



NHS Workforce Disability Equality Standard (WDES)

Annual Report 2022

University Hospitals Birmingham NHS Foundation Trust

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1 Executive summary

University Hospitals Birmingham NHS Foundation Trust (UHB) continues to have increased demands on all services however the Trust has remained focused on its inclusion agendas and committed to making lasting change for our staff from marginalised groups. We know that our workforce isn't representative of our diverse communities. And we also see that people, particularly those with disabilities, are entering employment with us at lower bands, bands 2 to 4, and it takes longer to progress through those banding thresholds.

Despite the challenges we are able to report improvements in the metrics contained within this report and progress with the action plan for 2021/22. Firstly, UHB has made progress in utilising innovative ways, such as the creation of a short animated video, the first of its kind at UHB, to encourage staff to share their disability on ESR. Our current target deadline is to increase the disability declaration rate of staff from 2% (in 2019) to 4% by December 2022. As of 31 March 2022 the disability declaration of non-clinical staff is 4.2%, however, the disability declaration rate of clinical staff is 3%, meaning the overall Trust wide declaration rate remains at 3.1%. Despite the low numbers there has been an increase in the percentage of staff sharing they have a disability in almost all of the bands, and a reduction in the number of unknown or not declared. This applies to both clinical and non-clinical staff and can be attributed to the work that has been carried out over recent years to improve the confidence of staff to share their disability status. However, while the number of staff sharing they have a disability has increased, our overall number of staff in our workforce has increased too, which means we remain 3.1%, and so work continues to encourage this steady rise.

Secondly, there has been a slight reduction in the number of staff saying they have experienced harassment, bullying or abuse from managers by 0.1% and from colleagues by 1%, from the previous year. This would suggest that UHB's programme of work aimed at improving staff awareness is having an impact. There is still more work to be done to understand and address the slight increase in the number of staff with a disability experiencing harassment, bullying and abuse from patients, relatives, the public, and a communication plan is underway including a poster campaign.

Thirdly, considerable progress has been made to centralise the Access to Work process and ensure staff and managers are supported through the application and the individual receives the reasonable adjustments in a smooth and timely manner. We have successfully rolled out the Disability Masterclass for Managers to provide the knowledge and skills, but perhaps more importantly, the confidence for managers to better support their staff with a disability to reach their full potential whilst at work.

Many lessons have been learnt over the last 12 months, such as gaining a better understanding of the blockages for disabled staff to have workplace adjustment; the frustrations experienced by those staff who are neurodiverse, in particular dyslexic, with their perceived lack of support by the Trust; and the impact on the ability to do day to day tasks for those staff experiencing post covid symptoms. In the coming months we will establish data dashboards that will give departments a greater degree of visibility on how their workforce profile compares to the whole Trust. Rather than just looking at our Trust wide data and statistics, actually, what does it look 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. We can also celebrate successes where positive impact has been achieved for those with staff with a disability.

2 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.

“There is now an overwhelming body of evidence to show that engaged staff deliver better health care. Trusts with more engaged staff tend to have lower levels of patient mortality, make better use of resources, and have stronger financial performance and higher patient satisfaction, with more patients reporting that they were treated with dignity and respect” (The King’s Fund: Staff Engagement, 2015). UHB 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 uses data taken from Electronic Staff Records (ESR) and NHS Jobs from 2022 and the UHB’s National Staff Survey results for 2021 that relates to the workplace representation and lived experiences of its staff with a disability. The detailed data analysis and evidence base allows UHB to benchmark its 10 WDES metrics data on a local, regional and national level and look back at the data from previous years. The baseline data and analysis can be used as a measuring tool to enable UHB to understand where progress has taken place and where improvements need to be made. Over the coming months, UHB plans to also introduce WDES data on a divisional level through a newly created dashboard and work with divisions to make improvements for staff with disabilities.

The report also includes case studies and anonymised feedback, provided by UHB disabled staff, showcasing examples of good practice and where staff have been supported in the workplace. This includes personal stories from those staff living and working with physical disability, mental health conditions and neurodiversity.

