Trust Board Meeting

Report Summary

Date of meeting: 2 May 2024	
Title of Document: Workforce Disability Equality Standard – 2023/24 Data Submission	

To be presented by: Kate Read, Director of People & OD	**Author:** Clare Harper, HR Business Manager – Staff Experience & Culture

1. Status: For Approval/Discussion/Assurance/Noting/Information

2. Purpose:

Approval of WDES Data for submission to the National WDES team.

Relates to:	
Strategic Objective	Support and develop our staff
Operational performance	If staff feel supported in terms of their experience in the workplace, this will support operational performance and service delivery.
Quality	Staff who are supported, valued and included will thrive in the workplace will in turn support our commitment to improve the quality of care for our patients (Quality Strategy) and deliver the Trust's ambition to offer the best care and experience and to increase equity in health outcomes
Legal, Regulatory, Audit	WDES reporting is a requirement for NHS commissioners and NHS healthcare providers through the NHS standard contract with annual WDES data submissions through the NHS Digital Strategic Data Collection Service (SDCS). Where the data shows areas that fall short of national recommendations, interventions need to be implemented to address any anomalies.
Equality and diversity	Through the WDES statutory reporting process, the Trust has an obligation to review the data to identify areas of focus where there may be evidence of processes which may discriminate or disadvantage individuals with a disability or long term condition. Where focus areas are identified, interventions must be implemented to improve the equity of processes and in turn, improve staff experience.
Finance	None included in this report.
Governance	The WDES data is provided direct from the ESR, TRAC and ZEBRA systems used at this Trust. Oversight of this data set will be reviewed by the POD Committee before Board approval. Any areas of improvement identified will be monitored for progress by the EDI Operational Group, overseen by the EDI Strategic Reference Group and POD Committee.
NHS policy/public	https://www.england.nhs.uk/about/equality/equality-hub/workforce-

consultation	equality-data-standards/equality-standard/
Accreditation/ Inspection	The data is assessed by the National WDES team post submission each year and any disparities are checked with the Trust.
Anchor institutions	The Trust is committed to being an inclusive employer and service provider and regularly reviews its accessibility for all cohorts of people for both employment opportunities and service provision.
ICS/ICB/Alliance	We ensure there is transparency in terms of availability of our WDES data which is published on our website by 31 October each year. We work collaboratively with the wider health and care system (Suffolk & North East Essex Integrated Care System, etc.) to share best practices relating to staff experience improvement initiatives.
Board Assurance Framework (BAF) Risk	This report provides additional assurance in relation to risk BAF5 - Workforce – recruitment and retention, in terms of the rigorous review of the data and progress when addressing any downward trends which may signify inequality in processes within the organisation.
Other	N/A

3. SUMMARY:

The NHS England mandatory data collection and reporting window for the NHS Workforce Disability Equality Standard (WDES) 2023/24 data is 1-30 May 2023. Thereafter a WDES Annual Report and Action Plan is required to be approved and published on the Trust's website by 31 October 2024.

ESNEFT WDES 2023/24 Data

The Trust's WDES data for 2023/24 comprises of a snapshot of the workforce from ESR as of 31 March 2024, the employee relation cases from Apr'23 to Mar'24 (Zebra system), and the number of shortlisted applicants v appointed between Apr'23 and Mar'24 (TRAC system). The data is attached in Appendix 1 and upon analysis it shows that:

- A good improvement again this year in non-disclosure rate (8.85% compared to 12.33% the previous year) which is due to the targeted work undertaken by the workforce team as well as reminding staff in corporate induction and EDI Bitesize training sessions of the importance and purpose of disclosure to ensure they are adequately supported in the workplace.

- The number of staff disclosing a disability has risen to 6.37% from 5.21% the previous year. The largest rise is seen in the clinical workforce Bands 5-7 disclosure, which is encouraging given this is a cohort we're focussing on in terms of communication reach. There is more work to do around educating staff on what constitutes a disability or long term health condition to remove the stigma around declaring a disability, enabling open dialogue with line managers/colleagues to enable more accurate disclosure recording and to ensure that individuals are receiving support in terms of workplace reasonable adjustment requirements and going forward.

- The likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts changed from 0.88 to 0.98. A figure below 1:00 indicates that disabled staff are more likely than non-disabled staff to be appointed from

shortlisting. We are also seeing a rise in disclosure of a disability at application stage, which again is a positive sign around the work we've been doing to advertise our inclusive culture and intersectionality at the Trust. We will continue to review our advert narrative in terms of inclusive language.

