

WDES Data Report & Analysis 2022-2023

Purpose

This report provides an overview of the data by metric, compares the data to the previous years' reports, benchmarks against appropriate comparators, and provides the proposed actions for improvement in relation to the experiences of disabled staff

Unlike the WRES (Workforce Race Equality Standard), there is no electronic report template for the WDES. Therefore, the data for WDES is presented in this report format, which meets the national requirements of WDES reporting and provides additional information to assist decision-making.

Background

The NHS Workforce Disability Equality Standard (WDES) is an NHS-wide standard which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

The WDES is a set of ten specific measures (metrics) that enables NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff.

NHS organisations use the metrics data to develop and publish an action plan. Year-on-year comparison enables us to show progress against the Metrics of disability equality.

The WDES is mandated in the NHS Standard Contract for all NHS Trusts and Foundation Trusts from April 2019. As such, it is reported annually to NHS Lincolnshire Integrated Care Board (ICB from 1st July 2022, previously Lincolnshire NHS CCG).

Further information about the WDES can be found on the NHS England WDES website: [NHS England » Workforce Disability Equality Standard](#)

The WDES takes place within the Integrated Improvement Plan (IIP) 2022 to 2023 Focus Area "Improve our culture & leadership".

Data Methodology

The data for the WDES report was collated and verified in May & June 2022. The "snapshot" date is 31st March 2022.

The workforce data is drawn from the Electronic Staff Record (ESR) and Employee Relations records. The data has been verified by the Trust's Workforce Intelligence Team. The staff survey data is taken directly from the National Staff Survey database.

Oversight and assurance of the data was provided to People & OD Committee on 12th July 2022.

The WDES data for 2022 to 2023 was submitted electronically to the NHS England WDES Team using the national Data Collection Framework platform ahead of the reporting deadline of the 31st August 2021. The data was submitted on 21st July 2022.

The national benchmarking with other NHS trusts throughout this report is drawn from: [Workforce-Disability-Equality-Standard-2021-data-analysis-report-NHS-trusts-foundations-trusts.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/07/workforce-disability-equality-standard-2021-data-analysis-report-nhs-trusts-foundations-trusts.pdf) (england.nhs.uk)

Engagement Methodology

Taking a new approach towards co-production and co-ownership of the WDES Action Plan, all MAPLE* staff network members and the network leads were invited to attend one of two workshops held in late June 2022.

The purpose of the workshops was to increase awareness of what WDES is, to review the 2022 data together, agree the priority areas for each metric and share ideas for actions to increase the Trust's performance in those areas, based on their lived experience as colleagues who identify themselves as disabled.

Recognising the importance and impact of intersectionality, this invitation was extended to all Staff Network members across the five staff networks in the Trust, and their leads.

At these workshops, colleagues from Recruitment, Occupational Health, OD, IT and HR joined the EDI Project Manager. They joined in the workshop listening to the ideas, responding to questions, sharing information about what was already available, what was planned in the pipeline, and discussing where we could work together when implementing the WDES Action Plan. Some of these colleagues were also speaking from a point of lived experience of disability themselves.

After the workshops and during July, a "long list" of suggested actions was shared with all participants, who were asked to review them and share any further feedback.

All participants and staff network members were involved in developing and selecting an idea for an application to the WDES Innovation Fund, as part of the WDES engagement workshops, the MAPLE regular meeting in July and a Poll on the MAPLE Facebook group.

The network's chosen outcome was to prioritise education and awareness for people managers, on the topics of the Equality Act 2010 & disability, reasonable adjustments and disability discrimination. This was developed to include real-life examples and accounts of lived experience from ULHT colleagues, based on a virtual, online Human Library concept.

A bid was submitted for funding on 29th July 2022 and the Trust is awaiting the outcome of the application, which is expected by the end of September 2022.

*MAPLE – Mental & Physical Lived Experience (of Disability)

1. Workforce & Career Metrics

Metric 1

Percentage of staff in NHS Agenda for Change (AfC) pay bands or medical and dental subgroups and very senior managers (VSM), including executive board members, compared with the percentage of staff in the overall workforce.

