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**NHS Workforce Disability Equality Standard (WDES)**

Annual Report 2020

NHS Business Services Authority

**CONTENTS**

|  |  |  |
| --- | --- | --- |
| 1 | Introduction |  |
| 2 | Executive summary |  |
| 3 | WDES progress in 2019/20 |  |
| 4 | Conclusion and next steps |  |
| Appendix 1 | WDES metrics report – 2019/20 |  |
| Appendix 2 | WDES action plan 2020/21 |  |

**1 Introduction**

This is the first time that the NHS Business Services Authority (NHSBSA) has taken part in the NHS Workforce Disability Equality Standard (WDES), as ALB’s have been invited to participate this year. As such this report will focus more on what the current metrics are telling us and our future actions as a result of these. Although we have no similar metrics for us to compare from the previous year, we will highlight the work that has been undertaken to date across the NHSBSA to improve the workplace experience for our disabled colleagues, making the organisation more inclusive and accessible for these and all colleagues in the NHSBSA.

As part of the WDES submission we have undertaken a thorough data collection exercise which has included analysis of workforce data held on ESR for headcount, pay band and bullying and harassment cases. In addition, recruitment data from the TRAC system has also been analysed. The data compares outcomes based on disability status as declared on ESR and TRAC, including where this status has not been declared.

Part of the submission requires information from the NHS annual staff engagement survey. The NHSBSA do not take part in this survey and utilise an external engagement survey provided by Best Companies. Unfortunately, due to the timeframes of when this year’s survey results are available this has not coincided with the completion of the WDES. We have therefore not been able to include this information in the WDES submission this year, however it will be available to be included in future annual WDES submissions.

**2 Executive summary**

**The metrics from the WDES submission for 2020 as detailed in Appendix 1 demonstrate that:**

* 5% of our workforce have declared themselves as having a disability on ESR. This is 14% short of the 19% of working adults in the UK that have declared a disability with their employer. *House of commons library 2020* [*https://commonslibrary.parliament.uk/research-briefngs/cbp-7540/*](https://commonslibrary.parliament.uk/research-briefngs/cbp-7540/)
* 12.9% of our workforce have no disability status recorded on ESR
* Disabled applicants for advertised roles are as likely as non-disabled applicants to be successfully recruited
* Disabled colleagues are 33 times more likely to be placed on formal performance management or capability processes than non-disabled staff \*

*\*This is taken from a data set of 6 recorded cases recorded in the previous 24 months*

* No disabled colleagues have reported bullying and harassment in the previous 12 months
* No Board members have declared a disability and the Board is therefore not representative of the organisation in terms of disability status.

**The following actions and initiatives have been undertaken to advance disability inclusion in the NHSBSA in the past year:**

* Being awarded Disability Confident Leader status (Level 3) of the Disability Confident Scheme by the Department for Work and Pensions in January 2020
* The introduction of a Workplace Adjustment Passport initiative for colleagues requiring reasonable adjustments in the workplace
* Bespoke development and commencement of mandatory training for all managers in how to effectively support colleagues with disabilities and mental health conditions
* The creation of a new Disability and Neurodiversity lived experience colleague network
* Multiple awareness raising campaigns for colleagues to increase understanding of disability inclusion issues
* Support and fundraising for Samaritans as a corporate charity partner
* Providing work experience placements for students with learning disabilities and difficulties
* Providing supported employment opportunities and work trials for people with learning disabilities/ and or Autism.

**3 WDES progress in 2020**

As this is our first year of taking part in the WDES we do not have similar submission data to compare from previous years, however we know from the data submitted this year that we start from a positive base of disabled job applicants being as likely as non-disabled applicants to be successfully recruited for advertised roles within our organisation. From our latest Diversity and Inclusion Annual report we also know that applications from disabled applicants increased by 0.55% to 6.95% of all applications.

Colleagues declaring their disability status increased by 0.88% in the last year to 5.48% and further work to improve this figure is continuing to support our aim to be representative of the 19% of working adults in the UK that have declared a disability with their employer. A further 12.9% of our workforce have no disability status recorded on ESR. We also know that we are not representative of our workforce at the most senior levels in our organisation, with no Board members declaring a disability.

It is positive to note that no disabled colleagues had reported bullying and harassment in the previous 12 months. However, the WDES submission has highlighted that disabled colleagues are 33 times more likely to enter our formal performance management or capability processes. Caution should be noted as this statistic has been drawn from a small number of cases, with six cases reported in the past 24 months. We are exploring this further to understand what this means.

Our annual colleague engagement survey is different to the NHS staff engagement survey and therefore we have been unable to provide the metrics relating to the specific survey questions. This is due to the questions having a significant difference in how they are asked or not being included in the engagement survey we currently use. We are working closely with our engagement survey partner to provide this information in future years.

