



The Rotherham
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) Annual Report 2024

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 2023 to 31 March 2024, with snapshot data as at 31 March 2024. Staff Survey data is from the 2023 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 5.5% of the Trust's staff have declared a disability on ESR (an increase from 5% last year), approximately 24% 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 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 2023

A number of the actions have been implemented however some progress against last year's actions has been impacted by the gap following the departure of the previous Head of EDI in 2023 and the appointment of the new Head of OD and Inclusion who started in April 2024.

Action	Progress
Ensure that each staff network has an assigned Executive sponsor, and that supporting and advocating on behalf of the network forms part of the Executive's role	A Director sponsor has been assigned to each staff network, and one has been assigned the task of launching a new Women's network
Divisions to support and promote attendance to colleagues. To work with Staff Network chairs to improve active membership and discuss divisional contribution regularly at divisional SLT meetings	The CEO and Director of People have attended staff network meetings as have the Medical senior leadership team. The Deputy Director of People has encouraged Senior Leaders to promote the networks and encourage attendance. Ongoing promotion takes place through communications and the new HR newsletter for line managers. The new Head of OD and Inclusion is considering options to help re-launch the networks.
Work with EDI group to conduct end-to-end of analysis of candidate journey and organisational policy and practice throughout attraction and recruitment via an inclusion lens and use findings to improve recruitment (Agenda for Change and VSM)	EDI question banks for all bands has been created and is available on the staff intranet. The EDI team have been assisting senior role interviews by taking part in the stakeholder panels. 4 Restore nurses have been placed within the trust following an event for Refugees. The recruitment team is working with the Workforce Lead for Rotherham Council to bring in job candidates. The end to end analysis of recruitment has not yet taken place and this will form part of the upcoming EDI plan.

Action	Progress
<p>Work with services to increase the promotion of jobs with local communities at all levels including apprenticeship provision</p>	<p>A new Head of People Services has been recruited and is developing an improving recruitment programme, of which this will be part.</p> <p>The Trusts Apprentices Manager has linked expressions of interest for apprenticeship programmes to the new Study Leave process which provides improved oversight. Attendance at careers fairs has taken place, although this ad hoc.</p> <p>The Trust has signed up to Skills Street which will see a permanent Health and Care presence developing the brand to local school children and students from next year.</p>
<p>Develop improved information to support disabled candidates and disabled staff</p>	<p>Draft guidance to support employing and recruiting disabled colleagues has been created. This is currently being reviewed, and will be launched and added to The Hub. The EDI Team can also support training sessions on disability and work with members of staff and managers to ensure reasonable adjustments are made.</p>
<p>Discrimination to be a standing agenda item for violence and aggression group</p>	<p>This is now in place and improved approaches to tackling violence and aggression are in place including greater use of body worn cameras, stronger warnings and letters to patients that abuse staff.</p>
<p>Develop approach to reverse/mutual mentoring based on completion of cohort 1</p>	<p>Reciprocal mentoring was not continued past the initial pilot however the People team will explore options for this with the SY ICB as part of the new EDI plan.</p>
<p>EDI team to continue to develop and deliver training, working with divisions and corporate areas to focus on areas and subjects where need is greatest based on WRES and WDES data and insight</p>	<p>Training continues to take place where requested, or if a need is identified. Training takes place around behaviours and values and cultural awareness training is delivered with teams as requested.</p>
<p>Embed a learning culture around people management, ensuring that lessons are learned and embedded from external and internal cases and reviews - e.g. Michelle Cox ET case</p>	<p>The People Team reviews the 'top 5' casework cases, and a new manager newsletter is in place to update on changes to policies or practices. Team brief and team time outs allow for more dedicated learning and development.</p>

