



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

Annual Report 2021

University Hospitals Birmingham NHS Foundation Trust

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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 NHS Foundation Trust (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 and equitable chance at achieving their full potential.

This WDES Annual Report 2021 uses data taken from Electronic Staff Records (ESR), NHS Jobs and the Trust's National Staff Survey results for 2020 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 Trust staff with a disability, showcasing examples of where staff have been supported in the workplace. This includes personal stories from those staff living and working with physical disability, mental health and 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

The last 18 months has been difficult for us all, and despite the challenges faced by the Trust caused by the Covid-19 pandemic, we have remained focused on our inclusion agendas and committed to making lasting change for its staff from marginalised groups. Many of us have had to quickly adapt to new ways of working. This can be challenging for anyone but especially for those who are living and working with a disability. Despite the significant challenges that UHB has faced over the last 18 months as one of the largest acute Trusts in the country, as well as the increased pressures across all services, we are able to report significant improvements in many of the metrics contained within this report for a second year running.

Firstly the Trust has made 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 as part of a programme of transformation for the way we conduct recruitment and selection. Progress so far has resulted in the relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting improving from 1.39 to 1.35 times less likely.

Secondly the Trust has maintained the reduction in 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 and the same again in 2021. This coupled with a reduction in the number of staff saying they have experienced harassment, bullying or abuse from their colleagues reducing by 5% from the previous year, and an increase in the number of staff reporting incidents by 5%, would suggest that the Trust's programme of work aimed at improving the knowledge, skills and confidence is having a significant impact. There is still more work to be done to understand the number of staff experiencing harassment, bullying and abuse from patients, relatives, the public, managers and colleagues, and a robust action plan has been put in place.

Thirdly results taken from the Trust's 2020 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, the overall engagement score for staff with a disability has slightly improved from 6.4 in 2019 to 6.5 in 2020. However, this is still lower than the overall engagement score for staff without a disability at 6.9. One significant improvement to note is the percentage of staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work, for staff with a disability this has improved from 69% in 2019 to 73% in 2020.

Many lessons have been learnt over the last 18 months and the Trust is committed to re-evaluating practices to ensure staff feel safe and valued whilst at work. But there is still more work to do. The Fairness Taskforce is now well established, led by the Chief Executive, and has gained a great deal of traction over the last year. Throughout the coming months the Taskforce will continue to focus on all areas surrounding fairness issues and will concentrate on shifting the culture, practices and behaviours within Trust to bring about sustainable change. In addition, 2021/22 will see the Inclusion Team work more closely with the Divisions to understand the WDES metrics in relation to the areas they are responsible for and develop specific action plans for each division to enable change for those with disabilities.

### 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, and remains at 3% in 2021.

Our current target deadline is to increase the disability declaration rate of staff from 2% to 4% by December 2022, and work is on track to meet this deadline 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 2021, information taken from UHB's Electronic Staff Records shows that 3% of staff (595 employees) have stated that they have a disability. However, there remains a high percentage of staff 19% (4204 employees) where disability status is unknown or not declared.

Information from the 2020 National Staff Survey for UHB shows that 1339 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 an internal survey in 2019 showed 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. We also know that many staff will acquire a disability whilst in employment and so a communication campaign is underway to encourage staff to update their disability status on ESR self-service annually.

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 2021 is consistent with the data from previous years, with disabled employees least represented within the medical grades, with only 5 out of a total of 1135 Consultants declaring a disability. The same is true for senior managers from band 8a and above with only 6 non-clinical staff at bands 8a and above out of a total of 364 employees declaring they have a disability and 28 (1%) out of a total of 2628 Medical or Dental staff declaring a disability.

For clinical band 8c, band 9 and VSM there are 2 staff who have declared a disability out of a total of 72 employees, and for non-clinical, band 8c, band 8d, band 9 only 1 member of staff declaring a disability. There are 24 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. More work needs to be done to increase the number of staff with a disability in senior roles within the Trust as well as improve the confidence of those already in the senior roles to share their disability status with us.

The Trust has introduced ESR Self Service to all staff to enable access to on-line payslips. A significant number of staff have now signed up to ESR Self Service and work continues to roll out further guidance on how to update their personal details on the system such as the 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. Also we will work with our disabled staff to review accessibility of Trust communications such as a Team Brief. By ensuring all aspects of the Trust is accessible to staff they will feel more confident to share their disability status with us.

