

Workforce Disability Equality Standard (WDES) report 2023-24

1.0 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. This is our 2024 PAHT data report of the Workforce Disability Equality Standard (WDES) indicators.

The WDES is designed around ten indicators, or measures, which compare disabled colleagues and their non-disabled counterparts. In PAHT 3% of our total workforce declared as disabled. The data on ESR relating to our disabled staff is incomplete and we will be making a concerted effort to encourage staff to update their information.

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 NHS National Staff Survey showing comparisons from 2021 to 2023 and includes: experiences of bullying, harassment, and abuse; discrimination, feeling pressure to come into work while unwell, and perceptions of fairness in career progression. The remaining metric refers to whether the voices of disabled staff are heard within the organisation. This will enable the Trust to adopt a 'learning organisation' approach and produce an action plan to build cultures of continuous improvement. This will be essential steps in helping to bring about a workplace that is free from discrimination and bias.

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 from different protected characteristics
- Fostering good relations between people from different protected characteristics

2:0 Context

The data in the report is comparing 2022 - 2023 to 2023 2024. When reviewing the data, it is useful to understand the overall numbers of disabled staff and non-disabled staff in the workforce. As at 31 March 2024 disability profile of staff: disabled staff 3%; non-disabled staff 71%; not declared 10.6%; prefer not to answer 0.4%; and unspecified 15%.

| Disability | Headcount – 31 March 2024 |
|----------------------|---------------------------|
| No | 2959 |
| Not declared | 427 |
| Prefer not to answer | 18 |
| Unspecified | 632 |
| Yes | 130 |
| Grand Total | 4166 |

3.0 The Indicators

Indicator 1: Percentage of staff in AFC (agenda for change) pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce. This data is provided in clusters by grouping Bands, due to the small numbers of staff declaring a disability.

Table 1 shows headcount and percentage of disabled and non-disabled **non-clinical** staff by bands

| Non- clinical staff | Bands 1-4 | | Bands 5-7 | | Bands 8a-8b | | Bands 8c-9 & VSM | | Non- Executives | |
|---------------------|-----------|-----|-----------|-----|-------------|-----|------------------|-----|-----------------|-----|
| Disabled | 40 | 5% | 9 | 4% | 6 | 7% | 0 | 0 | 2 | 22% |
| Non-Disabled | 563 | 65% | 164 | 66% | 54 | 65% | 30 | 83% | 7 | 78% |
| Unknown | 259 | 30% | 77 | 31% | 23 | 28% | 6 | 17% | 0 | 0% |

Bands 1 to 8b and the Non- Executives show an over-representation of disabled staff in comparison to our 3% overall data. However, the percentages of unknown are high across Bands 1 to 8b. This indicates that we do not have a true picture of the number of disabled staff, across the non-clinical workforce.

Table 2 shows headcount and percentage of disabled and non-disabled **clinical** staff by bands & grade

| Clinical staff | Bands 1-4 | | Bands 5-7 | | Bands 8a-8b | | Bands 8c-9 & VSM | |
|----------------|-----------|-----|-----------|-----|-------------|-----|------------------|-----|
| Disabled | 13 | 2% | 42 | 3% | 7 | 4% | 1 | 4% |
| Non-Disabled | 501 | 77% | 1078 | 73% | 108 | 64% | 18 | 82% |
| Unknown | 138 | 21% | 360 | 24% | 54 | 32% | 3 | 14% |

From Bands 5 to VSM disabled staff are represented in proportion. However, the percentages of unknown in Bands 1 to 8B are high, which means we may not have a true picture of the number of disabled staff, across the clinical workforce.

Table 3 identified the headcount and percentage of medical staff who are disabled and non- disabled

| Medical staff | M&D consultants | | M&D career grade | | M&D trainee grade | |
|---------------|-----------------|-----|------------------|-----|-------------------|-----|
| Disabled | 2 | 1% | 0 | 0% | 8 | 4% |
| Non-Disabled | 122 | 57% | 135 | 80% | 179 | 81% |
| Unknown | 91 | 42% | 34 | 20% | 35 | 16% |

The data on medical staff indicates that there is underrepresentation in M&D consultants and career grade. However disabled staff are represented in M&D Trainee Grade.

As with the previous analysis of the workforce in Table 1 & 2, the percentages of unknown are high. To show a true picture of the number of disabled staffs in the workforce, we need to focus on encouraging staff to complete their equality profiles in ESR by updating their personal data.

