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Workforce Disability Equality Standards Report 2022/23 and Action plan 2023/24

Background

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

Organisational breakdown by disability

The following diagrams detail the overall breakdown of employees who have and have not shared a disability, and where this is unknown, based on data from our electronic staff records. This data excludes bank and locum staff, students on placement and staff employed by contractors. The data is correct as of 31 March 2023.
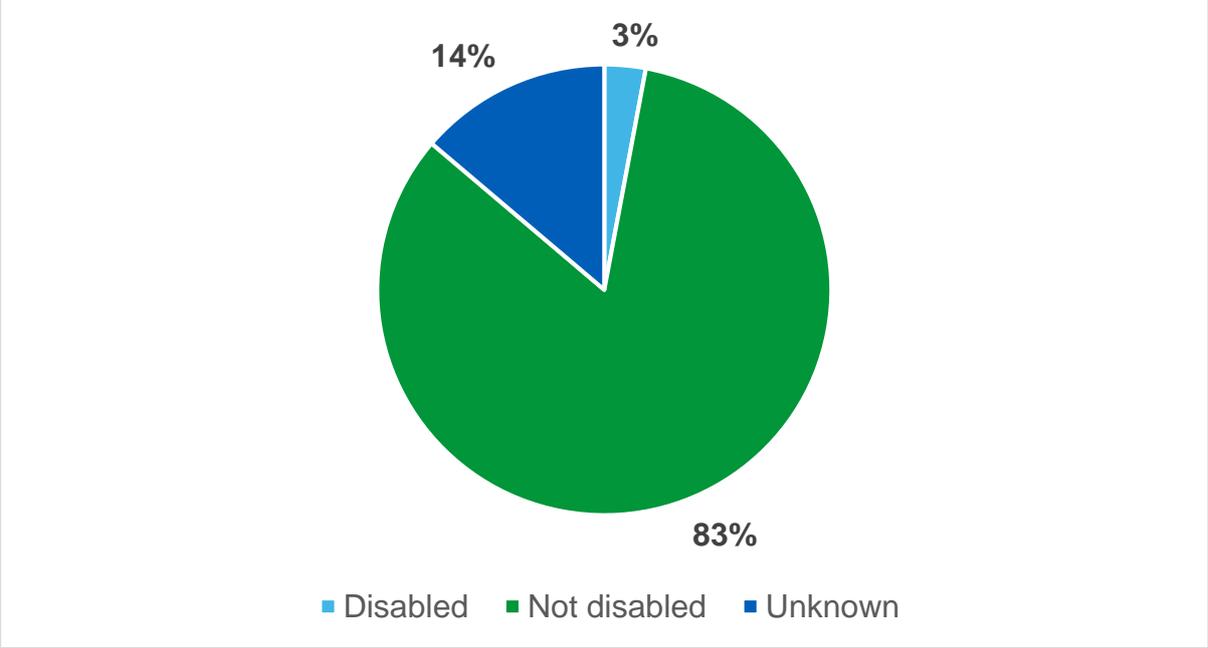
Out of 14,298 employees, 2.9% (420 people) have disclosed a disability and 83.3% (11,912) are recorded as not having a disability. Out of the 13.8% (1,966 people) where the disability status is unknown, 12.3% (1,755 people) are coded as 'not declared', 0.9% (134 people) are coded as 'prefer not to answer' and 0.5% (77 people) as 'unspecified.'
