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Workforce Disability Equality Standards Report 2021/22 and Action plan 2022/23

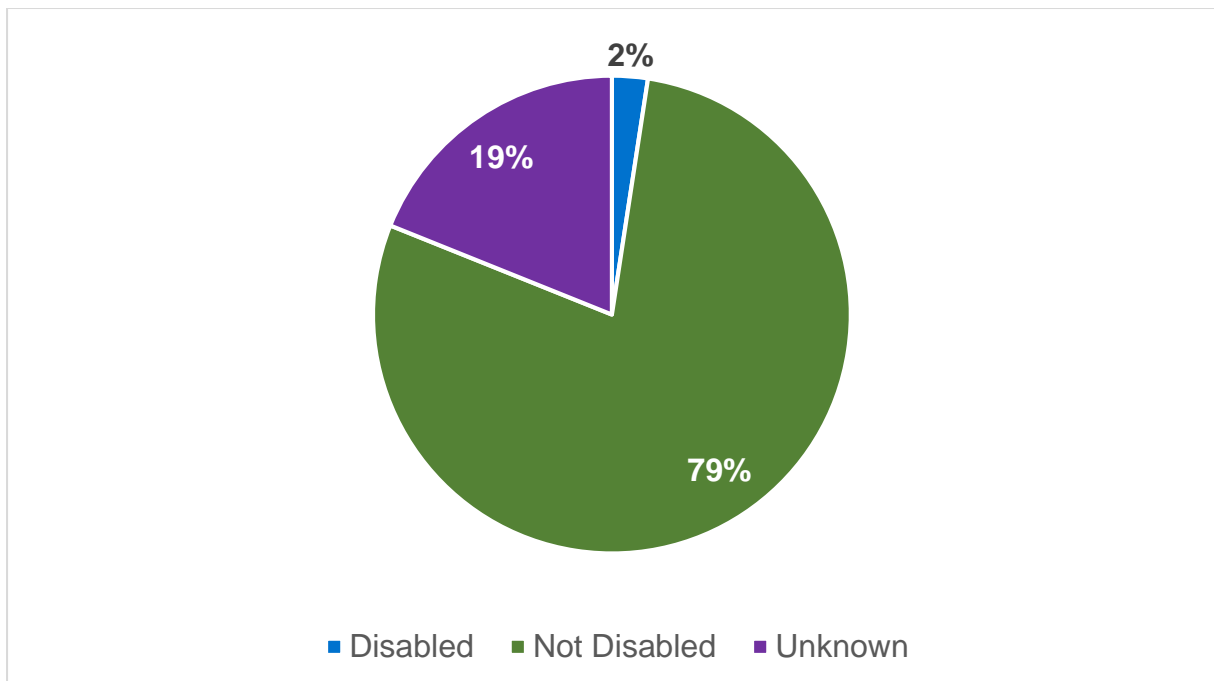
Workforce Disability Equality Standard Report 21/22

1. Background

The Workforce Disability Equality Standard is a set of ten specific metrics to enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. This is the fourth year of reporting WDES. WDES is an important step for the NHS and is a clear commitment in support of the Government's aims of increasing the number of disabled people in employment.

2. Organisational Breakdown by Disability

The diagrams below detail the overall breakdown of employees who have and have not declared a disability, and where this is unknown, based on data from our electronic staff records. This data excludes bank and locum staff, students on placement and staff employed by contractors. The data is correct as of 31 March 2022.

