



Accessibility Statement

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Workforce Disability Equality Standard (WDES) Introduction

The Workforce Disability Equality Standard (WDES) was introduced in 2019 and is a requirement for all NHS organisations to publish data and action plans set against the ten specific measures 'Metrics' of workforce disability equality. Each of these metrics compares the experiences of disabled and non-disabled staff in the NHS. This report provides us with information relating to our staff at Clatterbridge Cancer Centre 2022/23. The data provided which is taken from the national electronic staff record (ESR) and the national staff survey, will help us to better understand the experiences of our disabled staff so that we can support the development of an action plan to demonstrate progress against the metrics to improve equality and inclusion for disabled staff. The intention of the WDES data is to help improve the experiences of disabled staff working in the NHS.

This report aims to outline the performance of the trust against the WDES metrics, identifying where improvements have been made and where there has been little or no improvement and/or a decline. The analysis of the data and development of the action plan have been completed together with the Disability and Long-Term Conditions (DALTC) Staff Network members. This report will be published and available for public review by October 31st 2023.

A note on language: In this report, we use the term 'disability' as defined in the Equality Act 2010. However, we recognise that 'disability' is a dynamic term, within which terms such as 'neurodivergence' and neurodiversity' are emerging and changing.





Disabilities and Long-Term Conditions Staff Network

The Staff Disability and Long-Term Conditions (DALTC) Network aims to support staff with disabilities, long-term health and mental health conditions, neurodivergence, carers, or staff with family members with a condition. The network also aims to raise awareness of the experiences of staff with disabilities and long-term conditions, especially regarding the positive skills and attributes living with a disability or long-term condition can provide an individual, which they then bring to our workforce, skills such as excellent time management, empathy, innovative thinking and identifying improvements to how we work that haven't been thought of before. We are pleased to be able to support the development of this year's WDES action plan. As a network, we want to work together with the trust to ensure we are informing and influencing the decision-making, to improve the experiences of our staff with disabilities and or long-term conditions.

Whilst it is dependent on staff to report on their disability, and hence the available data is deficient for true figures of staff with disabilities and LTCs, all staff are welcome to attend network meetings regardless of whether they have disclosed their condition via the staff reporting system. We hope through the positive impact the network can make, that more staff will feel confident in officially disclosing their condition. A wonderful success for the network would be illustrated by disabled staff feeling that Clatterbridge Cancer Centre is a place where they can come to work knowing they are supported, treated with equity and be their true self.

Naomi Frazer, Staff Network Chair





Workforce Disability Equality Standard Progress made in 2022/23

We are pleased to note that we have made improvements in 6 out of the 10 indicators of disability equality:

- There is an increase in staff working at Clatterbridge Cancer Centre who had declared a disability
- There has been an increase in the relative likelihood of disabled staff being appointed from shortlisting
- There has been a positive decrease in the percentage of staff experiencing harassment, bullying or abuse from managers and other colleagues in the last 12 months
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion has increased
- The percentage of staff who felt pressure from their managers to work, despite not feeling well enough to perform their duties has decreased over the past 12 months
- There is an increase in the percentage of staff with a long-lasting health condition or illness saying the organisation has made reasonable adjustment(s) to enable them to carry out their work

A number of actions have been taken in the last 12 months that may well have contributed to the above improvements, these include:

- Supporting and growing the Disabilities and Long-Term Conditions staff network
- Staff Network Chair attendance on the Calibre Leadership programme
- Working alongside the communications team to raise awareness of the staff network and disabilities
- Development of resources to support managers
- Working alongside recruitment to reduce inequality in the recruitment process
- Appointment of a new Freedom to Speak up Guardian and relaunch





WDES Metric 1: Percentage of staff Afc pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce

| Total Workforce | Disabled | Non-Disabled | Missing or Unknown |
|-----------------|------------|---------------|--------------------|
| 1786 | 84 (4.70%) | 1605 (89.87%) | 97 (5.43%) |

| | Disabled | | | N | Non-Disabled | | | Missing or Unknown | | |
|---------------------------------------|----------|-------|-------|--------|--------------|---------|--------|--------------------|-------|--|
| | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 | |
| Cluster 1 (under Band 1, Bands 1-4 | 3.00% | 3.70% | 5.90% | 92.40% | 91.40% | 89.60% | 4.60% | 4.90% | 4.50% | |
| Cluster 2 (Bands5-7) | 4.80% | 6.10% | 6.80% | 85.00% | 85.50% | 86.90% | 10.20% | 8.50% | 6.30% | |
| Cluster 3 (Bands 8a-8b) | 2.10% | 2.10% | 3.40% | 91.70% | 93.80% | 93.10% | 6.30% | 4.20% | 3.40% | |
| Cluster 4 (Bands 8c-9 & VSM) | 3.80% | 0.00% | 0.00% | 96.20% | 100.00% | 100.00% | 0.00% | 0.00% | 0.00% | |

