

## 2021-22 Workforce Disability Equality Standard Annual Report and 2022-23 WDES Action Plan

### Introduction

The WDES (Workforce Disability Equality Standard) is a national annual reporting scheme, which TRFT is required to comply with. It uses defined indicators to measure the experience of Disabled staff against Non-disabled staff, drawing on data from ESR, NHS Jobs and the National Staff Survey. ESR (Electronic Staff Record) and NHS Jobs data is for the period 1 April 2021 to 31 March 2022, with snapshot data as at 31 March 2022. Staff Survey data is from the 2021 Staff Survey. Trusts are required to use this data to develop action plans aimed at decreasing the gap in experience between Disabled and non-disabled staff.

Whilst only 4.3% of the Trust's staff have declared a disability on ESR (an increase from 3.8% last year), approximately 20% of staff survey respondents answered "yes" to the question: "Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?" Although the staff survey question is not entirely analogous to the Equality Act definition of disability, as it does not ask about impact on daily life, the staff survey results are suggestive of continued significant under-reporting of disability via ESR, which is replicated nationally.

Throughout this report, where improvements or declines in performance are mentioned, these refer to comparisons between this year's data and last year's data.

Further data on the Trust's workforce, local population and patients is available in our annual equality and diversity report. At the 2011 census, 21.99% of the Rotherham population was disabled. The definition used in the census is: "a person is considered to have a disability if they have a self-reported long-standing illness, condition or impairment that causes difficulty with day-to-day activities". This is consistent with the definition in the Equality Act. The most recent estimates are that approximately 21% of the working age population in the UK is disabled.

The National WDES report contains analysis of WDES data across provider Trusts in England. Nationally, in 2021, 3.7% of the NHS workforce had declared a disability in 2021.

Care should be taken when interpreting this data due to the high number of staff who have a disability status of "unknown/NULL". There are several potential reasons for this:

- They may have been recruited prior to this question being asked, and never updated this aspect of their ESR record
- They may have been recruited outside of NHS Jobs (this is relatively common for medical and dental staff and for overseas recruitment) and not have completed an equal opportunities monitoring form

- They may have chosen not to answer or ticked “prefer not to say” – potentially due to fear of discrimination in recruitment and/or employment.

As part of ongoing work to improve data quality in ESR, some data cleansing work is currently being undertaken by recruitment teams. Once this has been completed, the Head of Equality, Diversity and Inclusion will be personally writing to all staff with “Unknown/NULL” status recorded for any protected characteristic to encourage them to update their ESR record.

Additionally, as levels of disability increase with age, it is likely that some staff recorded on ESR as non-disabled may have developed a Disability during their employment with the Trust.

### **The WDES Indicators**

These are the indicators that the Trust is required to report against:

1. Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to that of Disabled staff being appointed from shortlisting across all posts
3. Relative likelihood of Disabled staff entering the formal capability process, compared to that of non-disabled staff entering the formal capability process, as measured by entry into a formal capability process
4. A)
  - i) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
  - ii) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months
  - iii) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months
  - b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5. Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9. a) The staff engagement score for Disabled staff, compared to non-disabled staff.  
b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)
- 10 Percentage difference between the organisations' board membership and its overall workforce disaggregated: by voting membership and executive membership of the board

