



# Workforce Disability Equality Standard (WDES) 2021 Report

## 1. Introduction

The Workforce Disability Equality Standard (WDES) has been introduced across the NHS to advance disability workplace equality. Previous initiatives have not reduced the longstanding gaps that exist between the workplace experiences and career opportunities of Disabled and non-disabled people.

The rationale for the WDES is founded upon the wider context of Disabled people and their experiences in employment and work. The WDES is underpinned by the Social Model of Disability, which proposes that people are disabled because of societal barriers, rather than a long-term health condition. With the social model in mind, the WDES will help inform year on year improvements in reducing those barriers that impact most on the career and workplace experiences of Disabled staff; driving changes in attitudes, increasing employment and career opportunities, and implementing long-lasting change for Disabled people.

The WDES is mandated to all NHS Trusts and Foundation Trusts in England through the NHS Standard Contract and comprises of 10 Metrics that incorporate data from the following primary sources: the NHS Electronic Staff Record (ESR), the NHS Staff Survey and local HR and recruitment systems.

There are three mandated reporting requirements for the WDES, which are to:

- verify, complete and submit our metric data on a pre-populated excel spread sheet;
- submit an online reporting form;
- publish our WDES report on the trust’s external website, which includes our metrics, evidence of engagement with Disabled staff and our action plan.

The national WDES Team advise that the 2020 WDES data analysis report (published October 2021) ‘continues to show that that staff with a disability have poorer experiences in areas such as bullying and harassment, feel less valued for their contribution, and feel more pressure to attend work when feeling unwell.’

The key national findings from the 2020 WDES analysis found:

3.5% of staff have declared a disability on NHS Electronic Staff Record (ESR) up 0.4% from 2019	Non-disabled job applicants were <b>1.2 times</b> more likely to be appointed from shortlisting	Disabled staff were <b>1.54 times</b> more likely to enter the formal performance management capability process
26.3% of disabled staff reported harassment, bullying or abuse, compared to 18.5% of non-disabled staff	78.2% of disabled staff believe they have equal opportunities for career progression. This has improved from 77.6% last year	30.6% of disabled staff stated they had experienced presenteeism. This compares to 21.2% of non-disabled staff. This has improved from 32.1%
39.1% of disabled staff said they felt valued, compared to 50.4% of non-disabled staff. This has improved from 37.3% the year before	26.2% of disabled staff felt that their employer had not made adequate adjustments	3% of board members have declared a disability. This is up from 2% in 2019 and two thirds of trusts do not have any board members who have declared a disability

## WDES Metrics and UHNM Performance

A detailed analysis of the WDES Metrics is attached as Appendix 1 and includes comparison of our performance against benchmarking data where this is available from the 2020 NHS Staff Survey and the 2020 National WDES data analysis report.

A summary of our 2021 WDES metrics is outlined below.

Note: data for Metrics 2 and 3 is auto calculated using the WDES pre populated excel spread sheet to produce a relative likelihood score. A relative likelihood of 1.00 indicates that there is no difference between Disabled and non-disabled staff. For example, for Metric 2, a result above 1.00 indicates that non-disabled staff have an increased likelihood of being appointed from shortlisting compared to disabled staff and for Metric 3 a result above 1.00 would indicate that disabled staff are more likely to enter the formal capability process than non-disabled staff.

