

Workforce Disability Equality Standard (WDES)

Trust Report 2024 & Action Plan for 2024-25



Author: Lesley Faux, Diversity & Inclusion Lead

Lead Director: Kerry Smith, Interim Chief People Officer

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EXECUTIVE SUMMARY

This sixth annual WDES Report and associated action plan is produced in compliance with the NHS Standard Contract, for publication and national benchmarking.

Overall, the Trust has seen a slowing of pace in its WDES improvement data. Two measures have improved notably. A number of measures have held their position or changed minimally. Four measures have worsened. Up to this year, the Trust has made significant year-on-year progress in the WDES and achieved a rank position of 7th nationally (Top 4%) for overall 2023 WDES performance.

What's Improved:

- ✓ Workforce disability representation
- ✓ Presenteeism

What's Worse:

- ! Capability measure
- ! Board Membership with disabilities / long term conditions
- ! Perceptions of equal opportunities for career development and progression
- ! Workplace adjustments for staff with disabilities

Key Messages / What new data is telling us,

- The **capability measure** is a concern, albeit that this is based on just 3 cases each year involving staff with disabilities
- Differently abled colleagues report significantly worse experiences than their non-disabled counterparts in relation to HBA, equal opportunities for progression and feeling valued

What we have done

In 2023-24, we have refocussed our approach to Inclusion and Belonging and continuing to grow our culture of inclusion.

Key work delivered in this period:-

- Debiasing our people processes, particularly making recruitment and selection more neurodiversity aware and neurodiversity-friendly
- Introduced an accessibility toolbar into our Trust internet and intranet pages, to better support a wide range of disabilities and neurodiversity
- Developed, shared and promoted a range of resources and support for differently abled individuals and line managers
- Continued to invest in development of our Combined Ability Network and working to extend the impact and influence of the network membership
- Worked to make EDI and race inclusion everyone's business, including supporting leaders to take greater responsibility for their EDI data

What we will do next - Priorities for action 2024-25

In 2024-25 we will continue to prioritise work on debiasing our people processes, with a particular emphasis on disability inclusive recruitment and inclusive talent management.

We will also have a specific focus on improving our process for supporting differently abled colleagues to access appropriate workplace adjustments in a timely manner.

NSCHT Workforce Disability Equality Standard (WDES) Report 2023

1.0 INTRODUCTION

The Workforce Disability Equality Standard (WDES) is mandated annually as part of the NHS Standard Contract since 2019, feeding into NHS England, the Care Quality Commission (CQC) and our local commissioners monitoring processes.

The WDES supports us to develop our Trust ambition to provide **outstanding inclusion** for all of our workforce as set out in our [Combined People Plan 2023-28](#) and [Inclusion and Belonging Strategic Plan 2024-28](#) and in line with the national [NHS EDI Improvement Plan](#). This provides a national benchmarking of our performance on disability inclusion (as measured by the 10 indicators of the WDES).

This report contains the Trust's sixth annual WDES performance and our associated action plan. This will be published on our website and shared with NHS England and our local commissioners. Section 2 of this report sets out a summary of Trust performance each year since 2019, together with a summary of national progress against the 10 WDES indicators (13 measures). Section 3 provides a more detailed review of each individual WDES indicator.

1.1 Trust WDES 2024 Performance Overview

While two measures have seen note-worthy continued improvement in 23-24, over-all the Trust has seen some slowing of pace in progress with its WDES data. A number of measures have held their position or changed minimally. This is perhaps to be expected given the significant year-on-year progress made since the WDES was introduced to achieving a rank position of 7th nationally (Top 4%) for overall 2023 WDES performance.

What's Improved:

- ✓ Further improvement in **workforce disability representation** again to best yet rate (8.68%, **against a national average of 4.49% in 2023**)
- ✓ Fewer staff with disabilities reporting **presenteeism** (down to 16.6% from 20.6%)

What's Worse:

- ! Our **capability measure** score has dramatically risen from (already high) 2.96 in 2023 to 11.26 (extreme outlier)
- ! Our **Board Membership** with disabilities / long term conditions has reduced (from 23.1% to 14.29%) with changes in membership
- ! **Perceptions of equal opportunities** for career development and progression fell from 64.3% to 58.3% for disabled staff
- ! Staff with disabilities in receipt of **workplace adjustments** fell slightly to 83% (from 86%)

No / Marginal Change

- Marginally improved HBA scores from (1) patients / public; (2) managers, and (3) other colleagues
- Reporting of HBA marginally worse
- Perceptions of feeling valued by disabled staff marginally improved (up 1% to 50.9%)
- Recruitment measure 0.98 (1.00 represents equity)
- Staff engagement score for differently abled staff unchanged at 7.1

Key Messages

1. Differently abled colleagues reported significantly worse experiences than their non-disabled counterparts did in relation to HBA, equal opportunities for progression and feeling valued. The largest gaps were in perceptions of (1) equal opportunities for progression and (2) feeling valued, which both differed by approximately 10 percentage points.
2. The capability measure is a concern, albeit that this is based on just 3 cases each year involving staff with disabilities. It is noted that this measure is liable to skewing due to the low number of capability cases and the relatively small percentage of the workforce declaring disabilities in the Electronic Staff Record (ESR).

1.2 What We Have Been Doing

Working to advance disability inclusion has continued to be a high priority for the Trust as we launched and began to deliver our Combined People Plan 2023-28 with *Inclusive and Representative* at its very heart. We have continued to take a high-profile and multi-faceted approach to delivering on this specific agenda, including continuing our RACE Code journey and delivering wide-ranging education and learning for inclusion. In 2023-24 we refocused our approach with the launch of our Inclusion and Belonging Strategic Plan 2024-28 and continuing to grow our culture of inclusion. Key work delivered in this period is summarised below. Further detail on progress with 2023-24 action is outlined in section 4.0 and Appendix 1.

In 2023-24, we have refocused our approach to Inclusion and Belonging and continuing to grow our culture of inclusion. Key work delivered in this period:-

- ✓ Debiasing our people processes, particularly making **recruitment and selection** more neurodiversity aware and neurodiversity-friendly, including reviewing job documents and adverts, and introducing the opportunity for neurodiverse applicants to request interview questions/question topics in advance of interview
- ✓ Introduced an **accessibility toolbar** into our Trust internet and intranet pages, to better support a wide range of disabilities and neurodiversity, and delivered a successful business case to introduce **MindView** for differently abled colleagues
- ✓ Further developed the accessibility of our Trust services for service users and staff through publishing updated **AccessAble** 'Detailed Access Guides' and progressing action to deliver on improvements to enhance the accessibility of Trust sites
- ✓ Delivered an Inclusion School session on ***Carrying the Ball: Our ICS Journey to Disability Inclusion*** with Aaron Phipps MBE
- ✓ Developed, shared and promoted a range of resources and support for differently abled individuals and line managers, including updating and expanding our Neurodiversity Toolkit and our Differently Abled Buddy Scheme webpage content
- ✓ Assessment by Autistica against the Neurodiversity Employer Index (NDEI) with recommendations for improvements
- ✓ Continued to invest in development of our **Combined Ability Network** and working to extend the impact and influence of the network membership
- ✓ Worked to make **EDI everyone's business**, including supporting leaders to take greater responsibility for their EDI data

Funding for our Differently Abled Buddy Scheme programme came to an end in 2023-24. Interim support continues to be provided by the Combined Ability Network who will oversee the offer of buddying or other assistance to colleagues who require this support through 2024-25 to ensure we continue to build on the excellent progress and impact achieved by the programme.

1.3 Priorities for Action 2024-25

Working to advance equity and inclusion has continued to be a high priority for the Trust. In 2023-24 we refocussed our approach with the launch of our [Inclusion and Belonging Strategic Plan 2024-28](#) and continuing to grow our culture of inclusion. In 2024-25, we will prioritise attention on work to debias our people processes. In particular, we will seek to develop and embed more disability-inclusive recruitment, inclusive talent management and performance management (capability) processes. We will additionally review and improve our process for supporting differently abled colleagues to access appropriate and effective workplace adjustments in a timely manner.

Our WDES priorities for action for 2024-25 are summarised as below:-

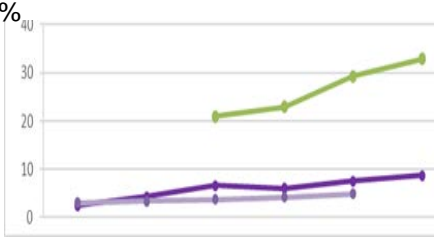



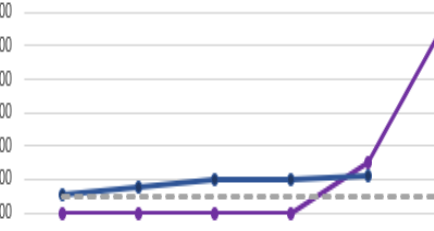



1. **Debiasing of our people processes**, especially recruitment and selection and career development, disciplinary and capability processes and our workplace / reasonable adjustments approach, to ensure that we recruit, retain and progress our differently abled workforce talent
2. 'High visibility' focus around **anti-discriminatory approach**, creating a **great place to work** for all and closing the gap in experience between those with and without disabilities, neurodiversity and/or long term conditions
3. **Reducing inequalities and health inequalities** for our differently abled workforce
4. **Educating for Inclusion** – developing through education an environment in which diverse colleagues can thrive. Ensuring equitable or positive action access to development and career progression for diverse candidates.



