



## Workforce disability equality standard 2024

Onika Patrick-Redhead - Head of EDI



<b>Report to:</b>	Board of Directors	<b>Date:</b> 03 October 2024
<b>Report from:</b>	Onika Patrick-Redhead, Head of EDI Oonagh Monkhouse, Director of Workforce and OD	
<b>Principal Objective/Strategy:</b>	To approve the 23/24 WDES data submission and 2024/25 WDES Action plan.	
<b>Title:</b>	WDES 23/24 Data submission and 24/25 Action Plan	
<b>Board Assurance Framework Entries:</b>	<ul style="list-style-type: none"> <li>Staff Engagement</li> <li>Retention</li> <li>Recruitment</li> </ul>	
<b>Regulatory Requirement:</b>	<ul style="list-style-type: none"> <li>WDES</li> <li>Equality Act</li> <li>Public Sector Equality Duty</li> </ul>	
<b>Equality Considerations:</b>	Supports the delivery of the Trust's WDES and EDS goals. This report supports the requirements laid out in the Equality Act 2010 and the Public Sector Equality Duty. This report provides assurance that the Trust is complying with NHS Workforce Equality Standards as outlined in the NHS Standard Contract.	
<b>Key Risks:</b>	<ul style="list-style-type: none"> <li>Staff retention</li> <li>Staff engagement</li> <li>Patient experience</li> <li>Quality and Safety of services provided.</li> </ul>	
<b>For:</b>	Noting the 2023/2024 WDES data submission  Approval of 24/25 action plan	

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## 1. Purpose

The purpose of this report is to provide assurance that the Trust is complying with the requirements under the NHS Workforce Disability Equality Standard (WDES). This report provides the Trust's data and analysis of its workforce in relation to disabled and non-disabled staff. The workforce data relates to the period April 2023 to March 2024.

The data and action plan have been discussed by the EDI Steering committee, Workforce Steering Committee and Disability and Difference and Working Carers Network. The report and action plans have been reviewed and approved by the Workforce Committee.

### 1.1 Background

The WDES enables NHS organisations to better understand the experiences of their staff with a disability. The WDES is designed to improve workplace experience and career opportunities for disabled people working for or seeking employment within the NHS. The WDES, WRES and the Gender Pay reports enable us to recognise and understand the importance of intersectionality within the workplace.

With the Trust's Disability and Difference and Working Carers Network being well established, it has been instrumental in supporting the organisation identify barriers experienced by staff with a disability, helping drive change and positively improving the experience of colleagues with a disability and patients.

The work of the network, along with the Trust's EDI and Employee Relations teams have meant that the Trust has met requirements for the level 2 disability confidence assessment.

## 2. Outcomes of WDES

### What are the intended outcomes of the WDES report?

- Better understanding of the issues faced by staff with a disability and an increased understanding of disabled patients' needs and patient outcomes.
- Key areas highlighted by the Metrics e.g., career development, appraisals, capability, and recruitment processes are acted upon.
- Consideration of staff with a disability representation at all levels throughout the organisation and reduction of any barriers which stand in the way of their career progression.
- Positive change through action plans to enable a more inclusive environment for disabled people working in the NHS.
- Support an increased focus on Disability and the voices of staff with a disability.
- Improvement of disability declaration rates on Electronic Staff Records (ESR).

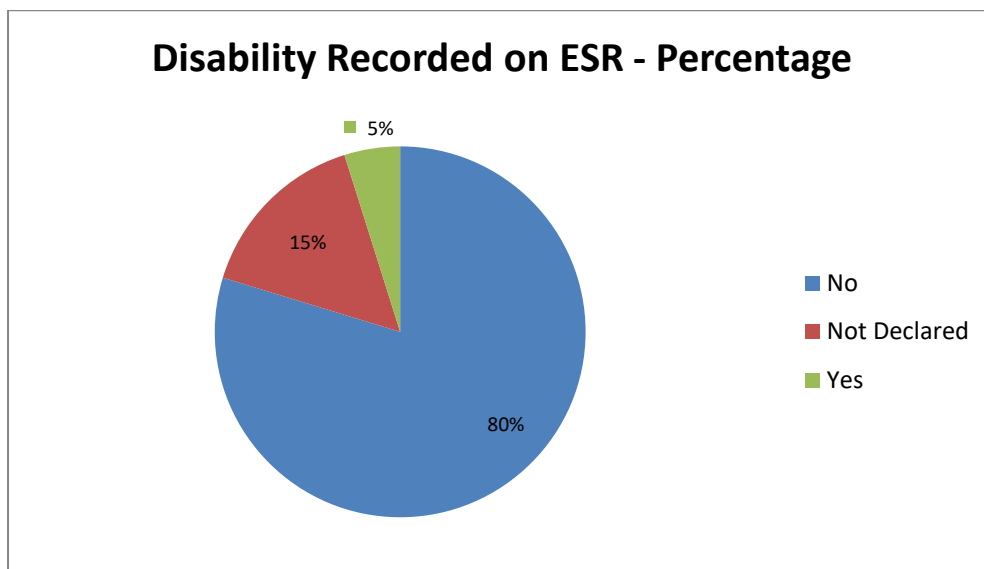
### 3. WDES Indicators

There are ten Metrics that make up the NHS WDES comprising:

- Workforce Metrics 1 – 3, 5 and 8
- Staff Survey Metrics 4, 6 – 7, and 9
- Board representation Metric 10
- Engagement and Voices of Staff with a disability Metric 9