Indicator 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from Shortlisting across all posts. This refers to both external and internal posts.

| Indicator | Disabled | non-Disabled | Unknown |
|---|----------|--------------|---------|
| Relative likelihood of non-disabled staff compared to disabled staff being appointed from Shortlisting across all posts. This refers to both external and internal posts. | 64 | 1273 | 415 |

Relative likelihood is 1.18 compared to last year (1.23). A figure below 1.00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting. This indicator shows that we are improving in our efforts to employ disabled staff.

Indicator 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.

| Indicator | Disabled | non-Disabled | Unknown |
|---|----------|--------------|---------|
| Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. | 2 | 3 | 4 |

Disabled staff are more likely to enter a formal capability process compared to non-disabled staff. However, as the numbers of unknown staff represent the largest number we need to view this with caution.

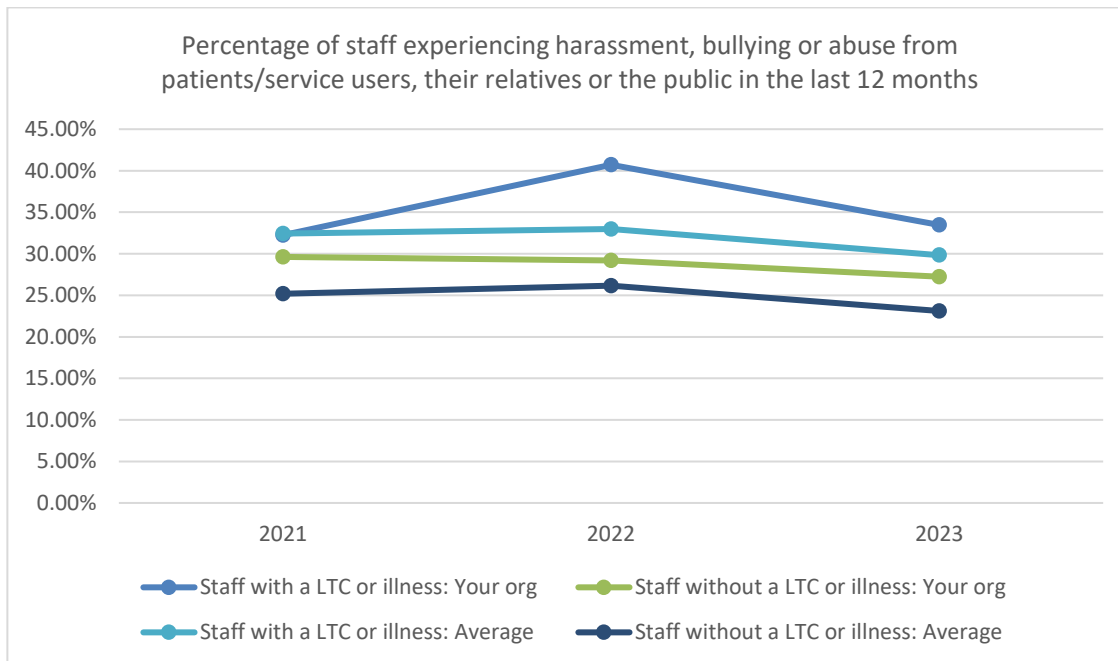
The introduction of robust monitoring would help us to understand why disabled staff are entering the formal capability, and also ensure that we are paying due regard to the Equality Duty. There is a requirement for us to ensure that all reasonable adjustments are considered when for staff who have a disability. In particular, where staff may have hidden disabilities or not declared long-term health conditions. We are confident that we are following all requirements dutifully.

Indicator 4: Headcount and percentage of the organisations board voting membership and executive board members.

| | By Voting membership of the Board | | By Executive membership of the Board | |
|--------------|-----------------------------------|-----|--------------------------------------|-----|
| Disabled | 1 | 9% | 0 | 0% |
| Non-Disabled | 9 | 82% | 6 | 67% |
| Unknown | 1 | 9% | 3 | 33% |

