



## **NHS Workforce Disability Equality Standard (WDES)**

### Annual Report 2020 and Action Plan

**Our organisational commitment to advancing the equality and experience of Disabled people at work**

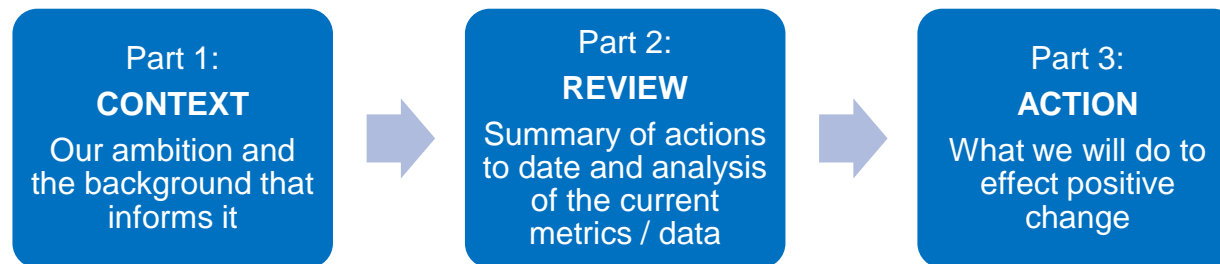


## Aims and Structure of This Document

This document has been developed to serve two main purposes:

- To set out the organisation's ambition and action plan for supporting the diversity and inclusion of Disabled people in our organisation; and
- To provide the data, updates and planned actions required for our 2020 annual report to the Workforce Disability Equality Standard (WDES)

To fulfil these aims, the document has been arranged into three parts:



## CONTEXT: Disability is a Core Strand of Our D&I Agenda

Everyone who works at St George's, or applies to work in the Trust, should expect to be treated fairly and valued equally irrespective of age, disability, race, ethnicity, gender, gender identity, religion or belief, sexual orientation, marital status, or pregnancy and maternity status. These are known as protected characteristics. The Trust is committed to enabling everyone in the Trust to achieve their full potential in an environment characterised by dignity and mutual respect.

In August 2020, St George's developed a wider organisational Diversity and Inclusion Action Plan that aims to support and strengthen the equality and experience of our staff who represent any and all of the protected characteristics. While many of the outcomes and deliverables set out in this plan will also benefit Disabled staff, it is deemed important to have a connected but separate action plan that specifically focuses on disability.

We hope that the action plan we set out below, nested within our wider organisational D&I action plan, reflects the extent and authenticity of this ambition.



## CONTEXT: Our Ambition

Serving a diverse population of 1.3 million and with nearly 9000 employees, St George's University Hospitals Trust is the largest healthcare provider in South West London. It is crucial that the diversity of our workforce reflects the diversity of the communities we serve, and we are proud that in 2020 Disabled people are statistically well represented at all levels in our organisation. However, equally important to strong diversity and representation is authentic inclusion.

St George's is committed to building a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. As well as being well-represented across all levels, we must ensure that people from marginalised groups, including Disabled people, are actively and always included, and that this inclusion is felt *authentically* at a personal level. Lip-service will not suffice.

Achieving strong diversity and inclusion of Disabled people at St George's will offer significant benefits for our organisation:

- Delivery of better patient care, because...
  - Staff who feel included, engaged and supported have greater personal resources and resilience to offer thorough and compassionate care
  - Staff who are differently-abled may offer enhanced empathy and support to patients due to their lived-experience of disability
  - Patients with disabilities may be more able to identify with and relate to our Disabled staff

- Stronger team performance by maximising our blend of skills, talents, knowledge and professional experience
- Stronger individual performance by enabling Disabled staff to use their disability at work as advantage instead of a disadvantage
- Improved retention of our staff, especially our Disabled staff (including staff who may become Disabled)
- A reduction in bullying, harassment, discrimination and other forms of exclusion by building greater understanding, appreciation and respect for people with disabilities
- Supporting our organisational journey towards adopting a more compassionate and inclusive culture

*Our ambition is to create an organisation - and a reinforcing culture - that not only offers equality and a positive experience for all of our Disabled colleagues, but one that actively nurtures and celebrates our physical and mental differences in ability. We strive for this in the certainty that our rich diversity and a universal sense of belonging will be integral to our success as a healthcare organisation.*

## CONTEXT: Background to Disability and WDES

### The Workforce Disability Equality Standard (WDES)

The WDES was introduced in 2019 and is designed to improve the experiences of Disabled people working in, or seeking employment within the NHS. This mandated collection of evidence-based metrics helps an organisation understand more about the experiences of its staff. The 10 metrics on which we report against each year are included in the table opposite.

The WDES report compares data between Disabled and non-Disabled staff in order to identify disparities and barriers in the workplace. These findings inform the organisation's WDES Action Plan, which aims to directly address inequalities faced by Disabled members of staff.