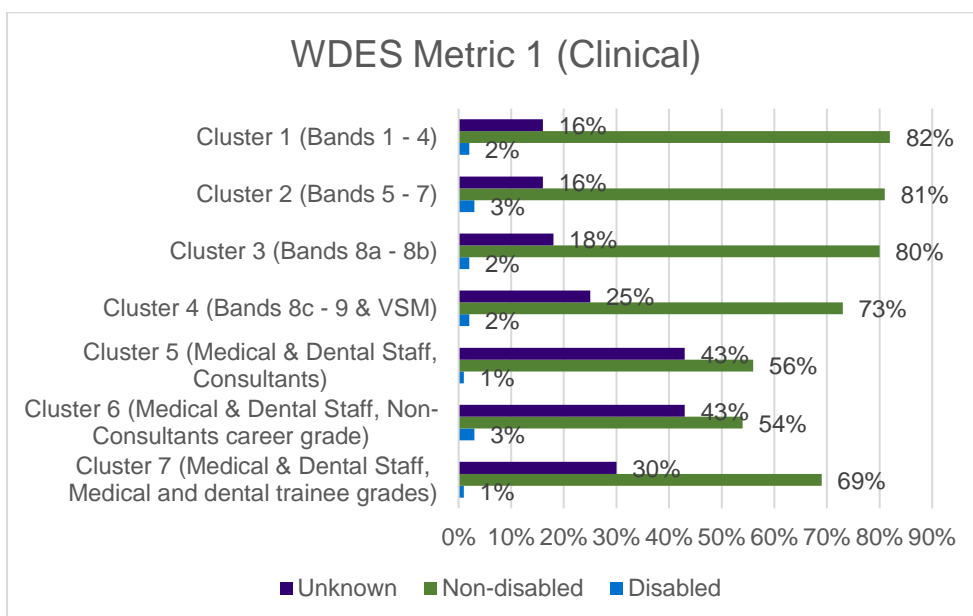
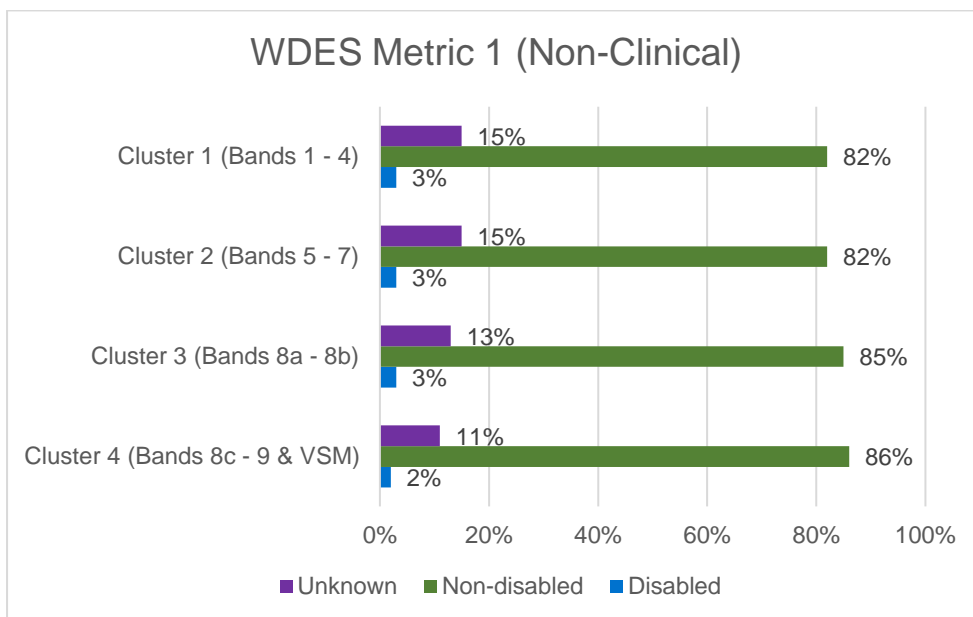


Out of 14,500 employees, 2% (335 people) have disclosed a disability and 79% (11,441) are recorded not to have a disability. Out of the 19% (2724 people) where the disability status is unknown, 14% are coded as 'not declared', 1% are coded as 'prefer not to answer' and 4% as 'unspecified.'

Compared to 2020/2021, the proportion of people reporting a disability has remained unchanged at 2%, and the proportion of people reporting to have no disability has increased by 10%. The unknown group has reduced by 11%, and within the breakdown codes of the unknown group, 'prefer not to answer' remains unchanged at 1%, 'not declared' has increased by 7% from 7% to 14%, and 'unspecified' has decreased from 27% to 4%.

3. WDES Metrics

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 (based on data from electronic staff record)



While the proportion of disabled staff is low across all clusters, it is evident that with non-clinical roles there is a higher proportion of disabled staff in clusters 1 to 3, whereas in clinical roles, the higher proportion of disabled staff are in clusters 2 and 6. This pattern for clinical roles remains unchanged since 2020/21, however, there is a slight improvement by 1% in the percentage of disabled staff in cluster 3 for non-clinical roles.