## This year's data

- 1) Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

## Workforce Profile

Clinical / Non Clinical	Band / VSM / NED / M&D Breakdown	Disabled	Non-disabled	Unknown/ Null	Total	% Disabled
1a) Non Clinical	Under Band 1		9		9	0.0%
	Bands 1		5	2	7	0.0%
	Bands 2	25	378	68	471	5.3%
	Bands 3	12	215	28	255	4.7%
	Bands 4	5	115	20	140	3.6%
	Bands 5	5	81	7	93	5.4%
	Bands 6	2	71	8	81	2.5%
	Bands 7	4	52	3	59	6.8%
	Bands 8a	4	47	3	54	7.4%
	Bands 8b		15		15	0.0%
	Bands 8c	1	7		8	12.5%
	Bands 8d		6		6	0.0%
	Bands 9		7		7	0.0%
	VSM		10	2	12	0.0%
1b) Clinical	Under Band 1	1	6		7	14.3%
	Bands 2	20	520	59	599	3.3%
	Bands 3	10	309	32	351	2.8%
	Bands 4	4	162	14	180	2.2%
	Bands 5	34	689	47	770	4.4%
	Bands 6	50	667	78	795	6.3%
	Bands 7	17	321	39	377	4.5%
	Bands 8a	5	153	27	185	2.7%
	Bands 8b	3	29	2	34	8.8%
	Bands 8c		10	2	12	0.0%
	Bands 8d	1	8		9	11.1%
	Bands 9		1		1	0.0%
	M&D Consultants	3	139	30	172	1.7%
	M&D trainee grades	4	111	19	134	3.0%
	M&D Non-Consultant career grade	3	88	19	110	2.7%
	Other (e.g. Bank or Agency)		2	2	4	0.0%
	VSM		2	1	3	0.0%
<b>Totals</b>		<b>213</b>	<b>4235</b>	<b>512</b>	<b>4960</b>	<b>4.3%</b>

As stated in the introduction section, work will continue to understand the high number of colleagues who have not declared a disability (including data cleansing and surveying staff whose status is unknown). Due to the relatively small numbers of staff who have declared a disability, it is generally easier to analyse this data utilising the banding clusters used within the WDES reporting template, as below.

### Workforce profile by cluster

Staff type	Band / VSM / NED / M&D Breakdown	% Disabled	% Non-Disabled	%Unknown	Total
<b>Non-Clinical</b>	Cluster 1: AfC Bands <1 to 4	4.8%	81.9%	13.4%	882
	Cluster 2: AfC bands 5 to 7	4.7%	87.6%	7.7%	233
	Cluster 3: AfC bands 8a and 8b	5.8%	89.9%	4.3%	69
	Cluster 4: AfC bands 8c to VSM	3.0%	90.9%	6.1%	33
	<b>Total Non-Clinical</b>	<b>4.8%</b>	<b>83.6%</b>	<b>11.6%</b>	<b>1217</b>
<b>Clinical</b>	Cluster 1: AfC Bands <1 to 4	3.1%	87.7%	9.2%	1137
	Cluster 2: AfC bands 5 to 7	5.2%	86.4%	8.4%	1942
	Cluster 3: AfC bands 8a and 8b	3.7%	83.1%	13.2%	219
	Cluster 4: AfC bands 8c to VSM	4.0%	84.0%	12.0%	25
	<b>Total Clinical</b>	<b>4.4%</b>	<b>86.5%</b>	<b>9.1%</b>	<b>3327</b>
<b>Medical and Dental</b>	M&D- Consultants	1.7%	80.8%	17.4%	172
	M&D- Non-Consultant career grade	2.7%	80.0%	17.3%	110
	M&D- trainee grades	3.0%	82.8%	14.2%	134
	<b>Total Medical and Dental</b>	<b>2.4%</b>	<b>81.3%</b>	<b>16.3%</b>	<b>416</b>
<b>Totals</b>	<b>Number of staff in workforce</b>	<b>4.3%</b>	<b>85.4%</b>	<b>10.3%</b>	<b>4960</b>

Other than at the most senior levels of the Trust, staff who have declared a disability are generally proportionally represented within our non-medical workforce, and this has improved over the last year. There has been a significant increase in declaration rates amongst Medical and Dental staff over the last year, however they are still far lower than the rest of the Trust, and with a higher rate of “unknowns”. Part of the explanation for this, as stated above, is that some recruitment for Medical and Dental staff takes place outside of the NHS jobs recruitment service, this means that there is sometimes incomplete data collection for this staff group. We will strengthen our data collection for recruitment done outside of NHS Jobs.

The rate of unknowns across the Trust has decreased from 12.2% to 10.3% over the last year.

The Trust continues to have no Board members with a declared disability.

2) Relative likelihood of non-disabled staff being appointed from shortlisting compared to that of Disabled staff being appointed from shortlisting across all posts

The Trust offers a guaranteed interview scheme and is a Disability Confident Employer. In 2021-22, the Trust shortlisted 270 disabled candidates, and 30 disabled people were appointed to roles within the Trust.