	WDES Metric	2019	2020	2021									
<b>Workforce Metrics</b>													
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. Organisations should undertake this calculation separately for non-clinical and for clinical staff:	1.54%	1.64%	2.23%	<table border="1"> <caption>Declared Disability % - ESR</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>1.54%</td> </tr> <tr> <td>2020</td> <td>1.64%</td> </tr> <tr> <td>2021</td> <td>2.23%</td> </tr> </tbody> </table>	Year	Percentage	2019	1.54%	2020	1.64%	2021	2.23%
Year	Percentage												
2019	1.54%												
2020	1.64%												
2021	2.23%												
	Cluster 1: AfC Band 1, 2, 3 & 4												
	Non Clinical	2.6%	3.0%	4.0%									
	Clinical	0.9%	1.1%	1.9%									
	Cluster 2: AfC Band 5, 6 & 7												
	Non Clinical	2.3%	2.2%	2.8%									
	Clinical	1.5%	1.5%	2.0%									
	Cluster 3: AfC Band 8a & 8b												
	Non Clinical	0.0%	1.0%	3.7%									
	Clinical	2.2%	2.1%	2.7%									
	Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)												
	Non Clinical	0.0%	0.0%	0.0%									
	Clinical	3.6%	3.9%	4.2%									
	Cluster 5: Medical and Dental staff, Consultants	0.8%	0.6%	0.54%									
	Cluster 6: Medical and Dental staff, Non-consultant career grade	0.9%	0.4%	0.66%									
	Cluster 7: Medical and Dental staff, Medical and dental trainee grades	0.7%	0.9%	0.00%									
2.	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.29	1.26	1.38	<table border="1"> <caption>Likelihood of Appointment From Shortlisting</caption> <thead> <tr> <th>Year</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>1.29</td> </tr> <tr> <td>2020</td> <td>1.26</td> </tr> <tr> <td>2021</td> <td>1.38</td> </tr> </tbody> </table>	Year	Score	2019	1.29	2020	1.26	2021	1.38
Year	Score												
2019	1.29												
2020	1.26												
2021	1.38												

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 applies to capability on the grounds of performance and not ill health	17.07	0.00	0.00		
<b>NHS Staff Survey Metrics</b>						
4a.	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients /service users, their relatives or other members of the public	Disabled	30.7%	31.8%	31.7%	
		Not disabled	23.8%	26.8%	22.3%	
	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers	Disabled	22.0%	20.5%	22.4%	
		Not Disabled	14.0%	12.6%	11.8%	
	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues	Disabled	28.9%	30.9%	30.2%	
		Not Disabled	20.1%	20.8%	19.0%	
4b.	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Disabled	49.5%	45.4%	47.7%	
		Not Disabled	42.2%	44.6%	42.4%	
5.	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion	Disabled	75.0%	80.0%	81.0%	
		Not Disabled	82.5%	85.5%	87.4%	
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	Disabled	38.9%	34.7%	36.9%	
		Not Disabled	28.3%	25.7%	22.9%	

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	Disabled	33.1%	34.0%	36.1%	
		Not Disabled	43.6%	46.8%	47.1%	
8.	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work		70.2%	73.7%	74.0%	
9.	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	Disabled	6.5	6.6	6.5	
		Not Disabled	6.9	7.0	7.1	
<b>Board Representation Metric</b>						
10.	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:  <ul style="list-style-type: none"> <li>• By voting membership of the Board.</li> <li>• By Executive membership of the Board</li> </ul>		-1.5%	-1.6%	-2%	

Six of the WDES metrics are drawn from the national NHS Annual Staff Survey. The response rate for the 2020 staff survey was 44% with 20.4% of respondents stating that they had a physical or mental health condition or illness lasting or expected to last 12 months or more.

UHNM uses recruitment monitoring and the ESR system to capture and record employee disability status. The Trust regularly encourages our workforce to update their ESR record and the number of records where staff have not disclosed their status regarding disability has improved from 41% last year to 34.6% at 31<sup>st</sup> March 2021. Nationally it is recognised that there is a significant under reporting across the country of the numbers of staff who declare themselves to be disabled on ESR, compared to those disclosing this information whilst completing the NHS Staff Survey.