The evidence set out by the National WDES team clearly highlights disparities between the experiences of disabled and non-disabled staff across the NHS. Trusts should use the data in the WDES to take robust action with monitoring and evaluation to ensure that progress takes place and embed the WDES into ongoing work programmes that support positive change. This report will outline how UHB plans to do this for 2022/23.

3 WDES progress in 2020/21

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

Our current target deadline is to increase the disability declaration rate of staff from 2% (in 2019) to 4% by December 2022. As of 31 March 2022 the disability declaration of non-clinical staff is 4.2%, however, the disability declaration rate of clinical staff is 3%, meaning the overall Trust wide declaration rate is 3.1%.

Data produced by NHS Employers states that 9.15% of the Birmingham and Solihull Local Authority declared they had a disability and we know that nationally 1 in 5 of us will have a disability. As at 31 March 2022, information taken from UHB's Electronic Staff Records shows that 3.1% of staff (683 employees) have shared they have a disability, a slight increase from the previous year when it was 3% (595 employees). However, there remains a high percentage of staff, 18% (4066 employees), where disability status is unknown or not declared. This is a slight improvement on the previous year when 19% (4204 employees) had a status of unknown or not declared. It is worth noting that for medical and dental staff only 0.9% have shared they have a disability and 28.6% are unknown or not declared. More work is needed to understand the disparity in disability declaration figures for this group of staff.

Information from the 2021 National Staff Survey for UHB shows that 1624 staff (21% 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. This is a significant increase from the previous year when 1339 staff (17% of respondents) shared they have a disability through the National Staff Survey.

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 at UHB. 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, including an animated disability declaration video, is underway to encourage staff to update their disability status on ESR self-service annually.

Analysis of this data allows UHB to understand better the percentage of staff recorded as having a disability by band. The snapshot of data taken as at 31 March 2022 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 1175 Consultants declaring a disability. The same is true for senior managers from band 8a and above with only 10 non-clinical staff at bands 8a and above out of a total of 414 employees sharing they have a disability, however this is an increase from 6 staff declaring the year before. It is worth noting here that out of 69 non-clinical VSM only 1% (1 person) has shared they have a disability on ESR, with 14% as unknown or not declared.

For clinical band 8a above there are 11 staff who have declared a disability out of a total of 699 employees, and only 1 VSM out of a total of 16 declaring a disability. Likewise, there are 22 Board members of which none have shared 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 UHB as well as improve the confidence of those already in the senior roles to share their disability status with us.

Despite the low numbers there has been an increase in the percentage of staff sharing they have a disability in almost all of the bands, and a reduction in the number of staff in unknown or not declared (see appendix 1). This applies to both clinical and non-clinical staff and can be attributed to the work that has been carried out over recent years to improve the confidence of staff to share their disability status. However, despite the increase in the number of those staff sharing their disability status, work continues to enable this steady rise.

UHB has introduced ESR Self Service to staff to enable access to on-line payslips. To date, 48% of staff have signed up to ESR Self Service and work continues to roll out to all staff including guidance on how to update their personal details on the system such as the protected characteristics (disability). Whilst the target deadline is to increase the disability declaration rate of staff from 2% to 4% by December 2022, we will not stop there, work will continue into 2022/23 to increase the declaration rate further.

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

The relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting has worsened from 1.35 to 1.63 times less likely.

As of 31 March 2022, analysis of the data taken from NHS Jobs shows the number of shortlisted applicants with a disability to be 1297 (an increase from 1088 in 2021) compared to 22,964 (22,454 in 2021) without a disability. Despite the relative high number of people with a disability being shortlisted only 52 (reduction from 61 in 2021) were successfully appointed. This means applicants with a disability are **1.63 times less likely** to be appointed from shortlisting compared to applicants without a disability.

Of the 24,705 applications received on NHS jobs for positions at UHB between 31 March 2021 and 31 March 2022, only 5% shared they have a disability and 1.7% said they do not wish to declare. This suggests the number of recruits with a disability entering UHB 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 of our diverse communities. We also see that people with marginalised groups are entering employment with us at lower bands, bands 2 to 4, 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.

