


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 22 OCTOBER 2020**

<b>Title:</b>	<b>WORKFORCE DISABILITY EQUALITY STANDARD (WDES)</b>
<b>Responsible Director:</b>	<b>Lisa Stalley Green, Chief Nurse</b>
<b>Contact:</b>	<b>Sally Lawson, Head of Inclusion, Partnership ext. 16573</b>

<b>Purpose:</b>	To present an update to the BOARD OF DIRECTORS
<b>Confidentiality</b>	None For Publication
<b>Level &amp; Reason:</b>	
<b>Board Assurance Framework Ref: / Strategy Implementation Plan Ref:</b>	BAF - SR5/18 - Unable to recruit, control and retain adequate staffing to meet the needs of patients  SIP - #13 Foster positive staff engagement and inclusive culture
<b>Key Issues Summary:</b>	<p>The WDES is a set of ten specific measures which enables the Trust to compare the experiences of disabled and non-disabled staff. The WDES 2020 shows:</p> <ul style="list-style-type: none"> <li>• Increase in declaration rate of staff from 2% to 3%.</li> <li>• Applicants with a disability remain 1.4 times less likely to be appointed from shortlisted compared to applicants without a disability.</li> <li>• Improvement in reducing the number of staff with a disability entering the formal capability process from 1.7 times more likely to no staff in the process declaring a disability.</li> <li>• Reduction in the number of staff saying they have experienced harassment, bullying or abuse from their Manager reducing by 2% from the previous year.</li> <li>• 72% of staff with a disability believes that the Trust provides equal opportunities for career progression. This figure is the same as the previous year.</li> <li>• 69% of staff with a disability have said that the Trust has made adequate adjustments for them to carry out their work.</li> </ul>
<b>Recommendations:</b>	The BOARD OF DIRECTORS is asked to review and approve the SMART objectives set out in the WDES report.
<b>Signed:</b> 	<b>Date: 13 OCTOBER 2020</b>

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

Annual Report 2020

University Hospitals Birmingham

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# 1 Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enables NHS organisations to compare the experiences of disabled and non-disabled staff. University Hospitals Birmingham (UHB) uses the data in this report to develop and publish an action plan and year on year the Trust will demonstrate progress against the indicators of workforce disability equality.

Research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The Trust is committed to creating a fair and inclusive culture which enables the voices of our staff with a disability to be heard and where everyone has a fair chance at achieving their full potential.

This WDES Annual Report 2020 uses data taken from Electronic Staff Records (ESR), NHS Jobs and the Trust's National Staff Survey results for 2019 that relates to the workplace representation and lived experiences of its staff with a disability. The detailed data analysis and evidence base allows the Trust to benchmark its 10 WDES metrics data by Trust type and Trust size as well as on a local, regional and national level basis. The baseline data and analysis can be used as a measuring tool to enable the Trust to understand where progress has taken place and where improvements need to be made.

The report also includes case studies, provided by the Trust's Workforce department, showcasing examples of good practice where staff with a disability have been supported in the workplace. This includes staff living and working with physical disability, mental health or neurodiversity.

At a national level, the evidence clearly highlights disparities between the experiences of disabled and non-disabled staff across the 10 metrics. The analysis therefore demonstrates the need for Trust's to take robust action, with monitoring and evaluation, to ensure that progress takes place and to embed the WDES into ongoing work programmes that support positive change.

## 2 Executive summary

During these unprecedented times the Trust has remained focused on its inclusion agendas and committed to making lasting change for its staff from marginalised groups. Many staff have found themselves working in unfamiliar areas and having to quickly adapt to new ways of working. This can be difficult for anyone but especially for those who are living and working with a disability. Despite these challenges the Trust is able to report significant improvements in many of the metrics contained within this report.

Firstly the Trust was upgraded from Committed to Employer status in the Disability Confident Scheme. This is as a result of the Trust making significant progress in utilising innovative ways of attracting, recruiting and retaining people with a disability or long term health conditions and further work is planned to achieve the highest level as Leader status.

Secondly there has been an improvement in reducing the number of staff with a disability entering the formal capability process from 1.7 times more likely in 2019 to no staff in the process declaring a disability in 2020. This coupled with a reduction in the number of staff saying they have experienced harassment, bullying or abuse from their Manager reducing by 2% from the previous year would suggest that the Trust's programme of work aimed at improving the knowledge, skills and confidence of Managers to support staff with a disability is having a significant impact. There is still more work to be done to address the slight increase in the number of staff reporting harassment, bullying and abuse from patients, the public, and colleagues, and a robust action plan has been put in place.

Thirdly results taken from the Trust's 2019 National Staff Survey compare the overall engagement of staff with a disability with non-disabled staff. Whilst there are some notable differences in the results, such as 'the organisation acts fairly on career progression' (72% Disabled Staff / 83% Non-Disabled Staff), the 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 has improved by 3% and the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work remains consistent with the previous year at 69%.