## 2. Disability Equality Actions Undertaken during 2020/21

During 2020/21, we have undertaken the following actions and activities against our agreed priorities:

### Engaging with our disabled staff to facilitate the voices of disabled staff being heard

- Worked with our Disability Staff Network in developing our WDES Action Plan
- Listening to our disabled staff throughout the Covid-19 pandemic to ensure that we are effectively supporting them, this has included creating comprehensive wellbeing support and guidance for shielding employees and their line managers
- Raised the profile of disability equality and workplace inclusivity through regular newsletters, personal stories, videos and infographics
- Encouraged staff to declare their disability status on ESR through our newsletters and a video during Equality, Diversity & Human Rights Week where our Staff Network Chairs explaining why

declaring disability status is important and how we use the information to better understand disability representation within our workforce

- With our system partners we have introduced a system wide Disability and Neurodiversity Staff Network which meets on a quarterly basis
- As part of system working, a series of inclusion school events have been held, including masterclasses, focussing on topics such as allyship, unconscious bias, true self and imposter syndrome
- Launched the UHNM Speaking Up Charter to promote the Trusts commitment to a healthy speaking up culture and a focus on the safe routes to raise issues was the topic of the first system network meeting with presentations from the FTSU Guardians

### **Improving workplace experiences of our disabled staff**

- Continued to promote and raise awareness with staff and line managers of the Tailored Adjustments Plan – a document designed to be a living record of adjustments agreed between an employee and their line manager
- Prioritised employee safety during the pandemic with Covid-19 risk assessments, employee guidance and provisions in place to effectively support shielding employees and their safe return to the workplace
- Reviewed and promoted disabled workers rights by including our Disability Leave provisions in the Special Leave Policy
- Continued with our Wellbeing Strategy and held a series of wellbeing events
- Enhanced our Disability Awareness section on the intranet for our employees and managers to access supportive and informative resources and guidance
- Created a UHNM Disability & Long Term Conditions Facebook Page aimed at connecting our disabled employees and providing key updates including regular updates from the Network Chair
- The UHNM 'Belonging in the NHS' Inclusivity Masterclass has been introduced to the Gold and Platinum Connects Leadership Programmes. The Masterclass was created to introduce cultural intelligence and diversity awareness into our compassionate leadership development

### **Ensuring we are a fair and compassionate employer**

- Continued to embed the Just and Learning Culture and decision tree across the organisation and our commitment to learning rather than blaming. This has been embedded into the revised Disciplinary Policy and Speaking Up Policy
- Reviewed the content of our Capability Training for line managers to ensure that it includes elements about performance management issues and disability
- Updated the Absence Management Training for line managers to include Disability Leave and the Tailored Adjustments Plan
- The HR Department continues to work closely with Trade Unions to monitor consistency of approach to formal employee relations cases through a monthly joint meeting

### **Attracting and retaining staff with disabilities**

- Continued our programme of work with local schools and colleges, and through a range of events, promotional material, social media and engagement with our local communities to promote the various roles and routes into employment as part of our Widening Participation Strategy
- Continued to reach out to disabled and other protected groups, promoting UHNM as an employer of choice for people with disabilities and raising awareness of the various routes into NHS careers, such as apprenticeships
- Welcomed a further cohort of Project Search students, and celebrated the achievements of the previous cohorts, with 83% of students now in paid employment across the two hospital sites
- Created an Equality, Diversity and Inclusion section on our Working Here page of the UHNM website, promoting our commitment to a fair and diverse workforce and the role of our staff networks in actively engaging and contributing to equality acceptance and inclusion within the Trust

- Revised and updated the equality & inclusion in recruitment e-learning package. The training is a pre requisite for all staff who are undertaking the Trust's Gateway to Management leadership development programme. This includes the practical application of the Trust Recruitment Policy, including awareness of fair recruitment practice and an understanding of unconscious bias
- Work with the Disability & Long Term Conditions Staff Network on our Disability Confident self-assessment and sought feedback from the Network on the accessibility of our recruitment platforms and processes and to identify any barriers faced by people with a sensory disability

### 3. Conclusions

The WDES has been developed and continues to be underpinned by the ethos of 'nothing about us without us' this means that any decisions that impact on disabled people must involve disabled people. We are committed to ensuring that our disabled staff are involved in shaping our equality, diversity and inclusion work and have opportunities to contribute and influence our activities to improve disability equality at UHNM. We do this working collaboratively with our Staff Network and through a range of workforce engagement activities, for example surveys and awareness events in addition to the National NHS Staff Survey. We know that by working in partnership with our staff that we can develop human resource practices and policies that enable all of our employees to thrive.

