



Workforce Disability Equality Standard (WDES) Annual Report and Action Plan 2021

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WORKFORCE DISABILITY EQUALITY STANDARD

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1 Introduction

The Workforce Disability Equality Standard (WDES) was launched in 2019 and enables NHS organisations to better understand the experiences of colleagues with disabilities. The data presented in this report helps our Trust work towards positive change for colleagues by creating a more inclusive environment for people living with disabilities who are working and seeking employment with Somerset NHS Foundation Trust (SFT).

This report is the first to present data for SFT following the merger of Taunton and Somerset NHS Foundation Trust (TST) and Somerset Partnership NHS Foundation Trust (SOMPAR). This presents an opportunity to approach the WRES process, data analysis and action planning in a new way.

In developing our 2021/2022 action plan, we will be focusing our attention on the systemic issues affecting the outcomes and experiences of our colleagues with disabilities. We need to fully understand the multiple factors that contribute to the data and colleague feedback presented in this report. Our action plan sets out clear accountabilities and the steps we will take to build a holistic picture of our workforce and colleague experiences. This will enable us to develop sustainable and impactful strategies and changes.

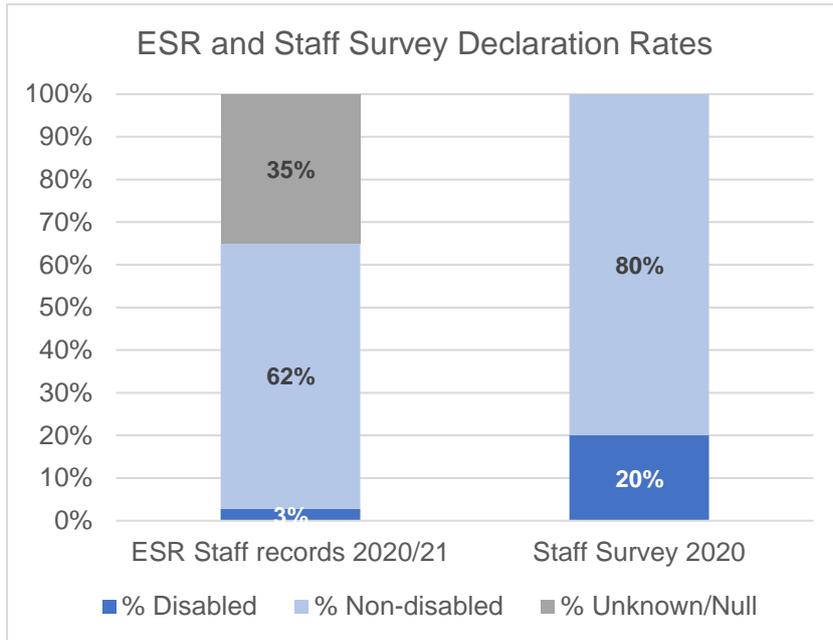
In anticipation of our merger with Yeovil District Hospital (YDH), we will work collaboratively with YDH to share our progress and challenges, and to work towards developing a combined action plan in future.

Data analysis, proposed actions, and a review of impact over time are presented and monitored through the People Committee annually.

Declaration rates

The information for several of the WDES metrics is taken from the Electronic Staff Record database (ESR). This information is updated and maintained by colleagues themselves. Declaration rates are currently incomplete, with just 3% of colleagues reporting that they have disabilities, and information on disability is unknown for 34% of our workforce. For comparison, in the 2020 Staff Survey, 20% of our colleagues reported that they had a disability or long-term condition.

The low declaration rates in ESR will impact our understanding of colleagues representation under some of the metrics within this report. Low declaration rates may be due to a lack of trust in how the information will be used or impact their role, or low awareness amongst our workforce of how to update their personal information and why it's important. Understanding the drivers for low completion rates, and developing appropriate communications for improving declaration rates within ESR, are key areas for action.