We are pleased that the NHS, our parent organisation, is currently the only UK employer that mandates its member organisations to report annually on its representation and inclusion of Disabled people. However, our ambition is to go far beyond what is mandated, and to become a truly great employer of Disabled people, and an exemplar for other NHS Trusts.

<b>Metric 1</b>	% Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMs) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)
<b>Metric 2</b>	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts
<b>Metric 3</b>	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure
<b>Metric 4</b>	Staff Survey Q13: % Disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups b) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
<b>Metric 5</b>	Staff Survey Q14: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
<b>Metric 6</b>	Staff Survey Q11: % 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
<b>Metric 7</b>	Staff Survey Q5: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
<b>Metric 8</b>	Staff Survey Q28b: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
<b>Metric 9</b>	a) The staff engagement score for Disabled staff, compared to non-disabled staff b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?
<b>Metric 10</b>	% difference between the organisation's Board voting membership and its organisation's overall workforce

## What is 'Disability'?

Defining 'disability' is not always straightforward. The Equality Act 2010 defines a Disabled person as:

*“someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.”*

Some of the terms in this definition are open to interpretation, and further guidance is found in Appendix C. However, instead of trying to judge whether a person falls within the statutory definition of disability, we should focus on meeting the needs of the worker (or job applicant). In supporting a Disabled member of staff, it is almost always more important to understand and support the *effects* of a disability rather than the cause.

It is important to note that the definition of disability regards the person as they are *without* aids, support or medication (the exception being visual impairment where it can be addressed by use of wearing prescription spectacles). This is particularly relevant for those with mental health conditions who are able to control their condition with medication, and also for those with conditions such as epilepsy and diabetes that are otherwise controlled by medication.

Additional information on the definition of disability is attached in Appendix C, taken directly from [guidance produced and published by NHS Employers](#). This guidance was published in 2014. We will continue to closely monitor best practice and guidance and communicates updates as necessary.

## Legal Obligations of Employers and Reasonable Adjustments

Protection against disability-based discrimination is enshrined in the Equality Act 2010. Due to the additional barriers faced by Disabled

people, it is permitted to treat Disabled *more* favourably than their non-Disabled colleagues. Understanding this, and the reasons for it, is crucial to removing the barriers that continue to deny Disabled people equality of *outcome* in work and more broadly.

The Equality Act 2010 protects employees, and covers areas including recruitment, assessment and selection, terms of employment, promotion and training opportunities, dismissal or redundancy, and discipline and grievances.

The Equality Act 2010 also requires that *reasonable adjustments* are made to working conditions, policies and practices that put a Disabled member of staff at a disadvantage. A reasonable adjustment could include any of the following:

- making adjustments to premises or acquiring/modifying equipment
- providing a reader or interpreter, or employing a support worker
- reallocating a Disabled employee's duties to another person
- providing supervision, training, mentoring or other support
- transferring a person to fill an existing suitable vacancy without competitive interview
- altering working hours or the place of work
- allowing someone to be absent during working hours for rehabilitation, assessment or treatment
- modifying procedures for testing or assessment

Useful checklists and further detail on the legal obligations can be found in the [Guidance relating to disability for the NHS](#) document, published by NHS Employers. This guidance document also sets out examples of good practice (when not legally obligated), particularly around the supporting carers and disability related absence from work.

While St George's is mandated and committed to meet its legal obligations in protecting Disabled people, our ambitions to support the equality and experience of Disabled people go far beyond this.

## **REVIEW: Progress Updates in 2019/20**

Over the last year, the Trust has taken the following steps to help improve the experiences of Disabled workers and increase their access to employment opportunities at the Trust.

### **Project Search**

Project Search is a supported internship for local young adults with a learning disability and/or autism. The aim is to provide work experience leading to employment, either in the host business or elsewhere. These internships include a mix of classroom based teaching and work experience placements. At St George's we employ 8 of our previous graduates across a range of services, including Porterage, Sterile Services, Catering, Health Records and Outpatients. Refer to Appendix B for further details.

### **Guaranteed Interview Scheme**

All candidates with a disability, who are applying for jobs at St George's, will be invited for interview if they meet the minimum criteria for the post.

### **Disability and Wellbeing Staff Network**

Introduced in late 2019, this has been an opportunity for Disabled staff to feel supported in the workplace, and for their views to feed into a wider system for change. The Wellbeing Team also attends these meetings to ensure the needs of staff with disabilities form a part of project plans for supporting staff health and wellbeing.

### **Reasonable Adjustments e-Learning module**

This module provides an overview in the context of 'working environments' and is currently being finalised for release. The aim of the resource is to raise managers' awareness of reasonable adjustments pertaining to a spectrum of disabilities and to help managers see what steps can be taken to make a real difference to the lives of Disabled staff.

### **Culture Diagnostics**

The Trust is committed to the creation of a culture that is inclusive and one where staff from all backgrounds and protected characteristics can thrive. A detailed diagnostic process has been implemented with the aim of both understanding and improving the organisation's culture so that we can properly understand the experiences and needs of all our staff and in particular staff who have disabilities.