Many lessons have been learnt as a result of Covid-19 and the Trust is committed to re-evaluating practices to ensure staff feel safe whilst at work. HR First Contact and Occupational Health have seen an increase in the number of calls received by staff with a disability seeking reassurance and guidance. In response the Trust has taken steps to advise and inform staff with a raft of health and wellbeing information and mental health support. The Trust has commissioned psychological support from Birmingham and Solihull Mental Health Trust as well as expanding its existing access to in-house Counsellors. But there is more work to do and as we go through this wave of transformation. The Trust will work with partners such as the National WDES team to stay up to date with the most recent advice and guidance and apply the lessons learnt. The Trust's Chief Executive is determined to focus efforts at all levels of the organisation to tackle issues surrounding inequalities for marginalised groups of staff. With recognition that culture is set and established at the very top of an organisation, the Chief Executive has established a dedicated Taskforce that he will lead on fairness. This Taskforce will focus on all areas surrounding fairness issues and will concentrate on shifting the culture, practices and behaviours within Trust and bring about sustainable change.

### 3 WDES progress in 2019/20

#### **1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (excluding Executive Board Members) compared with the percentage of staff in the overall workforce**

**Data taken from ESR shows an increase in disability declaration rate of staff from 2% in 2019 to 3% in 2020**

**Whilst the target deadline is to increase the disability declaration rate of staff from 2% to 4% by December 2022 work continues with a view to making improvements sooner.**

Data produced by NHS Employers states that 9.15% of the Birmingham and Solihull Local Authority declared they had a disability. As at 31 March 2020, information taken from UHB's Electronic Staff Records shows that 3% of staff (568 employees) has stated that they have a disability. However, there remains a high percentage of staff 19% (4223 employees) where disability status is unknown or not declared.

Information from the 2019 National Staff Survey for UHB shows that 1176 staff (17% of respondents) indicated that they have a disability, suggesting that more staff have a disability than we have recorded on ESR, and also suggests staff are more likely to declare to have a disability via an anonymous source.

Feedback from our staff following a recent internal survey shows that some staff choose not to declare they have a disability on ESR because they do not consider it to be relevant to their role in the Trust. Others choose not to declare because they do not consider their condition to be defined as a disability.

Analysis of data allows the Trust to understand better the percentage of staff recorded as having a disability by band. The snapshot of data taken as at 31 March 2020 is consistent with the data from previous years, with disabled employees least represented within the medical grades, with only 6 out of a total of 1104 Consultants declaring a disability. The same is true for senior managers from band 8a and above with only 6 non-clinical bands 8a and above and 7 clinical band 8a above employees declaring they have a disability and 19 out of a total of 2564 Medical or Dental staff declaring a disability.

For clinical band 8c, band 9 and VSM there are no known staff to have declared a disability with only 1 person declaring a disability at 8d. The same is true for non-clinical, band 8c, band 8d, band 9 has no known staff who have declared a disability with only 1 VSM declaring a disability. There are 22 Board members of which none has declared a disability. This is in comparison to 3% of the overall workforce at UHB who have declared a disability as recorded on ESR.

Further analysis of the data has been carried out to identify which staff groups have gaps in the data in relation to disability. The data shows there appears to be trends between certain staff groups, particularly the Medical grades, where protected characteristics including disability, sexual orientation and religion and belief are undeclared.

In May 2020 ESR Self Service was offered to all staff to enable access to on-line payslips. A significant number of staff have now signed up to ESR Self Service, particularly on Heartlands, Good Hope and Solihull sites. Work continues to roll out ESR self-service to all staff as part of the ESR project with further guidance provided to staff in respect of their ability to update their personal

details such as their protected characteristics (disability). Whilst the target deadline for the objective set out in the Trust's WDES 2019 is to increase the disability declaration rate of staff from 2% to 4% by December 2022, work continues with a view to making improvements sooner.

## **2. Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**

**The Trust was upgraded from Committed to Employer status in the Disability Confident Scheme. This is as a result of making significant progress in utilising innovative ways of attracting, recruiting and retaining people with a disability or long term health conditions and further work is planned to achieve the highest level as Leader status.**

**In 2019, applicants with a disability were 1.4 times less likely to be appointed from shortlisted compared to applicants without a disability. In 2020, this figure remains the same.**

As of 31 March 2020, analysis of the data taken from NHS Jobs shows the number of shortlisted applicants with a disability to be 1262 compared to 24885 without a disability. Despite the relative high number of people with a disability being shortlisted only 107 were successfully appointed. This figure is reflective of the previous year. This means applicants with a disability are **1.4 times less likely** to be appointed from shortlisted compared to applicants without a disability. It also means the number of recruits with a disability into the Trust is not reflective of the local community.

The Trust is committed to the Disability Confident Scheme which aims to attract, recruit and retain people with a disability or long term health condition. The Disability Confident scheme supports employers to make the most of the talents disabled people can bring to the workplace. Being Disability Confident is an opportunity for the Trust to lead the way for disability inclusion and to discover skills and talents we cannot do without. In 2020 the Trust completed a number of actions in order to be successfully upgraded from 'Committed' to 'Employer' status. This includes providing evidence of how the Trust draws from the widest possible pool of talent; employs disabled or people with long term health conditions; helps and supports disabled people to find and stay in work; improve employee morale and commitment by demonstrating that we treat all employees fairly; promotes inclusive communications.