The WDES is important because evidence shows that a well-motivated inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for. The aim of the WDES is to enable NHS organisations to better the experiences of their disabled staff and supports positive change for all employees by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

This year's metrics show some positive improvements, for example the improvement in disability disclosure rates; representation in clinical and non-clinical roles and the continued year on year improvement in the metrics relating to disabled staff belief in equal opportunities for career progression or promotion; the proportion of disabled staff saying that they are satisfied with the extent to which their organisation values their work and the percentage of disabled staff who feel that adequate workplace adjustments have been put in place to enable them to carry out their work.

However there is little change in experiences of bullying, harassment and discrimination from the public and other colleagues, and an increase in the percentage of disabled staff compared to non-disabled staff reporting experiencing harassment, bullying or abuse from Managers, and in contrast with the experiences of staff without disabilities, our disabled staff reported an increase of feeling pressure from their manager to come to work, despite not feeling well enough to perform their duties.

We have identified a number of actions, supported by our Disability and Long Term Conditions Staff Network that we will focus on during 2021-22 with a particular emphasis on increasing line manager awareness in recruiting and managing employees with a disability or long term condition, and to continue to close the gaps in career and workplace experience between our disabled staff and non-disabled staff, and this is outlined in the following Action Plan.

Progress will be measured by improved metric results in the 2022 WDES submission, NHS Staff Survey results and the monitoring of other relevant metrics.



UHNM WDES Action Plan 2021-22			
WDES Metric	Action / Recommendation	Timescale	Progress Rating
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.	<ul style="list-style-type: none"> <li>Continue to act upon the under representation of staff declaring disability by regularly encouraging all staff to validate their disability status via ESR and other communications. Provide further awareness of what conditions fall into the category of disability</li> <li>Use staff with disabilities as role models to showcase UHNM's commitment to being an inclusive employer in promotional material, in to further non-disabled staff awareness</li> </ul>	Ongoing  Ongoing	
Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	<ul style="list-style-type: none"> <li>Launch the Disability Awareness Toolkit for line managers to improve knowledge and understanding of recruiting and supporting employees with disabilities/long term health conditions</li> <li>Develop a network of inclusive recruitment guardians, supported with a training package to participate in selection interviews and provide inclusion expertise to recruitment panels</li> <li>The Trust Recruitment Manager is a member of the Disability Staff Network and works with the group to improve recruitment practice based on feedback from the Network, including review of on-boarding</li> <li>Continue with our Widening Participation Strategy, Project Search and other recruitment initiatives like the guaranteed interview scheme</li> </ul>	Q4  Q3 Ongoing  Ongoing	
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	<ul style="list-style-type: none"> <li>Introduction of a Workplace Reasonable Adjustments procedure</li> <li>Ongoing promotion of Just and Learning Culture and launch of the UHNM Just and Learning training across the Trust</li> <li>Development and introduction of MerseyCare 4 step process of restorative justice</li> <li>Raise cultural awareness amongst senior leaders through the Belonging in the NHS Inclusivity Masterclass and reciprocal mentorship programmes</li> <li>Continue to work closely with our Staff Side colleagues to ensure that all reasonable adjustments have been made available for disabled staff and that the capability policy has been applied in a consistent and supportive manner</li> </ul>	Q4 Q4  Q4 Q2  Ongoing	

