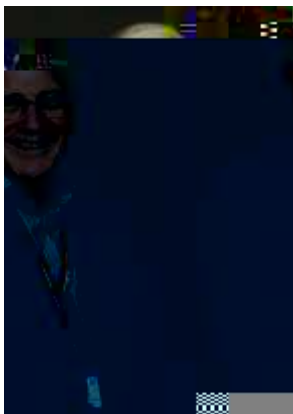




Welcome to the annual Workforce Disability Equality Standard (WDES) Report 2021, I am delighted to be stepping into the role of Executive Sponsor for Die We Wucuhe







In section 12 of this report data indicated that there has been an increase in the



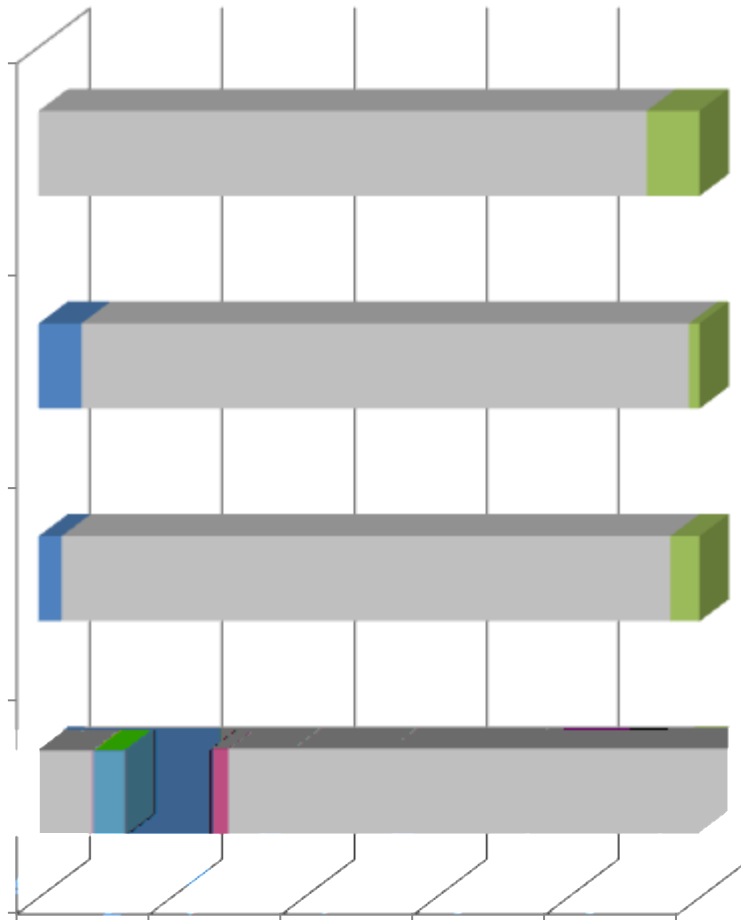
disclosure rates have increased slightly. There has been a decrease of 67 in the non-disclosure numbers which is a significant reduction.

There has been an increase of 6 people who have disclosed their disability on ESR. As with last year's figures the disclosure rate on ESR is quite low with a total of 104 people identifying as having a disability.

When we look at the later matrix in this report relating to staff survey responses we see a discrepancy in those identifying as having a disability. Of those taking part in the staff survey 358 people i