Action	Progress
<p>Board of Directors to consider recommendations from new NHSE Equality Diversity and Inclusion plan and recommendations from National NHS Disabled Directors' Network. Refresh and develop this action plan in Q1 2024/25</p>	<p>This will be used to inform a new EDI action plan. Some of these recommendations are currently being worked on, such as the High Impact Actions.</p>
<p>Ensure that all Non Executive Directors and the CEO have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and are assessed against these as part of their annual appraisal process</p>	<p>The Chair and Chief Executive have taken this forward respectively this year with support from the Director of People and objectives are being included in mid-year reviews in Q3.</p>
<p>Ensure that all Executive Team members and Divisional leadership teams have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and are assessed against these as part of their annual appraisal process</p>	<p>All Executive Directors have been given two objectives:</p> <ul style="list-style-type: none"> ○ To understand and take steps to improve the experience of work for everyone in your service(s), especially people with protected characteristics where there is a negative gap (inclusion). Measure 2023 staff survey and 2024 staff survey Diversity and Equality and Inclusion sub themes. ○ To improve the diversity of your service/key service areas so that they are representative of the population of Rotherham (diversity). Measure year start and year end team demographics, especially diversity of senior leadership roles 8a+ <p>Additionally, Executive members have either been given an objective to align and sponsor one of the staff networks, or sponsor one of the staff survey 'We said, We did' work streams.</p>
<p>Work with EDI team to develop and deliver divisional/directorate EDI commitments, taking into account WRES, WDES, staff survey and other</p>	<p>Head of OD and Inclusion is developing an EDI information pack for each Exec Team member, providing a base-starting point to measure objectives against.</p> <p>Executive team will be offered 1:1 session with Head of ODWI to discuss specific issues relating to their area and consider</p>

Action	Progress
relevant data on the refreshed action plan	how to operationalise commitments for their care group/corporate area.

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 Board members) compared with the percentage of staff in the overall workforce.

Clinical / Non Clinical	Band	Disabled	Non-disabled	Unknown	Total	% 2024 Disabled	% 2023 Disabled
Non Clinical	Band 2	29	371	62	460	6.3%	5%
	Bands 3	14	227	22	263	5.3%	5%
	Bands 4	6	124	14	144	4.2%	3%
	Bands 5	9	80	6	95	9.5%	11%
	Bands 6	7	70	7	84	8.3%	7%
	Bands 7	10	48	2	60	16.7%	7%
	Bands 8a	1	46	1	48	2.1%	8%
	Bands 8b	0	16	1	17	0.0%	7%
	Bands 8c	0	11	0	11	0.0%	10%
	Bands 8d	0	7	1	8	0.0%	0%
	Bands 9	0	6	1	7	0.0%	0%
	VSM	0	7	5	12	0.0%	0%
	Other	0	2	0	2	0.0%	0%
Clinical	Bands 2	27	592	56	675	4.0%	4%
	Bands 3	20	307	26	353	5.7%	3%
	Bands 4	10	183	13	206	4.9%	3%
	Bands 5	39	673	43	755	5.2%	5%
	Bands 6	60	732	60	852	7.0%	7%
	Bands 7	21	342	29	392	5.4%	5%
	Bands 8a	9	163	23	195	4.6%	5%
	Bands 8b	3	23	1	27	11.1%	7%
	Bands 8c	0	14	2	16	0.0%	0%
	Bands 8d	2	5	0	7	28.6%	22%
	Bands 9	0	3	0	3	0.0%	0%
	VSM	0	1	1	2	0.0%	0%
	Other	0	1	2	3	0.0%	0%
Medical and Dental	M&D Staff - Consultants	5	159	22	186	11.8%	3%
	M&D Staff Non-consultants career grade	5	87	15	107	4.6%	1%

	M&D staff, trainee grades	5	139	7	151	14.0%	5%
Grand Total		Disabled	Non-disabled	Unknown	Total	% 2024 Disabled	% 2023 Disabled
		282	4439	422	5143	5.5%	5%

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
Non-Clinical	Cluster 1: AfC Bands 2 to 4	5.6%	83.1%	11.3%	869
	Cluster 2: AfC bands 5 to 7	10.9%	82.8%	6.3%	239
	Cluster 3: AfC bands 8a and 8b	1.5%	95.4%	3.1%	65
	Cluster 4: AfC bands 8c to VSM	0.0%	81.6%	18.4%	38
	Total Non-Clinical	6.3 %	83.7%	10.1%	1213
Clinical	Cluster 1: AfC Bands 2 to 4	4.6%	87.7%	7.7%	1234
	Cluster 2: AfC bands 5 to 7	6.0%	87.4%	6.6%	1999
	Cluster 3: AfC bands 8a and 8b	5.4%	83.8%	10.8%	222
	Cluster 4: AfC bands 8c to VSM	7.1%	82.1%	10.7%	28
	Total Clinical	5.5%	87.2%	7.3%	3377
Medical and Dental	M&D- Consultants	2.7%	85.4%	11.8%	186
	M&D- Non-Consultant career grade	4.7%	81.3%	14.0%	107
	M&D- trainee grades	3.3%	92.1%	4.6%	151
	Total Medical and Dental	3.4%	86.7%	9.91%	444
Totals	Number of staff in workforce	5.5%	86.3%	8.2%	5143

There has been a slight decrease in the number of “unknown” individuals across all staff groups, reducing from 9.0% to 8.2% over the last year. Declared disability rates among medical and dental trainees has improved from 0.7% to 3.3%. 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 2023-24, the Trust shortlisted 212 disabled candidates, and 36 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 1.45 – i.e. non-disabled

candidates were 1.45 times more likely than disabled candidates to be appointed once shortlisted. This has declined from 1.26 in 2023. The 36 disabled people appointed to roles within the Trust in 2022-23 represent 4.4% of total new hires.