METRIC	WDES METRIC DESCRIPTION
The following three workforce metrics compare the data for both disabled and non-staff with a disability.	
Metric 1	Percentage of staff in Agenda for Change 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.
Metric 2	Relative likelihood of staff with a disability compared to staff without a disability being appointed from shortlisting across all posts.
Metric 3	Relative likelihood of staff with a disability compared to staff without a disability entering the formal capability process, as measured by entry into the formal capability procedure.
The following four NHS Staff Survey metrics compare the responses for both disabled and non-staff with a disability.	
Metric 4	Percentage of staff with a disability, compared to non-staff with a disability, experiencing harassment, bullying or abuse from; i) patients/service users, their relatives, or other members of the public, ii) managers and iii) other colleagues.  Percentage of staff with a disability compared to staff without a disability saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
Metric 5	Percentage of staff with a disability compared to staff without a disability believing that the Trust provides equal opportunities for career progression or promotion.
Metric 6	Percentage of staff with a disability compared to staff without a disability saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
Metric 7	Percentage of staff with a disability compared to staff without a disability 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 staff with a disability.	
Metric 8	Percentage of staff with a disability saying that their employer has made adequate adjustments to enable them to carry out their work.
Part a) compares staff engagement scores for disabled and staff without a disability and the overall trust's score. Part b) will request trust's to explain what action is planned to address any gaps in their WDES annual reports.	
Metric 9	The staff engagement score for staff with a disability, compared to staff without a disability and the overall engagement score for the organisation.  Has your trust taken action to facilitate the voices of staff with a disability in your organisation to be heard? (Yes) or (No)
This metric compares the difference for disabled and non-staff with a disability.	
Metric 10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by: <ul style="list-style-type: none"> <li>▪ Voting membership of the Board</li> <li>▪ Executive membership of the Board</li> </ul>

### 3.1 Royal Papworth Workforce Analysis



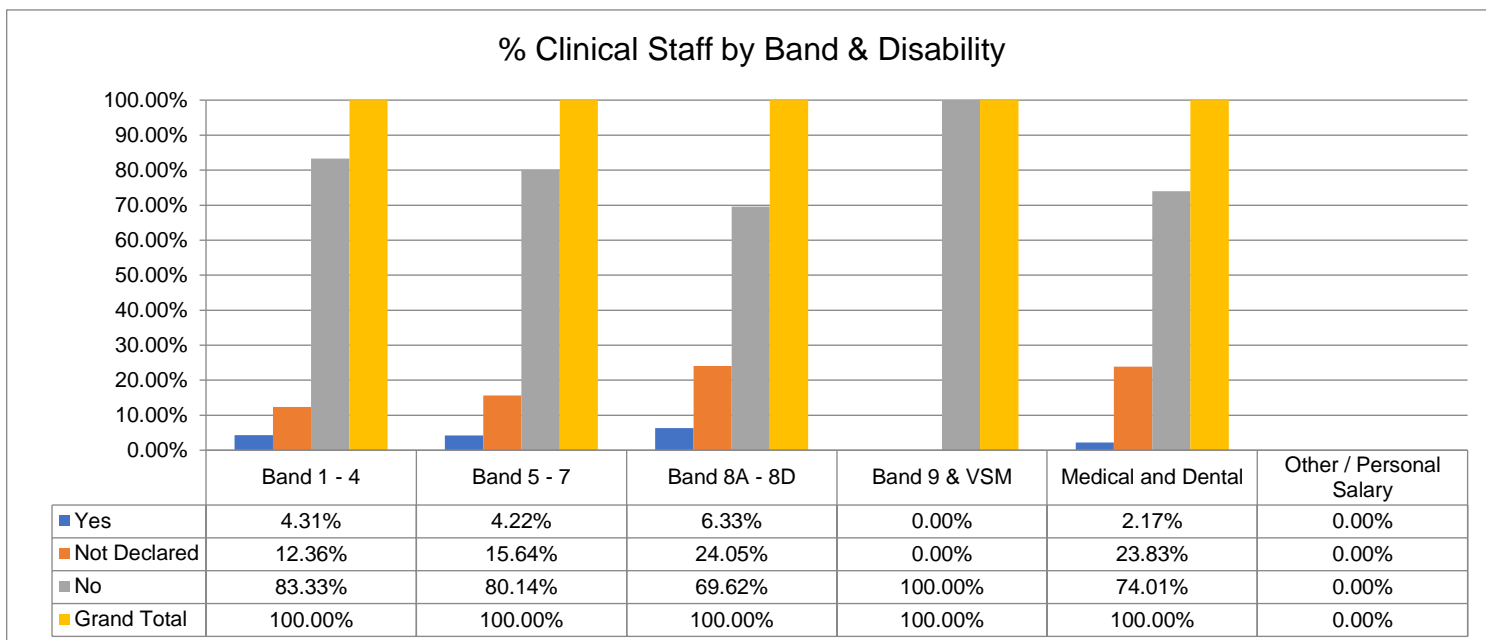
Disability?	Clinical	Non-Clinical	Headcount
No	1332	456	1788
Not Declared	280	66	346
Yes	67	42	109
<b>Grand Total</b>	<b>1679</b>	<b>564</b>	<b>2243</b>

Employees are asked at the recruitment stage to declare whether they consider themselves to have a disability. This can be updated during employment. 15% of our staff have opted not to declare whether they have a disability or not. 80% declare that they do not have a disability, and 5% of our workforce declare in their ESR record that they have a disability.

