

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2022

**Harrogate and District NHS
Foundation Trust**

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1 Introduction

Welcome to our *Workforce Disability Equality Scheme* (WDES) Annual Report 2022.

The report aims to communicate our internal data and metrics for the last twelve months, the progress we have made to date and a proposed action plan to allow us to continue to develop our approaches, initiatives and activities during 2022 and beyond.

[1.1 Background to the Workforce Disability Equality standard \(WDES\)](#)

The WDES was introduced in 2019 and is designed to improve workplace and career experiences for Disabled people working, or seeking employment, in the NHS.¹ Commissioned by the NHS Equality and Diversity Council, the WDES is mandated through the NHS Standard Contract.

It consists of ten metrics, based on workforce data and staff feedback from the NHS Staff Survey, which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The data highlights areas which require improvement and it is used to develop and publish an action plan which can then be tracked year on year to demonstrate progress.

The WDES supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.² It reinforces the improvements set out in the NHS Long Term Plan; to champion the insight and strengths of people with lived experience and, to become a model employer of people with a learning disability and of autistic people.³ Its function is integral to the NHS People Promise within the NHS People Plan 2021/22, a promise we must all make to each other – to work together and improve the experience of working in the NHS for everyone.⁴

The WDES complements the existing Workforce Race Equality Standard (WRES) and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS. It is important because it enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS. Research shows

that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. It supports positive change for existing employees, and enables a more inclusive environment for disabled people working in the NHS.

1. <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>
2. <https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty>
3. <https://www.england.nhs.uk/long-term-plan/>
4. <https://www.england.nhs.uk/our-nhs-people/>

Data source

The WDES data is drawn from NHS Electronic Staff Record (snap shot date 31 March 2022) and includes data from the annual staff survey 2021. Disability data is routinely gathered at the point of recruitment through a process of 'voluntary self-reporting'. Staff self-declaration is therefore important in enabling the organisation present a true and accurate picture of employee Disability in the Trust.

1.2 Our Values

Whether you're a patient, a visitor or a member of staff, our strategy sets out what you can expect from us:

Our KITE values describe and define our culture:

- Kind
- Integrity
- Team work
- Equality

1.3 Our Commitments to Promoting Equality Opportunity and Access for Employees with Disabilities:

It is clear from our WDES data analysis that we need to continue to improve the experience for our colleagues with disabilities and long-term conditions.

We are committed to delivering our robust WDES action plan.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

Our *Disability and Long-Term Conditions (DLTC) Staff Network* is continuously developing and plays a vital role in supporting and guiding the organisation to drive forward WDES improvements in the future.

The WDES was developed and continues to be underpinned by the ethos of '*Nothing About Us Without Us*'; focussing on the lived experience of our Disabled colleagues and the importance that any decisions that impact Disabled people must involve them in the decision-making process.

5. <https://www.hdft.nhs.uk/about/trust/this-is-us/>

2.0 Executive summary

'The NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it.' NHS Constitution ⁶

2.1 Our Progress in 2021 - 2022:

The Workforce Disability Equality Standard (WDES) Indicators are shown in Appendix 1.

We are proposing to retain the WDES action plan agreed for 2021/2022 and commit to implementing the same during 2022/23. We are able to report and demonstrate our progress during the last twelve months and this is summarised both below and overleaf.

2.2 The Profile of our Disabled Employees versus NHS Averages:

The recorded number of disabled employees in the Trust has increased by 1.1% versus last year but is still slightly lower the overall average for the NHS.

	NHS Average:	HDFT:	Variance:
Staff Declaring a Disability	4.8 %	4.6%	-0.2%

2.3 Increase in the Number of Employees Declaring a Disability:

The table below shows the increase in staff declaring disability in the last three years.