Total number of staff employed within the Trust on 31 March 2022: 8512

Percentage of disabled staff:	3.48% (n=296)
Percentage of non-disabled staff:	87.3% (n=7431)
Percentage not declared/unknown:	9.22% (n=785)

The disability declaration rate in 2021 was 3.3% and the not declared/unknown rate was 9.80%.

The trend of a modest reduction in not declared/unknown and a slight increase in the number of disabled staff in ESR therefore continues from previous years.

The WDES Action Plan 2022-23, which accompanies this report, contains detailed actions that aim proactively to reduce the “not declared/unknown” percentage and increase the likelihood of declaring a disability.

The National Staff Survey (NSS), where disclosure is completely-anonymised, shows that around 20% of respondents identify as disabled, which is closer to the disabled population rate in England.

The Trust is sitting very slightly below the NHS national average for disability declaration/representation rate of 3.5%. The Trust’s performance is around average in this area - however the Top 10 Trusts achieve 8.1%.

Non-Clinical

Percentage of staff by AfC Banding Clusters, with previous year's figures in brackets

	Disabled	Not Disabled	Unknown/Undeclared
Cluster 1 AfC Bands <1 to 4	4% (3.4%)	84.7% (83.8%)	11.3% (12.7%)
Cluster 2 AfC Bands 5 to 7	5.6% (5.2%)	89.8% (89.8%)	4.6% (5%)
Cluster 3 AfC Bands 8a to 8b	4.3% (2.4%)	89.2% (89.3%)	6.5% (8.3%)
Cluster 4 AfC Bands 8c to 9 & VSM	0% (0%)	93.9% (100%)	6.1% (0%)

There has been a positive increase in representation of disabled people across all of the Agenda for Change Non-Clinical banding clusters – most markedly in Cluster 3 (AfC Bands 9a to 8b). However, there is one exception to this – Cluster 4 (Bands 8c to 9 and VSM), which remains static at 0%.

The WDES Action Plan 2022-23 contains actions to engage with those in Cluster 4 to understand any barriers to declaring a disability, targets to work towards increased declaration (including confidence to declare, and recognition of those with a long-term conditions who don't identify themselves as disabled) and also actions to support disabled people to progress in their careers.

Clinical

With previous year's figures in brackets

	Disabled	Not Disabled	Unknown/Undeclared
Cluster 1 AfC Bands <1 to 4	3.5% (3%)	89.3% (88.9%)	7.2% (8.1%)
Cluster 2 AfC Bands 5 to 7	3.8% (4.1%)	88.2% (87.3%)	8% (8.6%)
Cluster 3 AfC Bands 8a to 8b	2.1% (1%)	88.1% (89.8%)	9.9% (9.2%)
Cluster 4 AfC Bands 8c to 9 & VSM	0% (3%)	93.3% (81.8%)	6.7% (15.2%)
Medical & Dental			
Cluster 5 Consultants	0.28% (0.3%)	86.83% (85.9%)	12.89% (13.8%)
Cluster 6 Career Grades	0.88% (0.5%)	89.04% (88.6%)	10.09% (10.9%)
Cluster 7 Trainee Grades	1.32% (1.8%)	82.59% (87.5%)	16.09% (10.6%)

Agenda for Change Clinical Workforce

In this part of our workforce, representation of disabled people has increased in Clusters 1 and 3. However, it has decreased in Clusters 2 and 4.

Further work is required to understand the cause of the decrease, by cross-reference to other data such as career progression to the next cluster (in the case of Cluster 2), and leavers data - including retirements and exits to other employment.

The WDES Action Plan 2022-23 contains actions to encourage declaration in ESR, support disabled people to progress in their careers at ULHT – increasing the likelihood of visible disabled people at senior level (Cluster 4), which will also assist with career progression for all bands.