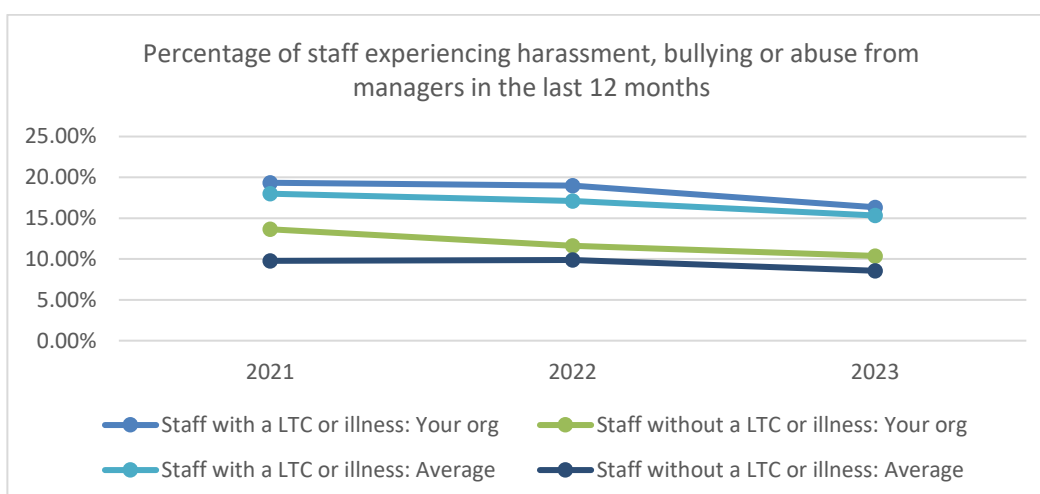
The data shows that disabled staff are represented by voting Board Membership. However, there is no representation at Executive Membership, but this could change once the unknown numbers have been declared. We will be encouraging our colleagues to complete their disability status.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months

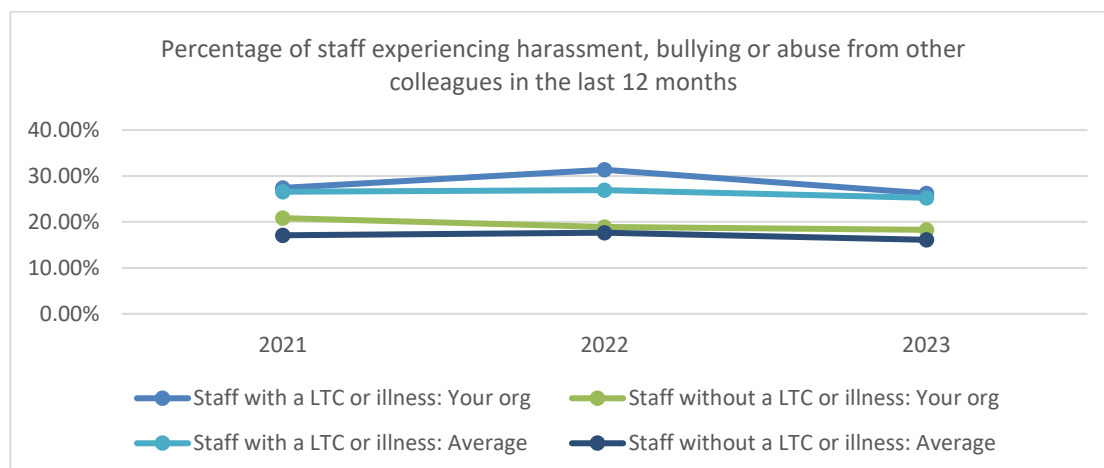


The percentage of staff declaring a long-term condition (LTC) is the highest marker. However, it has fallen in 2022 from 40.71% compared to 2023 to 33.47%. There is a communications campaign being developed by our REACH (Race Equality and Cultural Heritage) network that will address all forms of verbal abuse to our staff. And although not directly linked with disabilities, it will support this work on improving the lives of all our staff.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



