

Workforce Disability Equality Standards 25/26

NHS Humber Health Partnership

Northern Lincolnshire and Goole NHS Foundation trust

Introduction

As set out in the National Health Service (NHS) Long Term Plan, respect, equality and diversity are central to changing culture and will be at the heart of our People Strategy. The NHS draws on a remarkably rich diversity of people to provide care to our patients. But we fall short in valuing their contributions and ensuring fair treatment and respect. NHS England, with its partners, is committed to tackling discrimination and creating an NHS where the talents of all staff are valued and developed – not least for the sake of our patients and the delivery of high-quality healthcare. The NHS WDES is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the NHS.

The WDES follows the NHS WDES as a tool and an enabler of change. The WDES is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local actions to enable them to demonstrate progress against the indicators of disability equality.

The WDES is mandated through the NHS Standard Contract and as of the 1st April 2019, it forms part of the standard NHS contract and it is highly likely to form part of future Care Quality Commission (CQC) inspections under the 'Well Led' domain. It was restricted to NHS trusts and Foundation trusts for the first two years of implementation. The implementation of the WDES will enable us to better understand the experiences of disabled staff. It will support positive change for existing employees and enable a more inclusive environment for our disabled staff.

The trust's WDES submission, including a detailed breakdown of staffing numbers, can be found in the appendix of this report.

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Key Findings

Reasonable adjustments in the workplace have increased since 2024: 76% of disabled staff reported the trust made necessary adjustments in 2025/26



The percentage of disabled staff in the workforce stands at 6.4% of the total workforce: up from last year by 18.5%



The number of unknown responses for declaring a disability has increased slightly since last year



Most disclosures of disabilities are from staff from bands 1-4



The relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process is 4.6 times more likely

18% of disabled applicants were appointed from shortlisting in 2025/26, up from last year



Non-Disabled staff are 1.06 times more likely to be appointed from shortlisting compared to Disabled staff, which is a positive improvement



Disabled staff are still 5.6% less likely to believe that the trust provides equal opportunities for career progression or promotion compared to non-disabled staff

The number of disabled staff who felt pressured to attend work than non disabled staff, has improved by 2.9% since last year



The engagement score for disabled and non disabled staff has remained the same and is still below the national average



6.2% of AfC senior managers band 8 & above classify themselves as having a disability or long-term condition



Disabled staff are 8% more likely to experience harassment, bullying or abuse from colleagues compared to non disabled staff



	WDES 25/26 Performance Comparison and Summary	24/25	25/26
1	<u>Percentage and Number of disabled staff</u>	5.4%	6.4%
2	<u>Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants</u>	1.6	1.06
3	<u>Relative likelihood of disabled staff entering the formal capability process (excluding ill-health related proceedings) compared to non-disabled staff</u>	5.5	4.6
4a	<u>Percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</u>	28.9%	27.8%
4b	<u>Percentage of disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months</u>	15.1%	13.7%
4c	<u>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</u>	28.1%	26.7%
4d	<u>Percentage of disabled staff who indicated that they or a colleague reported the last incident of harassment, bullying or abuse experienced at work</u>	54.8%	51%

	WDES 25/26 Performance Comparison and Summary	24/25	25/26
5	<u>Percentage of disabled staff believing that their trust provides equal opportunities for career progression or promotion</u>	48.8%	47.1%
6	<u>Percentage of disabled staff who said that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties</u>	29.6%	26.7%
7	<u>Percentage of disabled staff saying that they are satisfied with the extent to which their organisation values their work</u>	27%	27.8%
8	<u>Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work</u>	70.9%	76%
9	<u>Staff engagement scores for staff with a disability or long term condition</u>	6	6
10	<u>Disability representation among board members</u>	14.3%	33.3%

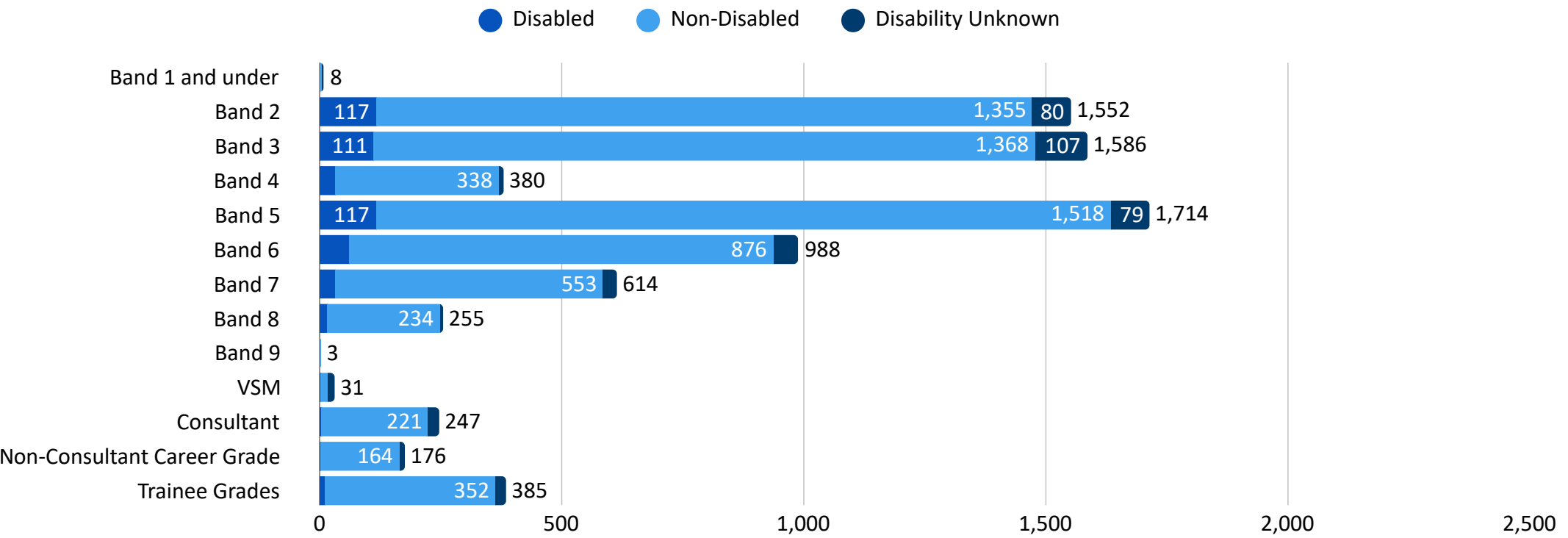
WDES Indicator 1

Table 1: The percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric is a snapshot as at 31 March 2025.

	Composition of Workforce	Composition of Clinical Staff	Composition of Non-Clinical Staff
Disabled	6.4%	6.9%	6.9%
Non-Disabled	88.3%	88%	87.8%
Disability Unknown	5.3%	5.2%	5.2%

WDES Indicator 1

Figure 1: The percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric is a snapshot as at 31 March 2025.



