



Derbyshire Healthcare
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) Annual Report 2022/23

October 2023

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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 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”. 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, and perceptions of fairness in career progression. The remaining metric refers to whether the voices of disabled staff are heard within the organisation.

Numerical data¹ gleaned 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 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.

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 2011 census, data shows the percentage of people indicating that their day-to-day activities were limited by a long-standing illness. In Derby City, the figure was 18.5% and in Derbyshire County, the figure was 20.4%. 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 disability².

A snapshot of data taken on 31 March 2023 shows the total number of staff employed by Derbyshire Healthcare was 3072. Of these, 273 identified as disabled, 2270 identified as non-disabled. There was no data recorded for 529 members of staff. The recorded proportion of disabled staff over time is as follows:

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

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 2022 and 2023 are shown in the following table. The headcount figure (in black) is the total headcount. The percentage figure (in blue) 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.

² [UK disability statistics: Prevalence and life experiences - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-and-briefings/2022/02/22/uk-disability-statistics-prevalence-and-life-experiences/)

Non-Clinical

Pay Band	2022			2023		
	Disabled # (%)	Non- disabled # (%)	Unknown # (%)	Disabled # (%)	Non- disabled # (%)	Unknown # (%)
Cluster 1 Bands <1 to 4	34 (7%)	377 (73%)	109 (21%)	45 (8%)	402 (73%)	104 (19%)
Cluster 2 Bands 5 to 7	11 (7%)	125 (78%)	25 (16%)	19 (11%)	132 (76%)	22 (13%)
Cluster 3 Bands 8a to 8b	2 (7%)	17 (57%)	11 (37%)	6 (18%)	19 (58%)	8 (24%)
Cluster 4 Bands 8c to 9 and VSM ³	3 (10%)	23 (73%)	5 (17%)	1 (4%)	21 (84%)	3 (12%)

Clinical

Pay Band	2022			2023		
	Disabled # (%)	Non- disabled # (%)	Unknown # (%)	Disabled # (%)	Non- disabled # (%)	Unknown # (%)
Cluster 1 Bands <1 to 4	30 (6%)	377 (69%)	123 (25%)	41 (8%)	372 (72%)	105 (20%)
Cluster 2 Bands 5 to 7	102 (8%)	1005 (74%)	254 (19%)	140 (10%)	1091 (75%)	219 (15%)
Cluster 3 Bands 8a to 8b	8 (6%)	101 (80%)	18 (14%)	13 (9%)	112 (79%)	16 (11%)
Cluster 4 Bands 8c to 9 and VSM	1 (5%)	15 (75%)	4 (20%)	1 (4%)	20 (87%)	2 (9%)
Cluster 5 Medical and Dental Staff- Consultants	3 (4%)	47 (60%)	28 (36%)	5 (6%)	52 (64%)	24 (30%)
Cluster 6 Medical and Dental Non- consultant career grade	0 (0%)	19 (60%)	13 (41%)	1 (3%)	22 (58%)	15 (39%)
Cluster 7 Medical & Dental Trainees	0 (0%)	17 (57%)	13 (43%)	1 (3%)	27 (69%)	11 (28%)

³ Very Senior Manager

The number of unknowns has reduced within every cluster 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 figure 1. A figure of 2 would be that a candidate is twice as likely to be appointed. In Indicator 2, a figure 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
Indicator 2	2.88	1.40	1.05	1.05	1.04	1.17

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. 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.