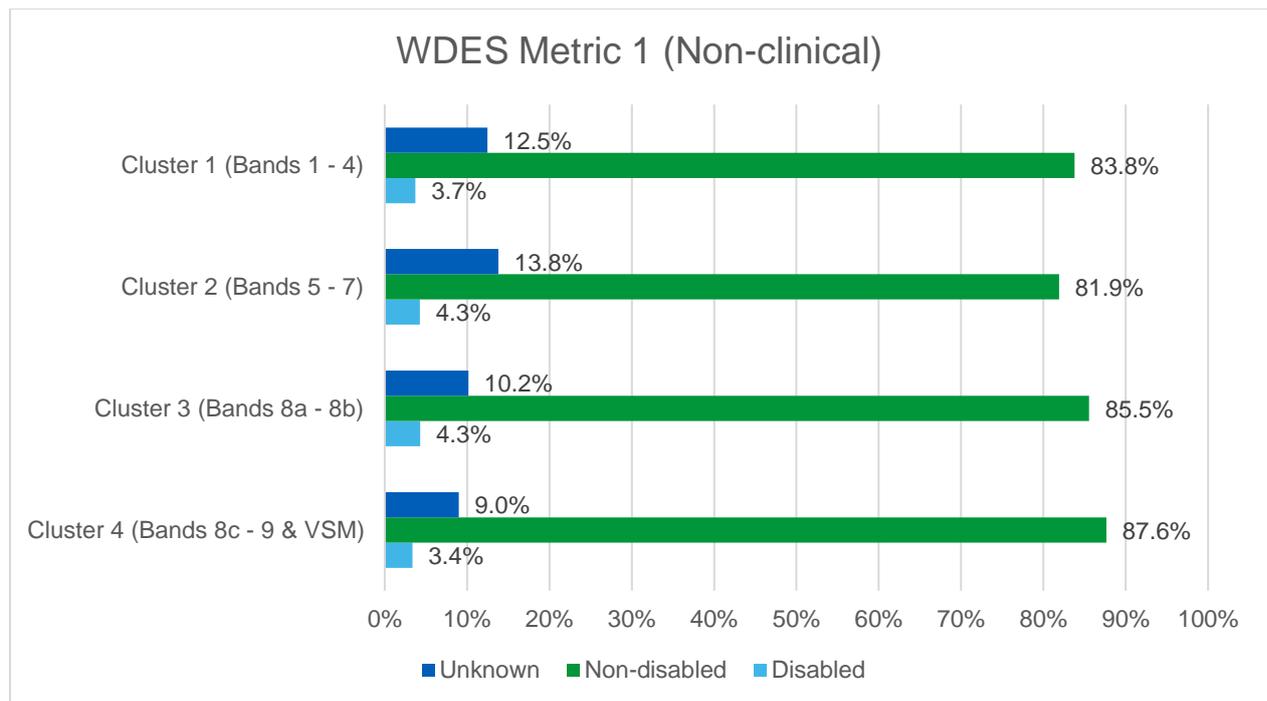
There has been continued improvement in the quality of our disability data compared to previous years. There has been an increase from 2.3% to 2.9% of people sharing a disability, as well as a 4.4% increase of people recording that they do not have a disability, rather than leaving the field blank or 'not declared' Those stating 'not declared' decreased from 14% to 12.3%, and those recorded as 'unspecified' (where the record on ESR is blank) has decreased from 4% to 0.5%. The number of those who prefer not to answer this question has remained at around 1%.
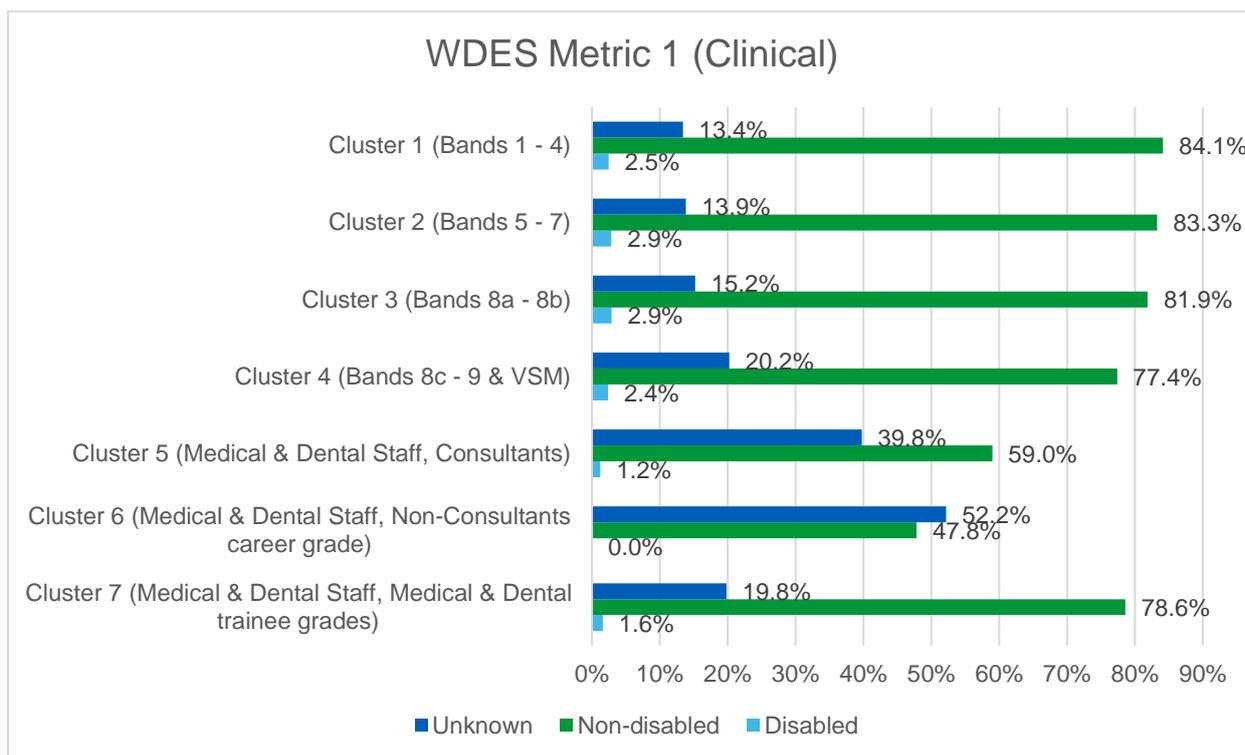
However, we recognise that the true number of people with disabilities is likely higher than 3% of the Trust, and continue to work to create a workplace where people feel comfortable recording that they have a disability.

