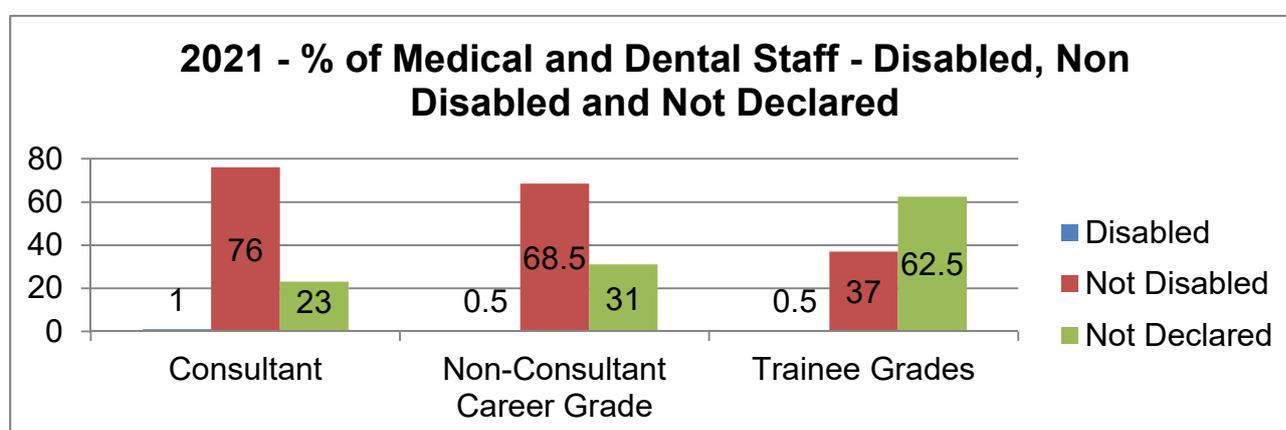
The table above shows the number of Medical and Dental staff who declare a disability or no disability and those who do not declare for 2021

2022 - Medical and Dental staff - Disabled, Not Disabled and Not Declared

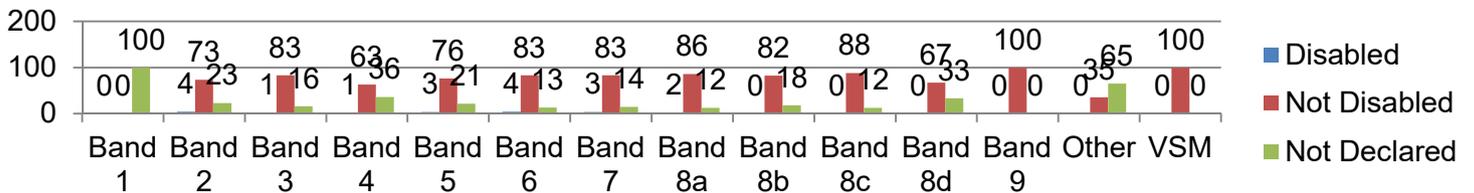|	Disabled	Non Disabled	Not Declared
Consultant	1	78	21
Non-Consultant Career Grade	0	75	25
Trainee Grades	1	21	78

The table above shows the increase in the number of Medical and Dental staff who declare a disability or no disability and those who do not declare for 2022.
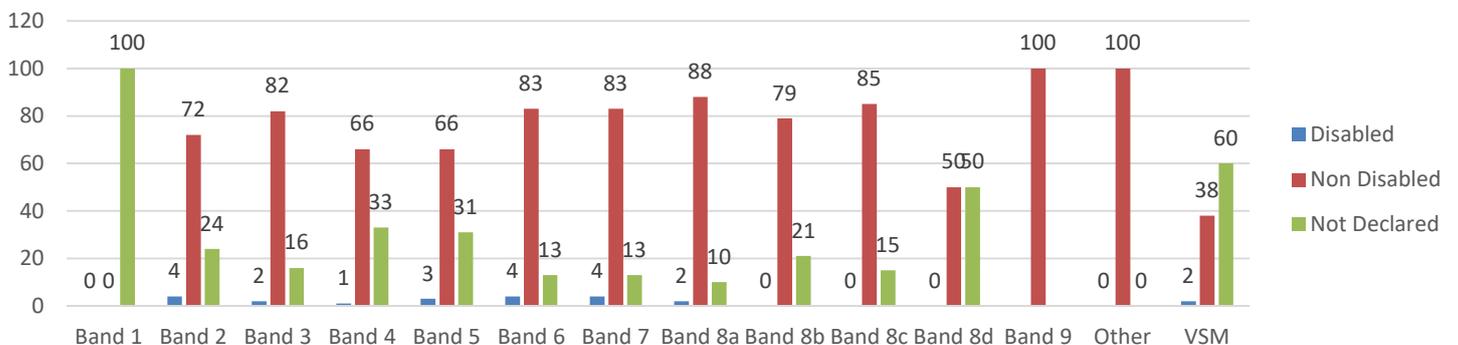
For Medical and Dental staff, those who do not declare a disability has increased, largely for trainee grades which shows a 15.5% from 2021 to 2022. The reason for this may be that trainees withhold from declaring their disability status for fear of losing out on continued training, and or post-training employment. Many staff members nationally tend to refrain from disclosing their disability, some reasons may be that it may put a negative spotlight on them with their managers.

An NHS England report stated that "*disabled NHS staff are nearly twice as likely to face formal questions over the ability to do their job than their non-disabled colleagues.* [3] 9-

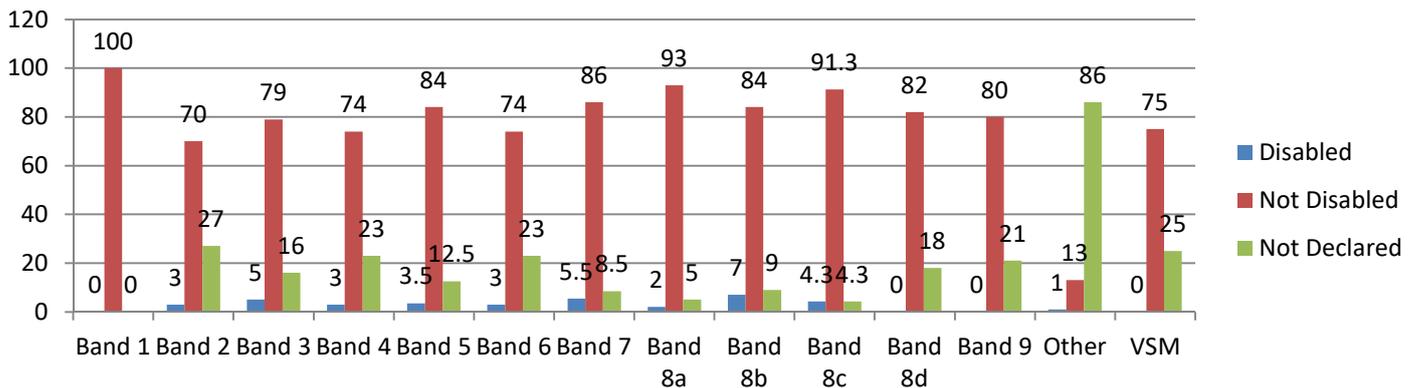**2021 - % of Clinical Staff - Disabled, Not Disabled and Not Declared**

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Other	VSM
Disabled	0	4	1	1	3	4	3	2	0	0	0	0	0	0
Not Disabled	0	73	83	63	76	83	83	86	82	88	67	100	35	100
Not Declared	100	23	16	36	21	13	14	12	18	12	33	0	65	0

2022 - % of Clinical staff - Disabled, Non Disabled and Not Declared

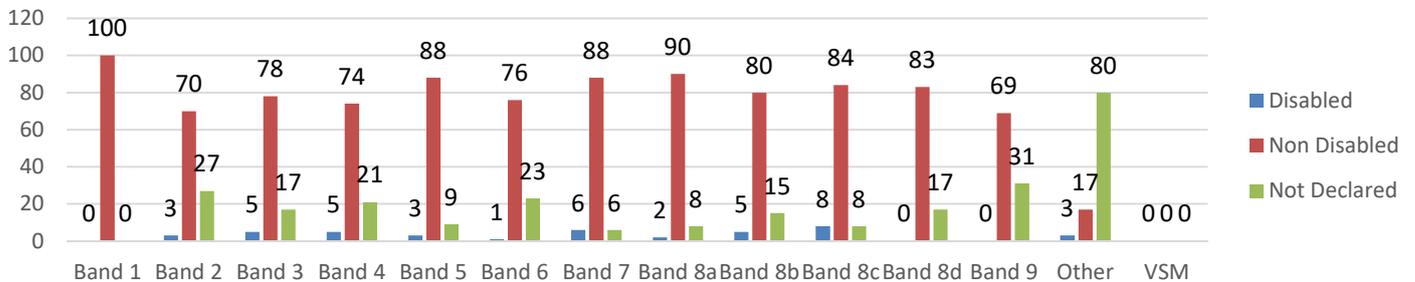|	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Other	VSM
Disabled	0	4	2	1	3	4	4	2	0	0	0			2
Non Disabled	0	72	82	66	66	83	83	88	79	85	50	100	100	38
Not Declared	100	24	16	33	31	13	13	10	21	15	50		0	60

The tables 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. There is a huge disparity for VSM in 2022 compared to 2021. NHS analysis reports found people were less likely to declare their disability status the higher their salary band which has been a consistent trend since WDES reporting began. 3

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

Legend: Disabled, Not Disabled, 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

2022 - Non-Clinical staff - Disabled, Non Disabled amd Not Declared

Legend: Disabled, Non Disabled, Not Declared

| Band	Disabled	Non Disabled	Not Declared
Band 1	0	100	0
Band 2	3	70	27
Band 3	5	78	17
Band 4	5	74	21
Band 5	3	88	9
Band 6	1	76	23
Band 7	6	88	6
Band 8a	2	90	8
Band 8b	5	80	15
Band 8c	8	84	8
Band 8d	0	83	17
Band 9	0	69	31
Other	3	17	80
VSM	0	0	0

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.