### **Appointed Network Executive Sponsor**

A member of our Executive Team has been appointed as Executive Sponsor to support the Disability And Well-Being Staff Network in driving meaningful change across the organisation. This role will hold a particular focus on improving awareness and engagement across the organisation.

## REVIEW: Current WDES Metrics

At the time of writing, St George's Hospital employs 8,927 staff, 181 of these staff members (2%) have formally declared themselves as living with a disability, while 744 (8%) did not disclose. In contrast, our 2019 Staff Survey results indicate that 11% of respondents consider themselves to have a disability.

Data collected via the staff survey, Electronic Staff Records (ESR) and recruitment records have been compiled and used to report against the 10 WDES metrics.

### Findings Per Metric

The full set of data responses are set out in Appendix A. The list below summarises the analysis of each metric, and conclusions of the data as a whole can be found below

*Metric One: % Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMS) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)*

#### Non-clinical roles

- The number of non-Disabled staff has increased in bands 5 and upwards, with an average lift of 1.58% across these bands
- Despite this increase, we see specific decreases in disabled representation of 0.2% in Bands 8a and 8b and of 0.27% in bands 8c and above
- The Trust has seen an increased number of Disabled staff in bands 4 and under, from 44 in 2019 to 55 in 2020 (+25% on last year)
- The number of staff that did not declare a disability has decreased by 1.4% in bands 5 and above, suggesting a small increase in

confidence in the Trust's ability to understand and support them to carry out their jobs; For staff in bands 1-4, we see a smaller decrease at 0.3% on last year

#### Disabled staff in clinical roles

- The number of Disabled people working in clinical roles has decreased in all band clusters, except for bands 8c and above. Here the clinical workforce shows an increase by 2%.
- Non-consultant career-grade representation by Disabled staff remains at 0% of for the second year running, while the number of non-disabled staff has increased across most bands.
- The data strongly demonstrates that addressing employment inequalities in clinical work at the Trust must form part of the wider plan for equal access to opportunities for Disabled staff.
- There is a reduction in the number of staff choosing not to declare a disability from 2019 to 2020 across all banding clusters

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

- Non-disabled staff are slightly more likely than Disabled staff to be appointed from shortlisting

*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*

- Disabled staff have not entered the formal capability process at the Trust since 2018. There are a number of possible reasons for this, including:



- Disabled staff being more than capable of performing their role and delivering to a high standard
- Disabled staff being appropriately supported by their managers that they are effectively able to carry out their job roles
- A very low proportion (2%) of self-declared Disabled staff compared to non-Disabled (90%) and 'unknown' staff (8%)

*Metric 4: Staff Survey Q13: % Disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups; and b) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it*

- Disabled staff experiencing harassment, bullying and abuse increased across all categories compared to last year
- In 2019 there was a much higher rate of harassment, bullying or abuse reported by Disabled staff, compared to last year and non-disabled staff.
- Reported abuse from patients and service users has increase as much as 7% on last year
- The number of Disabled staff who felt able to report harassment, bullying or abuse in 2019 was slightly higher compared to non-disabled staff, an improvement from the previous year.
- The percentage of Disabled staff who felt able to report harassment, bullying and abuse also increased from 2018, from 41.3% to 46.9%.

*Metric 5: Staff Survey Q14: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion*

- Disabled staff felt notably less confident about the Trust providing equal opportunities with regards to carer progression and promotion.

- There was no improvement from 2018 to 2019 on the % of Disabled staff who believed that the Trust provided them with equal opportunities for progress in the workplace.

*Metric 6: Staff Survey Q11: % 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*

- A higher number of Disabled staff compared to non-Disabled staff reported feeling pressure to come into work despite not feeling able to carry out their duties. This was reported in years 2018 and 2019.
- There was a 6.9% difference between the likelihood of Disabled and non-Disabled staff to have felt pressure to work compared to non-Disabled people in 2018. In 2019, the gap between the two groups had widened further, with a 7.45% difference.

*Metric 7: Staff Survey Q5: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work*

- Disabled staff at the Trust are much less likely to feel that their work is undervalued. In 2018, 32.1% of Disabled staff who responded to the Staff Survey said that they felt this way. This can be compared to 43.7% of non-Disabled staff who feel that their work is undervalued. This equates to a difference of 11.6% between the two groups.
- The difference between Disabled and non-Disabled staff and whether they feel that their work is valued is greater in 2019. There is an increase in the number of non-Disabled staff feeling that they are satisfied to the extent that their work is valued

*Metric 8: Staff Survey Q28b: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work*

- Only 65.9% of Disabled employees felt that adequate adjustments had been made in their work place

*Metric 9: a) The staff engagement score for Disabled staff, compared to non-disabled staff; b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?*

- Staff engagement is higher for non-disabled staff compared to Disabled staff. This has decreased slightly in 2019 (compared to 2018)
- The Trust has an active Disability Network consisting of Disabled staff members, executive sponsors and representatives from Human Resources, Health and Wellbeing and Diversity and Inclusion
- Our Disability awareness day took place on October 25th and aimed to drive engagement and raise understanding and awareness across the organisation

*Metric 10: % difference between the organisation's Board voting membership and its organisation's overall workforce*

- 2% of the Trust's workforce have declared themselves as having a disability
- At board level is this 0%, highlighting an underrepresentation at board level

## **Conclusions of the Current Data**

By comparing the experiences of (declared) Disabled staff with non-disabled staff across bandings and professions, we see that staff with disabilities face a number of challenges and inequalities in the workplace.