Medical & Dental Workforce

Disability declaration rates and disability representation in this workforce is historically low, and the percentage of “undeclared/unknown” is also higher than the rest of the workforce.

There has been a very small increase in declaration/representation of disability among Cluster 6 (Career Grades).

The trend for low reporting/representation in the medical & dental workforce mirrors the national picture. However, the national average for this workforce was 1.5% in 2021 and the Trust sits below this, at 0.83%.

A further example, nationally the average declaration rate for Consultants with a disability was 1.1% in 2021, and the Trust's rate is 0.28%

The WDES Action Plan 2022-23 contains specific actions for the medical and dental workforce, to both encourage declaration in ESR and support disabled medical and dental colleagues to thrive, feel supported and progress in their careers at ULHT.

Metric 2

Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts (previous years' data in brackets).

	Shortlisted (Number)	Appointed (Number)	Relative likelihood of appointment from shortlisting (Non- disabled/disabled)
Disabled	248 (358)	98 (81)	0.40
Not disabled	4239 (7132)	1568 (1534)	0.37
Unknown	1059 (1732)	386 (557)	0.36
Total	5794 (9222)	2052 (2172)	0.94 (0.95)

A figure of 1.0 indicates parity in relative likelihood of appointment from shortlisting for non-disabled and disabled people. This means that in 2021-2022, with a relative likelihood of 0.94, disabled people were still slightly more likely to be appointed from shortlisting than non-disabled people.

The Trust continues to be a member of the Mindful Employer scheme and a "Disability Confident Employer" (Level 2). The Trust continues to operate the guaranteed interview scheme for disabled people who meet the essential criteria for the post.

The Trust continues to perform better than the national ratio, which was 1.11 in 2021.

However, the data in WDES Metric 1 shows that although disabled people are still more likely to be appointed from shortlisting than non-disabled people (Metric 2), there is still significant under-representation of disabled people in the higher bands and VSM (Clusters 3 and 4) and in the medical & dental workforce.

Also, the data for this Metric is taken from ESR rather than TRAC, and there is a large number of “unknowns”.

Therefore, the WDES Action Plan 2022-2023 contains actions to support disabled people to progress in their careers at ULHT (under Metric 1) and to understand the data source for Metric 2 better and establish if TRAC can provide more reliable data, and to seek to reduce the number of “unknowns”.

The Action Plan outlines a review of our performance with the Mindful Employer and the Disability Confident Employer schemes, to ensure we are meeting all the standards still and identify any areas for improvement.

This will allow the Trust to prepare for Disability Confident Leader (Level 3) in subsequent WDES Action Plans. This also includes improvements to the information available to colleagues about these commitments, including their responsibilities as managers and the support they offer to disabled people.

Metric 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 (previous year's data in brackets)

	Substantive Workforce (Number)	Formal Capability (Number) **Actual numbers are not included as n = less than 11	Relative likelihood of entering formal capability process
Disabled	296 (274)	**	0.01
Non-Disabled	7431 (7246)	**	0
Unknown	785 (819)	**	0
Total	8512 (8339)	11	9.41 (26.45)

A figure greater than 1.0 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process. The relative likelihood figure has decreased significantly from 26.45 last year and 18.45 in 2019 when this metric began to be reported.

As the numbers for capability cases are very small, concerns continue to be raised nationally by the NHSE WDES Team as to the statistical value and reliability of this

metric at Trust level. However, a national metric is available and the national rate for 2021 was 1.94.

Although numbers are very low and the statistical significance is queried, the disparity at ULHT and the impact of entering the formal capability procedure on the individual is recognised and acknowledged – along with the concerns of managers in applying the procedure. Also, there are substantial legal risks to the Trust of entering into the capability procedure with a disabled colleague.

As a result, the WDES Action Plan contains two actions for this Metric:

- To review the Capability Policy & Procedure from the perspective of disability and support to disabled people, involving the MAPLE Staff Network (this also a pre-existing action in the Lincolnshire Belonging Strategy*)
- To analyse, independently and in strictest confidence, the details of each capability case, to understand the disparity.