- The likelihood of disabled staff compared to non-disabled staff entering the formal capability process is 3.63, which has reduced considerably when compared to the previous year (6.08). This is due to the continued support to divisions from the Employee Relations team regarding long term sickness absence. The team will be providing a deep dive into the outcomes of the capability cases to provide assurance that the individuals have been adequately supported in terms of their wellbeing, that reasonable adjustment requirements were implemented which would allow the individual to return to work sooner or where necessary, looking at redeployment options where it is deemed that their condition means that they cannot safely return to work in their existing role. Although a figure above 1:00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process, we can be assured that we are taking a proactive approach to supporting this cohort of staff.

Overall the ESNEFT WDES 2023/24 data set shows an improvement on the previous year in terms of disclosure and a reduction in the number of formal capability processes mainly due to additional support provided to divisions from the Employee Relations team to review short to mid-term sickness absence cases and signposting individuals to additional wellbeing support provision at an earlier stage.

Appendix 2 details the five year trend to date as an illustration of the movement. Whilst it is accepted that the data quality over this period has improved in most areas, a further deep dive in to the trend analysis will be undertaken particularly given the recent national staff survey results which indicate that a lower number of staff with a disability believe the organisation provides equal opportunities for career progression or promotion when compared to staff without a disability. The results of the deep dive will be presented to the EDI Operational and Strategic Reference Groups.

Next Steps

Work will continue to deliver the actions within the EDI Work plan which was produced in October 2023 and encompassed the WRES/WDES action plans and EDI priorities. The plan details specific areas which support the continued work we are doing across our WDES metrics and has been reviewed regularly for assurance against progress at the EDI Operational and EDI Strategic Reference Groups:

- Continue to promote the Recruitment and Selection training (which includes unconscious bias, writing and interviewing for inclusion) for all staff involved in recruitment management process and interview panel posts, and increase the numbers and expanding the remit of Cultural Ambassadors to support on all 9 protected characteristics in our formal processes and recruitment processes to ensure they are fair and equitable.
- Complete the review of policies that will benefit our disabled staff e.g. the Employment of People with Disabilities Policy, the Reasonable Adjustments Passport (RAP) document, Managers Guide to Supporting Staff with a Disability, and drafting a Cultural Ambassadors Policy to ensure there is enhanced knowledge and equity of access to support available.
- Continue the programme of works with the ESNAble Staff Network leads to promote support available to staff and managers of staff with disabilities to optimise the

understanding of the RAP as well as Department of Work's Access to Work Scheme working closely with Occupational Health colleagues.

- Continue to promote the revised FTSU Policy and supporting Raising Concerns Guide, the Equal Opportunities & Diversity Policy, Bullying & Harassment Policy and toolkits, which identify the various routes to raise a concern, the process that will be undertaken, how staff will be supported and how the organisation will learn.
- Progress with the work required to attain Level 3 Disability Confident Employer to leader level.
- Utilise senior divisional leads to promote Cohort 3 of the Reverse Mentoring Programme (all protected characteristics) rolling out in June this year, to engage with staff in terms of the benefit of participating in the programme which will provide lived experience of life with a disability or long term health condition in the workplace and associated learnings.
- Establish a Staff Experience Reference Group and monthly listening events to engage with staff to promote a better understanding and learnings associated with living with a disability or long term health condition and encourage greater staff engagement, participation and remove the stigma of disclosure.
- Continue the EDI Data Group monthly meetings to closely monitor the 9 protected characteristics and provide quarterly reporting and track monthly interventions at the EDI Operational Group.

The WDES 2023/24 data was reviewed in detail by the People and Organisational Development Committee on 19 April 2024, and the committee was satisfied that the data was accurate and felt assured around the action plan of interventional work that would be continued to improve the experience of our staff.