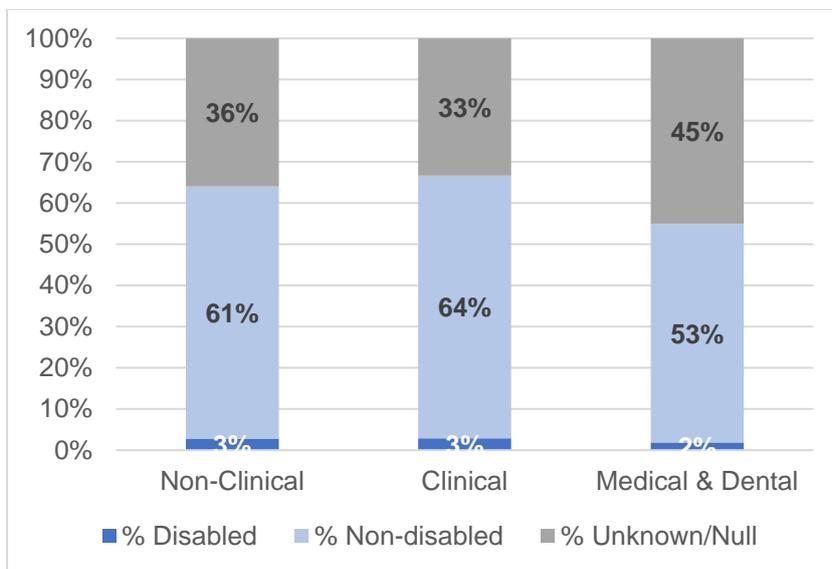
Terminology

For the purpose of the WDES metrics, many of the reports are presented using the term ‘disabled colleagues’ and ‘non-disabled colleagues’. These are not terms we would usually use, however, they are used by the standard reporting measures and are therefore used in some parts of this report to mean colleagues declaring a disability, or colleagues living with disabilities.

2 WDES metrics 2020/21

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.

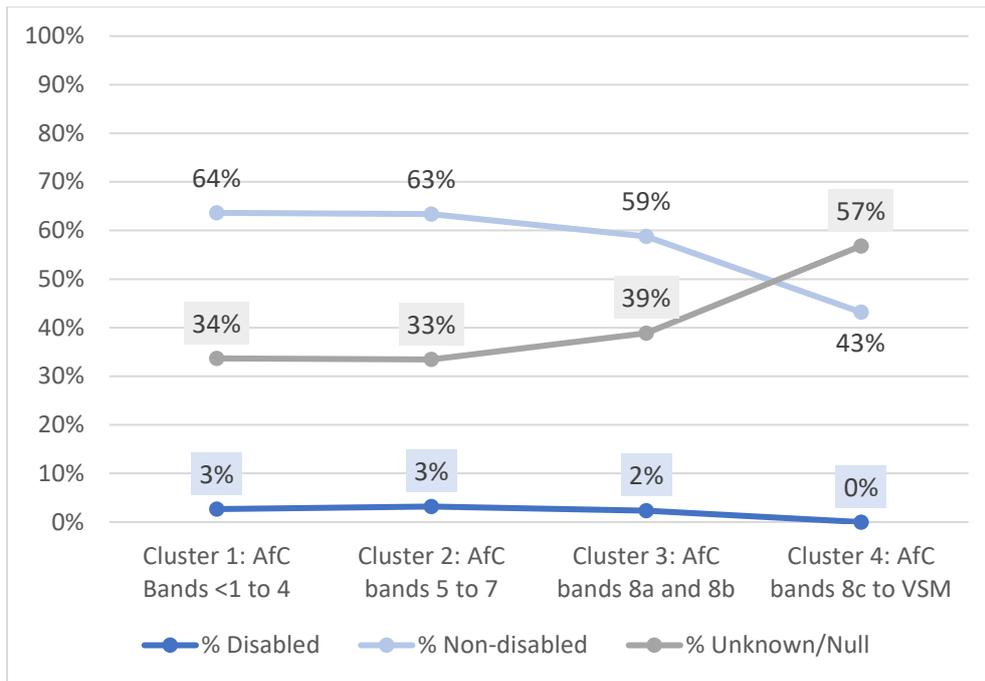
3% of our Clinical and Non-Clinical colleagues have declared a disability, and 2% of our Medical and Dental colleagues have declared a disability. Declaration rates are lower amongst our Medical and Dental colleagues and 45% have not recorded disabilities in ESR.



