



**The Rotherham**  
NHS Foundation Trust

# Workforce Disability Equality Standard (WDES) annual report 2023



# 1. Introduction

The Workforce Disability Equality Standard (WDES) is an annual mandated national reporting scheme first introduced in 2019. 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 2022 to 31 March 2023, with snapshot data as at 31 March 2023. Staff Survey data is from the 2022 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 4.9% of the Trust's staff have declared a disability on ESR (an increase from 4.3% 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 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.

## 2. The WDES indicators

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.

### 3. Actions and progress made since WDES report 2022

Action	Progress
<b>Undertake a data cleanse to improve the availability of information regarding the disability status of our staff</b>	All staff communication from Director of Workforce sent out in December 2022 requesting that staff ensure their data was up to date.
<b>Complete Reciprocal Mentoring for Inclusion Programme cohort 1 and plan cohort 2</b>	Cohort one was completed. The programme was designed and delivered in-house; predominately aimed at Board / Executive colleagues partnering with less senior colleagues with protected characteristics. Feedback was very positive from colleagues. The key learning points from the programme were presented and discussed with the Trust's Senior Leaders at their meeting in July 2023. Early discussion is now underway with Place partners regarding the viability of a multi – organisational approach for the next cohort.
<b>Ensure there are specific questions around EDI for interviews for all posts</b>	An EDI question bank was developed and is now included in all interview packs and sent to recruiting managers. Some divisions e.g. Surgery have explored values based recruitment.  It is now mandatory for there to be an equality diversity and inclusion question as part of all job interviews at the Trust.

Action	Progress
<p><b>Continue to work with divisions to embed behavioural framework and relevant training</b></p>	<p>This important work is a key leadership responsibility across the Trust. The behavioural framework is now embedded into the Trust's appraisal process.</p> <p>The People team work with divisional leadership teams to meet learning needs of the divisions and provide advice to ensure that behaviours are in line with the framework.</p> <p>Specific behavioural charter sessions have taken place and EDI is included in regular training sessions for nursing staff including community district nurses.</p> <p>A number of services and teams have also accessed diversity and inclusion training from the equality, diversity, and inclusion (EDI) team e.g. Family Health division.</p>
<p><b>Launch All About Me staff passport and associated training to existing managers, and ensure it is completed by all new managers</b></p>	<p>The Trust launched its All About Me staff passport. This has been designed to support holistic discussions between members of staff and their manager around individual needs, including health, wellbeing and needs arising from disabilities or long term condition management.</p> <p>This launch has been supported by training, and the passport is referenced in the Trust's appraisal template and has been highlighted to managers as part of retention masterclasses.</p>
<p><b>Business case for increased disabled parking on main site</b></p>	<p>An additional 12 disabled car parking bays have been created as part of the public car park, with further spaces being explored.</p>
<p><b>Business case to centralise reasonable adjustments process</b></p>	<p>Business case developed however centralised budget not approved and therefore not put in place. Investment made in temporary Workforce Disability Advisor post to support Disabled colleagues across the Trust.</p>
<p><b>Recruit to Chair and leadership roles within disability staff network and review</b></p>	<p>All leadership roles recruited to. Currently the network is without a vice-chair but this is expected to be temporary. Staff network inputs quarterly into Equality, Diversity and Inclusion (EDI) steering group.</p>

Action	Progress
<p><b>Ensure voices and needs of disabled staff are included in review of the Managing Attendance Policy</b></p>	<p>Managing Attendance policy has been reviewed by the Disability Staff Network and feedback has been incorporated into the policy.</p>
<p><b>Communicate WRES and WDES action plans to senior leaders within the Trust, ensuring that they are aware of their own responsibilities</b></p>	<p>WRES and WDES data sets, reports and action plans have been communicated throughout the EDI steering group, and progress updates have been provided regularly to various governance meetings at the Trust e.g., presentation to Senior Leaders Meeting delivered in Q1 2023.</p>

