Workforce Disability Equality Standard (WDES)

Annual Report 2023/24

October 2024

Making a positive difference

Contents

Introduction

The Workforce Disability Equality Standard (WDES) is a data collection framework which measures elements of disability equality in NHS organisations. Implementing the WDES is a requirement for NHS Commissioners and NHS healthcare providers including independent organisations through the NHS contract.

The WDES is designed around ten indicators, or measures, which compare disabled colleagues and their non-disabled counterparts. We acknowledge and respect that some people with disabilities do not refer to themselves as Disabled, denoting this part of their identity. However, in following national guidance, this report uses consistent terminology and refers to "disabled staff" or staff with a 'Long lasting condition or illnesses. We also acknowledge that comparing two groups has the disadvantage of masking disparities within each group.

Four indicators of the WDES are populated with workforce data from our Electronic Staff Record (ESR) and show comparative data for disabled and non-disabled staff. This includes the distribution of staff in each pay band, likelihood of being appointed following shortlisting, likelihood of entering a formal capability process, and representation in very senior leadership. A further five indicators are populated with comparative data from the national Staff Survey and includes: experiences of bullying, harassment, and abuse; discrimination, feeling pressure to come into work while unwell, engagement and perceptions of fairness in career progression. The remaining metric refers to whether the voices of disabled staff are heard within the organisation.

Numerical data[1] from the WDES provides a degree of insight into race equality at the Trust but is best used in conjunction with additional information (such as Freedom to Speak Up, employee relations and recruitment) and the qualitative data from the lived experiences of our colleagues themselves. The data on ESR relating to our disabled staff is incomplete although this has increased in accuracy following a concerted effort to improve. This is explored below in more detail.

Each indicator is set out separately in this report with narrative content and main trends written in italics.

As a public service, our Trust is bound by the Public Sector Equality Duty and, as such, we are committed to:

- Eliminating unlawful discrimination, harassment, and victimisation
- Advancing equality of opportunity between people
- Fostering good relations between people.

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[1] As a relatively small Trust, our numerical data expressed as percentages or ratios can be more prone to fluctuation. For example, where only a small number of staff are counted (fewer than 10), a small number of additional recruits, or leavers, can have a bigger impact on percentage scores than in larger groups of staff. In the report, we have highlighted where this might be the case and shown data trends over time to give the most accurate picture.

In progressing towards these goals, the WDES data is accompanied by an action plan approved by the Trust Board of Directors.

Context

The Trust serves the population of Derby City and Derbyshire County, both of which have different profiles in terms of disability. In the 2021 census, data shows the percentage of people indicating that their day-to-day activities were limited by a long-lasting condition or illness. In Derbyshire the figure was 20.1%. This definition is unlikely to cover various conditions which might be defined as a disability. Similarly, the NHS Staff Survey asks whether staff have a disability or long-term condition, and this is recorded differently on ESR as solely a disability. This slightly hinders getting accurate data, however, the WDES does indicate clear trends and disparities between disabled and non-disabled staff.

Figures from the Department for Work and Pensions in 2021/22 indicate that 24% of the total population have a disability[2]. The Trust in 2024 had 10.25% who disclosed a disability which is below the Derbyshire County average.

A snapshot of data taken on 31 March 2024 shows the total number of staff employed by Derbyshire Healthcare was 3308. Of these, 339 identified as disabled, 2475 identified as non-disabled. There was no data recorded for 494 members of staff. The recorded proportion of disabled staff over time is as follows:

	2018	2019	2020	2021	2022	2023	2024
Total % of disabled staff employed within the Trust as of 31 March	Un-available	4.5% (115)	4.4% (117)	5.3% (149)	6.7% (194)	8.9% (273)	10.25% (339)

Indicator 1

Indicator 1 is a measure of staff distribution across pay bands (Under Band 1 to Very Senior Manager (VSM). Data are collected in three main occupational groups: non-clinical, clinical (non-medical), and clinical (medical and dental). The figures as of 31 March 2024 and 2023 are shown in the following table. The headcount figure is the total headcount. The percentage figure is the proportion of disabled or non-disabled staff *within* each pay band for that year. Percentage figures have been rounded up or down to whole numbers.

