

# WDES Summary Report

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## 1. BACKGROUND

- 1.1 The Workforce Disability Equality Standards (WDES) was first introduced in 2019 and requires Trusts to compile and submit a standardised national report of its findings and to demonstrate performance against a number of indicators relating to workforce disability equality, including a specific indicator to address the low levels of representation for staff with disabilities at Board level.
- 1.2 The WDES should ensure that employees who have a disability have equal access to career opportunities, receive fair treatment in the workplace and should highlight any differences between the experience and treatment of those who identify as having a disability versus those who do not, with a view to closing any identified gaps through the development and implementation of action plans focused upon continuous improvement over time.

## 2. ANALYSIS

- 2.1 The data period for the information within the submission was 1st April 2021 – 31st March 2022, so includes the period when the Trust was dealing with Covid-19 which may have impacted on staff who have a disability. It has not been possible to assess the impact that this has had on the results gained via the staff survey. The WDES submission is split into discreet sections, which are addressed beneath the sub-headings below.

### 2.2 Workforce Data

The total number of staff employed by the RD&E at 31st March 2021 stood at 9291 of which 335 were recorded as having a disability and 2797 with an unknown status recorded on ESR. The total headcount and number of staff who are recorded as having a disability have both slightly increased from last year.

The proportion of staff who do not have their disability status recorded on ESR has increased from last year by 1.65% and only 69.90% of staff have their disability status recorded on ESR. According to ESR information, staff with a disability represent 3.61% of the total staff population. This is a slight increase from the 3.24% of the total staff population recorded last year. It should be noted that for new starters, the employee's disability status is taken from their NHS jobs application and automatically added to ESR so the percentage of staff with a disability status recorded should increase as new recruits join the organisation.

This is at variance to the figures recorded from respondents to the Staff Survey, where the number of respondents answering yes to the question "do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?" stood at 21.2%. This is a slight increase on the previous year's response of 19.2%. There are a number of reasons why this may be the case, these have been listed as follows:

It is possible that whilst people may have answered yes to the above question in the staff survey, members of staff may not consider their condition to be a disability, even if it would be treated as so legally.

People may be more willing to disclose this information, knowing that the staff survey is completely anonymous.

People may have developed conditions or disabilities and not updated this on their ESR record.

Applicants may have decided not to declare a disability during recruitment which may or may not come from a fear of potential discrimination. The option selected will then automatically carry over to ESR unless they proactively change it.

Around 30% of our people have not disclosed their disability status, so it is possible that this group of staff contain a higher proportion of people with disabilities.

The declaration status is likely to represent the status declared when the employee first started within the Trust, unless they have proactively made a decision to update this status on either a temporary or permanent basis.

If a person is already managing a long-term condition well, they may not see a need to declare this on ESR.

### 2.3 Recruitment

The data has shown that of the 164 people who were shortlisted, who classified themselves as disabled, 43 of these were appointed. This means that 26% were taken into employment, an decrease of around 7% from last year. 22% of people who identify as not disabled were appointed into roles.

This demonstrates that based on the recruitment activity recorded in this period, those who identify as having a disability are more likely to be appointed from shortlisting than those who do not with the rates of appointment from shortlisting increased for both disabled and non-disabled applicants since last year.

The percentage of shortlisted applicants with a disability was 5.93%, a slight increase from last year. The WDES collection does not include total number of applicants, only those shortlisted and appointed; therefore, it is difficult to understand if this percentage is proportional to the number of overall applicants who have identified as having a disability.

### 2.4 Capability Process

The data for those involved in the capability process is based on data from a two-year rolling average of the current year and the previous year (i.e. total cases over the two years divided by two)

This shows 2.5 members of staff who have confirmed their status as having a disability, 11.5 members of staff who have confirmed their status as no disability and a further 11 who are registered as unknown. Given these very small figures it is difficult to analyse these results in a meaningful way.

### 2.5 Workforce Disability Equality Indicators (Staff Survey)

#### Bullying, harassment or abuse:

	Disabled			Non-Disabled		
	2019	2020	2021	2019	2020	2021
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	33.2%	27.1%	26.6%↓	25.2%	21.1%	19.4%↓
% of staff experiencing harassment, bullying or abuse from manager in the last 12 months	12.0%	16.1%	13.8%↓	6.9%	9.5%	6.5%↓
% Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	27.9%	24.6%	22.8%↓	14.8%	14.4%	11.2%↓

The data above shows a favourable improvement in behaviour towards staff by patients, relatives or members of the public as well as colleagues and managers in the last 12 months.

The previous increase seen in negative behaviour from managers has decreased for both staff with and without a disability, although staff with a disability remain more than twice as likely to experience harassment or bullying from managers or other colleagues than staff without a disability.

It should also be noted that the Trust remains below the national average both for disabled and non-disabled staff.

	Disabled			Non-Disabled		
	2019	2020	2021	2019	2020	2021
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	56.0%	48.2%	43.9%↓	50.8%	43.8%	45.3%↑

Reporting of incidents relating to staff experiencing harassment, bullying or abuse at work has reduced for those who have reported a disability and increased those who have not. For the first time since 2018 data it appears that reporting of these incidents is lower among staff declaring a disability.

#### Equal opportunities with regard to career progression:

	Disabled			Non-Disabled		
	2019	2020	2021	2019	2020	2021
% of staff who believe their organisation provides equal opportunity for career progression or promotion	61.6%	54.0%	55.7%↑	61.3%	60.0%	62.0%↑

The data shows an improvement of scores for both staff with and without a disability in terms of staff receiving equal opportunities with regards to career progression, this improvement is despite a decrease in the national average for both staff declaring a disability and those who have not.