## 4. WDES assessment against national indicators

**Metric 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.**

Clinical / Non Clinical	Band	Disabled	Non-disabled	Unknown	Total	% 2023 Disabled	% 2022 Disabled
<b>1a) Non Clinical Staff</b>	Under Band 1		4		4	0%	
	Bands 1		3		3	0%	
	Bands 2	25	368	68	461	5%	
	Bands 3	12	219	24	255	5%	
	Bands 4	4	129	16	149	3%	
	Bands 5	10	75	7	92	11%	
	Bands 6	6	68	9	83	7%	
	Bands 7	4	51	2	57	7%	
	Bands 8a	4	45	2	51	8%	
	Bands 8b	1	13	1	15	7%	
	Bands 8c	1	9		10	10%	
	Bands 8d			8	8	0%	
	Bands 9			7	7	0%	
	VSM			9	4	13	0%
<b>1b) Clinical Staff</b>	Under Band 1		4		4	0%	
	Bands 2	26	535	58	619	4%	
	Bands 3	11	308	24	343	3%	
	Bands 4	7	185	15	207	3%	
	Bands 5	38	667	40	745	5%	
	Bands 6	54	696	69	819	7%	
	Bands 7	18	331	31	380	5%	
	Bands 8a	10	170	25	205	5%	
	Bands 8b	2	25	1	28	7%	
	Bands 8c		13	2	15	0%	
	Bands 8d	2	7		9	22%	
	Bands 9		1		1	0%	
	M&D Staff, Consultants	5	147	27	179	3%	
	M&D Staff, trainee grades	1	128	13	142	1%	
	M&D, career grade	6	95	14	115	5%	
	Other		1	2	3	0%	
	VSM			1	1	0%	
<b>Grand Total</b>		<b>247</b>	<b>4322</b>	<b>455</b>	<b>5024</b>	<b>5%</b>	<b>4.3%</b>

Due to the relatively small numbers of staff who have declared a disability, it is useful to analyse this data utilising the banding clusters used within the WDES reporting template, as below.

Staff type	Band / VSM / NED / M&D Breakdown	% Disabled	% Non-Disabled	% Unknown	Total
<b>Non-Clinical</b>	Cluster 1: AfC Bands 2 to 4	4.7%	82.9%	12.4%	872
	Cluster 2: AfC bands 5 to 7	8.6%	83.6%	7.8%	232
	Cluster 3: AfC bands 8a and 8b	7.6%	87.8%	4.6%	66
	Cluster 4: AfC bands 8c to VSM	2.6%	86.8%	10.5%	38
	<b>Total Non-Clinical</b>	<b>5.6%</b>	<b>83.4%</b>	<b>11.0%</b>	<b>1209</b>
<b>Clinical</b>	Cluster 1: AfC Bands 2 to 4	3.8%	88.0%	8.3%	1173
	Cluster 2: AfC bands 5 to 7	5.7%	87.1%	7.2%	1944
	Cluster 3: AfC bands 8a and 8b	5.2%	83.7%	11.2%	233
	Cluster 4: AfC bands 8c to VSM	7.4%	81.5%	11.1%	27
	<b>Total Clinical</b>	<b>5.0%</b>	<b>87.2%</b>	<b>7.9%</b>	<b>3377</b>
<b>Medical and Dental</b>	M&D- Consultants	2.8%	82.1%	15.1%	179
	M&D- Non-Consultant career grade	5.2%	82.6%	12.2%	115
	M&D- trainee grades	0.7%	90.1%	9.2%	142
	<b>Total Medical and Dental</b>	<b>2.8%</b>	<b>84.9%</b>	<b>12.4%</b>	<b>436</b>
<b>Totals</b>	<b>Number of staff in workforce</b>	<b>5.0%</b>	<b>86.0%</b>	<b>9.0%</b>	<b>5024</b>

With the exception of the most senior levels of the non-clinical workforce, staff who have declared a disability are generally proportionally represented in both the clinical and non-clinical workforce. This has improved over the last year, especially in cluster 2 of the non-clinical workforce. There has been a decrease in the number of “unknown” individuals across all staff groups, reducing from 10.3% to 9.0% over the last year. There has been an increase in disabled staff across both the medical and dental consultant and non-consultant groups, however declared disability rates among medical and dental trainees has declined from 3% to 0.7%. The proportion of disabled staff within the medical and dental workforce remain lower than the rest of the Trust.

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

## **Metric 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.**

The Trust offers a guaranteed interview scheme and is a Disability Confident Employer. In 2022-23, the Trust shortlisted 150 disabled candidates, and 39 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 1.26 – i.e., non-disabled candidates were 1.26 times more likely than disabled candidates to be appointed once shortlisted. This has improved from 1.34 in 2022.

The 39 disabled people appointed to roles within the Trust in 2022-23 represent 4.7% of total new hires.