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
Indicator 3	Unavailable	0.0	0.0	0.0	0.0	0.0
Average Headcount Disabled	Unavailable	0	0	0	0	0.5
Non-disabled		0	0	0	0.5	1.5

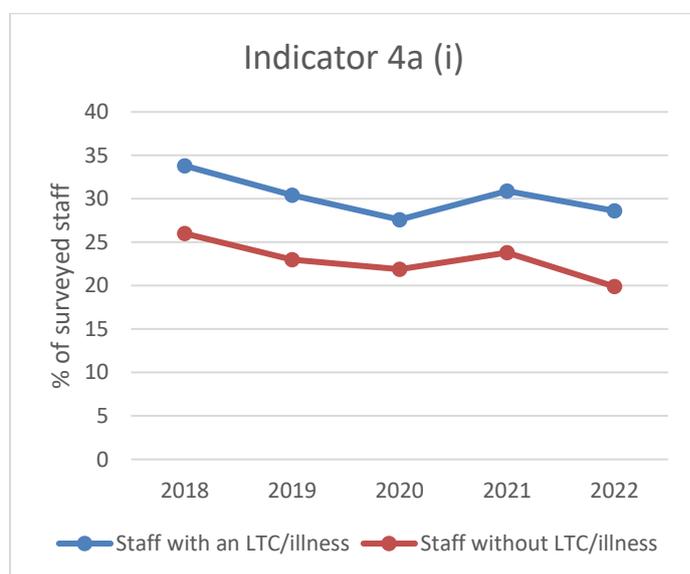
Given the very low number of formal capability cases overall, this Indicator offers limited insight into the comparative experiences of disabled and non-disabled staff when there are performance concerns.

Indicators 4a to 9b

Data for the following Indicators are taken from the staff survey⁴ and do not include figures for 2023 as those results will be published in 2024. The data from the staff survey refers to staff who indicate they have a “long-term condition or illness” rather than a disability. This is due to the staff survey and ESR collecting information in a different way. Long-term condition is referred to as LTC below. A benchmarking report compares Derbyshire Healthcare to other Mental Health and Learning Disability Trusts (51 organisations are in the benchmarking group).

Indicator 4a (i)

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



In 2022, the percentage of staff with an LTC was 28.6% compared to 19.9% of staff without an LTC. The figure for both groups has fallen steadily and show a downward trend.

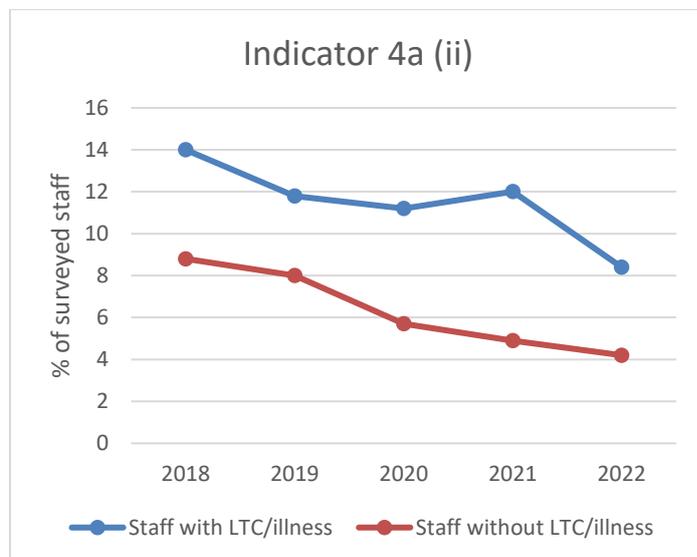
Out of the respondents to the staff survey (48% of the total) 126 staff with an LTC reported positively to this question and 187 staff without an LTC.

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

⁴ The full data set is available here: [NHS Staff Survey Benchmark report 2022 \(nhsstaffsurveys.com\)](https://www.nhs.uk/staff-survey-benchmark-report-2022)

Indicator 4a (ii)