WDES Metrics

Metric 1
Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce (based on data from ESR).

WDES Metric 1 (Non-clinical)

Cluster 1 (Bands 1 - 4): Unknown 12.5%, Non-disabled 83.8%, Disabled 3.7%
Cluster 2 (Bands 5 - 7): Unknown 13.8%, Non-disabled 81.9%, Disabled 4.3%
Cluster 3 (Bands 8a - 8b): Unknown 10.2%, Non-disabled 85.5%, Disabled 4.3%
Cluster 4 (Bands 8c - 9 & VSM): Unknown 9.0%, Non-disabled 87.6%, Disabled 3.4%

■Unknown ■Non-disabled ■Disabled

WDES Metric 1 (Clinical)

Cluster	Unknown	Non-disabled	Disabled
Cluster 1 (Bands 1 - 4)	13.4%	84.1%	2.5%
Cluster 2 (Bands 5 - 7)	13.9%	83.3%	2.9%
Cluster 3 (Bands 8a - 8b)	15.2%	81.9%	2.9%
Cluster 4 (Bands 8c - 9 & VSM)	20.2%	77.4%	2.4%
Cluster 5 (Medical & Dental Staff, Consultants)	39.8%	59.0%	1.2%
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	52.2%	47.8%	0.0%
Cluster 7 (Medical & Dental Staff, Medical & Dental trainee grades)	19.8%	78.6%	1.6%

■ Unknown ■ Non-disabled ■ Disabled

Consistently across all clusters, the proportion of disabled people in the workforce is low. Representation is higher in non-clinical roles than the clinical roles, and comparatively higher in clusters two and three for both clinical and non-clinical roles. This shows a lack of representation in the lowest-banded and highest-banded roles.

There are proportionally more disabled doctors in training than there are disabled consultants. The number of people in cluster six is low (23) due to the number of career-grade doctors in the organisation, which may help explain the drop from 3% of cluster six in 2022/23 to 0% this year.