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[2] UK disability statistics: Prevalence and life experiences - House of Commons Library (parliament.uk)

Non-Clinical

Pay Band	2024			2023		
	Disabled # (%)	Non-disabled # (%)	Unknown # (%)	Disabled # (%)	Non-disabled # (%)	Unknown # (%)
Cluster 1 Bands <1 to 4	50 (8.8%)	431 (75.6%)	89 (15.6%)	45 (8%)	402 (73%)	104 (19%)
Cluster 2 Bands 5 to 7	18 (9.5%)	149 (78.4%)	23 (12.1%)	19 (11%)	132 (76%)	22 (13%)
Cluster 3 Bands 8a to 8b	8 (21.1%)	23 (60.5%)	7 (18.4%)	6 (18%)	19 (58%)	8 (24%)
Cluster 4 Bands 8c to 9 and VSM[3]	0 (0.0%)	18 (78.3%)	5 (21.7%)	1 (4%)	21 (84%)	3 (12%)

Clinical

Pay Band	2024			2023		
	Disabled # (%)	Non-disabled # (%)	Unknown # (%)	Disabled # (%)	Non-disabled # (%)	Unknown # (%)
Cluster 1 Bands <1 to 4	51 (9.1%)	413 (73.5%)	98 (17.4%)	41 (8%)	372 (72%)	105 (20%)
Cluster 2 Bands 5 to 7	188 (11.9%)	1185 (74.9%)	209 (13.2%)	140 (10%)	1091 (75%)	219 (15%)
Cluster 3 Bands 8a to 8b	15 (9.5%)	129 (81.6%)	14 (8.9%)	13 (9%)	112 (79%)	16 (11%)
Cluster 4 Bands 8c to 9 and VSM	2 (8.3%)	19 (79.2%)	3 (12.5%)	1 (4%)	20 (87%)	2 (9%)
Cluster 5 Medical and Dental Staff-Consultants	4 (5.1%)	53 (67.1%)	22 (27.8%)	5 (6%)	52 (64%)	24 (30%)
Cluster 6 Medical and Dental Non-consultant career grade	1 (2.5%)	27 (67.5%)	12 (30.0%)	1 (3%)	22 (58%)	15 (39%)
Cluster 7 Medical & Dental Trainees	2 (4.8%)	28 (66.7%)	12 (28.6%)	1 (3%)	27 (69%)	11 (28%)

[3] Very Senior Manager

The number of unknowns has reduced, and the overall percentage of recorded disabled staff has steadily increased. This gives us more confidence in the data derived from ESR.

Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts calculated for the 12 months prior to March 31 in the reporting year. If a candidate is shortlisted, it means they have met the criteria to be interviewed for the post they are applying for.

Indicator 2 is expressed as a "disparity ratio" where complete parity, or equality, is represented by the number 1. A number of 2 would be that a candidate is twice as likely to be appointed. In Indicator 2, a below above 1 shows the extent to which a non-disabled candidate is more likely to be appointed. The table below shows this trend over time.

	2018	2019	2020	2021	2022	2023	2024
Indicator 2	2.88	1.40	1.05	1.05	1.04	1.17	0.76

The data indicates that candidates who have a disability are more likely to be appointed than those who do not. Although there is no direct evidence of this, training to managers on awareness of disabilities and putting reasonable adjustments in place at the candidate's request may increase the chance of disabled applicants being successful at selection events. Further guidance and awareness is required to ensure applicants feel they can request reasonable adjustments and managers have the knowledge to implement these effectively. Further work needs to be undertaken to encourage staff to have the confidence to disclose disabilities.

The clear trend over time shows that there is a reduced disparity in shortlisting. However, caution should be exercised given the large numbers of shortlisted and appointed candidates. The more disability data that is submitted will allow for better data to be reviewed for future returns. There is a possibility that the overall figure masks some disparities in particular areas. Further data analysis is required to look at shortlisting in relation to different types of disability and progression.

