**Report to the Board of Directors: 11 October 2023**

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| **Agenda item** | 8.2 |
| **Title** | Annual Workforce Disability Equality Standard (WDES) Report 2023 |
| **Sponsoring executive director** | David Wherrett, Director of Workforce |
| **Author(s)** | Monica Jacot, Head of Equality Diversity and Inclusion  |
| **Purpose** | To receive the annual WDES Report 2023 and action plan.  |
| **Previously considered by** | Workforce and Education Committee, 20 September 2023 |

**Executive Summary**

This paper sets out the latest annual Workforce Disability Equality Standard (WDES) metrics and report for CUH.

In summary, the Trust has improved on four ofthe 10 WDES metrics since 2022 (metrics 1, 2, 3 and 10). Metric 4 comprises four component parts. There has been a worsening in the position for metrics 4, 5, 7, 8, 9 and 10.

The report provides an update on each of the areas of the WDES action plan, and requests action from the Board in a number of areas to progress disability, equality and inclusion at CUH.

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| Related Trust objectives | Improving patient care;Supporting our staff  |
| Risk and Assurance | Mandated in the NHS contract and considered by the CQC  |
| Related Assurance Framework Entries | BAF ref: 008 |
| How does this report affect Sustainability? | n/a  |
| Does this report reference the Trust's values of “Together: safe, kind and excellent”? | Yes  |

**Action required by the Board of Directors**

The Board is asked to:

* Note and discuss the WDES metrics, changes from 2022 and the engagement of staff with disabilities, health conditions and neuro-differences.
* Note that the WDES position set out in this paper sits alongside the Trust’s overarching commitment to workforce inclusion across a range of protected characteristics.
* Agree the proposal for updated action plans.
* Align this work with other Trust priorities to ensure our actions create a fair and more inclusive place to work for all staff, taking best practice from priorities such as: current race equality discussions; the Trust’s approach to bullying, harassment and violence in the workplace; recruitment and resourcing; just and learning culture.
* Ensure their personal information on the Electronic Staff Record (ESR) is updated, including disability status.
* Consider personal actions and commitment to progress disability equality and inclusion at CUH as part of the broader inclusion agenda.

**Cambridge University Hospitals NHS Foundation Trust**

 **11 October 2023**

**Board of Directors**

**Annual Workforce Disability Equality Standard Report 2023**

**David Wherrett, Director of Workforce**

**Claire London, Director of Culture, Leadership and Learning**

**Monica Jacot, Head of Equality, Diversity and Inclusion**

1. **Introduction**
	1. This paper sets out the latest annual Workforce Disability Equality Standard (WDES) metrics and report for the Trust, now in its fifth year. While progress has been made in some areas, the results highlight the continued disparity of experience for our staff with disabilities, health conditions and neurodifferences compared to those without, with these gaps in experience increasing in many cases. Appendix 1 provides background and context to the WDES.
	2. The WDES is a key part of the Trust’s workforce commitment to inclusion: we will strive to drive out inequality, recognising we are stronger as an organisation which values difference and inclusion.
	3. A note on language: the term ‘disabled staff’ is used throughout this report to refer to anyone with a disability, long term health condition or neurodifference that is protected under the Equality Act 2010. This is in line with the language used throughout WDES and based on self-reporting through ESR and the National Staff Survey. It should be noted that many staff will not consider themselves ‘disabled’ and caution should be used in applying this term to individuals. ‘Non-disabled’ is used throughout the report to refer to anyone who does not have a disability, long term health condition or neurodifference, according to their ESR or National Staff Survey response.
2. **WDES Metrics for 2023**
	1. There are ten metrics within the WDES that highlight and examine the inequalities between disabled and non-disabled staff. Appendix 2 shows full WDES metrics on a slide deck.
	2. In summary, there is an improvement in the position against 4 of the ten metrics since 2022:
* **Metric 1:** percentage of disabled staff compared with overall workforce.

5.1% of staff have recorded a disability on ESR – an increase from 4.2% in 2022. 14.7% unknown on ESR (blank) – down from 20.3% in 2022.

* **Metric 2:** relative likelihood of being appointed from shortlisting.

Non-disabled and disabled applicants are equally as likely to be appointed after shortlisting. In 2022/23, the likelihood ratio of non-disabled staff compared to disabled staff being appointed after shortlisting was 1.04 and indicates that there is no difference: i.e., non-disabled applicants are equally as likely of being appointed from shortlisting as Disabled applicants. This is an improvement from 2021/22 last year’s position.