Figure 1: Trust Inclusion and Belonging Priorities, 2024-25

2.0 TRUST YEAR-ON YEAR-WDES 'PERFORMANCE ON A PAGE' SUMMARIES

2.1 Trust Core WDES Workforce Measures Summary Performance 2019-2024 (Indicators 1, 2,3 and 10)

Indicator	Detail		2019	2020	2021	2022	2023	2024	Trust WDES Performance Yr on Yr					Trust / 2-yr trend
									2019	2020	2021	2022	2023	
1	W/F disability profile (compared to staff reporting long term condition (LTC) in staff survey (32.84% - indicated by line))	Trust	2.5%	4.3%	6.6%	6.1%	7.6%	8.7%						
		National	3.1%	3.4%	3.7%	4.2%	4.9%	Not yet avail*						
2	Recruitment measure	Trust	1.90	1.06	0.85	1.01	0.94	0.98						
		National	1.18	1.20	1.11	1.09	0.99	Not yet avail						
3	Capability process measure	Trust	n/a	0.00	0.00	0.00	2.96	11.26						
		National	n/a	1.53	1.94	2.01	2.17	Not yet avail*						
10	Board Membership (compared to staff reporting long term condition (LTC) in staff survey (32.84%, indicated by line)) Trust ranked 4 th nationally (of 212)	Trust	0.0 %	7.7 %	14.3%	20.0%	23.1%	14.29%						
		National	2.0%	3.0%	3.7%	4.6%	5.7%	Not yet avail*						

*2024 national data not yet available

----- (1.00) denotes 'equal treatment' {except when no cases}

Table 1: Trust year-on-year WDES core workforce metric performance compared to national performance 2019-2024

2.2 Trust Staff Survey WDES Indicators Summary Performance 2019-2024 (Indicators 4-9)

WDES Staff Survey Measures			2019	2020	2021	2022	2023	2024		2019	2020	2021	2022	2023	2024	2-Yr Trend
4a	HBA from patients / public*	LTC or illness	35.6%	35.0%	31.9%	34.9%	34.5%	32.49%	%							
		No LTC or illness	26.5%	28.6%	26.1%	26.7%	23.6%	21.92%								
4b	HBA from Managers*	LTC or illness	8.8%	10.4%	9.6%	10.7%	12.2%	11.87%	%							
		No LTC or illness	6.7%	9.4%	7.5%	4.4%	5.3%	4.93%								
4c	HBA from other colleagues*	LTC or illness	14.0%	15.4%	16.1%	16.0%	21.1%	19.40%	%							
		No LTC or illness	9.4%	10.4%	7.3%	8.8%	9.8%	10.33%								
4d	Reporting of HBA	LTC or illness	67.7%	59.7%	64.5%	57.3%	66.0%	65.03%	%							
		No LTC or illness	61.4%	60.9%	66.0%	67.3%	68.1%	71.50%								
5	Equal Opps for Career Development	LTC or illness	50.9%	53.5%	62.2%	63.0%	64.3%	58.27%	%							
		No LTC or illness	59.2%	61.1%	68.3%	71.6%	69.9%	70.42%								
6	Presenteeism (feeling pressure to attend when unwell)*	LTC or illness	15.2%	14.8%	16.2%	17.9%	20.6%	16.60%	%							
		No LTC or illness	13.1%	14.3%	15.5%	13.5%	11.6%	11.54%								
7	Feeling Valued	LTC or illness	37.8%	41.2%	50.4%	52.8%	49.6%	50.88%	%							
		No LTC or illness	48.5%	52.9%	59.3%	61.2%	57.5%	59.88%								
8	Workplace Adjustments	LTC or illness	82.7%	87.9%	85.0%	81.6%	86.2%	83.04%	%							
9a	Staff Engagement	LTC or illness	6.8	7.0	7.2	7.1	7.1	7.08								
		No LTC or illness	7.1	7.3	7.5	7.5	7.6	7.46								

KEY: **denotes indicators where a low score is better

— disabled staff rate

— non-disabled workforce rate

Table 2: Trust year-on-year WDES performance in NHS Staff Survey derived indicators, 2019-2024

3.0 TRUST PERFORMANCE BREAKDOWN BY THE 10 WDES INDICATORS

Indicator 1: Workforce profile: Trust Workforce Disability Profile

Our aim at Combined is to be equally representative of our overall workforce reporting disabilities through all bands (clinical and non-clinical), and also to have a culture in which all workers feel valued, and where colleagues with health conditions, neurodiversity and disability ('differently abled') feel comfortable and supported in sharing this information. The Trust's overall disabled workforce (bank excluded) has increased to 8.7% in 2024. It is anticipated that this will continue to be in line with the top 10% of trusts nationally on this measure (as in 2023, when we were ranked 19th nationally). The national 2023 rate of disability declaration was 4.9%. This is again our best rate ever and a further 1.1% rise over the 2023 value (which was 6.1% higher than in the previous year). It is noted, however, this falls significantly short of the self-reported (anonymous) NHS Staff Survey results suggesting **32.84%** of Trust staff have a long-term health condition, neuro-difference or disability.

Figure 4 below provides a breakdown of our Trust Disability data for 2023 by WDES 'Cluster', compared to the 2023 results (whole workforce, excluding bank only workers). The shows that we are more representative of disability in the lower 2 clusters (bands 5-7, and particularly bands 1-4) than in higher banded clusters and medical roles.

The charts in **Figure 5** overpage provide the detail by band for our 2024 non-clinical workforce compared to our clinical workforce. There is slightly higher disability representation in non-clinical roles (9.5%) compared to clinical roles (8.5%) on average. There is generally lower rates of disability declaration in higher banded roles (band 8+), clinical and non-clinical. The rate of disability declaration for medical staff is much lower at 5.6%, with just 4 medical staff declaring a disability, and no medical trainees. These groups will receive specific focus in 2024.

- **Whole Trust Workforce** Disability (excluding bank): **8.7%** (up from 7.6% in 2023)
- Trust **Non-Clinical** Disabled Workforce: **9.5%** (up from 8.4% in 2023)
- Trust **Clinical** Disabled Workforce (excluding medical): **8.5%** (up from 7.5% in 2023)
- Trust **Medical Workforce** **5.6%** (up from 4.4% in 2023)

Cluster / Grouping	2023			2024		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
1: <B1-B4	8.5%	73.6%	17.9%	8.8%	77.4%	13.8%
2: B5-B7	7.8%	83.6%	8.6%	9.5%	83.7%	6.8%
3: B8a-B8b	5.2%	80.7%	14.1%	6.0%	85.9%	8.1%
4: B8c-VSM	4.4%	84.4%	11.1%	4.4%	91.1%	4.4%
Other	4.5%	95.5%	0.0%	0.0%	0.0%	0.0%
Medical	4.4%	75.0%	20.6%	5.6%	80.6%	13.9%
TOTAL	7.6%	79.3%	13.0%	8.7%	81.4%	9.9%

Table 3: Whole Workforce WDES Summary data 2023-24 – by WDES 'cluster'

Chart shows generally higher rates of disability representation across non-clinical pay bands

NSCHT Non-Clinical Workforce Disability Declaration 31.3.24

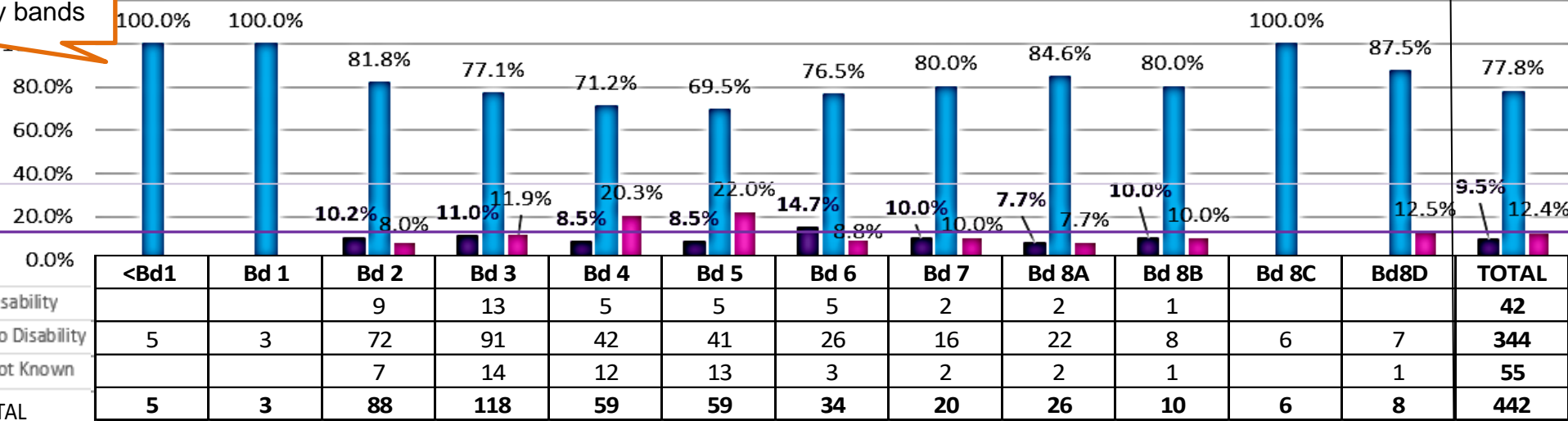


Chart shows generally lower disability representation clinical pay bands; higher rates in lower banded positions