The relative likelihood of non-disabled candidates being appointed from shortlisting compared to that of Disabled candidates being appointed from shortlisting was 1.34 – i.e. non-disabled candidates were 1.34 times more likely than Disabled candidates to be appointed once shortlisted. This has declined from 0.98 (i.e. a position where there was no statistically significant difference in likelihood).

The 30 disabled people appointed to roles within the Trust in 2021-22 represent only 3.6% of total new hires.

**New hires by disability status**

Division	Disabled	Non-disabled	Unknown/Null	% of new hires who are Disabled
Clinical Support Services L3	4	92	6	3.92%
165 Community Services L3	6	111	4	4.96%
165 Corporate Operations L3	6	57	6	8.70%
165 Corporate Services L3	4	46	23	5.48%
165 Emergency Care L3	2	19	8	6.90%
165 Family Health L3	5	78	12	5.26%
165 Medicine L3	3	145	25	1.73%
165 Surgery L3		137	33	0.00%
Grand Total	30	685	117	3.61%

3) Relative likelihood of Disabled staff entering the formal capability process, compared to that of non-disabled staff entering the formal capability process, as measured by entry into a formal capability process

The Trust conducts very few formal capability processes. During 2020-22 (this metric is based on a 2-year rolling average), a total of 12 staff entered formal capability processes for reasons not related to health. Of these, 9 were non-disabled, 2 had not stated whether or not they had a disability and one was disabled.

The relative likelihood of Disabled staff entering the formal capability process, compared to that of non-disabled staff entering the formal capability process was therefore 2.21 – i.e. Disabled staff were 2.21 times more likely to enter the formal capability process than non-disabled staff (however, this data should be treated with caution due to the very low numbers involved).

This metric has improved slightly since last year.

#### 4) Harassment, bullying and abuse

Data in this section is taken from the Trust's 2021 staff survey results.

##### Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

29.8.% of Disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (non-disabled 22.0%). This metric has improved slightly for both Disabled and non-disabled staff for the second year running.

The Trust regularly runs social media campaigns around respecting its staff, using a video featuring the Chief Executive, and explicitly referring to all of the protected characteristics. There are also a number of ways for staff (and patients and visitors) to report harassment and discrimination, including an anonymous reporting option. The Trust has recently become a Community Reporting Centre for hate crime and hate incidents, working in partnership with South Yorkshire Police.

##### Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months:

10.6% of Disabled staff reported experiencing harassment, bullying or abuse from managers in the last 12 months (non-disabled 7.1%). This metric has improved for both Disabled and non-disabled staff for the second year running. Since 2019, the gap in experience between Disabled and non-disabled staff has shrunk from 9.3 percentage points to 3.5 percentage points.

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

21.1% of Disabled staff reported experiencing harassment, bullying or abuse from other colleagues in last 12 months (12.7 non-disabled). This metric has remained roughly stable for both groups and is a cause for concern regarding the experience of all of our staff but particularly disabled colleagues.

In addition to the measures mentioned earlier in this report, the Trust launched a behavioural framework in 2021, aimed at supporting improved behaviour and civility across the Trust. The framework has now been incorporated into appraisals, has been publicised via lunchtime lectures, team brief etc and sessions are available to

support teams in exploring the framework and developing and embedding behavioural charters within their own teams. These sessions include a focus on the differential experience of Disabled and other minoritised staff. This is an ongoing, long-term project.

Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

46.6% of Disabled staff said that they or a colleague had reported their last experience of harassment, bullying or abuse at work (non-disabled 49.1%). This metric has deteriorated slightly in relation to disabled colleagues, whilst improving for non-disabled colleagues.

The Trust is performing better than the national benchmark in all of the experience of harassment bullying and abuse WDES metrics, and slightly worse than the benchmark for reporting.

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

51.8% of Disabled staff who responded to the staff survey said that they believed the Trust provided equal opportunities for career progression (61.5% non-disabled). This metric has remained roughly stable for both groups, however there is still a significant gap in experience between the two groups.

6) Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

37.1% of Disabled respondents to the staff survey said that they had felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (non-disabled 24.9%). This metric has deteriorated for both groups, but more significantly for Disabled staff, widening the gap in experience between Disabled and non-disabled colleagues. The Trust's performance on this metric is significantly worse than the national benchmark.

7) Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

31.3% of Disabled staff survey respondents said that they were satisfied with the extent to which the organisation values their work (non-disabled 42.7%). This metric has deteriorated for both groups.