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



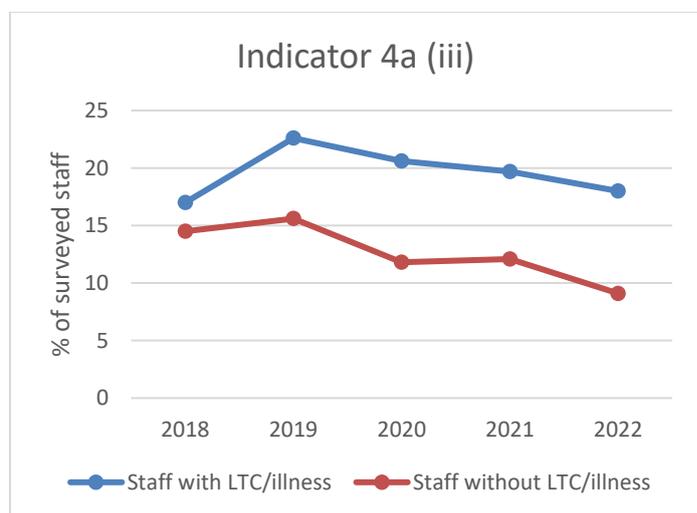
In 2022, the percentage of staff with an LTC was 8.4% compared to 4.2% of staff without an LTC. The figure for both groups has fallen steadily and show a downward trend.

Out of the respondents to the staff survey (48% of the total) 36 staff with an LTC reported positively to this question and 39 staff without an LTC.

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

Indicator 4a (iii)

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



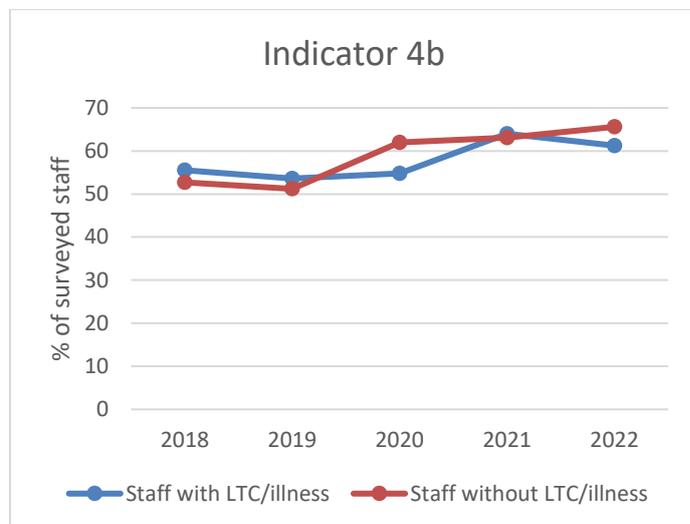
In 2022, the percentage of staff with an LTC was 18% compared to 9.1% of staff without an LTC. The figure for staff with an LTC has slightly increased over time which contrast with a downward trend for staff without an LTC.

Out of the respondents to the staff survey (48% of the total) 79 staff with an LTC reported positively to this question and 84 staff without an LTC.

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

Indicator 4b

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



In 2022, the percentage of staff with an LTC was 61.2% compared to 65.6% of staff without an LTC. The figure for both groups has risen steadily and show an upward trend.

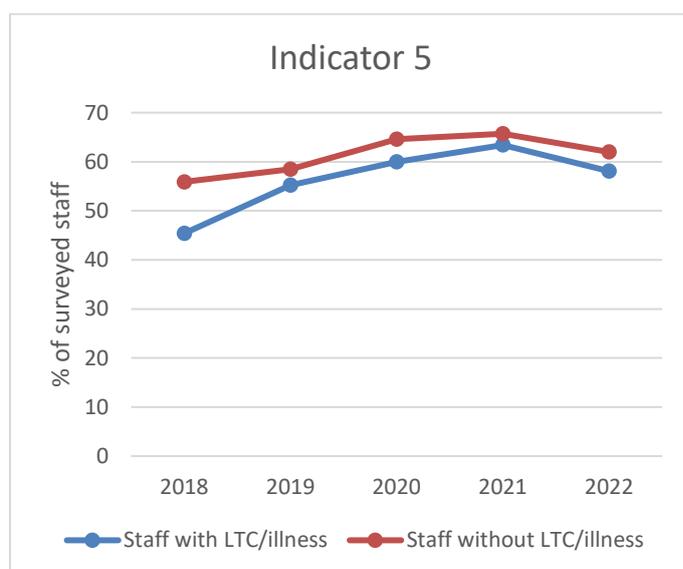
Out of the respondents to the staff survey (48% of the total) 93 staff with an LTC reported positively to this question and 148 staff without an LTC.