Year:	Percentage of Staff Declaring a Disability:
2020	3.2 %
2021	3.5 %
2022	4.6%

2.4 Performance Against the WDES Metrics – showing comparison between 2021 and 2022

WDES

31 st March 2022					
Indicator		Disabled	Non-Disabled	Not Declared	Total
Number of staff in Workforce	Headcount	218	3,899	659	4,776
	%	4.6%	81.6%	13.8%	
Relative Likelihood of staff entering	Number of shortlisted applicants	266	3,436	166	3,868
	Number appointed from shortlisting	83	1,113	114	1,310
	Relative Likelihood of appointed from shortlisting	31.2%	32.4%	68.7%	33.9%
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		30.7%	25.7%		
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months		26.7%	17.7%		
Percentage of staff experiencing discrimination at work from managers in last 12 months		20.6%	11.9%		
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it		48.2%	44.8%		
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion		48.3%	56.6%		
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties		29.2%	24.0%		
Percentage of staff satisfied with the extent to which their organisation values their work		30.7%	43.0%		
Percentage of staff with a long lasting health condition or illness saying their employer has		65.3%	70.9%		

made adequate adjustment(s) to enable them to carry out their work				
Staff engagement score (0-10)	6.3	6.9		

31 st March 2021					
Indicator		Disabled	Non-Disabled	Not Declared	Total
Number of staff in Workforce	Headcount	161	3,675	704	4,540
	%	3.5%	80.9%	15.5%	
Relative Likelihood of staff entering	Number of shortlisted applicants	242	3,604	123	3,969
	Number appointed from shortlisting	40	951	85	1,076
	Relative Likelihood of appointed from shortlisting	16.5%	26.4%	69.1%	27.1%
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		22.3%	23.5%		
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months		22.1%	17.2%		
Percentage of staff experiencing discrimination at work from managers in last 12 months		19.2%	12.2%		
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it		44.9%	46.1%		
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion		48.9%	56.2%		
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties		29.7%	27.2%		
Percentage of staff satisfied with the extent to which their organisation values their work		41.7%	50.2%		

Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	71.2%	75.5%		
Staff engagement score (0-10)	6.7	7.0		

Full details of the WDES data for 2021 and 2022 are shown in Appendix 2

2.5 Analysis of the data

2.5.1 Our workforce with a disability or long term condition

As at 31 March 2022, the total number of staff in workforce is 4,776 with 4.6% Disabled staff and 81.6% non-disabled and 13.8% not declared. It is noted the number of staff not declared has fallen from 15.5% to 13.8% with a difference of 1.7%. We recognise the importance of staff declaring a disability to present a true and accurate picture of our employees. The Action Plan seeks to improve the percentage of colleagues who declare their disability or long term condition.

2.5.2 Recruitment and selection

The recruitment data shows that disabled staff are twice more likely than non-disabled staff to be appointed from shortlisting, by 14.7% from 16.5%% to 31.2%. Over this period the Trust has implemented a number of initiatives to support recruitment of employees including our Disability Confident Scheme which supports a fair process for recruitment and selection.

2.5.3 Bullying, harassment, or abuse

The number of Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public has significantly increased by 8.4% from 22.3% in 2021 to 30.7% in 2022. It is clear that the current initiatives to tackle this issue needs a review and will be required moving forward.

The number of Disabled staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased by 4.6% from 22.1% to 26.7%. This will require further investments in a number of culture, civility and anti-bullying programmes, to take forward in our Action Plan.

The number of Disabled staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months has increased by 1.4% from 19.2% to 20.6%.

The number of Disabled staff who experienced harassment, bullying or abuse at work, has slightly increased by 3.3% from 44.9% to 48.2%. In comparison for non-disabled staff there is a slight decrease by 1.3% from 46.1% to 44.8%.

2.5.4 Career progression

Disabled staff are less likely to believe that the Trust provides equal opportunities for career progression or promotion when compared to their non-disabled colleagues from 48.9% to 48.2% a difference of 0.7%. The belief for non-disabled was slightly higher by 0.4% from 56.2% to 56.6%.

2.5.6 Pressure to come to work when unwell

The number of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties for Disabled staff has slightly decreased by 0.5%. from 29.7% to 29.2%. Compared with non-disabled staff the higher decrease difference of 3.2% from 27.2% to 24.0%.

2.5.7 Valuing staff

The number of staff satisfied with the extent to which their organisation values their work for Disabled staff has significantly decreased by 11% from 41.7% to 30.7%, compared to non-disabled staff it has also decreased by 7.2% from 50.2% to 42.0%.

2.5.8 Adequate adjustments

The number of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work for Disabled staff decreased by 5.9% from 71.2% to 65.3%, compared to 4.6% from 75.5% to 70.9% for non-disabled staff.

2.5.9 Disabled staff engagement

Disabled staff are less likely to feel engaged in the organisation than non-disabled staff. In 2021, disabled staff had an engagement score of 6.7 when compared to non-disabled colleagues (7.0).