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

Data from this metric is taken from the electronic recruitment management system, TRAC. Candidates for both medical and non-medical roles are offered three choices regarding whether they wish to share a disability (yes, no, and an option not to disclose whether or not they have a disability). In the cases of offline application forms, this information may be omitted by the applicant; this accounts for those applications where this information is unknown.

We provide a guaranteed interview scheme for disabled candidates who meet the essential criteria described in each job description. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

The likelihood of applicants with no disability being appointed from shortlisting is 15% and those sharing a disability is 12%. This represents a reduction in likelihood for

applicants with no disability from 17% last year, and no change for applicants sharing a disability.

The relative likelihood of applicants with no disability being appointed from shortlisting compared to applicants with a shared disability is 1.21 times greater. This is an improvement from the previous year's figure (1.38), but we still have work to do in closing this gap.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
Disability	977	120	0.12
No disability	15,582	2,309	0.15
Chose not to share	298	35	0.12
Unknown	1,086	210	0.19

Metric 3
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

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

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

It is important to note the very small amount of performance management cases that this metric is based on, as outlined below, which means the likelihood of any of the below groups entering the formal capability process is less than 0.00. There were no new performance cases for staff with a disability in 2022/23.

Descriptor	Number of staff in workforce	Annual average of number of formal performance meeting	Likelihood of entering formal performance meetings

Disability	420	0	0
No disability	11,912	6.5	0.0005
Unknown	1,966	0	0

Metrics 4 to 7

National staff survey responses

Metrics 4 to 7 relate to the 2022 NHS Staff Survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 7,459 staff who responded to the survey, which represents a 52% completion rate across the Trust.

Within the demographic section of the staff survey, respondents are asked if they have any physical, mental health conditions, disabilities or illness that have lasted or are expected to last for 12 months or more. There are only 'yes' or 'no' responses to this question. 7,360 staff chose to answer this question. 15% answered yes. This indicates a sizable difference between those people recording their disability on ESR compared and those sharing that they have a disability through the staff survey.

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

Metric 4

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

Year	Disabled respondents	Non-disabled respondents
2022	43.2%	33.6%
2021	41.5%	32.9%

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

Year	Disabled respondents	Non-disabled respondents
2022	22.1%	11.6%
2021	23.9%	13.4%

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

Year	Disabled respondents	Non-disabled respondents
2022	32.3%	22.4%
2021	35.2%	23.9%

4. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months*

Year	Disabled respondents	Non-disabled respondents
2022	47.3%	49.1%
2021	43.8%	43%

Metric 5
Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion*

Year	Disabled respondents	Non-disabled respondents
2022	44.7%	52.8%
2021	40.6%	49.4%

Metric 6
Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Year	Disabled respondents	Non-disabled respondents
2022	35.9%	24.5%
2021	37.9%	25.2%

Metric 7
Percentage of staff saying that they are satisfied with the extent to which their organisation values their work*

Year	Disabled respondents	Non-disabled respondents
2022	30.5%	47.1%
2021	32.9%	44.5%

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

Summary of metrics 4 – 7 by percentage of responses to the NHS Staff Survey 2022

Staff survey question	Disabled respondents	Non-disabled respondents	Difference
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	43.2%	33.6%	9.6%
Staff experiencing harassment, bullying or abuse from managers in the last 12 months	22.1%	11.6%	10.5%
Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	32.3%	22.4%	9.9%
Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months*	47.3%	49.1%	1.8%
Staff believing that the Trust provides equal opportunities for career progression or promotion*	44.7%	52.8%	8.1%
Staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	35.9%	24.5%	11.4%
Staff saying that they are satisfied with the extent to which their organisation values their work*	30.5%	47.1%	16.6%

Metric 8

Adequate adjustments

This metric relates to the percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work. This is only answered by those who have shared a disability within the staff survey. 661 of disabled staff who required workplace adjustments answered yes or no to this question. 68.1% of these staff said that their employer has made adequate adjustments, which is an improvement on 2021's results where 63.8% stated reasonable adjustments had been made. The national average in 2022 was 73.0%, and the Trust will be continuing its work around reasonable adjustments to improve this score.