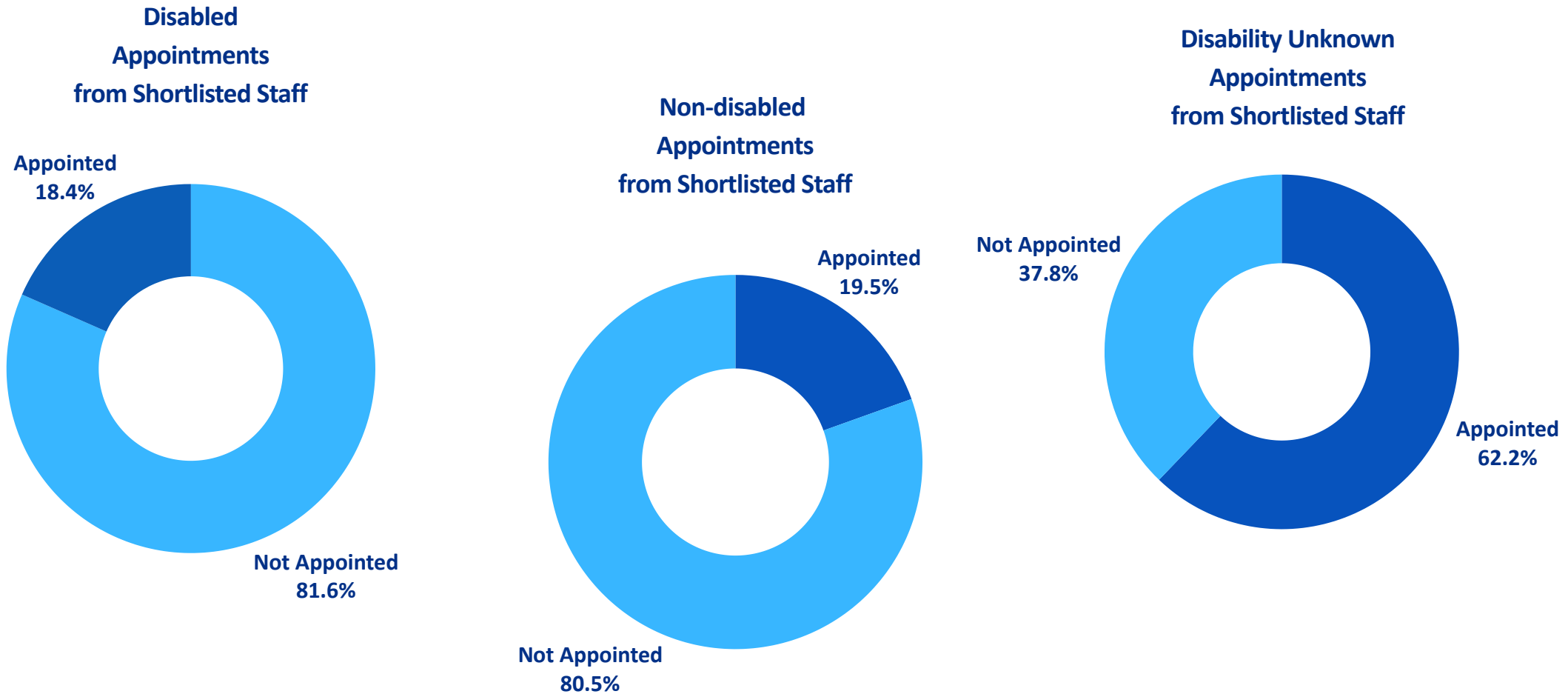
Almost 1 in 4 NHS staff now have lived experience of a disability or long-term condition ([NHS England](#)). The chart above highlights a disparity in the representation of staff with disabilities across the trust. The percentage of disabled staff in the non-clinical and clinical workforce stands at 6.4% of the total workforce: up from last year by 1%. The overall number of staff who have disclosed a disability on the Electronic Staff Record (ESR) remains low across the trust. However, the data also reveals that the highest proportion of these disclosures is concentrated in specific categories, notably among staff in bands 1-4. This suggests that while there is an underrepresentation of staff with disabilities generally, there are particular areas within the trust where individuals with disabilities are more prevalent.

Furthermore, 5.4% of employees have yet to disclose their disability status, with this being most prominent within Very Senior Managers (VSM), where 45% of disability statuses remain undisclosed. When comparing the data with the trust’s most recent national staff survey responses regarding the disclosure of long-term health conditions or disabilities, it is evident that employees are hesitant to disclose or update their disability status on ESR. The staff survey responses indicate a greater number of employees with disabilities than ESR data suggests.

**VSM (Very Senior Managers - this payscale is a non-AFC payscale for the most senior management staff and executive team)*

WDES Indicator 2

Figure 2: Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

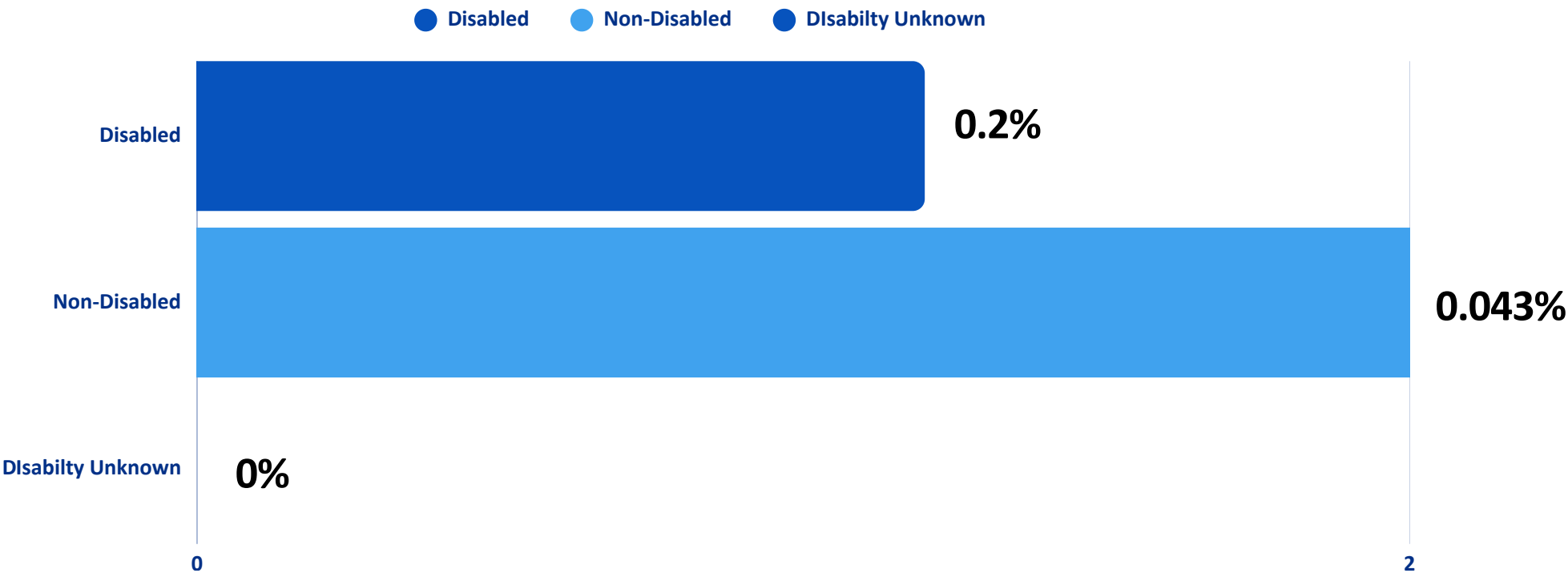


The relative probability of non-disabled staff being appointed from the shortlist, compared to disabled staff, stands at **1.06**. This statistic encompasses both external and internal positions. This ratio has remained unchanged during the past year.

It is important to highlight that the trust, as part of the Department of Work and Pensions initiative, is recognised as being a Disability Confident Employer and offers a guaranteed interview scheme for disabled applicants who fulfil the minimum person specifications. For all organisations that adopt a guaranteed interview scheme, the data may not be directly comparable to those from organisations that do not have such a program. This information will be recorded on the WDES online reporting form to ensure consistency across organisations.

WDES Indicator 3

Figure 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.



The Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff 4.6.

Metric 3 explores the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process. Data is based on the number of staff entering the formal capability procedure from a two-year rolling average of the current year and the previous year. This metric applies to capability on the grounds of performance and not ill health.

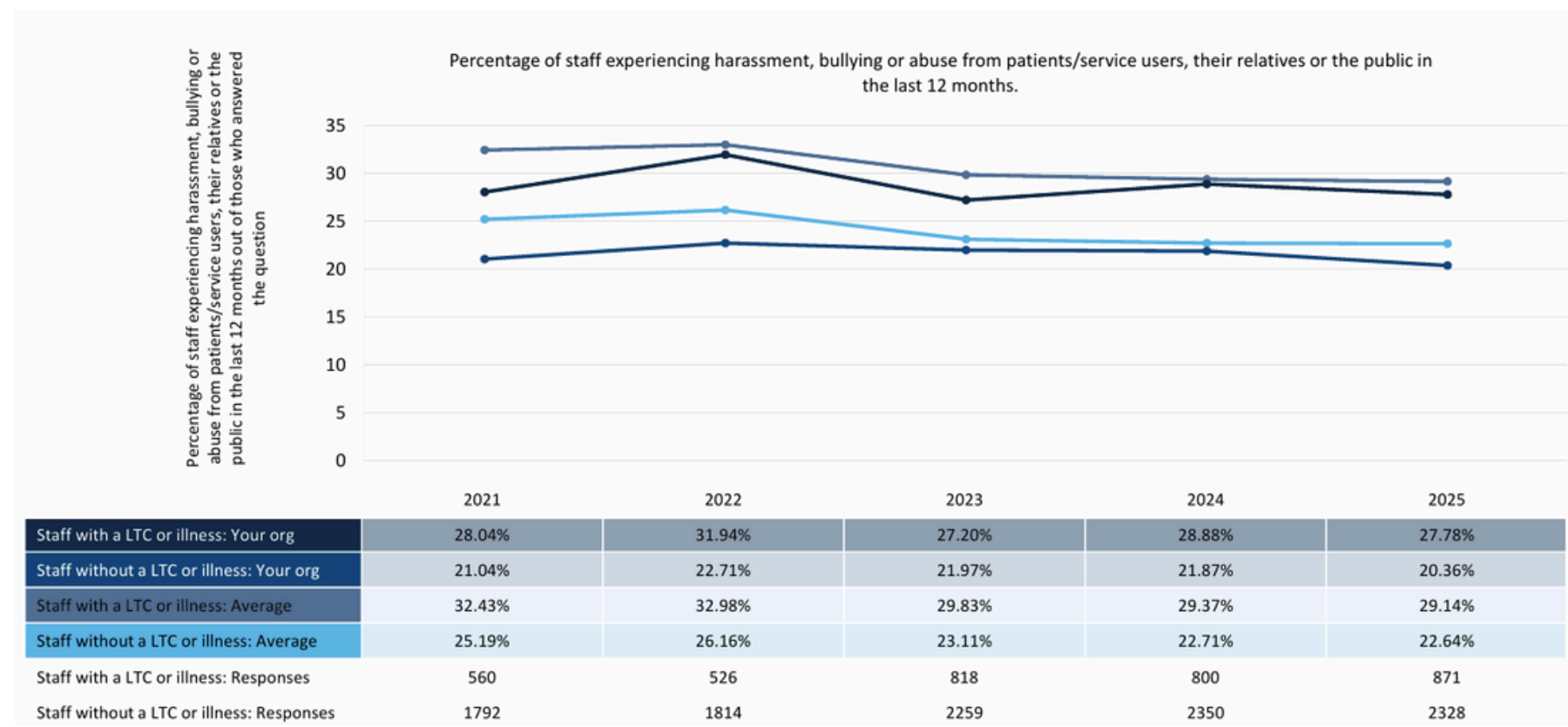
The bar chart indicates the likelihood of disabled staff compared to non-disabled staff entering the capability process reveals: disabled staff are more likely to enter this procedure. It's crucial to note, however, that the overall number of capability cases reported remains very low. The trust no longer captures the numbers of any staff entering the formal capability process. This is managed locally, therefore all figures relate to figures recorded in 2024.