For the purpose of the WDES, pay bands are grouped into the following clusters:

- Cluster 1 Bands 1-4
- Cluster 2 Band 5 - 7
- Cluster 3 Bands 8a - 8b
- Cluster 4 Bands 8c - 9 & VSM

Our data indicate that the proportion of colleagues living with disabilities decreases with seniority. This may be a real fall in representation, but our data also show that the proportion of colleagues who have not completed their data in ESR increases with seniority. Improving declaration rates would enable us to build a better picture of representation throughout our pipeline.

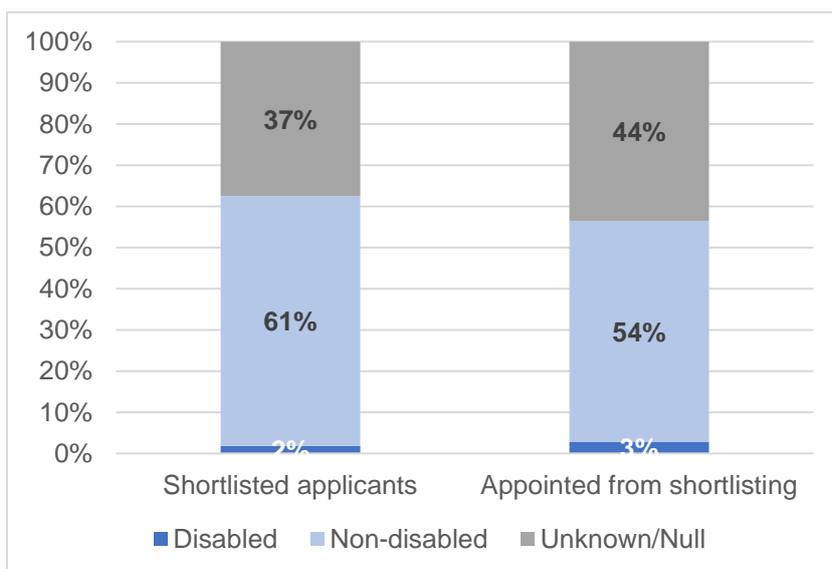


Metric 2 – Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts

The relative likelihood of non-disabled colleagues compared to disabled colleagues being appointed from shortlisting was 0.6. This means that non-disabled applicants were slightly more likely to be appointed.

The data below shows that 2% of shortlisted applicants had declared a disability, and this representation increased to 3% at appointment.

As with our ESR records, declaration rates are low at recruitment with over 30% of applicants choosing not to complete demographic information.