Work continues with a number of dedicated actions to make further improvements to the way the Trust attracts and recruits people with disabilities. These include moving to a short application and consideration of CV applications via NHS Jobs following feedback from candidates with disabilities in relation to the accessibility of the current applicant process. For instance, feedback from an external candidate who is registered blind advised that NHS Jobs is difficult to use and that it would help to apply for vacancies if people could submit a CV and covering letter.

In addition through partnership working with The Hive College the Trust has invested in supported internships and extended work placements for students with learning or physical disability. The Trust also works closely with the Disability Confident Scheme to understand ways in which the recruitment and selection process can be improved to meet the needs of people with disabilities. This includes considering the development of an on boarding system; one stop shop for applicants to apply, complete their pre-employment checks and inductions and utilising alternative ways to interview such as Vidy, Microsoft Teams and other platforms.

Throughout 2019/20 the Trust has continued to roll out Aspire which offer staff with interview coaching and support as well as recruitment audits have taken place using outcomes to inform recruitment and selection training and key messages to managers. The Trust's recruitment and

selection training has been revised and a dedicated 'disability awareness' section has been included which is delivered by the Inclusion Training and Development Manager. This section covers the Disability Confident Scheme, the Trust's commitment to interviewing candidates who have declared a disability and meet the minimum person specification of the role, reasonable adjustments, Access to Work, and how our unconscious biases can impact the decision we make during the selection process. The Trust continues with the requirement for a third independent person to be on all interview panels to ensure cognitive diversity and challenge decision making.

### **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**

**The Trust has made considerable improvements in reducing the number of staff with a disability entering the formal capability process from 1.7 times more likely in 2019 to no staff in the process declaring a disability in 2020.**

As at 31 March 2020, out of a total of 209 staff in the formal capability process, none have declared a disability on ESR. This is a reduction from the previous year which showed that 4 out of the 59 staff who had entered the formal capability process had a disability.

This reduction in numbers may be as a result of a series of measures introduced by the Trust. In 2019 the Trust introduced Unconscious Bias training into the HR Masterclasses, including the disciplinary (capability) process training for all managers in the Trust. HR has continued to ensure that managers receive training on the relevant Trust policies, including the disciplinary policy, and that the training will include raising awareness of how biases can occur and reinforce the need for fairness and consistency when applying Trust policies.

A senior review panel continues for all employee relations casework which reviews all cases and includes individuals with a key protected characteristic or where the case relates to a protected characteristic. It means reviewing allegations and initial facts before any casework is commissioned to determine whether formal action is justified and equitable and there will be fortnightly reviewing of any cases that are commissioned.

In addition, the Trust continues with the roll out of internal leadership programmes for managers, which includes an emphasis on the protected characteristics and focussing on how workplace issues impact on personal performance and workplace wellbeing.

### **4. Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients and service users / Managers / other colleagues**

**There has been a reduction in the number of staff saying they have experienced harassment, bullying or abuse from their Manager reducing by 2% from the previous year would suggest that the Trust's programme of work aimed at improving the knowledge, skills and confidence of Managers to support staff with a disability is having a significant impact.**

**There is still more work to be done to address the slight increase in the number of staff reporting harassment, bullying and abuse from patients, the public, and colleagues, and a robust action plan has been put in place.**

Data taken from 2019 National Staff Survey shows that in every category the percentage of disabled staff experiencing harassment, bullying or abuse is higher than non-disabled staff. However less



than half of those (48%) who experienced bullying, harassment or abuse actually reported it. The Trust recognises this requires further investigation.

It is worth noting that harassment, bullying and abuse from patients, service users and the public, as well as, from colleagues, has both increased by 2% from the previous year. However, harassment, bullying and abuse from Managers has decreased by 2%.

The Trust continues to implement and embed conflict resolution and resilience training to support staff in conjunction with the Staff Disability or Long Term Health Condition network as a source of peer to peer advice and support. In addition, the Trust has continued to improve awareness of the Freedom to Speak up Guardian who provides a confidential service for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their disability or long term health condition. The Freedom to Speak up Guardian is supported by the Trust's confidential contacts and a dedicated confidential contact for disability has been recruited.

The Trust has successfully aligned and revised a number of policies including the Trust's Dignity at Work policy which provides effective support for staff experiencing harassment and an overhaul of Corporate Induction for all new starters to include an Inclusion video to promote equality, fair treatment and inclusivity in the workplace.

As part of the new inclusion strategy the Trust is committed to increasing the engagement opportunities to hear the voices of our staff, including those with a disability, and use staff feedback to shape programmes of work to enable change.

