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**Workforce Disability Equality Standard (WDES): Annual Report 2023**

1. **Introduction**

In 2015 the Equality & Diversity Council commissioned research looking at disability in the NHS workplace. This showed that Disabled staff consistently reported higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities. The purpose of the WDES is to improve the experience of Disabled staff working in, and seeking employment in, the NHS.

The WDES will help foster a better understanding of the issues faced by Disabled staff, supporting positive change through action plans and a more inclusive environment with an increased focus on disability and the voices of Disabled staff.

The WDES became mandatory for NHS Trusts and Foundation Trusts only in 2019. CityCare chose to complete the WDES from this date as to support this important agenda and demonstrate a commitment to support our Disabled staff.

1. **Executive Summary**

The WDES is a snapshot of data taken at 1 April 2023 and covers the reporting period April 2022 to April 23. The report compared to the previous year shows there has been slight increase in the number of staff self-reporting a disability by +0.34%. Actions continue to increase self-reporting of disability through the electronic staff record and for managers to have regular supportive conversations with their staff.

Compared to the whole workforce, the highest amount of Disabled staff remains within AfC pay bands 5-7 and the amount of Disabled staff in AfC bands 8a-8b has decreased by -2% and there are no Disabled staff within AfC bands 8c-VSM, a decrease from the previous year of -1%.

There was a **reduction** in the percentage of Disabled staff believing that trust provides equal opportunities for career progression or promotion by -3%. There has been a decrease in the percentage difference between the Board membership and the overall workforce.

There has, once again been **improvement** on the previous year with further increase in the proportion of candidates being appointed from shortlisting at 85% compared to non-disabled staff at 60%. Again this year no Disabled staff have entered the formal capability process.

There was **improvement** for Disabled staff with less bullying & harassment from patients/public and colleagues however there was an **increase** in bullying & harassment from managers by +4%. Fewer Disabled staff reported incidents of bullying & harassment.

There was **improvement** with less Disabled staff feeling pressure to come to work from their manager when not feeling well enough and more Disabled staff were satisfied with the extent to which the organisation values their work. There was an increase in the percentage of Disabled staff saying adequate adjustments had been made for them to carry out their job and there was improvement in Disabled staff engaging with the staff survey.

1. **Progress**

In order to gain an understanding of our Disabled staff and analyse the data, it is important for staff to feel able to disclose they have a disability and record this on the electronic staff record (ESR). Steps have been taken to increase this recording with an ongoing campaign to encourage staff to self-report and assistance for staff to complete this data. The introduction of the Disability Policy and access to disability leave will also encourage staff to self-report their Disability.

Compared to the overall workforce, there has been an in increase in the percentage of Disabled staff in AfC pay bands 5-7 of +2% with a decrease in other pay band clusters of AfC bands 1-4 by -1% to 36%, AfC bands 8a-8b by -2% to 3% and AfC bands 8c-VSM by -1% to nil.

There has been ***continued improvement*** in:

* No Disabled staff entered the formal capability process
* Recruitment from shortlisting of candidates with a disability has increased on the previous year with a ratio of 0.7; appointed Disabled candidates from shortlisting 85%, an increase of +30%. Non-disabled candidates appointed was 60%, an increase of +13%.
* Bullying & harassment from patients/pubic has reduced for Disabled staff by -3% to 21% and from colleagues by -1% to 19%
* Percentage of Disabled staff saying they have felt pressure from their manager to come to work, despite non feeling well enough to perform their duties reduced by -6% to 27%
* Percentage of Disabled staff saying that they are satisfied with the extent to which their organisation values their work increased by +1% to 38%
* Percentage of Disabled staff saying that their employer has made adequate adjustment/s to enable them to carry out their work improved by +4.5% to 77.5%

There has been ***a less positive*** response in:

* Bullying & harassment from managers with an increase of +4% to 12%
* Disabled staff reporting bullying & harassment with a reduction of -2% to 58%
* Percentage of Disabled staff compared to Non-disabled staff believing that trust provides equal opportunities for career progression or promotion reduced by -3% to 53%
* Membership of Disabled staff on the Board compared to the overall organisation decreased to -7.94% from +9.4% the previous year.

