

Workforce Disability Equality Standard

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Approved: Strategic People Committee on behalf of the Trust Board

WORKFORCE DISABILITY EQUALITY STANDARD

SUBJECT	Workforce Disability Equality Standard (WDES) Annual Report 2023/24	AGENDA REF:	SPC/24/08/85
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1. BACKGROUND/CONTEXT

The Workforce Disability Equality Standard (WDES)¹ was introduced in 2019, part modelled on the Workforce Race Equality Standard (WRES)². The standard sets out agreed metrics which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. As such on an annual basis the NHS organisations are required as per the NHS standard contract to complete a data analysis against 10 metrics, formulating a Trust wide action plan for improvement. Responsibility for oversight of the action plan sits with the Trust Board for sign off and approval.

The Trust is expected to show progress against 10 indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels, including the Trust Board. The WDES measures are important as they support positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS. Research shows that a motivated, included and valued workforce contributes to the delivery of outcomes such as reduced health inequalities, high quality patient care, increased patient satisfaction and improved patient safety³.

The WDES data has been collated from the Trust’s Electronic Staff Record (ESR), the National Staff Survey results for 2023, and via the HR Business Partnering Team. The data has been submitted to the national central government portal as per the national timescales in May 2024. A copy of this data can be found as **Appendix One**.

The Trust’s WDES Action Plan for 2023/24, found as **Appendix Two**, has been produced through an analysis of the data with a comparison to the previous year’s data and progress made against the action plan for 2022/23. The production of the reporting and data has been supported by the Trust’s Disability Awareness Network (DAN) as well as consultation with the wider workforce as part of an analysis of staff survey data.

In addition to being monitored by NHS England, compliance with the WDES and subsequent action plans are also monitored by the Care Quality Commission (CQC), as local intelligence for the well-led domain of the new assessment framework.

¹ NHS England – Workforce Disability Equality Standard:
<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/>

² NHS England – Workforce Race Equality Standard:
<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

³ West M (2021) Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care

For the purposes of this report, the term ‘disabled staff’ and ‘non-disabled staff’ is used which reflects that of the WDES Technical Guidance. The term ‘long-term health condition’ is also used when referring to the National Staff Survey.

2. REPORTING AND TIMESCALES

The NHS standard contract outlines how organisations must meet the required timescales of the National Workforce Disability Equality Standard (WDES) Team. For 2023/24 reporting, this timeframe was brought forward to May 2024 as with the previous year.

As part of the reporting requirements, organisations are required to develop an action plan, approved by Trust Boards and uploaded to the Trust’s website by 31 October 2024.

The Strategic People Committee holds the delegated responsibility of the Trust Board to receive and approve the contents of the WDES, with escalation of the decision reported via the Committee Chairs Log.

3. ACTIONS COMPLETED IN 2022/23

The Trust is required to complete an action plan for each submission of the Workforce Disability Equality Standard (WDES). From the 2022/23 submission, the following actions have been completed:

- Relaunch a Trust wide communication plan regarding equality and diversity monitoring information.
- Targeted monitoring of local action (by Care Group) to improve declaration rate. Monitored on a bi-annual basis at the Workforce EDI Sub-Committee (now Workforce Inclusion and Culture Sub-Committee).
- Development of an internal EDI dashboard to support real-time monitoring of information (percentages declared), at local level.
- A review of the WHH Recruitment and Selection training to support managers competency in inclusive recruitment practices.
- Working with DFN Project SEARCH to launch a supported internship programme, supporting young adults with a learning disability, or autism spectrum condition, or both into employment.
- Continue to embed processes aligned to the Disability Confident Leader accreditation with monitoring completed against projected timeframes to support reaccreditation.
- Review of the Workplace Passport to ensure that it is used as a tool to support people with a disability, long-term health condition or neurodiversity to remain in work and access reasonable adjustments.
- Introduce Staff Network representatives as part of the workforce policies and procedures working group, ensuring lived experience supports policy development.
- Develop listening workshops to gather qualitative information from staff who have declared a disability to identify areas for improvement based on the Staff Survey 2022 results.

- Review of Staff Survey data for 2023, applying reduction targets for staff with a long-term health condition who experience bullying, harassment, discrimination and violence.
- Development of the disability and long-term health condition “lived experience space” on the Extranet. Collating a bank of staff stories to support peer networking, organisational training and promotion of the social model of disability.
- Develop and embed personalised equality and diversity related objectives for Executive Board members and all staff appraisals, commenced from September 2024.
- Implement an Access to Work standard operating procedure for managers, including bespoke training where required to increase access to reasonable adjustments.
- Review of executive recruitment resources through an inclusive lens, to ensure that the Trust's commitment to inclusivity is recognised by diverse candidates.