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

Data from this metric is taken from two online recruiting systems. Candidates are given a yes or no option regarding whether they wish to declare a disability. This includes medical and non-medical staff. We run a guaranteed interview scheme for disabled candidates who meet essential criteria. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

The likelihood of applicants with no disability being appointed from shortlisting is 17% and the likelihood from those declaring a disability is 12%.

The relative likelihood of applicants with no disability being appointed from shortlisting compared to applicants with a declared disability is 1.38 times greater. This is an increase from the previous year's figure of 1.25.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
Disability	407	49	0.12
No disability	8543	1418	0.17
Unknown	396	209	0.53

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

This metric relates to capability on the grounds of performance (not ill-health). Staff whose disability is unknown are excluded for the purpose of this metric. The data is based on a 2-year rolling average of the annual average number of formal performance meetings recorded on the employee relations tracker system for non-medical staff.

The relative likelihood of staff with a disability entering the formal capability procedure, compared to staff without a disability was zero.

It is important to note the very small amount of performance management cases that this metric is based on, as outlined below, which means the likelihood of any of the below groups entering the formal capability process is less than 0.00. There were no new performance cases for staff with a disability in 2021/22.

Descriptor	Number of staff in workforce	Annual average of number of formal performance meeting	Likelihood of entering formal performance meetings
Disability	331	0	0
No Disability	11119	10	0.001
Unknown	2153	1	0.0005

Metrics 4 to 9: National Staff Survey Responses

Metrics 4 to 9 relate to the 2021/2022 national staff survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 5,523 staff who responded to the survey, which represents a 42% completion rate across the Trust.

Within the demographic section of the staff survey, respondents are asked if they have any physical, mental health conditions, disabilities or illness that have lasted or are expected to last for 12 months or more. There are only 'yes' or 'no' responses to this question. 5,434 staff chose to answer this question. Out of these staff, 16.6% answered yes.

However, the staff survey disability declaration percentage of 16.6% is considerably higher than electronic staff record, where 2% of staff are recorded to have a disability. This is a similar contrast to the last two years.

It is noted that staff survey questions are not compulsory, so the number of responses fluctuates per question. Where a metric is marked with a *, this means a higher percentage indicates a positive response. For all other metrics, a lower percentage is positive.

Metric 4

1. Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months

	Disabled respondents	Non-disabled respondents
2021	41.5%	32.9%
2020	38.2%	29.3%

2. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

	Disabled respondents	Non-disabled respondents
2021	23.9%	13.4%
2020	24.3%	14.0%

3. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

	Disabled respondents	Non-disabled respondents
2021	35.2%	23.9%
2020	33.8%	21.9%

4. Percentage of 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*

	Disabled respondents	Non-disabled respondents
2021	43.8%	43%
2020	43.4%	42.8%

Metric 5

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion*

	Disabled respondents	Non-disabled respondents
2021	40.6%	49.4%

2020	64.3%	74.5%
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Metric 6

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	Disabled respondents	Non-disabled respondents
2021	37.9%	25.2%
2020	36.2%	28.1%

Metric 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work*

	Disabled respondents	Non-disabled respondents
2021	32.9%	44.5%
2020	38.7%	52.7%

The below table summarises these metrics outlining the differences between disabled and non-disabled staff responses.

Summary of Metrics 4-7 by percentage of responses to staff survey questions 2021

Staff survey question	% of disabled respondents	% of non-disabled respondents	Difference
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	41.5%	32.9%	8.6%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	23.9%	13.4%	10.5%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.2%	23.9%	11.3%

% of 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*	43.8%	43%	0.8%
% of staff believing that the Trust provides equal opportunities for career progression or promotion*	40.6%	49.4%	18.8%
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	37.9%	25.2%	12.7%
% of staff saying that they are satisfied with the extent to which their organisation values their work*	32.9%	44.5%	11.6%

Metric 8: Adequate Adjustments

This metric relates to the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This is only answered by those who have declared a disability within the staff survey. 528 of disabled staff who required workplace adjustments chose to answer this question. 63.8% of staff said that their employer has made adequate adjustments, compared to a national average of 70.9%. This is down from 2020, where 70.1% responded positively to this question.

Metric 9a: Engagement Score

The staff engagement score is calculated based on nine questions in the staff survey relating to motivation, ability to contribute to improvements and recommendation of the organisation as a place to work or receive treatment. The engagement score for disabled staff is 6.4 compared to 7.1 for staff who have not stated to have a disability. The engagement score for disabled staff is the same as the national average, while the engagement score for non-disabled staff is slightly above the national average (7.0). Both engagement scores for staff who stated a disability and for staff that have not, have decreased compared to last year; by 0.2 for disabled staff and 0.1 for non-disabled staff.