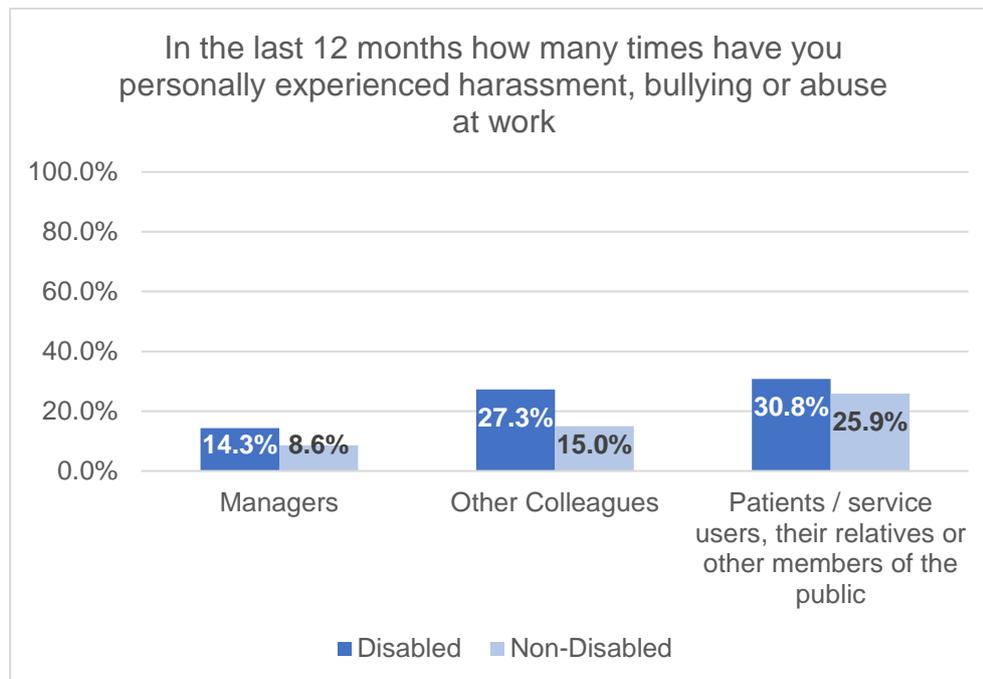


Metric 3 – Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

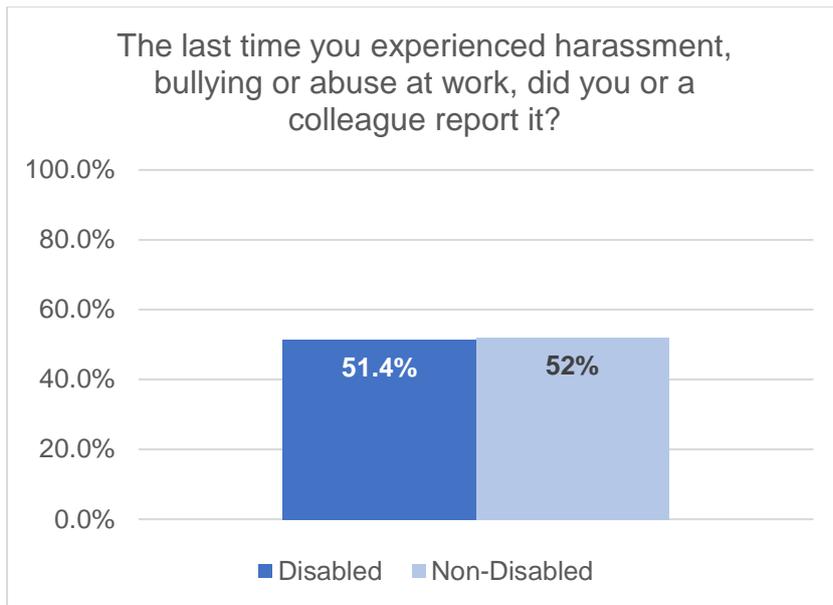
Colleagues who have declared a disability were more likely to enter the formal capability process within our Trust. The relative likelihood of disabled colleagues entering the formal capability process compared to non-disabled colleagues was 2.8. The total number of disciplinarians is relatively small, but we will investigate the nature of these cases to identify any potential for bias or inequity.

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

Colleagues who have declared a disability were more likely to report experiencing harassment, bullying or abuse. Survey respondents were most likely to report bullying or abuse from patients, service users, relatives or other members of the public.

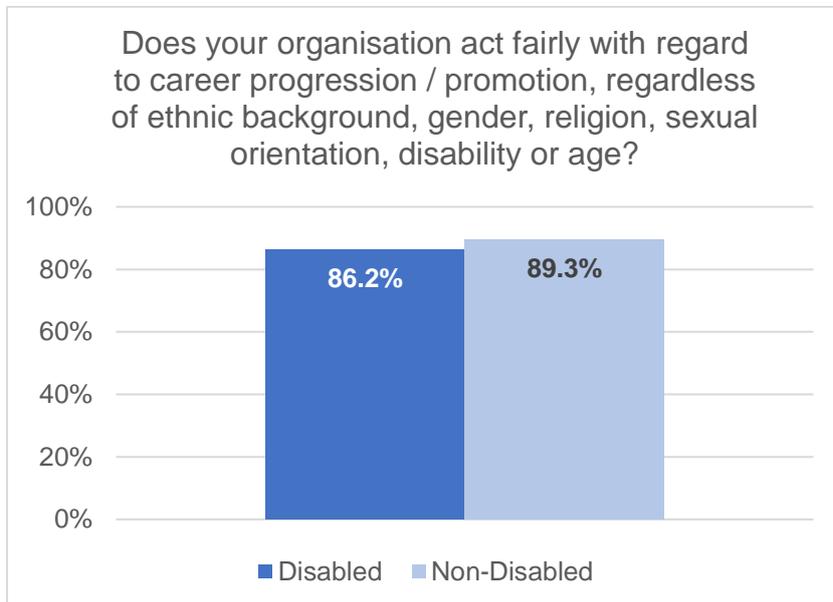


Colleagues who have declared a disability were just as likely to report their experience of harassment, bullying or abuse compared to colleagues with no disabilities. However, only ~52% of colleagues had reported their experience.