Non clinical staff largely tend to be office-based and may require reasonable adjustments due to working conditions. Clinical staff may not feel comfortable to declare their status as this may hinder their career progression and prospects.

2.0 Recruitment of Disabled Employees

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

The table below shows the number of candidates who applied, were shortlisted and appointed by Disabled, Not Disabled and Disability Unknown in 2021 and 2022.

2021 - Number of Shortlisted and Appointed Candidates

	Disabled	Not Disabled	Disability unknown
Shortlisted	304	5,538	281
Appointed	14	433	42
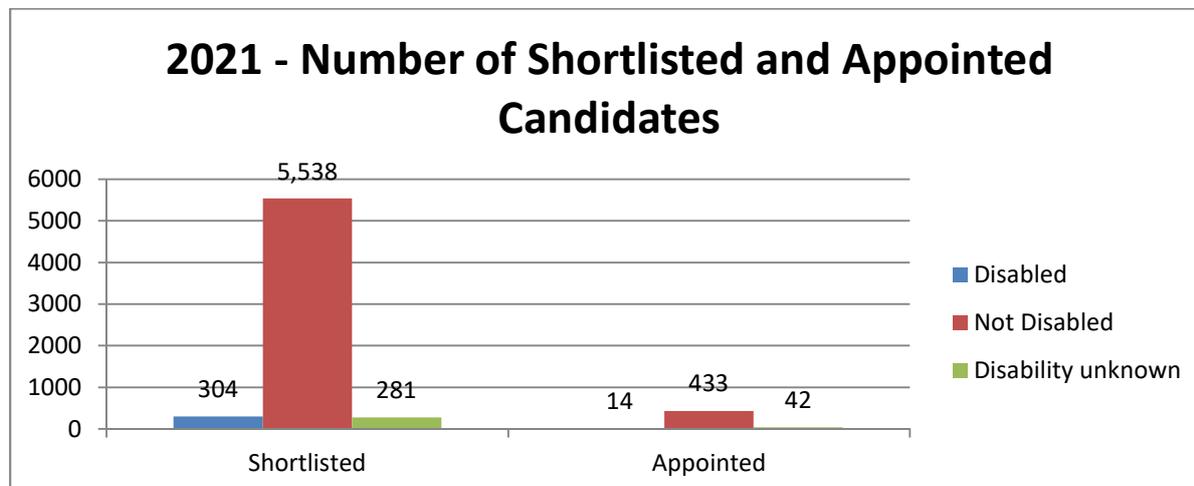
The data for 2020 showed that non-disabled candidates were 1.38 times more likely than disabled candidates to be appointed. The data for 2021 showed that non-disabled candidates were 1.70 times more likely to be appointed than disabled candidates. This was an increase of 0.32 times. The data for 2022 shows that non-disabled candidates are 0.75 times more likely than disabled candidates being appointed from shortlisting which is a decrease of 0.95 times over the last 12 months.

2022 - Number of Shortlisted & Appointed Candidates

	Disabled	Not Disabled	Disability unknown
Shortlisted	251	5,493	341
Appointed	63	1037	213
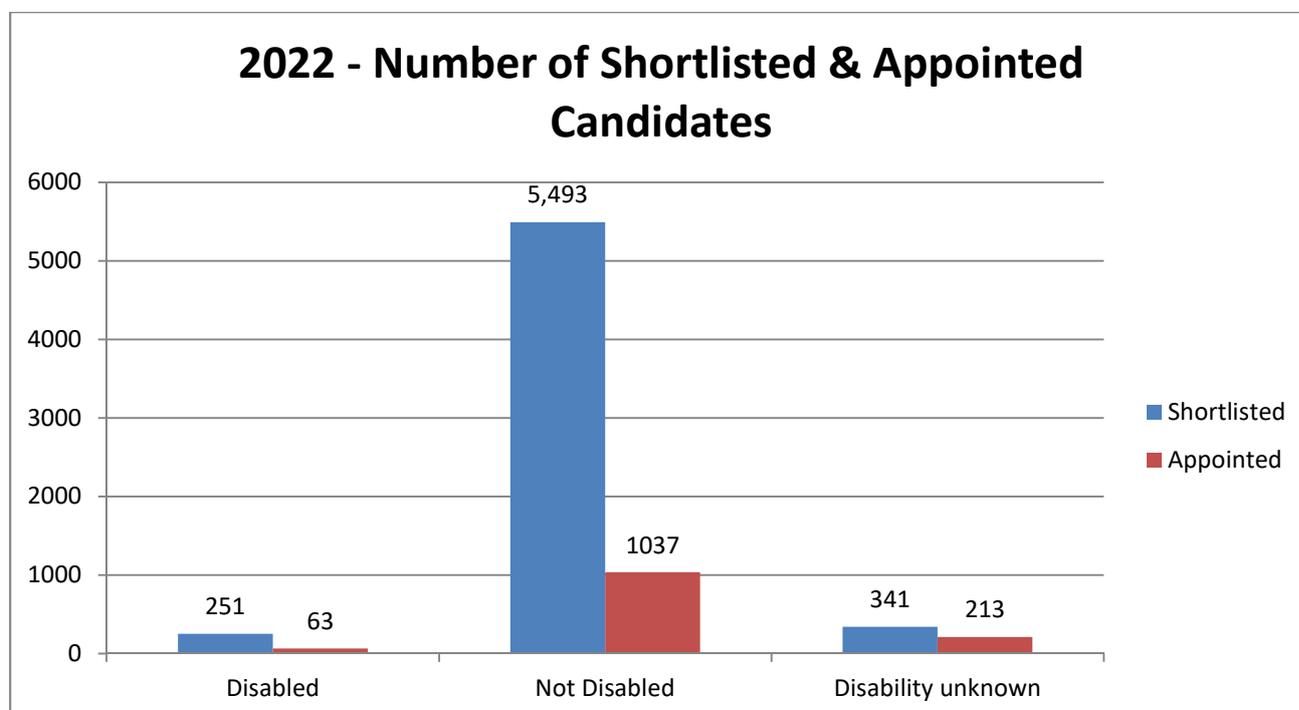
- The number of shortlisted and appointed candidates in the above tables show a clear disparity in numbers for disabled, not disabled and disability unknown staff members. The not-disabled have a considerable shortlisting and appointing advantage over their disabled and disability unknown counterparts. Trade Union

statistics show that non-disabled job applicants were 1.2 times more likely to be appointed from shortlisting.

- This disparity is a national trend in the NHS. The Office for National Statistics (ONS) indicates that only 20% of disabled people nationally are in employment.

- The 'Project search' disability internship scheme will be introduced in our organisation wherein we are likely to have a minimum of 10 students registered with a disability to work in various different departments and specialities in our organisation, with a hope for them to secure employment post internment, either with us or with another local organisation. This will not only create a positive impression for disability staff members in our organisation but it should also dispel myths around them and hopefully lead to more shortlisting, appointments and employment.

- Many job adverts that are put out from our recruitment team say we 'welcome applicants from under-represented or minority groups or people

- We are a Disability Confident Employer (middle level)

- As part of our EDI strategy, we plan to education and train recruitment teams/ panels on how to recognise our own biases concerning disabled applicants. Role plays may be introduced for recruitment panels interviewing people with different forms of disability post-training and feedback and recommendations will be provided.

- As we are signed up to the 'guaranteed interview scheme' some staff members say they ticked the relevant box on the 'Trac' application system and are subsequently not called in for an interview. We plan to monitor this more closely with appropriate stakeholders.

3.0 Formal Capability Process

Our data shows that there were a total of 46 capability cases during 2022 of which only 1 declared a disability, 2 declared no disability, and there were 43 cases where the disability status was undeclared.

Disabled staff are 11.9 times more likely to enter the formal capability processes compared to non-disabled staff in our organisation.

According to the Disability Equality Standard in 2020 the relative likelihood of disabled staff to enter the capability processes had increased from 1.53 to 1.94 in 2021. This means that disabled staff are twice as likely to enter procedures than their non-disabled peers. Disabled staff are 1.54 times more likely to enter the formal performance management capability process.

Due to these trends NHS England have encouraged organisations to review their policies to seek out whether certain staff groups are disproportionately targeted in capability processes. All of our organisations relevant policies are currently under review (Grievance and Disputes Policy, Dignity at Work Policy, Performance & Capability Policy and the Health & Safety Policy.

We have a Cultural Ambassador (CA) Programme with 14 candidates trained and ready to support employee relations work in our organisation. We currently have fortnightly task and finish group meetings with key stakeholders involved in from EDI,

HR, Freedom to Speak up Lead and Staff Side Union Representatives. agreement to There has been a brief trial run of CA's on disciplinary cases by staff side colleagues however the main pilot will be launched by our Women & Child Health Team.