Indicator 3

Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability process. This is calculated for the 12 months prior to 31 March in the reporting year. From 2022 this is calculated over a 2-year period and the figure divided by two, hence the appearance of halves in the headcount figure. A figure above 1 would indicate disabled staff are more likely to enter the formal capability process.

|	2018	2019	2020	2021	2022	2023	2024
Indicator 3	Un-available	0.0	0.0	0.0	0.0	0.0	0.0
Average Headcount Disabled Non-disabled	Un-available	0 0	0 0	0 0	0 0.5	0.5 1.5	0.5 1.5

Given the very low number of formal capability cases overall, this Indicator offers limited insight into the comparative experiences of disabled and non-disabled staff when there are performance concerns. This will need to be monitored over a longer period.

Indicators 4a to 9b

Data for the following Indicators are taken from the staff survey[4] and do not include figures for 2024 as those results will be published in 2025. The data from the staff survey refers to staff who indicate they have a "long lasting health condition or illness" rather than a disability. This is due to the staff survey and ESR collecting information in a different way. A benchmarking report compares Derbyshire Healthcare to other Mental Health and Learning Disability Trusts (51 organisations are in the benchmarking group).

Indicator 4a

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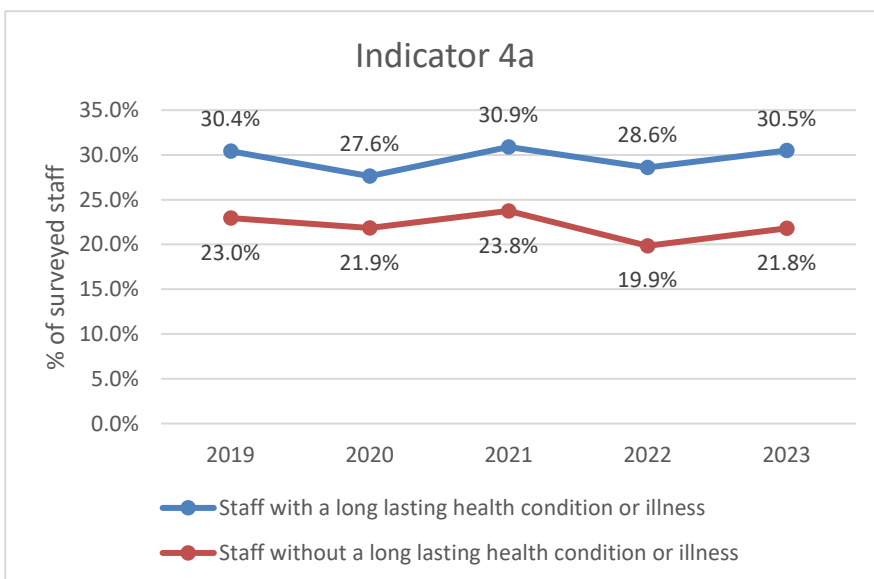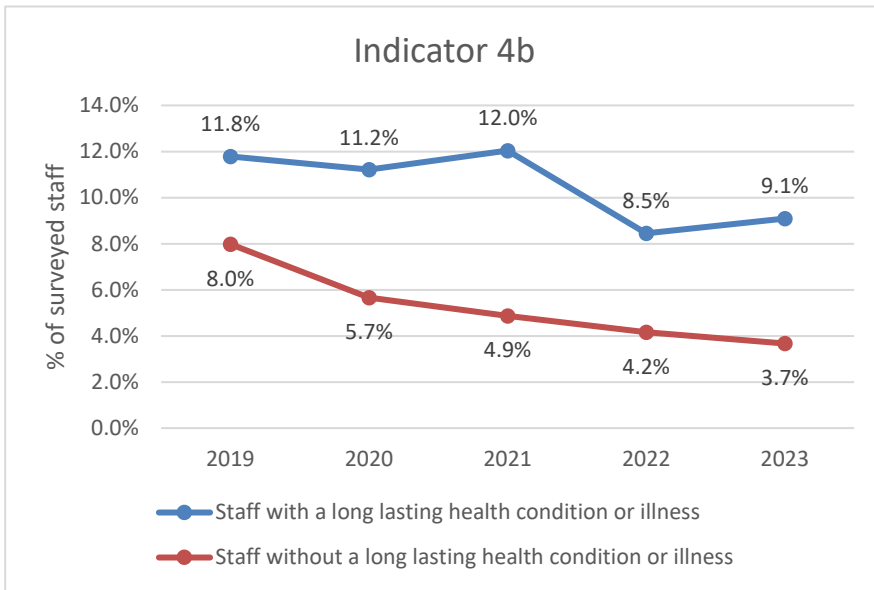