Over the last year, the Trust has taken proactive action to amplify the voices of disabled staff through the development of the Disabled and Long-Term Conditions (DLTC) staff support network. It continues to introduce a range of initiatives to better engage disabled staff and elevate their voices.

3.0 Summary of our Performance

Over past two years of the WDES, there has been some improvements in the experiences of disabled staff as they are twice as likely to be appointed from shortlisting stage than non-disabled staff, and less likely to feel pressurised to work when unwell. The data indicates the Trust acts fairly regarding career progression.

On the less positive side, Disabled staff are more likely to be victims of harassment, bullying or abuse, and less likely to be satisfied in the way the organisation values Disabled staff, and less likely to have their adjustments to their disability needs and long term conditions adequately met.

4.0 Expertise and Consultation:

External

In April 2022, the Trust began its' assessment against the latest the Equality, Diversity and Inclusion (EDI) against a framework known as the NHS *Equality Delivery System 22* (EDS22).

This review will conclude and be reported to the Board of Directors in November 2022.

Internal

The appointment of our interim EDI Lead (January 2022) has enabled capacity and capability to the development and launch of staff networks - including the *Disability and Long-Term Conditions (DLTC) Staff Network*, has been pivotal in prioritising the EDI agenda, improving

staff engagement, driving the focus on and improving the experience and outcomes for our staff. A new permanent EDI Lead has now been recruited and is engaging with the staff network and sponsor.

5.0 Our Journey So Far

- The DLTC have appointed two co-chairs to enable flexibility and capacity to develop the needs of the members. One of the co-chairs has a specific passion to progress the needs of staff with neurodiversity and this has now been made explicit in the revised Terms of Reference for the DLTC network.
- The DLTC have reviewed and developed a clear Terms of Reference specific to their network.
- On-going work to improve Disability declaration rates through self-service via the Electronic Staff Records
- Continued support of Disabled staff through Occupational Health Service, EAP, Health and Wellbeing service and reasonable adjustments.
- Regular input from the interim ED&I role, development meetings take place every two weeks with all Chairs/Co-Chairs of staff support networks.
- Progressing with the Disability Confident Employer currently at level 1 to level 2, aimed at creating fairer recruitment and selection processes.
- A budget has been allocated for each network including DLTC, with a purchase requisition process to financially support merchandise, key speakers, and training and development, etc.
- The Trust has invested in developing a guidance tool i.e. Setting up an Employee Network Improving through inclusion, to support wider intersectional minority staff groups including staff with disabilities to understand and encourage new members to join the networks. (full details to the guidance can be found in Appendix (3))

- The DLTC meet regularly with their members and escalate as appropriate issues and needs of their members through the People and Culture Committee governance structure within the Trust.
- Each Staff Support Network has been allocated with an Executive Sponsor, including the DLTC.
- All Staff Support Networks are working in collaboration and collectively engaged in a marketing and recruitment campaign to attract new members and fill executive committee roles such as Secretary and Treasurer.
- The DLTC have been proactive in amplifying the voice of their members regarding Reasonable Adjustments Passports, and are working together with the Policy lead.
- As the Trust have a continuous growing number of new executive committee members joining networks, it's important to the Trust to support their developmental needs as "leaders" and role models in respective networks roles and the level of responsibilities that come with it. For this reason, we continuously target and encourage them to take up a First Line Leaders Programme (if they have not already completed it).

6.0 Equality Impact Assessment Policy Statement

As the HDFT commitment to promoting equality in all its activities. We aim to provide a work, research and teaching environment free from all forms of discrimination and unfair treatment, this includes disabled people.

The Public Sector Equality Duty contained in section 149 of the Equality Act 2010, requires public authorities to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct which is prohibited by or under the Act. It is against the law to discriminate against someone because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race

- Religion or belief
- Sex
- Sexual orientation

These are called protected characteristics.

There is clear guidance being developed on the process for Equality Impact Assessments. These are assessments that public authorities carry out prior to implementing policies, with a view to predicting their impact on equality. The *Equality Act 2010* does not specifically require them to be carried out. Although the Trust supports the view, that Equality Impact Assessments are an anticipatory process that supports it to predict possible issues, and take appropriate actions such as removing or mitigating any negative impacts, where possible, and maximising any potential for positive impact. As well as a way of facilitating and evidencing compliance with the Public Sector Equality Duty (PSED). This enables the Trust to meet part of its *general duties* on equality.