The key findings from the data against these metrics suggest:

1. Some staff are reluctant to declare their own disability. While declaring a disability helps organisations provide appropriate support and adjustments, it can leave these staff members feeling vulnerable.
2. Staff in lower bands are less likely to declare and access support, compared to staff in higher bands.
3. Disabled staff are more likely to experience bullying, harassment and abusive behaviour, and less likely to report it.
4. Disabled staff feel there is a lack of equal opportunity in terms of career progression and development. However, Disabled staff are more likely than non-disabled staff to feel that the work they produce is valued.
5. At the Trust, engagement levels are generally higher amongst non-disabled staff compared to Disabled staff.
6. Disabled staff are more likely (compared to non-disabled staff) to feel that they need to work when they are unwell.
7. Not all Disabled staff at the Trust feel that adequate adjustments have been made to support them in carrying out their work.

## **ACTION: Disability Equality and Experience Action Plan 2020/21**

### **Identifying Priority Themes**

Based on our experiences of delivering our WDES actions during 2019/2020 as outlined above, and the analysis of our WDES metrics (refer to appendix A below), we recognise that for Disabled staff to thrive in the workplace, an improved understanding of their needs is required. In addition we appreciate that improved resource, dedicated time and increased visibility of this community will be critical to success in working towards workplace equality and a better experience of working at St George's.

Though our Disabled staff are recognised as a community that empowers and enriches our workforce, they often feel overlooked and misunderstood. Maintaining a dialogue with our Disabled staff, responding appropriately and taking action, will ensure that progress is meaningful and these staff members feel valued.

In order to better understand and tackle the workplace inequalities experience by our Disabled staff, we must work with key stakeholders to examine policies, training and provisions that affect them.

### **Enhanced by an Organisational Diversity & Inclusion Action Plan**

We must also recognise the wider context of Equality, Diversity and Inclusion across the organisation and how improvements can be made for all staff with protected characteristics. To enable this, a Diversity and Inclusion Action Plan has been developed following discussions at Executive Management and Trust Management Group meetings, and in response to issues raised by staff, Diversity & Inclusion steering group

meetings and on an individual basis to the CEO. This action plan is a 'living document' that will be further developed and refined to reflect and integrate what we learn about the impact of our interventions, and through additional input from stakeholders around the Trust. It is intended that this Diversity & Inclusion Action Plan will incorporate the Staff Networks' own individual action plans as well as the actions identified in this paper and outlined below, and in Appendix B.

### **4 Key Areas of Focus**

The four areas of focus for the WDES action plan are as follows, and the full plan follows on the next page.

1. A rigorous approach to exploring and providing guidance to managers through training and additional resources
2. Review core line management processes and documents that affect Disabled Staff
3. Increase forms of engagement and declaration rates amongst Disabled Staff
4. Raise awareness amongst staff and build on the understanding of disability and how this impacts staff affected by or living with a disability

## WDES Action Plan 2020/21

WDES Metric	Deliverable	Action/s	Timescale	Lead/s
N/A	Improved understanding and awareness of the types of disabilities and how these impact members of staff across the organisation	<ol style="list-style-type: none"> <li>1. Work with OH &amp; H&amp;W to develop a series of posters and hand-outs to raise awareness of common disabilities and what staff and managers can do to support their colleagues in the workplace</li> <li>2. Work with the staff network to identify and promote a series of staff stories to further the learning of non-Disabled staff and help raise awareness of disabilities in the workplace.</li> </ol>	Feb 2021	D&I Lead
1: % of staff in AfC pay bands, medical subgroups and VSM (incl. executive board members) compared with the % of staff in the overall workforce	Increase staff declaration rates	<ol style="list-style-type: none"> <li>3. Encourage staff to validate their ESR</li> <li>4. Work with LiA Lead to promote importance of declaration as part of the staff survey</li> <li>5. Work with Recruitment to review on-boarding information/process regarding disability and declaration</li> </ol>	March 2021	Network Chair & D&I Lead
4: % of Disabled staff compared to non-Disabled staff experiencing harassment, bullying or abuse.	Reduced number of Disabled staff experiencing harassment, bullying or abuse from managers and colleagues.	<ol style="list-style-type: none"> <li>6. Mandatory online disability awareness training including neuro-diversity and ableism to be rolled out for all staff.</li> <li>7. Disability Awareness Section on the Intranet – signposting for staff as well as guidance and support for managers</li> </ol>	May 2021	HoCT & D&I Lead
4: % of Disabled staff compared to non-Disabled staff experiencing harassment, bullying or abuse.	Increase the numbers of Disabled staff reporting incidents of harassment, bullying or abuse at work	<ol style="list-style-type: none"> <li>8. Work with F2SU Guardian to develop a targeted approach and support mechanism for Disabled Staff</li> <li>9. Mandatory line manager training sessions on reporting abuse relating to protected characteristics</li> <li>10. Disability Awareness Section on the Intranet – signposting for staff as well as guidance and support for managers</li> </ol>	May 2021	HoCT & D&I Lead
8: % of Disabled staff saying that their employer has made adequate adjustment(s).	Improve staff satisfaction with the level of reasonable adjustment(s) implemented to support them to carry out their work	<ol style="list-style-type: none"> <li>11. Finalise and roll out Reasonable Adjustments guidance and mandatory e-learning resource</li> </ol>	Jan 2021	HoCT