For the purposes of the Workforce Disability Equality Standard (WDES) capability refers more to performance rather than ill-health. This may be why we have seen a large number of staff members in our organisation under-reporting and under-declaring whether they have a disability or not, to avoid processes. This means we are likely to have a large number of staff members who have a disability/ hidden disability or from a long-term health condition that are suffering in silence, largely to sustain their employment.

Below is the data taken from the 2021 staff survey

Staff experiencing harassment, bullying and abuse from patients, service users and relatives in the last 12 months

Staff <u>with</u> an illness or long-term sickness in our organisation has <u>increased by 2.5%</u> from 2020 to 2021.

Staff may face abuse from patients or service users possibly because of their under-performance due to their illness or LTC.

Staff experiencing harassment, bullying and abuse from managers in the last 12 months

- There has been a <u>0.6% increase</u> in staff <u>with</u> an illness or LTC experiencing harassment and bullying from their managers in the last 12 months from 2020 to 2021.
- Although this is only a slight increase since 2020 the reasons for this could stem from staff sickness, reasonable adjustment, and flexible working requests that could cause conflict between staff and managers due to increased workloads and service needs. This is likely to cause conflict between staff and their managers.
- Staff members <u>without</u> illness or LTC has <u>decreased by 0.1 %</u> since 2020.
- There is also a considerable increase in response rates since 2020 to 2021

Staff experiencing harassment, bullying and abuse from other colleagues in the last 12 months

- There is an <u>increase by 5.9%</u> from 2020 to 2021 for staff <u>with</u> illness and LTC.
- possibly due to increased workloads for other staff who may feel as though staff with hidden disabilities or LTC are having more time off and on light duties or phased-returns. Additionally due to confidentiality colleagues may not realise the extent of colleagues' illnesses. Resentment sets in among staff members. Which the EDI team has personally been informed about.
- Staff without illness or a LTC has <u>increased by 2%</u> from 2020 to 2021.
- Response rates have increased from 2020 to 2021 for both staff with or without illness and LTC.

Staff or their colleagues who have reported harassment, bullying and abuse when they last experienced it

- Staff <u>with</u> illness or LTC reporting harassment, bullying and abuse has <u>decreased by 5.1%</u> from 2020 to 2021. The likelihood of this could be that staff feel as though no action will be taken by the managers or by our organisation as a whole.
- Some lower banding staff members may not have the time or the knowledge on how to report incidents of abuse and may not want to jeopardise their overtime or overall employment. The reasons may be the same for staff <u>without</u> illness or LTC as
- The reporting rate has <u>decreased also by 2.2%</u> from 2020 to 2021. Both have increased responses since 2020.

Staff who believe our organisation provides equal opportunities for career progression or promotion.

This has <u>increased</u> for staff with illness and LTC <u>by 2.2%</u> from 2020 to 2021, and only <u>0.1% for staff without illness and LTC</u>. *This may be due to some positive action strategies that have been out in place, such as guaranteed –interview scheme for disabled staff.*

Response rates have <u>increased for staff with illness and LTC</u> and decreased for staff without from 2020 to 2021.

Staff satisfied with extent of which our organisation values their work

Staff <u>with</u> illness and LTC has <u>increased</u> from 2020 to 2021 <u>by 0.1%.</u> This could be due to hybrid working since the Covid-19 pandemic where many staff have been working at home, alone and the increase of video conferencing.

Staff with an illness or long-lasting health condition that believe our organisation has made adequate adjustments to enable them to carry out their work.

- There has been a <u>7.1% decrease</u> in staff from 2020 to 2021 who feel that adequate adjustments are made for them to do their job.
- As mentioned above, staff silo working, video conferencing and high long term sickness leave may be some factors as to why staff with illness and LTC may feel neglected and less supported. The Covid-19 pandemic has caused many people to be off long term and those who are still at work such as clinical staff may feel overworked. The services are disrupted which can cause disaffection among some staff members.

Staff engagement

The staff survey results show that staff engagement has gone <u>down by 1%</u> from 2020 to 2021, Staff without illness and LTC has remained the same as 2020 at <u>6.2%</u>.

4.0. Staff Survey Data

Survey Coordination Centre

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months
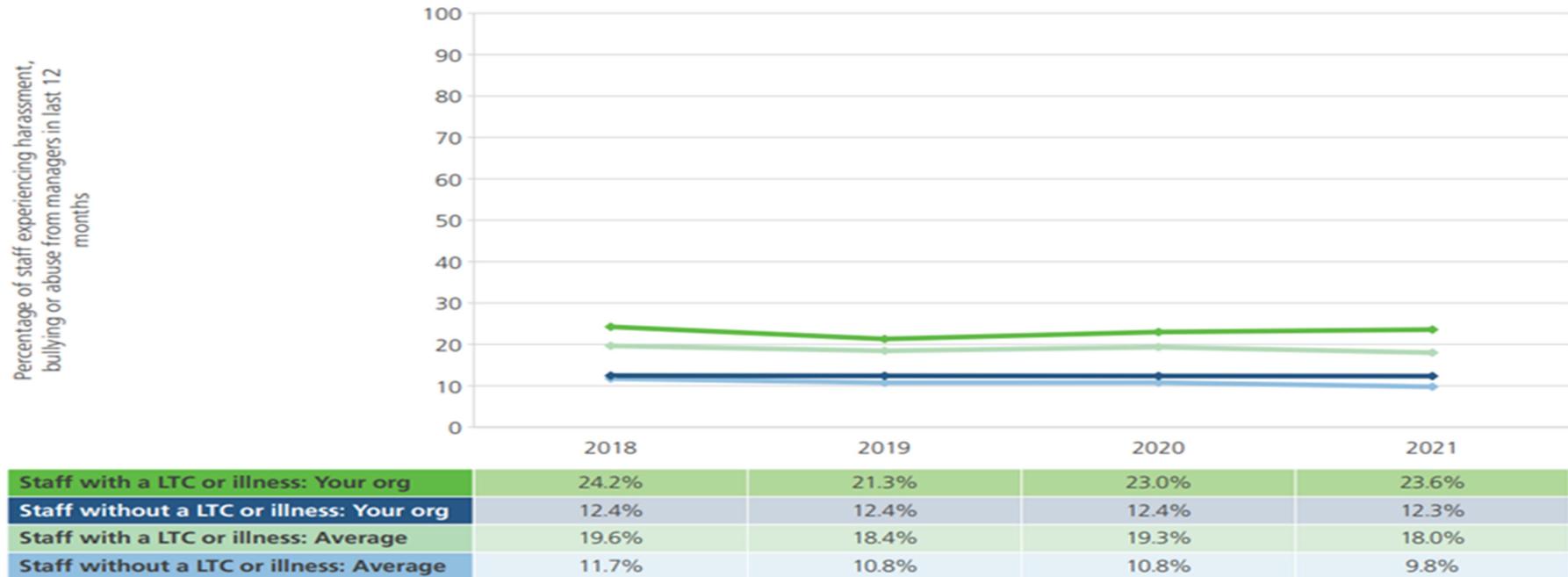
NHS
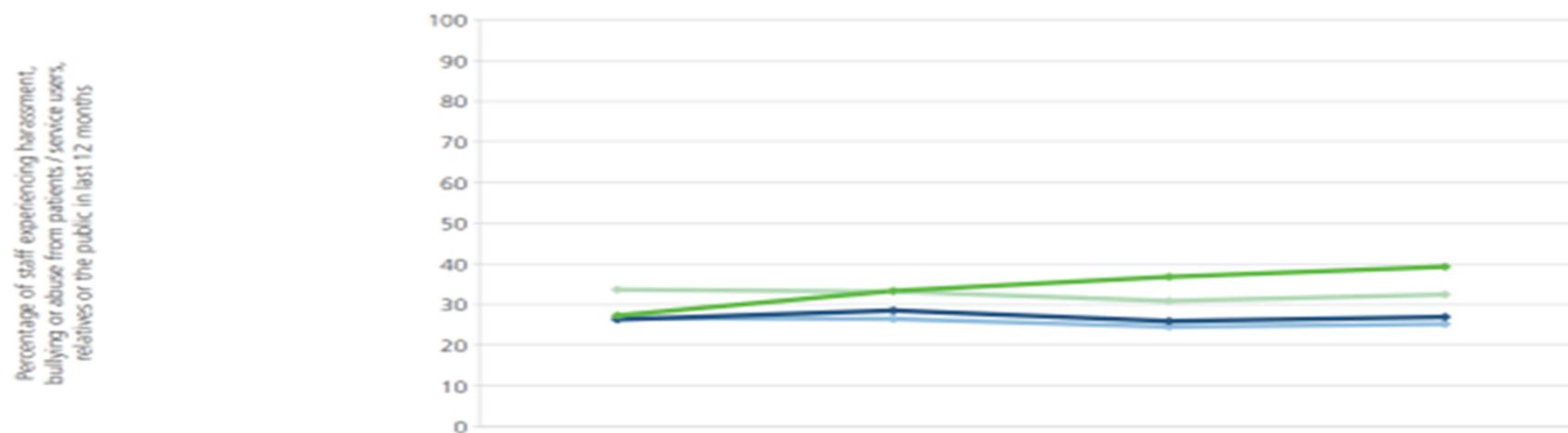
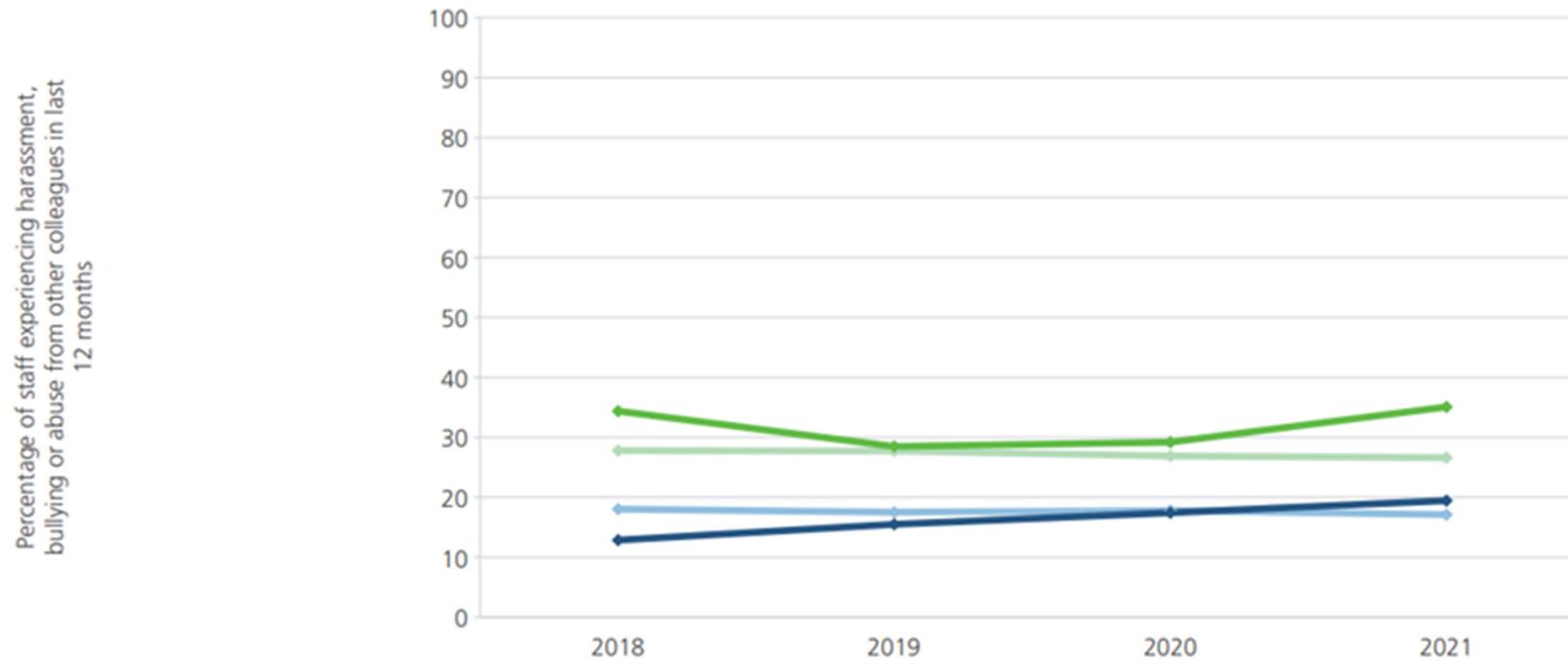|	2018	2019	2020	2021
Staff with a LTC or illness: Your org	27.3%	33.3%	36.8%	39.3%
Staff without a LTC or illness: Your org	26.3%	28.5%	25.9%	26.9%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%
Staff with a LTC or illness: Responses	33	417	511	629
Staff without a LTC or illness: Responses	251	2,175	2,109	2,155