Please note, that in the WDES, only formal capability cases relating to performance are reviewed and reported, not cases relating to ill-health. This is in line with WDES technical guidance.

*The “Lincolnshire Belonging Strategy” is the system-wide EDI strategy for the Lincolnshire ICS.

2. NHS Staff Survey Metrics

Each NHS trust is required to participate in the annual NHS Staff Survey (NSS). Data from the relevant questions is provided directly from the Staff Survey team and used to calculate metrics 4, 5, 6, 7, 8 and 9a. The survey questions providing this data have been consistent over time, allowing a comparison of progress.

The NSS participation rate at ULHT declined in 2021 to 49%, from 51% in 2020 and 50% in 2019.

Metric 4a

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

- Patients/service users, their relatives or other members of the public*
- Managers*
- Other colleagues*

Previous year’s percentages in brackets:

	Disabled (%)	Non-Disabled (%)
Patients/service users, their relatives or other members of the public	34 (35.8)	24 (25.7)
Managers	22.2 (26.6)	14.7 (16.3)
Other colleagues	32.4 (30.3)	20.2 (20.9)

The data shows an improvement in this metric for both disabled and non-disabled colleagues in all areas - except notably harassment, bullying or abuse towards disabled employees from other colleagues, which is back to 32.4% (2019 – 32%, 2018 – 33.8%).

The national trend for this metric also shows an improvement, but it is improving across all areas - including harassment, bullying or abuse from colleagues.

Whilst the trend is one of steady improvement across the other areas, there is still a significant gap between the experiences of disabled colleagues and non-disabled colleagues.

Disabled colleagues consistently experience more harassment, bullying and abuse than non-disabled staff, across all of the groups above. The Trust's performance in this area is worse than the national NHS average, particularly for disabled colleagues.

For non-disabled colleagues, it is better than the national NHS average for the patient/public aspect, but worse than the national average on the other two areas (Manager and colleague).

There is clearly a need for the work begun under the "United against...." umbrella to continue and extend. Also for the Trust's work on civility and respect to continue.

There is an ongoing and disappointing trend of colleagues bullying, harassing and abusing other colleagues. This is sadly the case across both WDES and WRES (Workforce Race Equality Standard).

For both WDES and WRES, specific interventions in relation to Disability and Race are detailed in the Action Plans, to be implemented in partnership with the staff networks. These actions mirror the People Promise EDI drivers and the Lincolnshire Belonging Strategy.

Metric 4b

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

Disabled	Non-Disabled
46.2%	44.6%
(43.6%)	(46%)

It is good to see the increasing confidence of disabled colleagues in reporting their experiences of harassment, bullying or abuse at work, also acknowledging that this data could include colleagues who have reported it on their behalf.

It is disappointing to see that confidence has dropped for non-disabled colleagues - which reached its highest point last year.

The full impact of the “United against.....” work is yet to be felt and needs to continue, to provide easier ways of reporting incidents, more assurance of a robust follow-up and communication of the outcome, plus resources for those managing such incidents.

The Trust’s new Freedom to Speak Up Guardian (FTSUG) attends the MAPLE staff network meetings regularly and has a visible presence across our sites. The potential positive impact of this is yet to be seen in this metric, as it is based on NSS results that pre-date the extensive communications & engagement work of the new FTSUG.

Metric 5

Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Disabled	Non-Disabled
46%	52.1%
(75.3%)	(84.6%)

Whilst the gap has narrowed between disabled and non-disabled colleagues’ confidence that the Trust provides equal opportunities for career progression or promotion, a gap remains, and for both confidence has dropped significantly and is the lowest since WDES reporting began.

The free-text comments in the NSS bear out this lack of confidence in the Trust as a fair place for career progression. The combined data highlight the importance of sticking without exception to sound recruitment practices which promote transparency and fairness - such as advertising all job opportunities for at least a minimum period

of two weeks (including secondments, interim roles and acting-up opportunities), and proactively sharing all opportunities in an internal vacancy bulletin or similar which reaches everyone in the Trust.