Equality Impact Assessment (EqIA) is a systemic and evidence based process which verifies that the Trust's policies and practices are equality confirmed and not discriminatory.

All new or reviewed policies and practices are required to go through the process to ensure that we are not discriminating against any particular group including disabled people, to identify any gaps, trends and patterns to highlight areas of good practice where we are promoting equity and equality of opportunity for all.

All Trust Services that have the lead responsibility for developing and revising policies are required to understand and implement the EqIA process.

The document is currently with an external graphic designer it provides advice and guidance on how to conduct an EqIA. The Equality, Diversity and Inclusion lead with the support from HR will provide the appropriate assistance and support to colleagues as required.

We have also produced a EqIA guidance on a Page, to enable staff to understand what this process means and how to progress it is appropriate. In addition, we have also developed an e-learning training programme on our 'learning lab' for staff to access.

7.0 Moving Forward

Our action plan focuses on the steps we need to take to address the areas where we have not made sufficient progress. (Please see Appendix 3)

8.0 Conclusion and Next steps

We acknowledge there is a lot more to do to continue making improvements and bring positive changes for our staff with disabilities, and to welcome more individuals with disabilities into **#teamHDFT**.

Our senior leaders and the DLTC Staff Support Network will be sighted on the progress of our action plan. We will continue to communicate the WDES to all staff across the organisation so we can all be involved in celebrating our achievements.

The WDES will continue, with other work streams, to help ensure that there is momentum and continuous improvement in the workforce disability equality agenda. It will help drive and meet help us to meet our goals in our People Plan.

Having a diverse workforce who feel engaged and supported within the workplace is critical; research shows that how we treat and value our minority staff is a good barometer of how well patients are likely to feel cared for.⁷ Our staff experience impacts on patient care, patient safety as well as organisational efficiency.

We will continue to listen attentively to what our staff with lived experience have to say, we will capture the richness of their lived experiences, and ensure these inform how we deliver the actions in this plan and shift the culture so we can say - Harrogate and District NHS Foundation Trust is the best place to work.

7. <https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/>

Appendix 1 Workforce Disability Equality Standard (WDES) Indicators

Metric	Workforce Metrics – for the following three workforce metrics, compare the data for both Disabled and non-disabled staff.
1	Percentages of staff in each of the 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.
2	The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
3	The relative likelihood of Disabled staff compared to non-disabled staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for both Disabled and non-disabled staff.
4 Staff Survey Q13a-d	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</p> <p>b) Percentages of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.</p>
5 Staff Survey Q14	Percentage of Disabled staff compared to non-disabled staff believing that experiencing harassment, bullying or abuse from staff believing that trust provides equal opportunities for career progression or promotion.
6 Staff Survey Q11e	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their managers to come to work, despite not feeling well enough to perform their duties.
7 Staff Survey Q5f	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
	The following NHS Staff Survey metric only includes the responses of Disabled staff
8 Staff Survey Q26b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

	<p>NHS Staff Survey and the engagement of Disabled staff</p> <p>For part a) of the following metric, compare the staff engagement scores for Disabled and non-disabled staff</p> <p>For part b) add evidence to the Trust's WDES Annual Report</p>
9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>b) Has your Trust taken action to facilitate the voice of Disabled staff in your organisation to be heard? (Yes) or (No)</p>
	<p>Board representation metric - For this Metric, compare the difference for Disabled and non-disabled staff.</p>
10	<p>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board. • By Executive membership of the Board.

Appendix 2 WDES Metrics Report

Detailed below is the organisation’s WDES data which was submitted in August 2022 covering the period 1 April 2021 to 31 March 2022

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.

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2021	Disabled staff in 2022	Disabled staff in 2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Non-disabled staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4.7%	5.4%	+0.7%	82.8%	83.2%	+0.4%	12.5%	11.4%	-1.1%	528	554
Cluster 2 (Band 5 - 7)	2.0%	5.3%	+3.3%	83.3%	83.0%	-0.3%	14.7%	11.7%	-3.0%	150	171
Cluster 3 (Bands 8a - 8b)	2.0%	5.7%	+3.7%	90.2%	84.9%	-5.3%	7.8%	9.4%	+1.6%	51	53
Cluster 4 (Bands 8c – 9 & VSM)	5.9%	5.9%	0.0%	82.4%	94.1%	+11.7%	11.8%	0.0%	-11.8%	17	17

