

NNUH Workforce Disability Equality Standard (WDES) Reporting 2024



Introduction

- ▶ Research and evidence suggest that less favourable treatment of disabled staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients.
- ▶ The NHS Workforce Disability Equality Standard (WDES), introduced in 2019, seeks to prompt inquiry to better understand why it is that disabled staff receive poorer treatment than non-disabled staff in the workplace and to facilitate the closing of these gaps.
- ▶ Data has been directly compared to 2022 and 2023 data providing a clear picture on the indicators that the trust is performing well and those that require our focus in the year ahead.

Summary of Findings...

(Metrics 1 – 10)



Metric 1: Percentage of Disabled staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

Key findings

- ▶ 4.87% of colleagues have disclosed they have a disability and 56.25% of colleagues have disclosed that they do not have disability however 28% of colleagues disclosed they had a disability or long-term health condition within the 2023 NHS Staff Survey
- ▶ 38.88% of colleagues have an unknown disability status on ESR which is 10% less than last year.

Actions over the last 12 months?

- ▶ We continue to encourage colleagues to update their ESR record within regular communication bulletins and within our Diverse Ability Network. A step-by-step instruction leaflet has been developed to support colleagues to do this using ESR self-serve.
- ▶ Since launching the Diversity, Inclusion and Belonging Strategy late last year, we have committed to improving disability declaration status by working with local divisions and Diverse Ability network to find the barriers colleagues are facing and identify resolutions together.

Metric 2: Relative Likelihood of staff being appointed from shortlisting across all posts.

	2023			2024		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
Number of shortlisted applicants	884	8,121	645	910	8446	828
Number appointed from shortlisting	144	1,734	186	167	1917	317
Relative likelihood of appointment from shortlisting	0.16%	0.21%	0.28%	0.18%	0.23%	0.38%
Relative likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff	1.16			1.24		

Metric 3: Relative Likelihood of staff entering the formal capability process

	2023			2024		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
Average number of staff entering the formal capability process over the last 2 years	0	0	3	1.5	2	5
Likelihood of staff entering the formal capability process	0.00	0.00	0.00	0.00	0.00	0.00
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	0.00			8.65		

- Whilst the relative likelihood has increased and should continue to be monitored in the following years, the increase can mostly be explained simply by the relative reduction of staff members opting for an 'unknown' disability status rather than necessarily being reflective of any bias in the process. The NHS England average relative likelihood of disabled staff entering capability compared to non-disabled staff is 2.17.

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

- Patients/service users, their relatives or other members of the public
 - Managers
 - Other colleagues

	2023		2024	
	Disabled	Non-Disabled	Disabled	Non-Disabled
Patients	38.9%	31.8%	33.5%	25.6%
Managers	18.5%	13.0%	15.0%	11.0%
Other Colleagues	31.8%	21.9%	28.6%	19.3%

- The number of both disabled and non-disabled staff who have experienced harassment, bullying and abuse from patients, managers and colleagues has decreased this year. The rate of decrease is roughly equivalent for both disabled and non-disabled staff, although disabled staff are still significantly more likely to experience these behaviours overall.

What is Metric 4 really telling us and how have we been addressing this in the last 12 months?



- ▶ Last year we launched our No Excuse for Abuse campaign as well as our withdrawal of patient care protocol. With such initiatives it is hoped more of our colleagues will report such behaviours via our Datix reporting system so that we can closely monitor and reflect on actions taken. We also promote our Freedom to Speak Up Service through our staff networks and health and wellbeing resources.
- ▶ Whilst our staff survey results are encouraging, having listened to staff feedback we recognise we still need to do more. As part of our People Promise plans we will expand our package of support through providing additional guidance on what to do where staff are faced with this situation as well as educational resources for patients to recognise that such behaviours are not tolerated.
- ▶ The Trust has now delivered multiple sessions of active bystander training to teams who have reported experiences of micro aggressions and inappropriate behaviours. With this training it is hoped colleagues can identify and challenge inappropriate behaviours as a victim of such behaviours or as a witness.
- ▶ As part of our Diversity, Inclusion and Belonging Strategy we launched a Civility and Respect framework In April 2024 to deal with issues and help us embed a just and learning culture.