While there is a relative difference in likelihood between the two groups, the figures are not substantial.

WDES Indicator 4a

Metrics 4a-9 represent unweighted question level responses to key findings in the NHS for NLaG staf and the staff survey results surrounding the disabled workforce in 2025.

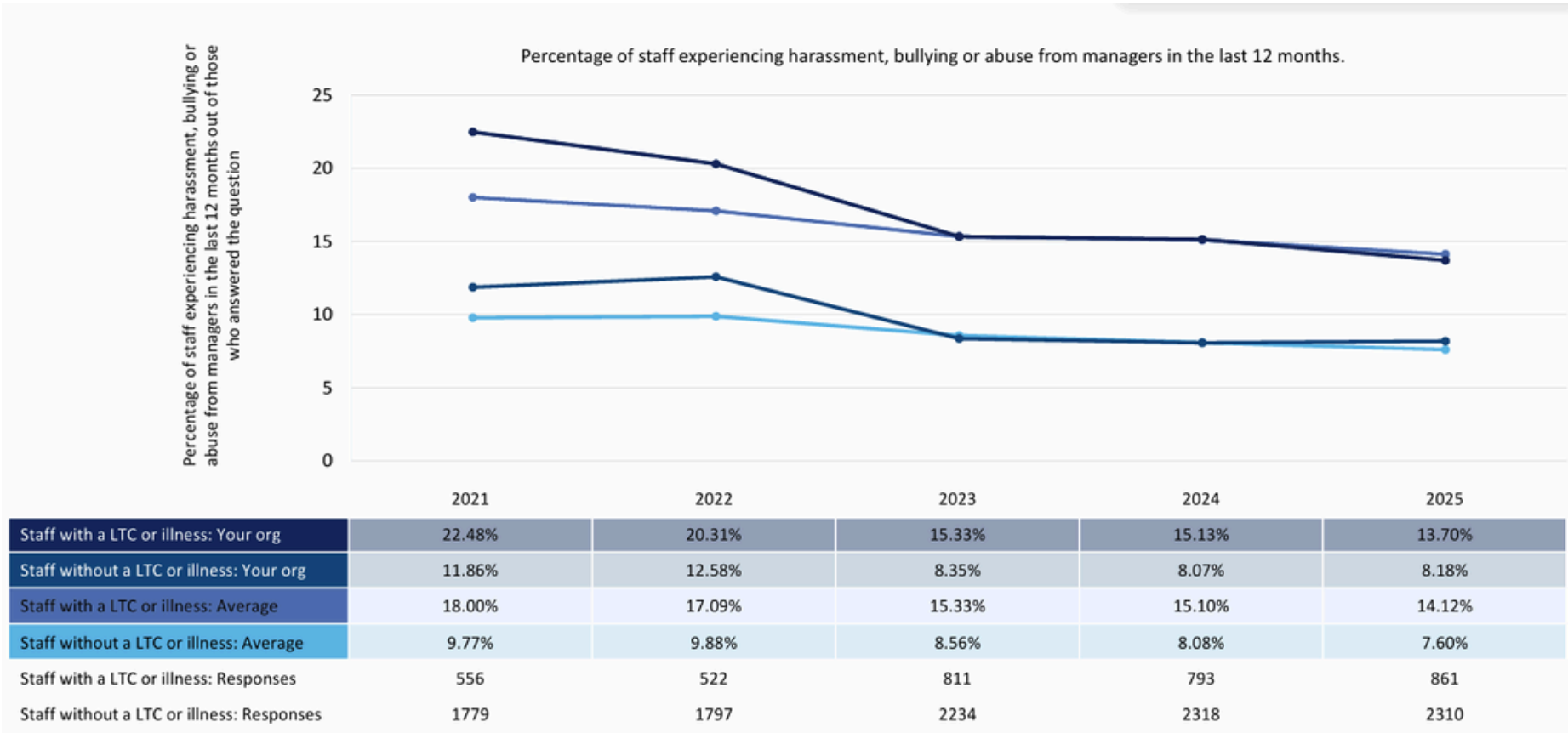
Figure 4 : Percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



Disabled employees face a 7.4% higher likelihood of encountering harassment, bullying, or abuse from patients, relatives, and the public when compared to their non-disabled counterparts. This marks an increase from the previous year, highlighting a decline in workplace conditions.

WDES Indicator 4b

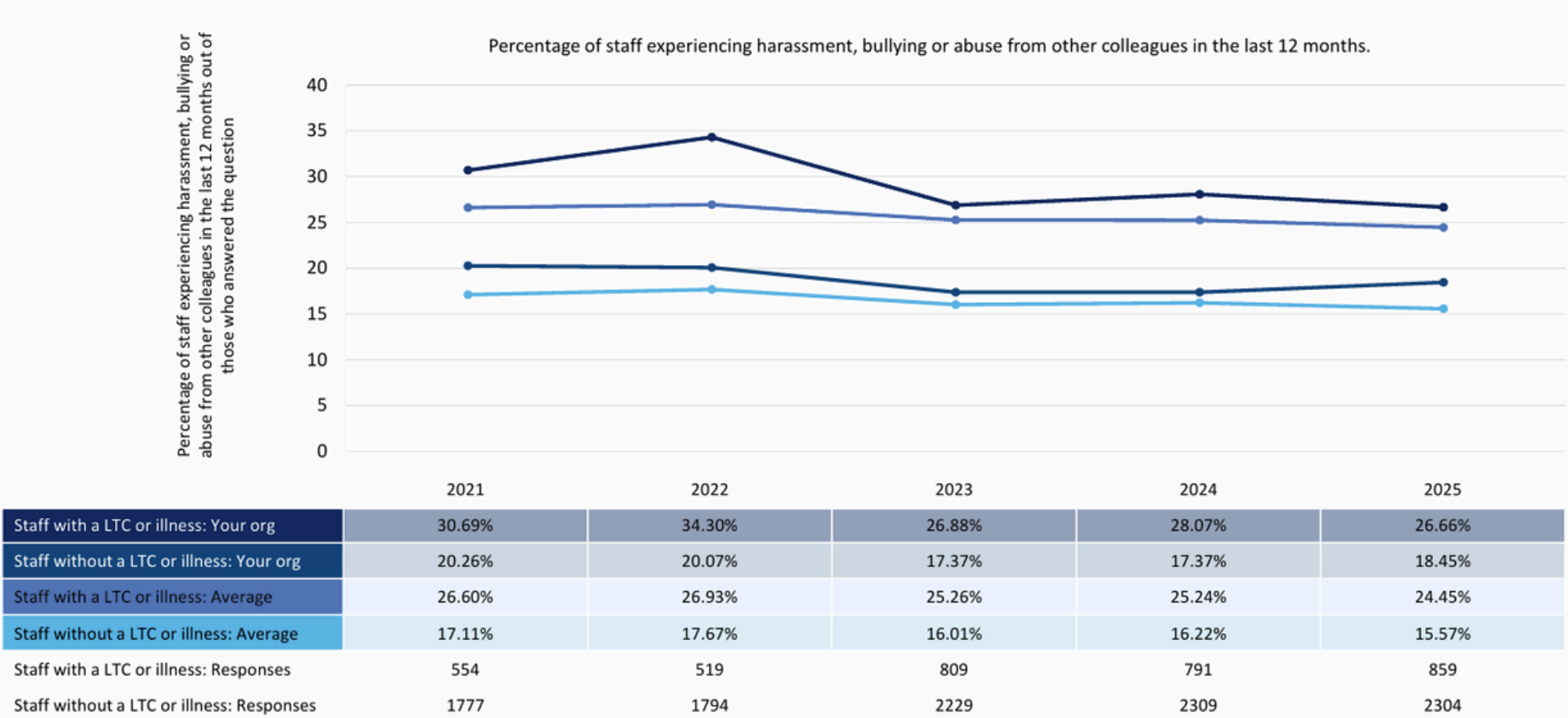
Figure 5 : Percentage of disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months



Disabled employees are 5.5% more likely to experience harassment, bullying, or abuse from their managers compared to their non-disabled peers. This represents an decrease from the previous year, and since 2021 has come down by 8.78% indicating an improvement in workplace conditions.