Over the last year UHB has taken a transformative approach to the way that we recruit and promote staff within our organisation. UHB has introduced 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 expert is an independent, equal third panellist who is part of the process from

shortlisting right through to the selection stage at interview. They 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.

UHB has invested in a new recruitment database (Oleeo), which amongst other things will 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 explore how we can overcome barriers for candidates.

Through work with Recruitment and the Fairness Taskforce we are 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, UHB has developed a 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, recruit and retain people with disabilities. 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. We are also developing a Talent Management framework consisting of talent assessment and succession planning.

UHB is committed to the Disability Confident Scheme which is a Government led scheme designed to create a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people. As a member of the scheme UHB will guarantee an interview to those candidates who share they have a disability on their application and meet the minimum requirements of the person specification. UHB's new recruitment database will show the shortlisting manager when a person has shared a disability on their application and this candidate must be invited to interview, if they meet the minimum requirement of the person specification. This is included in UHB's recruitment and selection training delivered by Recruitment as well as the Disability Masterclass delivered by the Inclusion Team. In 2019, UHB has successfully progressed from Committed to Employer status in the Disability Confident Scheme and 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 to no staff in the process declaring a disability in 2021. However, this has risen to 3 staff with a disability in the process and 3 staff for whom disability status is unknown (on ESR) in 2022.

As at 31 March 2022, of the 17 staff in the formal capability process, 3 have declared a disability and 3 have disability status unknown on ESR. This means the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process is 7.3 times more likely, a significant difference from the previous year where there was none. It is worth noting this metric is based on data from a two-year rolling average of the current year and the previous year. This metric applies to capability on the grounds of performance and not ill health. If a member of staff enters the capability process for reasons of both performance and ill health, they are not included in the count of 'ill health only' cases. The 3 staff who have shared they have a disability and the 3 for whom disability status unknown (on ESR) have entered the formal capacity process on the grounds of performance and not on the ground of ill health. It is also worth considering that staff with a disability may enter the formal capability process for a legitimate reason which is not related to their disability. Therefore, rather than focusing on the number of staff in this position, we should instead aim to start a new practice whereby if a member of staff with a disability enters the formal capability process, the Trust must ensure that all steps and reasonable adjustments have been put in place for this individual before any formal process starts.

HR continues to ensure that managers receive training on the relevant UHB 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 UHB 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 reviews of any cases that are commissioned.

In 2021 the Inclusion team successfully delivered a disability awareness masterclass to all HR Managers to create Disability Champions amongst their teams. This was extended in 2022 and rolled out to Managers throughout UHB and so far 8 cohorts of managers have received the training with more cohorts planned for 2022/23. The objectives of the training include understanding physical disabilities, neurodiversity and mental health, how to support a member of staff with a disability to have reasonable adjustments, how to use Access to Work, understanding disability leave and how to apply it, and how to signpost to support when needed. Feedback from the training has been exceptional and as a result future dates are already fully booked with a waiting list for those wishing to attend.

UHB 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.

Feedback from a manager on the Disability Masterclass for Managers:

“The inclusion team delivered Disability Champion training excellently. The subject matter was covered comprehensively and in an interesting manner by two people who are obviously passionate about their subject matter. The training was made relevant to the staff in the room (which is not always the case with some training) and there was plenty of time to ask questions and ensure that the whole group understood what they were learning. The information being transferred by this training was absorbed by the attendees and is likely to be put into practice in the workplace, thereby making it a better place for staff to work. This training will help to change the culture of the Trust and make it an environment that we can all be proud of. The course was very well prepared, relevant and interesting, all training should be like this”.

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 slight reduction in the number of staff saying they have experienced harassment, bullying or abuse from managers by 0.1% and from colleagues by 1%, from the previous year. This would suggest that the Trust’s programme of work aimed at improving staff awareness is having an impact.

There is still more work to be done to address the slight increase in the number of staff reporting harassment, bullying and abuse from patients and service users by 2%, and a robust action plan has been put in place including a poster campaign.