In 2023, the percentage of staff with a long-lasting health condition that experienced harassment, bullying or abuse from patients, service users or members of the public was 30.5% compared to 21.8% of staff without a long-lasting condition. The figure for both groups has slightly increased this year.

The Trust figures are lower than those in the benchmarking group.

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[4] The full data set is available here: NHS Staff Survey Benchmark report 2022 (nhsstaffsurveys.com)

Indicator 4b

Percentage of staff experiencing harassment, bullying or abuse from their managers in the last 12 months.
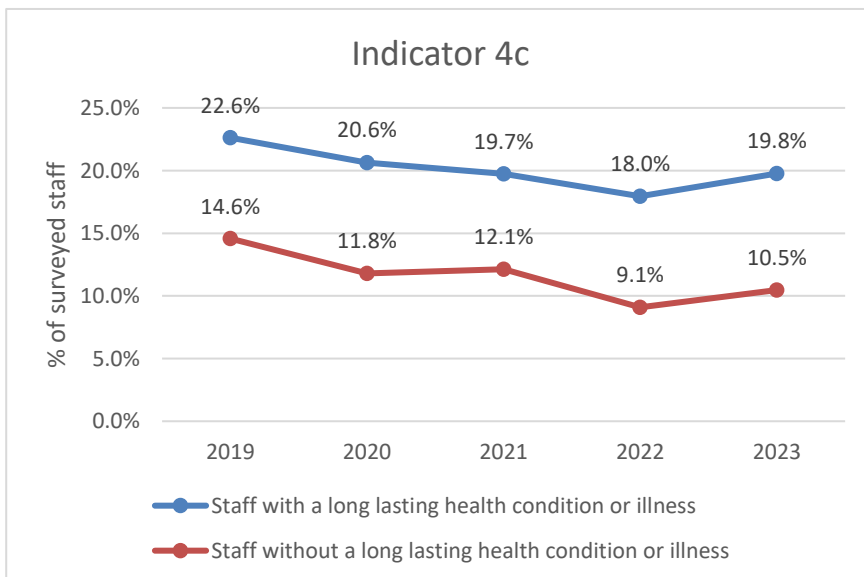
Indicator 4b

In 2023, the percentage of staff with a long-lasting health condition that experienced harassment, bullying or abuse from their manager was 9.1% compared to 3.7% of staff without an LTC. The figure for both groups has fallen steadily and show a downward trend with a slight spike this year for those with long lasting conditions.

The Trust figures are lower than those in the benchmarking group.

Indicator 4c

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

Indicator 4c

In 2023, the percentage of staff with a long-lasting health condition that experienced harassment, bullying or abuse from colleagues was 19.8% compared to 10.5% of staff without a long-lasting condition. The figure for both groups has been decreasing over time until this year.

The Trust figures are lower than those in the benchmarking group.