1. **Conclusion**

The fifth reporting period shows an increase in the number of staff recording they have a disability, in the recruitment of Disabled candidates, a reduction in bullying & harassment from patients/public and colleagues, reduction in Disabled staff feeling pressure to attend work when not feeling well, feeling valued by the organisation and receiving adequate adjustments to do their job.

Priority actions are aligned with CityCare Strategy and CityCare’s Workforce EDI Strategy including the Integrated Care System priorities. We will work with our Disability staff network to progress agreed actions.

Areas highlighted for targeted actions include recruitment and retention, bullying & harassment from managers and increasing the amount of staff self-reporting disability status to ESR. We will launch our Disability Policy and Health Passport to support staff and have representation on the Health and Wellbeing Group.

We will continue with our priorities including reviewing and refreshing our recruitment policy & processes to ensure inclusivity and increased representation and work towards becoming a Disability Confident Employer. We will roll out civility and respect tools to our workforce to support the reduction of bullying & harassment and we will continue to work towards embedding EDI within leadership and people management programmes.

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**Workforce Disability Equality Standard**

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| **Date of this report** | May 2023 |
| **Name of Provider Organization** | Nottingham CityCare Partnerships |
| **Name and Title of Board Lead for Workforce Disability Equality Standard** | Helen Marks Interim Director of People, Communication & Inclusion |
| **Name and contact details of Lead Manager completing this report** | Fiona Cambridge Equality Diversity & Inclusion Manager  [f.cambridge@nhs.net](mailto:f.cambridge@nhs.net) |
| **Name of Commissioners this report has been sent to** | NHS Nottingham & Nottinghamshire Integrated Care Board |

**Report on the WDES Indicators**

1. **Background Narrative**
2. Any issues of completeness of data

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| No |

1. Any matters relating to reliability of comparisons with previous years

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| No |

1. **Total Numbers of Staff**
2. Employed within this organisation at the date of this report

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| 1198 |

1. Proportion of Disabled staff employed within this organisation at the date of this report

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| **7.94%** |

**3. Self-Reporting**

1. The proportion of total staff who have self-reported their Disability

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| 7.92% disability 9.3% not declared 5.7% unspecified |

1. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

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| Awareness raising and during training to encourage staff to self-report with information as to why and how this is used, instructions how to self-report and support from HR & Workforce and Disability Staff Network to add to ESR system for staff who are not able/confident to do this themselves. Managers have been asked to encourage staff to self-report. The amount of staff self-reporting has increased during this report period. |

1. Are any steps planned during the current report period to improve the level of self-reporting by disability

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| Continued promotion through staff Disability Staff Network and Equality, Diversity Inclusion Committee, through staff communications and newsletters, staff and senior staff role models, promote benefits of reporting to staff and what information is used for, benefits of targeted communication, guidance for ESR reporting, managers meaningful discussion during supervision and appraisal & health and wellness passports. The introduction of disability leave will encourage staff to add their Disability status to the Electronic Staff Record system. |

1. **Workforce Data**
2. What period does the organisation’s workforce data relate to?

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| April 2022 to April 2023 (exception indicator 3 which is a rolling two-year period) |