4. KEY FINDINGS

The full datasets identified as part of the Workforce Disability Equality Standard (WDES) for 2023/24, can be found as **Appendix One**. This section provides a high-level analysis of the key findings from the WDES reporting. A copy of the action plan to address the findings in this report can be found as **Appendix Two**.

Analysis of the Trust’s WDES data has identified improvements against a number of the WDES indicators, including:

- Reporting of disability declarations improved year on year for clinical and non-clinical staff. This was a 0.91% increase in staff declaring their disability declaration as yes, a 4.05% increase in staff declaring no, and a 4.96% reduction in unknown declarations.
- Across the clinical workforce there was an increase in staff declaring that they had a disability for bands 1 to 8b. There remains further work to do with senior leaders and unknown declaration rates.
- The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts decreased from 1.84 to 1.41 in 2023/24.
- For staff with a long-term health condition or illness, there were improvements across all metrics reported via the staff survey, including:
 - The percentage of staff who experienced harassment, bullying or abuse from managers and/or other colleagues
 - The percentage of staff who believe the Trust provides equal opportunities for career progression
 - The percentage of staff who felt pressure from the organisation to attend work when they did not feel well enough. Highlighting a positive trend, particularly recognising the impact of presenteeism in the workplace.
- Additionally, the Trust performed better than the national average and improved on the previous year for the percentage of disabled staff who stated the Trust made reasonable adjustments to enable them to carry out their work.

Analysis of the Trust's WDES data has also identified areas of deterioration in comparison with the 2022/23 results. This includes the percentage of non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Although there has been improvements, data still highlights that there are gaps in the Trust workforce profile at Band 8a and above for staff living with a disability or long-term health condition. Specifically work is required to improve the diversity of the senior leadership of the Trust, as well as support those who have not declared their disability status to feel comfortable to do so. This includes reviewing opportunities for career progression into the NHS, noting that the results demonstrate that non-disabled staff are more likely to be appointed from shortlisting compared to disabled applicants.

Additionally, there is still a significant disparity between disabled staff and non-disabled staff when reviewing the results in the NHS Staff Survey. This is particularly significant when looking at the percentage of staff experiencing harassment, bullying or abuse in the workplace. The findings of this have been incorporated into the Trust wide action plan, as well as interventions through the staff survey reporting.

5. MONITORING/REPORTING ROUTES

Actions associated with the Workforce Disability Equality Standard (WDES) will be integrated into the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard. Monitoring of the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard is completed by the Workforce Inclusion and Culture Sub-Committee, chaired by the Chief People Officer on a bi-monthly basis.

In addition, as part of the NHS standard contract, progress updates associated with the WDES are reported bi-annually to the Clinical Quality Focus Group (CQFG) for assurance.

6. TIMELINES

Data reporting of the Workforce Disability Equality Standard was completed by 31 May 2024.

Following approval of the associated action plan, found as **Appendix Two**, the Trust is required to submit the plan to NHS England, and publish on its website by 31 October 2024.

7. ASSURANCE COMMITTEE (IF RELEVANT)

Assurance for the Workforce Disability Equality Standard is completed by the Strategic People Committee as delegated responsibility on behalf of the Trust Board.

8. APPENDIX ONE – WORKFORCE DISABILITY EQAULTY STANDARD DATASET (2023/24)

Metric 1: Percentage of staff in AfC (Agenda for Change) 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.

Non-clinical workforce	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	66	6.5%	732	72.3%	214	21.1%	1012
Cluster 2: AfC bands 5 to 7	12	4.9%	192	77.7%	43	17.4%	247
Cluster 3: AfC bands 8a and 8b	4	5.7%	59	84.3%	7	10.0%	70
Cluster 4: AfC bands 8c to VSM	2	3.8%	45	86.5%	5	9.6%	52
Total non-clinical	84	6.1%	1028	74.3%	271	19.6%	1383

Clinical workforce	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	39	4.0%	789	80.4%	153	15.6%	981
Cluster 2: AfC bands 5 to 7	65	3.6%	1442	79.9%	298	16.5%	1805
Cluster 3: AfC bands 8a and 8b	2	1.3%	119	76.3%	35	22.4%	156
Cluster 4: AfC bands 8c to VSM	0	0.0%	13	76.5%	4	23.5%	17
Total clinical	106	3.6%	2363	79.9%	490	16.6%	2959