#### **5. Percentage of Disabled staff compared to non-disabled staff believing the Trust provides equal opportunities for career progression and promotion**

**72% of staff with a disability believes that the Trust provides equal opportunities for career progression. This figure is the same as the previous year.**

This figure is lower than the percentage of non-disabled staff (83%) and the implications of this may result in staff with a disability are not putting themselves forward for career progression in the Trust. Over the past two years the Trust has implemented a number of actions which include, formalising the recruitment process for 'acting up' and all internal positions to improve fairness and equality to opportunity and improving awareness of the National Leadership programmes which are available to all staff. In 2019 the Trust sponsored the Chair of the Staff with a Disability or Long Term Health Condition Network to attend a National Leadership Development Programme for People with a Disability. Since then, the Chair has used the learning to begin talks with the Trust on how we might develop our own internal leadership programme for staff with a disability.

The personal and professional progression of staff with a disability or long term health condition in the Trust has been profiled as part of the Trust's role model campaigns in order to inspire and motivate others and plans are in place to continue with showcasing role models with a disability in 2020/21. This will include sharing the stories of our staff with a disability as part of the Trust's Disability Conference scheduled to take place in December 2020.

## **6. Percentage of Disabled staff compared to non-disabled staff saying they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties**

**33% of disabled staff have reported feeling pressure from their manager to come to work despite not feeling well enough to perform their duties. This figure is a slight improvement on the previous year when 36% of disabled staff said they felt pressured to come into work.**

The Trust recognises this is an indicator which requires further investigation and intends to hold focus groups with disabled staff to understand better the reasons and develop targeted actions to reduce presenteeism. Feedback from the recent listening event held by the Trust suggests this may be as a result of pressure that staff are putting on themselves rather than pressure from managers and therefore requires the Trust to work more closely with staff to make improvements.

The Trust's Sickness Absence policy has been revised including a review of the stages. This has meant the introduction of a new Disability Leave policy which allows staff with a disability additional time off work to manage their disability or long term health condition. Further communication of the disability leave policy and training for all Managers is planned 2020/21.

### **Case Study 1**

A member of staff had a health condition which required them to have a procedure completed every month for the rest of their life to preserve their health and prevent the condition becoming worse. Due to the recovery timescales after the procedure the employee was meeting absence indicators in the Sickness Absence procedure frequently. The manager and HR agreed to support the employee by honouring periods of disability leave but also holding them at the relevant stage of sickness management as part of a reasonable adjustment rather than escalating within the procedure. The manager also rearranged their shifts so that she had her days off after the procedure to allow for additional rest prior to returning to work. This meant the member of staff felt supported by her manager and did not trigger any absence indicators when undergoing their monthly procedures.

## **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**

**34% of disabled staff said that they are satisfied with the extent to which their organisation values their work. This is a slight decrease from the previous year with 36% of disabled staff**

There is a disparity between the percentage of non-disabled staff (47%) compared to the percentage of disabled staff (34%) reporting that they are satisfied with the extent to which their organisation values their work. These figures are reflective of the figures for the previous year. This is also reflected in the results of indicator 9a which shows staff with a disability to have the lowest overall engagement score in the Trust.

The Trust recognises the low engagement and overall satisfaction of staff with a disability or long term health condition to be a priority and as a result raising the profile of disability in the Trust will be a key objective in the new Inclusion Strategy and work plan for 2020/21.

## **8. The percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work**

**69% of staff with a disability have said that the Trust has made adequate adjustments for them to carry out their work. This figure remains exactly the same as the previous year.**

It is worth noting that this figure represents those staff who have declared they have a disability, there is a significant number of staff who have not declared they have a disability and therefore will not have the workplace adjustments they need to be supported at work. There is also more work to be done with Managers and staff to raise awareness of what is meant by reasonable adjustments. Feedback from the recent listening events suggests some manager are putting reasonable adjustments in place such as flexible working, home working or moving desks but would not call it a reasonable adjustment as they thought it needed to include equipment that they have purchased.

### **Case Study 2**

Employee who was struggling with their mental health, under the care of a mental health clinic, and due to undertake a 12 week appointment program which would require them to attend once a week. The Trust had allowed reasonable paid time off to attend these appointments for the duration of the program. Since COVID-19, they have been unable to facilitate these meetings face to face, so we have arranged for them to have a separate room from their work environment, once a week so that they may attend these meetings via telephone call to ensure they can continue to receive the treatment they need.

The Trust recognises that there is a need to provide more education to managers and staff on workplace adjustment, in particular Access to Work. There has been an absence of sufficient Access to Work training available to staff in the Trust and as such Managers are reporting a lack of understanding on how to undergo the process of applying to Access to Work for current staff and new starters. In response the Trust has developed an Access to Work guidebook for managers and will be reviewing the contents of the HR Masterclasses for Managers to ensure reasonable adjustments and how to support staff through Access to Work is included.

### **Case Study 3**

Sickness absence case where the member of staff had 9 episodes of short term sickness in the preceding 12 months and the manager had called a formal sickness review to consider the possible option of referring the case to a Stage 3 panel. During the review meeting we identified that the individual had a longer term health condition, had been diagnosed with anxiety and depression, and was struggling with providing on-going care to their elderly parent. A decision was therefore taken not to progress to a Stage 3 hearing but to implement a range of supportive measures instead which included a stress risk assessment, a DSE self-assessment, a referral to Access to Work, 'Managing Stress and Resilience' Training, and a change to working hours (in accordance with the Flexible Working procedure). Consequently, the sickness absence record of the staff member improved significantly with 3 episodes of absence in the following 12 months and a significant improvement in their work-life balance and overall wellbeing was reported.