Metric 9a

Engagement score

The staff engagement score is calculated based on nine questions in the staff survey relating to motivation, ability to contribute to improvements and recommendation of the organisation as a place to work or receive treatment. The engagement score for disabled staff is 6.5 compared to 7.1 for staff who have not stated to have a disability. The engagement scores are both higher than the national average; for disabled staff the national average is 6.4, while the engagement score for non-disabled staff is 6.9. The engagement score for disabled staff has increased by 0.1, and the engagement score for non-disabled staff has remained the same.

Metric 9b

Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard?

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

- Supporting the ongoing development of our disability network, including supporting the network chairs and members to attend the NHS Disability Summit in December 2022.
- Our role as the lead trust for the Calibre leadership programme, which aims to transform how disabled staff view themselves and their disability, and to show them how to take control of the discussion in a constructive way. In 2022/23, we facilitated four cohorts across England in association with the WDES team.
- Encouraging policy owners to engage with disabled staff and consider those with disabilities in their decision-making, as part of our equality impact assessment process.
- Raising awareness of reasonable adjustments and support for disabled staff such as rolling out disability awareness training for managers and promoting resources and tools such as the reasonable adjustment passport and the centralised reasonable adjustment budget.
- Becoming members of Employers Network for Equality & Inclusion (enei) and the Business Disability Forum to build disability confidence across the EDI team and the wider Trust.

Metric 10

Board representation metric

This metric looks at the percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting

membership of the board and by executive membership of the board. The data below is based on board membership as of 31 March 2023 and disability data from ESR. No members of the board have shared they have a disability.

	Disabled	Not disabled	Unknown
Total board members – % by disability	0%	100%	0%
Voting board member – % by disability	0%	100%	0%
Non-noting board member – % by disability	0%	100%	0%
Executive board member – % by disability	0%	100%	0%
Non-executive board member – % by disability	0%	100%	0%
Overall workforce – % by disability	3%	83%	14%
Difference (total board – overall workforce)	-3%	-17%	-14%
Difference (voting membership – Overall workforce)	-3%	-17%	-14%
Difference (executive membership – overall workforce)	-3%	-17%	-14%

WDES Action plan 2023/24

Timescale April 1 2023 to 31 March 2024

Metrics	*Please specify which actions are different to current practice, and which are continuation*	*Please specify KPIs and timelines for monitoring the actions*	*How will actions be made sustainable*
Actions around WDES Metric 1: Recruitment and Promotion **Actions around WDES Metric 2: Appointments**	• We are creating a Workforce Disability Equality Steering Group, chaired by our Chief People Officer, to discuss issues facing disabled people at the Trust and ensuring continuing support • We will raise awareness of the diversity dashboard to make people aware at a directorate and divisional level of our demographic breakdown, including disability, which is underrepresented • We will continue to promote our ESR campaign to increase the declaration rate of disability and other diversity information on ESR. • The Trust has worked with external providers to implement training to disabled staff build confidence and personal presence to show up positively for themselves and other disabled people, such as planning a third cohort of 'Calibre' delivered by Dr Ossie Stuart. • We plan to set specific KPIs that measure the effectiveness of our recruitment and selection practices • We are continuing to review our on-boarding and sign-on processes for disabled staff and make improvements. • We are promoting the Career Focus digital platform and support sessions to ensure wider access and diverse representation, including disability.	• Progress is reported on at the EDI Committee, which occurs every two months • An increase in staff sharing that they have a disability on ESR from 3%, and continued decrease in the number of staff who have not shared any disability information • Training programmes will be evaluated to measure impact. For example, the Calibre programme will be evaluated using the Kirkpatrick Model • An increased in the disability engagement score in the annual staff NHS survey • Data regarding shortlisting is reviewed on a quarterly basis	• Compliance to this recruitment policy is reviewed by the Chief Executive within the role as Chair of EDI Committee. • Actions and their impacts will be inspected by the EDI committee, and the ICAN disability network, who act as a critical friend to the Trust. • Regular communication about our actions and activities will be communicated via our external and internal communication channels.