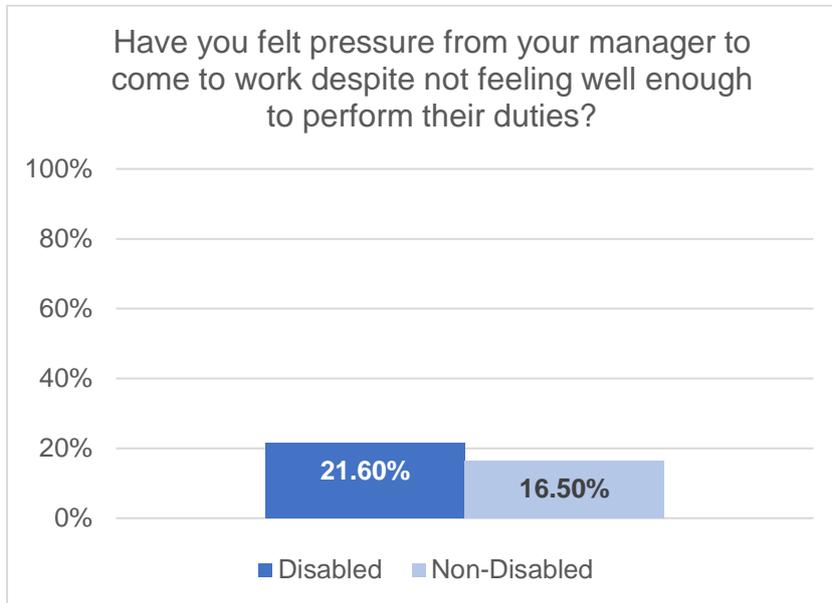
Metric 5 – Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

86% of colleagues living with disabilities felt that SFT provides equal opportunities for career progression or promotion, compared to 89% of colleagues with no disabilities.



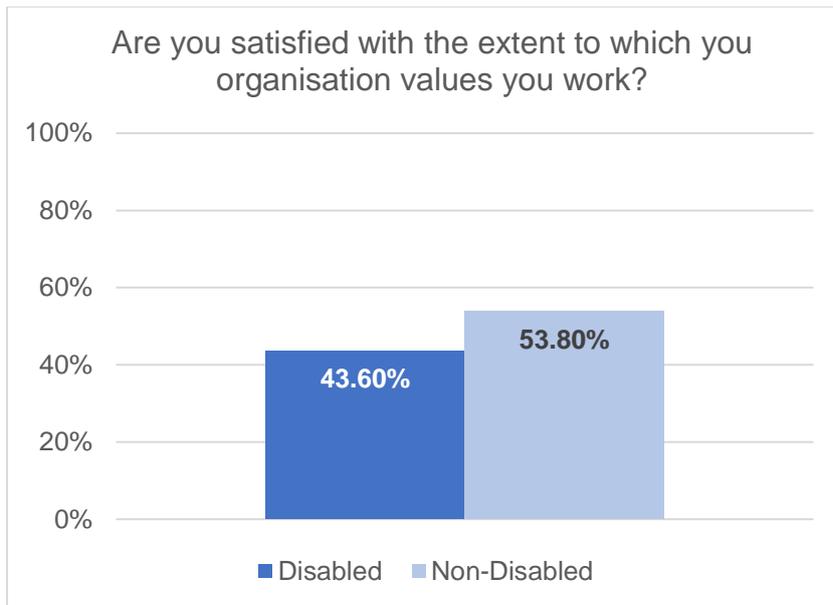
Metric 6 – Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Colleagues living with disabilities were more likely to feel pressure from their manager to come to work despite being unwell.



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.

Only 43.6% of colleagues living with disabilities felt the trust valued their work. There was also a significant difference in responses from colleagues with disabilities (43.6%) and colleagues with no disabilities (53.8%).