Data taken from 2021 National Staff Survey shows that in every category the percentage of disabled staff experiencing harassment, bullying or abuse is higher than non-disabled staff. However, less than half of those, 46%, down from 49% from the previous year, who experienced bullying, harassment or abuse actually reported it. UHB recognises this requires further investigation.

UHB has embarked on a significant piece of work to improve the way in which staff can report incidents of bullying, harassment and abuse on Datix and will be using the information taken from reports on Datix to highlight trends and address areas of concern.

UHB has a number of policies including the Trust’s Dignity at Work policy which provides effective support for staff experiencing harassment. In addition, 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 UHB 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 there are dedicated confidential contacts for those wishing to speak about matters concerning disability.

In addition, the Inclusion Team has set up a Long Covid Staff Support Group to provide peer to peer advice and support for those staff experiencing post covid symptoms. This group has proved to be extremely beneficial to many staff and will often hear the latest updates on Post Covid and advice on coping strategies at the monthly meetings from one of UHB’s Respiratory Consultants.

Case study from a member of the Staff Long Covid Support Group:

If it wasn't for UHB's caring management approach of both my absences related to covid and long covid in 2021 I would not be back to my full time hours working clinically in ITU again. Times were inexplicable working on the ICU during the pandemics, from the locker room conversations where we shared our emotional exhaustion from giving care unconditionally, to the anxiety of being workers from a BAME background dealing with grief of our broken families who were losing loved ones.

We are still living with the aftermath of covid.

Nevertheless, life must go on. Care must be given to our patients and their families who need us more than ever. I remain proud to work for the NHS and UHB. Historical, compassionate and empathetic management has made the difference between me coming back stronger than ever, or not at all. Don't change it. Thank you.

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

71% of staff with a disability believes that the Trust provides equal opportunities for career progression. This figure has slightly decreased from the previous year, 72%.

This figure is lower than the percentage of non-disabled staff (80%) and the implications of this may result in staff with a disability are not putting themselves forward for career progression at UHB. Over the last year UHB has looked to transform its recruitment and selection processes to improve fairness and equality to opportunity and promote National Leadership programmes to all staff. As part of the Fairness Taskforce, UHB 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.

The personal and professional progression of staff with a disability or long term health condition at UHB has been profiled as part of the Trust's role model campaigns in order to inspire and motivate others and we plan to continue showcasing staff with a disability in 2022/23. This will include sharing the stories of our disabled staff as part of the Trust's Disability Conference scheduled to take place virtually in December 2022. UHB held its first disability online conference in December 2020 to mark International Day of People with a Disability. Since then we have held a virtual conference every year. These events are open to all staff and are designed to improve understanding and raise awareness of living and working with a disability. We hear from expert speakers on living with a physical disability, neuro diversities or mental health, and have our own staff share their personal stories of living with a disability or long term health condition.

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

32.5% 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 has very slightly improved from the previous year by 0.5%. (This compares to non-disabled staff at 24%).

UHB recognises this is an indicator which requires further investigation and intends to understand better the reasons for presenteeism amongst our staff with a disability. We know through feedback from the staff networks that disabled staff will often come to work whilst not feeling well enough to perform their duties through fear of triggering the sickness stages in the sickness absence policy. We also know that not all managers will take a person's disability into account and apply discretion when progressing someone with a disability through the sickness absences stages, and will often say they need to treat everyone the same. To assist with this UHB has introduced Disability Leave which allows staff with a disability additional time off work to manage their disability or long term health condition. However, there is still a significant number of staff who are unaware this is available and plans are in place to roll out training to raise awareness of disability leave amongst staff and managers as well as a further communication campaign.

Also, staff tell us that presenteeism 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.

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

27% of disabled staff said that they are satisfied with the extent to which their organisation values their work. This is a significant decrease from the previous year with 37% of disabled staff

There has been a significant decline from the previous year in both the percentage of disabled staff and non-disabled staff reporting that they are satisfied with the extent to which their organisation values their work. There is also a considerable difference between the percentage of non-disabled staff (36%) compared to the percentage of disabled staff (27%). This is reflective of the figures year on year. This is also evident in the results of indicator 9a which shows disabled staff to have the lowest overall engagement score at UHB, a reduction from 6.5 in 2021 to 6 in 2022.