Indicator 4d

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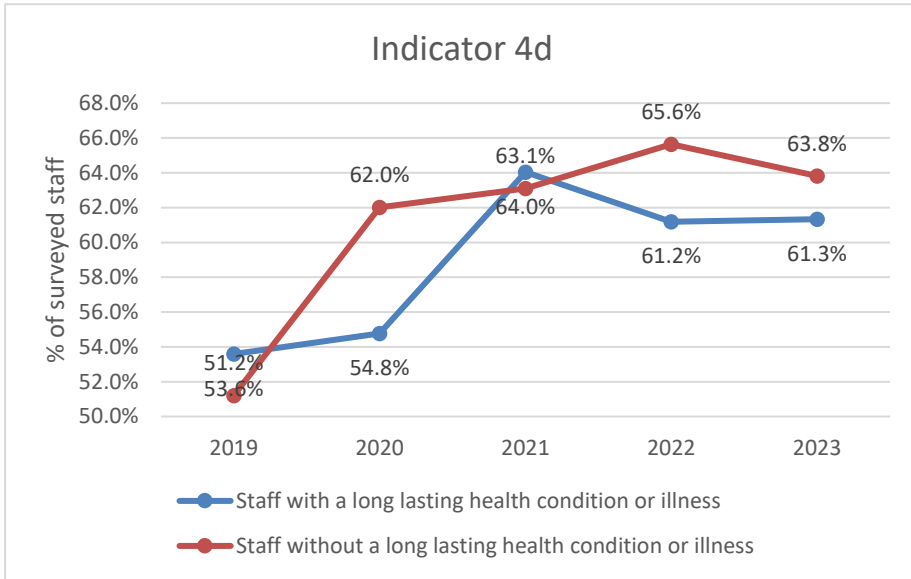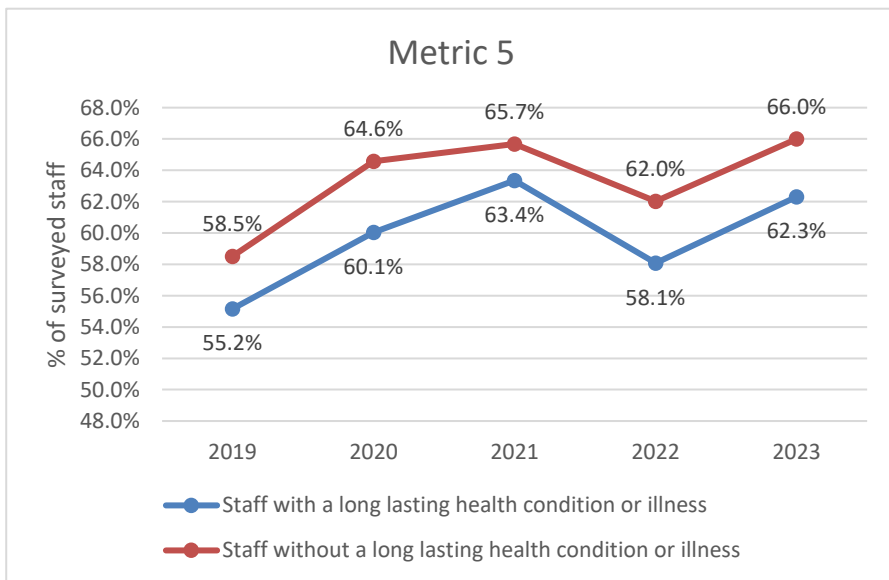

In 2023, the percentage of staff who stated that they reported harassment and bullying at work with a long-lasting condition was 61.3% compared to 63.8% of staff without. The figure for both has shown an upward trend with a slight decrease this year for those without a long-lasting condition.

The Trust figures are similar to those in the benchmarking group.

Metric 5

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.
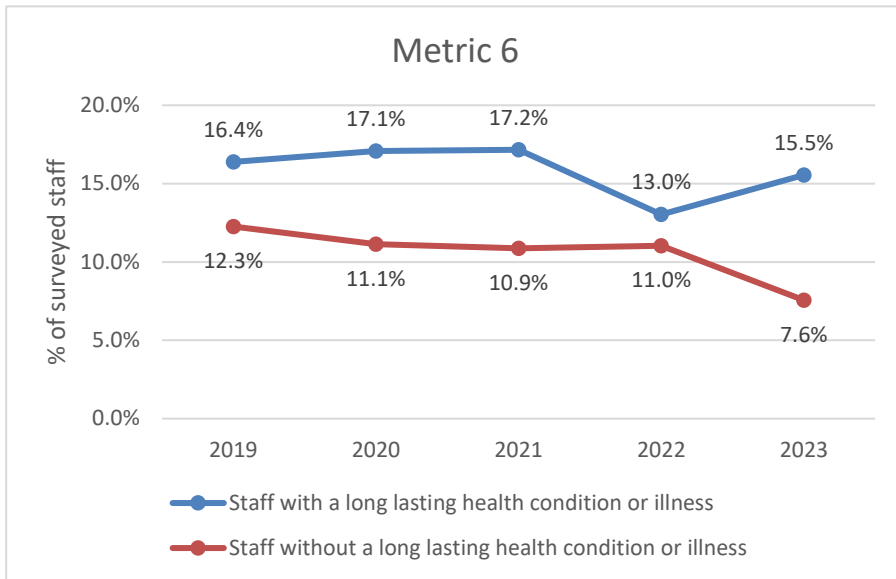