Average calculated as the median for the benchmark group

125

13

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	24.2%	21.3%	23.0%	23.6%
Staff without a LTC or illness: Your org	12.4%	12.4%	12.4%	12.3%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%
Staff with a LTC or illness: Responses	33	413	509	615
Staff without a LTC or illness: Responses	249	2,161	2,103	2,140

Average calculated as the median for the benchmark group

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

NHS

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	34.4%	28.5%	29.2%	35.1%
Staff without a LTC or illness: Your org	12.9%	15.5%	17.4%	19.4%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%
Staff with a LTC or illness: Responses	32	404	507	613
Staff without a LTC or illness: Responses	249	2,137	2,084	2,115

Average calculated as the median for the benchmark group

127

15

Survey Coordination Centre

NHS

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
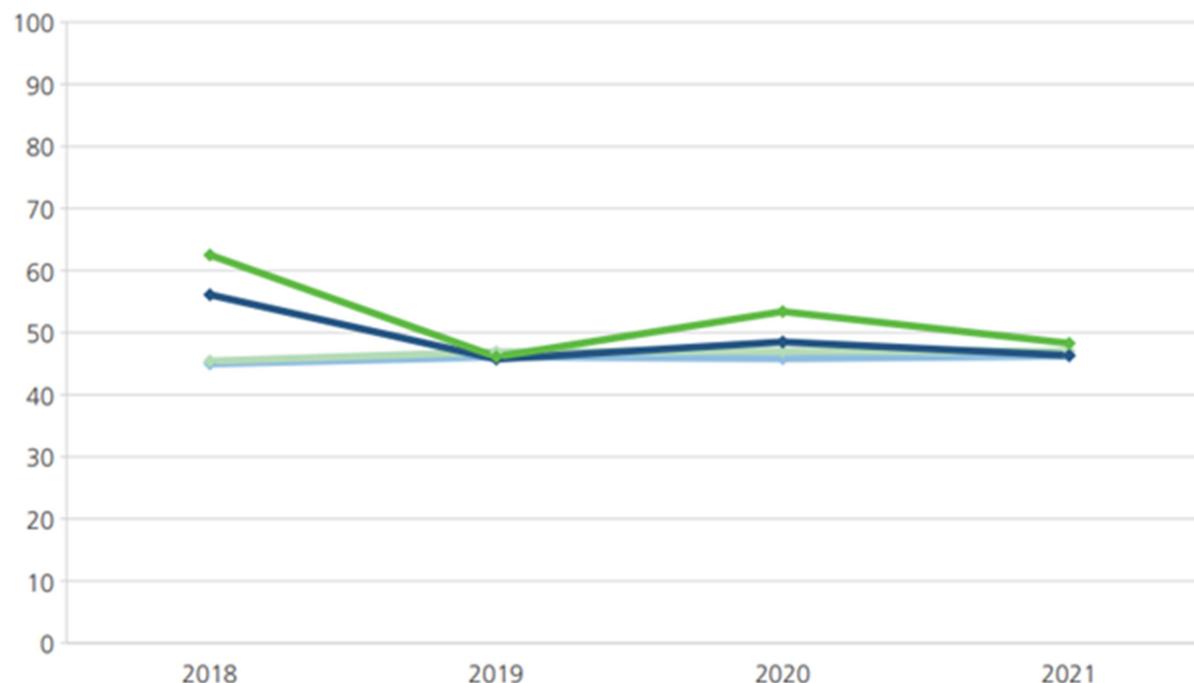
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	62.5%	46.1%	53.4%	48.3%
Staff without a LTC or illness: Your org	56.1%	45.7%	48.5%	46.3%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%
Staff with a LTC or illness: Responses	16	193	251	319
Staff without a LTC or illness: Responses	82	704	697	762