* **Metric 3:** relative likelihood of disabled staff compared with non-disabled staff entering the formal capability process based on a 2-year rolling average.

In 2022/23, disabled staff were 5.47 times more likely than non-disabled staff to be entered into the performance management process. This is a minor improvement on the previous two-year rolling average of disabled staff 6.58 times more likely. A small number of cases can impact this ratio. On average of the 18 performance management cases, 4.5 staff have recorded on ESR that they have a disability or health condition.

* **Metric 10:** Board representation.

One board member, a non-executive director, is recorded on ESR as having a disability.

* 1. There has been a worsening in the position for the other metrics in relation to the annual staff survey results for 2022.
* **Metric 4a – 4c:** % of disabled staff compare to non-disabled staff experiencing harassment, bullying or abuse from: i) patients/service users; ii) managers; iii) other colleagues.

* **Metric 4d:** % of disabled staff saying last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
* **Metric 5:** percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
* **Metric 6:** % 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.
* **Metric 7:** percentage of staff saying they are satisfied with the extent to which their organisation values their work.
* **Metric 8:** percentage of staff saying their employer has made adequate adjustments to enable them to carry out their role.
* **Metric 9a:** staff engagement score.
	1. The Trust has and continues to take action to ensure the voices of disabled staff are heard and acted upon in the organisation. (Staff engagement, Metric 9b: Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?). The following areas of staff engagement are highlighted:
* The CUH Purple Network has been active since December 2019, currently under the leadership of Glynn Rolland and Nonte Mfefa. The Purple Network is for staff with any visible or invisible disability, physical or mental health condition or neurodifference, as well as anyone with an interest in equality and inclusion in this area.
* The network had previously worked alongside its executive sponsor, Ewen Cameron, Executive Director of Improvement and Transformation. Ewen provided a direct link between the network and the Board until leaving the Trust in April 2023. A new executive sponsor for the network is in the process of being identified.
* Members of the Purple Network are invited to attend the WDES Implementation Group, and the committee are invited to attend the Equality, Diversity and Dignity Steering Committee.
* The WDES action plan was originally co-produced with members of the Purple Network, and the network continues to shape priorities and work streams. The network benefits from a number of passionate and committed individuals who are generous with their time and are involved in various projects over and above their usual role in the Trust. The most recent WDES metrics have been shared with and discussed at Purple Network meetings during the spring of 2023.
* The Purple Network is often used as a consultative mechanism, with members asked to share their views on a number of significant areas, including the refresh of the CUH strategy and development of the Cancer Research Hospital.
* The Trust also has an Open Minds network (previously called Time to Change) chaired by Abbie Jarvis and Sarah Folkard, which campaigns specifically against mental health stigma and for mental health awareness. Staff from the Open Minds Network are actively involved in the Trust’s health and wellbeing plans.
* The Purple Network have launched ‘disability champions’, with the aim of providing a specific point of contact and shared lived experience for individuals living with particular health conditions or disabilities, as well as being able to improve awareness and raise systemic issues. Disability champions have been involved in supporting communications around particular awareness days and weeks that relate to the relevant health condition or disability.
* Members of the network have been instrumental in shaping the WDES action plan.
* Neuro-divergent colleagues and Purple Network members are part of the

neurodiversity working group implementing a neurodiversity inclusion plan. The plan was coproduced in 2022 with workforce representatives and neuro-divergent colleagues in partnership with Lexxic, a specialist neurodiversity consultancy.

* The Trust is a member of Purple Space, a professional development organisation for disability network leaders. Members of the network have access to the resources and materials available through the Purple Space website hub. There is opportunity to attend their ‘Networkology’ workshops, already attended by a number of network members.
* A number of disabled staff are ‘Freedom to Speak Up Listeners’, offering support to staff who want to raise concerns about work and don’t feel able to speak to or access other sources of support. Disabled staff are also represented among our trade union stewards and workplace representatives.
* Plans for additional cohorts of reverse mentors are underway, which will include members of the Purple Network mentoring senior leaders.
1. **WDES Action Plan 2022/23 progress**

3.1Our WDES action plan has focused on three priority areas:

* Reasonable adjustments
* Career progression
* Creating a supportive inclusive culture

Actions in the past 12 months have been as follows:

3.2 Priority 1. Reasonable Adjustments

**Workplace Adjustments Service** led by the occupational health team was piloted from June 2022. The service was fully launched in May 2023 with service user guide, flow chart, request form and dedicated email address. The launch of the service was discussed at 8:27 CEO team briefing with occupational health colleagues and Purple Network members discussing the new service and promoting the Purple Passport in various communication channels. This service enables funding from central budgets for physical equipment/adaptations and not for modifications to working hours or duties. Neuro-divergent colleagues can also use this service to request a workplace needs assessment to be carried out by Lexxic. This is not a diagnostic service but will identify any adjustments that would improve an individual’s working life. Adjustments that involve, for example, changes to working patterns or hours, remain the responsibility of the line manager.

**The Purple Passport** continues to be a useful tool to support an open conversation to create a shared understanding about any health conditions, disabilities or neurodifferences and the support an individual requires to enable them to perform well.

**Campaign to improve staff sharing of disability/health condition at commencement of employment and during their career at CUH**. Reminders continue to be shared through communication channels for staff to update their equality information on ESR. This includes links to FAQs about why this information is collected and what happens to it. The latest workforce information data shows that 5.7%% (61) of staff have recorded that they have a disability on ESR, with 0.2% (29) actively stating they prefer not to say and unknown. This is an improvement from 4.2% with a recorded disability in March 2022, and 20.4% unknown. 22% of CUH respondents to the 2022 NHS staff survey have identified as having a long-term condition or illness.

The WEC members and Board are asked to ensure their own ESR profiles are up to date. WEC Board members are requested to update their disability status and other equality information on ESR in order to role model this to the organisation.

A number of staff stories from disabled staff continue to be developed and shared, helping to create a culture where disability and difference is celebrated and is openly discussed.

**Accessibility of training**. The head of learning and development commissioned training for facilitators within leadership and learning and development and in delivering accessible learning that supports additional learning needs.

The head of learning management system (LMS) DOT and head of learning and development are working together to update DOT. This work focuses on ensuring learner profiles show additional learning support needs. That these are recorded and requested when booking learning and development.

**Accessibility of premises.** Estates and facilities are in the process of procuring an accessibility auditor. This work is currently going out for tender. The contract with the current provider is [AccessAble](https://www.accessable.co.uk/cambridge-university-hospitals-nhs-foundation-trust/addenbrooke-s-hospital/access-guides?vtag=false) (previously called DisabledGo) that have provided a full audit of the physical premises of the Addenbrooke’s and Rosie hospitals, producing accessibility guides of all areas including entrances, clinics, wards departments photographed indicating locations of accessible entrance routes, location of disabled toilets. These guides can be accessed either on the Trust’s public website or on the AccessAble website. This service is up for renewal. The intention is that the service provider that is commissioned will review the accessibility of the premises and produce updated accessibility guides for public website to assist any disabled visitor to our hospitals.

* 1. Priority 2: Career progression

**Debiasing recruitment task and finish group**. This has been set up and is chaired by the director of culture leadership and learning. The membership consists of the director of HR, representatives from the EDI team, recruitment services, bank services, medical staffing and voluntary services. The focus of this group is to examine and de-biase the whole recruitment and on-boarding process. In addition, to implement evidence based best practice and the NHS East of England No Tick Boxes guidance and it’s supporting practitioner guidance. Progress to date includes reviewing of adverts, job descriptions and person specifications. These have been reviewed for inclusive language, a gender decoder has been used to identify and reduce bias in language. There has also been a reduction of essential criteria and removal of desirable criteria but without impacting pay banding.

The recruitment services team continue to work to ensure that imagery and communications and promotional materials are representative of disabled staff. Information about EDI including staff networks and the Purple Passport are included on the careers microsite.

* 1. Priority 3: Creating a supportive inclusive culture.

**Review management of sickness and performance management processes**. The head of employee relations is committed to improving the experience of staff being supported through the performance management process, as well as other HR processes. Discussions have taken place with the Purple Network and with individuals who were invited to share their experiences, with their feedback having prompted changes to the processes and scripts used within employee relations. Standard template letters have been reviewed to ensure a compassionate and inclusive approach. Employee relations training for line managers on managing sickness absence includes how to ensure support for disabled staff with long term health conditions with reference to the Purple Passport, adjustments process and adjustments such as flexible working.

