NHS Workforce Disability Equality Standard (WDES)

Annual Report 2022

Torbay and South Devon NHS Foundation Trust

1.0 Executive summary

- We are an Integrated Care Organisation (ICO) and are over 6,500 people strong. We are responsible for the delivery of acute, community health and social care services. We are culturally innovative, and have a clear ambition to improve outcomes for everyone in our population, Building a Brighter Future.

- Our People Promise describes how Torbay and South Devon will feel as a great place to work and how we will create the conditions for people to thrive, and deliver exceptional integrated health and care, whatever essential role we play. Our People Promise has been shaped by our people, as well as our colleagues across the whole NHS. Importantly, we are committed to understand and build on what works well and to address the issues that get in the way.

- COVID19 has had a significant affect for all those who are vulnerable and specifically those with a Protected Characteristic. Each community has been affected and none more so than our staff, specifically those with a disability or long-term condition.

- Actions implemented by Integrated Care System Devon (ICSD) should drive and align to the high-level strategies of the NHS People Promise, the NHS Long Term Plan and the NHS Equality Objectives. And with our local WDES action plans.

- We are very proud to have launched a number of Networks in driving forward equality, diversity and inclusion initiatives organisation wide. Furthermore, celebrating the best of every person individually.

- The Equality Business Forum (EBF) together with the Networks has an important role in overseeing progress of the WDES action plan and strengthening collaboration between the Board and staff who may have a disability or long-term condition across the organisation.

- Finally, TSDFT takes the view that an action plan is an organic tool to be adapted as concerns are raised. This means our actions moving forward will be adaptable and personalised for our future states.

- The Trust also has Equality, Diversity and Inclusion (EDI) Lead who will have a key role in working with the networks, to support and guide the organisation and its stakeholders in improving staff and service user experience.

2.0 Introduction

Welcome to our WDES Annual Report 2022 which includes a data report for 2021/22 and an action plan for 2022/23.

2.1 The key findings of the national picture are as follows:

- **Workforce Representation –** 2021 data shows an increase of 0.3 percentage points to 3.7% of the total workforce.

  59% of Trusts have five or fewer disabled staff in senior positions (Band 8c and above including medical consultants and Board members)

- **Capability –** Disabled staff are nearly twice as likely to enter the formal capability process as their non-disabled colleagues.

- **Board representation –** Disabled Board members have increased by more than 20.

  The proportion has increased by 0.7 percentage points to 3.7%

- **Staff engagement –** all but six Trusts facilitate the voices of disabled staff to be heard

- **CQC well-led domain –** Trusts that are rated outstanding in the CQC well led domain show evidence of being best employers for disabled staff

- **Reasonable adjustments –** 76.6% of disabled staff report that they have the adjustments necessary to perform their duties effectively, an increase of 2.8 percentage points from 2020.

2.2 What is a disability?

- A condition that effects an individual's ability to carry out normal day to day activities

- A mental health or physical condition

- Disabilities can be visible or hidden

- Can last for 12 months or longer and be recurring

2.3 Long-term conditions which are classed as a disability

- Heart disease

- Musculoskeletal conditions (including spinal-cord, arms, legs and joints)

- Lung or respiratory conditions

- Stroke

- Mental health conditions (depression, anxiety and bipolar)

- Diabetes

- Learning difficulties and neuro-diverse conditions (e.g. autism, dyslexia, dyspraxia)

- Visual, auditory and speech impairments

- Cancer (including those with and who have survived cancer

- HIV

- Multiple sclerosis

2.5 The Workforce Disability Equality Standard (WDES)

The WDES was introduced in 2019 and comprises of a set of ten metrics. This enables the Trust to compare the workplace and career experiences of Disabled and non-disabled staff. Trusts are then required to develop and publish an action plan.

The WDES data enables the Trust to better understand the experiences of our Disabled staff. It supports positive change for all existing employees by creating a more inclusive environment. Evidence has shown that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

Overall, there are ten indicators that make up the NHS WDES These comprise:

Metrics 1, 2 and 3 are Workforce related

Metrics 4,5,7 and 7 are taken from the Staff Survey

Metrics 8 taken from the staff survey but only includes staff with a disability

Metrics 9 taken from staff survey but relates to engagement

Metric 10 relates to Board Representation.