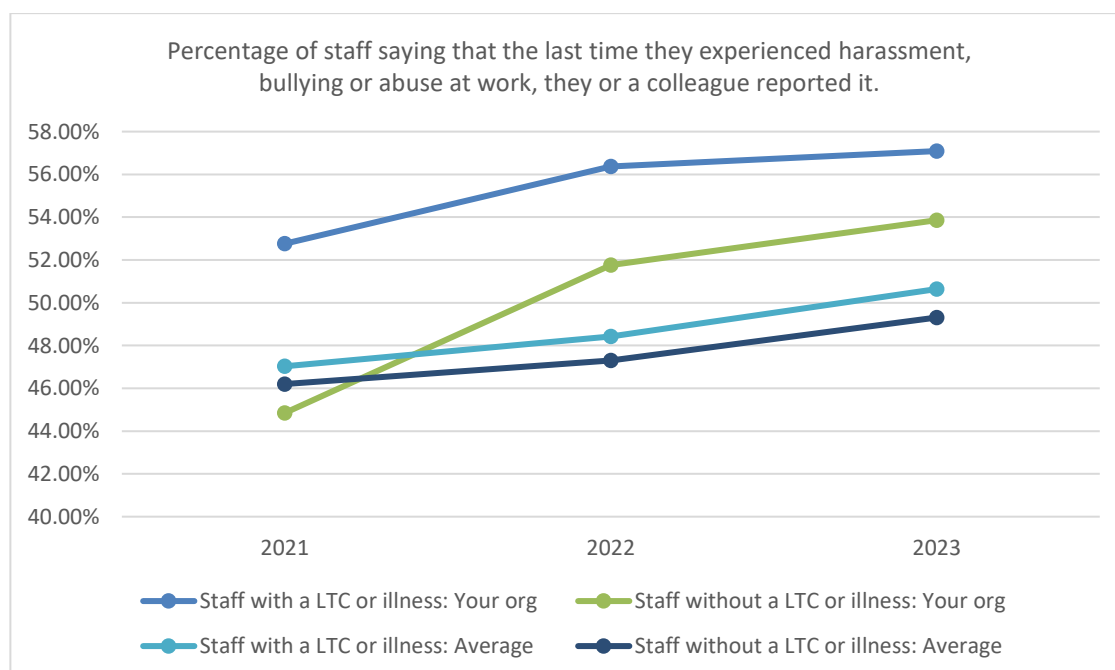
Indicator 7: Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



Both Indicators 6 & 7 show staff with a long-term condition (LTC) or illness compared to those without, disproportionately experience harassment, bullying or abuse from managers and colleagues in the Trust. This trend is consistently high over the 3 years, and we have been consistently higher than the national averages.

We will be taking effective measures to address the current situation to ensure all forms of abuse from managers and colleagues are addressed appropriately. We will review our policies and processes to support this work and offer appropriate training for line managers across the Trust in line with our legal duties to comply with the Equality Act 2010. We will also be reviewing and implementing appropriate actions from the EOE (East of England - Region) Anti-racism Strategy, to assist us in tackling all discriminatory behaviours based on this strategy framework.

Indicator 8: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



The percentage of staff with long-term condition (LTC) or illness reporting incidents of their experience, had been significantly higher in 2022 than 2021. Although the gap between the two groups within our Trust have reduced in 2023, the overall data for our Trust remains higher than national averages for both groups.

Further analysis of the data in the Staff Survey 2023 shows the following:

| Staff Reporting incidents (total respondents) | 2021 | 2022 | 2023 |
|---|------------------------------|-----------|-----------|
| Staff who have an LTC | 127 (53% of total reporting) | 204 (56%) | 163 (57%) |
| Staff who do not have an LTC | 347 (45% of total reporting) | 512(52%) | 466 (54%) |

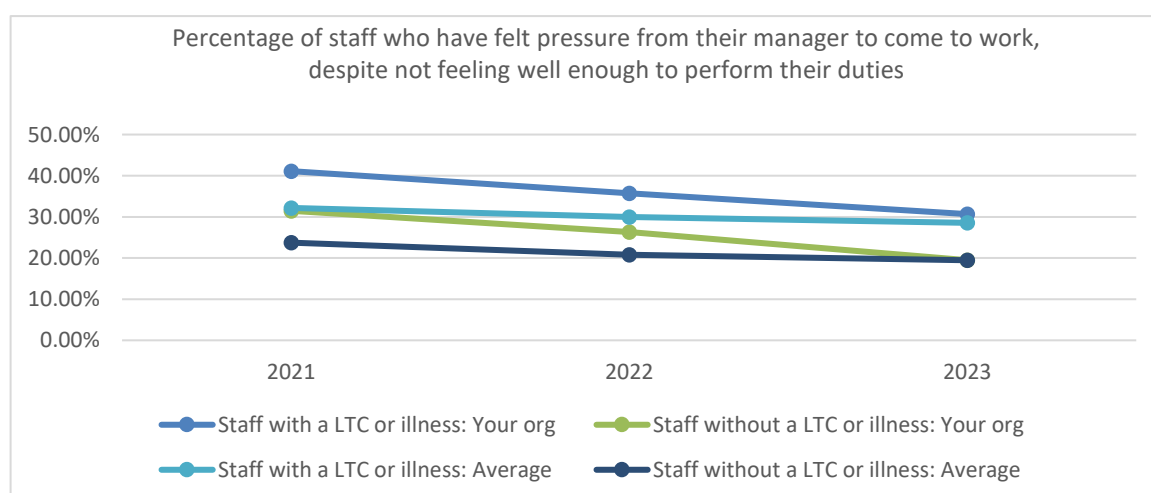
With the volume of incidents being reported we need to review the evidence and action taken to address staff concerns and their experience.