Activity to support the Purple Network and Open Minds staff network to thrive has included:

* Disability history month. A series of talks organised by the Networks and EDI team to promote awareness and understanding.
* Open Minds network marked World Mental Health Day on 10th October with an Open Minds Cabaret night which raised money for Blue Smile charity.
* Each of the staff networks meets virtually and face to face and is focussed on growing their membership. The Purple Network have arranged regular “meet and greet sessions” in the concourse to grow network membership and promote the Purple Passport and adjustments service. The Purple Network have recruited a number of disability champions.
* The Open Minds Network has collaborated with the Addenbrooke’s Arts team with using mindfulness art sessions to encourage people to engage and created opportunities to socialise and connect to help combat loneliness. The Open Minds Network committee also facilitates monthly peer support group the “It’s Not Just You” group.
* Protected time arrangements and honorarium is now paid for the newly elected networks chairs with effect from 1 April 2023.
* The director of culture leadership and learning and EDI team are working together with the staff network chairs to create a staff network development plan to support the networks to thrive and encourage collaboration.

**Improve culture, understanding and empathy so disabled staff feel supported to tackle bullying, harassment and abuse.**

Bullying, harassment and abuse are not unique to CUH but rather evident across the whole NHS, and this is consistently higher for individuals with certain protected characteristics. CUH continually strives to be a fairer and more inclusive organisation where all staff feel valued and where there is a culture of belonging and empathy.

This work is multifaceted and does not sit solely within the WDES, although work specifically on disability awareness and confidence contributes to overall culture change and aligns to work being undertaken by the security lead, chief nurse and workforce teams. Where staff raise concerns via the Purple Network or directly to the EDI team, they are supported and action taken to address those concerns. This is often undertaken in collaboration with the employee relations team, freedom to speak up guardian and occupational health teams.

A piece of work was undertaken by the EDI project manager using qualitative and quantitative data to further understand perceptions and feelings of disabled and non-disabled staff relating to metrics 4-9. This included additional questions being used in the quarterly pulse survey in spring 2023 further to the national staff survey to inform our activity and WDES action plan.

1. **WDES action plan key priorities for 2023/24**

The focus will remain on the three areas:

* supporting reasonable adjustments
* career progression talent management
* creating a supportive inclusive culture

We will also refresh the plan to align this work with the national [NHS EDI Improvement plan 6 high impact actions](https://www.england.nhs.uk/wp-content/uploads/2023/06/B2044_NHS_EDI_WorkforcePlan.pdf).

Our plan for 2023/23 will:

Continue to support the Purple Network and Open Minds Networks to grow and develop, with active involvement in the WDES action plan alongside the network’s own priorities, with the recruitment and support of a new executive sponsor.

Continue to promote and embed the workplace adjustments service and Purple Passport and ensure this is well communicated, with regular review points to learn and improve.

Develop a disability awareness training proposal for rollout across CUH. Sessions delivered for outpatients to be evaluated robustly, including measures of performance and measures of effectiveness. Training will be further targeted at areas that would benefit most based on data and evidence.

Continue to develop resources and staff stories focused on neurodiversity, improving the organisational understanding of neurodiversity and the strengths and talents that neuro-divergent people bring to their teams.

Use the roadmap and fully implement the neurodiversity action plan generated by neurodiversity specialists Lexxic. This will involve with workforce leads and neuro-divergent colleagues as we work towards becoming a neuro-inclusive organisation.

Continued work of the debiasing of recruitment task and finish group to enable widening access, adjustments in the recruitment process on-boarding and career progression. Ensure our talent management and career development programmes are fully accessible and inclusive.

Encourage disabled staff to become diversity and inclusion panellists (DIP’s) and reverse mentors.

Continue to share staff stories, talk openly about and increase understanding of disability, health conditions and neurodifferences. This work aims to develop a culture where staff feel comfortable and confident to share their personal experiences, including recording this on ESR.

Continue to support and influence anti-bullying, harassment and abuse action plans.

Review Disability Confident membership and identify outstanding actions to achieve level 3 leader status.

Promote the visibility of leaders with a disability through effective campaigns.

Provide leadership and career development opportunities tailored to disabled staff. For example, either the Calibre Leadership programme or Disability Rights UK development programmes.