Average calculated as the median for the benchmark group

128

Survey Coordination Centre

2021 NHS Staff Survey Results > WDES > Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

NHS
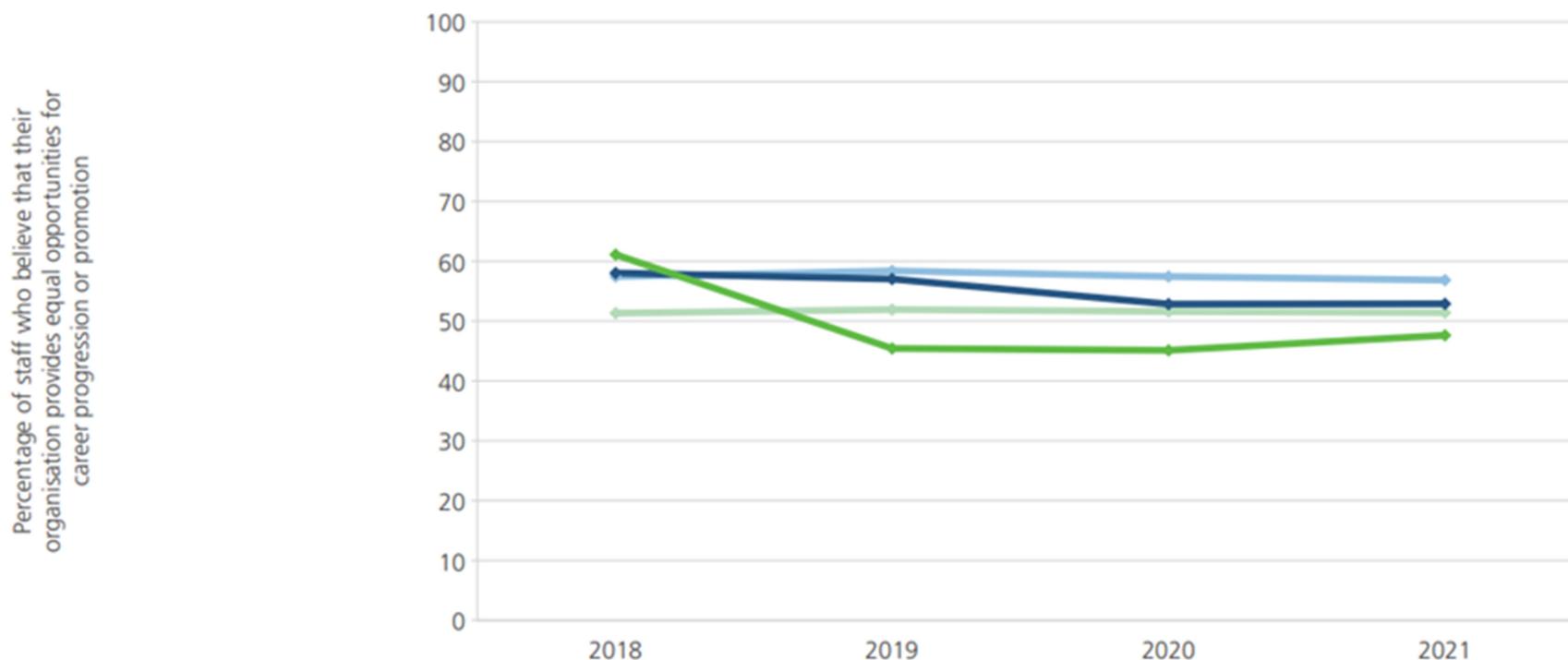
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	61.1%	45.4%	45.1%	47.6%
Staff without a LTC or illness: Your org	58.0%	57.0%	52.8%	52.9%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%
Staff with a LTC or illness: Responses	36	416	543	590
Staff without a LTC or illness: Responses	255	2,190	2,199	1,993

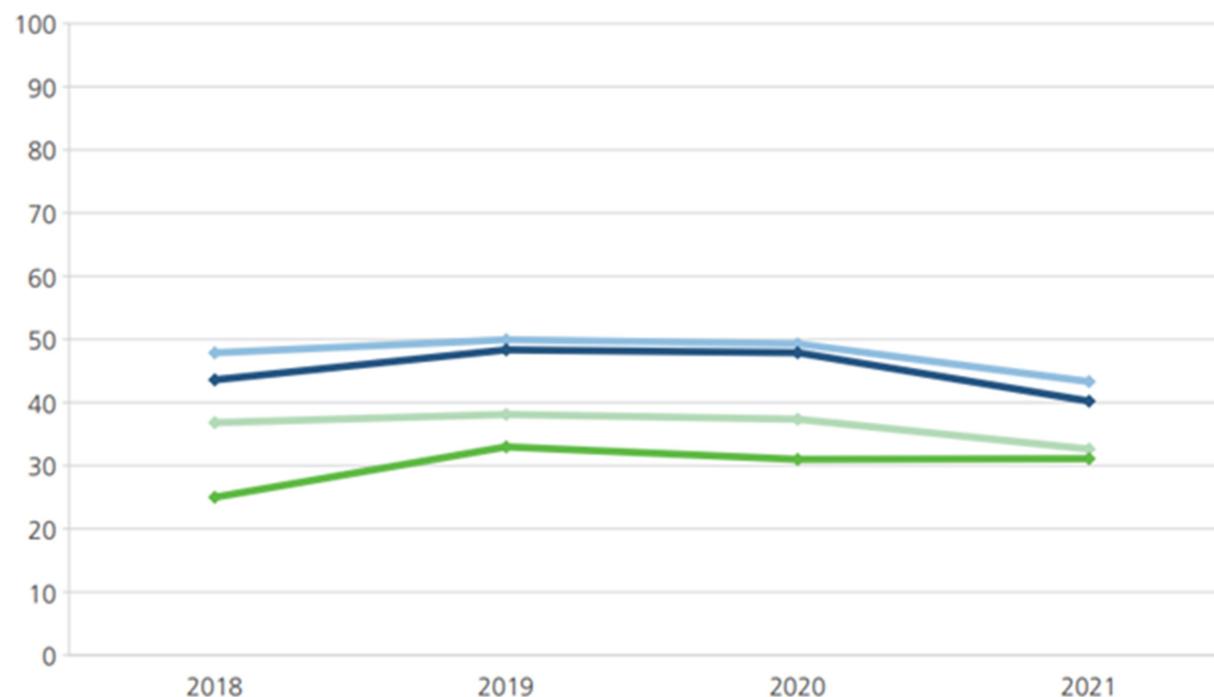Average calculated as the median for the benchmark group

129

17
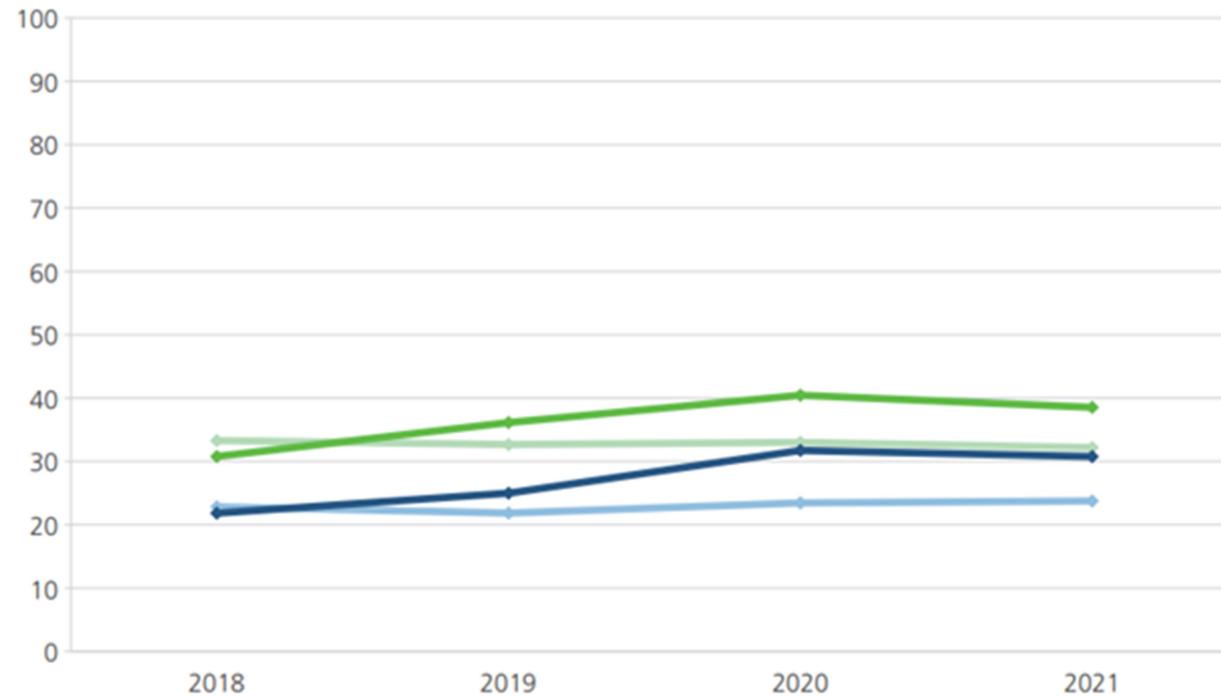
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	30.8%	36.1%	40.4%	38.5%
Staff without a LTC or illness: Your org	21.8%	25.0%	31.7%	30.8%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%
Staff with a LTC or illness: Responses	26	310	319	449
Staff without a LTC or illness: Responses	110	1,105	826	1,076

Average calculated as the median for the benchmark group

130

18

**2021 NHS Staff Survey Results > WDES > Percentage of staff satisfied
with the extent to which their organisation values their work**