Indicator 9: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



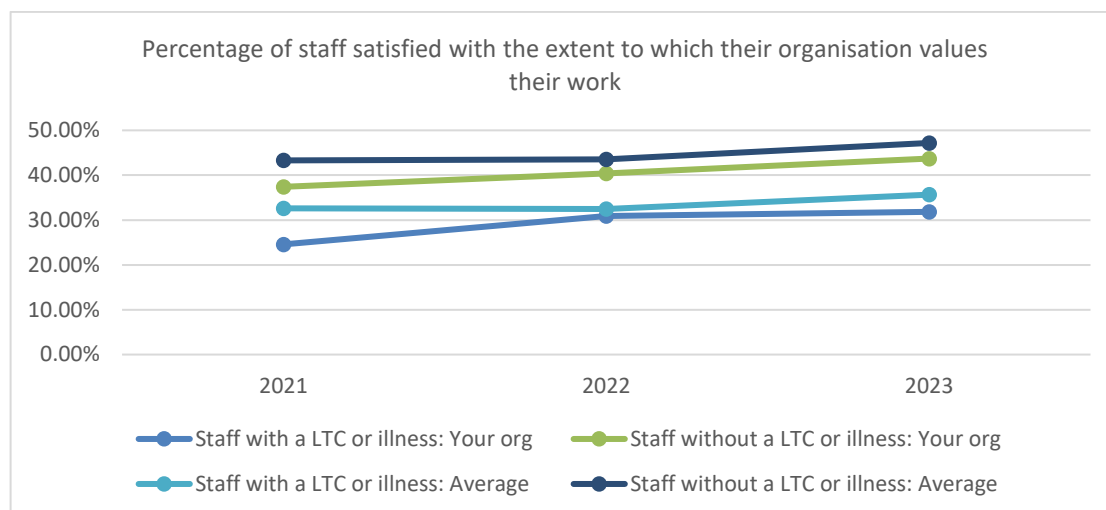
The percentage of staff within the Trust with an LTC or illness, is significantly lower than those without an LTC and the national average. This is a positive outcome for the Trust.

Indicator 10: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



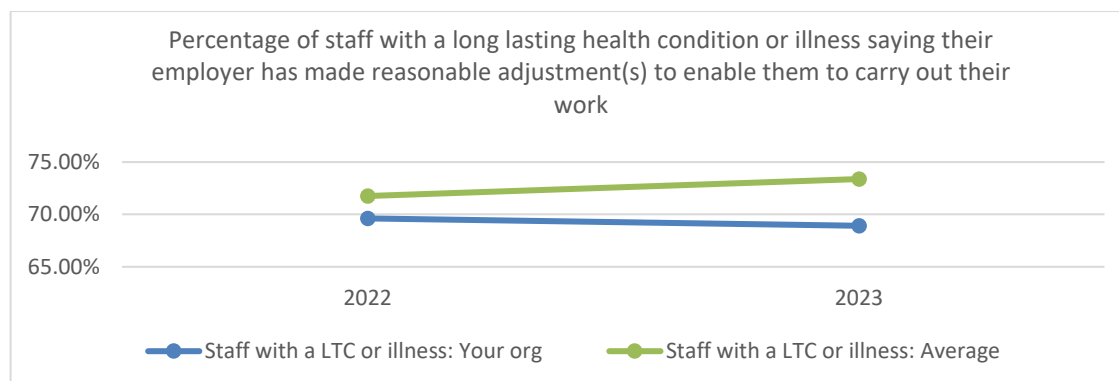
There has been a continued reduction for staff with an LTC. This is a positive outcome for staff with an LTC in our Trust. WE believe a big contributor to this fact is the comprehensive support the Trust has in terms of Occupational Health support and Here4You (psychological support).

Indicator 11: Percentage of staff satisfied with the extent to which their organisation values their work.