All of the metrics draw from existing data sources (recruitment dataset, staff   records, NHS staff survey) with the exception of 9b which asks for narrative evidence of actions taken, which will be highlighted in this report.

The metrics have been developed to capture information relating to the workplace and career experiences of disabled staff. The WDES 2021 report continues to show that disabled staff have poorer experiences in areas such as bullying and harassment, feel less valued for their contribution and feel more pressure to attend work when feeling unwell.

The WDES supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010. It reinforces the improvements set out in the NHS Long Term Plan and is integral to the NHS People Promise and plan, a promise we must all make to each other – to work together and improve the experience of working in the NHS for everyone.

The Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES) are both vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS.

2.6 Our Values

Whether you're a patient, a visitor or a member of staff, our Vision sets out what you can expect from us – 'Working with you for you'

Our values describe and define our culture. In everything we do, we aim:

- Treat everyone with 'Respect and Dignity'.

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- Commit to the quality of care we provide

- Treat our service users and colleagues with 'Compassion'

- Work collaboratively to 'Improve lives'

- Work together for people

- Ensure that everyone is counted and most importantly that they feel counted

2.7 Our Commitment

It is clear from our WDES data analysis that we need to improve the experience for our colleagues who have a disability or a Long-Term condition and continue to focus on how best we can assist them to remain well, and feel valued. This also includes encouraging staff to share their demographic data, to ensure that as an organisation we have the most up to date information to enable us to support all our staff as a priority.

We are committed to delivering our robust WDES action plan that runs through our developing and exciting 'People promise' and 'Pathway to excellence' programme.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

We have introduced a number of Staff Networks during 2020/21, a catalyst to empower, encourage, and promote equitable opportunities for staff from across our organisation. It is a safe and supportive space for colleagues to come together, share their experiences and feedback on a wide range of actions and decisions.

Our Disability Enablement Focus Forum (DEFF) was developed in 2018 but we recognise the importance of regularly reviewing the membership to ensure it is reflective of our people and their disabilities and long-term conditions. This is reflected in our action plan below.

3.0 Conclusions and Next Steps

- The data indicates some improvement in some areas for our colleagues who a disability or long-term condition. However, we need to do more to encourage the use of reasonable adjustments before capability questions are raised.

- We must recognise that some of the actions we take, specifically any culture differences may take a period of time.

- Our data was submitted August 2021 and our action plan has been reviewed and is attached in Appendix 1. Its focus and activities are in line with best practice and other Trusts but we have not seen the progress we would like and it would appear that we may have been trying to do too many things in parallel. Therefore the sharp focus for the year ahead will be on the

key priorities below.

- The WDES will continue, alongside organisational work streams, at system level. This will help drive a culture of inclusion within the organisation and help meet the goals set out in the People Promise 2022/23.

3.1 Areas of Priority

- **Networks** - the Trust is committed to supporting Networks to become sustainable with increased visibility, membership, wider reach and impact across all protected characteristics. They will play a significant role in driving up the standards to improve our WDES data over the next year through the WDES action plan. In turn this empowers our colleagues to use their voices through the networks, sharing their lived experiences to educate to improve outcomes for colleagues with a disability or long-term condition. Our networks will continue to be prominent in contributing to and informing decision making.

- **Recruitment practices** – will continue to be overhauled so that we are truly Inclusive and diverse to ensure we attract and retain a diverse workforce, particularly at Board and senior management levels. We must also focus on ensuring that our workforce is reflective of people in our local communities so that people can see that this would be an organisation they can contribute to and feel like they belong.

- **Develop career pathways** - we need to understand the barriers to career progression for new and existing staff with a disability before we can focus on development and progression of career opportunities.

- **Education** – we will build on the Management Essentials Program and Cultural Framework via I-Manage to raise awareness around cultural competency and encourage conversation around uncomfortable topics. We will also celebrate and value the contribution of all our staff and focus on celebrating cultural festivals and encouraging more proactive campaigns around inclusion.

- **Employability** – our focus will be to widen access to quality work for local people in our communities with disabilities.

- Achieving equality and inclusion is central to our success and mission critical to delivering outstanding quality services.

4.0 References

www.england.nhs.uk/about/equality/equality-hub/equality-standard/ www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty

www.england.nhs.uk/ournhspeople/

 www.gov.uk/government/publications/the-nhs-constitution-for-england

NHS Employers Disability Resource Library (November 2020)

Detailed below is the organisation's WRES data which was submitted August 2021

Indicator 1- Percentage of staff in each of the Agenda for Change (AfC) bands 1 – 9 and very senior managers (VSM) (including executive boardmembers) compared with the percentage of staff in the overall workforce.