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

**The Trust has made 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 as part of a recruitment and selection transformation programme.**

**The relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting has improved from 1.39 to 1.35 times less likely.**

As of 31 March 2021, analysis of the data taken from NHS Jobs shows the number of shortlisted applicants with a disability to be 1088 compared to 22454 without a disability. Despite the relative high number of people with a disability being shortlisted only 61 were successfully appointed. Although there has been an improvement from the previous year, it means applicants with a disability are **1.35 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. It is important to note here that these figures are based on the number of candidates who shared their disability status with us at the point of job application. We know that many applicants do not feel able to share their disability on a job application through fear of repercussions and so the true number of recruits with a disability at this stage cannot be known.

We know that our workforce isn't representative, at some levels, of our diverse communities. And we also see that people with protected characteristics are entering employment with us at lower bands and it takes longer to progress through those banding thresholds. Some staff said that they feel like their career opportunities are limited with us and they sense unfairness in the way that opportunities are made available. They want more clarity, more transparency, and more equity, in how leaders recruit, promote and ultimately develop staff.

In order to progress we are taking a transformative approach to the way that we recruit and promote staff within our organisation. Rather than just having a suite of policies and procedures that say it will be fair and equitable, the real staff experience will be that it is fair and equitable. There are some immediate actions that we are progressing and these have been informed by feedback through all staff channels, including the Fairness Taskforce. This includes introducing fair recruitment experts who are a trained group of staff volunteers who either identify with an underrepresented staff group or protected characteristic, or they will have demonstrated that they are committed and visible allies. The fair recruitment experts will be an independent, equal third panellist who will be part of the process from shortlisting right through to the selection stage at interview. They will provide a fresh perspective to the decision making to ensure that those appointments we make are made in a fair and inclusive way, and that it feels that way to the candidates. We know that by having fair recruitment experts on our panels, candidates themselves are likely to feel more assured and more confident, and therefore present their best self. If they can see a fair recruitment expert on the panel, they will perceive fairness and inclusivity is being considered as part of that process.

We are also introducing an accountable decision record to capture the reasons for appointing one candidate over another. It will specifically explain the outcomes for the candidates who we don't

offer the role to, and that decision record will be returned to recruitment in the same way as offer forms are returned. Recruitment will collate and monitor those records so that there is oversight of the decision making, and so that appropriate enquiries can be made, and where support might be needed in making some changes and looking at how we can overcome barriers for candidates.

We are also going to establish data dashboards that will give departments a greater degree of visibility on how their workforce profile compares to the whole Trust. Rather than looking at our Trust wide data and statistics, actually, what it looks like at the local level, and that will help departments to set ambition for changing its profile and therefore better able to define the actions that will achieve that ambition. The Trust will be able to spot trends and offer targeted support where performance over time shows that there isn't sufficient change in the diversity in any area. We can also celebrate successes where positive impact has been achieved.

The Trust recognises that historically it has allowed job adverts to close early. Once a certain number of applications have been received it is often the case that the advert is closed to ease the shortlisting process and reduce the volume that comes through. But we recognise that there are some limiting factors to closing adverts early such as we miss out on talent who may want to spend more time on their application, or they may be a personality type that leaves things to the deadline. So we are going to set some clear timelines on job adverts and keep them open as well as offer open sessions for interested candidates who want to learn more about a job before committing an application. This is designed to level the playing field and give everyone a fair chance to hear the same information about the job.

We are also addressing how opportunities arise for staff to grow their careers with us through secondments, acting up roles and stretch projects, to help people to progress to the next level. We are hearing from staff that these opportunities can be limited and they are not always seen as available equitably. In response we are going to develop a talent management and retention procedure, which will set out a very clear transparent process for how secondments and projects are not only made available and visible, but also how we appoint to those effectively through talent panels. This will involve tracking candidates who have applied for a job with us three times or more and have not been shortlisted, or have been shortlisted but not appointed after interview. We will offer career conversations that support those individuals in progressing with either joining us or gaining a promotion.

In addition, we have a number of future actions to further improve the way we attract and recruit people with disabilities. These include redesigning job specs, defining the personal qualities and values that we want to recruit against that will build an inclusive culture in the Trust, and looking at routes for referrals into our employment, which could include referrals that organisations make from disadvantaged or underrepresented groups. We will look into ways of making the application process shorter 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.

The Trust is committed to the Disability Confident Scheme to attract, recruit and retain people with a disability, and after successfully progressing from Committed to Employer status in 2019, plans are in place to achieve Leader status in the coming years.

### **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. This remains at no staff with a disability in 2021.**

As at 31 March 2021, of those staff in the formal capability process, none have declared a disability on ESR. This significant improvement has continued from the previous year and suggests work carried out to improve the knowledge, skills and confidence of how to support staff with a disability in the workplace is having an impact. HR has continued to ensure that managers receive training on the relevant Trust policies, including the disciplinary policy (which includes capability), 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 a number of educational initiatives for managers and staff, including webinars and Moodle training packages, with an emphasis on the protected characteristics and focussing on how workplace issues impact on personal performance and workplace wellbeing. In 2021 the Inclusion Team delivered a disability awareness masterclass to all HR Managers as part of an on-going programme of learning for HR Managers to be disability champions.