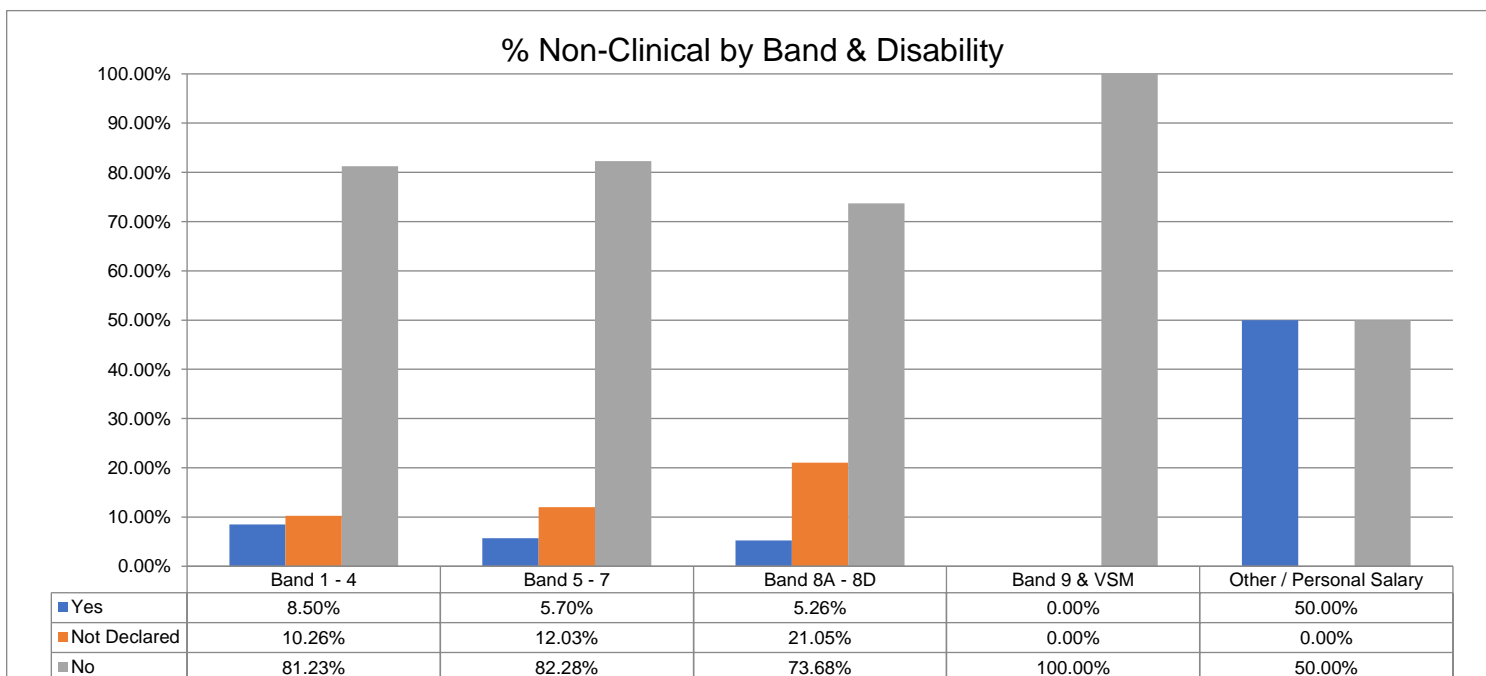
Since last year we have seen a 1% increase in staff who have declared their disability status, a 4% decrease in staff who did not declare their disability status and a 3% increase in those who do not have a disability. However, in the annual 2023 staff survey, 24.48% who completed the survey declared that they had a physical, mental health or long-standing illness. This is a 2.68 % increase from the comparison of last year's results.

### 3.2 Workforce Disability Equality Standard (WDES)- Analysis

**Metric 1-** Percentage of staff in Agenda for Change 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.

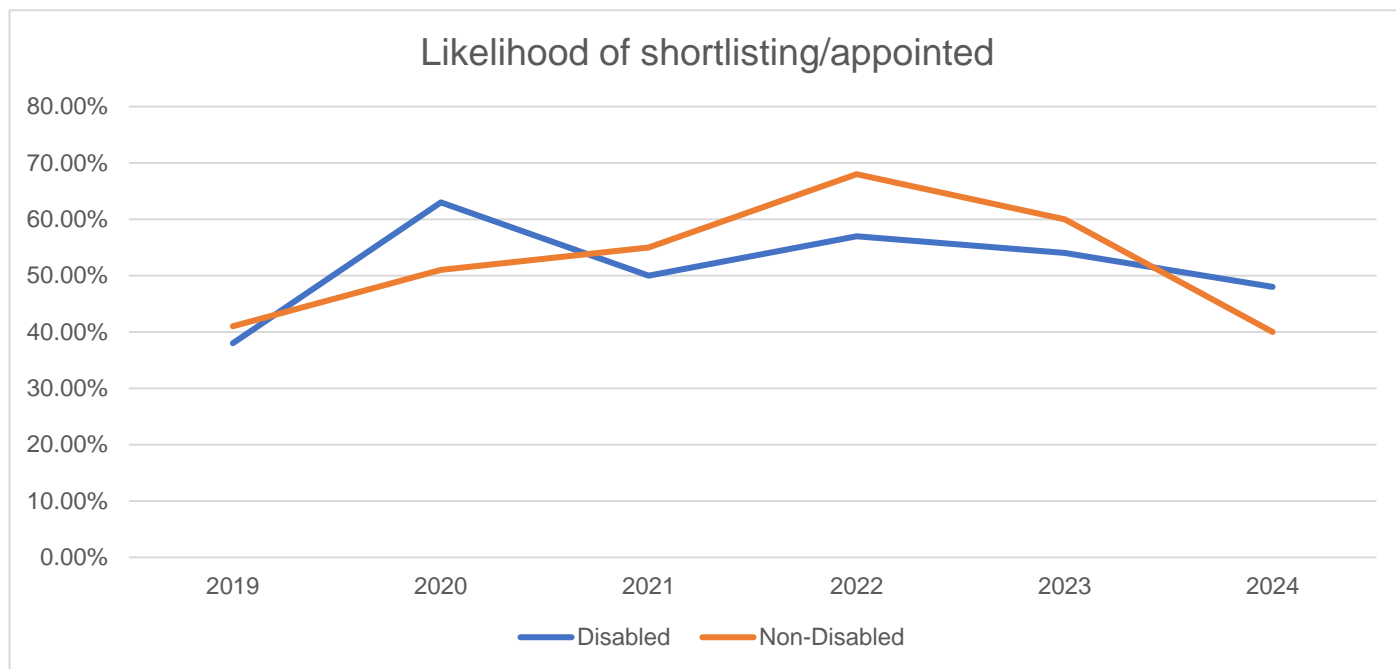


Across all clinical bands, there are low percentages of staff with, or declaring, a disability. It is higher for staff in Bands 8a-8d which could be related to the age profile of staff in these roles as they will be older than those in the less senior bands.