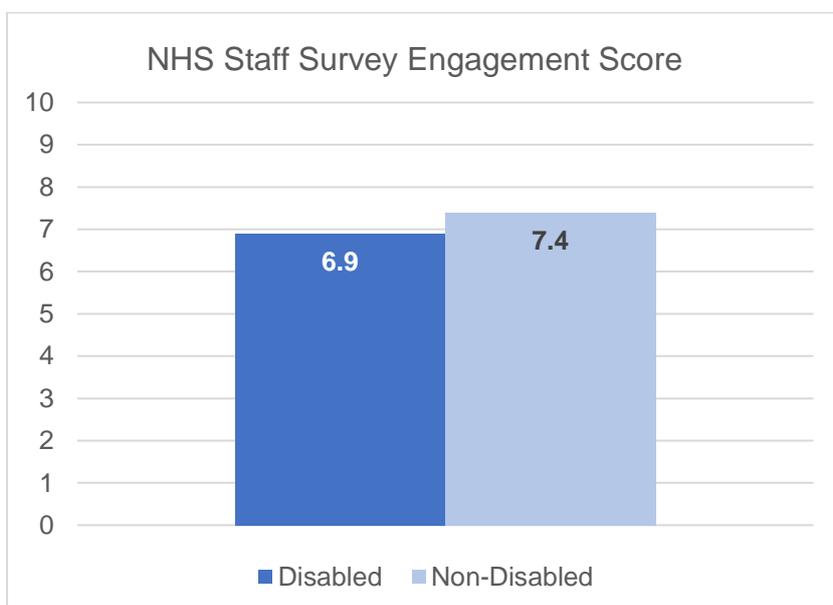


Metric 8 – Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

82.5% of colleagues living with disabilities felt that the Trust provides adequate adjustment(s) to enable them to carry out their work. This is higher than the relevant benchmark (75.7%), but we would like to see improvements in this area, and ensure all colleagues receive appropriate adjustments.

Metric 9 – NHS Staff Survey and the engagement of Disabled staff

The staff survey engagement score was lower for colleagues living with disabilities compared with colleagues with no disabilities.



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

No data are available for Board members, either Exec or Non-Exec.

3 Summary: key areas for action

From the data above, the following issues have been highlighted where further investigation is required:

- Action is needed to understand why declaration rates are low within ESR. This may represent a lack of trust in how information is used, and/or a low levels awareness of how to update personal information in ESR and why this is important. Consultation with colleagues will help to understand the drivers of low declaration rates, and develop clear and appropriate communication to increase declaration rates.
- Declaration rates are also low within recruitment. We can do more to reassure applicants and encourage them to complete demographic information when they apply for roles.
- In 2020/2021, there was an increase in the number of disciplinary cases involving colleagues who have declared a disability. We will investigate the nature of these cases and review to identify any potential bias.
- Our staff survey data highlights significant issues around bullying, harassment and abuse of colleagues living with disabilities, both from colleagues and patients/families. The Trust has taken steps to encourage and enable colleagues to speak up or report incivility and harassment in the workplace. However, our staff survey data show that more could be done to encourage colleagues to report incidents, and to empower colleagues to step up as allies and as active bystanders.
- 82.5% of colleagues living with disabilities felt that the Trust provides adequate adjustment(s). This is higher than the relevant benchmark, but it is important that all colleagues receive appropriate adjustments.
- Colleagues living with disabilities are less likely to feel their work is valued, and had lower overall engagement scores. Consultation is needed to understand this feedback in more detail, so that we can develop actions and strategies to improve colleague experience within our Trust.

4 Next steps

The WDES data and analysis will be presented to the Lived Experience Network. Progress against our plan will be reported to the People Committee and Inclusion Steering Committee.

For more information

For more information about this report, please email the Inclusion Team on inclusion@somersetft.nhs

5 WDES Action Plan 2021-2022

Please note: Progress has been made across the Trust in building engagement in inclusion for colleagues living with disabilities, and setting the groundwork for change; through leadership commitment, awareness campaigns, a developing and visible Lived Experience Network, and a newly formed Autistic Colleague Network. The action plan below aims to build on these foundations by identifying strategies for systemic change. For this reason, many of the actions outlined below focus on data collection and analysis, consultation, and process review. This will enable us to develop specific and measurable actions that target the underlying causes of inequality and underrepresentation throughout our workforce. This 1 year action plan will position us to design a longer-term strategy that will drive impactful change, with tangible outcomes for colleagues living with disabilities and the Trust as a whole.