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

In Indicators 4a (i-iii), show that 241 respondents with an LTC reported being bullied, harassed, or abused but out of these, only 152 responded to question 4b so the data in 4b should be read with caution.

Indicator 5

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

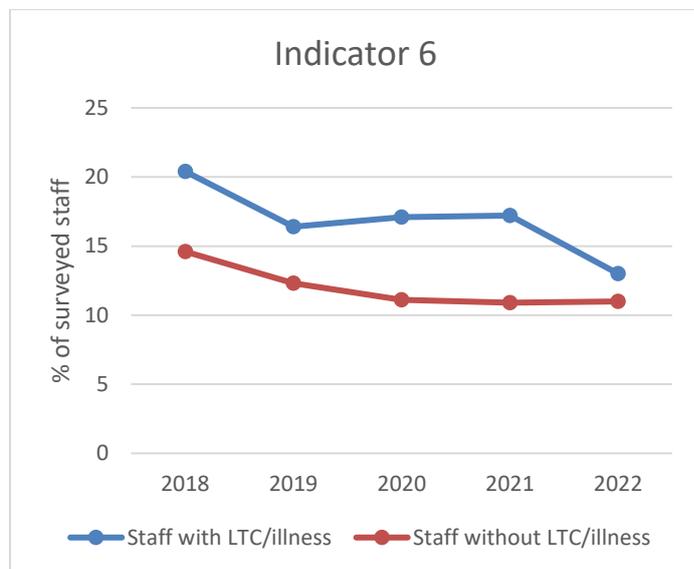


In 2022, the percentage of staff with an LTC was 58.1% compared to 62.0% of staff without an LTC. The figure for both groups has risen steadily and show an upward trend.

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

Indicator 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.

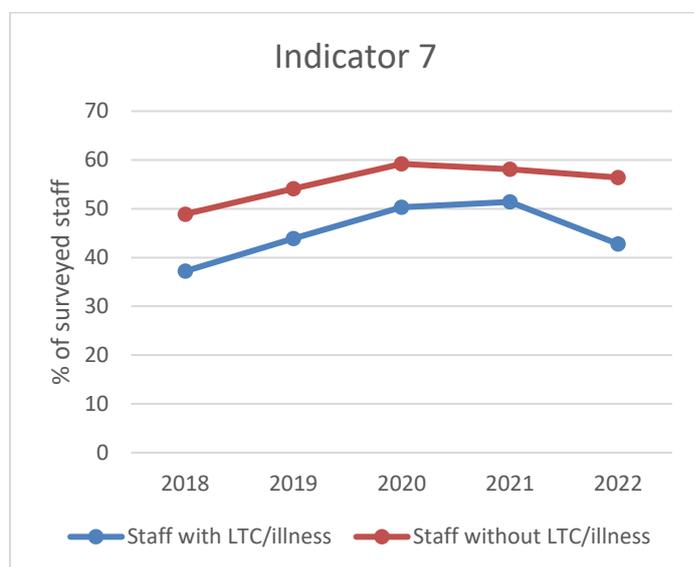


In 2022, the percentage of staff with an LTC was 13.0% compared to 11.0% of staff without an LTC. The figure for both groups have reduced steadily and are reaching parity in a downward trend.

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

Indicator 7

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



In 2022, the percentage of staff with an LTC was 42.8% compared to 56.4% of staff without an LTC. The figure for both groups had risen steadily in an upward trend. However, this has reduced significantly for staff with an LTC. Future data will show whether this is an outlier or a more concerning downward trend. The recent downward trend is not shown in the benchmarking group.