Metric 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

2023		2024	
Disabled	Non-Disabled	Disabled	Non-Disabled
48.7%	54.2%	47.7%	55.3%

- ▶ The percentage of disabled staff believing that the Trust offers equal opportunities for career progression or promotion has slightly fallen over the last year, whilst the percentage of non-disabled staff believing this has slightly grown.
- ▶ This may be because, whilst we have created and promoted new frameworks like the Health and Wellbeing passport to support disabled staff, non-disabled staff members may be more likely to perceive them as effective. Disabled staff have given feedback that while these measures are positive in themselves, they still face barriers such as the level of uptake being dependent on individual managers and their level of disability awareness.

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

2023		2024	
Disabled	Non-Disabled	Disabled	Non-Disabled
28.9%	20.6%	28.3%	19.5%

- ▶ The number of both disabled and non-disabled staff reporting this has fallen slightly, but the decrease is smaller for disabled staff.
- ▶ We are really proud of our Attendance Policy which is a people focused approach to managing sickness and attendance. The policy adopts our ‘Know Your Staff’ principles; our compassionate and just approach to people management. We recognise that staff want to be at work and we celebrate this.
- ▶ We encourage colleagues to use the Health and Wellbeing Passport which allows them to form a bespoke approach based on their individual needs.

Metric 7: Percentage of staff satisfied with the extent to which their organisation valued their work

2023		2024	
Disabled	Non-Disabled	Disabled	Non-Disabled
24.1%	32.9%	28.6%	38.0%

- ▶ This has increased for both disabled and non-disabled staff.
- ▶ This follows our promotion of 'Know your staff Principles' which encourage managers to understand and celebrate the work of their teams and increased recognition through the 'thank a colleague' programme and our 'Awards for reward' section on our intranet on the Beat.

2023	2024
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74.0%	76.4%
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Metric 8: Percentage of disabled staff who said their employer has made adequate adjustments to enable them to carry out their work

- ▶ These figures have increased within our trust and have consistently been above the NHS England average (73.4%) but fall slightly short of our WDES Action Plan target of 80%.
- ▶ We have created a 'Health and Wellbeing Passport' that staff can access at all stages of their journey with or without a disability or long-term health condition diagnosis and discuss a range of reasonable adjustment options, including informal adjustments, with their line manager.
- ▶ We are aware, however, that we need to improve the process of requesting formal reasonable adjustments through the Access to Work scheme in order to maintain our high numbers of staff who say they have been given adequate adjustments to enable them to carry out their work. To this end, we have been working to clarify the information available to staff and managers and streamline the procurement process for equipment adjustments.

Metric 9: Staff engagement score

2023		2024	
Disabled	Non-Disabled	Disabled	Non-Disabled
5.8	6.2	6.0	6.5

- ▶ The Trust staff survey engagement statistics have improved overall including our WDES score.
- ▶ The Trust has a Diverse Ability Staff Network which meets on a bi-monthly basis. Agenda items are suggested by members of the group and have supported actions such as updating our Health and wellbeing Passport template.
- ▶ We also have a Staff Council which looks at staff survey priority actions and longer-term improvement plan. Members are informed about progress, and are consulted on changes and – vitally - they engage with colleagues to ensure we receive representative feedback that we can use to shape our actions.

Metric 10: Percentage difference between the organisation's Board voting membership and its overall workforce.

2023				2024		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
Total Board Members	0	2	13	0	3	13
Difference (Total Board – Overall Workforce)	-3%	-36%	39%	-5%	-38%	42%

- ▶ Only 3 Board members have disclosed their disability status on ESR whilst the remaining 13 are unknown.
- ▶ The Trust's new Diversity, Inclusion and Belonging Strategy will commit to embedding inclusive leadership and part of this work will be to encourage our Board members to share their disability declaration status so that they can role model best practice.
- ▶ The Diversity, Inclusion and Belonging Strategy also aims to appoint Board Champions for each of our staff network groups.



Our hospital for all