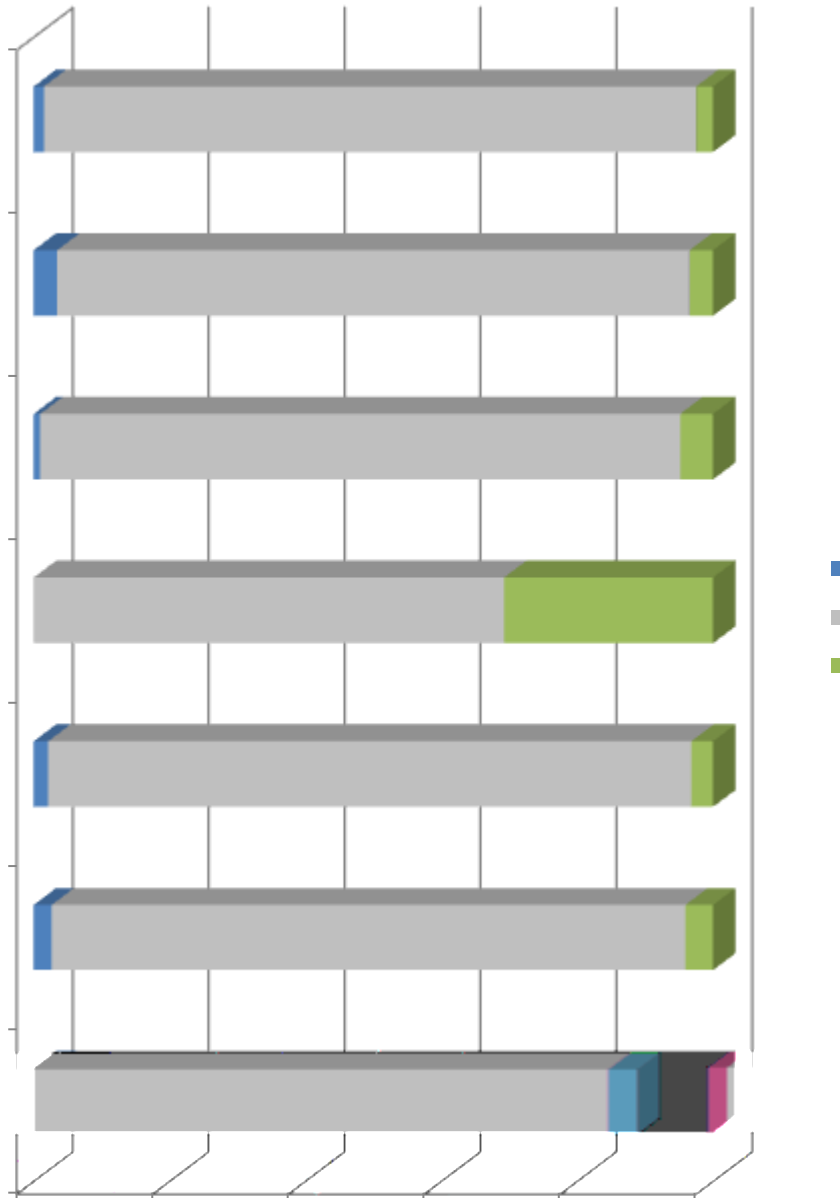
N.B. Clusters are described at Appendix A
The number of staff who identify with a disability within clinical and non-clinical roles are illustrated in the graphs below.

Non-clinical:



100% of non-clinical staff who identify with a disability (totalling 30) are located within Clusters 1 to 3 (Bands 1 to 8b). This represents a total of 2.9% of the non-clinical workforce. This is an increase of 5 people on the 2019 figures.

Clinical:



95% of our clinical staff who identify with a disability (totalling 71) are located within clusters 1 to 3 (Bands 1 to 8b), this is an increase of 2 people. The remaining 5% (totalling 4) are located within clusters 6 & 7 (Medical and Dental: Non-consultant career grade and trainees). The number of staff who identify with a disability represents 2.4% of the total clinical workforce.



During 2020/21 a total of 7,341 applications were received at the Trust. 4%



The second part of this matrix refers to the Disability Confident Scheme.

October 2019. Since that time the Disability Confident self-assessment has been used to identify the changes which need to be put in place to create a disability confident culture.



Work on the self-assessment was interrupted by the Covid19 pandemic.