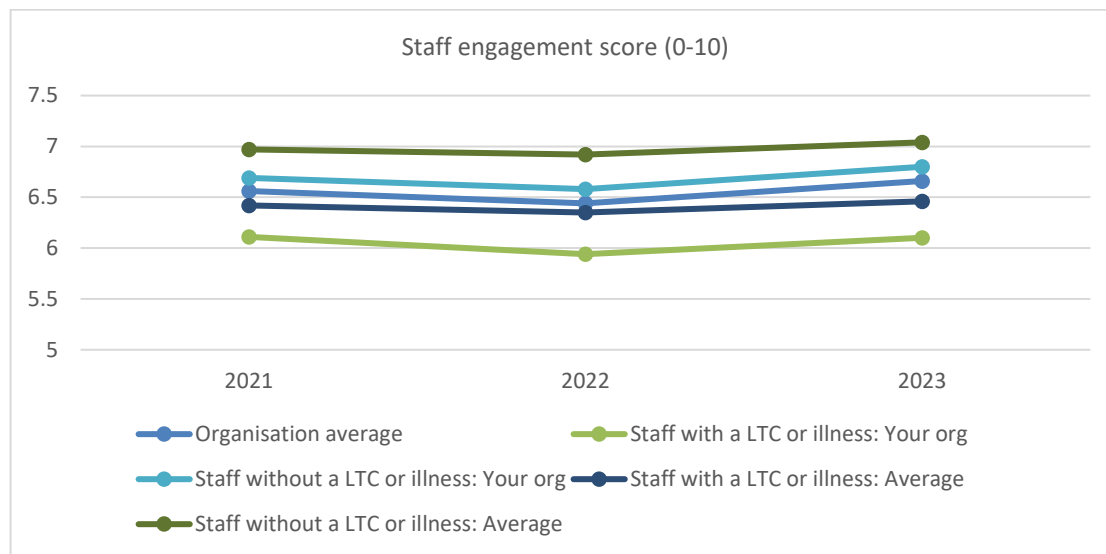
In relation to staff with LTC, whilst there is a slight increase in their satisfaction in the last year, their responses have been consistently below the national and Trust average.

Indicator 12: 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.



In 2022 the data shows that 69.6% of staff with a long-lasting health condition felt their employer made reasonable adjustments compared with the average of 71.66%. In 2023 this reduced to 68.92 whilst the national average went up to 73.38. We will need to continue to review on how we are promoting our legal responsibility to make reasonable adjustments and understand the reasons on why either manager are not acting on it or staff have the perceptions that this is not being done.

Indicator 13: Staff engagement score (0-10)



The data clearly shows that for all our staff we are below the national average. And for our disable staff we are even lower. We are gong back to the drawing board as we know engagement encompasses everything, from recruitment, to day-to-day up to the point of exit. We are developing a new People Strategy and one of the main point son that is to do everything with Equality, diversity and inclusion on the centre of it. This policy will be finalised in 2024 and we will be making a concerted effort to support this indicator to improve.

4:0 Actions for 2024/25:

It is important that we sign up to the recommended actions below and agree the timescales.

| Ref | Indicator | Actions | Lead | Timescale |
|-----|----------------|--|--|----------------|
| 1 | 1,2,4,13 | Debias recruitment NHS programme to be implemented in line with the NHS EDI High impact actions – attraction, recruitment and retention. | Head of People – Recruitment and Retention | February 2025 |
| 2 | 2,3,9,10,12,13 | EDI training covering disability awareness and our responsibilities in implementing reasonable adjustments in line with the Equality act, to be rolled out across the Trust. | Head of EDI | September 2025 |
| 3 | 5,6,7,8,13 | Review existing measures and strengthen our policies in regards to tackling bullying and harassment. | Head of EDI & Head People - Business Partners | December 2024 |
| 4 | 6,8,13 | Set up a system for the annual monitoring and recording of all bullying, harassment and abuse incidents and complaints (staff on staff) with a record of outcomes. | Head of People – Business Partners & Head of EDI | February 2025 |
| 5 | 10,11,12,13 | Review the sickness policy to ensure it sufficiently supports staff and addresses reasonable adjustments | Head of People – Business Partners | December 2024 |
| 6 | 13 | Through our membership with Business Disability Forum conduct an audit of policies, practices and processes to measure the impact and make improvements for staff with disabilities in the workplace | Head of EDI | March 2025 |
| 7 | 9 | Deep dive and spot checks on non-mandatory training and CPD process and policy | Head of OD & Head of EDI | Ongoing 2025 |