Inclusive recruitment is one of the four pillars of the Lincolnshire Belonging Strategy and a substantial plan of work has begun on overhauling recruitment processes and training. ULHT is a leading participant in this. Specific actions in relation to disabled staff are also included in the WDES Action Plan.

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.

Disabled	Non-Disabled
32.9%	26.4%
(40%)	(28.7%)

This Metric has returned to pre-Covid 19 pandemic levels, with the gap also narrowing (improving) between the experiences of disabled and non-disabled people.

The Trust's performance in this metric is in line with the national average for the NHS of c.32% for disabled colleagues. The Trust's gap between disabled and non-disabled colleagues is now 6.5%, which is lower than the NHS average gap of 8.2%. It is possible that the Covid-19 pandemic has influenced the gap, and we will continue to review the trend.

Actions have been identified to support this metric in the WDES Action Plan 2022-23: Reviewing the absence management policy from a disability perspective, and a review of the flexible working approvals data by disability. The actions identified in the WDES Action Plan for metrics 4 and 8 will also support this metric.

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

Disabled	Non-Disabled
23.9%	33.9%
(28.5%)	(38.7%)

As with last year, this Metric is on a downward trend for both disabled and non-disabled colleagues. Specifically for WDES, there is still a 10% differential between both groups, with disabled colleagues feeling that their work is significantly less-valued.

National NHS average is around a third for disabled colleagues and just over a half for non-disabled colleagues. ULHT therefore performs below the average for both groups. The gap nationally is steady year-on-year at around 11%, therefore in terms of the gap ULHT is around average or very slightly better.

Further work is required across the workforce to reverse the year-on-year decline for all, however it is important to highlight the significantly poorer workplace experience for disabled colleagues, and therefore specific work to reduce the gap between disabled and non-disabled colleagues is detailed in the WDES Action Plan 2022-23.

Metric 8

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

Disabled
67%
(71.2%)

This metric has shown a decline since last year, although it is still an improvement on the pre-Covid 19 position. The Trust's performance is still significantly below the national NHS average – 76.6%

The NSS 2021 shows the following staff groups at ULHT report the lowest percentage of adequate adjustments:

- Medical & Dental – 55.6%
- Estates & Ancillary – 63.6%
- Nursing & Midwifery Registered – 63.6%

Further work is necessary, with the support of the MAPLE staff network and also the Divisional Leadership teams, to understand where the gaps are in the provision of adequate adjustments – with particular attention to the staff groups listed above.

The WDES Action Plan contains specific actions to help bring the Trust's performance in line with other Trusts (national average), which are based on NHSE recommendations for action, and they also align with feedback gained from the MAPLE staff network.

Metric 9a

The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. Previous year's score in brackets:

Disabled	Non-Disabled	Unknown	Overall
6.0	6.4	6.3	6.2
(6.1)	(6.5)	(6.4)	(6.3)

Engagement scores have decreased across all of the above groups, with the disparity between disabled and non-disabled colleagues remaining the same. The impact of the work described below for Metric 9b is not yet reflected in these scores as the work has taken place after the last National Staff Survey (NSS) closed.

Metric 9b

Has your organisation taken action to facilitate the voices of disabled staff in your organisation to be heard?

Yes

MAPLE Staff Network Leadership & Support

We have an active MAPLE (Mental & Physical Lived Experience) Staff Network. This has grown in the last 12 months and a new Chair & Vice Chair were appointed in April 2022. These leadership roles have 0.5 day per week of protected time for network business and an honorarium is paid monthly, which is a new development in the last 12 months.

The network has a new Executive Sponsor, Dr Sameedha Rich-Mahadkar - Director of Integration & Improvement. The Trust CEO chairs the bi-monthly Council of Staff Networks, which all Network Leads attend, giving direct access to represent the voices of disabled people to the Chief Executive.

The network vice-chair has been sponsored to take part in the NHSE East Midlands Staff Network Leads Development Programme and receives ongoing support with this from the Trust.