In 2023, the percentage of staff who believed that the organisation provides equal opportunities with a long-lasting condition was 62.3% compared to 66% of staff without a condition. The figure for both groups has risen steadily and show an upward trend.

The Trust figures are similar to those in the benchmarking group.

Metric 6

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

Metric 6

In 2023, the percentage of staff with long lasting condition that felt pressure to come to work despite not feeling well enough was 15.5% compared to 7.6% of staff without a condition. The figure for those will conditions has increased this year with the score for those without a condition being the lowest score recorded.

Compared to the benchmarking group, our Trust figures are significantly lower for staff with a condition and slightly lower for staff without a condition.

Metric 7

Percentage of staff saying they are satisfied with the extent to which the organisation values their work.

Metric 7
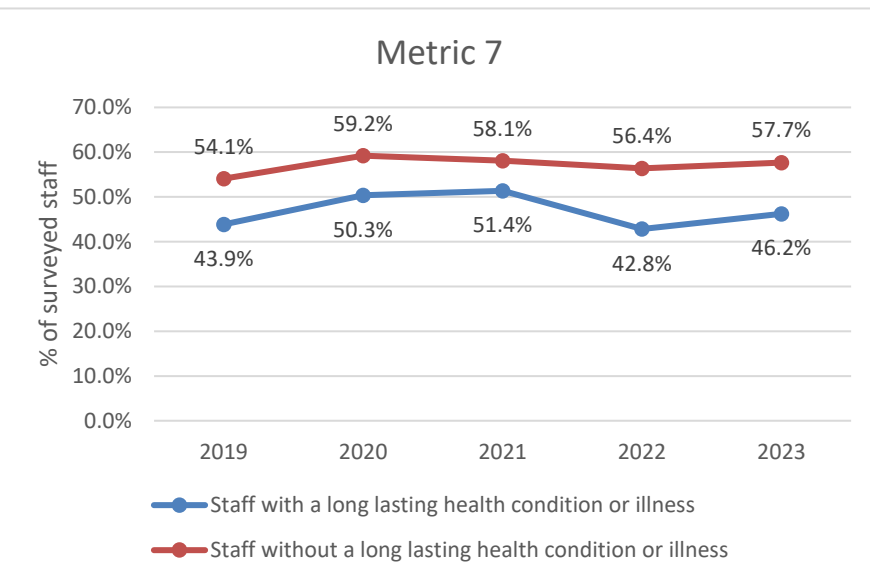
In 2023, the percentage of staff that have a long-lasting condition that reported they are satisfied with the extent the organisation values their work was 46.2% compared to 57.7% of staff without a long-lasting condition. The figure for both groups had risen steadily in an upward trend.

The Trust figures are similar overall to those in the benchmarking group.

Metric 8

Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustments to enable them to carry out their work.

Figures in the staff survey state that 87.5% of staff with a long-lasting condition or illness felt that reasonable adjustments had been made. This compared to a benchmarked figure of 79.3%.