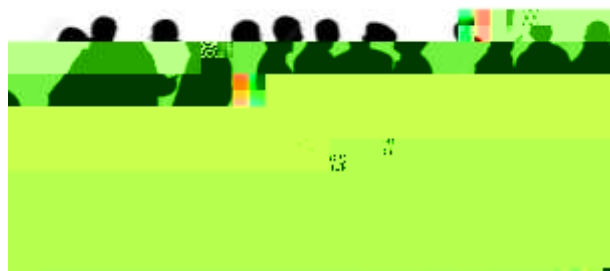
In February 2021 a Disabilities Task & Finish Group was established by the Trust EDI Committee. The group will use staff experiences, WDES data and the Disability Confident Self-Assessment to identify good practice within the Trust and also any gaps or issues that need to be addressed. They will also look outside the Trust for best practice across BSW Integrated Care System and the wider NHS.

The Task & Finish Group will then make recommendations to the EDI Committee and OD & People Management Board on any changes that are required to be made to policy or processes.

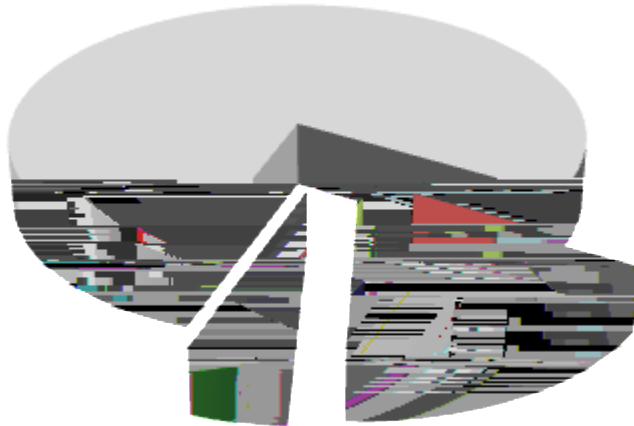
The Task & Finish Groups commenced work on the 1st March 2021 and is in the process of developing a project plan to complete this piece of work. The Group will report its findings to the EDI Committee on the 2nd November 2021 at the latest. It will provide updates on progress to the EDI Committee throughout that period as required.

The Task Group consist of the following members:

- Board Sponsor for Disabilities
- Disability Diversity Champion (Chair of the Ability Network).
- Head of Diversity & Inclusion
- Representative for OD & People Business Partners
- Representative for OD & People Education
- Staff Side representative



The following Metrics have used information from the National NHS Staff survey.



A total of 2,062 members of Salisbury NHS Foundation Trust staff took part in the Survey, this equates to 52% of the total workforce. Of those who responded to the survey 358 stated that they had a disability, this equates to 9% of the total workforce.

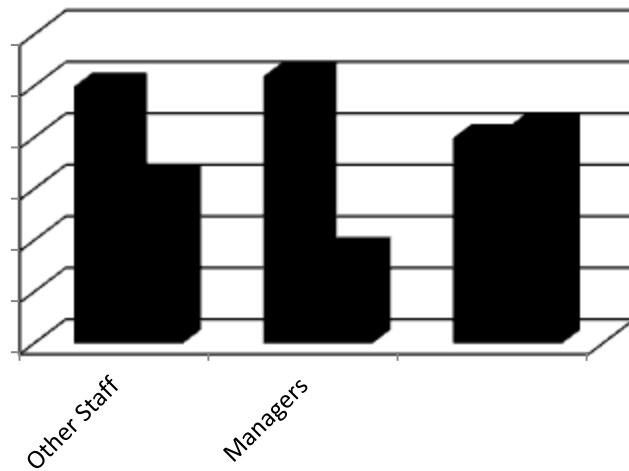
In 2020/21 there was an increase in the overall workforce numbers by 47. Although the number of staff who identified with a disability in the staff survey has increased by 28 it still remains at the same percentage of the overall workforce as last year.



Staff experiencing harassment, bullying or abuse from:

A total of 358 of our people stated in the Staff Survey that they had a disability compared to only 104 in our ESR HR records. The previous graph shows the breakdown of responses from the staff with a disability who responded to the staff survey.