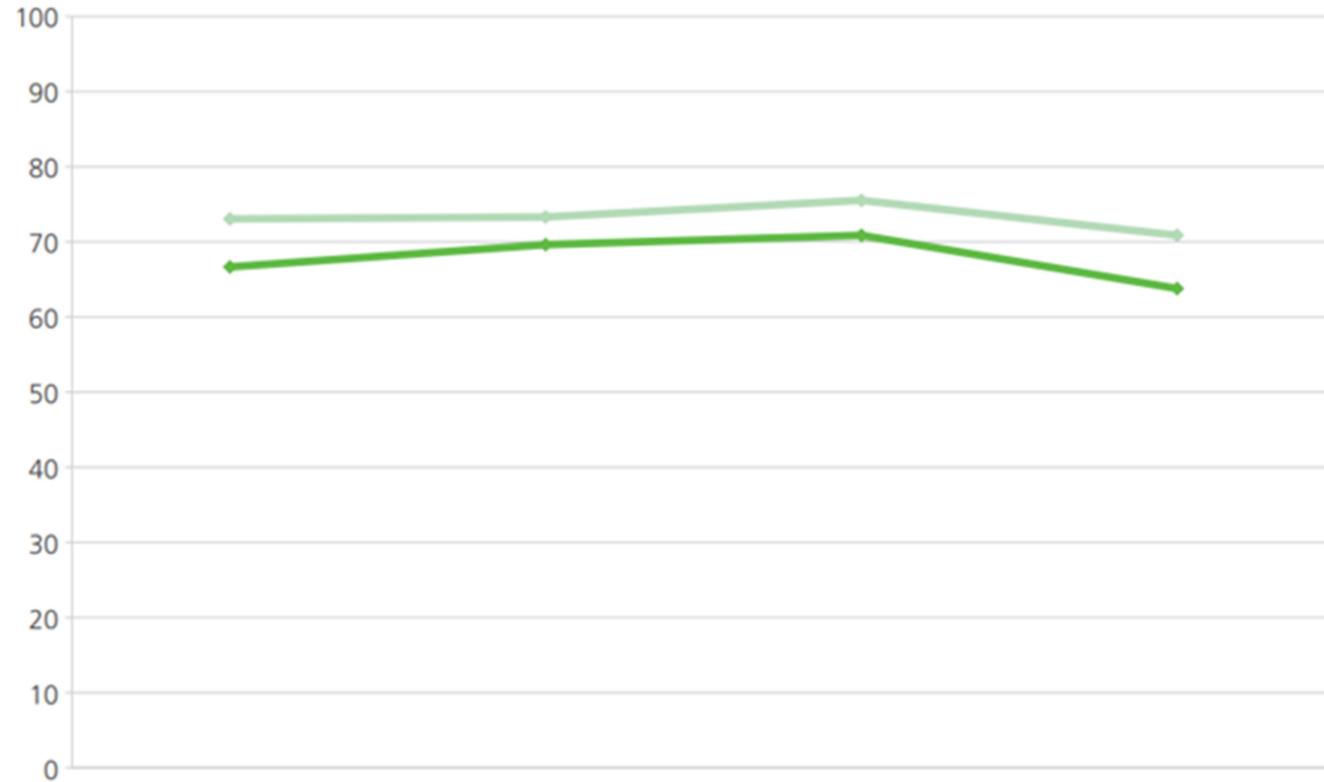|	2018	2019	2020	2021
Staff with a LTC or illness: Your org	25.0%	33.0%	31.0%	31.1%
Staff without a LTC or illness: Your org	43.6%	48.3%	47.9%	40.2%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%
Staff with a LTC or illness: Responses	32	376	442	569
Staff without a LTC or illness: Responses	234	2,011	1,892	1,972

Average calculated as the median for the benchmark group

131

19

2021 NHS Staff Survey Results > WDES > 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

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	66.7%	69.6%	70.9%	63.8%
Staff with a LTC or illness: Average	73.1%	73.3%	75.5%	70.9%
Staff with a LTC or illness: Responses	21	247	333	406

Average calculated as the median for the benchmark group

132

2021 NHS Staff Survey Results > WDES > Staff engagement score (0-10)

NHS
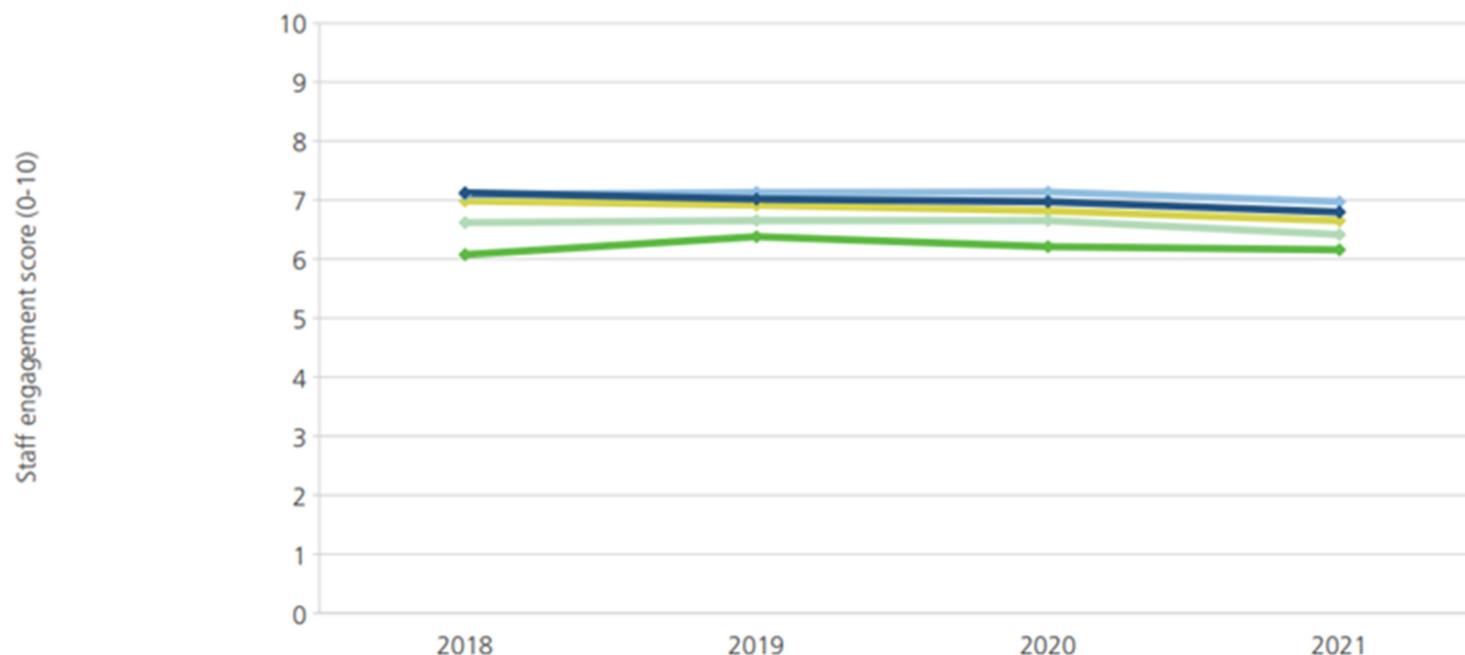
	2018	2019	2020	2021
Organisation average	7.0	6.9	6.8	6.7
Staff with a LTC or illness: Your org	6.1	6.4	6.2	6.2
Staff without a LTC or illness: Your org	7.1	7.0	7.0	6.8
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0
Organisation Responses	274	2,445	2,367	2,619
Staff with a LTC or illness: Responses	32	376	446	572
Staff without a LTC or illness: Responses	235	1,998	1,895	1,978

Average calculated as the median for the benchmark group

133

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 this has further increased for staff with illness by 2.5% in 2021.

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. However, it has increased by 2.2 % in 2021 for staff with illness and LTC.

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 decreased by 1.9% from 40.4% in 2020 to 38.5 in 2021. 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.

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. This has increased for staff with illness in 2021 by 0.1%.

Trade Union data tells us that 1% of Disabled staff said they felt valued, compared to 50.4% of non-disabled staff. [1]

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. However, there is 7.1% decrease for staff with illness and LTC in 2021

9.0 Staff engagement

Staff engagement has reduced to 6.2 in 2020 from 6.4 in 2019 and further reduced by 1% in 2021 for staff with illness and LTC

10.0 Board Representation

We have a total of 21 board members, 13 of those are voting members of the board and 12 are executive member. None of our board members declared a disability in 2022.

The tables below for 2020, 2021 and 2022 shows the Board Voting and Board Executive Membership by Disabled, Not Disabled and Disability Not Declared.

The percentage difference between the voting members of the Board and the overall workforce for 2021 was Disabled -2.6%, Non-Disabled 7.0%, Disability Not Declared -4.4%.   The data for 2022 is Disabled -3.06%, Non-Disabled -26.69%, Disability Not Declared 29.75%*.

The percentage difference between the executive members of the Board and the overall workforce for 2021 was 2022 is Disabled -3.06%, Non-Disabled -6.17%, Disability Not Declared 9.23%*.

*The percentage data above is auto-calculated by the WDES system after inputting our organisation headcount.
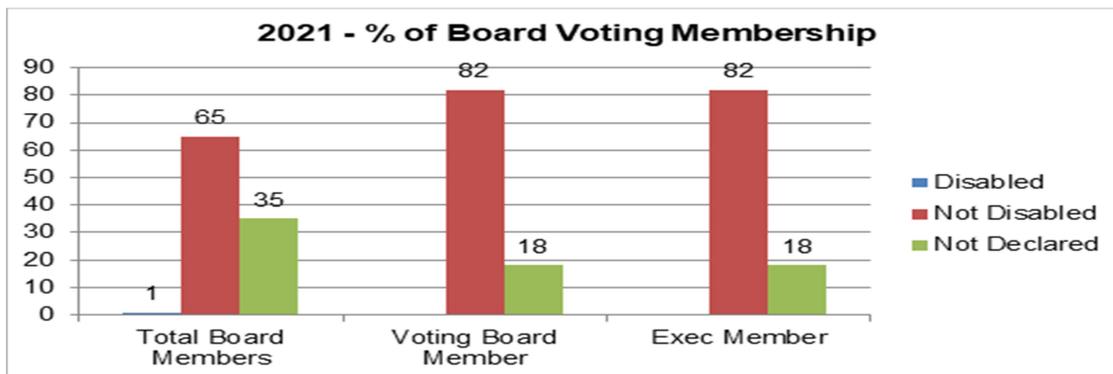
The graph above shows the % of voting and non-voting board and exec membership by disabled, non-disabled and not declared for 2021.
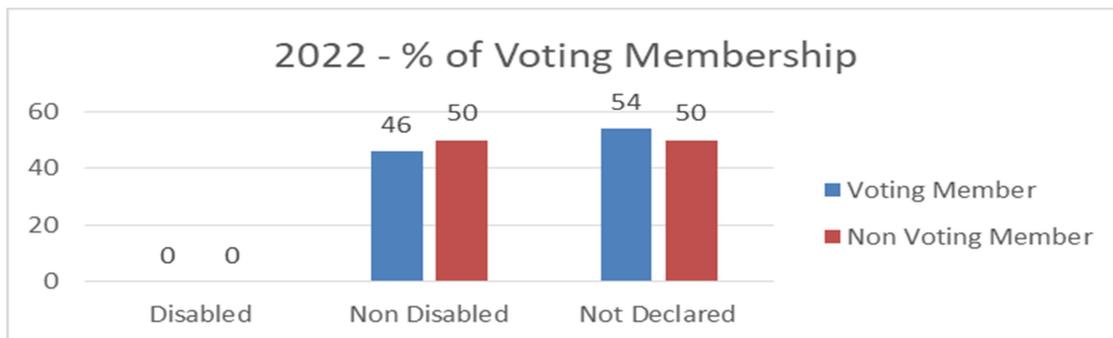
The graph above shows the % of voting and non-voting board membership by disabled, non-disabled and not declared for 2022. The % of Voting board members that have not declared a disability has increased by 36% in the last year.