1b. Clinical workforce

	Disabled staff in 2021	Disabled staff in 2022	Disabled staff in 2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Non-disabled staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	3.3%	4.6%	+1.3%	82.0%	80.5%	-1.5%	14.7%	14.9%	+0.2%	1,020	1,018
Cluster 2 (Band 5 - 7)	3.7%	4.6%	+0.9%	80.4%	82.0%	+1.6%	15.9%	13.5%	-2.4%	2,132	2,294
Cluster 3 (Bands 8a - 8b)	5.5%	7.4%	+1.9%	78.9%	78.4%	-0.5%	15.6%	14.2%	-1.4%	128	148

Cluster 4 (Bands 8c – 9 & VSM)	0.0%	0.0%	0.0%	85.7%	75.0%	-10.7%	14.3%	25.0%	+10.7%	7	8
Cluster 5 (M&D staff, Consultants)	2.5%	1.3%	-1.2%	69.8%	73.7%	+3.9%	27.7%	25.0%	-2.7%	159	156
Cluster 6 (M&D staff, Career grades)	0.5%	0.0%	-0.5%	74.2%	79.2%	+5.0%	25.3%	20.8%	-4.5%	186	183
Cluster 7 (M&D staff, Trainee grades)	4.3%	5.8%	+1.5%	90.1%	88.5%	-1.6%	5.6%	5.8%	+0.2%	162	174

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

(Data source: Trust’s recruitment data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.60	1.04	-0.56

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.

(Data source: Trust’s HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.00	0.00	0.00

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

(Data source: Question 14a-d, NHS Staff Survey)

	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2021
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	22.3%	23.5%	+1.2%	30.7%	25.7%	-5.0%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	19.2%	12.2%	-7.0%	20.6%	11.9%	-8.7%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	22.1%	17.2%	-4.9%	26.7%	17.7%	-9.0%

Metrics 5 – 8

(Data source: Questions 15, 11e, 4b, 26b, NHS Staff Survey)

	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2021
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	48.9%	56.2%	+7.3%	48.3%	56.6%	+8.3%

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.	29.7%	27.2%	-2.5%	29.2%	24.0%	-5.2%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	41.7%	50.2%	+8.5%	30.7%	43.0%	+12.3%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	71.2%	N/A	N/A	65.3%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2020 NHS Staff Survey	Non-disabled staff engagement score for 2020 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2020	Disabled staff engagement score for 2021 NHS Staff Survey	Non-disabled staff engagement score for 2021 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2021
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.7	7.0	-0.3	6.3	6.9	-0.6

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

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1:

To develop the Disability and Long-term Conditions (DLTC) staff network:

- Increased the number of co-chairs from one to two, this supports the flexibility required to meet the growing demand of members, including the need and demand for supporting staff with neurodiversity issues.
- The Trust meets every fortnight with the Chairs of all Staff Support networks to collate and address accordingly in collaboration with other colleagues and departments emerging issues and concerns raised by members.
- All staff networks have been allocated with a budget to help develop their networks with promoting, developing and raising awareness with opportunities to bring in key speakers, and distribute their merchandise.
- The DLTC like all networks have a chair at the People and Culture Committee, to ensure the voices of Disabled staff are heard and addressed at a senior leadership level.
- The DLTC like all networks have been allocated with a Senior Sponsor to ensure issues and concerns are escalated accordingly across governance and leadership in the Trust.

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

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

	Disabled Board members in 2021	Disabled Board members in 2022	Disabled Board members in 2022	Non-disabled Board members in 2021	Non-disabled Board members in 2022	Non-disabled Board members in 2022	Board members with disability status unknown in 2021	Board members with disability status unknown in 2022	Board members with disability status unknown in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:									
• By voting membership of the Board	-4%	-5%	-1%	4%	6%	+2%	0%	-1%	-1%
• By executive membership of the Board	-4%	-5%	-1%	19%	18%	-1%	-16%	-14%	+2%