## APPENDIX A: WDES Metrics Report

Detailed below is the organisation's WDES data which was submitted on 31<sup>st</sup> August 2020, covering data available in March 2020. (Please note, Staff banding and role is categorised into 4 'clusters' as outlined in the table below)

### Metric 1: % of staff in AfC pay bands, medical subgroups and VSM (incl. executive board members) compared with the % of staff in the overall workforce

#### Non-clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/20	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/20	Total staff in 2019	Total staff in 2020
	(%)	(%)	% points difference	(%)	(%)	% points difference	(%)	(%)	% points difference	Headcount	Headcount
<b>Cluster 1 (B1 - 4)</b>	3.52%	4.1%	+0.58%	85.9%	85.6%	-0.3%	10.6%	10.3%	-0.3%	1251	1349
<b>Cluster 2 (B5 - 7)</b>	2.2%	2.6%	+0.4%	89.4%	90.4%	+1%	8.4%	7%	-1.4%	452	470
<b>Cluster 3 (B8a - 8b)</b>	1.6%	1.4%	-0.2%	83.9%	85.5%	+1.6%	14.5%	13.1%	-1.4%	124	145
<b>Cluster 4 (B 8c – VSM)</b>	2.7%	0%	-0.27%	90.7%	94.7%	+4%	6.7%	5.3%	-1.4%	75	94

(Data source: ESR)

#### **Disabled staff in non-clinical roles**

- The numbers of non-Disabled staff has increased in clusters 2-4, with an average lift of 1.58% across these bands.
- The Trust has seen an increased number of Disabled staff in cluster 1, from 44 in 2019 to 55 in 2020 (+25% on LY).
- For non-Disabled staff we see a small lift of 1.6% in Cluster 3 and 4% in Cluster 4 from 2019 to 2020. However, for Disabled we see decreases of 0.2% in Cluster 3 and 0.27% in Cluster 4.

#### **Declaring disability**

- The number of staff that did not declare a disability ('unknown') has decreased by 1.4% in clusters 2-4. This indicates increased confidence amongst staff from these bands in the Trust's ability to understand and support them to carry out their jobs.
- For cluster 1 we see a smaller decrease at 0.3% on LY.

## Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	(%)	(%)	% points difference	(%)	(%)	% points difference	(%)	(%)	% points difference	Headcount	Headcount
<b>Cluster 1</b> (1 - 4)	2.3%	2.05%	-0.25%	89.2%	91.63%	+2.43%	8.5%	6.32%	-2.18%	1376	1266
<b>Cluster 2</b> (B5 - 7)	2.1%	1.96%	-0.14%	91.5%	92.06%	+0.56%	6.4%	5.97%	-0.43%	3810	3767
<b>Cluster 3</b> (B8a - 8b)	0.8%	0.5%	-0.3%	90.5%	91.18%	+0.68%	8.7%	8.31%	-0.39%	379	397
<b>Cluster 4</b> (B8c - VSM)	2.3%	4.26%	+1.96%	93.2%	91.49%	-1.71%	4.5%	4.26%	-0.24%	44	47
<b>Cluster 5</b> (Consultants)	0.5%	0.31%	-0.19%	72.4%	73.83%	+1.43%	27.2%	25.86%	-1.34%	615	642
<b>Cluster 6</b> (Non-consultant career grade)	0.0%	0%	0%	65.5%	67.86%	+2.36%	34.5%	32.14%	-2.36%	29	28
<b>Cluster 7</b> (Medical and Dental staff & trainee grades)	1.0%	0.83%	-0.17%	94.6%	94.6%	0%	4.5%	4.5%	+0.07%	718	722

(Data source: ESR)

### Disabled staff in clinical roles

- The number of Disabled people working in clinical roles has decreased in all clusters, except Cluster 4. Here the clinical workforce shows an increase by 2%.
- Cluster 6 remains at 0% for the second year running.
- In comparison, the number of non- Disabled staff has increased across most bands.