Metric 8
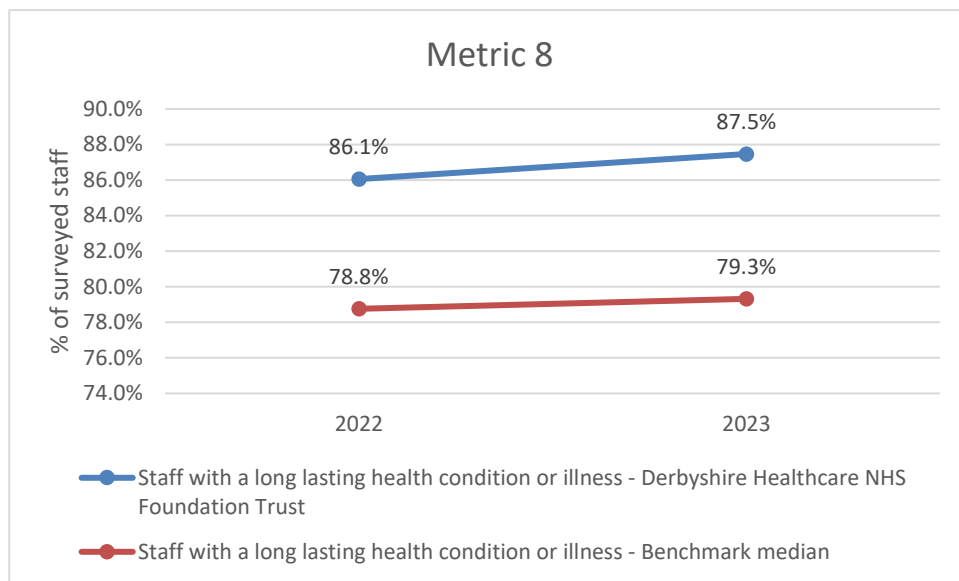
Indicator 9a

Staff engagement score for disabled staff, compared to non-disabled staff. The data shows an increase in staff engagement in 2023 for all groups.

Metric 9a
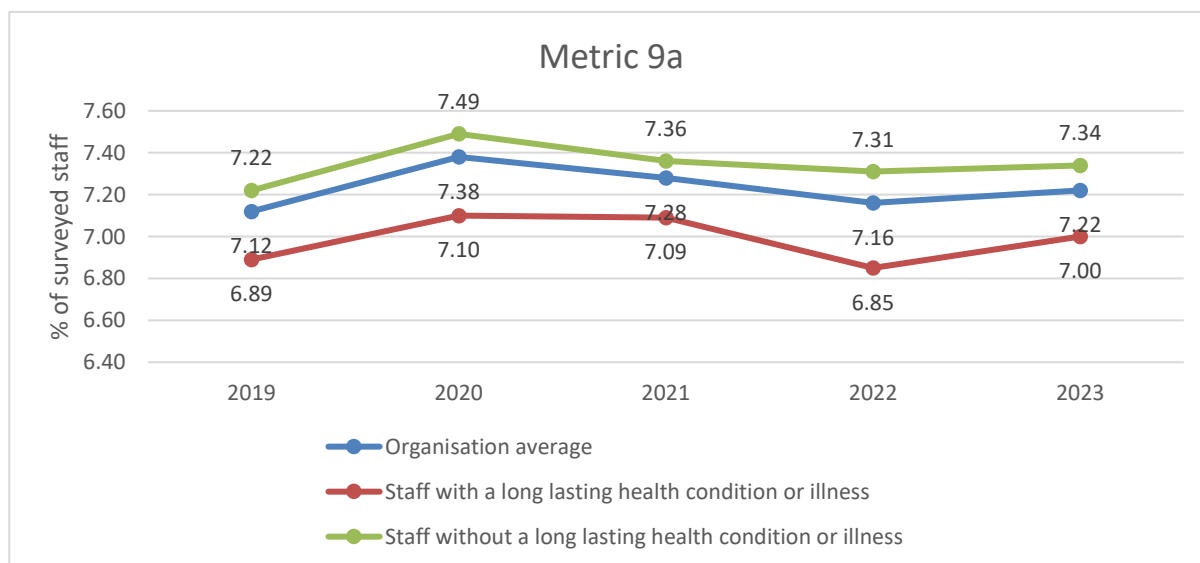
Indicator 9b

Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard (Yes/No).

Yes. We have an active staff network DAWN (Disability and Well-being Network) who are supported with resources from the Trust who provide support for their members and are members of the EDI Steering Group.