WDES Indicator 4c

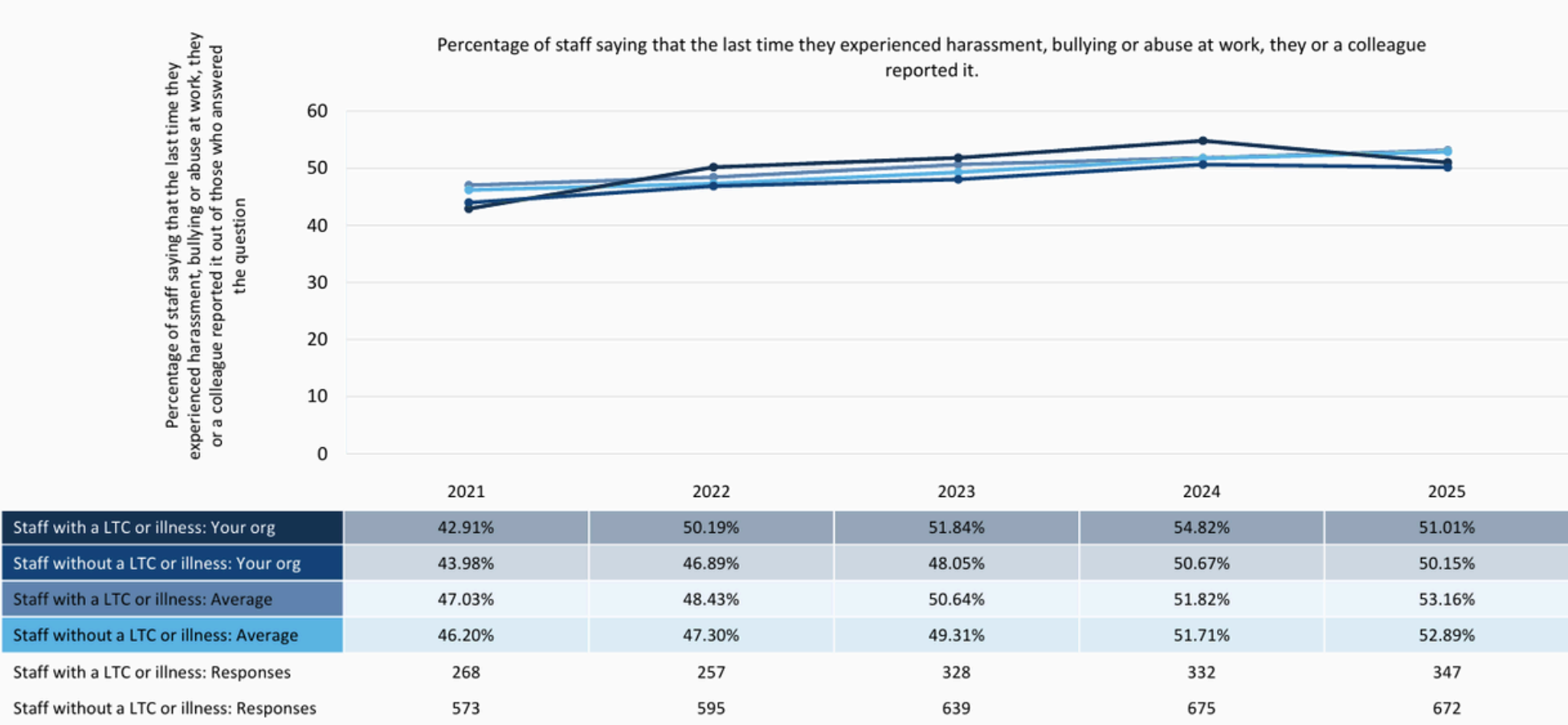
Figure 6 : Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



Disabled employees are 8.2% more likely to face harassment, bullying, or abuse from colleagues compared to their non-disabled counterparts, this has improved in 2025.

WDES Indicator 4d

Figure 7 : Percentage of disabled staff who indicated that they or a colleague reported the last incident of harassment, bullying or abuse experienced at work

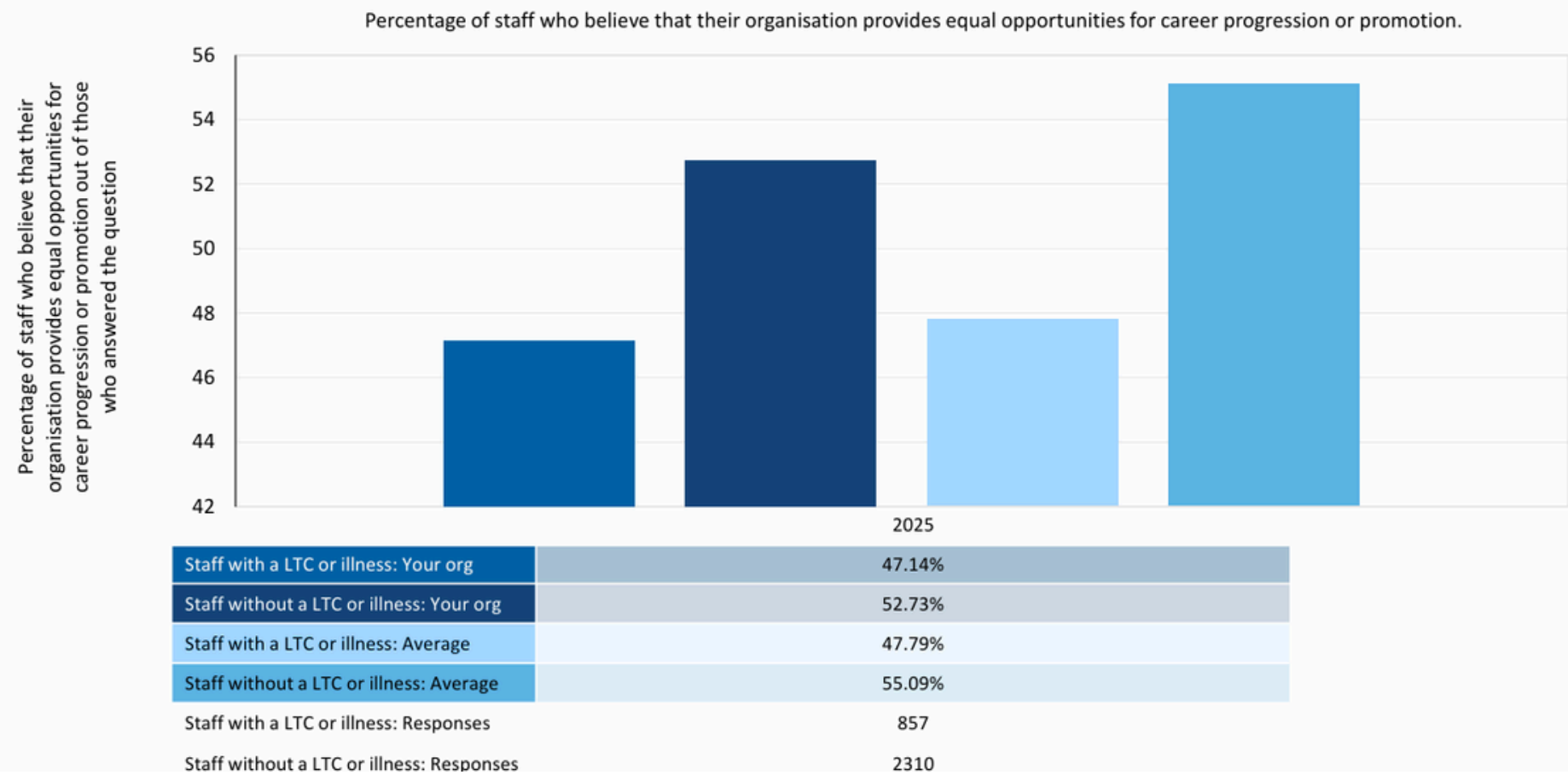


51% of employees with a disability have reported an incident of harassment, bullying, or abuse at work. This reveals that disabled staff members are more inclined to report incidents compared to their non-disabled peers.