### **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 patients, service users, their relatives and the public, and from colleagues, by 5%, from the previous year. This would suggest that the Trust's programme of work aimed at improving staff awareness, and the 'no excuse for abuse' public campaign, 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 their Manager by 1%, and a robust action plan has been put in place. (Disabled staff from 18% to 19% compared to Non-Disabled which staff remains at 11%).**

Data taken from 2020 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 only than half of those (49%) 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 decreased by 5% from the previous year. However, harassment,



bullying and abuse from Managers has increased by 1%. This may be as a result of some staff with a disability needing to work from home, or shield, or be redeployed into different roles as a result of Covid, which meant less face to face contact with patients, service users and the public, as well as, colleagues. The slight increase in the percentage of staff saying they have experience harassment, bullying and abuse from their Manager may be a direct result of Managers finding themselves in unfamiliar territory through the pandemic. As the biggest acute Trust we saw more Covid patients than anyone else, and understandably many of our staff were concerned about their own safety, especially those with a disability, and managers at times struggled with the changing guidance to support staff which may have caused some conflict.

The staff networks including the Staff Disability or Long Term Health Condition network and the Neurodiversity Staff network continue to be as a source of peer to peer advice and support for staff and the Trust continues 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 a number of policies including the Trust's Dignity at Work policy which provides effective support for staff experiencing harassment and has recently produced some Disability Leave Guidelines and a Guide for Managers to Support Staff with Long Covid. There has also been a complete overhaul of Corporate Induction for all new starters to include content to raise awareness of disability and a video by the network Chairs to promote fair treatment and inclusivity in the workplace.

As part of the 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. The Trust has recently appointed two new Chairs to the Neurodiversity Staff network to work with the group to enable the Trust to better understand what it means to be neurodiverse.

#### **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 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 2020 the Trust launched a new leadership development programme for all first line leaders band 3 to 6 which offered a programme of learning to assist with career development. As part of the launch event the Trust showed a video of a senior nurse with a physical disability who

shared her journey into leadership. In addition, as part of the Fairness Taskforce, the Trust has developed a reciprocal mentoring programme which pairs a member of staff with a senior Manager in the Trust. The aim is for both the mentor and the mentee to get a better understanding of each other's experiences which will in turn support career progression for the mentee. Over 600 members of staff have taken part in the programme so far, many of those with a disability or long term health condition.

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 2021/22. 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 2021.

#### **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 remains the same as the previous year.**

The Trust recognises this is an indicator which requires further investigation and intends to hear as many voices as possible from our staff with a disability to understand better the reasons and develop targeted actions to reduce presenteeism. We know from what staff have already told us that 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 new Disability Leave Guidelines 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 Guidelines and training on this for all Managers is planned 2021/22. The Trust has also produced a Guide to Support Staff with Long Covid and Occupational Health are working closely with Managers to ensure staff feel safe to return to work.

#### **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**

**37% of disabled staff said that they are satisfied with the extent to which their organisation values their work. This is an increase from the previous year with 34% of disabled staff**

There is a disparity between the percentage of non-disabled staff (47%) compared to the percentage of disabled staff (37%) reporting that they are satisfied with the extent to which their organisation values their work. This is reflective of the figures of the previous year. This is also evident in the results of indicator 9a which shows staff with a disability to have the lowest overall engagement score in the Trust.

However, there has been a slight increase from the previous year from 34% to 37% which suggests the work which has been carried out in the Trust to improve understanding, raise awareness, and

increase opportunities for our staff with a disability to feel valued and heard, such as the reciprocal mentoring programme and role model campaigns, is having a positive impact.

Nevertheless, 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 throughout inclusion strategy work plan for 2021/22.

**Case Study 1:** Jo works as a Clinical Nurse Specialist and started working from home in May 2020 due to the Covid-19 pandemic. Since the start of the pandemic she has received treatment for her health condition twice only, instead of at regular 8 - 11 weekly intervals. Working from home has allowed Jo to better navigate her symptoms, increased pain & restricted range of movement. It has meant she can manage changes in her symptoms on a day-to-day basis at home whilst still being able to work & contribute to patient care in a meaningful way.

There are occasions when she feels isolated but the Trust's Occupational Health department have been very supportive & she has also received some excellent support from Remploy.