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	<p>Improve our disability declaration rates to build a more accurate picture of the diversity of our workforce.</p> <p>Improve diverse representation across the workforce, at all levels of Agenda for Change and profession.</p>	<ol style="list-style-type: none"> 1. Work with the Staff Network to raise awareness of the WDES and encourage existing staff to feel confident in declaring their disability status on ESR. 2. Review our recruitment processes to promote our commitment to be an inclusive workplace that welcomes disabled people. 3. Complete detailed analysis of data by directorate and profession to identify areas of under-representation and barriers to career progression. 4. Review models for supported internships for young people with Learning Disabilities. On-going – Project Search implemented 	<p>March 2023</p> <p>October – December 2022</p> <p>December 2022</p> <p>Apr/Jul 2023</p> <p>April 2023</p>	<p>Director of W&OD EDI Lead Staff Network Communications and Marketing Manager</p> <p>Recruitment Lead</p> <p>HR Analyst EDI Lead Directorate Leads</p> <p>EDI Lead Corporate Affairs and Membership Manager Volunteer Services Manager</p> <p>Director of W&OD W&OD Lead EDI Lead</p>	<p>To build a more accurate picture of the diversity of our workforce.</p> <p>To celebrate the diversity of our workforce and encourage everyone to bring their whole-self to work.</p> <p>To understand where we have gaps/under representation.</p> <p>To become a model employer, be compassionate and inclusive, and improve how we recruit, retain and develop disabled people.</p>
2	<p>Reduce the inequality in recruitment shortlisting from 1.55 to 1.00.</p> <p>Review recruitment practices and improve awareness of disability and long-term health conditions to ensure the process is equitable and inclusive where everyone can thrive.</p>	<ol style="list-style-type: none"> 1. Engage in the review of our recruitment practices to ensure the lived experiences of staff with disabilities and long-term health conditions are taken into account. 2. Disabled staff to be trained to participate on recruitment panels. 3. Staff Network to receive regular review of recruitment activity and provide feedback. 	<p>October – December 2022</p> <p>November 2022 – January 2023</p> <p>Jan/April/Jul 2023</p> <p>January 2023</p>	<p>Director of W&OD Recruitment Lead Staff Network</p> <p>Recruitment Lead Staff Network</p> <p>Recruitment Lead Staff Network</p> <p>HR Lead</p>	<p>To improve career progression prospects for Disabled staff (see action 5 below).</p> <p>To ensure the lived experiences of staff with disabilities and long-term health conditions are taken into account – ‘We</p>

		<p>4. Review training and education, including 'Pathway to Management', to improve managers' awareness and understanding of disability and long-term health conditions.</p> <p>5. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme. Completed</p> <p>6. Take the next step to progress from Disability Confident Committed to Disability Confident Employer (Level 2).</p>	<p>January 2023</p> <p>November 2023</p>	<p>W&OD Lead</p> <p>EDI Lead</p>	<p>have a voice that counts'.</p> <p>To ensure diversity in thought when decisions are being made.</p> <p>To improve awareness and understanding of disability and long-term health conditions.</p>
3	Promote active engagement and consultation in policy review ensuring that any decisions that impact people with a disability involve them in the decision-making process.	<p>1. Review progress of relative likelihood of Disabled colleagues entering the capability process (on the grounds of performance) and provide update to Staff Network.</p> <p>2. Invite Staff Network member on to the Trust's Partnership Advisory Group.</p> <p>3. Review training and education, including 'Pathway to Management', to improve managers' awareness and understanding of disability and long-term health conditions</p> <p>4. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme. - Completed</p>	<p>September 2023</p> <p>November 2022</p> <p>January 2023</p> <p>January 2023</p>	<p>Director of W&OD HR Lead Staff Network</p> <p>HR Lead Staff Network</p> <p>HR Lead Staff Network</p> <p>HR Lead</p> <p>W&OD Lead</p>	<p>To increase the confidence of staff entering into the capability process that they will be treated fairly.</p> <p>To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process.</p> <p>To improve awareness and understanding of disabilities and long-term health conditions.</p>
4	Reduce the incidence of Disabled	<p>1. To promote the importance of the WDES throughout the current</p>	November 2022	Culture Change Programme Leads	Part of the overall organisational goal to