Metrics	Please specify which actions are different to current practice, and which are continuation	Please specify KPIs and timelines for monitoring the actions	How will actions be made sustainable
	• We are continuing to widen access and improvement routes to employment for our local communities and underrepresented groups.		
Actions around WDES Metric 3: Capability	• We will continue to use and promote our EDI memberships (e.g., the Business Disability Forum) to improve the disability confidence of our staff, including our HR teams, by utilising their events, resources and advice services. • We will continue to promote our toolkit on neurodiversity to enable managers to understand support neurodiversity within their teams.	• Updates are to be given twice a year to the EDI Committee and comprehensive data is shared on a regular basis with the People Committee • Updates are shared and cases reviewed by the Workforce Disability Equality Steering Group • We will track and monitor the visits to our toolkits on our intranet page.	• We will actively promote our EDI toolkits through our HR teams and our communication channels.
Actions around WDES Metric 4: Bullying Harassment from public, managers and other colleagues	• We are encouraging all members of staff to log incidents of disability-related abuse through DATIX, our incident reporting system, so occurrences can be tracked and counselling offered to those who may need it, as well as a letter to the direct line manager. • We have also established a Violence and Aggression sub-group which has overseen the roll-	• An increase in recording of DATIXes related to bullying and harassment, as we believe this is currently under-reported • Every DATIX reporting bullying and harassment relating to disability to be	• Chief People Officer being responsible for the Violence and Aggression sub-group • Expansion of our employee relations provision with divisionally aligned ER specialists

Metrics	Please specify which actions are different to current practice, and which are continuation	Please specify KPIs and timelines for monitoring the actions	How will actions be made sustainable
	out of regular communication, body-worn cameras in clinical areas and the drafting of a behavioural contract for visitors • We will continue to promote our EDI toolkits, including challenging microaggressions and becoming an ally to include attitudes and behaviours in the Trust. • Through our structured calendar of EDI communications, we will raise awareness of disability inclusion and challenging bullying, harassment, and discrimination • Through our education initiatives, we aim to improve our staff's understanding of discrimination, and that it has no place within our organisation. • Additionally, our resolution-focussed approach to conflict aims to make dealing with incidences of discrimination less traumatic for those reporting them.	followed up by our internal counselling department • We will track and monitor the visits to our toolkits on our intranet page. • There will be an increase in our disabled staff stating that they have reported harassment and bullying, and a decrease in the number of disabled staff who have experienced bullying and harassment from managers and colleagues.	• Regular communication about our expected behaviours will be communicated through internal channels.
Actions around WDES Metric 5: Equal Opportunities	• We will promote equal opportunities around recruitment by implementing recruitment and selection training, and raising awareness of our diversity dashboard so that staff are alert to disparities as a result of disability exclusion. • We will continue to promote equality impact assessments on major decision-making (e.g. policies) and train the wider organisation on how to use them.	• We will increase the percentage of disabled staff who feel valued by the Trust will increase in the annual staff survey. • We will monitor and track the number of equality impact assessments completed, and the number of people completing the training.	• We will actively promote training programmes through our internal communication channels and evaluate their effectiveness.