Table 1: Non Clinical Workforce Cohort (data source ESR)





The data shown in Table 1 shows that at Clatterbridge Cancer Centre we have 84 staff (4.70% of the workforce) who have declared a disability on the electronic staff record (ESR). The declaration rate has increased year on year, however, we still need to raise awareness of the importance of self-recording disability so that we can better support our staff. The non-declaration rate is 5.43% which is an improvement from 2022 when 6.66% of staff withheld their disability status on ESR. Non-declaration rates are a national issue, although here at Clatterbridge Cancer Centre are trying to improve this as we want our staff to feel comfortable with declaring their disability status, knowing that we will value and support them. We will therefore continue to work closely with the DALTC staff network to promote understanding of self-declaration and why the organisation needs this information to better support staff. The data also shows the numbers of disabled and non-disabled staff employed by Clatterbridge Cancer Centre at various Agenda for Change (AFC) pay bands. There has been an increase in Cluster 1, 2, and 3, although Cluster 4 (Band 8c-9 VSM) remains at 0% indicating a need to focus on supporting and developing our staff to progress into higher bands.

Table 2 presents the clinical cohort data. Staff declaring a disability in Cluster 2, and 3 has increased over the last 12 months. Cluster 4, 5, 6, and 7 cohorts do not have any staff who have declared a disability. This highlights the need to explore why the higher AfC bands and medical, dental and consultant groups have no staff who have declared a disability. The declaration rates from all these clusters remain high despite decreasing year on year. We need to better understand why this group are reluctant to self-declare and put measures in place to enable them to feel safe and supported.





| | Disabled | | | Non-Disabled | | | Missing or Unknown | | |
|---|----------|-------|-------|--------------|---------|---------|--------------------|--------|--------|
| | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 |
| Cluster 1 (Bands 1 - 4) | 2.70% | 3.30% | 3.30% | 93.70% | 92.90% | 95.00% | 3.60% | 3.70% | 1.70% |
| Cluster 2 (Band 5 - 7) | 4.00% | 4.40% | 5.50% | 88.90% | 89.40% | 89.20% | 7.10% | 6.10% | 5.30% |
| Cluster 3 (Bands 8a - 8b) | 0.00% | 1.70% | 2.30% | 83.50% | 83.30% | 85.30% | 16.50% | 15.00% | 12.40% |
| Cluster 4 (Bands 8c – 9 & VSM) | 0.00% | 0.00% | 0.00% | 84.60% | 87.50% | 87.50% | 15.40% | 12.50% | 12.50% |
| Cluster 5 (Medical and Dental staff, Consultants) | 0.00% | 0.00% | 0.00% | 85.48% | 86.67% | 88.51% | 14.52% | 13.33% | 11.49% |
| Cluster 6 (Medical and Dental staff, Non-consultant career grade) | 0.00% | 0.00% | 0.00% | 91.67% | 93.75% | 100.00% | 8.33% | 6.25% | 0.00% |
| Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades) | 0.00% | 0.00% | 0.00% | 100.00% | 100.00% | 100.00% | 0.00% | 0.00% | 0.00% |

Table 2: Clinical Workforce (data source ESR)





WDES Metric 2 - Relative likelihood of appointment from shortlisting

This metric compares the data for non-disabled and disabled staff in regard to the relative likelihood of being appointed. The metric includes both internal and external recruitment.

(Data source: Trust's Recruitment data)

| WDES METRIC | DESCRIPTOR | 2021/22 | 2022/23 |
|-------------|---|---------|---------|
| 2 | Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts | 1.51 | 1.51 |

Table 3: Relative likelihood of appointment from shortlisting

The data in Table 3 shows that the figure has remained the same, although it must be noted that not all shortlisted candidates will disclose that they have a disability at this stage.

- A relative likelihood of 1 indicates that there is no difference: i.e. non-disabled applicants are equally as likely to be appointed from shortlisting as Disabled applicants.
- A relative likelihood above 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to Disabled applicants: e.g. a likelihood ratio of 2 indicates non-disabled applicants are twice as likely to be appointed from shortlisting compared to Disabled applicants.
- A relative likelihood below 1 indicates that non-disabled applicants are less likely to be appointed from shortlisting compared
 to Disabled applicants: e.g. a likelihood ratio of 0.5 indicates non-disabled applicants are half (0.5 times) as likely to be
 appointed from shortlisting as Disabled applicants.