- 8) Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

72.1% of Disabled staff responding to staff survey said that the Trust had made adequate adjustments to enable them to carry out their work. Both Trust and national benchmark performance on this metric have deteriorated fairly significantly, and the Trust remains slightly above the national benchmark.

- 9) A) The staff engagement score for Disabled staff, compared to non-disabled staff.

The staff engagement score for Disabled staff in the 2020 staff survey was 6.4 (non-disabled 6.8). This metric has deteriorated slightly for both groups, and the gap between the groups is static. Due to a deterioration in national performance, the Trust engagement score for Disabled staff is equal to the national benchmark for the first time.

- B) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Yes. The Trust has a Disability Staff Network, a representative of which sits on the Trust's Equality, Diversity and Inclusion Steering Group.

- 10) Percentage difference between the organisations' board membership and its overall workforce disaggregated: by voting membership and executive membership of the board

The Trust has no Board members who have declared that they are disabled, therefore there is a -4.3% difference between the Trust's Board membership and its overall workforce. This gap has increased since last year, as the proportion of the overall workforce who have declared a disability has risen.

### **Progress against 2021-22 WDES Action Plan**

Action	Progress
Improve equality monitoring data at recruitment by ensuring data is captured at application stage for all applicants, regardless of application route	Importance of collecting this data reinforced with all recruitment teams  Issue flagged around the interface between HEE's Trainee Information System (TIS) and ESR – this has now been raised at a senior level within HEE

	<p>Regular audits being undertaken to identify gaps in data, which are then highlighted to the relevant recruitment teams for resolution</p>
<p>Utilise information from recent internal analysis of recruitment and from national work around high impact recruitment actions as an evidence base to improve the inclusivity of our recruitment processes</p>	<p>New recruitment and retention steering group commenced in April, which is taking forward this work</p> <p>Pilot work around interview panels commenced in Surgery, linked to Divisional EDI promise</p>
<p>Continue with Divisional EDI programme</p>	<p>Covid restrictions and operational pressures have made this significantly more difficult</p> <p>Full programme run with Medicine, leadership programme run with Surgery and CYPS</p> <p>More people now contacting EDI team proactively for advice, support and bespoke training</p>
<p>Embed behavioural framework</p>	<p>Utilised a mixture of Communications, posters, focussed sessions, lunchtime lectures, input into preceptorship and F1 teaching, blogs etc.</p> <p>Supported teams to develop their own behavioural charters, linking strongly to wellbeing and patient safety.</p> <p>Behavioural Charter sessions run with significant numbers of teams, supporting teams to develop their own charters.</p> <p>Behavioural framework embedded into non-medical appraisal.</p>
<p>Implement supported internship programme for young people with learning disabilities and/or autism</p>	<p>During 2021-22, the Trust has hosted 4 supported interns. Two interns have completed their internships and are transitioning into paid employment with the Trust, whilst the other two internships are ongoing.</p> <p>Discussions are continuing within the Trust as to whether to offer a supported internship programme on an ongoing basis.</p>
<p>Analyse equality monitoring data re apprenticeships, training opportunities, uptake of career</p>	<p>Following delays due to Covid pressures, this work has started, and efforts are being made to outreach to underrepresented groups, however more work is required in this area.</p>

conversations etc. to inform targeting of opportunities	
Embed inclusion into all leadership and management training	Following delays due to continuing Covid pressures, the Trust's management skills programme is currently being redeveloped, and will include significant focus on inclusion, which will also be a key theme of the Trust's new medical leadership programme.
Introduce disability confidence training for line managers	This is now scheduled to launch during Q3 of 2022-23, alongside the new All About Me staff passport
Formally commence reciprocal mentoring for inclusion programme	This has happened.
Implement revised hospital signage	Signage work has been deferred to late 2022 to align with the opening of the relocated Stroke Unit.
Improve reasonable adjustments process	This is currently going through the Trust's business case process.

## **Conclusion**

This year's data suggests that there have continued to be some improvements in Disabled staff experience whilst in employment with the Trust, although there continues to be a significant gap in experience between Disabled and non-disabled colleagues, and there are some areas where performance has deteriorated.