2022 % of Exec and Non Exec Board members
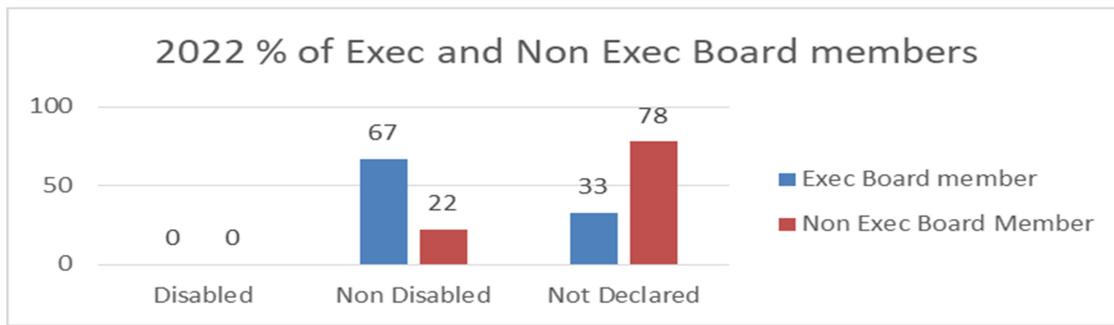
Below are the key findings concerning senior staff and declaration rates

The graph above shows the % of exec and non exec board membership by disabled, non-disabled and not declared for 2022. The number of exec board members that have not declared a disability has increased by 15% in the last year.

There is a common trend in our organisation and nationally that the higher the banding the less the declaration on disability status is.

NHS analysis reports found people were less likely to declare their disability status the higher their salary band which has been a consistent trend since WDES reporting began.

Senior staff tend to have their disability status as unknown" largely because the person has indicated they "prefer not to say" or have not responded to the question in ESR. This applies to 20 per cent of the national workforce, although this figure has fallen every year possibly for reasons mentioned earlier.

Over half of trusts (59 per cent) have five or fewer staff with a declared disability in senior positions, including bands 8a and above, medical consultants and board members.

It is evident that the data for our organisation mirrors the national findings. In our organisation we need more awareness-raising for senior staff members by way of literature, training sessions, staff communications reminders and perhaps pop-up reminders on ESR pages, that have a brief and encouraging message regarding the importance of the declaration.

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 the following Staff Networks:

- Black and Minority Ethnic (BME) network
- Lesbian, Gay, Bisexual and Trans+ (LGBT+) Staff Network
- Disability and Long Term Conditions Staff Network
- Clinical Women's Staff Network
- Muslim Liaison Group which includes both staff and service users.

During the last 12 months we have also launched a Women's Staff Network. We are also in the process of launching a Men's Staff Network.

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.

11.0 Percentages of Disabled and Non-Disabled staff by other Protected Characteristics
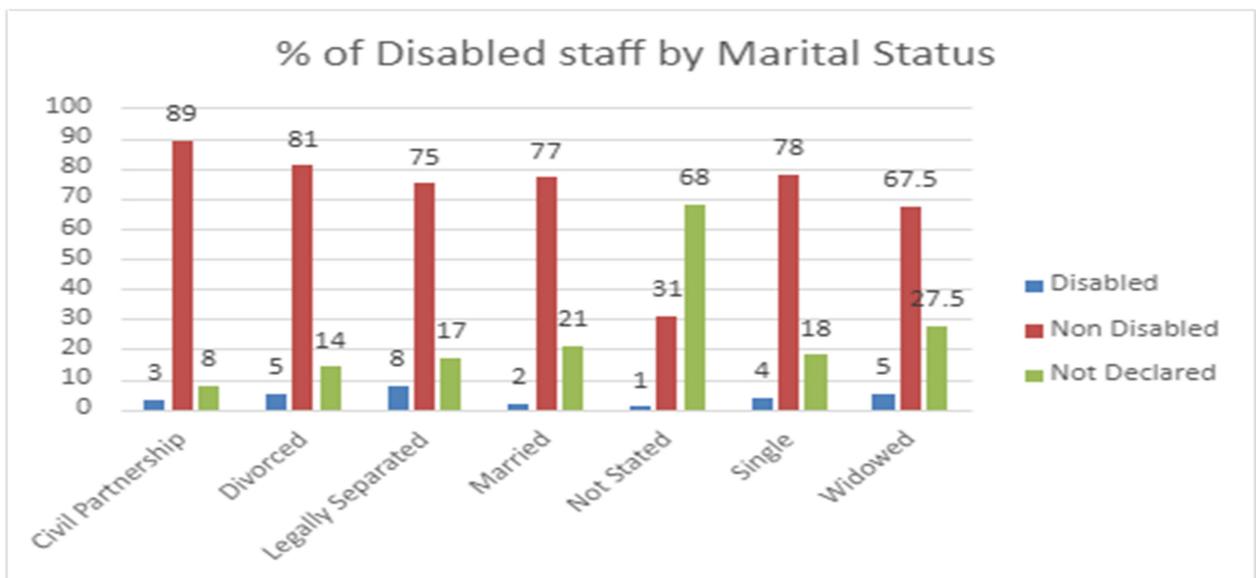
The graph below shows the % of disabled staff by Gender

The graph below shows the % of disabled staff by BME and White
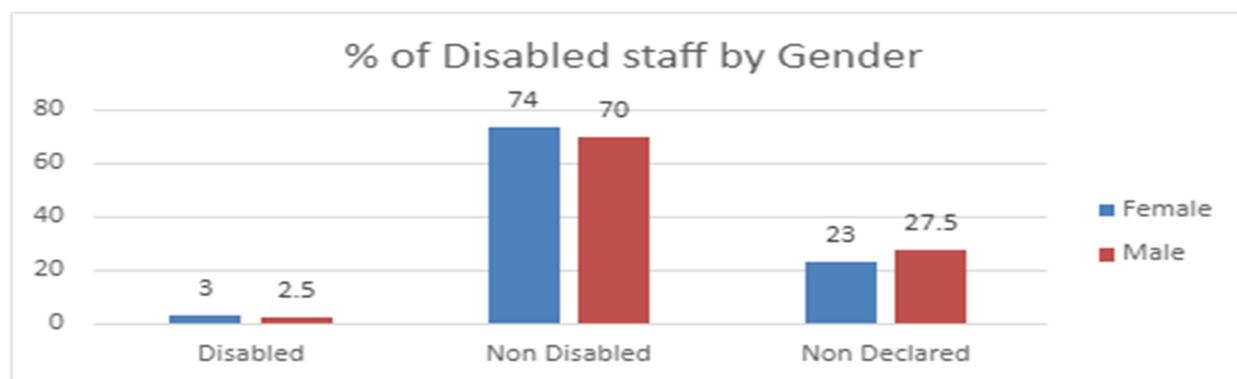
% of Disabled Staff by BME and White