This graph highlights that as the band level increases, the percentage of staff not declaring their disability status increases up to Band 8A - 8D.

**Metric 2-** Relative likelihood of staff with a disability compared to staff without a disability being appointed from shortlisting across all posts.

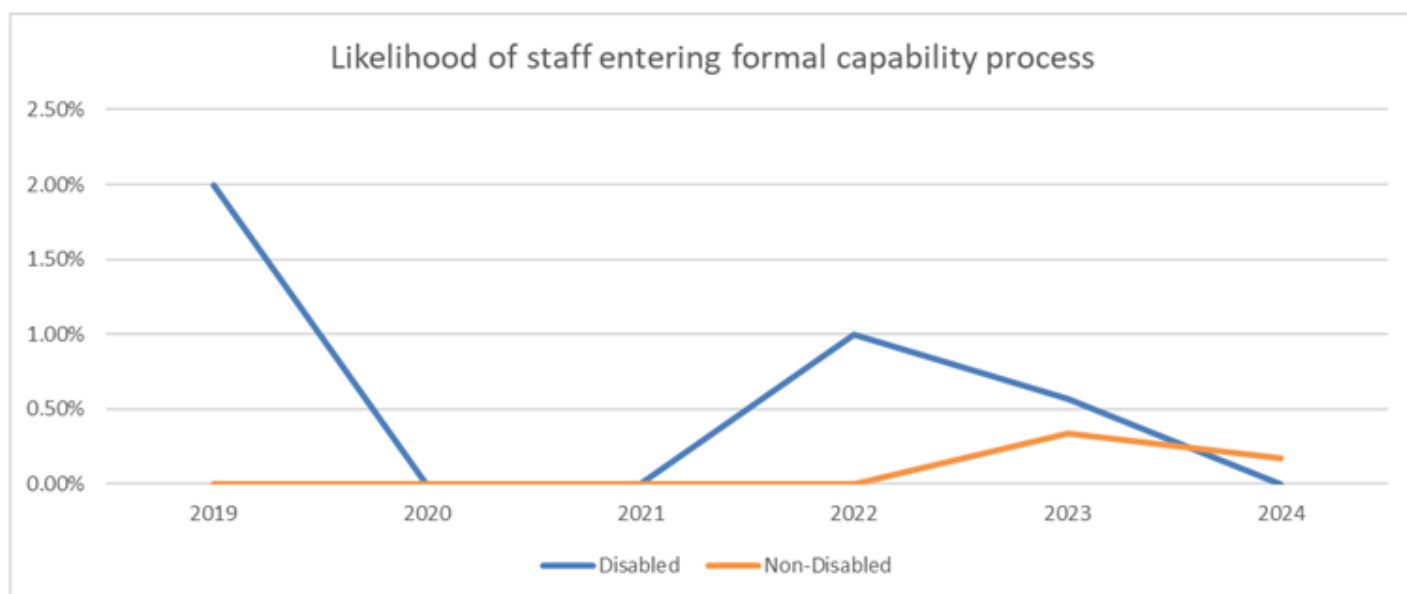


Likelihood of shortlisting/appointed						
	2019	2020	2021	2022	2023	2024
<b>Disabled</b>	38.00%	63.00%	50.00%	57.00%	54.00%	48.00%
<b>Non-Disabled</b>	41.00%	51.00%	55.00%	68.00%	60.00%	40.00%

The data used in this report is taken from application forms where there is low reporting of disability status by applicants. Each percentage is just looking at staff within that group only - not total staff. Using Disabled - we had 29 disabled applicants apply, of which 14 were appointed so 48% were appointed ( $14/29 \times 100$ ). Likewise, 544 Non-Disabled applicants shortlisted of which 216 were appointed so 40% ( $216/544 \times 100$ )



**Metric 3-** Relative likelihood of staff with a disability compared to staff without a disability entering the formal capability process, as measured by entry into the formal capability procedure.