NSCHT Clinical Workforce Disability Declaration 31.3.24

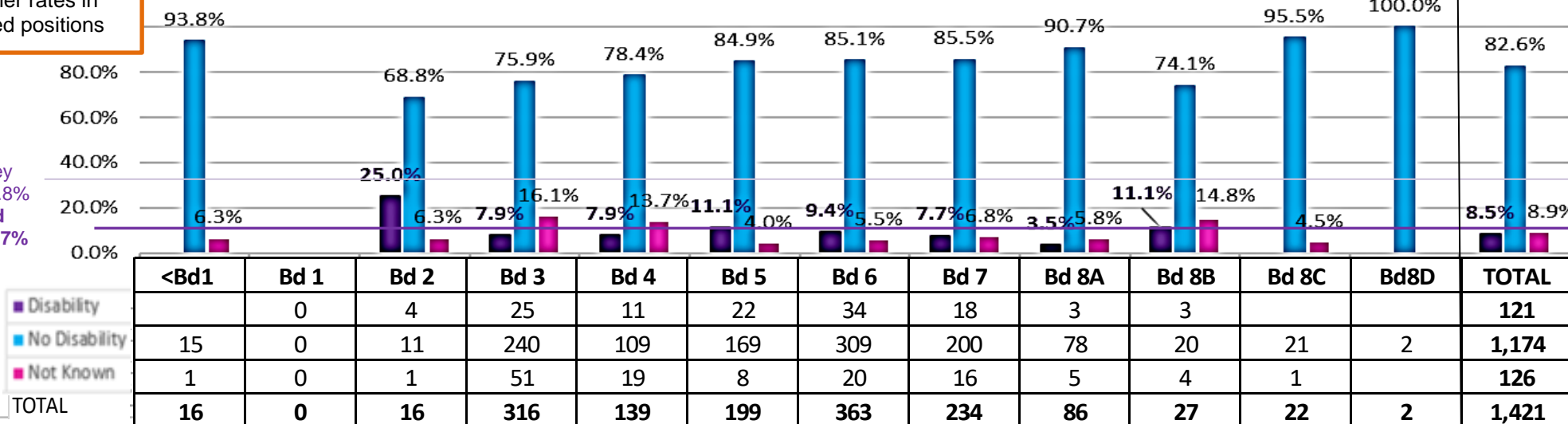


Chart 1: Charts illustrating Trust Disability Profile by band : Non-Clinical and Clinical workforce as at 31.3.24

Trust Non-Clinical and Clinical (non-medical) Workforce as at 31 March 2023 and 2024 (headcount and percentages)

2023								2024							
Non-clinical WF	Disability		No-disability		Unknown / not recorded		Total	Non-clinical WF	Disability		No-disability		Unknown / not recorded		Total
	HC	%	HC	%	HC	%	HC		HC	%	HC	%	HC	%	HC
under band 1	0	0.00%	0	0.00%	0	0.00%	0	under band 1	0	0.00%	5	100.00%	0	0.00%	5
band 1	0	0.00%	3	100.00%	0	0.00%	3	band 1	0	0.00%	3	100.00%	0	0.00%	3
band 2	9	10.11%	72	80.90%	8	8.99%	89	band 2	9	10.23%	72	81.82%	7	7.95%	88
band 3	12	11.01%	81	74.31%	16	14.68%	109	band 3	13	11.02%	91	77.12%	14	11.86%	118
band 4	3	5.00%	41	68.33%	16	26.67%	60	band 4	5	8.47%	42	71.19%	12	20.34%	59
band 5	2	4.44%	30	66.67%	13	28.89%	45	band 5	5	8.47%	41	69.49%	13	22.03%	59
band 6	5	14.71%	24	70.59%	5	14.71%	34	band 6	5	14.71%	26	76.47%	3	8.82%	34
band 7	1	4.76%	17	80.95%	3	14.29%	21	band 7	2	10.00%	16	80.00%	2	10.00%	20
band 8a	1	4.76%	18	85.71%	2	9.52%	21	band 8a	2	7.69%	22	84.62%	2	7.69%	26
band 8b	1	7.69%	10	76.92%	2	15.38%	13	band 8b	1	10.00%	8	80.00%	1	10.00%	10
band 8c	0	0.00%	4	100.00%	0	0.00%	4	band 8c	0	0.00%	6	100.00%	0	0.00%	6
band 8d	0	0.00%	7	87.50%	1	12.50%	8	band 8d	0	0.00%	7	87.50%	1	12.50%	8
band 9	0	0.00%	0	0.00%	0	0.00%	0	band 9	0	0.00%	0	0.00%	0	0.00%	0
VSM	2	22.22%	8	88.89%	0	0.00%	9	VSM	1	16.67%	5	83.33%	0	0.00%	6
Other	1	5.88%	16	94.12%	0	0.00%	17	Other	0	0.00%	0	0.00%	0	0.00%	0
TOTAL	37	8.55%	331	76.44%	66	15.24%	433	TOTAL	43	9.73%	344	77.83%	55	12.44%	442
Clinical WF	Disability		No-disability		Unknown / not recorded		Total	Clinical WF	Disability		No-disability		Unknown / not recorded		Total
	HC	%	HC	%	HC	%	HC		HC	%	HC	%	HC	%	HC
under band 1	0	0.00%	24	100.00%	0	0.00%	24	under band 1	0	0.00%	15	93.75%	1	6.25%	16
band 1	0	0.00%	0	0.00%	0	0.00%	0	band 1	0	0.00%	0	0.00%	0	0.00%	0
band 2	3	23.10%	8	61.50%	2	15.40%	13	band 2	4	25.00%	11	68.75%	1	6.25%	16
band 3	20	6.90%	203	70.00%	67	23.10%	290	band 3	25	7.91%	240	75.95%	51	16.14%	316
band 4	15	10.60%	105	73.90%	22	15.50%	142	band 4	11	7.91%	109	78.42%	19	13.67%	139
band 5	22	11.80%	152	81.70%	12	6.50%	186	band 5	22	11.06%	169	84.92%	8	4.02%	199
band 6	25	6.90%	314	86.70%	23	6.40%	362	band 6	34	9.37%	309	85.12%	20	5.51%	363
band 7	13	5.80%	191	85.70%	19	8.50%	223	band 7	18	7.69%	200	85.47%	16	6.84%	234
band 8a	3	4.00%	63	84.00%	9	12.00%	75	band 8a	3	3.49%	78	90.70%	5	5.81%	86
band 8b	2	7.70%	18	69.20%	6	23.10%	26	band 8b	3	11.11%	20	74.07%	4	14.81%	27
band 8c	0	0.00%	17	81.00%	4	19.00%	21	band 8c	0	0.00%	21	95.45%	1	4.55%	22
band 8d	0	0.00%	2	100.00%	0	0.00%	2	band 8d	0	0.00%	2	100.00%	0	0.00%	2
band 9	0	0.00%	0	0.00%	0	0.00%	0	band 9	1	100.00%	0	0.00%	0	0.00%	1
Other	0	0.00%	5	100.00%	0	0.00%	5	Other	0	0.00%	0	0.00%	0	0.00%	0
TOTAL	103	7.50%	1102	80.50%	164	12.00%	1369	TOTAL	121	8.52%	1174	82.62%	126	8.87%	1421
Medical WF	Disability		No-disability		Unknown / not recorded		Total	Medical WF	Disability		No-disability		Unknown / not recorded		Total
	HC	%	HC	%	HC	%	HC		HC	%	HC	%	HC	%	HC
consultants	1	3.70%	19	70.40%	7	25.90%	27	consultants	1	4.17%	17	70.83%	6	25.00%	24
career grade	2	9.10%	15	68.20%	5	22.70%	22	career grade	3	12.00%	18	72.00%	4	16.00%	25
trainee grades	0	0.00%	17	89.50%	2	10.50%	19	trainee grades	0	0.00%	23	100.00%	0	0.00%	23
TOTAL Medical	3	4.40%	51	75.00%	14	20.60%	68	TOTAL Medical	4	5.56%	58	80.56%	10	13.89%	72
Grand total	143	7.64%	1484	79.32%	244	13.04%	1871	Grand total	168	8.68%	1576	81.45%	191	9.87%	1935

Table 4: Data Tables for Trust Disability Profile by band : Non-Clinical, Clinical and Medical workforce

Indicator 2: Recruitment: relative likelihood of disabled applicants being appointed from shortlisting across all posts

The recruitment score is calculated from the shortlisted and appointed data from Trust recruitment and selection activities over the period April 2023 – March 2024.

A more complete analysis of our recruitment activities (including applications stage) is included below for 2023-24 (& 2022-23).

CONTINUED IMPROVEMENT:

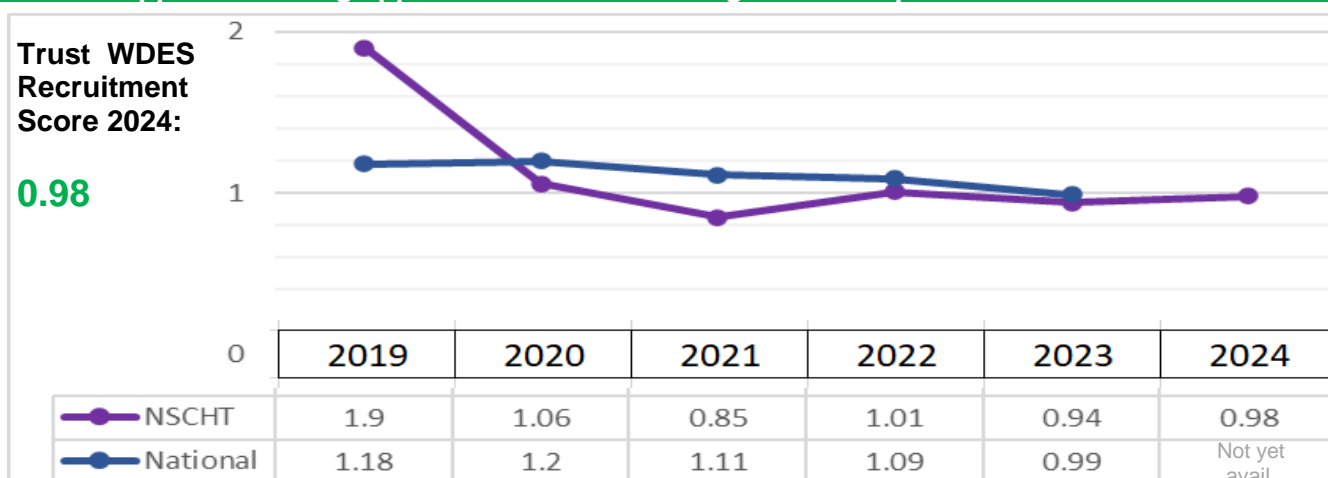
A score equal of 1.0 is equitable.