This highlights the need to continue existing efforts to improve workplace experience and reduce discrimination, bullying, harassment and incivility within the Trust.

There has been little meaningful progress on disabled representation within the workforce, particularly at a senior level.

There is a need for continued focus on efforts to improve the quality of our data around workforce disability, alongside improvements to recruitment processes and support for career progression.

There has been significant progress on many areas within last year's WDES action plan, although delivery in some areas of the action plan has been affected by ongoing Covid-related pressures.

The Trust recognises that improving the experience and representation of disabled staff is a complex, multi-year programme, requiring the support of all leaders within the organisation.

## Appendix 1

### 2022-2023 WDES Action Plan

WDES Metric	Link to other EDI metrics?	What will we do?	How will we do it?	Lead officer(s)	By when?	Why are we doing this?
All WDES indicators		Undertake a data cleanse to improve the availability of information regarding the disability status of our staff.	Writing to those staff whose status we are unaware of	Head of EDI	End of Q3 2022-23	To ensure that any future actions are based on up to date complete information about the disability status of our staff.
9,10	WRES	Complete Reciprocal Mentoring For Inclusion Programme cohort 1 and plan cohort 2	Completing current programme and using learning from it to inform design of cohort 2	Head of EDI, RMFIP participants	Cohort 2 to launch Q1 2023-24	To support the embedding of inclusion throughout our organisation and the development of diverse leaders
1,3	WRES	Develop new staff handbook and ward/department handbook template	Working with stakeholders to ensure relevant and accessible electronic document	Communications Manager, Head of EDI	End of Q4 2022-23	To support staff, and especially neurodivergent staff who may find new workplaces more difficult, to settle into new roles

1, 2, 4ii, 4iii, 5	WRES, Gender Pay Gap	Ensure there are specific questions around EDI for interviews for all posts	By developing a question bank and including this in interview packs sent to recruiting managers	Head of EDI, Recruitment Manager, Medical Recruitment Manager	End of Q3 2022-23	To ensure that we are appointing managers and staff who are inclusive
4ii, 4iii	WRES	Continue to work with divisions to embed behavioural framework and relevant training	Through behavioural charter sessions and working with divisional leadership teams to meet the learning needs of their areas	Head of EDI, Divisional Leadership Teams	Ongoing throughout period of action plan	To ensure that we create and sustain an inclusive culture throughout the Trust
4ii, 6, 7, 8	WRES, Gender Pay Gap	Launch All About Me staff passport and associated training to existing managers, and ensure it is completed by all new managers	Finalising and launching "All About Me" and associated training and embedding into manager induction	Head of EDI Head of Learning & Development	End of Q3 2022-23	To support staff in communicating their needs to their manager, and to support managers in responding to those needs holistically
8, 9		Business case for increased disabled parking on main site	Research and write a business case, to include additional disabled	Security, Transport Plan and Car Parking Manager	End of Q4 2022-23	To support disabled staff to be able to easily park on the main hospital staff

			staff and patient parking			
1, 2, 8, 9		Business case to centralise reasonable adjustments process	Finalise business case brief and, if approved, proceed to full business case, followed by implementation (if approved)	Head of EDI, Deputy HR Director	End of Q3 2022-23	To support more timely and effective reasonable adjustments, improving disabled staff experience. To support disabled candidates during the recruitment process.
7,9		Recruit to Chair and leadership roles within disability staff network and review and strengthen staff network input into Trust governance	Recruitment via an expression of interest process, highlighting the facility time that is now available for these roles. Review of which people-focussed governance groups staff networks could contribute to	Head of EDI (recruitment) Director of Workforce (governance)	End of Q3 2022-23	To support disabled staff having input into decisions that affect their working lives
6,8		Ensure that the voices and needs of disabled staff are included in review of the Trust's	Focus groups and engagement with	HR Business Partners	End of Q4 2022-23	To ensure that the policy meets the

		Managing Attendance Policy, including trigger points	Disability Staff Network			needs of disabled staff
	WRES	Communicate WRES and WDES action plans to senior leaders within the Trust, ensuring that they are aware of their own responsibilities in delivering and further cascading the plans	Via Senior Leaders' Meeting and Team Brief	Chief Executive	End of October 2022	To support delivery of this action plan.