This significant decrease from the previous year suggests that work needs to be carried out to understand better why disabled staff have the worst experience whilst at the Trust compared to other groups, and improve the ways in which they can feel valued and be heard. UHB 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 at UHB will be a key objective throughout inclusion work plan for 2022/23.

Through the networks staff told us about their frustration with the lack of support for those who are Dyslexic and so when a chance to apply for some innovation funding came about through the National WDES team, we seized the opportunity. We were successful with our bid and earlier in the

year we launched a new initiative to offer meaningful support for staff with dyslexia. We recognised that to do this we would need to work closely with an external expert in this field and so we partnered with Genius Within to provide this support. From our conversations previously with staff, we knew that we have some that although they believe they are dyslexic they have not been able to have a formal diagnosis, this is often due to the cost implication. We also have staff that were not concerned about a diagnosis but recognised they were finding some aspects of their role difficult and were looking for strategies that would support them to thrive at work. Therefore, we proposed to divide our funding to be able to offer 18 staff with a full dyslexia assessment and diagnosis and 18 group coaching sessions for over 200 of our staff. The sessions provided advice and techniques to apply back in the workplace with communication, written work, stress management and memory and concentration. The project was a great success and many of those who attended saying it has changed their lives.

Feedback quotes from some of those who took part in the dyslexia clinics:

“I really enjoyed the sessions I attended, the coaches were really nice, understanding and supportive. I have found most of the information given a really help to me but would like further support and wondered if the Trust would help with me finding out how to get a diagnosis assessment. Thank you again really aspirated this support.”

“The communication workshop was really useful. There were 8 participants which led to an intimate and not intimidating environment where everyone appeared to feel confident to share their thoughts and experiences. The session was well structured with information presented, with pairs/group work to be able to explore the topic more fully and feedback to the group. Regular breaks were scheduled in and the use of video clips worked really well and the clips themselves were very well chosen. The presenter was great at showing he was listening by reflecting back to us by saying “I can hear you are saying...” which was really nice. It felt like he really was interested in what all of us had to say and he moved around the groups throughout the session to facilitate the discussions. From the session I have become more aware of how I communicate with others and the possible reasons for miscommunication. I have autism and at times have a lack of awareness but the session gave me clear strategies to work on which I feel will improve my communication and relationships with colleagues. I think this is a really valuable session for many staff & I hope it can continue”

“I absolutely loved this course. It was lovely to hear the speaker talk about how we can help ourselves in our work areas. I was surprised to hear and see others having the similar difficulties; this made me feel confident to know I am not alone. Please do let me know any other sessions you have on.”

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

66% of staff with a disability have said that the Trust has made adequate adjustments for them to carry out their work. This figure has decreased from the previous year (73%).

It is worth noting that this figure represents those staff who have shared they have a disability, there is a significant number of staff who have not shared they have a disability and therefore will not have the workplace adjustments they need to be supported at work, if required. 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 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.

It is also worth considering that although 34% of staff do not feel that the the Trust has made adequate adjustments for them to carry out their work, the vast majority (two thirds) do have the adjustments in place.

In 2021 UHB 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 Inclusion Team 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. The Inclusion Team continues to work closely with the division to embed the learning and support Managers with putting in place reasonable adjustments.

In addition, in 2022 the Inclusion Team worked closely with colleagues in Procurement, IT and Finance to agree a centralised pathway for Access to Work applications. This meant developing a flow chart to plot the process from end to end and identify where barriers can occur. An Access to Work claim must still be initiated by the employee themselves however once a workplace assessment has been carried out by an Access to Work assessor, then the member of staff will receive a report with recommendations for reasonable adjustments. A copy of the report goes to the member of staff, their manager, and to the Inclusion Team. It is at this point the centralised process takes over and the Inclusion Team will ensure the reasonable adjustments are purchased and put in place for the individual in a smoothly and timely manner. The new centralised pathway has been piloted on a small group of staff so far and plans are in place to roll it out Trust wide in the coming months.