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

**73% of staff with a disability have said that the Trust has made adequate adjustments for them to carry out their work. This figure is an increase from the previous year, from 69%.**

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. We know from what staff have told us is that some Managers 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 be equipment that is purchased.

**Case Study 2:** Jane joined the Trust in 2011 within the Paediatrics Team. Jane was open about her disability with her Manager as a wheelchair user.

During the pandemic she was required to move from working face to face clinically to working from home. Jane's manager and team ensured that she had all of the reasonable adjustments and equipment which she has in the workplace available to her at home. This meant taking her ergonomic office chair home and the Trust purchased an additional adapted keyboard, mouse, and wrist rest. Jane's team kept in regular contact with her to make sure she felt connected and informed.

Even though Jane is now able to return to face to face clinical duties, she and her manager have recognised the benefits of hybrid working between home and face to face patient contact. It means Jane is able to manage her disability better and she has felt involved in the decision making as a valued member of staff.

However there has been an increase from the previous year in staff saying their employer had made adequate adjustments to enable them to carry out their work. This may be as a result of staff being asked to complete a risk assessment at the start of the pandemic and again when returning to work after shielding. The risk assessment specifically asked if reasonable adjustments are required such as home working, flexible working and/or equipment and significantly more staff have benefited from a new hybrid way of working between home and the Trust.

The Trust also recognised the need to provide more education to managers and staff on workplace adjustment, in particular Access to Work. There had been an absence of sufficient Access to Work training available to staff in the Trust and as such Managers reported 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 developed an Access to Work guidebook for managers to provide a better understanding of reasonable adjustments and how to support staff through the Access to Work process. The guide has been emailed to Managers and is available to all staff on the intranet. Throughout 2021/22 the inclusion team will be working closely with the division to embed the learning and support Managers with putting in place reasonable adjustments.

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

The Trust is committed to protecting its workforce and has undertaken additional measures to support staff classified as vulnerable to the symptoms of Covid-19. The Trust followed the national guidance on shielding and ensured all clinically extremely vulnerable staff including those over 70 years old and pregnant were shielding safely at home. Shielding remained in place until August 2020. Staff were given the resources to work from home, this enabled them to feel they were part of the workforce which helped their self-esteem and feeling of worth.

Covid-19 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 confidentially and within data protection guidelines. As part of the tiered risk assessment process the Trust gave the option if a member of staff did not want to disclose health concerns to their Manager they could go straight to an Occupational Health assessment or the independent panel assessment.

When planning for staff to return to work, risk assessments of their workplace and any underlying health conditions and other risk factors, were taken into account so staff could be placed safely into appropriate areas of work with appropriate protection. This was a management role, but complex cases were reviewed by the Occupational Health Service.

#### **At risk groups**

Staff who were not in the high risk group, and who wanted specific guidance on their own underlying health conditions at this time, were seeking advice from Occupational Health on workplace risks of exposure and whether they should be shielding. To assist staff the 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), with publication on the Trust's Covid-19 intranet page. This identified areas where staff should and should not work in and what level of protection was required.

### **Risk Assessments**

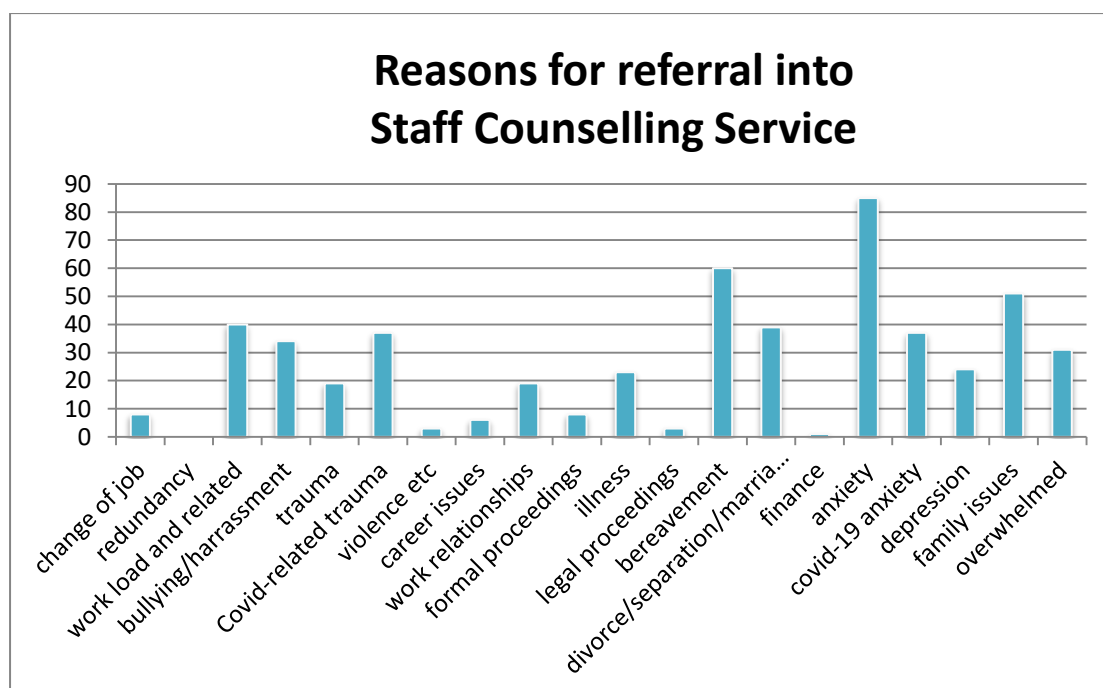
In August 2021 all employers were required to undertake risk assessments for their staff. This was a Manager's responsibility however the more complex cases were referred to Occupational Health. Staff preparing to return to work were extremely anxious and therefore the risk assessment was used as a tool to support staff back into work and identify which areas they could work in and with which level of protection. Guidance was produced to standardise advice and was ratified through the Medical and Scientific Advisory Group (MSAG), with publication on the Trust's Covid-19 intranet page.