### **Covid-19 and supporting staff with a disability or long term health condition and those shielding**

The Trust is committed to following the Government guidance on protecting its workforce and has undertaken additional measures to support staff classified as vulnerable to the symptoms of Covid-19. The Trust enabled all staff, bank workers and volunteers to self-assess their risk factor and define an appropriate risk reduction plan. By July, this had resulted in undertaking 4,884 risk assessments requiring Occupational Health specialist input or assurance, and this activity remains ongoing as we are risk assessing within a dynamic environment and framework. Demand for Occupational Health guidance and intervention has been high and necessitated moving from a 5-day to a 7-day 12-hour shift service. The Occupational Health department by July had supported 6,861 staff with Covid-related health concerns, symptoms and general issues, published guidance on health conditions and remaining at work, delivered a staff testing programme, reporting on 3,913 tests with a 84% negative result for staff, enabled 2,972 staff with negative results to return to work before the end of self-isolation periods, counselled 360 staff with Covid-related mental wellbeing concerns and launched a UHB-adapted Babylon app, Digital Twin, designed to enable staff to enter their own data such as physical aspects ( e.g. height and weight) as well as previous medical history. The app can provide real time lifestyle advice to the individual on positive health changes such as dietary, exercise and sleep hygiene advice.

Covid risks have encouraged people to more readily share with the Trust their disability or long term health condition as part of their risk assessment. As a result the Trust undertook steps to ensure staff disclosing health information and particularly information related to sensitive conditions are treated with confidentiality and data protection. As part of the tiered risk assessment process the Trust gave an option that if the member of staff did not want to disclose health concerns to their manager they could state that and they could move to Tier 3 and go straight to occupational health assessment or for an independent panel assessment.

### **Shielding and At Risk Groups**

On 16 March the Government issued advice to “at risk” groups to shield from social contact for 12 weeks and in June extended this period to the end of July. Staff not identified for shielding but who had underlying health conditions sought advice from Occupational Health on workplace risks of exposure. To July, 1,206 Covid-19 enquiries from staff related to underlying health conditions and a further 2,216 related to other personal risk factors or perceived risks. An Occupational Health document “Occupational Health Guidance on health conditions and remaining at work during the covid-19 pandemic” was produced to standardise advice and was ratified through the Medical and Scientific Advisory Group (MSAG). A four-tier risk assessment framework was implemented. The risk assessment framework has been made available for all staff, but there has been a targeted focus on those at increased risk due to ethnicity, pregnancy or underlying health conditions. Tier 1 enabled all staff to undertake a self-assessment and to identify workplace considerations relevant to their risk level. Tier 2 provided escalation of risk concerns for discussion between the member of staff and the line manager. Where risks were unresolved, or staff or managers needed support with identifying appropriate risk reduction measures, these were escalated to Tier 3 for Occupational Health review. At Tier 4, an independent risk review panel assesses complex individual risk factors or risk concerns related to household members.

### Covid-19 Staff Risk Assessment Panel

A Workforce panel was established to risk assess complex cases or concerns for household exposure. The multi-disciplinary panel comprises: Director of Workforce, Clinical Service Lead Occupational Health, Deputy Medical Director, and Deputy Director of Nursing. Panels are held twice a week, with the first panel established on 06 April 2020. To July, there had been 25 panel sittings resolving a total of 311 cases, and the risk assessment panel continues to hear cases each week which includes for new starters, students and for people whose condition has changed. The majority of staff risk assessed by the panel are supported to continue working in their role and area. There have additionally been 1,151 shielding staff risk assessed. The majority have been supported to safely return with risk reduction measures where they are unable to work in their role from home, and there are some who needed to be temporarily moved to a new work area. The risk assessment framework is a dynamic process which evolves in response to new and emerging evidence and changes in transmission rates and the safety of the hospital environment.

### Mental Health Support

Occupational Health has an established team of in-house counsellors who offer a solutions-focused therapeutic programme. The counselling service was extended to meet a rising demand including evenings and weekends, and two new counsellors joined the team. During this crisis period, the number of new counselling clients has doubled, and there have been approximately 360 Covid-19 specific referrals. The pandemic has often exacerbated underlying difficulties in coping. The majority of staff who have accessed counselling as new clients during this period have perhaps unsurprisingly come from Division 1 (Critical Care) and Division 3 (AMU and Emergency Department), but with a more surprising equivalent volume from Corporate teams where mental wellness has been impacted by repurposing, isolation/loneliness and a sense of helplessness as well as Porters and Ward Clerks witness to the impact of increased deaths. Staff at Queen Elizabeth and Heartlands Hospital have accessed the counselling service more than any other sites.