Metric 9b: Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes)

The questions refers to action specifically related to disabled staff, rather than all staff engagement exercises. We answered yes due to:

- Supporting the ongoing development of our disability network, including the development of our networking guidelines, which outlines the governance structure and support for all networks.
- Our role as the lead trust for the Calibre leadership programme, which aims to transform how disabled staff about themselves and their disability, and to show

them how to take control of the discussion in a constructive way. We were commissioned on NHS England and Improvement to co-ordinate the programme across a number of London trusts. In 2022/3, this will be expanded to include trusts across England.

- Our continued implementation of our equality impact assessment process within trust-wide policies, encouraging policy owners to engage with disabled staff and disability considerations within their decision-making.
- Awareness raising of reasonable adjustments and support for disabled staff such as rolling out disability awareness training for managers and promoting resources and tools such as the reasonable adjustment passport.
- Becoming members of Employers Network for Equality & Inclusion (enei) and the Business Disability Forum to build disability confidence across the EDI team and the wider trust.

Metric 10: Board Representation Metric

This metric looks at the percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting membership of the board and by executive membership of the board. The below data is based on board membership as of 31 March 2022 and disability declaration data from the electronic staff record. No members of the board have declared a disability.

	Disabled	Not disabled	Unknown
Total Board members - % by Disability	0%	100%	0%
Voting Board Member - % by Disability	0%	100%	0%
Non-Voting Board Member - % by Disability	0%	100%	0%
Executive Board Member - % by Disability	0%	100%	0%
Non-Executive Board Member - % by Disability	0%	100%	0%
Overall workforce - % by Disability	2%	79%	19%
Difference (Total Board - Overall workforce)	-2%	21%	-19%
Difference (Voting membership - Overall Workforce)	-2%	21%	-19%
Difference (Executive membership - Overall Workforce)	-2%	21%	-19%

WDES Action plan 2022/23

Timescale April 1 2022 to 31 March 2023

Metrics	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
<p>Actions around WDES Metric 1: Recruitment and Promotion</p> <p>Actions around WDES Metric 2: Appointments</p>	<ul style="list-style-type: none"> • We will raise awareness of the diversity dashboard to make people aware at a directorate and divisional level of our demographic breakdown, including disability, which is underrepresented • We will continue to promote our ESR campaign to increase the declaration rate of disability and other diversity information on ESR. • The Trust has worked with external providers to implement training to disabled staff build confidence and personal presence to show up positively for themselves and other disabled people, such as the 'How I show up' programme' delivered by RADA and 'Calibre' delivered by Dr Ossie Stuart. In 2021/22, Imperial College Healthcare NHS Trust were the lead Trust in the role out of the programme across London with funding from NHS London. In 2022/23, we are again the lead Trust in the role out across England, with funding from NHS England and Improvement. • We are relaunching our Recruitment and Selection training in 2022/23. • We plan to set specific KPIs that measure the effectiveness of our recruitment and selection practices • We are continuing to review our on-boarding and sign-on processes for disabled staff and make improvements. 	<ul style="list-style-type: none"> • Progress is reported on at the EDI Committee, which occurs every two months • An increase in staff declaring that they have a disability on ESR from 2%, and decrease in the number of staff who have not declared any disability information from 19% • Training programmes will be evaluated to measure impact. For example, the Calibre programme will be evaluated using the Kirkpatrick Model • An increased in the disability engagement score in the annual staff NHS survey • Data regarding shortlisting is reviewed on a quarterly basis 	<ul style="list-style-type: none"> • Compliance to this recruitment policy is reviewed by the Chief Executive within the role as Chair of EDI Committee. • Actions and their impacts will be inspected by the EDI committee, and the I-CAN disability network, who act as a critical friend to the Trust. • Regular communication about our actions and activities will be communicated via our external and internal communication channels.