### **Mental Health Support for Staff**

The Trust has an in-house counselling service which was enhanced to support the needs of the staff. The Staff Counselling Service increased the number of counsellors available to provide support and increased their availability with some evening and weekend working to meet demand in the midst of the pandemic.

In this period, 559 clients were referred into the service, a total of 484 (86.5%) of these clients were discharged, while the remainder received additional support. The recovery outcomes of these clients follows the trajectory that would be expected throughout counselling, with client wellbeing indicating depression at their first meeting (<40), moving up to a possibility of depression at their second (41-44) and moving to the level of recovery at their final session (>45). Five hundred and twenty five people completed the first questionnaire, 338 completed the second and 120 completed the third.

The main reasons for accessing the service were:



This demonstrates that the service was successful at quickly booking clients in following a referral, improving the wellbeing of clients, supporting clients that were absent to return to work and efficiently discharging clients in line with their wishes and wellbeing improvement.

To compliment the in-house service the Trust used an Employee Assistance Programme this provided a 24 -7 access to an on demand telephone and online. It included triage and crisis level support. As more services became available for our staff such as the Mental Health Hubs and Remploy Mental health Services it was agreed not to extend this provision.

### **Occupational Health**

Over the last 12 months the Occupational Health Service has been at the forefront of supporting staff during the Covid-19 pandemic and in the recovery phases.

Staff with a disability have received support and advice from the Occupational Health team when they have had anxieties or queries about their workplace or environment. To provide this support this led to an exponential increase in the demand for Occupational Health guidance and intervention. This necessitated moving from a 5-day to a 7-day 12-hour shift service. Normal work patterns resumed in February 2021 but with a continuing increase in demand.

A robust triage process was put in place providing managers with advice about managing their staff with the assistance of the Employee Relations team and other resources within the Trust. The majority of referrals were Covid-19 related and therefore consultations for these individuals took place.

### **Staff Testing**

In April 2021 there was no Government strategy for testing and therefore staff with symptoms of Covid-19 or who had been in contact with someone with symptoms had to isolate, this meant significant numbers of staff were absent from work. However it was important that the Trust ensured staff with a disability felt safe to come to work and so daily communications continued and in April 2021 swabbing of symptomatic staff for Covid-19 virus commenced at the Trust, which was before the national roll out.

Symptomatic household members were also tested to identify if staff members would need to continue isolating. This enabled staff to return to work sooner if they tested negative. All Government guidance was followed about isolation of infected staff and their household. The Trust developed a system for one-day turnaround that involved the Facilities Department delivering swabs through its Transport Service, with the driver waiting and collecting the completed test for same-day return to the Laboratory. Results are reported within 24-hours of swabbing.

Using this same proven methodology, we worked collaboratively with our regional colleagues providing a home swab service to their staff and we were able to use their drive through facilities.

### **Covid-19 Staff Risk Assessment Panel**

A workforce panel was established to risk assess complex cases or cases where local management have not been able to resolve a way forward with the member of staff. Panels were held twice a week initially, with the first panel established in April 2020. The panel outcomes are reported back in

writing to the referring Manager to communicate onwards. All decisions were taken with serious deliberation of the facts, and with a view to fair and equitable outcomes.