Action	Accountability	Timescales	Outcomes and Success Measures	WDES Metric
Key Theme 1: Declaration rates in ESR				
Consultation with colleagues to understand reasons for low declaration rates of diversity demographic information within ESR.	Head of Inclusion	Q1 2022/23	Targeted and specific actions developed and approved in response to consultation.	1
Based on results from consultation, take steps to encourage colleagues to update their demographic information within ESR	Head of Inclusion	Q2 2022/23	Unknown disability data to be reduced - from 35% to 20% by Q4 2022/23	1
Encourage Board members and Executive Group to complete their demographic data within ESR	Chief Executive	Q2 2022/23	>90% data available for Board members and Executive Group by Q4 2022/23	10

Action	Accountability	Timescales	Outcomes and Success Measures	WDES Metric
Key Theme 2: Recruitment				
Undertake holistic review of recruitment process to embed inclusive practice. Review to consider specific issues relating to accessibility including <ul style="list-style-type: none"> - Process for providing adjustments for application and interview - Methods to build confidence and improve declaration rates from applicants. 	Assistant Director, People Services	Q1 2022/23	Action plan focused on systemic change developed and approved in response to review.	2
Review and update recruitment website to reflect diversity and inclusion.	Director of Communications	Q2 2022/23	Increased diversity in images and website content. Inclusion as a key theme throughout website content.	2
Develop training for recruitment managers that guides managers through inclusive practice and bias mitigation strategies.	Assistant Director, People Services	Q3 2022/23	Training developed and in place. Monitor uptake, with a plan in place for reaching all trust recruitment managers.	2
Key Theme 4: Leadership				
Collaborate with Trust Board to develop leadership KPIs for Inclusion.	Chief Executive	Q3 2022-23	Inclusion KPIs in place for each member of the Executive Group	All
Consider establishing Executive Sponsors for each of the Trust's Colleague Networks	Chief Executive	Q3 2022-23	Executive Sponsors identified and communicated across the Trust.	All

Action	Accountability	Timescales	Outcomes and Success Measures	WDES Metric
Develop guidance and support for managers on providing adjustments	Head of Employee Relations	Q4 2022-23	Improvement in engagement score for colleagues living with disability in 2023 NHS Staff Survey	8
Key Theme 3: Workplace Culture				
Improve awareness of NHS Health Passport to support workplace adjustments. Ensure this is built into all relevant HR processes.	Head of Employee Relations	Throughout 2022-23	>90% of colleagues reporting they have received adequate adjustments in 2023 NHS Staff Survey	8
<p>Review data from 2021 NHS Staff Survey relating to career development and progression. Analyse responses from colleagues living with disability with a focus on the following themes:</p> <ul style="list-style-type: none"> - Career progression and development - Workplace culture - Violence, bullying and harassment - Perceptions of leadership and managers - Wellbeing 	Head of Inclusion	Q4 2021/22	Targeted and specific actions developed and approved in response to data review.	All
Consultation with colleagues via the Lived Experience Network and Autistic Colleagues Network to explore survey findings - colleagues living with disabilities are less likely to feel their work is valued, and had lower overall engagement scores.	Lived Experience Network and Autistic Colleague Network Leads	Q1 2022/23	Targeted and specific actions developed and approved in response to consultation.	All

Action	Accountability	Timescales	Outcomes and Success Measures	WDES Metric
Inclusion Team to collaborate with working group leading on civility. Embed themes such as macroaggressions and bias.	Head of Inclusion	Throughout 2022-23	Reduction in proportion of colleagues living with disability reporting that they experience abuse, bullying or harassment at work in 2023 NHS Staff Survey.	4
Inclusion Team to collaborate with the working group implementing the Violence Prevention & Reduction Standard.	Chief Nurse	Throughout 2022-23	Reduction in proportion of colleagues living with disability reporting that they experience violence and abuse at work in 2023 NHS Staff Survey.	4
Review research and best practice to develop a plan for building colleague allyship and active bystander skills.	Head of Inclusion	Q3 2022-23	Targeted and specific actions developed in consultation with key partners in response to review.	4
Investigate formal capability procedure and disciplinary cases from 2020 and 2021 to identify any potential for bias or inequity.	Head of Employee Relations	Q4 2021-22	Targeted and specific actions developed and approved in response to data review where appropriate.	3
Support the continued growth of the Lived Experience Network and the new Autistic Colleague Network	Head of Inclusion	Throughout 2022-23	Increase in network membership over time.	All