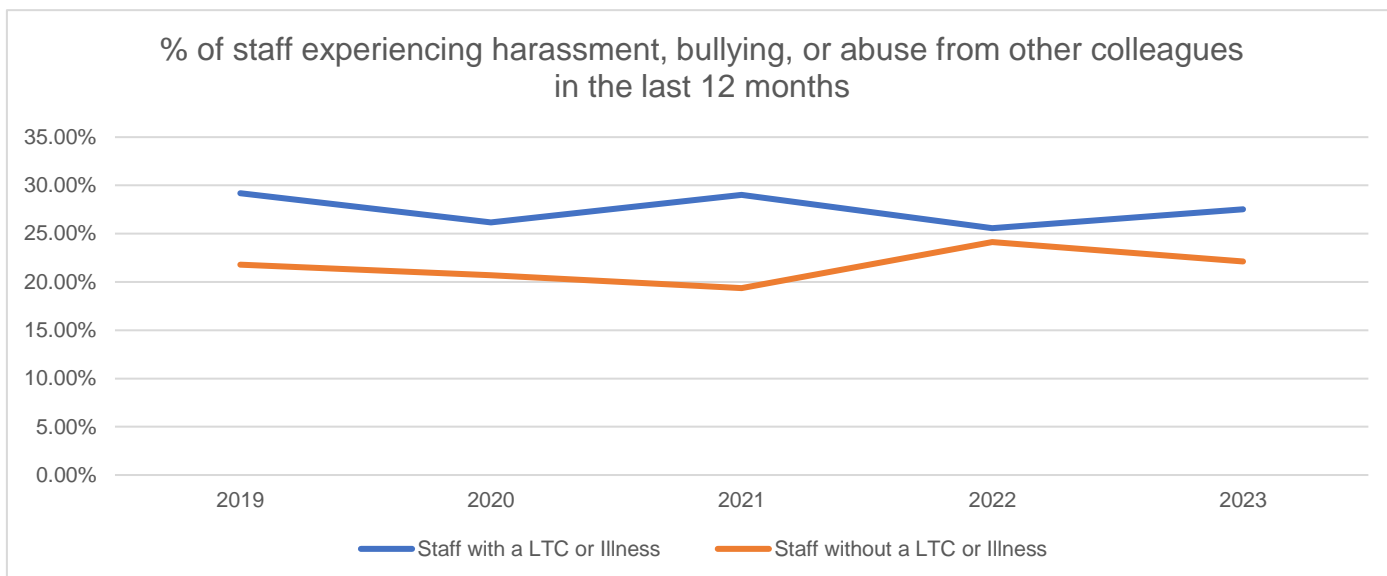


The number of staff involved in formal Capability processes is very small. There are some concerns regarding the accuracy of the data used to produce this report. Therefore no reliable conclusions can be reached.

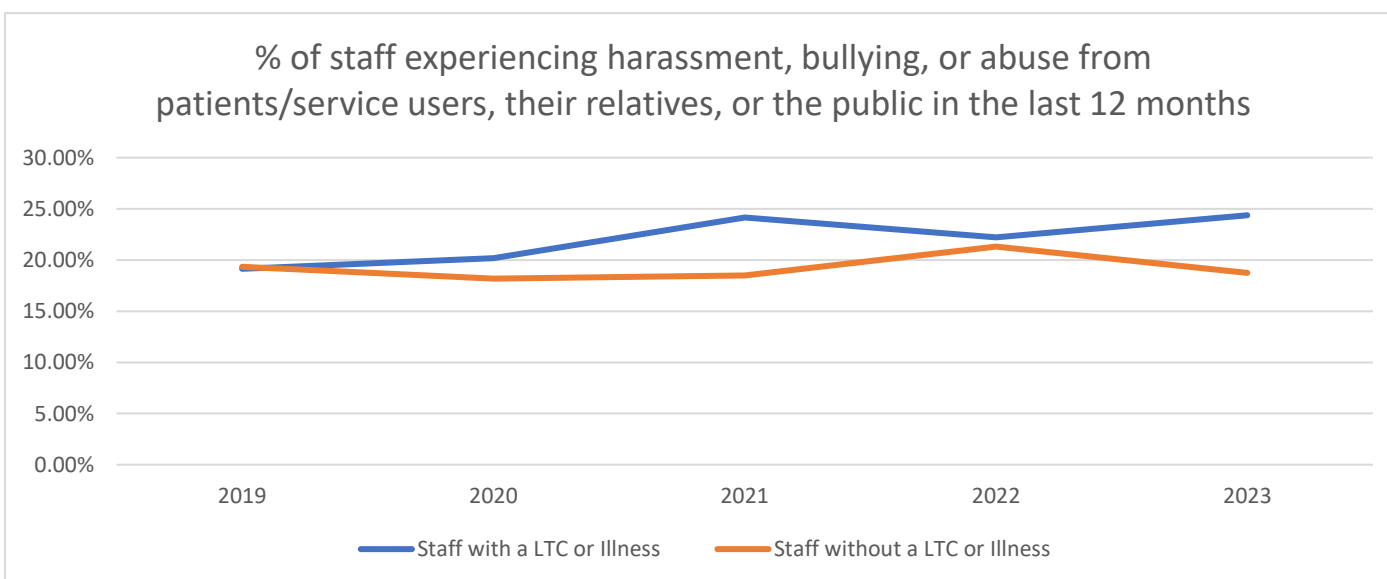
**Metric 4a-** Percentage of staff experiencing harassment, bullying, or abuse from managers, other colleagues, patients or service users in the last 12 months.



The graph highlights, over the last four years, staff with LTC or illness are more likely to experience harassment bullying, or abuse from managers than staff without.