The committee therefore recommended to Board that the WRES 2023/24 Data be approved for submission to the national team by 30 May 2024. Thereafter, a WRES Annual Report will be drafted for approval at the July PODC meeting. The Trust's WDES data will be benchmarked against other similar sized Trusts when the annual report is produced, with a caveat that the national data available will be 2 years old.
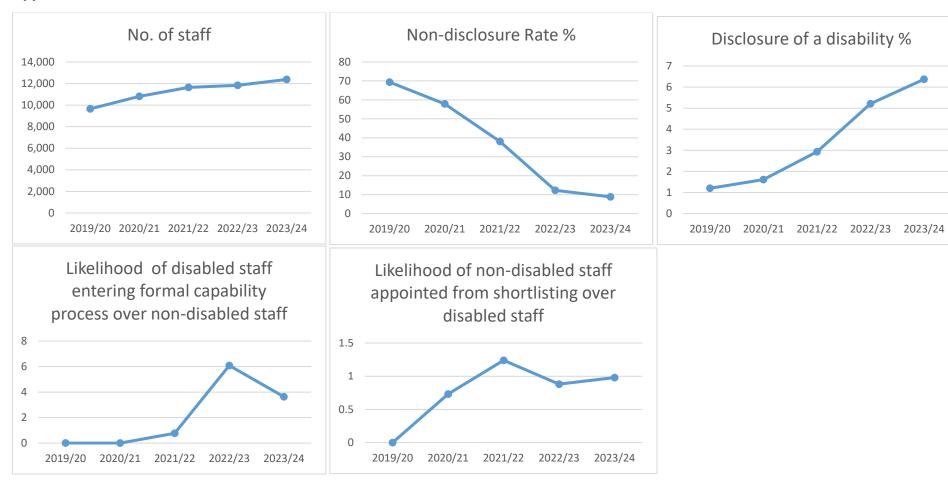
4. Recommendations / Actions

The Board is invited to approve the WDES 2023/24 data set for submission to the national WRES team by 30 May 2024.

APPENDIX 1 – Workforce Disability Equality Standard 2023/24 Data

			Snapshot of data as at 31st MARCH 2024						
			Disabled staff		Non-disabled staff		Disability Unknown or Null		Overall
Metric	Indicator	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
	1a) Non Clinical Staff								
	Under Band 1	Headcount	0		0		0		0
	Bands 1	Headcount	1	1.4%	29	42.0%	39	56.5%	69
	Bands 2	Headcount	74	7.0%	851	80.4%	134	12.7%	1059
	Bands 3	Headcount	43	6.8%	555	88.1%	32	5.1%	630
	Bands 4	Headcount	50	9.7%	447	86.5%	20	3.9%	517
	Bands 5	Headcount	28	8.6%	275	84.6%	22	6.8%	325
	Bands 6	Headcount	13	8.0%	141	86.5%	9	5.5%	163
	Bands 7	Headcount	15	6.9%	192	88.5%	10	4.6%	217
	Bands 8a	Headcount	8	8.0%	86	86.0%	6	6.0%	100
	Bands 8b	Headcount	6	7.1%	74	88.1%	4	4.8%	84
	Bands 8c	Headcount	1	2.4%	40	97.6%	0	0.0%	41
	Bands 8d	Headcount	3	15.8%	15	78.9%	1	5.3%	19
Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.	Bands 9	Headcount	1	8.3%	11	91.7%	0	0.0%	12
	VSM	Headcount	2	8.3%	22	91.7%	0	0.0%	24
	Other. Please specify in notes.	Headcount	0		0		0		0
Notes:	Cluster 1: AfC Bands <1 to 4	Auto-Calculated	168	7.4%	1882	82.7%	225	9.9%	2275
1.Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.	Cluster 2: AfC bands 5 to 7	Auto-Calculated	56	7.9%	608	86.2%	41	5.8%	705
2.Where local pay scales are in use, then for non-medical staff or TUPE staff, the equivalent basic salary level should be used to assign them to an equivalent AfC pay band.	Cluster 3: AfC bands 8a and 8b	Auto-Calculated	14	7.6%	160	87.0%	10	5.4%	184
	Cluster 4: AfC bands 8c to VSM	Auto-Calculated	7	7.3%	88	91.7%	1	1.0%	96
	Total Non-Clinical	Auto-Calculated	245	7.5%	2738	84.0%	277	8.5%	3260
	1b) Clinical Staff								
	Under Band 1	Headcount	0		0		0		0
3.Bank staff should be excluded from these figures (to be consistent with the WRES data collection).	Bands 1	Headcount	0		0		0		0
4.VSMs are defined as including:	Bands 2	Headcount	43	10.17%	348	82.27%	32	7.57%	423
•Chief executives.	Bands 3	Headcount	90	5.67%	1367	86.08%	131	8.25%	1588
•Executive directors, with the exception of those who are eligible to be on the consultant contract by virtue of their qualification and the requirements of the post.	Bands 4	Headcount	37	7.96%	387	83.23%	41	8.82%	465
	Bands 5	Headcount	107	5.34%	1756	87.67%	140	6.99%	2003
•Other senior managers with board level responsibility who report directly to the chief executive.	Bands 6	Headcount	121	6.57%	1580	85.82%	140	7.60%	1841
Non-executive directors should not be included.	Bands 7	Headcount	73	6.56%	957	85.98%	83	7.46%	1113
	Bands 8a	Headcount	11	4.04%	237	87.13%	24	8.82%	272
	Bands 8b	Headcount	2	3.45%	49	84.48%	7	12.07%	58
	Bands 8c	Headcount	0	0.00%	21	95.45%	1	4.55%	22
	Bands 8d	Headcount	0	0.00%	15	100.00%	0	0.00%	15
	Bands 9	Headcount	0	0.00%	4	80.00%	1	20.00%	5
	VSM	Headcount	0	0.00%	1	100.00%	0	0.00%	1
	Other. Please specify in notes.	Headcount	0		0		0		0
	Cluster 1: AfC Bands <1 to 4	Auto-Calculated	170	6.9%	2102	84.9%	204	8.2%	2476
	Cluster 2: AfC bands 5 to 7	Auto-Calculated	301	6.1%	4293	86.6%	363	7.3%	4957
	Cluster 3: AfC bands 8a and 8b	Auto-Calculated	13	3.9%	286	86.7%	31	9.4%	330
	Cluster 4: AfC bands 8c to VSM	Auto-Calculated	0	0.0%	41	95.3%	2	4.7%	43
	Total Clinical	Auto-Calculated	484	6.2%	6722	86.1%	600	7.7%	7806
	Medical & Dental Staff, Consultants	Headcount	16	3.09%	364	70.27%	138	26.64%	518
	Medical & Dental Staff, Non-Consultants career grade	Headcount	6	1.89%	276	87.07%	35	11.04%	317
	Medical & Dental Staff, Medical and dental trainee grades	Headcount	37	7.74%	395	82.64%	46	9.62%	478
	Total Medical and Dental	Auto-Calculated	59	4.49%	1035	78.83%	219	16.68%	1313
	Number of staff in workforce	Auto-Calculated	788	6.37%	10495	84.78%	1096	8.85%	12379