	<p>colleagues experiencing harassment, bullying and abuse.</p> <p>Support staff to feel confident in reporting incidents of harassment, bullying and abuse.</p>	<p>People Plan work streams and future initiatives.</p> <p>2. To continue listening across a variety of platforms where colleagues feel safe to share their lived experiences. Focus on the drive to eliminate harassment, bullying and abuse and reassure staff that concerns will be acted on appropriately.</p> <p>3. Raise awareness of the WDES with the Council of Governors in relation to Metric 4a.</p> <p>4. Support staff by producing zero-tolerance materials.</p> <p>5. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.</p> <p>6. Work closely with the Freedom to Speak Up Guardians, Fairness Champions, Staff Governors and Bullying and Harassment Advisors to triangulate learning from themes in relation to the experiences of people with disabilities and long-term health conditions and feedback to senior management team.</p> <p>7. In line with the NHS People Plan, focus on work streams to ensure that we create a culture where everyone feels they belong.</p>	<p>Oct 2022/Jan/Apr/Jul 2023</p> <p>January 2023</p> <p>October - November 2022</p> <p>on-going</p> <p>January 2023</p>	<p>Staff Network EDI Lead</p> <p>Director of W&OD Staff Network EDI Lead</p> <p>EDI Lead Staff Network Communications and Marketing Manager</p> <p>Director of W&OD HR Lead Staff Network</p> <p>EDI Lead Freedom to Speak Up Guardians Staff Governors</p> <p>WOD Team</p>	<p>create an inclusive culture.</p> <p>To ensure that that people with a disability or long-term condition are involved in the Culture Change Programme and are valued in making a difference.</p> <p>To build on the culture of the organisation in order to drive initiatives to reduce harassment, bullying and abuse from members of the public.</p> <p>To encourage people to speak up and be supported in doing so.</p> <p>To promote belonging to #teamHDFT.</p>
5	<p>Reduce inequality in career progress opportunities (between Disabled and non-disabled colleagues).</p>	<p>1. Monitor selection processes for acting up and secondment positions to identify any potential adverse impact on Disabled staff.</p>	<p>January 2023</p> <p>April 2023</p>	<p>Director of W&OD Recruitment Lead</p> <p>Staff Network</p>	<p>See action 2 above.</p>

	Raise awareness of the value in having inclusive and diverse teams and retain and motivate our talented, experienced, and knowledgeable staff.	<p>2. Staff Network to host listening events focussing on career development to help the organisation understand where support is needed.</p> <p>3. Raise awareness of the Social Model of Disability.</p>	April 2023	Staff Network EDI Lead	<p>Understand the lived experience behind the data.</p> <p>Understand and learn why people are disabled by barriers in society, not by their impairment or difference.</p>
6	<p>Reduce level of presenteeism experienced by Disabled staff.</p> <p>To look after our people and ensure we are safe and healthy.</p>	<p>1. Engage with the Staff Network when reviewing policies including the Managing Attendance & Promoting Health and Wellbeing Policy.</p> <p>2. Continue training and education, including 'Pathway to Management' and First Line Leaders', to improve managers' awareness and understanding of disability and long-term health conditions.</p> <p>3. Continue to promote staff health and wellbeing resources and support our colleagues including health and wellbeing conversations and the Employee Assistance Programme (EAP).</p>	<p>July 2023</p> <p>January 2023</p> <p>Oct 2022 / Jan/Apr/Jul 2023</p>	<p>Director of W&OD HR Lead Staff Network</p> <p>HR Lead W&OD Lead</p> <p>Health and Wellbeing Group Communications and Marketing Manager Line Managers</p>	<p>Create a healthier workplace for staff and improve wellbeing for all.</p> <p>To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process.</p> <p>To improve awareness and understanding of disabilities and long-term health conditions.</p>