There however, remains a disparity with a lower number of disabled staff still saying that their organisation provides equal opportunity for career progression compared to their non-disabled colleagues.

Please note that the calculation of this metric has changed at a national level leading to a difference in numbers compared to previous reporting submitted despite the data being consistent. In previous reporting the figure was a result of those who selected Yes to the question “Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?” as a proportion of those who selected both Yes and No. For this year’s reporting the percentage is calculated as those who said Yes out of those who selected either Yes, No or Don’t know leading to lower figures overall.

### Non-Clinical Staff (ESR Data)

Band Clusters	% Disabled	% Non-disabled	% Unknown/Null
Cluster 1: AfC Bands <1 to 4	4.65%	67.40%	27.95%
Cluster 2: AfC bands 5 to 7	4.38%	72.99%	22.63%
Cluster 3: AfC bands 8a and 8b	3.66%	76.22%	20.12%
Cluster 4: AfC bands 8c to VSM	1.79%	71.43%	26.79%
Total Non-Clinical	4.46%	69.34%	26.21%

### Clinical Staff (ESR Data)



Band Clusters	% Disabled	% Non-disabled	% Unknown/Null
Cluster 1: AfC Bands <1 to 4	4.10%	66.99%	28.90%
Cluster 2: AfC bands 5 to 7	3.60%	67.55%	28.85%
Cluster 3: AfC bands 8a and 8b	1.72%	73.56%	24.71%
Cluster 4: AfC bands 8c to VSM	0.00%	75.00%	25.00%
Total Clinical	3.71%	67.57%	28.72%

### Medical & Dental Staff (ESR Data)

Band Clusters	% Disabled	% Non-disabled	% Unknown/Null
Medical & Dental	0.98%	51.76%	47.27%

The information pulled from ESR for the WDES Annual Collection shows that there is underrepresentation of staff (both clinical and non-clinical) with disabilities at higher pay bands with the highest proportion of disabled staff falling within the lowest bands. This indicates that staff with a disability may not be progressing through the organisation in the same way our non-disabled staff do. Additionally, the proportion of disabled medical and dental employees is notably low and has decreased from previous years data.

### Pressure to come to work:

	Disabled			Non-Disabled		
	2019	2020	2021	2019	2020	2021
% of staff who felt pressure from their manager to come to work, despite feeling not well enough to perform their duties	28.9%	28.3%	28.3% 	17.6%	21.6%	20.3% 

The staff survey results show the percentage of disabled staff feeling pressure from their line manager to come to work despite not feeling well has remained the same compared to last year's data despite a slight decrease in the national average. However there has been a decrease in non-disabled staff, which is greater than the decrease in the national average. There is now a greater significant disparity between staff with a disability and staff without a disability, with a higher percentage of staff with a disability experiencing this than staff without.

**Staff satisfaction with extent work is valued by organisation:**

	Disabled			Non-Disabled		
	2019	2020	2021	2019	2020	2021
% of staff who were satisfied with the extent to which the organisation values their work	44.3%	40.4%	33.6%↓	51.4%	46.1%	43.4%↓

The staff survey results show a decrease in the percentage of staff both with and without a disability who are satisfied with the extent to which their organisation values their work. There is a widening disparity between staff with a disability and staff without feeling valued. The trust is now only 1% for disabled staff and 0.1% for non-disabled staff above the national average.

**Adequate adjustments made for staff with a disability:**

	Disabled Staff 2019	Disabled Staff 2020	Disabled Staff 2021
% 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	85.0%	81.9%	76.7%↓

The staff survey data shows a continued decrease in the percentage of staff who said their employer has made adequate adjustment(s) to enable them to carry out their work. The Trust is still performing significantly above average in this metric although this gap is decreasing.

**2.6 Board Voting Membership**

The return shows that the Board voting membership has 1 disabled member, 11 non-disabled members and 4 who are marked as unknown. In terms of data quality this is a decrease from last year when only 2 Board members had not declared their disability status.

**3. KEY ISSUES AND ACTION**

- 3.1 There are some limited pockets of improvement in experience and data quality; however the disparity between the experiences of those who have declared a disability and those who have not are significant and concerning.
- 3.2 It is important to note that a number of the experiences of disabled staff are likely to be mirrored by those with other protected characteristics and indeed those in other minority groups not necessarily covered by these. It is therefore important to consider intersectionality and inclusion as a whole when looking at actions to promote improved experiences for those identified as having a disability or long term condition.
- 3.3 The data highlights concern around the equity in the provision of reasonable adjustments in the organisation, with staff with disability reporting a decrease in the provisions made.
- 3.4 There are also concerns reported regarding a decrease in staff with a disability reporting bullying or harassment.

## **4. PROPOSALS**

- 4.1 The Inclusion Steering Group has been established across Royal Devon University Healthcare Trust with a joint action plan in place to address some of the concerns highlighted in this report.
- 4.3 As an integrated Trust we are planning to run a programme called Driving Your Career, aimed at bridging the gap between different staff groups and boosting confidence of those taking part. We will also be running inclusive leadership and inclusive interview training, this is designed to support the confidence in our leaders in supporting issues relating to equity, and boost the chances of staff from less represented backgrounds to pass the application process.
- 4.4 It is proposed that the Inclusion Team work closely with other teams in the organisation to highlight the different ways in which staff can speak up, as well as start a Staff Incident Group to begin sharing the outcomes from previously reported cases to increase safety for those reporting, and to evidence change.
- 4.5 An Inclusion and Diversity Data Analyst has now started in post, it is proposed that data is presented for divisional oversight to ensure local accountability alongside central action plans.