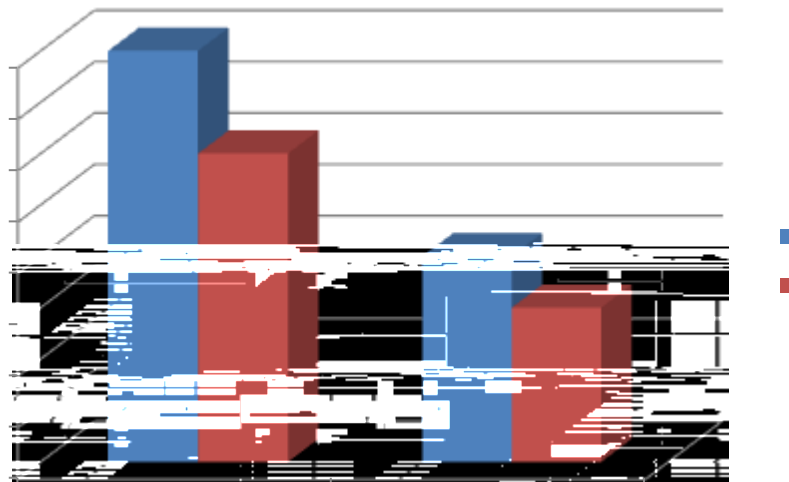
Of the 358 respondents 93 (25%) said they had experienced harassment, bullying or abuse from patients/service users, 75 (20%) from managers and 90 (26%) from



The above graph shows that in 2020/21 staff who identified with disabilities reported higher levels of harassment, bullying or abuse from other staff and managers than the non-disabled staff.

It will be seen that there was an increase in the number of staff with disabilities reporting harassment, bullying or abuse in 2020/21.

“Not put myself under pressure to come to work when not feeling well enough”



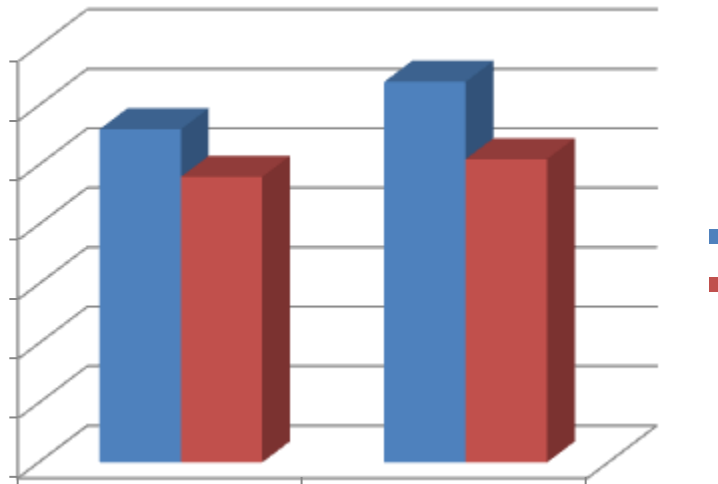
Although the percentages of staff putting themselves under pressure to attend work whilst unwell are still high (94% of staff with disabilities and 91% of those without), you will note a decrease in both categories this year.

It is possible that this may be a consequence of the COVID19 pandemic. This has meant that there is more direct guidance about when to stay at home. Also many of our staff with disabilities have been shielding throughout the past months.

12. Metric 7 – Staff survey question 5

36% (129) staff identifying with a disability compared to 49% (787) of non-disabled staff said that they are satisfied with the extent to which the Trust values their work.





It will be noted that the number of staff who do not think the organisation values their work has risen slightly since last year. There has been a slightly bigger increase amongst staff who identify with a disability.

There was an additional question asked in this section:

Has your Trust planned any targeted actions to increase the workplace satisfaction of Disabled staff?

Unfortunately the Covid19 Pandemic has continued to disrupt progress on the disability agenda.

Many staff with disabilities have, as a result of the proactive risk assessments carried out with all staff, been working from home. This is making it difficult to properly develop a Disability Staff Network.

13. Metric 8 – Staff survey question 26b

Note: This NHS Staff Survey Metric only includes the responses of Disabled staff.