7	<p>Increase percentage of Disabled staff satisfaction rate.</p> <p>To ensure staff feel that their work and contributions are valued.</p>	<p>1. Invite Board Champion on to the Staff Network. Completed</p> <p>2. Arrange a series of focus groups to listen to staff who do not feel satisfied with the extent to which the organisation values their work. These will be structured to ensure lived experience informs actions as appropriate.</p>	<p>October 2022</p> <p>December 2023</p>	<p>Staff Network EDI Lead</p> <p>Staff Network</p>	<p>Inclusive leadership is key in recognising and valuing the contribution that Disabled people can make.</p> <p>Insight into lived experience of Disabled staff.</p>
8	<p>Increase percentage of Disabled staff that feel that their request/s for reasonable adjustments have been adequately managed.</p> <p>Ensure disabled staff are given the opportunity to discuss what they need and the support to receive reasonable adjustments in order for them to carry out their work.</p>	<p>1. Engage with the Staff Network when reviewing the Managing Attendance & Promoting Health and Wellbeing Policy regarding reasonable adjustments.</p> <p>2. Promote reasonable adjustment resources that are available and encourage conversations between the line manager and member of staff where a disability or long-term health condition might impact upon their work.</p>	<p>July 2023</p> <p>October 2022</p>	<p>Director of W&OD HR Lead Staff Network</p> <p>HR Lead</p>	<p>To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process.</p> <p>To improve awareness and understanding of disabilities and long-term health conditions.</p> <p>Compliance with the Equality Act 2010.</p>
9	<p>Continue to promote the Staff Network and the WDES and ensure the voices of our staff with disabilities and long-term health conditions are heard.</p>	<p>1. Actively promote the Staff Network and report on their work to the Trust's Senior Management Team.</p> <p>2. Learn and share good practice through the NHS Employers Diversity and Inclusion Partners Programme.</p>	<p>Jan/Apr/Jul 2023</p> <p>Jan/Apr/Jul 2023</p>	<p>Staff Network EDI Lead</p> <p>EDI Lead BME Staff Network Co-Chair Non-Executive Directors</p>	<p>Create a culture and environment where Disabled staff feel able to speak up and have a voice</p> <p>Opportunity to report into the organisation's governance structure.</p>
10	<p>Reduce the gap between Board</p>	<p>1. Ensure the process for appointment of Executive and Non-Executive</p>	<p>July 2023</p>	<p>Director of W&OD Recruitment Lead</p>	<p>To demonstrate visible</p>

	<p>representation and overall representation of Disabled staff in the workforce.</p> <p>Increase diversity of Board.</p>	<p>Directors encourages diverse applicants, including those who identify as Disabled.</p> <p>2. As a demonstration of Trust commitment to ‘Nothing about us without us’ and inclusion, include reciprocal mentoring programme for Disabled staff network members to have mentoring relationship with Board members.</p>	July 2023	<p>Director of W&OD</p> <p>Board Champion</p> <p>Staff Network</p>	<p>leadership in this area at senior levels.</p> <p>Importance of leadership role models.</p> <p>From hearing insights and lived experiences, Board members will be better informed in making decisions that benefit all staff and patients</p>
All Metrics	To close the gaps between the workplace and career experiences of Disabled and non-disabled staff.	<p>Across all, or multiple metrics, the following actions will champion positive WDES outcomes and improved staff experience:</p> <p>1. Recognition of the value of the Staff Network across the organisation – benefits the organisation as much as the individual:</p> <ul style="list-style-type: none"> Resources Time – facility time for Network Chairs and time for staff to attend, Support <p>2. The WDES will be a standard item on the staff network monthly agenda.</p> <p>3. Listening with fascination and sharing lived experience – story telling to bring the lived experience alive, which along with the data and the feedback through the Staff Survey gives a whole perspective and has such a powerful impact, e.g. Schwartz Round, Board of Directors’ meetings, People and Culture Committee.</p> <p>4. Integrate the WDES within mainstream business and governance structures including regular reporting via the Integrated</p>	<p>Oct 2022/ Jan/Apr/Jul 2023</p> <p>Oct 2022 – July 2023</p> <p>On-going</p> <p>January 2023</p> <p>October 2022</p>		<p>Improve the experience of Disabled staff.</p> <p>Improve the culture of the organisation.</p> <p>Compliance with:</p> <ul style="list-style-type: none"> Public Sector Equality Duty, - Equality Act 2010. NHS Standard Contract. NHS Long Term Plan. NHS People Plan, <p>Value in listening to the lived experience of staff to drive change.</p> <p>Raise awareness of WDES and the importance of regular</p>

		<p>Board Report and as part of the People & Culture Committee.</p> <p>5. Adopt the principles of the ‘Social Model of Disability’ and ‘Nothing About Us Without Us’.</p> <p>6. Regular communications to bring WDES alive and celebrate achievements. Produce innovate ways to communicate e.g. infographics.</p> <p>7. Sharing good practice:</p> <ul style="list-style-type: none"> • Resources and guidance via NHS Employers • Networks – Yorkshire and Humber Regional EDI Leads Network • Staff Networks in other Trusts 	<p>Oct 2022 – July 2023</p> <p>Oct 2022 – July 2023</p>		<p>monitoring to track improvements.</p>
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Note: Explain how Disabled staff have been involved in developing and delivering the actions.

Consultation has been undertaken with the Disability and Long-Term Illness Staff Network members, and Disabled staff across the organisation who are not members of the Staff Network, to review the metrics data and develop the action plans within this report.