The mental health needs for counselling have mainly been:

- Anxiety, accounting for 53% of all cases – a 28% increase in anxiety compared to pre-Covid-19 periods;
- Concern for physical or mental health of family members;
- Financial health where unpaid leave has been taken or where other household members have faced job loss or pay loss;
- Bereavement (11% of cases)

We sourced and launched a new Employee Assistance Programme to boost existing counselling provision and staff support, and to provide 24-7 access to an on-demand telephone and online service. It includes triage and crisis level support. A review of usage is scheduled at the end of July. The Director of Workforce, the Occupational Health Psychiatrist and the Counsellors will be combining their mental health skills to develop a sustained clinical programme in Post-Traumatic Growth. We are scoping activity with input from the STP Wellbeing Coordinator to look at providing a model for the STP.

The Workforce department commissioned Mind to provide Managing Mental Health at Work training to Trust managers, and further commissioned support from Mind is planned which is aimed at supporting both managers and staff to support better mental health at work.

#### **Case Study 4**

Long-term sickness absence case – Employee reporting high stress levels due to the fact that they are the main carer for their elderly mother with whom they live. COVID-19 meant they were at great risk and became totally isolated. Unfortunately the employee's own mental health deteriorated and they received medical intervention as a result. The manager and HR kept in touch with the employee throughout their period of absence and offered regular telephone check-in meetings to see how they were and offer support. As lockdown measures eased they reported still feeling stressed and unwell. Their manager has been excellent throughout by being understanding and supportive of their situation and put a plan into place whereby they could change sites from Heartlands to Solihull which was a cold site. Due to the nature of their role this change was able to be implemented and supported the changes in service provision made at that time. This reduced their anxieties about returning to a 'high-risk' environment and meant they were travelling less and able to spend more time with their family. They had a graduated return and were very appreciative of their manager. They remain back at work, happy and feel well supported.

Many lessons have been learnt as a result of Covid-19 including how better to support staff with a disability or long term health condition. This includes a review of policy to ensure they are person centred such as the home working policy and understanding better how PPE guidelines impact on people with a disability such as face masks and the challenges they pose for staff with sight or hearing impairments or those with neurodiversity. In addition, the Trust does not collect data on its workforce who are carers. The Trust is committed to understanding better the needs of staff caring for disabled dependents whilst working from home and with limited access to the usual support systems and making reasonable adjustments accordingly.

## 4 Conclusion and next steps

Despite these unprecedented times the Trust has successfully made progress against the objectives set out in the WDES 2019 report. There have been a number of advancements in recruitment and selection and learning and development as well as the Trust rising from Committed to Employer status in the Disability Confident Scheme.

The Staff with a Disability or Long Term Health Condition network continues to grow in size and influence. The network now meets monthly rather than bi-monthly and over Zoom which has meant staff working from home or on medical suspension have been able to benefit from the Group's support and advice throughout the stages of the pandemic. The network has two dedicated Chairs who will often meet with disabled staff to listen to their experiences and offer advice and support especially in relation to concerns over Covid-19. Recently, the network members requested for a separate sub group to be set up specifically for staff with neurodiversity so that the voices of those staff could also be heard. The Chairs of the Disability network were asked to join the Executives and the Inclusion Team on site visits to review and audit staff and patient areas and advise on accessibility, mobility or any areas of concern or recommendations for improvement. The Chairs and the Inclusion team meet regularly with the Executive lead to monitor progress.

In June and July 2020 the Trust held two listening events with representatives from all staff groups including senior and middle managers and members of the disability network. The listening events were designed to understand better the lived experiences of our staff with a disability or long term health condition. At both events staff with a disability told their personal stories and lived experiences and as a result it was recognised by the Trust that improving the overall engagement of its disabled staff must be a key priority if it is to create an inclusive culture.

Now more than ever the Trust is committed to increasing the engagement opportunities of our staff with a disability so that their feedback can shape the programmes of work to enable change. A dedicated inclusion inbox for staff to confidentially get in touch with the inclusion team has been created; a bi-monthly inclusion newsletter has been developed to share relevant information and celebrate the stories of our staff; dedicated champions within HR, Recruitment, Occupational Health, Confidential Contacts, for disability so that staff have people to contact who will understand their lived experiences; and a dedicated workforce inclusion team who will provide advice, advocacy and support. The Inclusion team will work with the Disability Champions to ensure they receive the most up to date disability training and advice available in order to be able to provide the most effective support to staff.

In December 2020 the Trust will hold its first virtual conference to celebrate International Day of People with a Disability. The conference will be open to all staff and is designed to improve understanding and raise awareness of living and working with a disability. We will hear from expert speakers on living with a physical disability; living with neuro diversities; mental health awareness; plus six of our own staff will share their personal stories of living with a disability or long term health condition, and we will hear from staff who are carers. The conference will to be educational, informative as well as motivational and inspiring.