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.

This metric is based on a two-year period. During 2022-2024, 27 staff entered formal capability processes. Of these, 18 staff members were not disabled, 6 had not stated whether they had a disability, and 4 were disabled. Of the 17 staff members entering the capability process on the grounds of ill-health, 2 were disabled, 11 were not disabled and 4 had not declared disability.

The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is calculated at 2.24 – i.e. disabled staff are 2.24 times more likely to enter the formal capability process than non-disabled staff. This metric is very slightly higher 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 2023 staff survey results.

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

29.77% of Disabled staff reported experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months (non-disabled 24.76%). This metric has improved for Disabled staff by 0.99%, but has deteriorated by 1.88% for non-disabled staff.

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

8.55% of disabled staff reported experiencing harassment, bullying or abuse from managers in the last 12 months (non-disabled 6.01%). This metric has improved for disabled staff (improved by 3.25% compared to 2022) and worsened slightly for non-disabled staff (by 0.18% compared to 2021). The gap in experience between disabled and non-disabled staff has decreased to 2.5%, whilst in 2022 it was 6%.

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

18.39% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in last 12 months (11.99% non-disabled). This metric has improved for disabled staff 3.30%, and for non-disabled staff 0.51%. The gap in experiences has also decreased from 9.19% to 6.44%

(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.

57.75% of disabled staff said that they or a colleague had reported their last experience of harassment, bullying or abuse at work (non-disabled 51.22%). This metric has improved sharply for disabled colleagues, with a rise of 12.55% and improved for non-disabled colleagues with a rise of 1.13%. Disabled staff are more likely to report harassment, bullying and abuse, with a gap in scores of 6.53%. The Trust is performing better than the national median benchmark in the experience of harassment bullying and abuse WDES metrics.

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, 63.66% of non-disabled staff felt that the Trust provided equal opportunities for career progression, in comparison to 59.37% of disabled staff. This has increased very slightly for disabled staff, and the gap in experience between the two groups has reduced slightly to 4.29%. 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.

25.82% 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 20.36%). This metric has improved for both groups, but more significantly for disabled staff (by 3.08% compared to 2022).

The Trust's performance on this metric is slightly worse than the national benchmark for disabled staff, but around the same as the benchmark overall.

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.

43.47% of disabled staff report feeling satisfied or very satisfied with the extent to which the Trust values their work, in comparison to 51.42% of non-disabled staff. This metric has considerably improved for both groups; 7.79% for disabled staff, and 5.01% for non-disabled staff. The gap between both groups has reduced by 2.78%. The figure for disabled staff is slightly below the benchmark median, but the overall score is above.

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

79.8% of disabled staff responding to staff survey said that the Trust had made adequate adjustments to enable them to carry out their work, slightly decreasing by 1% from 2022. 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 6.8, and the score for non-disabled staff was 7.05. This is an increase for both groups, with an increase of 0.47 for disabled staff and

0.09 for non-disabled staff, narrowing the gap in experience slightly. These scores are both approximately equal to the national benchmark score of 6.91.

(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, which is sponsored by the senior leadership team and has an Executive Director sponsor. The Staff Network has a defined role and terms of reference. 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 5.5% difference between the Trust's Board membership and its overall workforce. This gap has increased slightly 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 overall, with a large improvement in staff reporting harassment, discrimination or abuse from colleagues. However, a gap in experience between disabled and non-disabled colleagues still remains. There are slightly more disabled staff in the workforce than last year, however this increase is mainly seen in staff below band 7, with a reduction in disabled staff at bands 8a and above. There is also no member of the Board with a declared disability. Reflecting the diversity of the patient population would help to deliver both inclusive care for patients and an inclusive workforce, which is a key part of the new People and Culture Strategy of the Trust.

6. Next steps

The new Trust EDI plan 2024-2027 contains actions to address WRES indicators and an annual review of progress will be reported each year.