**Post Covid-19 Syndrome (Long Covid):**

The Occupational Health team is working with Dr Gautam and the UHB Long Covid clinical service to provide an enhanced service for UHB staff. The medical team are also directly referring staff members to specialist clinics rather than waiting for the community triaging services. Occupational Health are working with Employee Services on a rehabilitation policy as the normal supportive return to work is not sufficient for an individual suffering from Post Covid Syndrome. A total of 89 staff members have been referred or self-referred to Occupational Health due to Post Covid Syndrome. We expect to see more cases over the next 12 months.

Over the last 12 months due to Covid -19 many things have change in how support is given to our staff, in particular with disabilities and long-term health conditions. Many people have had to share information about their underlying conditions which previously they have kept confidential from their Managers. This has shown the Trust needs to ensure staff feel safe to share this information so that appropriate support can be put in place for them.

We continue to learn, reassess and re-evaluate as a result of the pandemic. 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 another difficult year with Covid-19 and other conflicting demands, the Trust has successful made progress against the objectives set out in the WDES 2020 report. There have been a number of advancements in recruitment and selection and learning and development as well as the launch of a Fairness Taskforce, chaired by the CEO, to shift the culture, practices and behaviours within Trust.

The Staff with a Disability or Long Term Health Condition network continues to grow in size and influence. The network continues to meet monthly over Zoom which has meant staff working from home or on medical leave have been able to benefit from the group's support and advice. The network has two dedicated Chairs who will often meet with disabled staff to listen to their experiences and offer support. More recently, a separate sub group has been set up specifically for staff who are neurodiverse so that their voices can also be heard. Two new Chairs have been appointed to the Neurodiversity network and the group has gained a great deal of traction over the last year. The Disability Network Chairs were asked by the Director of Estates and other senior stakeholders to join them on site visits to review and audit staff and patient areas and advise on accessibility and mobility barriers and suggest recommendations for improvement. The Chairs and the Inclusion team meet regularly with the lead for this work to monitor progress and in August 2021 a second Changing Places Facility for people with complex disabilities was opened in the Trust.

Earlier in the year the Trust launched its new Disability Leave Guidelines designed to enable staff to have paid leave to manage their disability or long term health condition, along with Guidance to Support Staff with Long Covid and an educational webinar. The Inclusion team successfully delivered a disability awareness masterclass to all HR Managers to create Disability Champions amongst their teams. Throughout 2021/22 the Inclusion team will be working closely with each of the divisions to enable them to have a set of WDES metrics specific to their areas of responsibility. This will create ownership and accountability for change within their division. The disability awareness masterclass will be rolled out to Managers throughout the Trust and the Inclusion team will work with them to ensure they receive up to date advice to provide the most effective support to disabled staff.

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 bi-monthly inclusion newsletter and weekly bulletin email shares relevant information and celebrates the personal 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. 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.

In December 2020 the Trust held its first virtual conference to mark International Day of People with a Disability. The conference was open to all staff and was designed to improve understanding and raise awareness of living and working with a disability. We heard from expert speakers on living with a physical disability; living with neuro diversities; mental health awareness; plus six of our own staff shared their personal stories of living with a disability or long term health condition, and from staff who are carers. Feedback defined the conference as 'educational, informative as well as motivational and inspiring'. Plans are already underway for a new conference in December 2021.



## 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 2021

**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	Disabled staff in 2021	Disabled staff in 2020/2021	Non-disabled staff in 2020	Non-disabled staff in 2021	Non-disabled staff in 2020/2021	Unknown/null staff in 2020	Unknown/null staff in 2021	Unknown/null staff in 2020/2021	Total staff in 2020	Total staff in 2021
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	4%	0%	79%	79%	0%	17%	18%	+1%	4358	4332
Cluster 2 (Band 5 - 7)	3%	3%	0%	80%	81%	+1%	17%	16%	-1%	1063	1112
Cluster 3 (Bands 8a - 8b)	2%	2%	0%	81%	82%	+1%	17%	16%	-1%	223	232
Cluster 4 (Bands 8c – 9 & VSM)	0%	1%	+1%	76%	79%	+3%	23%	21%	-2%	121	132

## 1b. Clinical workforce

	Disabled staff in 2020	Disabled staff in 2021	Disabled staff in 2020/2021	Non-disabled staff in 2020	Non-disabled staff in 2021	Non-disabled staff in 2020/2021	Unknown/null staff in 2020	Unknown/null staff in 2021	Unknown/null staff in 2020/2021	Total staff in 2020	Total staff in 2021
	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%	17%	+1%	4377	4452
Cluster 2 (Band 5 - 7)	3%	3%	0%	79%	79%	0%	18%	19%	+1%	8346	8405
Cluster 3 (Bands 8a - 8b)	1%	1%	0%	76%	77%	+1%	23%	22%	-1%	577	581
Cluster 4 (Bands 8c – 9 & VSM)	1%	3%	+2%	77%	68%	-9%	22%	29%	+7%	78	72
Cluster 5 (Medical and Dental staff, Consultants)	1%	0.4%	-0.6%	77%	78%	+1%	23%	21%	-2%	1104	1135
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	1%	1%	0%	52%	56%	+4%	47%	43%	-4%	302	292
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	1%	2%	+1%	61%	69%	+8%	38%	29%	-9%	1158	1201