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

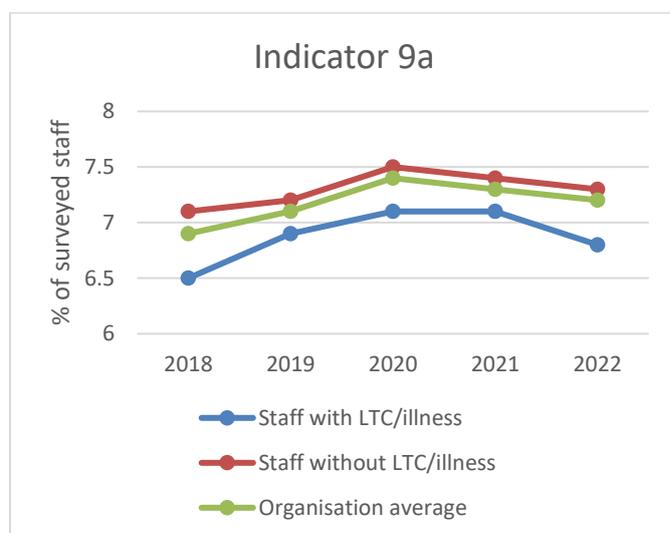
Indicator 8

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 are that 86.1% of staff with an LTC or illness felt that had reasonable adjustments had been made. This compared to a benchmarked figure of 78.8%.

Indicator 9a

Staff engagement score for disabled staff, compared to non-disabled staff.



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 2023, the percentage difference between the organisation's Board voting membership and its

organisation's overall workforce is 9.29 % (18.18% of Board voting membership declared a disability compared to 8.89% of overall workforce).

Conclusions

The WDES provides NHS trusts with a series of quantitative measures which demonstrate race 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 each cluster group. 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. On a positive note, many of the indicators are showing improvements over time although there are some instances of widening disparity.

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

The Action Plan in the 2022 WDES Report was written in consultation with a broad group of colleagues including members of our DAWN staff network. Some of the actions have been completed and others are in progress. The actions relating to culture change are necessarily multi-year actions.

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. The group brings together colleagues in key corporate roles, with staff networks and representatives. In June 2023, NHS England published its EDI Improvement Plan⁵ with six high impact actions, some of which are aligned to the WDES objectives below. The Trust is also undertaking a wide-ranging and comprehensive review into its organisational culture of which WDES will be an integral part.

⁵ [NHS equality, diversity, and inclusion improvement plan \(england.nhs.uk\)](https://www.england.nhs.uk/equality-diversity-and-inclusion-improvement-plan/)

Action Area	Activities	Who	When	Status
		The EDI Steering Committee will be sighted on all actions and review progress at quarterly meetings.		
Bullying, Harassment, Abuse & Discrimination	Audit of employee relations cases and training for investigations and complaint handling.	Chief Executive Officer with delegated responsibility to be confirmed. Employee Relations Manager	2023/4	To be commenced.
	Redesign EDI Essentials Training to clearly state what behaviour consists of, how to prevent it, and manage it when it occurs.	EDI Team	March 2024	To be commenced.
	Candidates put forward for the Active Bystander Train-the-Trainer programme.	EDI Team and others (in progress).	October 2023	To be commenced.
Inclusive Recruitment	Broader project including implementing culturally intelligent approaches.	Strategic Recruitment Lead	Ongoing and to continue in 2024.	Ongoing.
	Redesign and roll-out of recruitment and selection training with emphasis on reasonable adjustments.			
Progression and Promotion	Review of Recruitment Inclusion Guardians	Head of EDI Strategic Recruitment Lead	March 2024	To be commenced.
	New policy on Disability Leave and Reasonable Adjustments. Centralised reasonable	Head of EDI	March 2024	In progress

	adjustments budget and process.			
Culture of Inclusion and Belonging	Wide-ranging review of Trust organisational culture to be co-designed with stakeholders across the Trust and tender process for external partner.	Chief Executive Officer with external partner and delegated authority to be confirmed.	2024	To undergo tendering process.