Indicator 10

Percentage difference between the organisation's Board voting membership and the overall workforce.

This Indicator shows the representation of disabled staff by comparing two figures: the percentage of disabled staff in the organisation, and the percentage of voting membership at the Board, and then working out the difference. In 2024, the percentage difference between the organisation's Board voting membership and its organisation's overall workforce is 5 %.

Conclusions

The WDES provides NHS trusts with a series of quantitative measures which demonstrate disability disparity. WDES data has been collected since 2019 from which we can assess trends over time. We can also draw some conclusions about what is and isn't working to improve disability equality at the Trust.

In common with trusts across NHS England, there is a continuing issue with unrecorded data on the Electronic Staff Record. However, the Trust has made real progress on this in recent years, reducing the number of unknowns across the Trust. The DAWN staff network has been instrumental in this achievement.

While ESR records "disability", the staff survey records staff who have a long-term conditions or illness so there are some difficulties in directly comparing the two groups. However, we can see clearly where the disparities lie in the Trust. On most measures of bullying, harassment and discrimination, staff with a long-term condition or illness are significantly more likely to have negative work experiences than their counterparts and this increased from 2022 to 2023. Further work will need to be done to understand this.

The results from staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties increased for staff with a long-lasting condition where it has reached its lowest ever metric for those without a condition. This needs to be reviewed further. There is also evidence of disparity which needs to be monitored across a range of indicators.

On a positive note, some of the indicators are showing improvements over time including 87.5% of staff with a long-lasting condition felt reasonable adjustments were made.

Analysing numerical WDES data tells us the "what", and we are committed to further investigation into the "why". To maximise the effectiveness of the WDES, the indicator measures and accompanying actions will be an integral part of wider culture transformation at the Trust.

Action Plan

Quarterly oversight of the WDES actions sits with the Equality, Diversity & Inclusion (EDI) Steering Group which is chaired by the Non-Executive Director for EDI and Director of People, Organisational Development and Inclusion. The group brings together colleagues in key corporate roles, with staff networks and representatives. In June 2023, NHS England published its EDI Improvement Plan[5] with six high impact actions, some of which are aligned to the WDES objectives below.

Action Area	Activities	Who The EDI Steering Committee will be sighted on all actions and review progress at quarterly meetings	When	Status
Bullying, Harassment, Abuse & Discrimination	Review and redesign EDI Essentials Training to clearly state what behaviour consists of, how to prevent it, and manage it when it occurs	EDI team	January 2025	To be commenced
	Candidates put forward for the Active Bystander Train-the-Trainer programme as well as visual displays to support the active bystander initiative	EDI team and others (in progress)	January 2025	To be commenced
Inclusive Recruitment	Deliver Chair of panel inclusive recruitment and selection training	Strategic Recruitment Lead	Ongoing and to continue in 2025	Ongoing
	Develop action plans to become disability confident leader	Chair of DAWN / Head of EDI / Strategic Recruitment Lead	January 2025	To be commenced
	Reasonable adjustment recruitment masterclass	Chair of DAWN / Strategic Recruitment Lead	Spring 2025	To be commenced
	Develop partnerships with DWP on initiatives to support disabled applicants with work opportunities	Strategic Recruitment Lead	January 2025	To be commenced.
	Develop guidance for applicants on what reasonable adjustments look like to and why we ask for this information	Strategic Recruitment Lead / Recruitment team	January 2025	To be commenced
Progression and Promotion	Review of Recruitment Inclusion Guardians	Head of EDI	March 2025	To be commenced
	Review barriers to progress for those with a disability	Head of EDI	Spring 2025	To be commenced

[5] NHS equality, diversity, and inclusion improvement plan (england.nhs.uk)

Culture of Inclusion and Belonging	Try and encourage staff who have not completed disability diversity data to disclose	DAWN / Head of Workforce / Head of EDI	Spring 2025	To be commenced
	Utilising exit interviews to understand reasons for disabled staff leaving the Trust	Head of EDI	October 2024	Ongoing
	Implement divisional actions plans based on staff survey data and results	Head of EDI	March 2025	To be commenced