1a.   Non-clinical workforce

Non-clinical	Disabled staff 2020/21	Disabled staff 2021/22	Non-disabled staff 2020/21	Non-disabled staff 2021/22	Unknown/ null staff 2020/21	Unknown/ null staff 2021/22	Total staff headcount
Cluster 1 (Band 1-4)	4.62%	5.2%	86.07%	86.9%	9.31%	7.9%	1432
Cluster 2 (Band 5-7)	5.76%	5.9%	86.41%	88.1%	7.83%	6.1%	461
Cluster 3 (Band 8a-8b)	*	5.9%	83.51%	84.3%	12.37%	9.8%	102
Cluster 4 (Band 8c-VSM)	*	2.9%	91.11%	86.6%	*	8.6%	35

1b- Clinical workforce

Clinical	Disabled staff 2020/21	Disabled staff 2021/22	Non-Disabled staff 2020/21	Non-disabled staff 2021/22	Unknown/ null staff 2020/21	Unknown/ null staff 2021/22	Total staff headcount
Cluster 1 (Band 1-4)	3.64%	4.0%	90.58%	91.4%	5.78%	4.5%	1632
Cluster 2 (Band 5-7)	3.19%	3.6%	87.92%	90.00%	8.88%	6.4%	2497
Cluster 3 (Band 8a-8b)	*	3.2%	83.82%	86.04%	12.50%	10.4%	154
Cluster 4 (Band 8c-VSM)	0	3.6%	94.44%	92.04%	5.56%	3.6%	28
Cluster 5 (M&D Consultants)	*	1.9%	84.77%	85.93%	13.99%	12.17%	263
Cluster 6 (M&D Non-Consultants & Career grades)	*	1.89%	93.16%	91.51%	5.98%	6.6%	106
Cluster 7 (M&D Trainee grades)	*	0.79%	96.74%	98.81%	1.40%	0.4%	253

The Trust adheres to the good practice guidance issued for equality monitoring by the Equality and Human Rights Commission (EHRC) in respect to omitting data items of 10 units or less. This is to ensure individuals cannot be identified. Data that represents small numbers of staff are indicated in the report by an asterisk (*).

The information in the above two tables has been extracted from ESR for the WDES annual collection. This information shows that there is under-representation of staff with disabilities at higher pay-bands for non-clinical, clinical and medical staff. The higher proportion of disabled staff are at the lower pay-bands.

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

(A figure below '1' would indicate that Disabled staff are more likely than Non-Disabled candidates to be appointed from shortlisting)

(Data source: Trust's recruitment data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of staff being appointed from shortlisting across all posts	1.50	2.11	+0.61

Our data would indicate that non-disabled staff are twice as likely to be appointed from shortlisting however we need to understand the overall number of applicants with a disability.

Indicator 3 – Relative likelihood of disabled staff entering the formal disciplinary process, as measured by entry into a formal capability procedure.

Note This indicator will be based on data from a two-year rolling average of the current year and the previous year

(A figure below '1' would indicate that disabled staff members are more likely than non-disabled staff to enter the formal capability process)

(Data source: Trust's HR data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of disabled staff entering the formal disciplinary process compared to Non-Disabled staff.	0.00	4.46	+4.46%

The 2021 data shows the relative likelihood is 4.46. This indicates disabled staff are nearly 4 times more likely to enter the capability process as their non-disabled colleagues.

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Indicators 4 – Percentage of staff experiencing harassment, bullying or abuse (Data source: NHS Staff Survey)

	Disabled staff responses to 2020 NHS Staff Survey	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2020 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey
(a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	27.9%	32.1% ↑	22.9%	25.4% ↑
(b) Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	19.4%	16.3% ↓	9.5%	8.7% ↓
(c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	26.8%	24.5% ↓	16.9%	15.9% ↓

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(d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	45.4%	48.0% 🔺	44.6%	48.6% 🔺

The data above shows that for disabled and non-disabled staff abuse from patients, relatives or members of the public has increased this year which is the opposite to the national downward trend.

There has been an improvement in behaviour towards disabled staff from managers and colleagues and there has been an increase in reporting of incidents for both disabled and non-disabled staff.