Appendix 1 WDES metrics report

Detailed below is UHB’s WDES data which is a snapshot in time as a 31<sup>st</sup> 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 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	4%	0%	82	79%	-3%	14%	17%	+3%	4256	4358
Cluster 2 (Band 5 - 7)	3%	3%	0%	82	80%	-2%	16%	17%	+1%	1025	1063
Cluster 3 (Bands 8a - 8b)	1%	2%	+1%	81	81%	0%	18%	17%	-1%	14	223
Cluster 4 (Bands 8c – 9 & VSM)	0%	0%	0%	83	76%	-7%	17%	23%	+6%	78	121



## 1b. Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	3%	3%	0%	81%	81%	0%	16%	16%	0%	4237	4377
Cluster 2 (Band 5 - 7)	3%	3%	0%	78%	79%	+1%	19%	18%	-1%	8177	8346
Cluster 3 (Bands 8a - 8b)	1%	1%	0%	76%	76%	0%	24%	23%	-1%	564	577
Cluster 4 (Bands 8c – 9 & VSM)	1%	1%	0%	73%	77%	+4%	26%	22%	-4%	73	78
Cluster 5 (Medical and Dental staff, Consultants)	1%	1%	0%	75%	77%	+2%	24%	23%	-1%	1090	1104
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	1%	1%	0%	61%	52%	-9%	38%	47%	+9%	270	302
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	1%	1%	0%	66%	61%	-5%	33%	38%	+5%	1107	1158

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

(Data source: Trust’s recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.37	1.39	+ 0.02

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: Trust’s HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	1.73	0.00	+1.73

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

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	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 (%)		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	30%	24%	+6%	32%	25%	+7%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	20%	12%	+8%	18%	11%	+7%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	29%	17%	+12%	31%	18%	+13%
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	43%	44%	-1%	44%	48%	-4%

## Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	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 (%)		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.	72%	84%	-12%	72%	83%	-11%
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.	36%	25%	+9%	33%	22%	+11%
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.	36%	48%	-12%	34%	47%	-13%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	69%	N/A	N/A	69%	N/A	N/A

## Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018	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.	6.5	7.1	-0.6	6.4	6.9	-0.5

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:** In June and July 2020 the Trust held two listening events with representatives from all staff groups including senior and middle managers and members of the disability network. The listening events were designed to understand better the lived experiences of our staff with a disability or long term health condition. At both events staff with a disability told their personal stories throughout Covid-19 and in the workplace more generally and as a result it was recognised by the Trust that improving the overall engagement of disabled staff must be a key priority in the development of an inclusive culture in the Trust.

**Example 2:** The Staff with a Disability or Long Term Health Condition network continues to grow in size and influence. The network now meets monthly rather than bi-monthly and over Zoom which has meant staff working from home or on medical suspension have been able to benefit from the Group's support and advice throughout the stages of the pandemic. The network works in partnership with the Trust to enable change and provides staff with a disability with the opportunity for their voices to be heard. The network has two dedicated Chairs who will often meet with disabled staff to listen to their experiences and offer advice and support especially in relation to concerns over Covid-19

**Example 3:** Throughout 2019/2020 members of the Trust Board embarked on a programme to review the accessibility of the hospital sites. The Chairs of the Disability network were asked to join the Executives and the Inclusion Team on site visits to review and audit staff and patient areas and advise on accessibility, mobility or any areas of concern or recommendations for improvement. The Chairs and the Inclusion team meet regularly with the Executive lead to monitor progress.

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

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

	Disabled Board members in 2019	Non-disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	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 (%)		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 = 24  Overall workforce = 21158  Difference = -3%	Exec = 0%  Non-exec = 0%  Voting = 0%  Non-voting = 0%	Exec = 62%  Non-exec = 100%  Voting = 62%  Non-voting = 100%	Exec = 38%  Non-exec = 0%  Voting = 8%  Non-voting = 0%	Total Board = 22  Overall workforce = 21707  Difference = - 3%