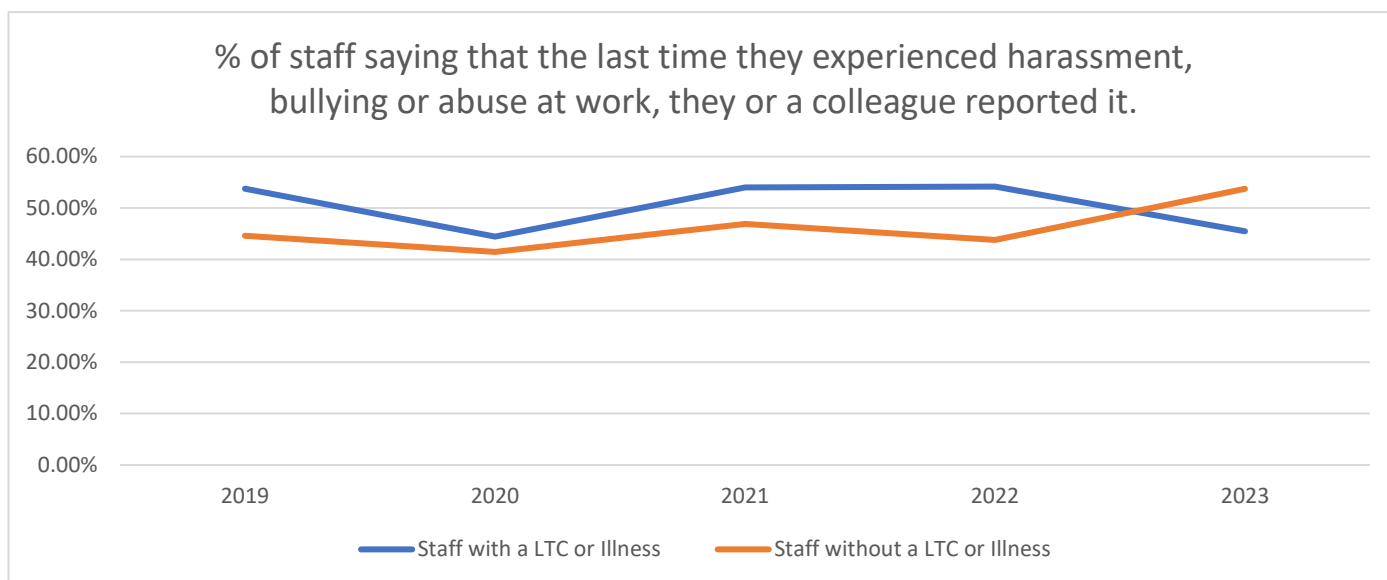


This data suggests that staff with long-term conditions or illnesses are more likely to experience harassment, bullying, or abuse from colleagues compared to those without such conditions. This disparity has remained relatively consistent over the five-year period.

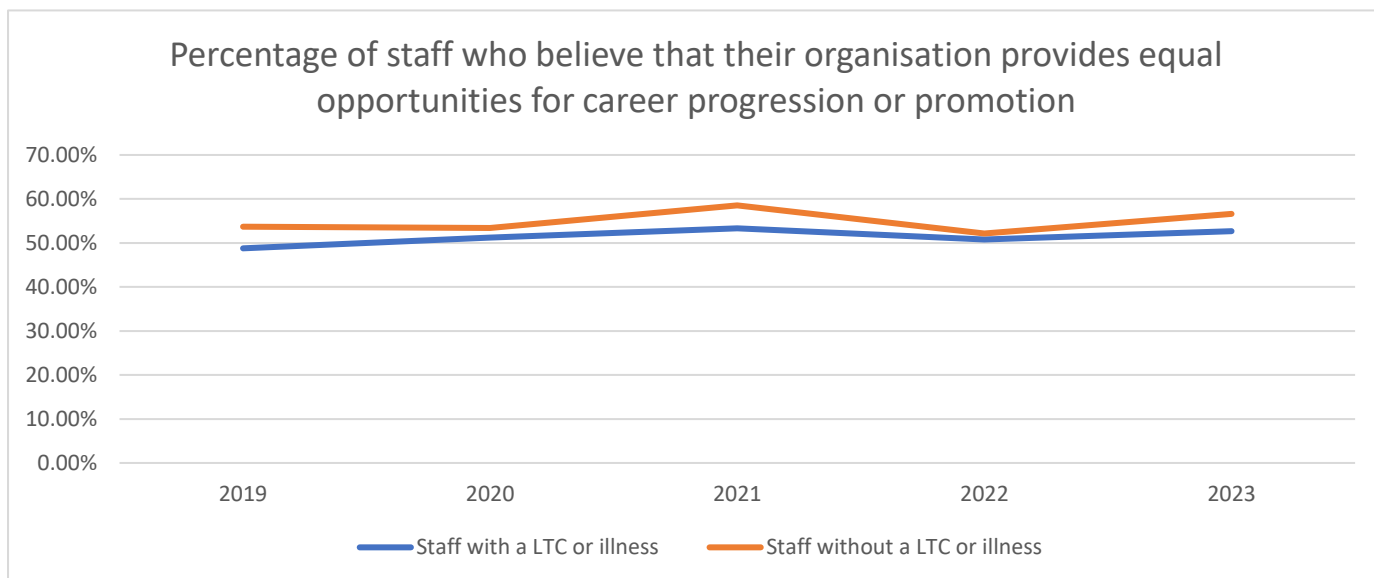


This data suggests that healthcare staff, particularly those with long-term conditions or illnesses, face significant challenges with harassment, bullying, or abuse from the people they serve or interact with in their work environment. For staff with LTCs or illnesses, there's been a general upward trend in reported incidents, rising from about 19% in 2019 to around 24% in 2023. The gap between the two groups has widened over time, with 2023 showing the largest difference.