**4. Workforce Disability Equality Indicators**

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|  | **Indicator**  For each of these four workforce indicators, the Standard compares the metrics for staff declaring a Disability and those who do not | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** |
| 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 disaggregated by the following clusters*   * *Cluster 1: AfC band 1, 2, 3 & 4* * *Cluster 2: AfC band 5, 6 &7* * *Cluster 3: AfC band 8a & 8b* * *Cluster 4: AfC band 8c, 8d,9 & VSM* * *Cluster 5: Medical & Dental Staff: Consultants* * *Cluster 6: Medical & Dental Staff: non-Consultant career grade* * *Cluster 7 Medical & Dental Staff : medical & dental trainee grades* | *Cluster 1: AfC band 1, 2, 3 & 4*  **Clinical Disabled staff 7%**  Clinical Non-disabled staff 72%  Clinical not declared/ specified 21%  **Non-clinical Disabled staff 8%**  Non-clinical Non-disabled staff 83%  Non-clinical not declared /specified 9%  **% in cluster 1 of the whole workforce:**  **Disabled staff 36%** | *Cluster 1: AfC band 1, 2, 3 & 4*  **Clinical Disabled staff 6%**  Clinical Non-disabled staff 75%  Clinical not declared/ specified 19%  **Non-clinical Disabled staff 10%**  Non-clinical Non-disabled staff 81%  Non-clinical not declared /specified 9%  **% in cluster 1 of the whole workforce:**  **Disabled staff 37%** | Within AfC bands 1-4 there has been an **increase** of Disabled staff by 1% for clinical and staff and decrease of non-clinical Disabled staff by 2%  Within AfC bands 5-7 there has been an i**ncrease** of Disabled staff by 2% for clinical staff and a decrease of 2% for non-clinical Disabled staff  Within AfC bands 8a-8b there are **no clinical Disabled staff**, a decrease of 18% on the previous year. There has been an increase in non-clinical Disabled staff by 9%  Within AfC bands 8c-VSM there are **no Disabled staff**, a decrease of 14% on the previous year for non-clinical Disabled staff. |
| *Cluster 2: AfC band 5, 6 &7*  **Clinical Disabled staff 8%**  Clinical Non-disabled staff 80%  Clinical not declared / specified 12%  **Non-clinical Disabled staff 12%**  Non-clinical Non-disabled staff 78%  Non-clinical not declared /specified 10%  **% in cluster 2 of the whole workforce:**  **Disabled staff 59%** | *Cluster 2: AfC band 5, 6 &7*  **Clinical Disabled staff 6%**  Clinical Non-disabled staff 79%  Clinical not declared / specified 15%  **Non-clinical Disabled staff 14%**  Non-clinical Non-disabled staff 83%  Non-clinical not declared /specified 3%  **% in cluster 2 of the whole workforce:**  **Disabled staff 57%** |
| *Cluster 3: AfC band 8a & 8b*  **Clinical Disabled staff 0%**  Clinical Non-disabled staff 75%  Clinical not declared / specified 25% n2  **Non-clinical Disabled staff 9%**  Non-clinical Non-disabled staff 70%  Non-clinical not declared /specified 21%  **% in cluster 3 of the whole workforce:**  **Disabled staff 3%** | *Cluster 3: AfC band 8a & 8b*  **Clinical Disabled staff 18%**  Clinical Non-disabled staff 65%  Clinical not declared / specified 17%  Non-clinical Disabled staff 0%  Non-clinical Non-disabled staff 73%  Non-clinical not declared /specified 27%  **% in cluster 3 of the whole workforce:**  **Disabled staff 5%** |
| *Cluster 4: AfC band 8c, 8d,9 & VSM*  **Clinical Disabled staff 0%**  Clinical Non-disabled staff 0%  Clinical not declared / specified 0%  **Non-clinical Disabled staff 0%**  Non-clinical Non-disabled staff 93%  Non-clinical not declared /specified 7% n1  **% in cluster 4 of the whole workforce:**  **Disabled staff 0%** | *Cluster 4: AfC band 8c, 8d,9 & VSM*  Clinical Disabled staff 0%  Clinical Non-disabled staff 0%  Clinical not declared / specified 0%  **Non-clinical Disabled staff 14%**  Non-clinical Non-disabled staff 86%  Non-clinical not declared /specified 0%  **% in cluster 4 of the whole workforce:**  **Disabled staff 1%** |
| Cluster 5: Medical & Dental Staff/  **No Disabled staff**  **Non-disabled staff 100%**  **% in cluster 5 of the whole workforce:**  **Disabled staff 0%** | Cluster 5: Medical & Dental Staff: nil Consultant’s nil  **No Disabled staff** |
| 2 | Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-disabled staff being appointed from shortlisting across all posts. | 0.70 more likely for a candidate without a disability to be appointed than a candidate with a disability | 0.85 times more likely for a candidate without a disability to be appointed than a candidate with a disability | ***A figure showing less than 1 indicates it is more likely a candidate with a disability is appointed from shortlisting***  Building on improvement from the previous year, there has been significant improvement in the recruitment of Disabled staff from shortlisting by 30% |
| 3 | Relative likelihood of Disabled compared to that of Non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.  (2 year rolling period on the grounds of performance and not ill-health) | No Disabled staff entered the formal capability process | No Disabled staff entered the formal capability process | As per the previous reporting period, no Disabled staff entered the formal capability process |
|  | **Indicator**  **For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for Disabled & Non-disabled staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** |