WDES Metric 3 - Relative likelihood of entering formal capability process

| WDES METRIC | DESCRIPTOR | 2021/22 | 2022/23 |
|-------------|---|---------|---------|
| 3 | Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. | 0 | 9.5 |

Table 4: Relative likelihood of entering the formal capability process

The data in Table 4 shows as of March 2023 the likelihood ratio was 9.55. More specifically, 1 out of 84 Disabled staff entered formal Capability proceedings (1.19% of the Disabled workforce) compared to 2 out of 1,605 Non-disabled staff (0.12% of the Non-disabled workforce). Although this appears to be a concerning increase the numbers are small, even so, we will continue to monitor this metric.





WDES Metric 4 - Harassment, bullying or abuse in the last 12 months

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months.

(Data source: Question 13, NHS Staff Survey)

| WDES METRIC | DESCRIPTOR: Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from: | 2021/22 | 2022/23 |
|---------------------|---|---------|---------|
| 4 | I. Patients/Service users, their relatives or other members of the public | 16.5% | 21.0% |
| | II. Managers | 16.7% | 9.3% |
| NHS Staff Survey | III. Other colleagues | 24.7% | 18.6% |
| results | IV. Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | 42.6% | 46.8% |

Table 5: Harassment, bullying or abuse in the last 12 months





Table 5 demonstrates the percentage of disabled staff saying they have experienced harassment, bullying or abuse at work in the last 12 months:

- I. From patients/service/users, their relatives or other members of the public has increased by 4.5% points and is 6.2% points higher than non-disabled staff
- II. From managers the percentage has significantly decreased by 7.4% points
- III. From other colleagues it has also significantly reduced by 6.1% points
- IV. The data regarding reporting has positively increased by 4.2% points





WDES Metric 5 - Opportunities for career progression or promotion

| WDES METRIC | DESCRIPTOR | Disabled 2021/22 | Non-disabled 2021/22 | Disabled 2022/23 | Non-disabled 2022/23 |
|----------------------------------|---|------------------|----------------------|------------------|----------------------|
| 5 NHS Staff Survey results | Percentage of disabled staff compared to non-disabled staff believing that Clatterbridge Cancer Centre provides equal opportunities for career progression or promotion | 54.5% | 62.4% | 58.0% | 66.1% |

Table 6: Opportunities for career progression or promotion

The data presented in Table 6 indicates that the percentage of disabled staff at Clatterbridge Cancer Centre believe that the Trust provides equal opportunities for career progression or promotion has increased since last year by 3.5% points. This figure is 5.7% points higher than the national average which is 52.3%





WDES Metric 6 - Presenteeism

| WDES METRIC | DESCRIPTOR | Disabled 2021/22 | Non-disabled 2021/22 | Disabled 2022/23 | Non-disabled 2022/23 |
|----------------------------------|---|------------------|----------------------|-------------------------|----------------------|
| 6 NHS Staff Survey results | Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties | 25.8% | 20.6% | 21.3% | 17.4% |

Table 7: Presenteeism

The data in Table 7 highlights that disabled staff are 3.9% points more likely than non-disabled staff to feel pressure from their managers to come to work, despite not feeling well enough to perform their duties. This figure has improved by 4.5% point over the last 12 months, although we still need to work to ensure that staff can be open with managers about how they are feeling without sensing any pressure to come to work when they do feel well enough.





WDES Metric 7 – Satisfaction rate on how the organisation values staff work

| WDES METRIC | DESCRIPTOR | Disabled 2021/22 | Non-disabled 2021/22 | Disabled 2022/23 | Non-disabled 2022/23 |
|----------------------------------|--|------------------|-------------------------|---------------------|----------------------|
| 7 NHS Staff Survey results | Percentage of disabled staff compared to non-disabled staff saying that are satisfied with the extent to which Clatterbridge Cancer Centre values their work | 43.0% | 48.6% | 39.9% | 52.5% |

Table 8: Satisfaction rate on how the organisation values staff work

The data in Table 8 show that 39.9% of disabled staff are satisfied with the extent to which Clatterbridge Cancer Centre values their work, however, this is 12.6% point less than non-disabled staff. This clearly indicates the requirement to provide our workforce with the assurance that their contribution is valued and they are respected.





WDES Metric 8 – Reasonable Adjustments

| WDES METRIC | DESCRIPTOR | 2021/22 | 2022/23 |
|----------------------------------|--|---------|---------|
| 8 NHS Staff Survey results | Percentage of disabled staff saying Clatterbridge Cancer Centre has made an adequate reasonable adjustment(s) to enable them to carry out their work | 71.4% | 76.4% |

Table 9: Reasonable Adjustments

Table 9 indicates that 76.4% of disabled staff say that the Clatterbridge Cancer Centre has made adequate adjustments to enable them to carry out their work. This figure is consistent with the national average. This is a 5% point improvement on the data from 2021/22. We will continue to work closely with the staff Disability and Long-Term Conditions network to promote our reasonable adjustments policy, building on our current work to ensure that staff and managers have the correct guidance.