#	Metric	Measure	Type							
2	Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts. Note: This refers to both external and internal posts.	Number of shortlisted applicants	Headcount	562		4853		148		
		Number appointed from shortlisting	Headcount	215		1812		140		
		Likelihood of shortlisting/appointed	Auto-Calculated	0.382562		0.373377		0.945946		
		Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	Auto-Calculated	0.975991						
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. Note: This Metric will be based on data from a two-year rolling average of the current year and the previous year (April 2021 to March 2022 and April 2022 to March 2023).	Average number of staff entering the formal capability process over the last 2 years for any reason. (i.e. Total divided by 2.)	Headcount	2		16		6.5		
		Of these, how many were on the grounds of ill-health?	Headcount	0.5		10.5		5		
		Likelihood of staff entering the formal capability process	Auto-Calculated	0.001904		0.000524		0.001369		
		Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Calculated	3.632326						
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By Voting membership of the Board • By Executive membership of the Board This is a snapshot as of at 31st March 2023.	Total Board members	Headcount	3	15.79%	16	84.21%	0	0.00%	19
		of which: Voting Board members	Headcount	2	25.00%	6	75.00%	0	0.00%	8
		: Non Voting Board members	Auto-Calculated	1	9.09%	10	90.91%	0	0.00%	11
		of which: Exec Board members	Headcount	2	33.33%	4	66.67%	0	0.00%	6
		: Non Executive Board members	Auto-Calculated	1	7.69%	12	92.31%	0	0.00%	13
		Difference (Total Board - Overall workforce)	Auto-Calculated		9%		-1%		-9%	
		Difference (Voting membership - Overall Workforce)	Auto-Calculated		19%		-10%		-9%	
		Difference (Executive membership - Overall Workforce)	Auto-Calculated		27%		-18%		-9%	

Appendix 2 – WDES Data - Five Year Trend

No. of staff

Year	Value
2019/20	~9,700
2020/21	~10,800
2021/22	~11,700
2022/23	~11,850
2023/24	~12,400

Non-disclosure Rate %

Year	Value
2019/20	~70
2020/21	~58
2021/22	~38
2022/23	~12
2023/24	~9

Disclosure of a disability %

Year	Value
2019/20	~1.2
2020/21	~1.6
2021/22	~3
2022/23	~5.2
2023/24	~6.3

Likelihood of disabled staff entering formal capability process over non-disabled staff

Year	Value
2019/20	0
2020/21	0
2021/22	~0.8
2022/23	~6.1
2023/24	~3.6

Likelihood of non-disabled staff appointed from shortlisting over disabled staff

Year	Value
2019/20	0
2020/21	~0.75
2021/22	~1.25
2022/23	~0.9
2023/24	~0.97