Metrics	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
	<ul style="list-style-type: none"> We are promoting the Career Focus digital platform and support sessions to ensure wider access and diverse representation, including disability. We are continuing to widen access and improvement routes to employment for our local communities and underrepresented groups. 		
Actions around WDES Metric 3: Disciplinary	<ul style="list-style-type: none"> In 2021/22 the Trust introduced a Resolution Policy, which places an emphasis on informal resolution where possible and feasible. The Disciplinary Policy was updated in March 2022 to introduce plurality of decision-making at all disciplinary hearings, where previously it was for only ones with a potential outcome of dismissal. Disciplinary cases, as well as bullying and harassment, are investigated by a specially-trained team within HR instead of by managers, leading to impartiality We will continue to use and promote our EDI memberships (e.g., the Business Disability Forum) to improve the disability confidence of our staff, including our HR teams, by utilising their events, resources and advice services. We will develop and roll out our toolkit on neurodiversity to enable managers to understand support neurodiversity within their teams. 	<ul style="list-style-type: none"> 100% of disciplinary panels are to have two or more chairs, one to be external 100% of panel members to be trained by ACAS Updates are to be given twice a year to the EDI Committee and comprehensive data is shared on a regular basis with the People Committee Updates are shared and cases reviewed by the Workforce Race Equality Steering Group We will track and monitor the visits to our toolkits on our intranet page. 	<ul style="list-style-type: none"> The central investigation team, which investigates disciplinary cases, is fully staffed and are actively working to reduce the time it takes to complete investigations We will actively promote our EDI toolkits through our HR teams and our communication channels.
Actions around WDES Metric 4: Bullying Harassment from public, managers	<ul style="list-style-type: none"> We are encouraging all members of staff to log incidents of disability-related abuse through DATIX, our incident reporting system, so occurrences can be tracked and counselling offered to those who may need it, as well as a letter to the direct line manager. We have also established a Violence and Aggression 	<ul style="list-style-type: none"> An increase in recording of DATIXes related to bullying and harassment, as we believe this is currently under-reported 	<ul style="list-style-type: none"> Chief People Officer being responsible for the Violence and Aggression sub-group

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and other colleagues	<p>sub-group which has overseen the roll-out of regular communication, body-worn cameras in clinical areas and the drafting of a behavioural contract for visitors</p> <ul style="list-style-type: none"> • We will continue to promote our EDI toolkits, including challenging microaggressions and becoming an ally to include attitudes and behaviours in the Trust. In 2022/23 we are also developing an additional toolkit on bullying and harassment to join our other EDI toolkits. • Through our structured calendar of EDI communications, we will raise awareness of disability inclusion and challenging bullying, harassment, and discrimination • In 2022/23, we will co-design an anti-discrimination statement. • Through our education initiatives, we aim to improve our staff's understanding of discrimination, and that it has no place within our organisation. • Additionally, our resolution-focussed approach to conflict aims to make dealing with incidences of discrimination less traumatic for those reporting them. 	<ul style="list-style-type: none"> • Every DATIX reporting bullying and harassment relating to disability to be followed up by our internal counselling department • We will track and monitor the visits to our toolkits on our intranet page. • There will be an increase in our disabled staff stating that they have reported harassment and bullying, and a decrease in the number of disabled staff who have experienced bullying and harassment from managers and colleagues. 	<ul style="list-style-type: none"> • Expansion of our employee relations provision with divisionally aligned ER specialists • Regular communication about our expected behaviours will be communicated through internal channels.
Actions around WDES Metric 5: Equal Opportunities	<ul style="list-style-type: none"> • We will promote equal opportunities around recruitment by implementing recruitment and selection training, and raising awareness of our diversity dashboard so that staff are alert to disparities as a result of disability exclusion. • We will continue to promote equality impact assessments on major decision-making (e.g. policies) and train the wider organisation on how to use them. 	<ul style="list-style-type: none"> • Training programmes will be evaluated to measure impact. For example, the Calibre programme will be evaluated using the Kirkpatrick Model (by 31 March 2023). • We will increase the percentage of disabled staff who feel valued by the Trust will increase in the annual staff survey. 	<ul style="list-style-type: none"> • We will actively promote training programmes through our internal communication channels and evaluate their effectiveness.