WDES Metric 9 – The Engagement of Disabled Staff

| WDES METRIC | | DESCRIPTOR | Disabled 2021/22 | Non- disabled 2021/22 | Disabled 2022/23 | Non-disabled 2022/23 |
|----------------------------------|-----|--|---------------------|-----------------------------|---------------------|-------------------------|
| 9 NHS Staff Survey Results | l. | The staff engagement scores for disabled and Non-disabled staff | 7.0 | 7.2 | 6.9 | 7.3 |
| Engagement Score | II. | Has Clatterbridge Cancer Centre taken action to facilitate the voices of disabled staff in your organisation to be heard | Yes | | Yes | |

Table 10: The Engagement of disabled staff

Table 10 shows that the staff engagement score for disabled staff has decreased slightly since last year. The Trust has answered 'Yes' to the question regarding taking action to facilitate the voices of disabled staff to be heard owing to the active Disability and Long-Term Conditions Staff Network. The voices of our disabled staff have been heard at People Committee and the network works closely with the Head of EDI to ensure that any initiatives are co-produced and that their lived experiences are informing the development of the Trust's strategic objectives.





WDES Metric 10 – Board Representation

| WDES METRIC | DESCRIPTOR | Disabled 2021/22 | Non- disabled 2021/22 | Disabled 2022/23 | Non-disabled 2022/23 |
|-------------------------------|--|---------------------|-----------------------------|---------------------|-------------------------|
| 10 Board Representation | Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated: • By voting membership of the Board | 7.69% | 92.31% | 7.69% | 92.31% |
| | By Executive membership of the Board | 0.00% | 100.00% | 0.00% | 100.00% |

Table 11: Board Representation

The data in Table 11 remains the same as last year with 7.69% of voting members of the Board declaring to have a disability. None of the Board executive members have a disability again consistent with the data from last year's report. At Clatterbridge Cancer Centre the percentage of voting board members is 7.69% (1) with 92.31% (12) non-disabled voting board members.





Conclusions and next steps

The report provides an assessment of our current position in regard to the experiences of staff with disabilities working at Clatterbridge Cancer Centre. Based on the 2022/23 data presented in this report, the following have been identified as areas of concern that the trust must focus on for improvement:

- Staff declaring their disability status
- Ensuring the recruitment and selection process is equitable
- Disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives, or members of the public
- Disabled staff satisfied that the Trust values their work
- Staff engagement score

With the support and involvement of the Disability and Long-Term Conditions staff network, the WDES action plan (Appendix 1) has been developed in response to the WDES data and we will work together to make improvements against the themes identified as concerns.





Appendix 1: WDES Improvement Plan

| Action | Objective | Progress | Next Steps | Timescales |
|--|---|--|---|--|
| Continue to increase disability declaration rates on ESR | Staff engagement Declaration rates | Work with staff network to support initiatives to raise awareness of the importance of self- declaration | Share granular data with each division Continue to promote Reasonable Adjustments Policy Develop a communications strategy to raise awareness about ESR data | November 2023 December 2023 November 2023 |
| Increase the likelihood of disabled staff being appointed from shortlisting | Inclusive recruitment processes | Support the development and progression of disabled staff through education opportunities Undertake a review of the recruitment process to identify any improvements. Promote staff networks to potential candidates | Monitor candidate profiles at all stages of the recruitment process Work with the staff network to review our recruitment processes and identify areas for development Deliver inclusive recruitment training Create an Inclusive Panel member programme (Actions linked to HI action 2) | December 2023 December 2023 March 2024 April 2024 |
| Continue to monitor and take action to prevent staff from experiencing harassment, | Inequalities and differentials in staff experiences | Raise awareness for reporting and support mechanisms to ensure colleagues have the confidence to speak up safely about issues. | Work with the staff network to develop a communications campaign which sends a positive message to patients, service users, relatives or the public. Stressing our Zero Tolerance | |



| bullying or abuse from patients, service users, relatives or public | | Continue to embed new Trust Values Appointment of a new Freedom to Speak Up Guardian | approach in order to reduce harassment, bullying or abuse of staff (Linked to HI actions 1,5,6) | |
|---|-------------------------------------|--|---|--|
| Work towards better staff engagement to ensure they feel valued and supported | Staff engagement score Staff Survey | Continue to work closely with Disability and Long Term Health Conditions Staff Network to discuss ideas and make improvements for the Trust. Continue to embed new Trust Values Continue promoting the annual Staff Awards | Introduce staff profiles and communications campaign supporting disabilities raising the awareness of staff Work with staff network to ensure we are listening to the voices and experiences of our staff to influence and make change Promote and encourage disabled colleagues to participate and provide feedback in the NHS Staff Survey and the quarterly Staff Culture and Engagement Survey through the staff network (Linked to HI actions 1,4,6) | |