Of the 358 disabled staff who responded to the NHS Staff Survey, 291 (82%) stated that the Trust had made adequate adjustment(s) to enable them to carry out their work. This is an increase of 3% on last year's figures.



There is anecdotal evidence that many staff who have minor or hidden disabilities,



Part B:

Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes. As previously stated the lead Disability Diversity Champion actively participates strategic EDI Committee.

The Trust, through its EDI Committee have ensured that the Disability Diversity Champions are part of the Task & Finish Group working on the disability agenda.

There was an additional question:

Does your organisation have a Disabled Staff Network?

Unfortunately the answer remains the same as last year:

“At the present we do not have a Disabled staff network but we have for a number of years had dedicated Disability Diversity Champions. During the past years we have run a number of workshops with our champions, disabled staff and managers to facilitate the development of a network. We have used our first WDES report as a catalyst for this discussion.”

Since December 2020 our staff network leads, including our Disability Diversity Champion have been engaging with other staff networks across the region. They are also attending a recently established group of network leads across the Bath and North East Somerset, Wiltshire and Swindon Integrated Care System. Membership includes a number of disability networks who are sharing best practice regarding staff engagement.





Support the Disability Diversity Champion to establish and develop a Trust wide Disability Staff Network.	Head of Diversity & Inclusion Executive Sponsor for Disability	November 2021
The Trust allocates protected time for Staff Support network lead to assist in the development of fully functioning and empowered staff networks.	Deputy Chief People Officer Head of Diversity & Inclusion	November 2021
Support the Disability Diversity Champion to engage with similar staff networks across BSW ICS to facilitate the development of the Disability Staff Network and share best practice	Head of Diversity & Inclusion	November 2021

Ensure our people are confident to share up to date, relevant and accurate equality data through our ESR self-



<p>individuals from application to appointment. This to include the comparison between applicants who identify with a disability and those who do not.</p>		
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For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff.

Metric 1

Percentage of staff in 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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Cluster 1: AfC Band 1, 2, 3 and 4

Cluster 2: AfC Band 5, 6 and 7

Cluster 3: AfC Band 8a and 8b

Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)

Cluster 5: Medical and Dental staff, Consultants

Cluster 6: Medical and Dental staff, Non-consultant career grade

Cluster 7: Medical and Dental staff, Medical and dental trainee grades

Note: Definitions 1BTe Bse nsteg11(o)-irade card 10(b)-3(a)stivee o(in)-4(E)lec(s tritiod)-6 Srd 3(s



NHS Staff Survey and the engagement of Disabled staff

For part a) of the following Metric, compare the staff engagement scores for Disabled, non-

Metric 9

- a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.
- b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Note: If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.

Board representation Metric

For this Metric, compare the difference for Disabled and non-disabled staff.

Metric 10

Appendix C: Equality Act Definition of Disability

The definition is set out in section 6 of the Equality Act 2010 if:

you have a physical or mental impairment
that impairment has a substantial and long-term adverse effect on your ability
to carry out normal day-to-day activities

Some impairments are automatically treated as a disability if you have:

cancer, including skin growths that need removing before they become cancerous
a visual impairment -
impaired, sight impaired or partially sighted
multiple sclerosis
an HIV infection - even if you don't have any symptoms
a severe, long-term disfigurement - for example severe facial scarring or a skin disease

These are covered in Schedule 1, Part 1 of the Equality Act 2010 and in Regulation 7 of the Equality Act 2010 (Disability) Regulations 2010.

Please note the definition is quite wide - for example, a person might be covered if they have a learning difficulty, dyslexia or autism.





Section 20 of the Equality Act 2010 creates a legal duty on employers which comprises the following three requirements.

1. The first requirement is a requirement, where a provision, criterion or practice of A's puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
2. The second requirement is a requirement, where a physical feature puts a disabled person at a substantial a s



Does the employer have the resources to pay for it?

Will the adjustment be effective in overcoming or reducing the disadvantage in the workplace?

Will the adjustment have an adverse impact on the health & safety of others?

The size of an employer can be a factor. An employment tribunal may expect more