The trust has seen an increase over the past years regarding staff reporting incidents, which is encouraging as it suggests people feel more empowered to speak up. This progress aligns well with the introduction of the zero tolerance to ableism reporting tool. This emphasises the importance of fostering a workplace culture that encourages reporting, ultimately contributing to a more supportive and inclusive environment.

WDES Indicator 5

Figure 8 : Percentage of disabled staff believing that their trust provides equal opportunities for career progression or promotion

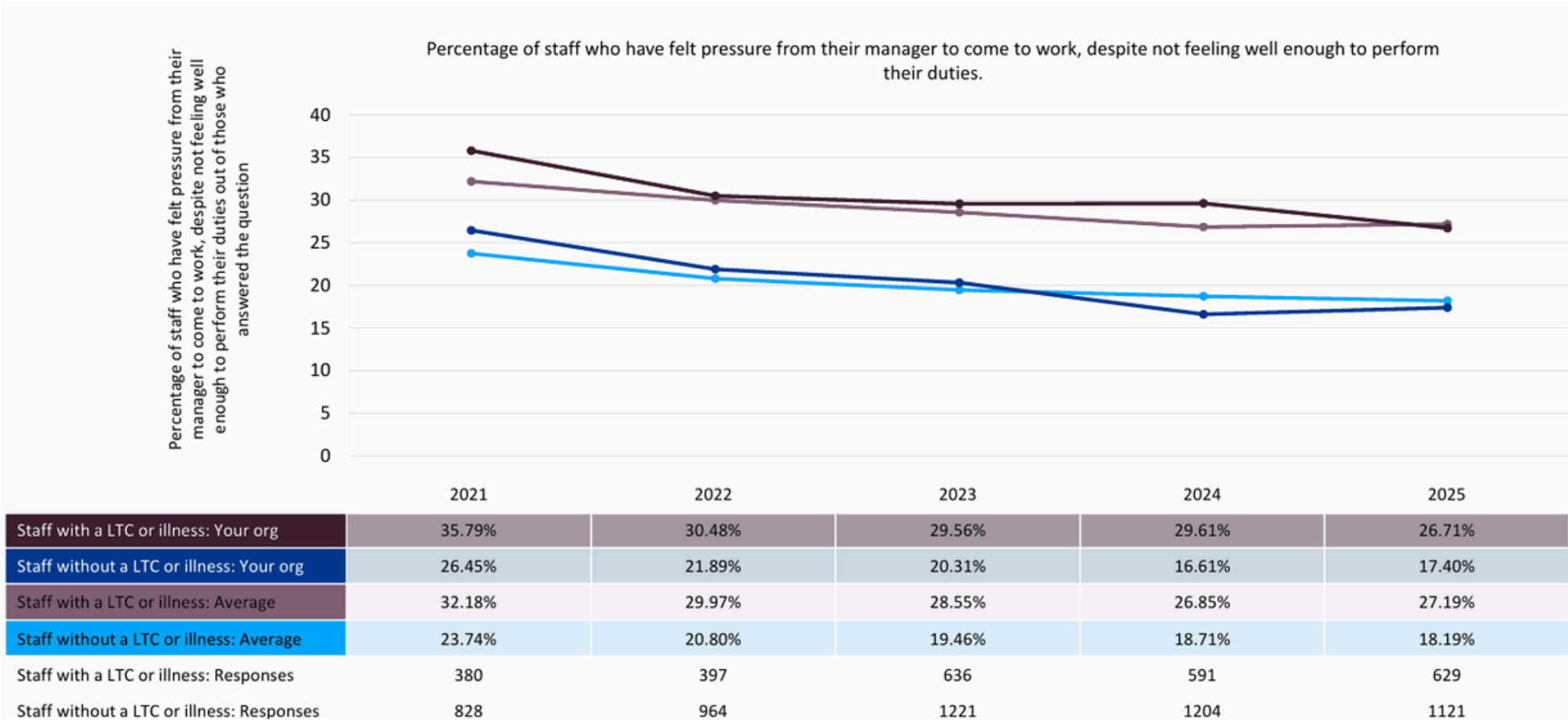


Less than half of disabled staff who completed the staff survey believe that their trust provides equal opportunities for career progression or promotion. Disabled staff are 5.6% less likely to believe that the trust provides equal opportunities for career progression or promotion compared to non-disabled staff.

Note: Due to changes in the question wording in 2025, previous years' results for WDES metric 5 are not reported.

WDES Indicator 6

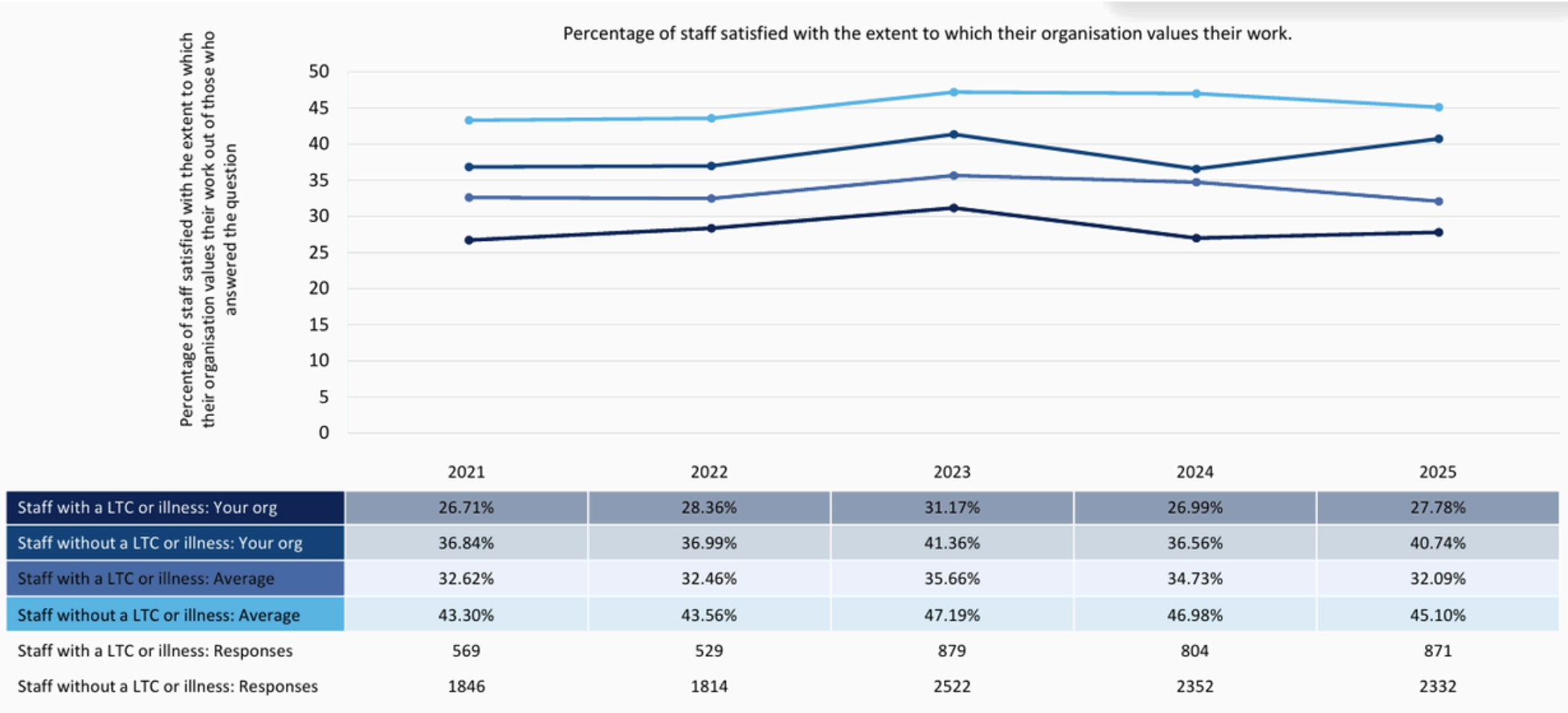
Figure 9: Percentage of disabled staff who said that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties



Disabled staff felt 9.3% more pressured to attend work than non disabled staff, highlighting a concern in workplace inclusivity and support. This disparity suggests that disabled employees may not be receiving the necessary accommodations or understanding from management, which could impact their overall well-being and job satisfaction.