<p>Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from</p> <ul style="list-style-type: none"> <li>patients /service users, their relatives or other members of the public</li> <li>Managers</li> <li>Other colleagues</li> </ul>	<ul style="list-style-type: none"> <li>Launch the UHNM Violence Reduction and Prevention Strategy</li> <li>Introduce the Sunflower Hidden Disabilities Scheme</li> <li>Development of a Behavioural Compact with the input from our Staff Networks</li> <li>Launch of the UHNM Middle Management Programme with a focus on civility and respect</li> <li>Review of Dignity at Work Policy</li> <li>Increase the number of internal mediators</li> <li>Introduction of the 'Taking the Heat Out of Conflict' Masterclass</li> <li>Delivery of the Belonging in the NHS Inclusivity Masterclass through the Gold and Platinum Connects Leadership Programme</li> <li>Introduction of equality, diversity and inclusion conversations within Personal Development Reviews</li> <li>Increase the number of Employee Support Advisors from protected groups and provide a development session to Freedom to Speak Up Guardians and Employee Support Advisors on disability to enable them to support individuals experiencing workplace difficulties relating to their disability more effectively</li> </ul>	<p>Q4 Q3 Q4 Q4 Q3 Complete Q2 – pilot complete Q2 - Ongoing Q4 Q4</p>	
<p>Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it</p>	<ul style="list-style-type: none"> <li>Launch the Speak Up Listen Up mandatory staff training</li> <li>Recruit additional FTSU Guardians, expanding the team to reflect the diversity of the workforce</li> <li>Continue to work closely in enabling safe speaking up channels for our disabled workforce and build confidence of our staff to speak up</li> <li>Include staff with disabilities in the second cohort of the Reciprocal Mentorship Programme</li> </ul>	<p>Q3 Q4 Ongoing Q3</p>	
<p>Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion</p>	<ul style="list-style-type: none"> <li>Progress plans to develop a UHNM development centre working with divisions, including introducing more aspirational roles with supporting development plans, piloting a career development planning toolkit and signposting to higher level apprenticeships. Plan to increase numbers of informal secondment and shadowing opportunities across the Trust</li> <li>Revise the Performance &amp; Development Review to encompass a more strength based development and forward looking annual appraisal</li> <li>Promote access to career conversations and coaching to our disabled workforce</li> </ul>	<p>Ongoing</p>	



<p>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</p>	<ul style="list-style-type: none"> <li>• Launch Disability Awareness Toolkit for managers to improve knowledge and understanding of recruiting and supporting employees with long term health conditions</li> <li>• Bid for funding from the NHS WDES Innovation Fund for external disability training for managers</li> </ul>	<p>Q4 Q3</p>	
<p>Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work</p>	<ul style="list-style-type: none"> <li>• Continue to promote the UHNM Disability and Long Term Conditions staff network and increase membership. Work with the group to understand the issues that matter to them and identify actions to increase their wellbeing and feeling of value</li> <li>• Use national campaigns such as Disability History Month to drive engagement and raise understanding and awareness across the organisation</li> <li>• Introduction of the Disability Toolkit and bid for external training for line managers</li> <li>• Continue to promote health and wellbeing conversations – in accordance with the People Plan line managers should discuss equality, diversity and inclusion as part of health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues and determine what they and their teams can do to make further progress</li> </ul>	<p>Ongoing Q4 Q4</p>	
<p>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work</p>	<ul style="list-style-type: none"> <li>• Introduction of a Workplace Reasonable Adjustments Procedure</li> <li>• Introduction of the Sunflower Hidden Disabilities Scheme</li> <li>• Further promotion and inclusion within leadership training material of the importance of the Tailored Adjustments Plan</li> <li>• Introduce Disability Toolkit and bid for external training for line managers</li> </ul>	<p>Q4 Q3 Ongoing Q3</p>	
<p>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce</p>	<ul style="list-style-type: none"> <li>• Encourage all Board members to declare their disabilities.</li> <li>• Disability Network Executive Sponsor to continue to champion disability issues with the Trust Board</li> <li>• Launch cohort 2 of the Reciprocal Mentorship Programme with our Disability and Long Term Conditions Staff Network</li> </ul>	<p>Ongoing Ongoing Q3</p>	

## Appendix 1 – UHNM WDES 2021 Metric Analysis

Further detail is provided below on each of the WDES Metrics, including comparisons of our performance against benchmarking data where this is available from the 2020 NHS Staff Survey and 2020 WDES Data Analysis Report (published in October 2021).