Metrics	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
		<ul style="list-style-type: none"> We will monitor and track the number of equality impact assessments completed, and the number of people completing the training. 	
Actions around WDES Metric 6: Presenteeism	<ul style="list-style-type: none"> The Trust has worked with external providers to implement training to disabled staff build confidence and personal presence to show up positively for themselves and other disabled people, such as the 'How I show up' programme' delivered by RADA and 'Calibre' delivered by Dr Ossie Stuart We will develop and roll out a toolkit on neurodiversity, to enable managers and staff to understand and support neurodiversity within their teams, and to continue promotion of our existing toolkits on challenging microaggressions and being an ally to influence attitudes and behaviour towards disabled colleagues 	<ul style="list-style-type: none"> Training programmes will be evaluated to measure impact. For example, the Calibre programme will be evaluated using the Kirkpatrick Model (by 31 March 2023). We will track and monitor the visits to our toolkits on our intranet page. The percentage of disabled staff who feel pressure to come to work according the annual staff survey will decrease. 	<ul style="list-style-type: none"> We will actively promote training programmes and toolkits through our internal communication channels and evaluate their effectiveness.
Actions around WDES Metric 7: Feeling Valued	<ul style="list-style-type: none"> We will continue to deliver a structured calendar of EDI communications to raise awareness of disability inclusion and the contributions of disabled people to the Trust. We will continue to develop and support our I-CAN disability network as a route for disabled people to have their voices heard and to act as a critical friend to the organisation on decision-making. We will continue to use and promote our EDI 	<p>We will track engagement (e.g. attendance, click rates, page visits) with EDI communication and activities including Disability History Month.</p> <p>We will monitor the membership numbers of the I-CAN network.</p>	<ul style="list-style-type: none"> We will actively promote disability events and the I-CAN network through our internal communication channels and evaluate their effectiveness. We will have regular meetings with the chair of the I-CAN network to

Metrics	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
	memberships (e.g., the Business Disability Forum) to share good practice about disability inclusion.		ensure the network remains sustainable.
Actions around WDES Metric 8: Reasonable Adjustments	<ul style="list-style-type: none"> • We will continue to run disability awareness sessions for managers, to help them understand their responsibilities and the Trust procedures about reasonable adjustments. • We will continue to work with the Department for Work and Pensions to raise awareness of Access to Work and to make sure that our HR teams are trained to help staff through the process. This includes promoting Access to Work awareness sessions and providing up to date information on our intranet. • In 2022/23 we launched a centralised reasonable adjustment budget to make it easier for disabled staff to access adjustments. • We are recruiting and train champions for Read & Write and Dragon to support users across the Trust. • We are implementing an ICT Strategy to improve assistive technology access and support access the Trust. • We will continue to train managers and individuals are implementing and supporting accessibility. 	<ul style="list-style-type: none"> • Reasonable adjustment engagement activities will be monitored and evaluated, including page views and number of attendance at events • We will track and monitor the number staff accessing the reasonable adjustment fund and how much spent. • We will increase the number trained Read & Write, and Dragon champions. • We will increase the number staff trained on supporting accessibility. • We will increase the percentage of disabled staff that feel that the Trust has made adequate reasonable adjustments. 	<ul style="list-style-type: none"> • We will actively promote resources and programmes around reasonable adjustments through our internal communication channels and evaluate their effectiveness • Actions and their impacts will be inspected by the EDI committee, and the I-CAN disability network, who act as a critical friend to the Trust.
Actions around WDES Metric 9: Engagement Score and facilitating voices.	<ul style="list-style-type: none"> • We will continue to develop our network leads and infrastructure of our I-CAN disability network, as a route for disabled staff to share their experiences and promote change across the organisation. • We will continue to encourage disabled staff to complete the annual staff survey and to declare their 	We will monitor the membership numbers of the I-CAN network. We will increase the percentage of disabled staff that feel engaged at the trust	<ul style="list-style-type: none"> • Actions and their impact will be inspected by the EDI committee, and the I-CAN disability network, who act as a critical friend to the Trust.

Metrics	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
	<p>disability on ESR to ensure invoice disabled voices are heard and are counted for.</p> <p>Through our structured calendar of EDI communications, we promote the stories and voices of our disabled staff.</p>	<p>according to the annual NHS staff survey</p>	
<p>Actions around WDES Metric 10: Board representation</p>	<ul style="list-style-type: none"> • We continue to support the NExT Director Scheme, a development programme which supports those under-represented in non-executive roles on NHS boards. 	<p>Greater awareness and deeper understanding by the board of inequality and its impact on disabled staff and patients/service users</p>	<ul style="list-style-type: none"> • Actions and its will be inspected by the EDI committee, and the I-CAN disability network, whom act as a critical friend to the Trust.