WDES Indicator 7

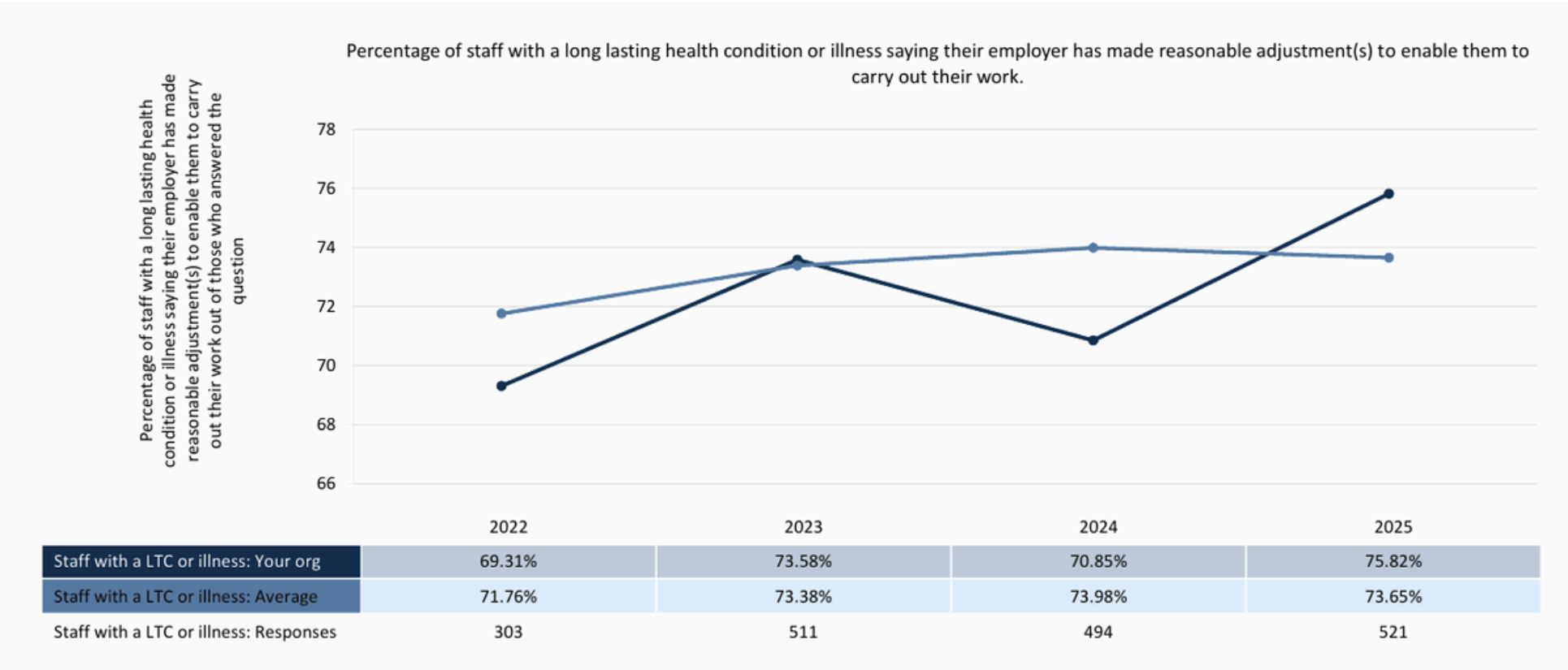
Figure 10: Percentage of disabled staff saying that they are satisfied with the extent to which their organisation values their work



Disabled employees are 13% less likely to feel appreciated by the organisation for their workplace contributions. This gap in workplace inclusivity and recognition is the highest that it has been.

WDES Indicator 8

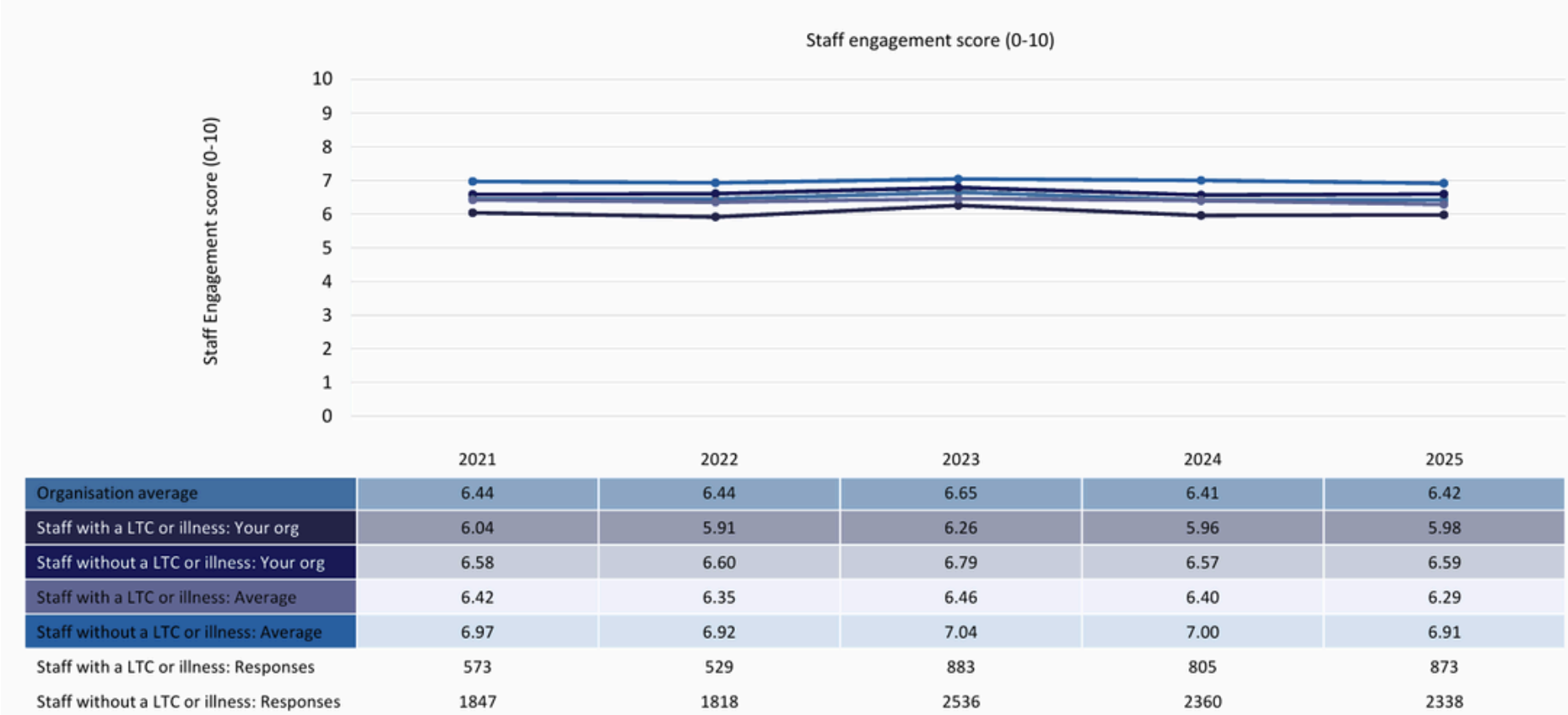
Figure 11: Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work



In the recent staff survey, 75.8% of disabled employees expressed that the trust has made adequate adjustments to help them perform their duties. This figure reflects a significant increase compared to 2024/25, indicating a positive trend for disabled employees.

WDES Indicator 9

Figure 12: Staff engagement scores



The engagement score for employees with disabilities has increased slightly from 5.96 to 5.98, however, still falling below the national average of 6.29 for disabled staff members.