- The data strongly demonstrates that addressing employment inequalities in clinical work at the Trust must form part of the wider plan for equal access to opportunities for Disabled staff.

### Declaring disability

- There is a reduction in the number of 'unknown' from 2019 to 2020 across all clusters.

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

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.09	1.09	0

(Data source: Trust's recruitment data)

- Non-Disabled staff are slightly more likely than Disabled staff to be appointed from shortlisting.

## 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

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0	0	0

(Data source: Trust's HR data)

- Disabled staff have not entered the formal capability process at the Trust since 2018. There are a number of possible reasons for this, including:
  - Disabled staff being more than capable of performing their role and delivering to a high standard
  - Disabled staff being appropriately supported by their managers so that they are effectively able to carry out their job roles
  - A very low proportion (2%) of self-declared Disabled staff compared to non-Disabled (90%) and 'unknown' staff (8%)

#### Metric 4: Percentage of Disabled staff compared to non-Disabled staff experiencing harassment, bullying or abuse.

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	(%)	(%)		(%)	(%)	
Staff experiencing harassment, bullying or abuse from patients/ service users,	31.5%	31.1%	-0.4%	38.4%	29.6%	-8.8%
Staff experiencing harassment, bullying or abuse from managers	24.3%	15.3%	-9%	28.3%	15.4%	-12.9%
Staff experiencing harassment, bullying or abuse from other colleagues	30.2%	22.2%	-8%	33.5%	21.6%	-11.9%
Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	41.3%	43.9%	+2.6%	46.9%	45.2%	-1.7%

(Data source: Question 13, NHS Staff Survey)

- Disabled staff experiencing harassment, bullying and abuse increased across all categories compared to LY.
- In 2019 there was a much higher rate of harassment, bullying or abuse reported by Disabled staff, compared to LY and non-Disabled staff.
- Reported abuse from patients and service users has increase as much as 7% on LY.

#### Reporting bullying, harassment or abuse

The number of Disabled staff who felt able to report harassment, bullying or abuse in 2019 was slightly higher compared to non-Disabled staff, an improvement from the previous year. The percentage of Disabled staff who felt able to report harassment, bullying and abuse also increased from 2018, from 41.3% to 46.9%.



## Metrics 5 to 8

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-Disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	(%)	(%)		(%)	(%)	
<b>Metric 5 - Percentage of Disabled staff compared to non-Disabled staff believing that the trust provides equal opportunities for career progression or promotion.</b>	64.7%	74.4%	+9.7%	64.6%	75.3%	+10.7%
<b>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.</b>	33.3%	26.4%	-6.9%	32.7%	25.3%	-7.4%
<b>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.</b>	32.1%	43.7%	+11.6%	32%	46.9%	+14.9%
<b>Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</b>	66.4%	N/A	N/A	65.9%	N/A	N/A

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

### Beliefs about equal opportunities, career progression and promotion

- Disabled staff felt notably less confident about the Trust providing equal opportunities with regards to carer progression and promotion.
- There was no improvement from 2018 to 2019 on the % of Disabled staff who believed that the Trust provided them with equal opportunities for progress in the workplace.

### Feeling pressure to go to work when unwell

- A higher number of Disabled staff compared to non-Disabled staff reported feeling pressure to come into work despite not feeling able to carry out their duties. This was reported in years 2018 and 2019.
- There was a 6.9% difference between the likelihood of Disabled and non-Disabled staff to have felt pressure to work compared to non-Disabled people in 2018. In 2019, the gap between the two groups had widened further, with a 7.45% difference.

## Feeling that work is undervalued

- Disabled staff at the Trust are much less likely to feel that their work is undervalued. In 2018, 32.1% of Disabled staff who responded to the Staff Survey said that they felt this way. This can be compared to 43.7% of non-Disabled staff who feel that their work is undervalued. This equates to a difference of 11.6% between the two groups.
- The difference between Disabled and non-Disabled staff and whether they feel that their work is valued is greater in 2019. There

is an increase in the number of non-Disabled staff feeling that they are satisfied to the extent that their work is valued.

## Adjustments in the workplace

- Only 65.9% of Disabled employees felt that adequate adjustments had been made in their work place.

## Metric 9: Disabled staff engagement

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-Disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between Disabled staff and non-Disabled staff engagement scores 2018	Disabled staff engagement score for 2019 NHS Staff Survey	Non-Disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between Disabled staff and non-Disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-Disabled staff.	6.4	6.9	+0.5	6.3	7	+0.7

(Data source: NHS Staff Survey)

- Staff engagement is higher for non-Disabled staff compared to Disabled staff. This has decreased slightly in 2019 (vs. 2018)
- The Trust has an active Disability Network consisting of Disabled staff members, executive sponsors and representatives from Human Resources, Health and Wellbeing and Diversity and Inclusion.
- Our Disability awareness day took place on October 25<sup>th</sup> and aimed to drive engagement and raise understanding and awareness across the organisation.