### Metric 1: Representation of Disabled staff in Agenda for Change (AfC) paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce

The following table demonstrates disabled representation in the organisation. Positively, the percentage of staff that have declared their status has improved to 65.4% compared to 59% the previous year.

Disability Status	Headcount	%
Disabled	261	2.2%
Not Disabled	7,399	63.2%
Not Declared/Unspecified	4055	34.6%
<b>Total</b>	<b>11,715</b>	<b>100%</b>

The following table lists the health condition declared on ESR:

Disability Category	Headcount	% of Workforce
Learning disability/difficulty	44	0.4
Long-standing illness	56	0.5
Mental Health Condition	28	0.2
Other	27	0.2
Physical Impairment	32	0.3
Sensory Impairment	28	0.2
Yes - Unspecified	80	0.7

3.7% of non-clinical and 2.0% of the clinical workforce (excluding Medical and Dental) have declared a disability on ESR. This compares to the most recent national picture available of 3.6% of non-clinical and 2.9% of clinical staff in 2019. Nationally it is recognised that Medical and Dental staff are less likely to declare a disability compared to other clinical and non-clinical staff, and this is reflected at UHNM, where only 0.4% of this staff group has declared a disability.

Staff Group	Disabled	Not Disabled	Unknown/Not Stated	Total
Non-clinical	102	1593	1062	2747
Clinical (excluding Medical & Dental)	154	4809	2675	7638
Medical & Dental	5	997	318	1320
<b>Total</b>	<b>261</b>	<b>7399</b>	<b>4055</b>	<b>11715</b>

The percentage of staff with a disability has increased in all clinical and non-clinical pay clusters compared to the previous year with a reduction in the number of unknown/not stated.

### Metric 2: The relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

Disability Status	Shortlisted	Appointed
Not stated/ Do not wish to disclose	889	445
Not Disabled	9700	1137
Disabled	517	44

This indicates a relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts score of **1.38**. (A figure below 1.00 indicates that Disabled staff are more likely than non-disabled staff to be appointed from shortlisting). This is deterioration from the previous year, where the metric was 1.26, with the national average from the 2020 WRES data analysis being 1.2.

**Metric 3: The 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 is based on data from a two year rolling average of the current year and the previous year of entry into a formal capability process as recorded on the HR Case Tracker. (It is important to note that this metric is related to entry into the formal capability process due to performance issues only, and not ill health related issues).

Our Capability Policy is designed to be supportive and encouraging to enable our employees to reach the desired performance level through informal processes and hence very small numbers of staff enter the formal stage of the Policy. Reasonable adjustments must have been implemented where these have been identified for staff with a disability.

Our data for the last two years tells us that only 9 individuals have entered the formal stage of the Capability Policy due to performance issues. None of these individuals had a declared disability. This results in a relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff score of **0.00**. The national average for this metric reported in the 2020 WDES data analysis report was 1.54.

**Metric 4a: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:**

- **Patients/service users, their relatives or other members of the public**
- **Managers**
- **Other colleagues**

The following metrics are taken from the 2020 NHS Staff survey. The results show that our disabled staff have the perception that they are more likely than non-disabled staff to experience harassment, bullying or abuse:

Metric		UHNM Result	Staff Survey Acute Sector Average	WDES 2020 National Result
% of staff experiencing harassment, bullying or abuse from patients / service users	Disabled	31.7%	30.9%	34.2%
	Non-Disabled	22.3%	24.5%	27.4%
% of staff experiencing harassment, bullying or abuse from Managers	Disabled	22.4%	19.3%	18.5%
	Non-Disabled	11.8%	10.8%	10.8%
% of staff experiencing harassment, bullying or abuse from other colleagues	Disabled	30.2%	26.9%	26.3%
	Non-Disabled	19.0%	17.6%	17.3%

Disabled staff experiencing harassment, bullying abuse decreased slightly compared to the previous year, with the exception of the percentage of disabled staff reporting experience of bullying or abuse from Managers, which increased by 1.9%.