Network Growth & Activity

The network is now very visible on social media – active daily across the network's own Facebook Group, several times per week across the Trust-wide ULHT Together Facebook Group, and it also works with other staff networks regularly to share information across to their social media pages (intersectionality). The network holds

monthly meetings which are well-attended, promote active discussion and facilitate peer support.

The network has contributed to policy development including the new Dress Code resulting in adjustments to the final published version, and the network leads are leading members of the Task & Finish Group that will be developing a new Reasonable Adjustments policy.

Specific actions to facilitate the voices of disabled staff in the Trust to be heard

The network has now started virtual café-style meetings as well as “business” meetings. The Freedom to Speak Up Guardian attends the meetings regularly.

The network has been active in discussing the WDES data and contributing to the WDES action plan. The network selected the focus area for the WDES Innovation Fund (WIF) bid by poll and the ideas were further developed in conjunction with the network’s chair.

With the Trust’s sponsorship, funding and full support, the MAPLE network has launched the “Sunflower” non-visible disability awareness scheme in July 2022 – with lanyards, pin badges and supporter badges & pledges. The launch included virtual sessions and in-person “roadshows” to raise awareness, provide support and enable discussions around disability. It encouraged more disabled staff to join the network and be heard.

Working with other Disability networks

The Lincolnshire ICS “Belonging Strategy” is bringing together staff networks from across the NHS and other organisations to explore how they may work more closely together. This specific work is in its infancy, as the ICS is in its early days, and the first full meeting will take place in September 2022. However, the NHS provider Trusts have worked together for some years with their staff networks to hold system-wide Disability History Month, Black History Month, LGBTQIA History Month & Women’s History Month events programmes. This joint-working continues, and the ICS staff network work-stream builds on this established relationship.

The Trust is also meeting on a monthly basis with colleagues across the system, with the support of the Every-One organisation, to establish a support network for NHS staff who are also unpaid carers outside of work.

3. Board Metrics

This metric relates to representation of disabled people on the Trust’s Board.

Metric 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

	Disabled (Number)	Not Disabled (Number)	Unknown (Number)
Total Board Members	0	6	7
Voting Board Members	0	5	6
Non-Voting Board Members	0	1	1
Executive Board Members	0	4	3
Non-Executive Board Members	0	2	4
% difference between Voting Board members & overall workforce	-3%	-42%	45%

At 31st March 2022, all voting members and executive members of the Board had self-declared as non-disabled or their disability status was unknown. These figures have remained static since last year. ULHT is in the company of the 58.5 % of Trusts which have no known disabled Board members.

Disability status, as with all equality information, can be declared at the time of appointment to the Trust, or updated on ESR self-service, or through the Human Resources Team at any time.

Through the WDES engagement work in June-July 2022, it is clear that some colleagues consider themselves to have a long-term condition rather than a disability. It is a personal decision whether to identify as disabled or not in ESR. However, by making a choice either way, it would reduce the number of “unknowns”. Trusts with the lowest level of “unknowns” in ESR tend to have much higher levels of reporting of disability in ESR, indicating an open culture.

However, some colleagues are not aware of how to update ESR, and it is important to share practical information more widely. Linked to this, many will not be aware of the importance of the Trust having more accurate data on the number of disabled colleagues – in terms of responsiveness in planning support for our workforce, but also the impact on our WDES performance if ESR is not updated. Sharing this information widely may encourage more colleagues to prioritise taking 5-10 minutes or so to update their ESR, at all levels of the Trust.

Actions to address this in Trust-wide communications are included in the WDES Action Plan 2022-23, and this will include the Trust Board. Also, the Trust has the opportunity, (as it also does with WRES to improve representation of BME communities), to begin to prepare for any future vacancies on the Trust board by reviewing the recruitment & selection process from an inclusion point of view.

Appendix 1 – WDES Action Plan for 2022 to 2023

Appendix 2 – copy of WDES Innovation Fund (WIF) Bid