Increased slightly from 0.94 to 0.98

This is considered desirable as a score of 1.0 or close to one is ideal. A score of 0.98 is slightly skewed in favour of candidates with disabilities and this helps to redress the balance a little.

Trust Recruitment 2023-24	headcount		
	Applications	Shortlisted	Appointed
No disability	6305	1829	504
Disability (yes)	469	196	55
Disability not stated/recorded	124	49	42
	6898	2074	601
	percentages		
	Applications	Shortlisted	Appointed
No disability	91.4%	88.2%	83.9%
Disability (yes)	6.8%	9.5%	9.2%
Disability not stated/recorded	1.8%	2.4%	7.0%
	100.00%	100.00%	100.00%

Table 5: Trust Recruitment Data by Disability Category 2023-24



Trust year on year performance compared to national score

Trust worse than average

Trust better than average

Trust better than average / positively skewed

Trust better than average

Positively skewed towards disabled applicants

Anticipate in line with national average

Chart 2: WDES recruitment scores 2019 – 2023 (Trust scores compared with national average)

Trust Recruitment

Applications / Shortlisted / Appointed

2023-24

Note the proportion of applicants with a disability increases slightly at the shortlisting stage

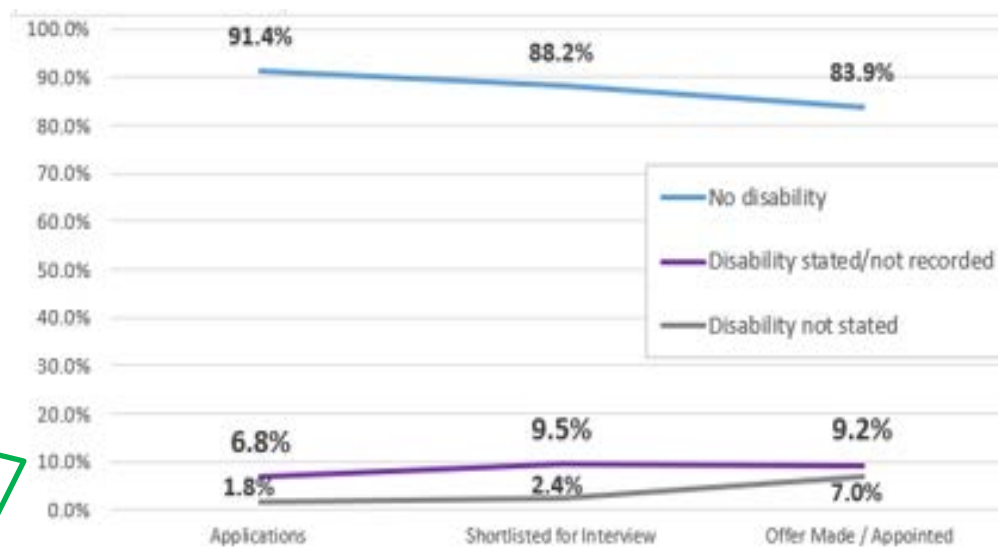


Chart 3: Disability through the Trust R&S Process 2023-24

Indicator 3: Capability Process Measure: Relative likelihood of disabled staff entering the formal capability process

	Capability cases 2022-23	Capability cases 2023-24	2 year rolling average (for WDES calculation)
No Disability	2	3	2.5
Disabled / Differently Abled	3	3	3
Disability Status not known	0	0	0
TOTAL CASES IN YEAR	5	6	5.5

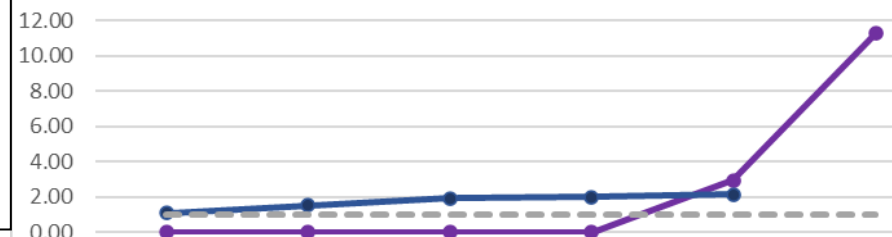
Table 6: Trust Formal Capability Procedure Cases 2022-2024

- ! Extreme outlier
- ! Measure susceptible to heavy skewing for the Trust
- ! Based on 3 cases involving colleagues with disabilities in each year (2-year averaging period)

Trust
WDES
Capability
score
2024:

11.26

Capability Measure score



WDES Year	2019	2020	2021	2022	2023	2024
NSCHT	0.00	0.00	0.00	0.00	2.96	11.26
national WDES average	1.10	1.53	1.94	2.01	2.17	Not yet avail.
Equity - - -	1.00	1.00	1.00	1.00	1.00	1.00

Trust perf.

Better than
average
(no cases)

Better than
average
(no cases)

Better than
average
(no cases)

Better than
average
(no cases)

Worse
than
average

Extreme
Outlier

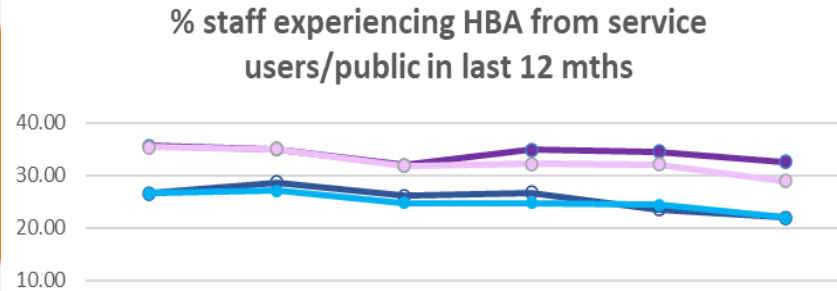
Chart 4: Trust Capability measure score 2019-24

The capability measure is a significant concern this year for the Trust. For the first 4 years of the WDES the Trust had no capability cases involving staff with recorded disabilities, resulting in a nil score. In 2023, this increased to 3 cases and gave rise to a score of 2.96 due to the skewing effect of a relatively small proportion of the workforce declaring disabilities. In 2024, for the second year in a row the Trust has had 3 capability cases involving people reporting disabilities, long term health conditions or neurodiversity. This has resulted in an extreme outlier score of 11.26. Whilst this is a highly disappointing score, it must be read in the context of it being based on just 3 individual cases.

As previously noted, this measure is potentially subject to skewing due to the relatively small size of the organisation, relatively low proportion of staff with declared disability, and low number of capability cases in total. Regardless, the Trust will undertake to review our Improving Performance process with an inclusion lens and, specifically, a differently abled focus. As a responsive measure, from September 2024, the People Operational Team (HR Advisers) will review and update, with permission, the equality information in ESR for all individuals going through disciplinary investigations, performance improvement, sickness absence management or other employee relations processes. The People Team will additionally undertake a case review of capability cases of from staff members with disability over the past 2 years, seeking common themes and learning any lessons as may be applicable. Peer organisations will also be consulted on good practise with regard to performance management of individuals with disabilities and neuro- difference. New cases arising will be monitored closely, and considered from a Just, Fair and Restorative Culture perspective prior to commencing any formal capability process.

Indicator 4a: Harassment Bullying and Abuse (HBA): Service Users and the Public

- HBA by service users & the public improved very slightly for both staff with and without disabilities.
- Trust staff with disabilities experienced more HBA than the national average, while Trust staff without disability experienced significantly less.



In the 2024 WDES (2023 Staff Survey), we saw a marginal improvement (2 percentage points) in the measure of disabled colleagues experiencing harassment, bullying and abuse from services users, relatives and the public. In this period, the corresponding figure for non-disabled staff also improved by 1.5 percentage points, closing the gap very slightly. It is a significant concern that almost one in three differently abled Trust colleagues have experienced HBA from service users and the public, compared to just over one in 5 without disabilities.

We continue to encourage staff to report incidents of abuse and bullying of all kinds. Working to reduce and eliminate violence and abuse towards our workforce continues to be the subject of a project within our Just, Fair and Restorative Culture change programme.

WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	2019 35.60	2020 34.98	2021 31.90	2022 34.86	2023 34.46	2024 32.49
NSCHT Non-Disabled %	26.50	28.62	26.08	26.69	23.56	21.92
National Disability, LTC or illness %	35.40	34.98	31.81	32.16	32.04	28.92
National Non-Disabled %	26.50	27.03	24.69	24.74	24.42	21.91
NSCHT Disability, LTC or illness responses	174	203	232	284	354	397
NSCHT Non-disabled responses	601	573	694	753	853	812

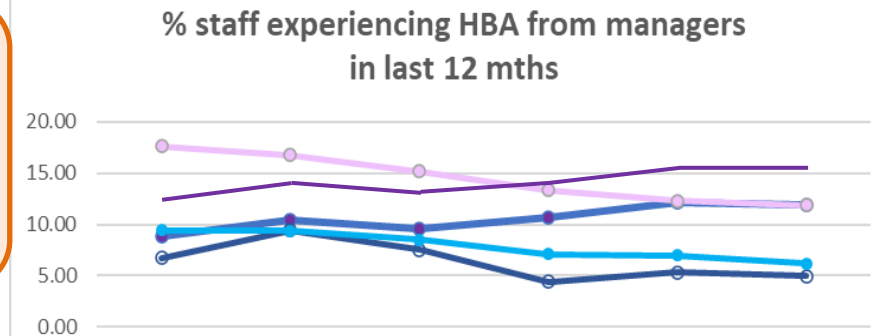
Chart 5: HBA by service users and the public in last 12 months (Trust results, 2023 staff survey)

Indicator 4b: Harassment, Bullying & Abuse: Managers

There was a marginal improvement in the percentage of staff with and without disabilities reporting HBA from Trust managers. Almost 12% of differently abled colleagues (1 in 8) reported HBA from a Trust manager, compared to 5% (1 in 20) of non-disabled Trust colleagues.