## Metric 10: Percentage difference between the organisation's board voting membership and its organisation's overall workforce

	Disabled Board members in 2019	Non-Disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2020	Non-Disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) Between Disabled and non-Disabled Board members in 2020
% difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	(%)	(%)	(%)		(%)	(%)		
	Exec = 0	Exec = 100	Exec = 0	Total Board = 0	Exec = 0	Exec = 100	Exec = 0	Total Board = 0
	Non-exec = 0	Non-exec = 100	Non-exec = 0	Overall workforce = 187	Non-exec = 0	Non-exec = 100	Non-exec = 0	Overall workforce = 181
	Voting = 0	Voting = 100	Voting = 0	Difference = -2%	Voting = 0	Voting = 100	Voting = 0	Difference = -2%
	Non-voting = 0	Non-voting = 100	Non-voting = 0		Non-voting = 0	Non-voting = 100	Non-voting = 0	

(Data source: NHS ESR and/or trust's local data)

- 2% of the Trust's workforce have declared themselves as having a disability. In contrast, at board level is this 0%. Highlighting an underrepresentation at board level

## APPENDIX B: Project Search

Project SEARCH is an international trademarked and copyrighted programme model, which requires a licensing agreement with their national office based at Cincinnati Children's Hospital Medical Centre. DFN Project Search holds the licence for Europe and the UK.

The model is a supported internship for local young adults with a learning disability and / or autism. It is a collaboration between a host business (St Georges University Hospitals NHS Foundation Trust), an education provider (Cricket Green School in Mitcham), a supported employment provider (Kaleidoscope) and the intern's family. On-site support is provided by the tutors and job coaches and funding for these posts is provided by the intern's home Local Authority and Access to Work funding. Interns must have an existing Education Health and Care Plan in order for funding to be agreed. Project Search at St Georges has been running for 8 years, in which we have achieved some fantastic employment outcomes both within the hospital and externally.

Our aim is to develop the young people's employability skills through total immersion in the workplace: the internships run from September to August with interns attending the Trust every day, Monday to Friday, for a mix of classroom based teaching and work experience placements across the trust. As the year progresses the interns spend less time in the classroom and more in the departments hosting the work experience placement (hours in the final term are from 9.30am to 3.30pm).

The interns undertake real work, rather than shadowing and they learn these work skills from staff and managers hosting a placement. These staff are called Project SEARCH mentors and they take on this role on a voluntary basis. Mentors and managers receive practical advice and support from the job coach and tutors. Any 'reasonable adjustments'

needed to enable the interns to do the work are developed with the placement mentor/s manager and Project SEARCH job coach and tutors. Systematic instruction is one of the methods used to teach work skills. Placement staff have access to group training sessions and the team deliver training in departments too.

We aim to place interns in 3 different departments over the year, 1 placement per academic term. However, some interns may stay in one department for the whole year if it is obvious they have found their career niche. Increasingly interns may have 2 concurrent placements where a department is unable to accommodate an intern 'full time'.

Together with St Georges, we have developed an employability skills rubric with a grant from the South West London Academic Health and Social Care System. We routinely use this to assess the employability skills of each intern at the start of their year and at the end of each placement. Progress reports are shared with placement mentors and managers and managers are invited to discuss these at the mentor's performance appraisal. The interns and their next of kind also receive the reports and end of year employability skills profiles are given to each intern to assist with the job applications.

Success is achieved when the interns secure paid employment of at least 16 hours a week. This international measure of success is not always relevant or achievable for each of our interns, however we deem it to be as much of a success when an intern secures the hours of employment they are looking for, or voluntary work where they prefer, or another form of personal and professional development programme.

Since 2012 our interns have achieved 75% employment compared to the national average of 7%. We have had a total 12 interns secure

employment across many different departments within St Georges Hospital.

Three interns have secured full time employment with Theatre Porters, two interns in Catering and one intern in each of the following: General Porters, Sterile Services, Outpatients, Medical Records, Student Union Shop, Marks and Spencer's. One intern secured an apprenticeship with the St Georges Advanced Patient Simulation Centre (GAPS).

We have also had interns secure paid employment, by gaining valuable work experience through completing Project Search at St Georges, with external companies such as Next, Pret, Starbucks, and local nurseries, leisure centres and theatres.

Project SEARCH @ St Georges has been assessed by an external inspector twice and at our last assessment in 2017 our 'quality of provision' was rated as '*outstanding*'.

Over the years the interns at Project Search have received so much support from various departments in St Georges providing placements within; Pharmacy Pre Pack, Medical Staffing, HR-Recruitment, the Education Centre: Haematology Services, Atkinson Morley Reception, the Playroom, the University Library, Macmillan Cancer Support Services and Gardening. The Project Search Team are incredibly grateful for so many departments being involved in our programme and mentoring our interns through their rotations.

## APPENDIX C: Additional Information on the Definition of Disability

### **The meaning of disability**

In order to avoid discrimination, it is recommended that instead of trying to make a judgement as to whether a person falls within the statutory definition of disability, we focus on meeting the needs of each worker and job applicant.