WDES Indicator 10

Disability representation among board members

Figure 13: Total Board Composition

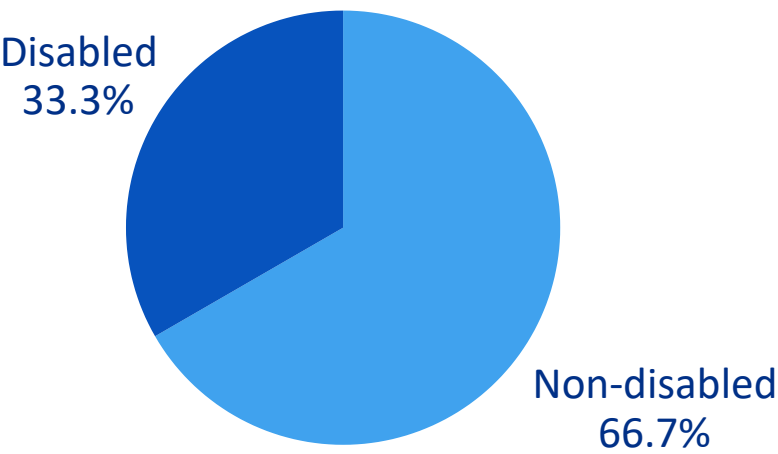


Figure 15: Non-Exec Board members

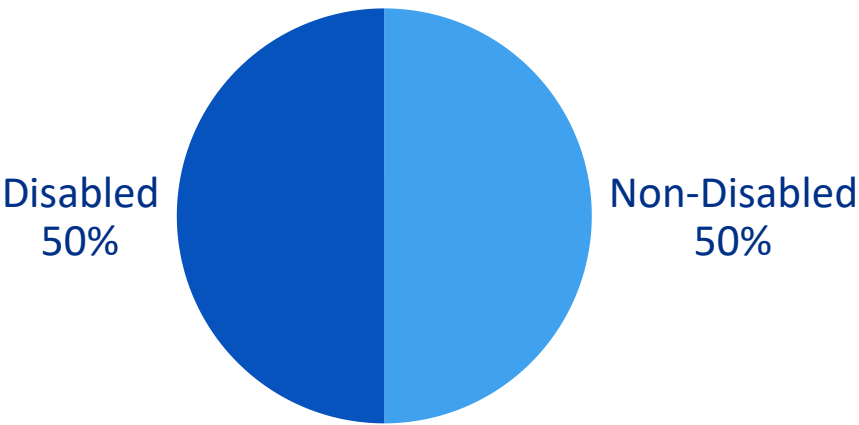
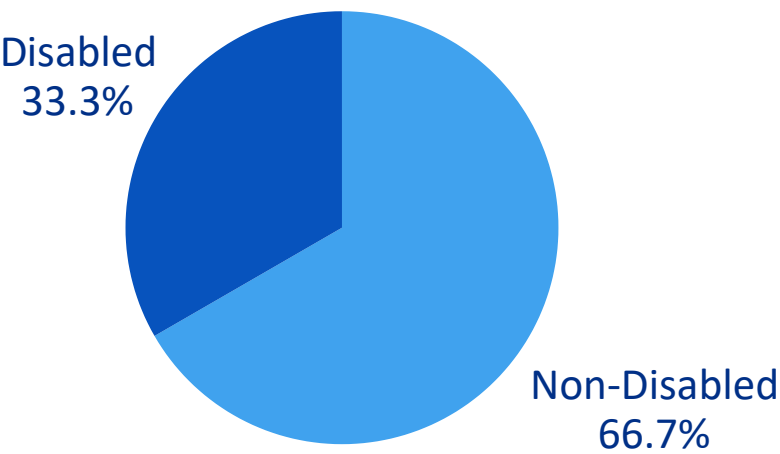


Figure 14: Voting Board Members



Northern Lincolnshire and Goole NHS Foundation trust is part of the NHS Humber Health Partnership, operating under a Shared Group Board and Leadership team. Staff are employed by either Northern Lincolnshire and Goole NHS Foundation trust or Hull University Teaching Hospitals NHS trust. In which case, figures will not be double- counted. The disabled board representation at the trust stands at 33.3%.

Progress to Support Disabled Staff

The advancements made in the past year to assist disabled staff within the workforce are outlined below.

1

Zero Tolerance to Ableism Framework

Continued to embed Zero Tolerance to Ableism Framework and Reporting tool. The tool is playing a significant part to assisting how we support equality, to tackle all forms of discrimination and in particular support our disabled staff.

2

Reasonable Adjustments

The central Reasonable adjustments for Equity, Accessibility and Confidence Hub (REACH) team has been established and provides a dedicated service advocating for individuals asking for reasonable adjustments if they are needed and will escalate to the EDI for support when appropriate.

3

Governance

The Group Equality, Diversity, and Inclusion Steering Group has been formed to establish the Group's EDI Action Plan and priorities. This group is able to challenge and give the Trust Board assurance in terms of meeting our equality duties.

4

Supporting staff who are Neuro Divergent

A groupwide Teams Channel has been established to specifically support staff who are neuro divergent to help them share with each other and to escalate when support is required.

5

Education and Development

All new staff receive face to face equality, diversity and inclusion training as part of corporate induction. All staff and managers, as part of their mandatory training, receive equality, diversity and inclusion training which has a focus on inclusive behaviours and exploring unconscious/implicit bias. Additionally, we are delivering a managers leadership programme which includes; recognising and valuing diversity within our teams, enabling leaders to identify and address all forms of discrimination and equip leaders to have open and honest conversations with their staff.

Action Plan

Although this year's national WDES reports indicate positive progress in some areas, it is clear that considerable effort is still required to improve the experiences of disabled employees within the trust. To address this, an Action Plan has been created based on the 24/25 WDES technical data results, aimed at bridging the gap in workplace experiences between disabled and non-disabled staff.

Action	WDES Indicator	Delivery Timescale	Lead Responsibility
<p>1. Embed the Zero Tolerance to Ableism framework</p> <ul style="list-style-type: none">• Ensure staff are aware of this framework• Establish links with the staff network• Relaunch by developing a shortened reference version of the Framework to make it easier for people to read and understand	<p>3, 4a, 4b, 8, 9a, 9b</p> <p>EDS 2022 2B</p>	<p>Ongoing</p>	<p>EDI Team</p>
<p>2. Hold a Groupwide Disability Network Conference</p> <ul style="list-style-type: none">• Develop an inspiring Agenda for Members and Allies• Would need to fund an accessible venue & Transport for staff to get to the Venue.	<p>All</p> <p>EDS 2022 2B</p>	<p>October 2026/Ongoing</p>	<p>EDI Team/Comms/Network Chairs</p>

Action Plan

Action	WDES Indicator	Delivery Timescale	Lead Responsibility
<p>3. Introduce an Inclusive Recruitment Project</p> <p>Stage One Data Analysis:</p> <p>a. Data Analysis Importance: Group discussed the importance of analysing recruitment data, including both successful and unsuccessful candidates, to understand trends and disparities.</p> <p>b. Disaggregation by Characteristics: They emphasised the need to disaggregate data by protected characteristics to identify and address any systemic inequities in the recruitment process.</p> <p>c. Promotion Analysis: Highlighted the significance of understanding promotion to higher bandings, expressing interest in seeing data on promotion rates and potential disparities.</p> <p>d. Explore disability awareness Training for managers and staff taking part in Recruitment processes</p>	<p>1a, 1b, 2</p> <p>EDS 2022 2D, 3</p>	<p>February 2026/Ongoing</p>	<p>EDI Team, Recruitment</p>

Action Plan

Action	WDES Indicator	Delivery Timescale	Lead Responsibility
<p>4. Embed the Reasonable Adjustments for Equity, Accessibility and Confidence Hub (REACH).</p> <ul style="list-style-type: none"> • Raise the profile of Access to Work and support staff to apply and make the application for adjustments via Access to Work simpler and explore the feasibility of introducing a centralised process • Explore using reasonable adjustment case studies. • Enable and promote Line Managers to introduce simple adjustments quickly. • Explore with HR how adjustments in relation to disability related leave and absence can be incorporated into HR processes • Introduce a “Disability Passport” for colleagues across the trust. 	<p>6, 7, 8, 9a</p> <p>EDS 2022 2A</p>	<p>December 25/Ongoing</p>	<p>EDI Team, HR</p>
<p>5. Supporting staff who are Neuro Divergent</p> <ul style="list-style-type: none"> • Through the staff network provide support to this group of staff. • Explore various support interventions. • As part of EDI training make managers aware of neuro divergence. • Explore reasonable adjustments and how they better support neuro divergent staff. 	<p>All</p> <p>EDS 2022 2A, 2B, 2C</p>	<p>April 2025/Ongoing</p>	<p>EDI Team, Disability Staff Network</p>

Welcome to the 2026 Workforce Disability Equality Standard data collection

Thank you for completing this data submission.

Introduction

This data is being collected as part of the 2026 data collection for the Workforce Disability Equality Standard (WDES). The aim of WDES is to improve the working and career experiences of Disabled staff in the NHS. The WDES is mandated through the NHS Standard Contract and has been approved as a data collection by NHS England Data Alliance Partnership Board. It has also been subject to a data protection impact assessment.

The requirement to submit WDES data is outlined in clause 13.8 of the NHS Standard Contract 2022/23 Service Conditions, which state "The Provider (if it is an NHS trust or an NHS Foundation Trust) must implement and comply with the National Workforce Disability Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance".

The Data Collection Framework (DCF) should be used to submit data for the WDES metrics (note the information on the tab for metrics 4 to 9a for NHS trusts). The survey tab contains a series of qualitative questions and should also be completed.

Guidance on how to complete the DCF has been produced and is available on NHS Futures via [this link](#) (Link:).

Navigation and Completion

- Each section of the DCF can be accessed using the links near the top of the page. Please note:
- White boxes will collect the data. The grey boxes will be automatically filled when all the required information has been entered.
 - Items marked with a red asterisk * are compulsory.
 - Entries and changes are not saved automatically. At the foot of each section is a button labelled "Save as draft": this should be used as often as possible.
 - Once all sections are complete, the "Submit" button can be pressed at the foot of any section.
 - Each page may be saved as a PDF or printed using the standard process for your browser. (For example, in Chrome, pressing the three dots at the top-right of the screen brings up several options including Print.)
 - Once the data has been submitted, an option will be given allowing a PDF version of the submission to be produced. You are strongly advised to do this and retain it for your records, and to aid in the completion of your 2026 Action Plan.
 - Do not use the Back button on your browser: this will return you to the Open Collections screen, and any unsaved data will be lost.