We have undertaken many initiatives over the last year to progress disability inclusion within the NHSBSA. In January 2020 we were delighted to be awarded Disability Confident Level 3 Leader status. As part of this commitment we have a Pathways to Employment programme which has a disability pathway and includes:

* Project Choice - a scheme to offer placements and workplace opportunities for young people with learning disabilities/difficulties and or autism
* AutismAble - a project giving work placements and work experience to young people with autism
* Specialist school/college scheme with Birtenshaw College – work placements for young people with additional needs
* IPS project - specialist recruitment support service for people with complex mental health issues looking to re-engage in the workplace
* Azzure project - placements for any aged person with learning difficulties and or autism in conjunction with DWP and Disabled Person User Led Organisations (DPULOS).

To improve the recruitment of disabled staff we have also created an ‘easy to use’ user guide for people completing job applications and interview processes and developed easy to use guides for conducting remote interviews for interviews during the pandemic. The guide includes advice on accessibility and reasonable adjustments. We improved the information we provide to potential applicants to ensure it is more inclusive and updated our external facing website with information about inclusion and our colleague networks, including our new Disability and Neurodiversity Network. We also participated in a trial of using Easy Read application forms to encourage applications from people with learning disabilities.

To support the development of senior colleagues who are aspirant directors, we have launched a Shadow Board this year. To increase diversity within our leadership community, this includes ring-fenced seats for colleagues from equality groups we are under-represented by, including a seat for a senior disabled/neurodiverse colleague. Each Shadow Board member has been paired with a member of our Leadership Team (Chief Executive, Executive Directors and Chief Officers), who provide sponsorship to them throughout their Shadow Board tenure.

We have also established a Disability and Neurodiversity lived experience network to increase disabled colleague voice. The network is chaired by the above senior colleague as one of the requirements of their Shadow Board role and is co-chaired by a more junior disabled colleague. To cascade the learning and development from the Shadow Board, the senior colleague provides mentoring to their more junior co-chair to support their development. Membership of the networks provides fantastic development opportunities for colleagues to develop skills and build knowledge that they wouldn’t usually cover in their main role. In addition to this, learning opportunities are offered to network members to support their development in their network roles.

To improve the support available for disabled colleagues we introduced a workplace reasonable adjustment passport and encouraged all staff with a disability to complete a passport with their manager to support any adjustments they may have in place. We improved our reasonable adjustment processes to support this and integrated it with our mental health support processes and structures, such as our Stress Risk Assessment process, to ensure a fully joined-up approach. We also created a new Reasonable Adjustments Group of subject matter experts which provides specialist advice to managers to facilitate the process.

We delivered disability and mental health awareness training for managers which included the importance of reasonable adjustments and the above new process, to ensure that managers were fully aware of their obligations. We also worked with our HR colleagues, Trade Union representatives and colleague networks to review and update the Managing Absence policy to ensure that it was fully inclusive for disabled colleagues. To increase our disability declaration rates we worked with our Disability and Neurodiversity Network to run an awareness campaign for colleagues which promotes positive disability role models within the organisation. We also worked with NHS Employers and the ESR Team to co-deliver a virtual awareness event for NHS organisations in October 2020, aimed at improving equality and diversity monitoring and reporting in ESR across the NHS.

**4 Conclusion and next steps**

As this is our first submission for the WDES we are unable to draw comparisons with previous submissions, however the results of the 2020 submission have highlighted areas where our organisation should focus some attention.

In the past year, the NHSBSA has had some significant successes in improving inclusion and accessibility for our disabled colleagues. This includes being awarded Disability Confident Leader status, the formation of our Disability and Neurodiversity Colleague network, creation and roll out of bespoke disability and mental health awareness training for our managers and the introduction of a reasonable adjustment passport. All of which will assist our organisation in continuing to have a focus on improving the working experience of our disabled colleagues and enabling them to be their whole selves at work. However we know that there is more to do as this submission has highlighted.

It is noted that our disability status non-declaration rate on ESR is much higher than we would like it to be and improvement is needed to lower the percentage of colleagues who have not declared this. The percentage of colleagues declaring a disability also appears to be low, especially when compared to the UK working population who have declared a disability. We will continue to encourage our disabled colleagues to declare their disability and create a working environment where they feel safe to do so, which we will progress with our new Disability and Neurodiversity Network. This will include communications campaigns for colleagues to raise awareness of what is considered a disability in law as many people do not consider themselves ‘as disabled’, as well the importance and impact of monitoring data by showing examples of where monitoring has led to a positive outcome.