### **When is a person Disabled?**

A person has a disability if he/she/they have a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

### **What about people who have recovered from a disability?**

In most circumstances, people who have had a disability within the definition in the past are protected from discrimination even if they have since recovered.

### **What does 'impairment' cover?**

It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

### **Are all mental impairments covered?**

The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning disabilities. Hidden impairments such as mental illness, mental health conditions, diabetes and epilepsy may count as disabilities where they meet the definition in the Act.

### **What is a 'substantial' adverse effect?**

A substantial adverse effect is something which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects

the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

Account should also be taken of where a person avoids doing things which, for example, cause pain, fatigue or substantial social embarrassment; or because of a loss of energy and motivation. An impairment may not directly prevent someone from carrying out one or more normal day-to-day activities, but it may still have a substantial adverse long-term effect on how they carry out

those activities. For example, where an impairment causes pain or fatigue in performing normal day-to-day activities, the person may have the capacity to do something but suffer pain in doing so; or the impairment might make the activity more than usually fatiguing so that the person might not be able to repeat the task over a sustained period of time.

### **What is a 'long-term' effect?**

A long-term effect of an impairment is one: (i) which has lasted at least 12 months, or (ii) where the total period for which it lasts is likely to be at least 12 months, or (iii) which is likely to last for the rest of the life of the person affected.

Effects which are not long-term would therefore include loss of mobility due to a broken limb which is likely to heal within 12 months, and the effects of temporary infections, from which a person would be likely to recover within 12 months.

### **What if a person has no medical diagnosis?**

There is no need for a person to establish a medically diagnosed cause for their impairment. What it is important to consider is the effect of the impairment, not the cause.

### **What if the effects come and go over a period of time?**

If an impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur; that is if it is more probable than not that the effect will recur.

### **What are 'normal day-to-day activities'?**

They are activities which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument or a sport to a professional standard or performing a skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition.

Day-to-day activities thus include – but are not limited to – activities such as walking, driving, using public transport, cooking, eating, lifting and carrying everyday objects, typing, writing (and taking exams), going to the toilet, talking, listening to conversations or music, reading, taking part in normal social interaction or forming social relationships, nourishing and caring for one's self. Normal day-to-day activities also encompass the activities which are relevant to working life.

### **What about treatment?**

Someone with an impairment may be receiving medical or other treatment which alleviates or removes the effects (though not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops (i.e. the impairment has been cured).

Members of staff requiring treatment for an impairment must be allowed time off work to attend. This must be recorded as disability related

absence and not counted as sickness absence. For more information, see absence management policy.

### **Does this include people who wear spectacles?**

No. The sole exception to the rule about ignoring the effects of treatment is the wearing of spectacles or contact lenses. In this case, the effect while the person is wearing spectacles or contact lenses should be considered.

### **Are people who have disfigurements covered?**

People with severe disfigurements are covered by the Act and are automatically treated as this having a substantial adverse effect on their ability to carry out normal day-to-day activities. However, they do need to meet the long-term requirement.

### **Are there any other people who are automatically treated as Disabled under the Act?**

Anyone who has HIV infection, cancer or Multiple Sclerosis is automatically treated as Disabled under the Act. In addition, people who are registered as blind or partially sighted, or who are certified as being blind or partially sighted by a consultant ophthalmologist, are automatically treated under the Act as being Disabled. People who are not registered or certified as blind or partially sighted will be covered by the Act if they can establish that they meet the Act's definition of disability.

### **What about people who know their condition is going to get worse over time?**

Progressive conditions are conditions which are likely to change and develop over time. Where a person has a progressive condition he/she/they will be covered by the Act from the moment the condition leads to an impairment which has some effect on ability to carry out normal day-to-day activities, even though not a substantial effect, if that

impairment is likely eventually to have a substantial adverse effect on such ability in the future. This applies provided that the effect meets the long-term requirement of the definition.

### **Are people with genetic conditions covered?**

If a genetic condition has no effect on ability to carry out normal day-to-day activities, the person is not covered. Diagnosis does not in itself bring someone within the definition. If the condition is progressive, then the rule about progressive conditions applies.

### **Are any conditions specifically excluded from the coverage of the Act?**

Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of the Act. These are:

- addiction to or dependency on alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed)
- seasonal allergic rhinitis (e.g. hay fever), except where it aggravates the effect of another condition
- tendency to set fires
- tendency to steal
- tendency to physical or sexual abuse of other persons
- exhibitionism
- voyeurism.

Also, disfigurements which consist of a tattoo (which has not been removed), non-medical body piercing, or something attached through such piercing, are to be treated as not having a substantial adverse effect on the person's ability to carry out normal day-to-day activities (from The Equality Act 2010, Employment statutory code of practice).

This information is not definitive. [Further guidance on matters to be taken into account in determining questions relating to the definition of disability](#) is also available from the Office for Disability Issues.