Indicator 5 – Percentage of disabled staff compared to non-disabled staff believing their organisation provides equal opportunities for career progression or promotion

	Disabled staff responses to 2020 NHS staff survey	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2020 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey
Percentage of disabled staff compared to non-disabled staff who believe their organisation provides equal opportunities for career progression or promotion.	55.4%	49.7% 🔻	57.3%	59.0% 🔺

The data indicates a lower number of disabled staff saying that their organisation provides equal opportunity for career progression compared to their non-disabled colleagues.

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Indicator 6 - Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	Disabled staff responses to 2020 NHS staff survey	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2020 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	31.5%	25.1% ⬇	22.3%	19.8% ⬇

Although there has been significant improvement in the number of disabled staff feeling pressured to come to work despite not feeling well there remains a disparity between staff with a disability and staff without.

Indicator 7- Percentage of staff satisfied with the extent to which their organisation values their work.

	Disabled staff responses to 2020 NHS staff survey	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2020 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey
Percentage of staff satisfied with the extent to which their organisation values their work.	35.5%	34.0% ⬇	47.5%	40.8% ⬇

The data indicates that there is a decrease in the percentage of staff both with and without a disability who feel valued at work. The disparity between staff with a disability and without is decreasing.

Indicator 8 - Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

Disabled staff responses to 2020 NHS staff survey	Disabled staff responses to 2021 NHS staff survey
80.2%	76.3% ⬇

The staff survey data indicates there has been a decrease in the percentage of staff who feel adequate adjustments have been put in place to enable them to carry out their work. However the Trust is still performing above the national average at 70.9%.

Indicator 9(a) –The Staff engagement score for Disabled staff, compared to non-disabled staff (score 0-10)

Staff engagement Score for Disabled Staff 2020	Staff engagement score for Disabled Staff 2021	Staff engagement score for Non-Disabled Staff 2020	Staff engagement score for Non-Disabled Staff 2021
6.7	6.4 ⬇	7.1	6.9 ⬇

Indicator 9 (b) - Has your organisation taken steps to ensure that the voice of disabled staff have been heard?

Yes. We have a Staff Network that consists of a group of staff with a lived experience of disability. They have assisted in progressing the reasonable adjustment policy and in mentoring other staff with a disability or long-term condition. The group offers peer support and advice on the Workforce Equality Disability Standards and its objectives for the coming year.

Indicator 10 – **Percentage difference between the organisation's Board voting Membership and its organisations overall workforce, disaggregated by voting membership of the Board, by Executive membership of the Board**

		TSDFT 2020	TSDFT 2021
Percentage difference between the organisations Board voting membership and its organisations overall workforce. Disaggregated by voting membership of the Board by Executive membership of the Board	Disabled	-4%	-4%
	Non-Disabled	12%	10%

The data shows that we currently have no Board members with a declared disability.

Appendix 1: WDES Action Plan

WDES Metric	Objective	Action	Timescales	Lead/s
1. % of staff in each AfC Band 1-9 and VSM compared with the % of staff in the overall workforce	Improve our disability data declaration rates to build a more accurate picture of the diversity of our workforce Improve diverse representation across the workforce, at all levels of Agenda for	1. Ensure all staff are aware of why disability declaration on ESR is important and how to update this information. 2. Consult disabled staff and networks to better understand the reasons why staff may not have declared their disability on	Rolling programme 2022/23	W&OD Lead. EDI Leads. Staff Disability Network Communications

	Change and Profession. Deliver in line with TSDFT People Promise 2021-2024	ESR. 3. Campaign to encourage staff to feel comfortable and supported in declaring a disability or LTC on ESR. 4. Development of a WDES dashboard to be reviewed quarterly.	 March 2023	
2. Relative likelihood of staff being appointed from shortlisting across all posts.	Reduce the inequality in shortlisting for staff who declare a disability/LTC Review recruitment practices to ensure the process is equitable and inclusive where everyone can thrive	1. Work with the Disability Network to understand the experiences of disabled colleagues in the recruitment process. 2. Review guidance and training provided to recruiting managers and make improvements to processes and materials eg produce accessible job advertisements 3. Introduce system of constructive and critical challenge to ensure fairness during interviews. This system requires	February 2023 March 2023 March 2023	W&OD Lead EDI Lead Staff Networks

		diverse interview panels eg inclusivity reps which include disabled staff.		
		4. Develop opportunities for local unemployed disabled people to gain work experience within the organisation	January 2023	
3.Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. The indicator will be based on data from a 2-year rolling average of current year and the previous year. Staff with a disability or LTC are no more likely to enter the capability process than Non -disabled staff		1. Review the Trusts data to explore any disproportional representation of disabled staff in our formal processes	January 2023	People Hub Lead EDI Lead