## 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 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.39	1.35	- 0.04

## 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 2019/20	Relative likelihood in 2020/21	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.00	0.00	0.00

#### 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 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020
	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	32%	25%	+7%	28%	23%	+5%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	18%	11%	+7%	19%	11%	+8%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	31%	18%	+13%	26%	18%	+8%
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	44%	48%	-4%	49%	48%	+1%

## Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, 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	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020
	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%	83%	-11%	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.	33%	22%	+11%	33%	25%	+8%
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.	34%	47%	-13%	37%	47%	-10%
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	73%	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	Disabled staff engagement score for 2020 NHS Staff Survey	Non-disabled staff engagement score for 2020 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2020
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.4	6.9	-0.5	6.5	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.						
<p><b>Example 1:</b> The Staff with a Disability or Long Term Health Condition network continues to grow in size and influence. The network continues to meet monthly over Zoom which has meant staff working from home or on medical leave have been able to benefit from the Group's support and advice. The network has two dedicated Chairs who will often meet with disabled staff to listen to their experiences and offer advice and support. More recently, a separate sub group has been set up specifically for staff with neurodiversity so that their voices can also be heard. Two new Chairs have been appointed to the Neurodiversity Staff network and the group has gained a great deal of traction over the last year.</p>						
<p><b>Example 2:</b> The Fairness Taskforce is now well established, led by the Chief Executive, and has a gained a great deal of traction over the last year. The Taskforce continues to focus on all areas surrounding fairness issues and will concentrate on shifting the culture, practices and behaviours within Trust to bring about sustainable change. The Chairs of the networks, including the Staff with a Disability or Long Term Health Condition network, and the Neurodiversity Staff network, attend the monthly Fairness Taskforce meeting where they have an opportunity to share the outputs from their networks including making the voices of their members heard by the CEO and other senior stakeholders. The Chairs feedback the actions from the Fairness Taskforce to their network members at the monthly network meetings.</p>						
<p><b>Example 3:</b> In December 2020 the Trust held its first virtual conference to celebrate International Day of People with a Disability. The conference was open to all staff and was designed to improve understanding and raise awareness of living and working with a disability. We heard 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 from staff who are carers. The conference was to be educational, informative as well as motivational and inspiring. Plans are already underway for a new conference in December 2021.</p>						

## 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 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2021	Non-disabled Board members in 2021	Board members with disability status unknown in 2021	% points difference (+/-) Between Disabled and non-disabled Board members in 2021
	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.	<b>Exec = 0%</b>  <b>Non-exec = 0%</b>  <b>Voting = 0%</b>  <b>Non-voting = 0%</b>	<b>Exec = 62%</b>  <b>Non-exec = 100%</b>  <b>Voting = 62%</b>  <b>Non-voting = 100%</b>	<b>Exec = 38%</b>  <b>Non-exec = 0%</b>  <b>Voting = 8%</b>  <b>Non-voting = 0%</b>	<b>Total Board = 22</b>  <b>Overall workforce = 21707</b>  <b>Difference = - 100%</b>	<b>Exec = 0%</b>  <b>Non-exec = 0%</b>  <b>Voting = 0%</b>  <b>Non-voting = 0%</b>	<b>Exec = 83%</b>  <b>Non-exec = 100%</b>  <b>Voting = 83%</b>  <b>Non-voting = 100%</b>	<b>Exec = 17%</b>  <b>Non-exec = 0%</b>  <b>Voting = 17%</b>  <b>Non-voting = 0%</b>	<b>Total Board = 24</b>  <b>Overall workforce = 21946</b>  <b>Difference = - 100%</b>