Earlier in the year the Inclusion Team worked closely with Recruitment Team to plot the recruitment and selection process from the point of application, to shortlisting, to appointment and then on boarding, and identify where communication can be improved with new starters about sharing their disability status and encouraged to ask for reasonable adjustments. This resulted in the offer letter and the new starter letter being updated with the following sentence:

“The Trust is committed to supporting our staff with a disability, including physical disability, neurodiversity and mental health, with the reasonable adjustments needed to carry out their role. If you have a disability or long term health condition and require reasonable adjustments please make your line manager aware before you start so that an Access to Work application can be completed. This will ensure you have the workplace adjustments in place to support you in your new job from day one. Please refer to the Trust’s Access to Work Guide with more information.”

The Inclusion Team has also developed a Disability Passport which is designed to enable staff to have a meaningful conversation about their disability or long term health condition with their Manager and set out the reasonable adjustments needed to ensure they can reach their full potential. The passport is owned by the member of staff and can be taken with them as they move around the Trust. Some staff with a disability told us that they were reluctant to put themselves forward for other positions, even promotions, in the Trust because they feared having to start the conversation all over again with a new manager to get the same reasonable adjustments. The disability passport enables the member of staff to take their reasonable adjustment with them around the Trust, where appropriate.

In 2022 the Inclusion Team worked with colleagues to incorporate a version of the disability passport into the new appraisal document. This means every member of staff will, at least once a year, have a wellbeing conversation with their manager as part of their annual appraisal which will include reasonable adjustments for a disability or long term health condition (or any other reason) being discussed. The Inclusion Team continues to include training on this as part of the Disability Masterclass for Managers so that all staff and managers are aware of the passports, when and how to use them, and where to find further support if needed.

4 Conclusion and next steps

This report shows that UHB has made improvement on some of the metrics and progress with the actions set out in last year's report. There has been an increase in the percentage of staff sharing they have a disability across all of the categories and a decrease in the number of unknown or not declared. This would indicate that the work done so far to improve the confidence of staff to share their disability status has had an impact. However, there is still more work to be done to increase the declaration rate further and a robust communications campaign is planned for 2022/23.

The Staff with a Disability or Long Term Health Condition network continues to grow in size and influence, as does the Staff Neurodiversity network. Both groups meet monthly over Zoom which has meant staff working from home and across sites have been able to benefit from the group's support and advice. Each network has two dedicated Chairs who will often meet with disabled staff to listen to their experiences and offer support. Both the Staff Disability Network and the Staff Neurodiversity Network will be working together on a conference for staff to celebrate International Day of Person's with Disability on 3rd December 2022. In addition, the Inclusion Team has set up a Long Covid Staff Support Group to provide peer to peer advice and support for those staff experiencing post covid symptoms. This group has proved to be extremely beneficial to many staff and has worked in partnership with a Respiratory Consultant at UHB to deliver events for staff to improve understanding of post covid and share lived experiences from those living with the symptoms.

Earlier in the year UHB launched its new Dyslexia Clinics with funding from the National WDES innovation team. The aim was to provide meaningful support for staff with dyslexia. To do this we partnered with Genius Within who are experts in this field. From our conversations previously with staff, we knew that we have some who have not been able to have a formal diagnosis. We also had staff that were not concerned about a diagnosis but recognised they were finding some aspects of their role difficult and were looking for strategies that would support them to thrive at work. Therefore we divided our funding to be able to offer 18 staff with a full dyslexia assessment and diagnosis and group sessions for over 200 of our staff. The initiative was a great success, many staff saying they have taken away useful strategies to apply back in the workplace.

In 2021 Inclusion Team successfully delivered a disability awareness masterclass to HR Managers to create Disability Champions amongst their teams. This was extended in 2022 to be rolled out to Managers throughout the Trust and so far over 100 managers across 8 cohorts have received the training with more cohorts planned for 2022/23.