Whilst the score for differently abled colleagues was exactly average this year, it is clear unacceptable that so many staff with disabilities should feel they experience HBA from those in positions of responsibility. We continue to work to reduce and eliminate all forms of harassment, bullying and abuse, particularly those emerging from members of the Trust's own workforce / team or managers.

- Marginal improvement (reduction) in HBA from managers for both disabled and non-disabled staff.
- Average to national rate for staff with disabilities



WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	8.80	10.40	9.57	10.68	12.18	11.87
NSCHT Non-Disabled %	6.70	9.40	7.51	4.40	5.29	4.93
National Disability, LTC or illness %	17.60	16.78	15.17	13.36	12.27	11.87
National Non-Disabled %	9.40	9.38	8.52	7.10	6.99	6.19
NSCHT Disability, LTC or illness response	171	202	230	281	353	396
NSCHT Non-disabled responses	594	564	692	750	850	811

Chart 6: HBA by managers in last 12 months (Trust results, 2023 staff survey)

Indicator 4c: Harassment, Bullying & Abuse: Colleagues

There was a slight improvement in HBA reported by staff with disabilities in the 2024 WDES (2023 staff survey), but this remained significantly higher than the 2022.

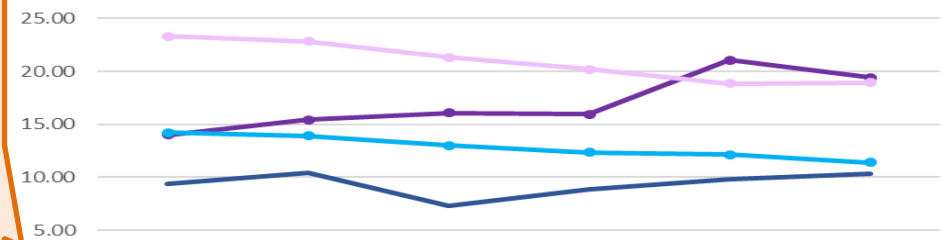
Almost **one in 5** Trust staff with disabilities reported experiencing harassment, bullying or abuse from their colleagues, compared to 1 in 10 for non-disabled staff. Despite being highly unsatisfactory, the Trust's score on this measure was equal to the national average.

Preventing and responding better to all forms of bullying and abuse will continue to be a key focus within our anti-discriminatory approach.

Chart 7: HBA by colleagues in last 12 months
(Trust results, 2023 staff survey)

- Slight improvement in HBA toward differently abled staff from other Trust colleagues
- Corresponding slight worsening for non-disabled Trust colleagues
- Trust marginally worse than national average

Staff experiencing HBA from colleagues in last 12 mths

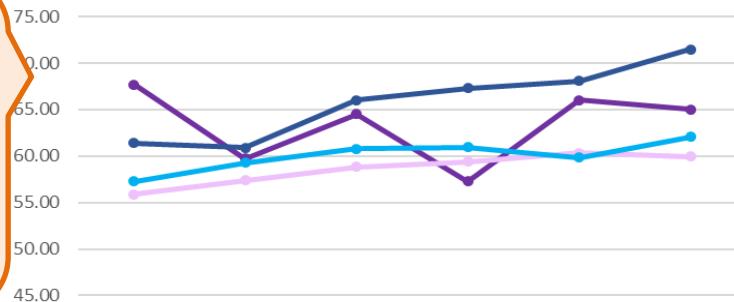


WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	14.00	15.42	16.09	15.96	21.08	19.40
NSCHT Non-Disabled %	9.40	10.41	7.33	8.84	9.82	10.33
National Disability, LTC or illness %	23.30	22.85	21.34	20.21	18.86	18.93
National Non-Disabled %	14.20	13.89	13.01	12.33	12.15	11.38
NSCHT Disability, LTC or illness response	172	201	230	282	351	397
NSCHT Non-disabled responses	595	567	682	747	845	813

Indicator 4d: Harassment, Bullying & Abuse: Reporting

- Reporting of HBA incidents marginally fell for Trust staff with disabilities, while reporting improved for non-disabled colleagues
- HBA reporting rates well above average

If HBA experienced, was it reported?



HBA creates a toxic work environment that can impair staff's ability to perform their duties effectively, compromising staff physical and mental health, and ultimately the safety and the overall quality of care provided. Hostile work environments make it difficult to recruit and retain staff, exacerbating workforce shortages and putting additional strain existing staff.

The Trust continues to have higher than average rates of reporting of incidents of harassment bullying and abuse, with approximately two thirds of staff in both groups reporting HBA when they experienced it. Reporting improved further in 2024 (2023 survey) for non-disabled colleagues, but fell slightly for staff with disabilities. The Trust continues to encourage and support colleagues to report all untoward abusive incidents and is committed to taking action in response to reports made.

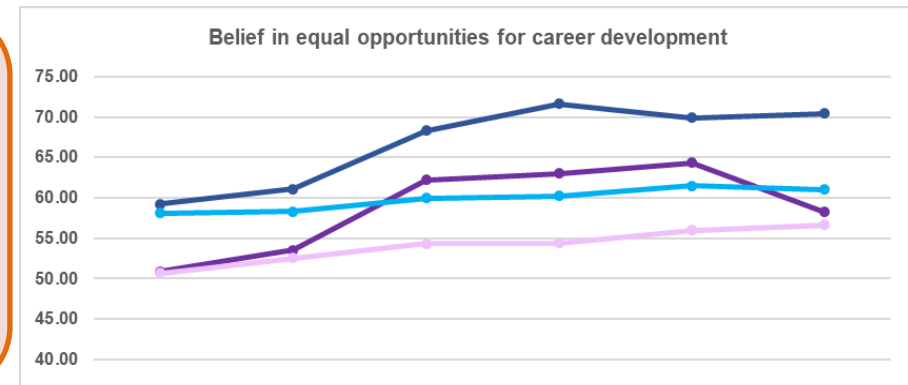
WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	67.70	59.74	64.52	57.27	66.03	65.03
NSCHT Non-Disabled %	61.40	60.87	66.04	67.28	68.10	71.50
National Disability, LTC or illness %	55.90	57.37	58.81	59.38	60.32	59.93
National Non-Disabled %	57.30	59.27	60.81	60.96	59.81	62.07
NSCHT Disability, LTC or illness response	62	77	93	110	156	163
NSCHT Non-disabled responses	171	184	212	217	210	214

Chart 8: Staff Reporting HBA in last 12 months, (Trust results, 2023 staff survey)

Indicator 5: Belief that organisation provides equal opportunities for career progression & promotion

The Trust was delighted to hold the third best score nationally for perceptions of equality of opportunity for career progression and development in the 2023 WDES. It is disappointing, therefore, that there has been some slipping back of perceptions on this measure. The score for Trust disabled staff fell from 64.3% to 58.3%, compared to rising from 69.9% to 70.4% for non-disabled staff.

- Worsening (6 points) in perceptions of disabled staff the Trust offers equal opportunities for career progression; Marginal improvement (0.5%) for non-disabled colleagues
- Score for both groups remains better than national average, but only marginally for disabled staff



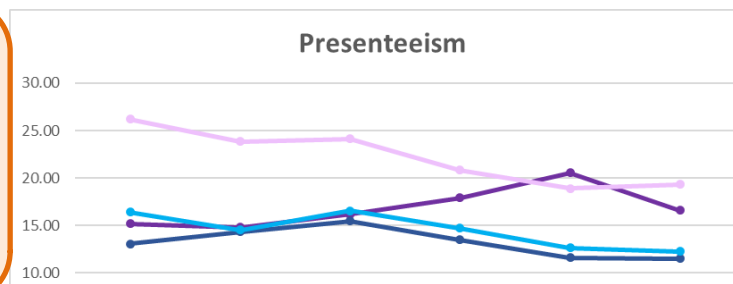
One of our Trust inclusion and belonging strategic priorities for 2024-25 is to focus on more equitable and inclusive talent management and career progression for our diverse talent.

Chart 9: Belief in equal opportunities for career development & progression (Trust results, 2023 staff survey)

WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	50.90	53.50	62.23	63.03	64.33	58.27
NSCHT Non-Disabled %	59.20	61.08	68.30	71.64	69.91	70.42
National Disability, LTC or illness %	50.70	52.55	54.31	54.38	55.99	56.66
National Non-Disabled %	58.10	58.30	59.96	60.23	61.48	61.00
NSCHT Disability, LTC or illness response	175	200	233	284	365	393
NSCHT Non-disabled responses	598	573	694	751	854	808

Indicator 6: Presenteeism (pressure to attend work despite not feeling well enough)

- Presenteeism reduced (4%) for disabled Trust staff
- Slightly better than average (average for non-disabled staff)



WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	15.20	14.81	16.20	17.93	20.55	16.60
NSCHT Non-Disabled %	13.10	14.34	15.47	13.48	11.63	11.54
National Disability, LTC or illness %	26.20	23.86	24.14	20.85	18.93	19.35
National Non-Disabled %	16.40	14.52	16.57	14.74	12.67	12.27
NSCHT Disability, LTC or illness response	125	135	142	184	253	265

Chart 10: Presenteeism: Staff feeling pressure to attend when unwell (Trust results, 2023 staff survey)

There was a 4% reduction (improvement) in differently abled staff reporting that they felt pressure to attend work despite not feeling well enough. This was a better than average score, when compared to trusts nationally. The Trust gap between disabled and non-disabled colleagues reporting presenteeism / pressure to attend closed a little, but there remained a significant difference of 5 percentage points ie more staff with disabilities feeling pressure to attend when unwell.

When healthcare staff work while unwell, their ability to provide safe, high-quality care is compromised. This can lead to mistakes, reduced attention to detail, and ultimately, harm to patients (and staff), also contributing to reduced staff engagement and increased turnover. We will work to reduce presenteeism through progression of the 'Health and Wellbeing' strand (strand 3) of Our Combined People Plan.