Bank and Agency staff

Trusts should NOT include Band staff in the 2026 return, but do include Agency staff if they were also included in the 2025 return. Please use the Notes sections to indicate whether Agency staff have been included or not.

Deadlines

NHS trusts should submit their data between 1 May 2026 and by close of business on 31 May 2026.

The metrics data in this submission should be used to create a SMART action plan, in collaboration with Disabled staff. The action plan should be approved by the trust's Board, and published with the metrics data on the trust's website by 31/10/26. For comparison and benchmarking information on WDES metrics, see the [Model Health System](#) (Link:), the [NHS Staff Survey](#) (Link:) and the [WDES 2021 report](#) (Link:).

Queries

- Guidance on how to complete the submission can also be found in the [Guidance Document](#) (Link:)
- Information governance notice can be viewed in the [data collection notice](#) (Link:)
- If you have a query about the data definitions used by the collection, or a business or policy query, not answered by the links above please contact us by emailing: england.mandatedstandards@nhs.net (Link:)
- For all other queries including technical queries, adding or removing users, problems logging in and password resets, please contact us by creating a ticket at the [National Service Desk NHS customer portal](#) (Link:).
- Guidance on the National Service Desk Portal can be found in the [DCF support request guide](#) (Link:).

Metric 1 - non-clinical

The percentage of staff in AFC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2023.

If including Agency staff, please enter them in the "Other" category.

Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

	Disabled Headcount	Disabled Percent	Non-disabled Headcount	Non-disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
Under Band 1	0	0	1	100	0	0	1
Band 1	0	0	1	100	0	0	1
Band 2	81	7	1013	87	70	6	1164
Band 3	26	5.7	406	88.3	28	6.1	460
Band 4	16	8.3	173	89.6	4	2.1	193
Band 5	11	6.5	154	91.1	4	2.4	169
Band 6	6	6.7	81	90	3	3.3	90
Band 7	5	6.2	73	90.1	3	3.7	81
Band 8a	4	11.8	30	88.2	0	0	34
Band 8b	5	15.6	26	81.3	1	3.1	32
Band 8c	1	5	19	95	0	0	20
Band 8d	0	0	10	100	0	0	10
Band 9	0	0	1	100	0	0	1
VSM	2	11.1	16	85.6	6	33.3	18
Other e.g. Agency and/or any other groups, please specify	1	100	0	0	0	0	1

Total non-clinical

Non-clinical summary by pay band grouping

	Disabled Headcount	Disabled Percent	Non-disabled Headcount	Non-disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
AFC Bands 1 (and under), 1, 2, 3 and 4	123	6.8	1594	87.6	102	5.6	1819
AFC Bands 5, 6 and 7	22	6.5	308	90.6	10	2.9	340
AFC Bands 8a and 8b	9	13.6	56	86.8	1	1.5	66
AFC Bands 8c, 8d, 9 and VSM	3	6.1	40	81.6	6	12.2	49
	158	6.9	1998	87.8	119	5.2	2275

Metric 1 - clinical

The percentage of staff in A/C paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2023.

If including Agency staff, please enter them in the "Other" category.

Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

	Disabled Headcount	Disabled Percent	Non-disabled Headcount	Non-disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
Under Band 1	1	20	3	60	1	20	5
Band 1	0	0	0	0	1	100	1
Band 2	36	9.3	342	88.1	10	2.6	388
Band 3	85	7.6	962	85.6	77	6.9	1124
Band 4	17	9.1	165	88.2	5	2.7	187
Band 5	106	6.9	1364	88.3	75	4.9	1545
Band 6	56	6.3	795	88.9	43	4.8	894
Band 7	27	5.1	480	90.1	26	4.9	533
Band 8a	4	3.3	114	95	2	1.7	120
Band 8b	2	8.7	19	82.6	2	8.7	23
Band 8c	0	0	12	100	0	0	12
Band 8d	0	0	4	100	0	0	4
Band 9	0	0	2	100	0	0	2
VSM	0	0	5	38.5	8	61.5	13
Other	0		0		0		0
e.g. Agency and/or any other groups, please specify							

Medical & Dental Staff, Consultants	3	1.2	221	89.5	23	9.3	347
Medical & Dental Staff, Non-Consultants career grade	2	1.1	164	93.2	10	5.7	176
Medical & Dental Staff, trainee grades	11	2.9	352	91.4	22	5.7	385
Total clinical	334	6.9	4267	88	250	5.2	4851
Total medical & dental	16	2	737	91.2	55	6.8	808
Total clinical & non-clinical	508	6.4	7002	88.3	424	5.3	7934

Clinical summary by pay band grouping

	Disabled Headcount	Disabled Percent	Non-disabled Headcount	Non-disabled Percent	Disability Unknown Headcount	Disability Unknown Percent	Total Headcount
A/C Bands 1 (and under), 1, 2, 3 and 4	139	8.2	1472	86.3	94	5.5	1705
A/C Bands 5, 6 and 7	189	6.4	2639	88.8	144	4.8	2972
A/C Bands 8a and 8b	6	4.2	133	93	4	2.8	143
A/C Bands 8c, 8d, 9 and VSM	0	0	23	74.2	8	25.8	31

Metric 2

Metric 2 - Recruitment

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

Note:
i) This refers to both external and internal posts.

ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the Survey section to ensure comparability between organisations.

	Disabled	Non-disabled	Disability Unknown
Number of shortlisted applicants	483	5181	533
Number appointed from shortlisting	89	1012	332
Likelihood of shortlisting/appointed	0.18	0.2	0.62

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts

1.06

Metric 3

Metric 3 - Capability

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Notes:

- This Metric will be based on data from a two-year rolling average of the current year and the previous year.
- This metric applies to capability on the grounds of performance and not ill health.
- If a member of staff enters the capability process for reasons of both performance and ill health, they should not be included in the count of "ill health only" cases.
- For clarification: the data required is the numbers of staff entering the capability process from 1 April 2022 to 31 March 2024, divided by 2.

	Disabled	Non-disabled	Disability Unknown
Number of staff in workforce	508	7052	424
Average number of staff entering the formal capability process for any reason	1	3	0
Of these, how many are on the grounds of ill health only?	0	0	0
Likelihood of staff entering the formal capability process	0.001969	0.000428	0.000000
Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff	4.630467		

Metric 9b

Metric 9 - Staff Engagement

b) Has your organisation taken action to facilitate the voices of Disabled staff to be heard?

If no, please provide an explanation for your answer.

- ☒ Yes
☐ No

Please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.

Notes

Metric 4 - 9a

Metric 4 to 9a

Please note that you are not required to submit data for WDES Metrics 4 to 9a. These metrics relate to the NHS Staff Survey and the WDES Implementation Team will access this data directly.

However, you should include data for these metrics when discussing, producing and publishing your organisation's WDES annual report. The annual report, which should be developed in partnership with the organisation's Disabled staff network and ratified by the Board, must contain data for all 10 metrics along with an action plan that sets out the actions the organisation will deliver over the coming 12 months.

Metric 10

Metric 10 - Board voting membership

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board
- By executive membership of the Board

The data for this metric should be a snapshot as of 31st March 2023.

	Disabled	Non-disabled	Disability Unknown	Total
Total Board members	1	2	0	3
How many are voting members?	1	2	0	3
Number of non-voting members	0	0	0	0
How many are Exec Board members?	0	1	0	1
Number of non-exec members	1	1	0	2
Number of staff in overall workforce (from Metric 1)	508	7052	424	7984
Total Board members - % by Disability	33.33	66.67	0	%
Voting Board members - % by Disability	33.33	66.67	0	%
Non-Voting Board Member - % by Disability	%	%	%	%
Executive Board Member - % by Disability	0	100	0	%
Non-Executive Board Member - % by Disability	100	0	0	%
Overall workforce - % by Disability	6.4	88.25	5.34	%
Difference % (Total Board - Overall workforce)	26.93	-21.58	-5.34	%
Difference % (Voting membership - Overall Workforce)	26.93	-21.58	-5.34	%
Difference % (Executive membership - Overall Workforce)	-6.4	11.75	-5.34	%

Notes

Northern Lincolnshire and Goole NHS Foundation Trust is part of the NHS Humber Health Partnership, operating under a Shared Group Board and Leadership team. Staff are employed by either Northern Lincolnshire and Goole NHS Foundation Trust or Hull University Teaching Hospitals NHS Trust. In which case, figures will not be double-counted.