Medical and Dental	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Medical & Dental Staff, Consultants	1	0.49%	145	71.43%	57	28.08%	203
Medical & Dental Staff, Non-Consultants career grade	1	1.35%	48	64.86%	25	33.78%	74
Medical & Dental Staff, Medical and dental trainee grades	2	2.06%	78	80.41%	17	17.53%	97

Total Medical and Dental	4	1.07%	271	72.46%	99	26.47%	374
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Total workforce	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Number of staff in workforce	194	4.11%	3662	77.65%	860	18.24%	4716

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

2022/23	2023/24
The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts is 1.84 .	The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts is 1.41 .
This indicates that non-disabled staff are more likely to be appointed from shortlisting compared to Disabled applicants.	This indicates that non-disabled staff are more likely to be appointed from shortlisting compared to Disabled applicants.

To note:

- i) A relative likelihood of 1 indicates that there is no difference: i.e. non-disabled applicants are equally as likely of being appointed from shortlisting as Disabled applicants.
- ii) 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 (2 times) as likely to be appointed from shortlisting as Disabled applicants.
- iii) 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.

Metric 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.

2022/23	2023/24
There is no difference between the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.	There is no difference between the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.

To note:

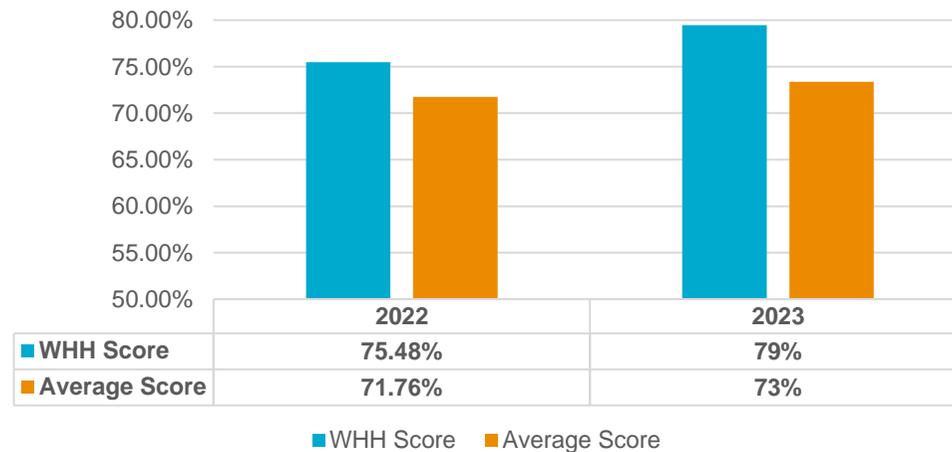
- i) A relative likelihood of 1 indicates that there is no difference, i.e. Disabled staff are equally as likely as non- disabled staff to enter formal capability processes.
- ii) A relative likelihood **above** 1 indicates that Disabled staff are more likely to enter formal capability processes than non-disabled staff: e.g. a likelihood ratio of 2 indicates that Disabled staff are twice (2 times) as likely to enter a formal capability process compared to non-disabled staff.
- iii) A relative likelihood **below** 1 indicates that Disabled staff are less likely to enter formal capability processes compared to non-disabled staff: e.g. a likelihood ratio of 0.5 indicates Disabled staff are half (0.5 times) as likely to enter a formal capability process compared to non- disabled staff.

Metric 4 to 9a (linked to the Staff Survey 2023):

Question	Staff with a long-term health condition or illness			Staff without a long-term health condition or illness		
	2022	2023	Comparator	2022	2023	Comparator
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	26.85%	25.75%		19.93%	18.83%	
Q14b) Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	17.91%	11.47%		7.98%	5.68%	
Q14c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	24.44%	22.68%		15.68%	12.45%	

Q14d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	42.95%	53.88%		49.52%	48.74%	
Q15) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	53.99%	58.04%		61.03%	64.80%	
Q11e) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	26.86%	22.70%		18.29%	15.63%	
Q4b) Percentage of staff satisfied with the extent to which their organisation values their work	34.07%	40.77%		45.64%	50.65%	

Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.



Metric 10: Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:

Percentage difference:

- i. By voting and non-voting membership of the board.
- ii. By Executive and non-exec membership of the board.