| 4a | SS Q13a Percentage of Disabled compared to Non-disabled staff experiencing harassment, bullying or abuse from  i. patients / service users / relatives or members of the public  ii. managers  iii. other colleagues | **i. patients / service** **users, their relatives or members of the public**  Disabled staff 21%  Non-disabled staff 17% | **i. patients / service** **users, their relatives or members of the public**  Disabled staff 24%  Non-disabled staff 20% | There is improvement in bullying & harassment for Disabled staff from patients/public and colleagues however it has increased from managers.  There has been a **decrease** in bullying & harassment from patients & public of 3% for Disabled staff and 3% for Non-disabled staff.  Bullying & harassment from managers has **increased** for Disabled staff by 4% and Non-disabled staff by 1%  Bullying & harassment from colleagues has **decreased** by 1% for Disabled staff and for Non-disabled staff by 3% |
| **ii. managers**  Disabled staff 12%  Non-disabled staff 5% | **ii. managers**  Disabled staff 8%  Non-disabled staff 4% |
| **iii. other colleagues**  Disabled staff 19%  Non-disabled staff 8% | **iii. other colleagues**  Disabled staff 20%  Non-disabled staff 11% |
| 4b | SS13d. Percentage of Disabled staff compared to Non-disabled staff saying that they last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | Disabled staff 58%  Non-disabled staff 57% | Disabled staff 60%  Non-disabled staff 57% | There has been a further **decrease** this reporting period in the number of Disabled staff reporting bullying & harassment or abuse by 2% and for those without a disability this remained the same.  Disabled staff who experience bullying & harassment are more likely to report it. |
|  | SS Q14. Percentage of Disabled staff compared to Non-disabled staff believing that trust provides equal opportunities for career progression or promotion | Disabled staff 53%  Non-disabled staff 63% | Disabled staff 56%  Non-disabled staff 60% | There has been a **decrease** in the number of Disabled staff believing the organisation provides equal opportunities for career progression by 3% from the previous year. |
| 6 | Q11. Percentage of Disabled staff compared to Non-disabled staff saying they have felt pressure from their manager to come to work, despite non feeling well enough to perform their duties | Disabled staff 27%  Non-disabled staff 19% | Disabled staff 33%  Non-disabled staff 14% | There has been a **decrease** in the number of Disabled staff feeling pressure to come to work from their manager when feeling unwell. However, this has increased for Non-disabled staff. |
| 7 | SS Q5. Percentage of Disabled staff compared to Non-disabled staff saying that they are satisfied with the extent to which their organisation values their work | Disabled staff 38%  Non-disabled staff 50% | Disabled staff 37%  Non-disabled staff 49% | In 2021 there had been an **increase** of 1% in Disabled and Non-disabled staff saying they are satisfied with extent to which the organisation values their work  In the previous reporting period, there had been an 18% decrease for Disabled staff and 10% for Non-disabled staff. |
|  | **The following metric only includes the responses of Disabled staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** |
| 8 | Percentage of Disabled staff saying that their employer has made adequate adjustment/s to enable them to carry out their work | 77.5% | 73% | There has been an **increase** in the number of Disabled staff saying they have received adequate adjustments by 4.5% |
|  | **NHS Staff Survey & the engagement of Disabled staff** | **Data for reporting year** | **Data for previous year** | **Implications of this data and background narrative** |
| 9a | The staff engagement score for Disabled staff compared to Non-disabled staff | Disabled staff 6.7  Non-Disabled staff 7.0 | Disabled staff 6.6  Non-disabled staff 7 | The engagement score **has increased** for Disabled staff and remained the same for Non-disabled staff |
| 9b | Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? *(if yes, provide an example of current action being taken in your WDES report)* | Yes | Yes | The Disability Staff Network Chair is a member of the Leadership Council and the network participate in review of policy, process and strategy. Members will participate in the reciprocal mentoring programme working with Board and senior leaders |
|  | **Board representation** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** |
| 8 | Percentage difference between the organisations Board voting membership and its overall workforce:   1. By voting member of the Board 2. By executive membership of the Board | a. -7.94%  b. -7.94% | a. **+12.4%**  b. **+9%** | There is a decrease in Disabled Board members, during this reporting period there are no members of the Board who declared a Disability. There has also been an increase in the number of staff declaring a disability overall in the organisation. |

5.Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain”.

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| Please see full action plan |

6. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.