**Metric 4b- Percentage of saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.**

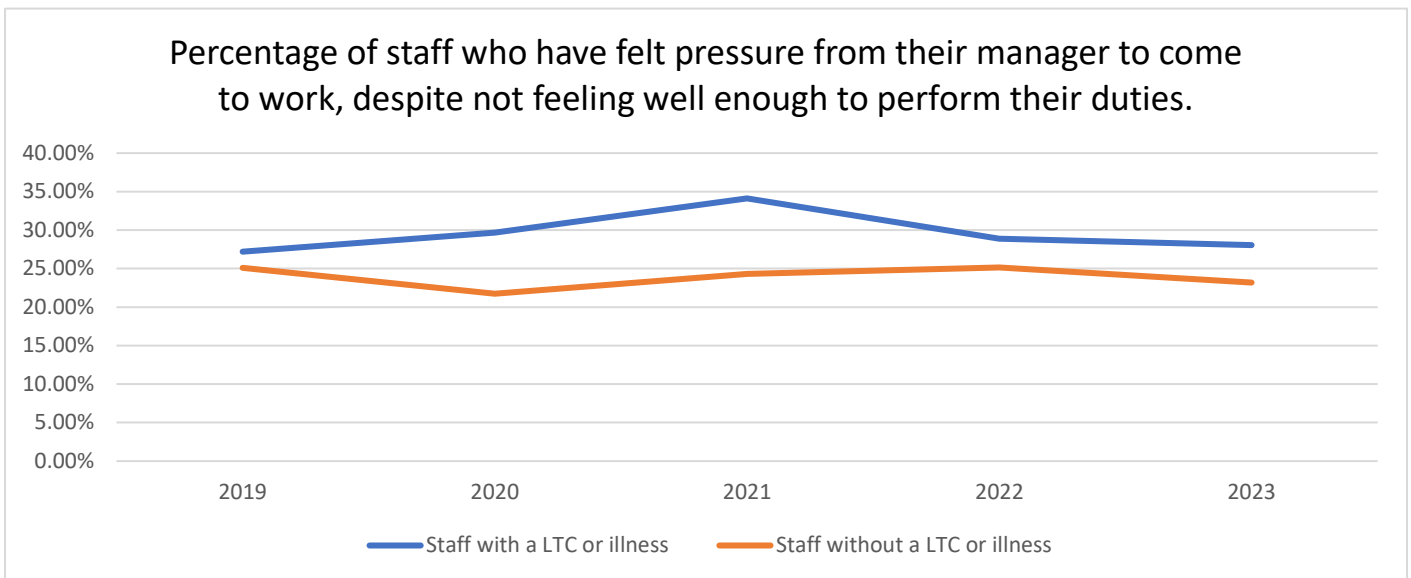


**Metric 5- Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion**



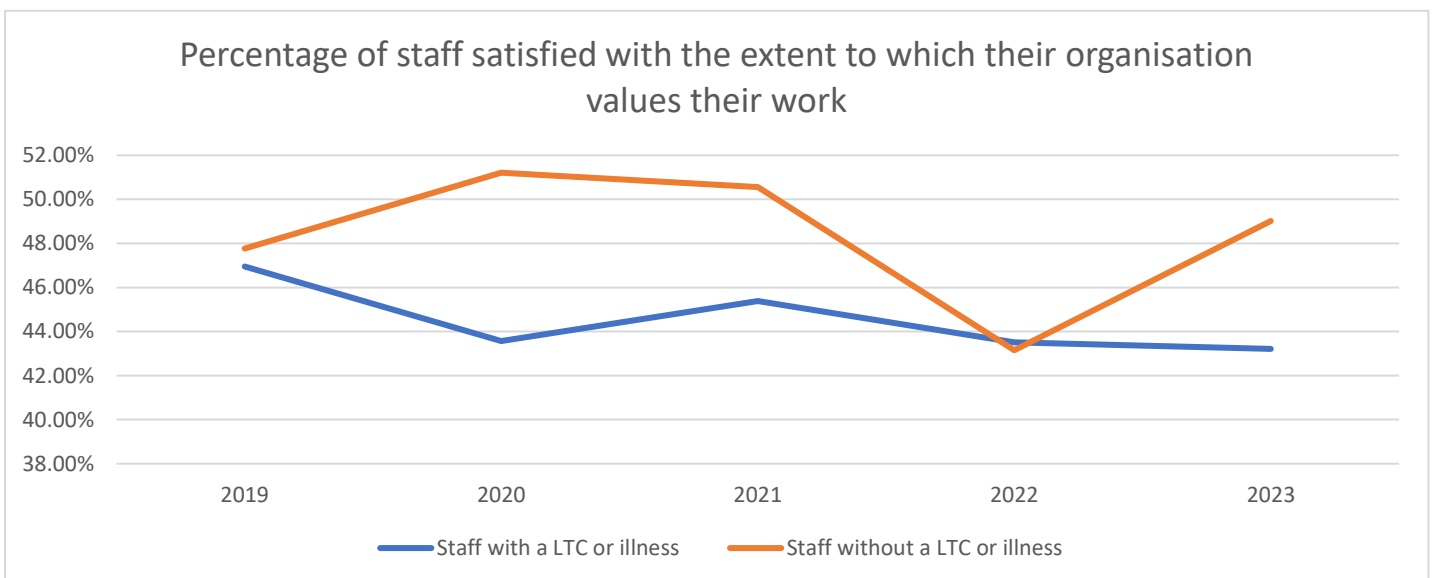
Overall, the level of confidence in whether RPH provides equality of opportunities for career progression or promotion is similar for both groups.

**Metric 6- Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**



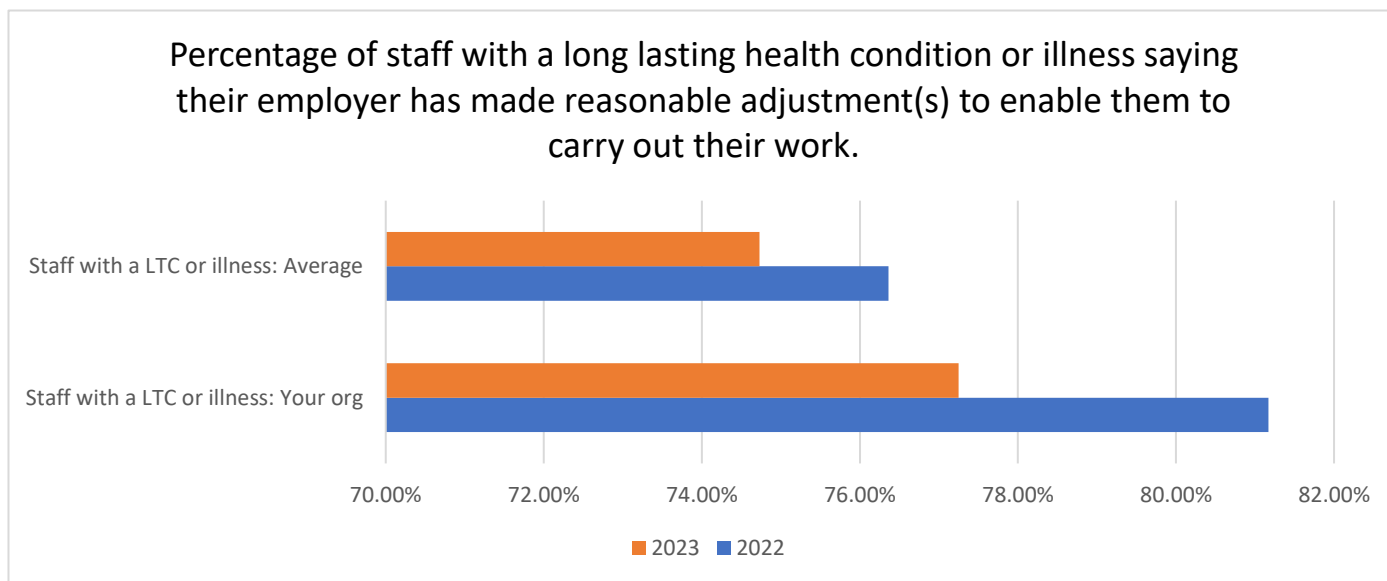
This data suggests an ongoing problem with presenteeism in the workplace, particularly impacting those with long-term health conditions. It also indicates some improvement in recent years, though the pressure remains significant for a portion of the workforce. Both groups experienced pressure to work while unwell, but staff with LTCs or illnesses consistently reported higher percentages.