	2022/23			2023/24		
	DISABLED	NON-DISABLED	UNKNOWN	DISABLED	NON-DISABLED	ETHNICITY UNKNOWN
Total Board Members	6%	94%	0%	6%	82%	12%
of which: Voting Board members	0%	100%	0%	0%	92%	8%
Non-voting Board members	25%	75%	0%	20%	60%	20%
Exec Board members	0%	100%	0%	0%	89%	11%
Non-exec Board members	13%	88%	0%	12.5%	75%	12.5%
Number of staff in workforce	3%	74%	23%	4%	78%	18%
Difference (Total board - Overall workforce)	-3.22%	26.41%	-23.19%	1.77%	4.7%	-6.48%

9. APPENDIX TWO – WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLAN

The Workforce Disability Equality Standard action plan has been developed based on actions developed in 2022/23.

Metric Number	Standard	Narrative	Actions	Timescales
1	Percentage of staff in AfC (Agenda for Change) 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.	Data highlights that although the percentage of staff who have declared a disability on the Trust electronic record system has increased in comparison to the previous year there are still banding outliers to be targeted for improvement.	Implementation of a disability pay gap report which is triangulated against gender, ethnicity and other protected characteristics.	March 2025
		It is also recognised that the percentage of 'unknown' declarations for disability has improved but remains high across the Trust workforce, including AfC and medical and dental subgroups.	Implementation of a Neurodiversity in the Workplace training programme, working with external organisations and lived experience to support wider awareness and interventions.	January 2025
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	Data in 2023/24 indicates that non-disabled staff are more likely to be appointed from shortlisting compared to disabled applicants. The data does highlight an improvement in comparison to the previous year however there remains further work to address the imbalance.	Evaluate and apply lessons learned from the supported internship programme into recruitment practices across the Trust.	August 2024
			Implement a second cohort of the supported internship programme ensuring case studies are developed to support recruitment and reasonable adjustments practices across the Trust.	September 2024

Metric Number	Standard	Narrative	Actions	Timescales
			Identify opportunities to work in partnership with local voluntary, community, faith and social enterprises to increase employability opportunities and support across the local boroughs.	March 2025
			Reaccreditation and attainment of the Disability Confident Leader status for 2025.	July 2025
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.	There is no difference between the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.	Engagement between the Disability Awareness Network / other Staff Networks and the HR Business Partnering Team on the development of Trust policies and procedures – including disciplinary, performance management, MHPS and supporting attendance. This is particularly cognisant of national policy development and consultation at a local level.	March 2025
4-9a	Staff Survey questions associated with: <ul style="list-style-type: none"> Harassment, bullying or abuse from patients, managers and other 	The Staff Survey 2023 found that all of the questions linked to the Workforce Disability Equality Standard improved in comparison to the 2022 results.	Mapping of the WHH Culture Programme and operational oversight with Datix reports for staff-on-staff incidents. Identifying further intelligence to feed into culture reviews and interventions.	October 2024
			Analysis of reported incidents on DATIX, including measures to ensure that where incidents are reported, comprehensive psychological support is provided for all	March 2025

Metric Number	Standard	Narrative	Actions	Timescales
	<p>colleagues</p> <ul style="list-style-type: none"> • Equality of access to career progression • Feeling of pressure to be in work • Satisfaction with work • Staff engagement • Reasonable adjustments 		<p>individuals.</p>	
			<p>Continue to review opportunities to implement accessibility software or raise awareness of accessibility features as best practice to support the wider workforce in their daily roles. This is particularly refreshed based on the implementation of the new electronic patient record system.</p>	<p>January 2025</p>
			<p>Work with the Disability Awareness Network to encourage clinical champions as part of the network leadership, including medical, nursing and AHP. Supporting the newly elected co-Chairs of the network through their induction and development.</p>	<p>October 2024</p>
			<p>Review of the Access to Work financial process to ensure that there are no barriers to access of reasonable adjustments.</p>	<p>November 2024</p>
			<p>Scope the implementation of a central resourcing function for Access to Work.</p>	<p>March 2025</p>

Metric Number	Standard	Narrative	Actions	Timescales
			Promotion and implementation of specific learning and development support to staff with a disability or long-term health condition.	July 2025
			Development of a workforce accessible information standards review to support accessibility with policies and procedures, in conjunction with the Disability Awareness Network.	November 2024
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.	The data demonstrates that in terms of the representation of the Board in relation to the wider workforce, the total difference is 1.77% in comparison to the previous year at -3.22%.	Development of a series of board related EDI training and development programmes, including anti-racism, cultural appreciation, analysis and competency across all characteristics.	December 2025
			Implementation of an insourced Reciprocal Mentoring programme to commence between executive members, senior and aspiring leaders representing all characteristics.	November 2025 (to commence)