1. **Recommendations**

5.1 The Board of Directors is asked to:

* Note and discuss the WDES metrics, changes from 2022 and the engagement of staff with disabilities, health conditions and neuro-differences.
* Note that the WDES position set out in this paper sits alongside the Trust’s overarching commitment to workforce inclusion across a range of protected characteristics.
* Agree the proposal for updated action plans.
* Align this work with other Trust priorities to ensure our actions create a fair and more inclusive place to work for all staff, taking best practice from priorities such as: current race equality discussions; the Trust’s approach to bullying, harassment and violence in the workplace; recruitment and resourcing; just and learning culture.
* Ensure their personal information on the Electronic Staff Record (ESR) is updated, including disability status.
* Consider personal actions and commitment to progress disability equality and inclusion at CUH as part of the broader inclusion agenda.

**Appendix 1**

**Background and context to the Workforce Disability Equality Standard; definitions, language and underpinning principles**

* 1. The WDES was introduced in the NHS as an evidence-based tool to compare the workplace and career experiences of disabled and non-disabled staff, leading to robust action, monitoring and evaluation to support positive change and a more inclusive environment for disabled people working and applying to the NHS.
	2. At a national level, the evidence clearly highlights that many disabled staff continue to experience inequality in the workplace when compared to their non-disabled colleagues. This provides the first year on year analysis of progress for disabled staff.
	3. Under the Equality Act 2010, a person is ‘disabled’ if they have a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative impact on their ability to do normal daily activities.
		+ ‘Substantial’ means more than minor or trivial, for example taking longer to complete a daily task.
		+ Long term means lasting or expected to last 12 months or more.
	4. This definition covers a broad range of conditions, impairments or disabilities, visible and invisible, including but not exclusive to heart disease, musculoskeletal conditions, lung or respiratory conditions, stroke, mental health conditions, sensory impairments, progressive and fluctuating conditions, auto-immune conditions, developmental or learning disabilities, HIV, cancer, some injuries and neurodiversity.
	5. Nationally, data from the Office for National Statistics in September 2018 tells us that 22% of the working age population has a disability, the vast majority of whom do not use a wheelchair or any other visible aid. 83% of people acquire their disability, impairment or condition in adulthood, which for many will be during their working lives.
	6. It is estimated that by 2030, 40% of the working age population in the UK will have at least one chronic health condition or disability; this does not currently include the effects of long Covid.
	7. Many people who are ‘disabled’ under the Equality Act do not consider themselves to be disabled or may use other language to describe themselves. This report refers to ‘disabled staff’ or ‘staff with disabilities, health conditions and neurodifferences’ as shorthand, while recognising that this may not be how people talk about themselves.
	8. Our disabled staff work in a broad range of roles across the Trust, at all levels of seniority and across all staff groups.
	9. Questions about disability or health conditions are asked differently at various stages of the employee journey:
		1. When applying for a role at CUH through NHS Jobs, candidates are asked the following question:

‘Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010).

Reasonable adjustments will be made available should you be invited to interview.

According to the definition of disability do you consider yourself to have a disability?’

Candidates can select from ‘Yes’, ‘No’ or ‘I do not wish to disclose whether or not I have a disability'.

* + 1. On the MyESR portal, staff navigate to the ‘Disability Information’ section under ‘Personal Information’, where they can search through categories to add a disability or health condition at any stage of their employment.
		2. In the NHS Staff Survey, the question is posed as follows:

‘Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?’ Staff can select from ‘Yes’ or ‘No’.

* 1. Underpinning principles: The WDES is underpinned by the social model of disability, the ethos of ‘Nothing About Us Without Us’ and the concept of ‘Disability as an Asset’, which is advocated by disabled people and disability rights organisations.
		+ The [social model of disability](https://www.scope.org.uk/about-us/social-model-of-disability/) recognises that disabled people face a range of societal barriers, including buildings and estates, limited job and career opportunities, working environment and attitudinal challenges from colleagues and the public. It is these barriers, rather than an individual’s impairment or long-term condition, which create disability.
* The ethos of ‘Nothing About Us Without Us’ means that any actions or decisions that affect disabled people should be informed by the views of disabled people. It is therefore vital that our disabled staff are involved with the WDES and have co-produced the action plan, through the CUH Purple Network.
	+ - The concept of ‘Disability as an Asset’ refers to the benefits of employing disabled staff and the positive impact that disability inclusion can have in the workplace. We are striving to create a culture where people can speak openly and positively about disability, bringing their lived experience into work. Disabled staff are visible and feel supported.