**Metric 7- Percentage of staff satisfied with the extent to which their organisation values their work**



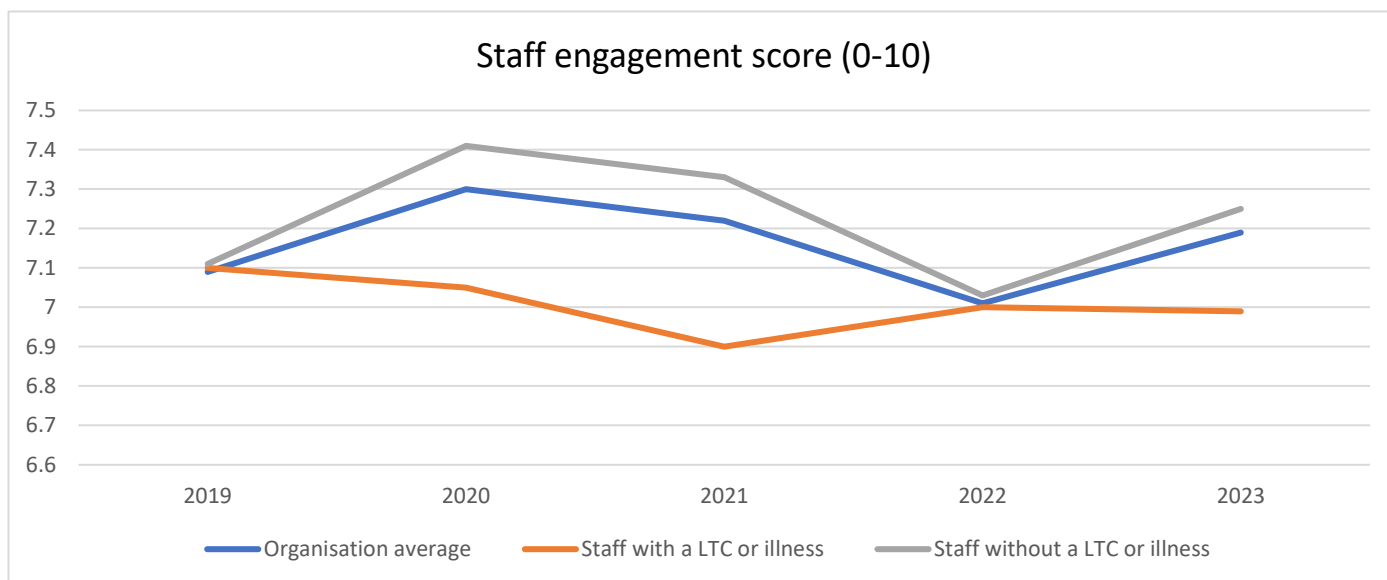
Over the last five years there has been a decline in satisfaction with how the organisation values their work for both groups of staff.

**Metric 8- Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.**



Overall, this graph indicates that while RPH is performing above average in making reasonable adjustments for staff with long-term conditions, there's been a decline in performance from 2022 to 2023.

**Metric 9- Staff engagement score (0-10)**



This graph displays staff engagement scores on a scale of 0-10 from 2019 to 2023, comparing three groups, RPH's average, staff with a long-term condition (LTC) or illness, and staff without a LTC or illness. All groups show fluctuations in engagement scores over the five-year period. The engagement score for staff with a LTC or illness has been consistently below that of staff without a LTC or illness for the last four years.

## 4. Next Steps.

The data provided in this report was submitted to NHS England by the 31<sup>st</sup> of May 2024. The 2024/2025 Action Plan (Appendix 1) will be submitted as required on October 31<sup>st</sup>, 2024. These will be published on the Trust website.

The 2024/25 WDES Action plan has been reviewed and updated in collaboration with the Disability and Difference and Working Carers Network and EDI Steering Committee. Some of these actions are ones continuing from the 2023/24 plan. The plan has been approved by the Workforce Committee.

The work will be supported by the Equality, Diversity and Inclusion Team and monitored through the EDI Steering and Workforce Committee. The key priorities of the plan are to:

- Improving staff declaration rate.
- Addressing stigma associated with disability disclosure and widen understanding of what constitutes a disability.
- Enabling staff with a disability to be heard and valued at Royal Papworth Hospital.
- Improving line management training, in relation to Health and Wellbeing and sickness absence management.
- Supporting the engagement activities for staff with a disability and staff without a disability to learn about barriers that exist for staff and service users.
- Supporting the organisation to be more accessible and inclusive in its policies and practices.
- Transformational Reciprocal Mentoring, an 18-month mentoring programme. Communication/ engagement/ training and review, understanding deep issues around disability.
- Focus on reducing bullying and harassment.

Please also note that when reviewing Appendix 1, WDES Action plan, there are actions taken that will underpin more than 1 indicator, for example Transformational Reciprocal Mentoring for Inclusion, continued work on the fairer recruitment work etc.

### The Board/Committee is asked to:

- Review the information and approve the action plan in Appendix 1 which will be reviewed and updated as appropriate following the Bi-Monthly Network meeting and once the results of the 2024 Staff Survey are published.
- To note the progress of the 2023/24 Action Plan Appendix 2.