Metrics	*Please specify which actions are different to current practice, and which are continuation*	*Please specify KPIs and timelines for monitoring the actions*	*How will actions be made sustainable*
Actions around WDES Metric 6: Presenteeism	• We will continue promotion of our existing toolkits on neurodiversity, which enables managers and staff to understand and support neurodiversity within their teams, challenging microaggressions and being an ally to influence attitudes and behaviour towards disabled colleagues	• We will track and monitor the visits to our toolkits on our intranet page. • The percentage of disabled staff who feel pressure to come to work according the annual staff survey will decrease.	• We will actively promote training programmes and toolkits through our internal communication channels and evaluate their effectiveness.
Actions around WDES Metric 7: Feeling Valued	• We will continue to deliver a structured calendar of EDI communications to raise awareness of disability inclusion and the contributions of disabled people to the Trust. • We will continue to develop and support our I-CAN disability network as a route for disabled people to have their voices heard and to act as a critical friend to the organisation on decision-making. • We will continue to use and promote our EDI memberships (e.g., the Business Disability Forum) to share good practice about disability inclusion.	• We will track engagement (e.g. attendance, click rates, page visits) with EDI communication and activities including Disability History Month. • We will monitor the membership numbers of the I-CAN network.	• We will actively promote disability events and the I-CAN network through our internal communication channels and evaluate their effectiveness. • We will have regular meetings with the chair of the I-CAN network to ensure the network remains sustainable.

Metrics	*Please specify which actions are different to current practice, and which are continuation*	*Please specify KPIs and timelines for monitoring the actions*	*How will actions be made sustainable*
Actions around WDES Metric 8: Reasonable Adjustments	• We will continue to promote and facilitate the centralised reasonable adjustment budget, aiming to provide a faster, simpler and more equitable experience for disabled people at the Trust • We will continue to run disability awareness sessions for managers, to help them understand their responsibilities and the Trust procedures about reasonable adjustments. • We will continue to work with the Department for Work and Pensions to raise awareness of Access to Work and to make sure that our HR teams are trained to help staff through the process. This includes promoting Access to Work awareness sessions and providing up to date information on our intranet. • We are recruiting and train champions for Dragon to support users across the Trust • We are implementing an ICT Strategy to improve assistive technology access and support access the Trust. • We will continue to train managers and individuals in implementing and supporting accessibility.	• Reasonable adjustment engagement activities will be monitored and evaluated, including page views and number of attendance at events • We will track and monitor the number staff accessing the reasonable adjustment fund and how much spent. • We will increase the number of trained Dragon champions. • We will increase the number staff trained on supporting accessibility. • We will increase the percentage of disabled staff that feel that the Trust has made adequate reasonable adjustments.	• We will actively promote resources and programmes around reasonable adjustments through our internal communication channels and evaluate their effectiveness • Actions and their impacts will be inspected by the EDI committee, and the I-CAN disability network, who act as a critical friend to the Trust.
Actions around WDES Metric 9: Engagement Score and facilitating voices.	• We will continue to develop our network leads and infrastructure of our I-CAN disability network, as a route for disabled staff to share their experiences and promote change across the organisation. • We will continue the development and support of the I-CAN network to promote sustainable growth and strategic influence, including prioritising	• We will monitor the membership numbers of the I-CAN network. • We will increase the percentage of disabled staff that feel engaged at the Trust according to the annual NHS staff survey	• Actions and their impact will be inspected by the EDI committee, and the I-CAN disability network, who act as a critical friend to the Trust.

Metrics	*Please specify which actions are different to current practice, and which are continuation*	*Please specify KPIs and timelines for monitoring the actions*	*How will actions be made sustainable*
	disability inclusion within policies and projects to ensure we examine situations with a disability inclusion lens • We will continue to encourage disabled staff to complete the annual staff survey and to share their disability on ESR to ensure invoice disabled voices are heard and are counted for. • Through our structured calendar of EDI communications, we promote the stories and voices of our disabled staff. • We will ensure we reflect the Trust's commitment against ableism and disability discrimination in our anti-discrimination statement, due in 2023/24	• References to the Trust being against ableism and disability discrimination in our anti-discrimination statement	
Actions around WDES Metric 10: Board representation	• We continue to support board members to share their disability information on ESR.	• Greater awareness and deeper understanding by the board of inequality and its impact on disabled staff and patients/service users	• Actions and its will be inspected by the EDI committee, and the I-CAN disability network, who act as a critical friend to the Trust.