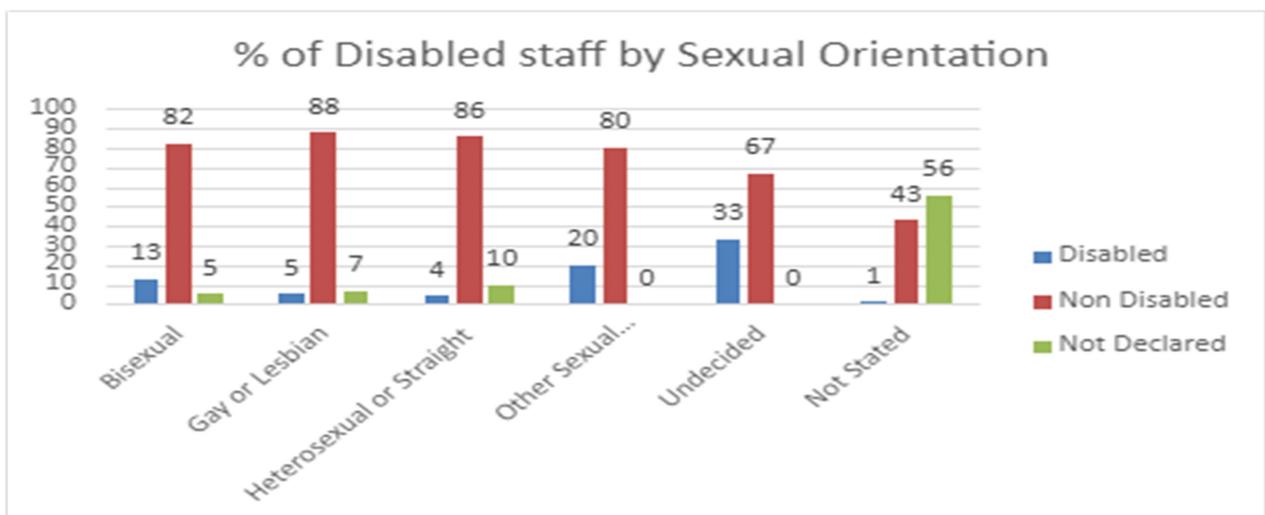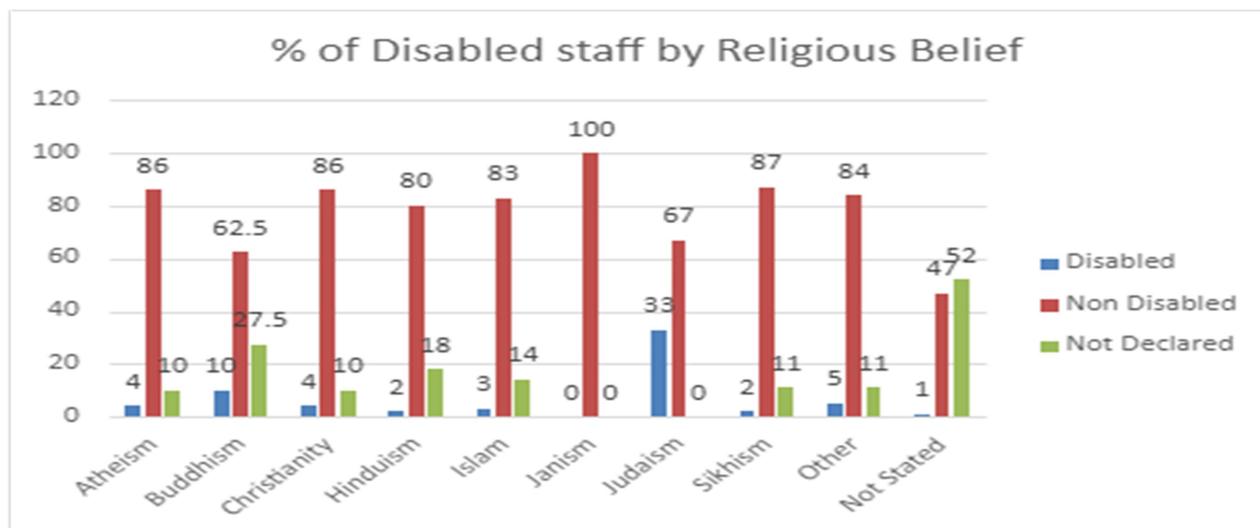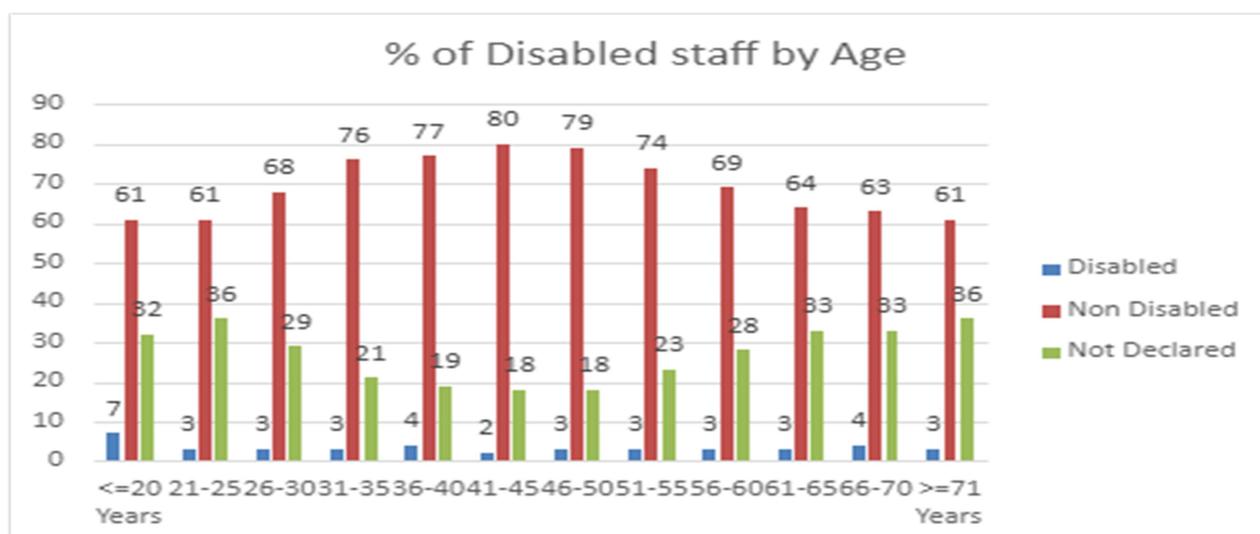The graph below shows the % of Disabled staff by Marital Status
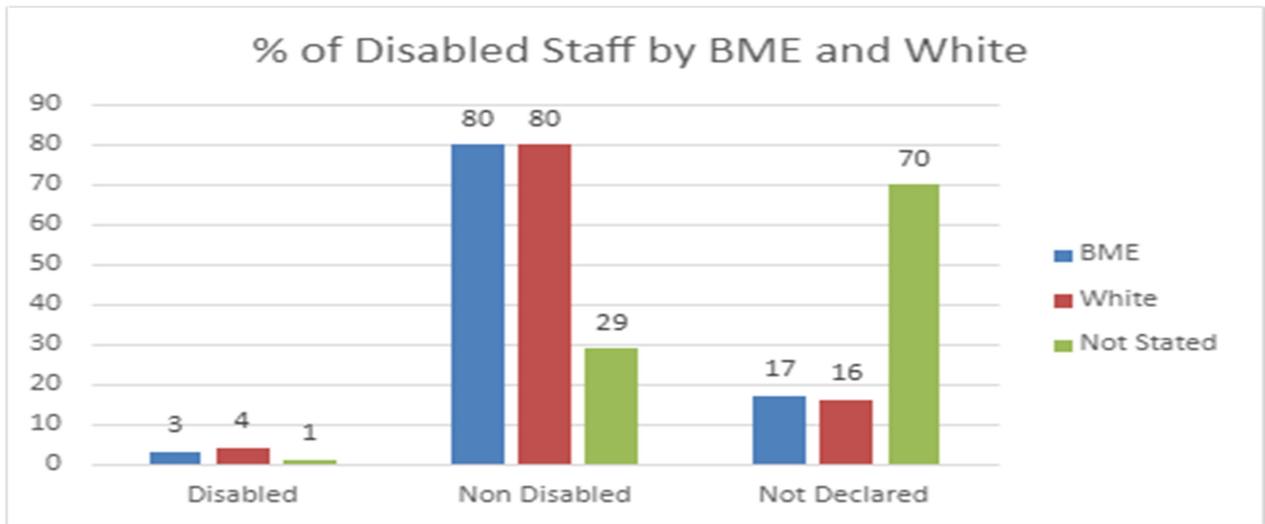
% of Disabled staff by Marital Status

The graph below shows the % of Disabled staff by Sexual Orientation

% of Disabled staff by Sexual Orientation

The graph below shows the % of Disabled staff by Religious Belief

% of Disabled staff by Religious Belief

Bar chart showing Disabled (blue), Non Disabled (red), and Not Declared (green) percentages:

Religious Belief	Disabled	Non Disabled	Not Declared
Atheism	4	86	10
Buddhism	10	62.5	27.5
Christianity	4	86	10
Hinduism	2	80	18
Islam	3	83	14
Janism	0	100	0
Judaism	33	67	0
Sikhism	2	87	11
Other	5	84	11
Not Stated	1	47	52

The graph below shows the % of Disabled staff by Age

% of Disabled staff by Age

Bar chart showing Disabled (blue), Non Disabled (red), and Not Declared (green) percentages:

Age	Disabled	Non Disabled	Not Declared
<=20 Years	7	61	32
21-25	3	61	36
26-30	3	68	29
31-35	3	76	21
36-40	4	77	19
41-45	2	80	18
46-50	3	79	18
51-55	3	74	23
56-60	3	69	28
61-65	3	64	33
66-70	4	63	33
>=71 Years	3	61	36

12.0 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 an established 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 Microaggressions sessions
- How to be an Effective Ally workshop

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).

13.0 Trust Action Plan for 2022/23 – Required actions will feature as part of the EDI Delivery plan (rather than having numerous action plans)

14.0 Bibliography

1. https://www.unison.org.uk/at-work/health-care/big-issues/disable-inequality-challenging-disability-discrimination-in-the-nhs/

2. https://www.nhsemployers.org/case-studies/guide-improving-staff-disability-data

3. https://www.Disabled staff nearly twice as likely to face performance management | HSJjobs