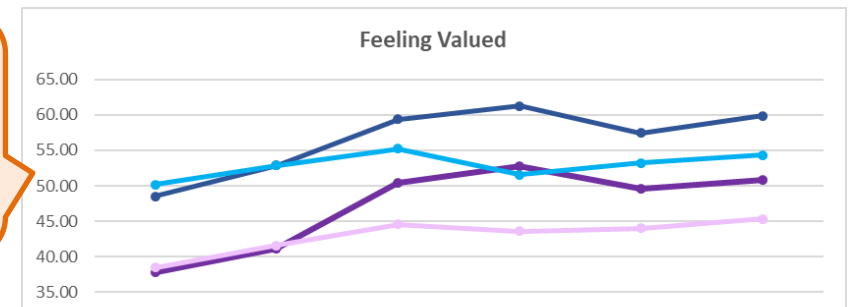
Indicator 7: Feeling Valued

Ensuring that NHS staff feel valued is essential for maintaining a high standard of patient care, fostering a positive teamwork environment, supporting overall efficiency and well-being.

It is, therefore, pleasing that Trust scores for feeling valued continue to remain significantly higher (better) than the national average for both disabled and non-disabled staff.

The Trust will continue to work to ensure that our differently abled colleagues experience a 'Great Place to Work' (strand 2 of Our Combined People Plan) where they are supported, valued and rewarded.

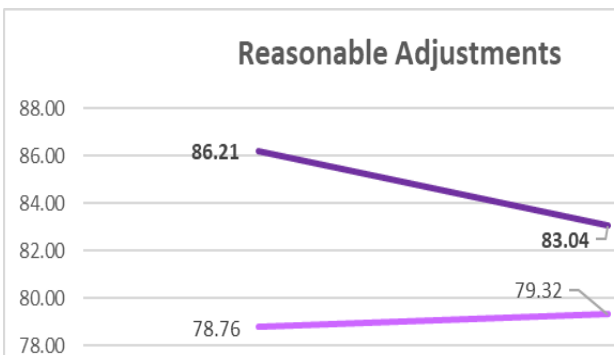
- Trust rates of feeling valued remain much BETTER than national averages
- Trust Disabled staff feel significantly less valued than non-disabled staff



WDES Year	2019	2020	2021	2022	2023	2024
NSCHT Disability, LTC or illness %	37.80	41.21	50.43	52.82	49.58	50.88
NSCHT Non-Disabled %	48.50	52.87	59.34	61.22	57.46	59.88
National Disability, LTC or illness %	38.50	41.62	44.56	43.63	44.02	45.36
National Non-Disabled %	50.20	52.87	55.25	51.54	53.25	54.35
NSCHT Disability, LTC or illness response	172	199	234	284	353	397
NSCHT Non-disabled responses	596	575	696	753	851	810

Chart 11:
Feeling valued (Trust results, 2023 staff survey)

Indicator 8: Differently Abled staff saying employer has made reasonable adjustment(s) to enable them to carry out role



WDES Year	2023	2024
NSCHT Disability, LTC or illness %	86.21	83.04
National Disability, LTC or illness %	78.76	79.32
Staff with LTC responses	203	224

Chart 12: Differently Abled colleagues reporting reasonable adjustments (Trust results, 2023 staff survey)

Making reasonable adjustments for staff with disabilities is an important part of fostering an inclusive and effective healthcare and working environment, enabling equal access to employment opportunities, supporting staff well-being and enhancing productivity. Workplace adjustments range from simple low or no cost changes, through to more complex and costly solutions, although more costly changes may attract financial support via Access to Work.

The Trust continues to perform above average nationally for the percentage of differently abled colleagues stating that they have reasonable adjustments in place to help them to carry out their role. However, the gap between Trust and national performance has closed significantly this year with a small reduction in reasonable adjustments at the Trust coinciding with an increase nationally.

It is recognised that with the ending of funding for our Differently Abled Buddy Scheme programme support, there is a need for a review of our workplace adjustments process to ensure that this is optimised to ensure that all staff requiring adjustments receive these in a timely manner that supports feelings of being valued and supported and allows individuals to perform to their full potential.

83% of differently abled colleagues have reasonable adjustments in place – better than average

Indicator 9a: Staff Engagement

Our overall Trust staff engagement scores have remained steady and strong at 7.4 over the last 4 years, and among the best in the country (top 5% of Trusts). Our Trust staff engagement score has consistently sat a little lower for differently abled colleagues than for non-disabled colleagues and this remains the case in 2024.

It is, however, of some concern that there has been a slight reduction in staff engagement this year for both disabled and non-disabled Trust colleagues. Maintaining staff satisfaction and engagement for our colleagues with disability offers an opportunity to substantially improve overall staff engagement and, with it, service user experience and outcomes.

We will continue to develop staff engagement through delivery of Our Combined People plan, and we will particularly seek to do this for differently abled colleagues through our work with our Combined Ability Network and through our work in 24-25 to review and improve access to workplace adjustments.

- **Better than average** engagement scores for disabled and non-disabled staff - but fell for both groups
- Trust disabled staff engagement remains lower than non-disabled



WDES Year	2019	2020	2021	2022	2023	2024
Organisation average	7.01	7.18	7.41	7.38	7.42	7.34
NSCHT Disability, LTC or illness %	6.80	7.01	7.20	7.06	7.13	7.08
NSCHT Non-Disabled %	7.10	7.26	7.48	7.49	7.55	7.46
National Disability, LTC or illness %	6.70	6.71	6.85	6.74	6.74	6.82
National Non-Disabled %	7.10	7.17	7.26	7.17	7.18	7.23
NSCHT Disability, LTC or illness response	175	203	234	285	356	399
NSCHT Non-disabled responses	602	577	698	757	857	815

Chart 13: Staff Engagement score (Trust results, 2023 staff survey)

Indicator 9b: Disabled Voices: Measures to hear Disabled Staff Voice

The Trust has continued to work to listen to and engage with differently abled colleagues in a variety of ways through 2023-24 and beyond. Key to this have been our Combined Ability Staff Network and our Differently Abled Buddy Scheme.

CAN meets at least bi-monthly as well as having an ongoing Teams chat open and actively utilised by network members. Our CAN Lead is a member of our Trust Inclusion Council, which meets bi-monthly and is chaired by our CEO and deputised by our CPO. CAN members are regularly consulted with regarding a range of measures to better support differently abled colleagues, as well as to seek a disability perspective on wider changes and approaches.

Indicator 10: Trust Board Membership

2024	Non-Disabled headcount	Disabled headcount	Non-Disabled %	Disabled %
Executive Directors	5	2	71.4%%	28.6%
.. Of which: Voting members	5	2	71.4%	28.6%
Non-Executive	7	0	100.0%	0.0%
..Of which: Voting members	6	0	100.0%	0.0%
Total board members	12	2	85.7%	14.3%

Table 7: Trust Board Disability Profile 2024

Further to changes in board membership, the Trust Board now has 2 members who have declared a disability (down from 3 in 2023)

Of these, both are executive members (and both voting positions), with no non-executive members declaring disabilities

		<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
Differently Abled Board membership	WDES national average	2.0%	3.0%	3.7%	4.6%	5.7%	Not yet avail.
	NSCHT performance	0.0% <i>Worse than average</i>	7.7% <i>Better than average</i>	14.3% <i>Better than average</i>	20.0% <i>Better than average</i>	23.1% <i>Much better than average</i>	14.29% <i>Anticipated better than average</i>

Table 8: Trust Board Membership Disability, 2019-24

The Trust is proud to have a diverse Trust Board (including ethnicity and LGBT+). It is pleasing to see that 2 of our executive team (both voting members) have declared that they have a disability or long-term condition. No non-executive directors have declared a disability, long term health condition or neurodiversity.

The reduction in the number of board members declaring disability means that, whilst board representation exceeds our overall Trust rate (8.67%) it now falls well below the rate stated in our latest NHS Staff Survey (32.84%) for members of the workforce having a long-term health condition.

4.0 WHAT HAVE COMBINED BEEN DOING TO ADVANCE THE WDES OVER THE PAST 12-18 MONTHS?

Inclusion and belonging have continued to be centre-stage to our People approach at Combined. We have been developing and refining our approach, with a focusing on ensuring that all individuals and groups in our workforce experience a great place to work, where they are included, valued, supported and cared about. In other words, that all our colleagues feel that they belong.

We continue to use our Combined People Plan to shape and measure the impact of our work to improve inclusion, including disability inclusion, particularly by:

- *Celebrating & recognising diversity*
- *Developing a culture of justice, belonging & inclusivity*
- *Being representative of our diverse communities at every level*

Key work programmes to advance differently abled inclusion through 2023-24 included:-

- Progressing our **Differently Abled Buddy Scheme** through all of 2023-24 (programme evaluation report available on request)
- **3 Inclusion School sessions** – including ‘*Carrying the Ball: Our ICS Journey to Disability Inclusion* with Aaron Phipps MBE’, Nov 2023
- Progressing our **#InclusiveHR** change programme with our People Directorate, with the aim of ‘practising what we preach’ on equality
- Further extending our roll-out of **Comfortable Being Uncomfortable** with Race and Difference cultural education programme, including a focus on neurodiversity
- A range of **Talent Schemes** and **Leadership Development** offers incorporating education on inclusion for all participants:
 - High Potential Scheme
 - Connects leadership programme
 - Trust Leadership Academy
- Our **Combined Ability Staff Network** continued to grow in its influence and impact on Trust activities and decision making
- Our **Inclusion Trailblazers Project** delivered a range of changes to remove barriers to equity and effect greater inclusion
- Reviewed by Autistica against the **Neurodiversity Employer Index** with recommendations for improvements
- Worked to develop disability accessibility through our **Accessibility Toolbar, AccessAble and MindView**
- In addition to our Hormonal Health Policy, established our **Menopause Cafe** and a range of menopause support and funded programme of provision of free emergency **period products** through Trust toilets through the Trust Dragons’ Den scheme



Figure 2: Combined People Plan 2023-28 at a glance summary

Further detail on our WDES action plan 2023-24 progress at *Appendix 1*. For more detail on progress with our wider Inclusion programme of work, see our *Inclusion and Belonging Annual Report 2024 on the Trust's [Inclusion and Belonging Page](#)* (publication due Oct 2024).