UHB is committed to increasing the engagement opportunities of our disabled staff so that their feedback can shape the programmes of work to enable change. We recognises the low engagement score and worsening overall satisfaction data taken from the National Staff Survey 2021 for our staff with a disability or long term health condition to be a priority and as a result raising the profile of disability at UHB will be a key objective throughout inclusion work plan for 2022/23. In particular, the decrease in the percentage of disabled staff reporting they feel satisfied with the extent to which the Trust values their work calls for an immediate investigation to understand the reasons and a commitment from UHB to improve the ways in which our disabled staff can feel valued and be heard.

Appendix 1 WDES metrics report

Detailed below is UHB's WDES data which is a snapshot in time as a 31st March 2022

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 2021	Disabled staff in 2022	Disabled staff in 2021/2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Non-disabled staff in 2021/2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2021/2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	4.5%	+0.5%	79%	79%	0%	18%	16%	-2%	4332	4463
Cluster 2 (Band 5 - 7)	3%	3.5%	+0.5%	81%	83%	+2%	16%	14%	-2%	1112	1163
Cluster 3 (Bands 8a - 8b)	2%	3%	+1%	82%	82%	0%	16%	15%	-1%	232	262
Cluster 4 (Bands 8c - 9 & VSM)	1%	1%	0%	79%	83%	+4%	21%	16%	-5%	132	152

1b. Clinical workforce

	Disabled staff in 2021	Disabled staff in 2022	Disabled staff in 2021/2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Non-disabled staff in 2021/2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2021/2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	3%	3%	0%	81%	80%	-1%	17%	17%	0%	4452	4441
Cluster 2 (Band 5 - 7)	3%	3%	0%	79%	80%	+1%	19%	17%	-3.7%	8405	8337
Cluster 3 (Bands 8a - 8b)	1%	1%	0%	77%	78%	+1%	22%	21%	-1%	581	612
Cluster 4 (Bands 8c - 9 & VSM)	3%	3%	0%	68%	72%	+4%	29%	24%	-5%	72	87
Cluster 5 (Medical and Dental staff, Consultants)	0.4%	0.4%	0%	78%	79%	+1%	21%	21%	0%	1135	1175
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	1%	1%	0%	56%	53%	-3%	43%	46%	+3%	292	336
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	2%	1%	-1%	69%	68%	-1%	29%	30.5%	+1.5%	1201	1343

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 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.35	1.63	+0.28

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 2020/21	Relative likelihood in 2021/22	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.00	7.03	+7.03

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 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2021
	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	28%	23%	+5%	30%	21%	+8%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	19%	11%	+8%	18.9%	10%	+8.9%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	26%	18%	+8%	25%	16%	+9%
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	49%	48%	+1%	46%	46%	0%

Metrics 5 – 8

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

	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	Disabled staff responses to 2021 NHS Staff Survey	Non-disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2021
	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%	71%	80%	-9%
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%	25%	+8%	32.5%	24%	+8.5%
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.	37%	47%	-10%	27%	37%	-10%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	73%	N/A	N/A	66%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	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	Disabled staff engagement score for 2021 NHS Staff Survey	Non-disabled staff engagement score for 2021 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2021
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.5	6.9	-0.5	6.0	6.6	-0.6

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? Yes

The Staff with a Disability or Long Term Health Condition network and the Staff Neurodiversity network continues to grow in size and influence. The networks meet monthly over Zoom which has meant staff working from home or across sites are able to benefit from the groups' support and advice. The Trust has also launched a Long Covid Staff Support Group to provide peer to peer advice and support for those staff experiencing symptoms post covid. The networks have dedicated Chairs who will often meet with disabled staff to listen to their experiences and offer advice and support. The network Chairs provide a monthly report to the Fairness Taskforce on concerns and key achievements coming out of their group including making sure the voices of their members are heard by the CEO and other senior stakeholders. The Fairness Taskforce is now well established, led by the Chief Executive, and has 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 the Trust to bring about sustainable change. The Chairs feedback the actions from the Fairness Taskforce to their network members at the monthly network meetings.