**Metric 4b: Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it**

Positively our disabled staff are more likely to report experience of harassment, bullying or abuse at work, and is an increase of 2.4% compared to last year and better than the acute sector average.

	UHNM Result	Staff Survey Acute Sector Average
Disabled staff	47.7%	47.0%
Non-Disabled staff	42.4%	45.8%

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

This metric shows that our Disabled staff are less likely to believe that the Trust provides equal opportunities for career progression or promotion compared to non-disabled staff; however, this 2020 staff survey result continues the year on year improvement in this metric for both disabled and non-disabled staff, and is better than the acute sector average and the WDES 2020 national result.

	UHNM Result	Staff Survey Acute Sector Average	WDES 2020 National Result
Disabled staff	81.0%	79.6%	78.2%
Non-Disabled staff	87.4%	86.3%	85.2%

**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**

This metric demonstrates that our disabled staff are significantly more likely to report feeling pressure from their manager to come to work, despite not feeling well enough to perform their duties compared to non-disabled staff at **36.9%** and is worse than the staff survey average and WDES 2020 national result. This metric has deteriorated from 34.7% reported last year, but is better than our baseline figure of 38.9% in 2019.

	UHNM Result	Staff Survey Acute Sector Average	WDES 2020 National Result
Disabled staff	36.9%	33.0%	30.6%
Non-Disabled staff	22.9%	23.4%	21.2%

**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**

This metric has improved by 2.1% to **36.1%** and has improved year on year for both disabled and non-disabled staff but are slightly worse than the acute sector average and WDES 2020 national result. This metric demonstrates that disabled staff are notably less likely to be satisfied with the extent to which the organisation values their work compared to non-disabled staff.

	UHNM Result	Staff Survey Acute Sector Average	WDES 2020 National Result
Disabled staff	36.1%	37.4%	39.1%
Non-Disabled staff	47.1%	49.3%	50.4%

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

This metric demonstrates an improvement on the previous year with **74.0%** of our disabled staff reporting that adequate adjustments were made to enable them to carry out their work. This is an improvement on the previous year but is slightly worse than the acute sector average but better than the WDES national average.

UHNM Result	Staff Survey Acute Sector Average	WDES 2020
74.0%	75.5%	73.8%

**Metric 9a: The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation**

The Staff Engagement score for our Disabled staff has deteriorated by 0.1% to **6.5%** and is less than the acute sector average and the WDES national average 2020 result, whilst for non-disabled staff the score has improved by 0.1% to 7.1.

	UHNM Result	Staff Survey Acute Sector Average	WDES 2020 National Result
Disabled staff	6.5	6.7	6.64
Non-Disabled staff	7.1	7.1	7.13

**Metric 9b: Action to facilitate the voices of Disabled staff in the organisation to be heard**

UHNM has a Disability and Long Term Conditions Staff Network, which meets on a quarterly basis. The Network has an executive sponsor, Helen Ashley who champions disability at Board level. The Network have actively supported the implementation of our Tailored Adjustment Plan (a disability passport) and have been heavily involved in the development of our disability awareness toolkit for line managers, which will be launched shortly and the network are taking the lead with the sunflower hidden disabilities scheme, which we plan to launch during Disability Month 2021. The network have informed the support the organisation has put in place for staff with disabilities and long term conditions throughout the Covid-19 pandemic. We have launched our second cohort of reciprocal mentoring with members of our staff network having received their Mentor training in readiness of being partnered with Trust Board and senior leaders with the aim of educating and raising awareness of disabled experiences and enhancing allyship amongst non-disabled colleagues. As an organisation we have worked in partnership with our Integrated Care System colleagues in North Staffordshire and now run system wide Disability and Neurodiversity staff networks where UHNM participants can link with employees from other health, social and local government organisations.

**Metric 10: The percentage difference between the organisations board voting membership and its overall workforce**

Boards are expected to be broadly representative of their workforce. At UHNM there is no Board member, voting or non-voting with a disclosed disability. This means that this metric has deteriorated, as the number of staff with a disability has increased. The 2020 WDES data analysis indicates that the average board representation is 3%.