## APPENDIX 2 - WDES action plan 2021/22

Metric	Objective	Action/s	Timescales	Lead/s	Why
1.	<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 how to update your protected characteristic information on ESR Self Service. 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, Wellbeing, Partnerships and Events; Workforce Information; Communications	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.
2.	<b>Changing the way we conduct recruitment and selection processes.</b>  Further investigation is required into the relatively low proportion of disabled recruits sharing their disability status with us.	The Inclusion team will work with HR and Recruitment on a programme of transformation looking at the way we attract, recruit and retain people with a disability or long term health condition. This will include utilising alternative applications routes as opposed to sole reliance on NHS Jobs and implementing new ways of conducting recruitment and selection in the Trust such as assessment centres, Interview Panel Experts and the introduction of recruitment dashboards to highlight areas of concern.  The Inclusion Team will look to improve the opportunities for staff to be asked about their disability and share this with us from application to appointment all the way through to appraisals.	September 2022	Head of Inclusion, Wellbeing, 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.
3.	<b>Centralise Access to Work to ensure a smooth end to end process and reduce blockages and delays in staff with a disability accessing adjustments to enable them to carry out their work.</b>  By centralising the Access to Work process it will remove blockages and delays and will result in more staff receiving the adjustments and support needed to carry out their work.	The Inclusion team, in partnership with the Staff Disability Network, will establish a Task and Finish Group to better understand the end to end application process for Access to Work and will engage with key stakeholders in Finance, Procurement and IT to agree a centralised process.  A communication and education campaign for managers and staff will be designed and rolled out to support the launch of the new centralised process.	September 2022	Head of Inclusion, Advocacy, Partnerships and Events; Staff Disability Network Chairs; Finance; Procurement; IT	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. Delays or blockages to receiving adjustments has impacted on staff feeling valued and able to carry out their work. Centralising the Access to Work process will ensure staff with a disability will receive the adjustments they need to carry out their work in a timely manner.
4.	<b>Work with the Divisions to produce a set of WDES metrics which are specific to them and agree an action plan.</b>  In partnership with each Division produce a set of WDES metrics specific to them and work with the managers to understand the data and agree an	The Inclusion Team will work closely with the Division to produce a set of WDES metrics specific to each Division and work with the Managers to understand the data.  The Inclusion Team will work with the Managers to develop a division specific WDES action plan to enable change for staff with a disability within the areas they manage.	September 2022	Head of Inclusion, Wellbeing, Partnerships and Events; Deputy Chief Operating Officer; Directors of Nursing	The Trust recognises that senior and middle managers need to understand the WDES metrics at a more local level and be able to take ownership and be accountable for improving the experience of staff with a disability within their own areas.



	action plan for their areas of responsibility.	The Inclusion Team's Disability Masterclass will be made available on-line and will include reasonable adjustments, Access to Work guidance for Managers and staff, and the Access to Work guidebook.			
5.	<p><b>Upskill Managers to be the Disability Champions for staff with a disability or long term health condition.</b></p> <p>Inclusion Team will work with the Managers in each Division to be Champions for disability, to be able to support where the member of staff believes they may have a concern and that this may have been associated to their disability or long term health condition. To educate Managers on Access to Work and reasonable adjustments and how to support staff with a disability to fulfil their true potential.</p>	<p>The inclusion team will work with the Managers in each of the Divisions to raise awareness of how to support staff with a disability 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>Managers will learn how to implement recommendations by Access to Work and how to remove blockages or delays within the Trust which may have a detrimental effect on the progress and tight deadlines.</p> <p>The Inclusion Team will deliver their Disability Awareness Masterclass to all Managers in the Divisions to improve knowledge, skills and confidence. 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>	September 2023	Head of Inclusion, Wellbeing, Partnerships and Events; Deputy Chief Operating Officers; Directors of Nursing	We recognises the importance of 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. Managers need access to the knowledge and skills through training in a variety of ways in order to stay current and have the confidence and ability to support staff with a disability.
6.	<p><b>Understand the impact of Long Covid-19 and provide assurance to the Trust in relation to staff with a disability or long term health condition.</b></p>	<p>The Trust will work in partnership with national and regional bodies, such as the National WDES Team, as well as internal stakeholders such as HR and Occupational Health, to understand better the impact of Long Covid-19 on people with a disability or long term health conditions and will apply the learning back in the Trust.</p> <p>Consideration will be given to setting up a Long Covid Staff Network to support staff.</p>	October 2022	Head of Inclusion, Wellbeing, Partnerships and Events; Occupational Health; HR	To provide assurance that the Trust is acting on the most recent Government advice to keep its staff safe whilst at work.
<p><b>Note: Explain how Disabled staff have been involved in developing and delivering the actions.</b></p> <p>The Staff Disability Network holds monthly network meetings which are 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 August 2021 the Inclusion Team in partnership with the Staff Disability Network held a WDES Consultation virtual meeting with key stakeholders throughout the Trust as well as network members. The event was designed to offer an opportunity to hear the voices and listen to the lived experience of our staff with a disability. The output of the consultation meeting, as well as the metrics in the report, was used to inform the SMART objectives setting in the WDES 2022 report.</p>					