5.0 WDES ACTION PLANNED FOR 2024-25

Our focus in 2024-25 will be on 'doing fewer things better', maximising the measurable impact of change interventions action, and working to ensure the sustainability of these outcomes, summarised as below [for full detail, see Appendix 2].

1. Delivering key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme, including to:

- Launch and roll-out our new Inclusive Recruitment Toolkit and Inclusive Recruitment Development programme
- Review posts at band 8A+ to better understand the issues / reasons behind lack of diversity in appointments at this level (NEW)
- Respond effectively to feedback from staff about experiences of recruitment process from a disability/neurodiversity perspective (NEW)

2. Reducing inequalities and health inequalities for our differently abled workforce, including to:

- Ensure equitable access to health and wellbeing offers for all staff (our workforce as a microcosm of our local population).
- Support inclusive talent management and career development / progression for all, through targeted promotion of our career development workshops and career conversations for differently abled colleagues (NEW)
- All executive directors to set and deliver against one or more EDI objectives for their Directorates in 2024-25 (NEW)
- Introduce and embed an HR / EDI Dashboard for all services and Directorates to support accountability for positive change within each service (NEW)
- Deliver the Trust's first Disability Pay Gap report, including analysis at service and Directorate levels (NEW)

3. Progressing our high-visibility anti-discriminatory approach, delivering against tangible key milestones including to:-

- Deliver a targeted high-profile and impactful communications plan around anti-discriminatory practise
- Actively debias our Trust Disciplinary and Improving Performance processes and access to Flexible Working and Flexible Retirement, using a critical disability lens (NEW)
- People Ops Team to proactively seek to review protected characteristics at the outset of all employee relations processes and to gain agreement for these to be updated where applicable. (NEW)
- Consult, listen and respond effectively to the voice of our Combined Ability Network on a wide range of workforce matters

4 Educating for Inclusion: advancing a supporting programme of education to underlie our work in priorities 1, 2 and 3 above:

- A leadership educational intervention, supporting deeper understanding of disability and neurodiversity inclusion and workplace adjustments (NEW)
- Programme of education on responding effectively to incidents of abuse, discrimination, incivility (NEW)
- Education-based activities to celebrate disability, health and neurodiversity-themed dates in the inclusion calendar

6.0 CONCLUSIONS AND RECOMMENDATIONS

We are pleased to report on continued progress in key sections of our WDES results 2024, most notably in:

- the **continued growth in staff declaring disabilities**
- **maintenance of equitable recruitment and selection** from a disability perspective, and
- a **reduction in presenteeism** (fewer differently abled colleagues feeling pressure to attend work despite not feeling well enough).

However, even on these measures, it is clear that there is much more to do. There are still a great many colleagues who identify as having disabilities, long term health conditions and/or neurodiversity who do not yet feel comfortable and confident enough to disclose this within ESR, as evidenced by the large gap between staff survey data and ESR disability statistics. It is also clear that there is much more we can do to make our recruitment and selection processes more disability-inclusive by design, as a central feature within all jobs advertised. Despite improvement made, one in 6 differently abled colleagues feel pressure to attend work when feeling unwell, compared to one in 9 non-disabled colleagues. It is of significant concern that the Trust has witnessed a slowing of progress and, in some cases, a worsening of performance on a number of WDES indicators, particularly the capability measure, perceptions of equal opportunities for career development and progression, and differently abled staff feeling less valued and less engaged.

Our sustained focus and drive for continuous improvement on inclusion for all will take us to the next stage in our ambition of delivering Outstanding inclusion in 2023-24. Increased Directorate accountability for improving inclusion through monitoring of evidence-based measures known to elevate equity will be key to this as we continue to work towards being a truly 'great place to work' for all staff, including those who are differently abled.

What we need in 2024-25

We need the **commitment and action of all our leaders** in 2024-25 to rooting out the causes of unfair differences in the quality of the employment experiences between our differently abled workforce and those without health conditions, disability or neurodiversity.

We ask all leaders to **prioritise work on improving inclusion, debiasing processes and actively becoming anti-discriminatory** as a key means of jointly improving retention, engagement and performance, offering a great place to work for all, and at the same time improving the quality and safety of our service user experiences and outcomes.

Recommendations

Board members, Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:-

1. Note the progress and areas of reduced performance with our 2023-24 WDES journey
2. Approve this 2024 WDES report and 2024-25 Action Plan for publication
3. Note that personal and team action will follow from the outlined action plans and commit to delivering against these within own area of responsibility
4. Continue to act as active ambassadors of disability inclusion, championing an inclusive and anti-discriminatory culture and take action to root out the causes of bias reflected in the WDES outcomes from our Trust processes
5. Take individual personal responsibility for updating personal awareness and deeper understanding on race inclusion, seeking help where required

END

APPENDIX 1: Progress Report: WDES Action Plan 2023-24

WDES Action Priorities 2023-24	Train	Retain	Reform
1. To further extend our work to debias our employee relations and talent management processes to achieve a position where differently abled workers are as likely to access development and advancement as their non-disabled counterparts	<ul style="list-style-type: none"> ✓ Extend inclusive recruitment training to more colleagues involved in R&S ✓ Autumn practical workshop led by recruitment lead – attendance or representation required ✓ Reciprocal Mentoring cohort 2 delivery to include differently abled colleague mentors 	<p>Creating a culture of inclusion & belonging:</p> <ul style="list-style-type: none"> • Roll out Inclusive Just and Fair Culture of Civility & Respect change programme <p>Ongoing – 2 year change programme</p>	<ul style="list-style-type: none"> • Review & overhaul R&S, disciplinary and speaking up processes based on learning in 'No More Tick Boxes' from differently abled perspective • Reinvent our diverse and inclusive portrayal of the organisation to the public to include disability focus <p>Both aspects are works in progress</p>
2. Seek opportunities to understand, engage, develop and progress our differently abled talent at every level (including bank workers) to achieve an equitable workforce profile across levels and staff groups by 2025-26.	<ul style="list-style-type: none"> • Positive action in R&S for all roles where disability is under-represented – not enacted ✓ Target under-represented groups in local community improving recruitment opportunities at every level from entry via career pathways / apprenticeships / GMTS 	<ul style="list-style-type: none"> • All Directorate and service leads to review their disability workforce profiles and engage with disabled workers about how experience could be improved. – roll forward to 24-25 re EDI dashboard • Talent management plan for board and snr teams to address lack of diversity / intersectionality – lack of disability representation in NEDs group 	<ul style="list-style-type: none"> • 'Inclusive by design' R&S and talent management processes <p>Work in progress – continue in 24-25</p>
3. End disproportionate harassment, bullying and abuse against our differently abled workforce Project group action delivered through 23-24 and ongoing	<ul style="list-style-type: none"> ✓ Ongoing leadership development and education in support of our culture of inclusion ✓ Wider development and awareness raising on inclusion 	<ul style="list-style-type: none"> • Project to deliver 10% improvement in HBA incidents against our differently abled colleagues in year – some improvement achieved by not 10% ✓ Further extend visibility re Differently Abled Buddy Scheme & disability 23-24 	<p>! Directorates to plan to highlight and target key services for action on reduction of violence, aggression and HBA (applying 80:20 rule) including disability focus – not enacted</p>
4. Make EDI and disability inclusion everyone's business – and make it demonstrable and sustainable – work in progress with more to do in 24-25	<ul style="list-style-type: none"> ✓ Continue to educate on inclusion:- <ul style="list-style-type: none"> ○ Inclusion School ○ Weekly Newsround ○ Trust / system leadership programmes and positive action programmes ○ Inclusion awareness days and events celebrated and used as education opportunities 	<ul style="list-style-type: none"> • Enhance our Flexible Working offer with specific focus on staff in minoritised groups, linking with Health Passport • Board members to demonstrate improvements in culture through data and lived experience. • Further embed role and impact of CAN network and other staff networks and the Differently Abled Buddy Scheme (seek long-term funding) 	<ul style="list-style-type: none"> • Implement and embed the NHS EDI High Impact Actions over a period of 2 years and review and re-consider extending application of the Disability Confident framework – work in progress • Introduce quarterly Trust & Directorate EDI metrics to show progress in disability inclusion (RAG rated) from Q3 – based on NHS EDI Improvement Plan metrics – build in accountability – work in progress
5. Directorates and services to work to close the gap between declared disability in ESR and the rate suggested by the NHS Staff Survey	Staff at every level to understand WHY we should ask about disability, health and neurodiversity and HOW to ask in an appropriate & sensitive way – Inc School	Line managers to have regular conversations on inclusion & wellbeing with team, group and individual staff members, demonstrating compassionate inclusive leadership.	<ul style="list-style-type: none"> • Plan and prepare to analyse and publish 1st Trust Disability Pay Gap and action plan in 2024-25 – first report to be published in 2024

APPENDIX 2 - INCLUSION AND BELONGING ACTION PLAN 2024-25

Key action to develop Inclusion and Belonging in 24-25, incorporating action across the 10 WDES indicators, is outlined in the table below:

Action	Links to Equality Objectives 24-28	Links to 24-25 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at 09.24)
1. Deliver key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme					
1.1 Develop Inclusive Recruitment Toolkit and Inclusive Recruitment Development package utilising theory / approach of No More Tick-Boxes' and 'If Your Face Fits' (Kline, 2023)	4	1	Must	AS	Oct 2024
1.2 Undertake analysis of applications-shortlisting/interview-appointment for posts at band 8A and above to better understand the issues / reasons behind lack of diversity in appointments at this level, and implement action based on findings	4	1	Should	People Team	Dec 2024
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective	4	1	Should	AS	Oct 2024
1.4 Develop a plan to roll-out of Inclusive Recruitment development (considering the needs of both new recruiting managers and existing recruiting managers)	4	1	Should	AS	Dec 2024
2. Reducing inequalities and health inequalities for our service users and staff					
2.1 All services to undertake a review of service user ACCESS analysed with a race lens in 2024-25 and present findings to Directorate committee (3 services to do deeper review via EDS framework – see 2.5 below))	2 & 3	2	Should	All Service Leaders	March 2025
2.2 Equitable access to health and wellbeing offers for all staff (our workforce as a microcosm of our local population). Review take-up by diverse characteristics colleagues.	2	2	Should	Dawn Ainsworth	Dec 2024
2.3 Implement new guidance on recording gender codes in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available When in place, action needed to analyse the data and identify next steps	1	2	Must	Vicky Boswell / Lauren Cartwright	Dec 2024
2.4 Launch and embed new guidance and approach to RADF (Reasonable Adjustment Digital Flag) as mandated through ISN re-recording disability/ accessible information needs in Electronic Patient Record	1	2	Must	Lauren Cartwright with LF	Dec 2024
2.5 Three services to be reviewed and rated under the EDS framework for 2024-25 (detailed review of Access, Experience, Safe from Harm, Outcomes)	1	2	Must	Identified Service Mgrs / LF	March 2025
2.6 Review business case for AccessAble and make decision on potential extension for years 4 and 5 (if approved, commission inclusion of Keele	4	2	Should	Lesley Faux	Nov 2024

Medical Practice and consider inclusion of Lawton House into surveyed premises)					
2.7 Support inclusive talent management and career development / progression for all , through promotion of our career development workshops and career conversations - see Career devt link . This offer to be specifically targeted to staff with diverse characteristics (focus on race and disability. Encouraging take-up of coaching and mentoring by diverse characteristics colleagues	4	1 & 2	Should	Jody Nicholls	Mar 2025
2.8 All executive directors to agree and deliver against personal and Directorate EDI objectives in 2024-25	1-4	1 - 4	Must	BA / Execs	Oct 2024
2.9 Introduce and embed an HR / EDI Dashboard for all services and Directorates Monthly, Quarterly and Annual Monitoring and RAG rating of good / poor performance of (minimum by Dec 24), supporting identification of issues, ownership, prioritisation of action and progress monitoring of action in each service:- <ul style="list-style-type: none"> • Workforce ethnicity, LGB+ and disability profile • Snr leadership representation. (Band 8A,8C upwards) – ethnicity, disability, LGB+, & gender • Diversity in shortlisted candidates (Global Majority / Differently Abled / LGB+ candidates) • WRES / WDES and LGB+ Recruitment score by service (x2 annually TBC) • Bullying & Harassment (NSS) rates from line mgrs/colleagues 	2 & 3	2 & 3	Should	Dave Hewitt, CIO with LF	Phase thru' 24-25
2.10 Deliver the Trust's first Ethnicity Pay Gap and Disability Pay Gap reports and identify and commit to appropriate action, alongside the Gender Pay Gap report for data to end March 2024	1	2	Must	Lesley Faux, EDI Lead	Dec 2024
3. To progress our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones including:-					
3.1 Development and delivery of a targeted high-profile and impactful communications plan around anti-racist and anti-discriminatory approach (including refreshed posters & promotional campaign). To include anti-abuse message in conjunction with Craig Stone work.	4	1-4	Should	Comms team with LF	March 2025
3.2 Share outcomes and taking meaningful action from learning emerging from staff speaking up reviews , including FTSU, Dear Buki etc	4	2 & 3	Must	AD of OD	March 2025
3.3 Review application of Trust Disciplinary Procedure and Trust Supporting Staff to Improve Performance Procedure through case review, taking a	4	1 & 3	Should	Laura Reynolds / People Ops Team	March 2025

critical race and disability perspective. Propose and implement changes to debias process based on findings.					
3.4 Begin work to review and debias access to Flexible Working and Flexible Retirement with an EDI lens	4	1 & 3	Should	Laura Reynolds/ People Ops Team	March 2025
3.5 Review Workplace Adjustments and Access to Work process to eliminate delays and barriers to support for differently abled colleagues <ul style="list-style-type: none"> i. Ensure all job applicants are aware of the Trust's approach to supporting differently abled colleagues and workplace adjustments ii. Share guidance and awareness raising around 'This is Me' Health Passport. Consider implementing a timeframe whereby all new staff have a discussion with their line manager about the 'This is Me' health passport within x weeks of commencing work 	4	3	Could	Laura Reynolds, Laura Ross & Laura Reynolds	Jan 2025
3.6 Continue to embed EDI as everyone's responsibility , core to Trust & NHS Values	4	1-4	Should	Lesley Faux	March 2025
3.7 Listen and respond effectively to the voiced concerns of our global majority workforce / ENRICH members following civil unrest of Aug 24 <ul style="list-style-type: none"> i. Listening session held with ENRICH members ii. Manager and staff guidance developed and issued iii. One Combined / Parade of Flags video developed & launched 	4	2	Should	Kerry Smith BA RC JMcC	08.24 09.24 10.2024
3.8 Continue to encourage and support culture of inclusion, openness, authenticity and psychological safety at work through development of the Trust as a great place to work for all & celebration of diverse talent	4	3	Should	OD & Inclusion Team	Ongoing
3.9 People Ops Team to proactively seek to review protected characteristics at the outset of all employee relations processes and to gain agreement for these to be updated where applicable.	2	1 & 3	Should	Laura Reynolds, People Ops Team	From Sept 2024
4. Educate for Inclusion					
4.1 Shift of focus away from positive action development programmes, & towards:- <ul style="list-style-type: none"> i. Ensuring equitable access / positive skew for take-up of development and leadership development opportunities for diverse talent ii. Development programmes focussed on creating an inclusive working environment, ie educating wider workforce for deeper understanding of inclusion and the reality of experience for minoritised groups iii. All trust leadership offers to include core inclusion component geared to audience level of responsibility 	4	1-4	should	OD & Inclusion Team / service managers	ongoing
4.2 Programme of education around responding effectively to incidents of abuse, discrimination, incivility, understanding race & racism , including	4	1-4	Could	DETAIL TO BE DEVELOPED	

the need for active bystander/upstander response and the mechanisms available for reporting and addressing such behaviours.					
4.3 Deliver an Executive development session on the learning from NHS discrimination cases and setting EDI objectives	3, 4	1-4	Should	PG & LF	Jun 24
4.4 Trust Leadership Academy inclusion-themed session (TBC Nov 2024) :- <ul style="list-style-type: none"> What is the problem? Staff survey feedback and WRES/WDES/EDI outcomes for the Trust (including dashboard) How will we address this situation? Focus on anti-racist / anti-discriminatory approach, inclusive recruitment, development and progression (link to new inclusive recruitment process, training and guidance) Why? Learning from the NHS discrimination cases etc, benefits of an inclusive workplace and great place to work in terms of staff engagement and sense of belonging and ultimately service user satisfaction and outcomes Reiterate: What are the expectations / deliverables for all leaders	3, 4	1-4	Should	PG, LF & JN	Nov 24
4.5 Programme of activities to celebrate and educate around inclusion, following national/international awareness calendar , particularly (link to Newsround, Exec Exchange, Combined TV, podcasts, Inclusion School, Trust/system conferences and other comms opportunities):- <p>Race Inclusion:</p> <ul style="list-style-type: none"> i. 18 July – 17 August: South Asian Heritage Month ii. September: East and South Asian Heritage Month iii. October: Black History Month iv. 3-9 February 2025: Race Equality Week <p>Disability Inclusion:-</p> <ul style="list-style-type: none"> i. 14 Nov – 20 Dec: Disability History Month ii. 17 - 23 Mar / April: Neurodiversity Celebration Wk/ Awareness Mth <p>LGBT+ Inclusion:</p> <ul style="list-style-type: none"> i. February : LGBT+ History Month ii. June: Pride Month <p>Gender equality:</p> <ul style="list-style-type: none"> i. 8 March International Women's Day 	3, 4	1-4	Should	Staff Network Leads with EDI Lead	ongoing
4.6 Build on investment in established programmes (HPMA Anti-Racist Leadership Programme, WRES Champions, Reciprocal Mentoring, etc). This might involve enlisting these individuals to support design and delivery of planned interventions.	1-4	1-4	Could	DETAIL TO BE DEVELOPED	Mar 25

Equality Objectives 24-28 and EDI Goals 24-25

The numbers in columns 2 and 3 in the table above relate to the below.

Our Inclusion and Belonging Strategic Plan Equality Objective Priorities 24-28

1. Deliver overall continuous improvement in our actual and benchmarked performance on our Equality, Diversity and Inclusion Core Annual Responsibilities (see Appendix 2) to become and sustain our position as one of the best NHS employers in relation to a range of workforce race, disability, LGBT+ and gender inclusion measures, supported by an effective accountability and monitoring framework for leaders at service level and above.
2. Make demonstrable progress in significantly reducing health inequalities for our local population, including removing barriers to equitable access, experience and outcomes through all our services and demonstrating improved health outcomes, as measured by a range of patient/service user metrics.
3. Advance our position as a leading inclusive organisation by improving service user and staff experience and outcomes on a wide range of inclusion measures, including across key protected characteristics groups.
4. Deliver on our ambition to truly become an inclusive, anti-racist and anti-discriminatory organisation by 2028.

Our Inclusion and Belonging Priorities for 2024-25

1. Debiasing our Trust recruitment processes - leading to greater representation and parity and more inclusive talent management
2. Reducing health inequalities for our service users and staff - leading to measurable reduction in gaps in access (focus on access in year 1, experience yr 2, outcomes yr 3)
3. 'High visibility' focus around anti-discriminatory approach
4. Educating for inclusion

↑ --- Educate for Inclusion --- ↓