#### **New hires by disability status**

<b>Division</b>	<b>Disabled</b>	<b>Non-disabled</b>	<b>Unknown</b>	<b>% new hires who are disabled</b>
<b>Central Application Process</b>	8	115	4	6.3%
<b>Clinical Support Services</b>	6	107	2	5.2%
<b>Community Services</b>	7	102	3	6.3%
<b>Corporate Operations</b>	4	62	1	5.9%
<b>Corporate Services</b>	3	58	3	4.7%
<b>Emergency Care</b>	2	48		4.0%
<b>Family Health</b>	5	96	1	4.9%
<b>Medicine</b>	2	80		2.4%
<b>Surgery</b>	2	112	2	1.7%
<b>Grand Total</b>	<b>39</b>	<b>780</b>	<b>16</b>	<b>4.7%</b>

### **Metric 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.**

Very few formal capability processes are conducted within the Trust. This metric is based on a two-year period. During 2021-2023, 10 staff entered formal capability processes for reasons other than health. Of these, 8 staff members were not disabled, one had not stated whether they had a disability, and one was disabled.

The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is calculated at 2.19. – i.e., disabled staff are 2.19 times more likely to enter the formal capability process than non-disabled staff. This metric is static compared to last year, however it should be treated with caution due to the very low numbers involved when calculating this.

### **Metric 4: Harassment, bullying and abuse.**

Data in this section is taken from the Trust's 2022 staff survey results.



**(a) (i) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months**

30.7% of Disabled staff reported experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months (non-disabled 22.9%). This metric has deteriorated for both Disabled (deteriorated by 0.9% compared to 2021) and non-disabled staff (deteriorated by 0.9% compared to 2021).

**(ii) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months**

11.8% of disabled staff reported experiencing harassment, bullying or abuse from managers in the last 12 months (non-disabled 5.8%). This metric has deteriorated for disabled staff (deteriorated by 1.2% compared to 2021) and improved slightly for non-disabled staff (improved by 1.3% compared to 2021). The gap in experience between disabled and non-disabled staff has increased to 6%, whilst in 2021 it was 3.5%.

**(iii) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months**

21.7% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in last 12 months (12.5% non-disabled). This metric has remained roughly stable for both groups.

**(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.**

47.2% of disabled staff said that they or a colleague had reported their last experience of harassment, bullying or abuse at work (non-disabled 50.1%). This metric has improved slightly for both disabled colleagues and non-disabled colleagues.

The Trust is performing better than the national benchmark in all of the experience of harassment bullying and abuse WDES metrics, however, it is worse than the benchmark for reporting, for disabled staff (48.4%).

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

In the Staff Survey, 63.8% of non-disabled staff felt that the Trust provided equal opportunities for career progression, in comparison to 54.8% of disabled staff. This has increased very slightly, although the gap in experience between the two groups remains constant. Both these figures are above the national benchmark.

**Metric 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.**

28.9% 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 23.0%). This metric has improved for both groups, but more significantly for disabled staff (by 8.2% compared to 2021).

The Trust's performance on this metric is slightly worse than the national benchmark.

**Metric 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.**

35.7% of disabled staff report feeling satisfied or very satisfied with the extent to which the Trust values their work, in comparison to 46.4% of non-disabled staff. This metric has improved for both groups, and the gap between both groups has reduced by two percentage points. Both these figures are slightly above the national average.

**Metric 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

80.8% of disabled staff responding to staff survey said that the Trust had made adequate adjustments to enable them to carry out their work, slightly improving from 2021. The Trust remains significantly above the national benchmark.

**Metric 9**

**(a) The staff engagement score for disabled staff, compared to non-disabled staff.**

The staff engagement score for disabled staff was 6.3, and the score for non-disabled staff was 6.9. This is a slight deterioration for disabled staff, and a slight improvement for non-disabled staff, which widens the gap in experience between the two slightly. These scores are both equal to the national benchmark.

**(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. The Staff Network has a defined role and terms of reference. There is a Reciprocal Mentoring for Inclusion programme, allowing disabled staff members to share their experiences and opinions with senior leaders. The CEO has attended the Disability Staff Network to listen to views of disabled colleagues.

## **Metric 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 -5% difference between the Trust's Board membership and its overall workforce. This gap has increased since last year.

## **5. Conclusion**

This year's data suggests that there have been some improvements in the experience of disabled staff in the Trust, although there continues to be a significant gap in experience between disabled and non-disabled colleagues. There has been some progress on disabled representation within the workforce however much more work is needed on both this and ensuring that colleagues feel confident to declare their disability status. These improvements are essential to deliver on the Trust's ambition for 'Us' – 'we will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work'. Only by achieving that ambition will we be able to provide the best possible care for patients.

## **6. Next steps**

Accompanying this report is the first version of the Trust's intersectional action plan for 23/24 and 24/25 encompassing the WDES and the Workforce Race Equality Standard (WRES) actions. Engagement on this took place during Q2 of 2023/24 with a number of stakeholder groups and all of the staff networks contributing to the final action plan which will be available on the Trust website following Board sign off. A further report will be published in 2024/25 setting out progress against this action plan.