Our disabled colleagues appear to be at significantly higher risk of being placed on formal performance management or capability processes when compared to their non-disabled colleagues. It should be noted that this result has come from a total of 6 recorded cases over a 24-month period and such a small sample could provide misleading results. As we move forward with our action plan, results for this metric have been noted with caution.

We participate in an annual staff engagement survey each year, however as this is not the NHS Staff Survey and is delivered by a standard set by a third party, we have been unable to answer the metrics relating to this on this occasion. We are working closely with the provider to look at how these metrics could be covered in future surveys.

Our Wellbeing and Inclusion Team have developed an action plan for the forthcoming year based on the results from our 2020 submission. This is included in Appendix 2. The action plan was written in consultation with disabled colleagues and allies from across our Wellbeing and Inclusion Networks who we will further work with to deliver against these actions.

**Appendix 1 WDES metrics report**

Detailed below is the organisation’s WDES data which was submitted in November 2020 covering the period April 2019 – March 2020

**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.**

**(Data source: ESR)**

**1a. Non-clinical workforce**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disabled staff in 2020** | **Non-disabled staff in 2020** | **Unknown/null staff in 2020** | **Total staff in 2020** |
| **Percentage (%)** | **Percentage (%)** | **Percentage (%)** | **Headcount** |
| 5% | 82.1% | 12.9% | 3139 |

**1b. Clinical workforce**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disabled staff in 2020** | **Non-disabled staff in 2020** | **Unknown/null staff in 2020** | **Total staff in 2020** |
| **Percentage (%)** | **Percentage (%)** | **Percentage (%)** | **Headcount** |
| N/A | N/A | N/A | N/A |

**Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**

**(Data source: Organisation’s recruitment data)**

|  |  |
| --- | --- |
|  | **Relative likelihood in 2020** |
| **Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff** | **0.99** |

**Metric 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.**

**(Data source: Organisation’s HR data)**

|  |  |
| --- | --- |
|  | **Relative likelihood in 2019/20** |
| **Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff** | **32.84** |

**Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.**

**(Data source: NHS Staff Survey. N.B for 4b-d we have used our organisation’s HR data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Disabled staff responses to 2019 NHS Staff Survey** | **Non-disabled staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2019** |
|  | **Percentage (%)** | **Percentage (%)** |  |
| **4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months** | N/A | N/A | N/A |
| **4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months** | 0.00% | 0.01% | 0.01% |
| **4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months** | 0.00% | 0.01% | 0.01% |
| **4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months** | 0.00% | 0.01% | 0.01% |

**Metrics 5 – 8**

**(Data source: NHS Staff Survey)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Disabled staff responses to 2019 NHS Staff Survey** | **Non-disabled staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2019** |
|  | **Percentage (%)** | **Percentage (%)** |  |
| **Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.** | N/A | N/A | N/A |
| **Metric 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.** | N/A | N/A | N/A |
| **Metric 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.** | N/A | N/A | N/A |
| **Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.** | N/A | N/A | N/A |

**Metric 9 – Disabled staff engagement**

**(Data source: NHS Staff Survey)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Disabled staff engagement score for 2019 NHS Staff Survey** | **Non-disabled staff engagement score for 2019 NHS Staff Survey** | **Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019** |
| **a) The staff engagement score for Disabled staff, compared to non-disabled staff.** | N/A | N/A | N/A |

|  |
| --- |
| **b)**  **Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?** Yes  **Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.**  **Example 1:** **Formation of the Shadow Board initiative with a reserved seat for a person with a disability or neurodiverse condition**  To support the development of senior colleagues who are aspirant directors, we have launched a Shadow Board this year. To increase diversity within our leadership community, this includes ring-fenced seats for colleagues from equality groups we are under-represented by, including a seat for a senior disabled/neurodiverse colleague. Each Shadow Board member has been paired with a member of our Leadership Team (Chief Executive, Executive Directors and Chief Officers), who provide sponsorship to them throughout their Shadow Board tenure.    **Example 2:**  **Formation of our Disability and Neurodiversity Colleague Network**  We have created a Disability and Neurodiversity colleague Network which is chaired by a senior disabled colleague, who has a seat on our Shadow Board. As part of this role they work closely with their co-chair, a more junior disabled colleague. To cascade the learning and development from the Shadow Board, the senior colleague provides mentoring to their more junior co-chair to support their development. Membership of the networks provides fantastic development opportunities for colleagues to develop skills and build knowledge that they wouldn’t usually cover in their main role, for example presentation skills and learning to present to a senior audience, as well as networking with colleagues across areas of the organisation that they wouldn’t otherwise meet. In addition to this, specific training and development opportunities are offered to network members to support their development in their network roles.  **Example 3: WDES Action plan focus group comprising members from across staff networks**  We wanted to give our disabled staff a real voice and be enabled to contribute to the actions that we will be taking forward in the WDES. We set up a staff forum and invited members from all of our Wellbeing and Inclusion networks to attend. We delivered a session on what WDES is, its purpose and what our disability data tells us. Network members then worked in smaller groups to plan out priorities and how the staff networks will work together collaboratively to help us make a difference for disabled staff. We then drafted an action plan from the session and shared it with the Disability and Neurodiversity Network Co-Chairs for final comment. The Wellbeing and Inclusion team will work collaboratively with the Disability and Neurodiversity Network and other relevant staff networks to ensure delivery of the actions and action owners will be accountable to deliver the agreed plan.  **Example 4: Virtual cafes/safe space for colleagues to connect and discuss disability issues**  During the Covid-19 pandemic we have changed the way that we provide our Wellbeing and Inclusion support to colleagues. One of those changes was to deliver supportive opportunities to connect in a virtual safe space. We created themed ‘virtual cafes’ where people with a shared characteristic or shared lived experience can come together and talk in a supportive environment about issues concerning them during the pandemic. We have held cafes on various topics around the disability agenda including Shielding, Mental Health, and Carers, as well as some specialist wellbeing sessions on wellness action planning, improving resilience, mindfulness, mind management and sleeping well. |

**Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce**

**(Data source: NHS ESR and/or organisation’s local data)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disabled Board members in 2020** | **Non-disabled Board members in 2020** | **Board members with disability status unknown in 2020** | **% points difference (+/-) Between Disabled and non-disabled Board members in 2020** |
|  | **Percentage (%)** | **Percentage (%)** |  |  |
| **Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.** | Exec = 0%  Non-exec = 0%  Voting = 0%  Non-voting = 0% | Exec = 100%  Non-exec = 100%  Voting = 100%  Non-voting = 100% | Exec = 0%  Non-exec = 0%  Voting = 0%  Non-voting = 0% | Total Board = 100%  Overall  workforce = -5%  Difference = 95%  percentage points |

**APPENDIX 2 - WDES action plan 2020/21**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Metric** | **Objective** | **Action/s** | **Timescales** | **Lead/s** | **Why** |
| **1** | Improve disability status declaration rates in ESR | Comms around the legal definition of Disability to raise awareness of what is considered a disability in employment law as many people do not consider themselves ‘as disabled’ | Feb-Mar 2021 | D&ND Network  D&I Network  W&I Team | ESR non declaration rates are high. Awareness may increase this by explaining what the legal definition is |
| **1** | Improve disability status declaration rates in ESR | Comms around the importance of monitoring and what happens to data by showing examples of where monitoring has led to a positive outcome | Feb-Mar 2021 | D&ND Network  D&I Network  W&I Team | ESR non declaration rates are high. Awareness may increase this by explaining why this information is needed |
| **3, 4, 7, 8** | Increase awareness for line managers & colleagues | ‘Supporting Colleagues with Disabilities and Mental Health’ training to be delivered to all line managers | Oct 2020 – Dec 2021 | W&I Team | Raise awareness with managers and introduce support available to managers and colleagues |
| **3, 4, 7, 8** | Increase awareness for line managers & colleagues | Share examples of lived experiences working with different conditions and disabilities in the workplace to support managers managing colleagues with these conditions | Ongoing | D&ND Network | This aims to provide reverse or peer to peer style mentoring for managers or colleagues |
| **3, 8** | Increase awareness for line managers & colleagues | Awareness of what reasonable adjustments are, why they are needed and who can request these. Including comms about the Workplace Adjustment Passport scheme and a mechanism to review effectiveness of adjustments | Feb-Mar 2021 | D&ND Network  D&I Network  W&I Team | Colleagues and managers are aware of what support is available and a review of effectiveness of adjustments can be undertaken |
| **4, 5, 6, 7, 8, 9** | NHS staff survey questions | Work with Best Companies to include or draw results from the staff engagement survey so that metrics 4-9 can be answered fully | Jul 2021 | W&I Team  Comms Team | We are currently unable to answer these questions and would like to improve this for future WDES submissions |
|  |  |  |  |  |  |
| **Note: Explain how Disabled staff have been involved in developing and delivering the actions.**  A workshop was held with colleagues from all our Wellbeing and Inclusion colleague networks, including our BAME, Disability and Neurodiversity, Diversity and Inclusion, Domestic Abuse Support, LGBT+, Mental Health First Aid, Wellbeing and Women’s Networks. The workshop reviewed the results from the WDES worksheet and qualitative survey to identify areas for improvement, discuss how these areas could be improved and agree actions to be put in place. The workshop was primarily led jointly by our Wellbeing and Inclusion Team and Disability and Neurodiversity Colleague Network, however the session included other networks to provide an inclusive and intersectional lens to the formulation of the action plan. | | | | | |