4.(i) NSS % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	Reduce the incidents of staff experiencing harassment, bullying or abuse from patients, relatives, public. To promote the culture, change and work together to drive the importance of WDES throughout current work streams and future initiatives.	1. Work with H & S Team to ensure appropriate interventions/training and policies are in place for staff who are affected by B & H or abuse. 2. Ensure systems are in place to escalate incidents 3. Promote the recording and reporting of all incidents and available support for staff. 4. Promote zero tolerance of BHA and hate crime to campaigns internally and systemwide	December 2022 October 2022 January 2023 December 2023	EDI Lead H&S Team Staffside
(ii) NSS% of staff experiencing harassment, bullying or abuse from staff/managers in the last 12 months	Reduce the incidents of staff experiencing harassment, bullying or abuse from staff or managers .	1. EDI mandatory will be re-vamped and launched in Q4 2022/23 to reflect current and meaningful content (civility and respect) 2. Raise the visibility of the anti- bullying advisors 3. Work with staffside/freedom to speak up guardians/managers to ensure staff are able to access support they need	January 2023 December 2022 January 2023	EDI Lead H&S Team Staffside

		4. Discuss experiences of harassment, bullying or abuse with disabled staff and network ensuring that psychological safety		
5. % believing that the Trust provides equal opportunities for career progression or promotion	To reduce the difference between disabled-non-disabled staff's response to progression/promotion	1. Encourage staff to participate in the NSS 2. Understand the barriers to career progression through networks and listening sessions	January 2023	Staff Engagement Lead Workforce/OD EDI Leads Staff Networks
6.NSS staff saying they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties.	To ensure that staff are able to feel valued, supported when they are unwell.	1. Raise profile of disability network to all staff for peer support. 2. Advertise the benefits of staff sharing their equality data with us. 3. Raise the profile of reasonable adjustment policy and flexible working opportunities 4. Run engagement sessions for staff to share their stories and experiences of working with a Disability/LTC 5. Refresher training for managers around	December 2022 February 2023 January 2023 March 2023 March 2023	Staff Network Education/Training Team EDI Leads

		reasonable adjustments and referrals to access to work.		
7. NHS % of staff saying they are satisfied with the extent to which the organisation values their work.	To reduce the % of staff who feel they are undervalued	1. Ensure that all staff are aware of the Disability Network so they can access it for peer support. 2. Develop a communication campaign to raise awareness on the benefits of employing disabled people. 3. Run engagement sessions for staff to share their stories and experiences of working with a Disability/LTC	December 2022 January 2023 March 2023	
8.NSS Employer has made adequate adjustments to enable them to carry out their work.	To support staff when they need support to carry out the role.	1. Review the existing Reasonable Adjustment Policy with members of the Network 2. Support staff and managers to use the policy in an effective way 3. Communication campaign to raise awareness of reasonable adjustments and disability passport	February 2023 April 2023 May 2023	EDI Lead Staff side

9 (a) NHS staff Engagement Score (b) Action to facilitate the voices of disabled staff	To ensure all staff are consulted with.	1. Re-launch the disability staff network to increase engagement ensuring that voices of our disabled staff are heard and the challenges are understood 2. Chair of re-launched disability network to attend the People Committee (sub-committee of the Board) to share the experiences of disabled within our organisation 3. Newly elected chair if disability network to be a member of the Equality Business Forum	February 2023 June 2023 February 2023	EDI Lead Staff Disability Network
10. % difference between the Organisations Board voting Membership and its overall Workforce.	To ensure that the Board, Executive and Non-Executive Directors are representative of the staff and population we serve.	1. Ask all Board Members to review and update their equality information including disability 2. Ensure the process for appointment of Executive and Non-Executive Directors encourages diverse application 3. Establish links with local and national recruitment	January 2023 February 2023 February 2023	

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		agencies to increase the representation at senior management and Non-Executive level in the Trust.		