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 2021	Non-disabled Board members in 2021	Board members with disability status unknown in 2021	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2022	Non-disabled Board members in 2022	Board members with disability status unknown in 2022	% points difference (+/-) Between Disabled and non-disabled Board members in 2022
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0% Non-exec = 0%	Exec = 83% Non-exec = 100%	Exec = 17% Non-exec = 0%	Total Board = 24 Overall workforce = 21946 Difference = - 100%	Exec = 0% Non-exec = 0%	Exec = 100% Non-exec = 100%	Exec = 0% Non-exec = 0%	Total Board = 22 Overall workforce = 22371 Difference = - 100%

APPENDIX 2 - WDES action plan 2022/23

Metric	Objective	Action/s	Timescales	Lead/s	Why
1.	<p>Continue to improve the declaration rates of staff with a disability.</p> <p>The Trust aims to improve the declaration rates of staff with a disability on ESR from:</p> <ul style="list-style-type: none"> ○ 4% to 5% for non-clinical staff by the end of 2023 ○ 3% to 4% for clinical staff by the end of 2023 ○ Overall Trust from 3% to 4% by end of 2023 	<p>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.</p> <p>The Trust will focus on staff groups with low declaration rates, such a senior managers and medical grades, to develop targeted communication campaigns for these staff to improve declaration rates and reduce the number of unknown/do not wish to disclose.</p> <p>The Trust will review the employee life cycle with a particular focus at the point of attraction, selection and appointment of new starters to ensure disability status is recorded and reduce the number of unknowns.</p>	December 2023	Head of Inclusion, Wellbeing, Partnerships and Events; Workforce Information; Communications	<p>Nationally the declaration rate of NHS Trusts is 3.9% (deceleration rates of Trusts range from 0.9% to 13.4%).</p> <p>UHB aims to improve its declaration rate for staff with a disability and see a continual rise year on year so that it can understand better its workforce and give assurance its staff with a disability are supported to thrive.</p> <p>UHB will aim to reduce the number of unknowns (18%) by ensuring disability status is captured for all new starters.</p>
2.	<p>Continue to create a centralised pathway for Access to Work to ensure a smooth end to end process for staff with a disability to receive workplace adjustments, including developing a guidance document and reasonable adjustments policy.</p> <p>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.</p>	<p>The Inclusion team with continue to develop a centralised pathway to Access to Work including developing guidance for staff and managers and a reasonable adjustments policy.</p> <p>A communication and education campaign for managers and staff will be designed and rolled out to support the launch of the new centralised process.</p>	September 2023	Head of Inclusion, Advocacy, Partnerships and Events; Staff Disability Network Chairs; Finance; Procurement; IT	Staff told us that delays or blockages to receiving workplace adjustments has an impact on them feeling valued and able to carry out their work. Centralising the Access to Work process will ensure staff will receive the adjustments they need in a timely manner. This will help to improve the low engagement score for disabled staff and the percentage saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
4.	<p>As part of the development of a dashboard, work with the Divisions to produce a set of WDES specific metrics and agree an action plan.</p> <p>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.</p>	<p>The Trust plans to introduce WDES data on a divisional level through a newly created dashboard and work with divisions to make improvements for staff with disabilities. In partnership with each Division the Inclusion Team will produce a set of WDES specific metrics and work with the divisional leads to understand the data and agree an action plan for their areas of responsibility.</p> <p>This will give departments a greater degree of visibility on how their workforce profile compares to the whole Trust. Rather than just looking at our Trust wide data and statistics, actually, what does it look like at the local level, and that will help departments to set ambition for</p>	September 2023	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.

		changing its profile and therefore better able to define the actions that will achieve that ambition.			
5.	<p>Continue to upskill Managers to be the Disability Champions to be able to support staff with a disability or long term health condition.</p> <p>Inclusion Team will work with the Managers 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>Following the success of the first cohort of Disability Masterclasses for Managers, the inclusion team will deliver further cohorts of training to improve managers knowledge, skills and confidence to support staff with a disability or long term health condition.</p> <p>The objectives of the training include understanding physical disabilities, neurodiversity and mental health, how to support a member of staff with a disability to have reasonable adjustments, how to use Access to Work, understanding disability leave and how to apply it, and how to signpost to support when needed.</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.