## APPENDIX 2 - WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
	<b>Improve the declaration rates of staff with a disability.</b>  The Trust aims to improve the declaration rates of staff with a disability on ESR from 3% to 4% by the end of 2022.	This will involve a dedicated and targeted communication campaign to raise awareness of ESR Self Service and how to update your protected characteristic information on the system. The communication campaign will also improve understanding of the importance of recording disability as well as provide staff with the confidence to declare.	December 2022	Head of Inclusion, Advocacy, Partnerships and Events; Workforce Information.	Nationally the declaration rate of NHS Trusts is 3.9%. UHB aims to meet the national rate by 2022 and continue to rise year on year so that it can understand better its workforce and give assurance its staff with a disability are supported whilst at work.
	<b>Changing the way we conduct recruitment and selection processes.</b>  Further investigation is required into the relatively low proportion of disabled recruits.	The Trust will implement innovative ways of attracting, recruiting and retaining people with a disability or long term health condition such as utilising alternative applications routes as opposed to sole reliance on NHS Job. This will involve working with national and local partners to share best practice and implement new ways of conducting recruitment and selection in the Trust.  In order to attract recruit and retain from a more diverse pool of talent the Trust will forge links with key community stakeholders and showcase UHB as an inclusive employer of choice.	September 2021	Head of Inclusion, Advocacy, Partnerships and Events; Deputy Director of HR (Recruitment)	The Trust is committed to being an inclusive employer of choice and recognises that recruiting from a more diverse pool of talent will result in a more productive, efficient and effect workforce which will mean improved patient care.
	<b>Improving the overall engagement and satisfaction of staff with a disability.</b>  There are some notable differences in the national staff survey results, in particular, the organisation acts fairly on career progression (72% Disabled Staff / 83% Non-Disabled Staff); the percentage of staff feeling pressure from their manager to come to work despite not feeling well enough to perform their duties (33% Disabled Staff / 22% Non-Disabled Staff); percentage of staff saying they are satisfied with the extent to which their organisation values their work (34% Disabled Staff / 47% Non-Disabled Staff).	The Trust will increase the engagement opportunities with disabled staff and provide more ways to hear their voices in order to understand better the reasons behind the low engagement scores.  The Inclusion team in partnership with the Staff Disability Network will establish a Task and Finish Group to understand and address the causes of the low engagement score and overall satisfaction with the Trust and agree an action plan for improvement.  The task and finish group will explore the impact of Covid-19 on staff with a disability or long term health condition and how the Trust can better support staff from the lesson learnt.  The Disability Network Chairs, with the Inclusion team, will hold listening events with disabled staff, including staff that are shielding or working from home, in order to stay connected and improve opportunities for their voices heard.	September 2021	Head of Inclusion, Advocacy, Partnerships and Events; Head of Staff Experience; Operational HR; Staff Disability Network Chairs	The Trust is committed to increasing the engagement opportunities of our staff with a disability so that their feedback can shape the programmes of work to enable change. It was recognised by the Trust that improving the overall engagement of its disabled staff must be a key priority if it is to create an inclusive culture.
	<b>Increase knowledge, skills and confidence for senior and middle management.</b>  In partnership with HR to enhance the disability content of the HR Masterclasses and other	Work continues with enhancing the disability contents of the HR masterclasses to provide managers with guidance to have sensitive conversations with staff particularly when supporting staff with a disability or long term health condition or when completing the risk	September 2021	Head of Inclusion, Advocacy, Partnerships and Events; Deputy Chief Operating Officer; Director of Education; Head of Staff Experience	The Trust recognises that senior and middle managers need access to the knowledge and skills through training in a variety of ways in order to stay current and

	relevant training designed to upskill managers with the knowledge, skills and confidence to support staff with a disability or long term health condition.	<p>assessments as a result of Covid-19.</p> <p>The HR Master classes will be made available on-line and will include reasonable adjustments, Access to Work guidance for Managers and staff, and an Access to Work guidebook will be produced.</p> <p>More ways will be introduced for staff to access disability training such as a series of thought provoking sessions about disability made available to all staff on-line, Webinars and working with external training providers.</p>			have the confidence and ability to support staff with a disability.
	<p><b>Upskill HR Managers to be the Disability Champions for staff with a disability or long term health condition.</b></p> <p>HR will upskill HR Managers to be Champions for disability, to act as points of contact for staff in relation to disability casework where the member of staff believes they may have experienced harassment and that this may have been associated to their disability or long term health condition. The dedicated HR Managers will oversee the management of all related disability casework and will work with the individual and the Line Managers to reach a solution.</p>	<p>HR will work in partnership with the inclusion team on a disability awareness training needs analysis for the HR Managers and will agree a programme of training from a variety of sources including the Business Disability Forum, Access to Work, Disability Confident Scheme, to gain the knowledge and skills to be Disability Champions.</p> <p>They will assist with implementing recommendations by Access to Work and the removal of blockages or delays within the Trust which may have a detrimental effect on the progress and tight deadlines. They will work with the Inclusion Team as well as external partners such as Business Disability Forum.</p>	September 2021	Deputy Director of HR (Operational HR)	The Trust is committed to increasing the ways in which the voices of its staff with a disability can be heard. As a result of Covid-19 HR First Contact saw an increase in the number of calls received from staff with a disability seeking reassurance and guidance. The Trust recognises the importance of HR Managers acting as champions for staff with a disability and having access to enhanced training in order to provide the most effective support and advice.
	<b>Understand the impact of Covid-19 and provide assurance to the Trust in relation to staff with a disability or long term health condition.</b>	The Trust will work in partnership with national and regional bodies, such as the National WDES Team, to understand better the impact of Covid-19 on people with a disability or long term health conditions and will apply the learning back in the Trust.	October 2020	Head of Inclusion, Advocacy, Partnerships and Events	To provide assurance that the Trust is acting on the most recent Government advice to keep its staff safe whilst at work.

**Note: Explain how Disabled staff have been involved in developing and delivering the actions.**

The Staff Disability Network holds monthly network meetings which are now conducted over Zoom. At the network meetings the WDES and action plan is a standing agenda item and the group monitors progress against the actions. In June and July 2020 the Inclusion Team in partnership with the Staff Disability Network held two WDES listening events with key stakeholders throughout the Trust as well as network members. The events were designed to offer an opportunity to hear the voices and listen to the lived experience of our staff with a disability. The output of both listening events, as well as the metrics in the report, was used to inform the SMART objectives setting in the WDES 2020 report.