

# **Workforce Disability Equality Standard (2024/25)**

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# 1. Background/context

The Workforce Disability Equality Standard (WDES)<sup>1</sup> was introduced in 2019, part modelled on the Workforce Race Equality Standard (WRES)<sup>2</sup>. 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 safety<sup>3</sup>.

The WDES data has been collated from the Trust's Electronic Staff Record (ESR), the National Staff Survey results for 2024 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 2025. A copy of this data can be found as **Appendix One**.

The Trust's WDES Action Plan for 2024/25, 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 2023/24. 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.

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.

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<sup>1</sup> NHS England – Workforce Disability Equality Standard:

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/>

<sup>2</sup> NHS England – Workforce Race Equality Standard:

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

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

## 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. This was completed in May 2025.

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 2025.

The Strategic People Committee in Common 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 with the paper reported as supplementary.

It is noted that the Trust implements a disability pay gap and has done since 2024/25. This is reported through the EDI Annual Report as part of the workforce profile review and will be presented to the Strategic People Committee in Common from Q4 2025/26.

## 3. Key findings in 2024/25

The full datasets identified as part of the Workforce Disability Equality Standard (WDES) for 2024/25, 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 is an increase to:
  - 5.16% of staff declaring a disability in 2024/25 compared with 4.11% in 2023/24.
  - 79.97% of staff declaring they do not have a disability in 2024/25 compared with 77.65% in 2023/24.
  - 14.87% of staff not declaring their disability status (unknown declaration) in 2024/25 compared with 18.24% in 2023/24.
- For non-clinical staff, there was an improvement in clusters one, two and four compared to 2023/24 with the overall workforce who have declared a disability increasing from 6.1% to 6.6%.
- For clinical staff, there was an improvement in all clusters compared to 2023/24 with the overall workforce who have declared a disability increasing from 3.6% to 4.9%.
- For Medical and Dental staff, there was an improvement in all roles with the overall reporting increasing from 1.1% to 2.2%.
- Across all the workforce there was an improvement in every cluster apart from Medical and Dental 'trainees' for the unknown declaration rates with the largest reduction being Medical and Dental 'career grade' from 33.78% in 2023/24 to

26.47% in 2024/25. This still demonstrates further work is required but shows a significant improvement.

- The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts decreased from 1.41 in 2023/24 to 0.95 in 2024/25. This demonstrates a significant improvement in the ratio for the first time since the WDES was published in 2019.
- For staff with a long-term health condition or illness, there were improvements across metrics reported via the staff survey, including:
  - The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
  - The percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.
  - The percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.
  - The percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Analysis of the WDES data has also identified areas of deterioration in comparison with the 2023/24 results. This includes:

- The percentage of staff who say they reported the last time they experienced harassment, bullying or abuse at work.
- The percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.
- The percentage of staff satisfied with the extent to which their organisation values their work.
- A slight reduction for the percentage of disabled staff who stated the Trust made reasonable adjustments to enable them to carry out their work.
- The percentage difference between the organisation's Board voting membership and its organisation's overall workforce reduced from 1.77% in 2023/24 to -5.16% in 2024/25.

It is noted that although deterioration is noted, the Trust remains above the national average for Acute and Acute and Community Trusts in these metrics in 2024. Additionally, the performance in 2024 represents an improvement compared to the 2022 results with a larger staff engagement response rate.

Although there have 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 aims to be addressed through work embedded within the action plan noted as **Appendix Two**.

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. Overall, this remains a targeted area for focus for disabled staff and non-disabled staff as evidenced within the action plan.

## **4. Actions required/responsible officer**

The Chief People Officer is the executive lead for workforce equality, diversity and inclusion. This includes all statutory reporting requirements.

## **5. Measurements/evaluations**

As detailed in section three.

## **6. 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. From September 2025, quarterly WRES and WDES oversight groups led by the Chief People Officer with Staff Network leads is in place for enhanced scrutiny of activity.

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.

## **7. Timelines**

Data reporting of the Workforce Disability Equality Standard was completed by 31 May 2025.

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 2025.

## **8. Assurance committee (if relevant)**

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

## 9. Appendix One: WDES Dataset (2024/25)

**Metric 1:** Percentage of staff in Agenda for Change (AfC) pay bands or medical and dental subgroups and very senior managers (VSM) 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	68	6.8%	745	74.8%	183	18.4%	996
Cluster 2: AfC bands 5 to 7	16	6.6%	192	79.0%	35	14.4%	243
Cluster 3: AfC bands 8a and 8b	3	4.2%	63	88.7%	5	7.0%	71
Cluster 4: AfC bands 8c to VSM	2	4.2%	44	91.7%	2	4.2%	48
<b>Total non-clinical</b>	<b>89</b>	<b>6.60%</b>	<b>1044</b>	<b>76.9%</b>	<b>225</b>	<b>16.6%</b>	<b>1358</b>

Clinical workforce	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	49	5.1%	795	82.8%	116	12.1%	960
Cluster 2: AfC bands 5 to 7	95	5.1%	1524	81.6%	249	13.3%	1868
Cluster 3: AfC bands 8a and 8b	5	2.9%	143	83.6%	23	13.4%	171
Cluster 4: AfC bands 8c to VSM	0	0.0%	14	82.4%	3	17.6%	17
<b>Total clinical</b>	<b>149</b>	<b>4.90%</b>	<b>2476</b>	<b>82.1%</b>	<b>391</b>	<b>13.0%</b>	<b>3016</b>

Medical and Dental	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Medical & Dental Staff, Consultants	3	1.38%	159	73.27%	55	25.35%	217
Medical & Dental Staff, Non-Consultants career grade	2	2.94%	48	70.59%	18	26.47%	68
Medical & Dental Staff, Medical and dental trainee grades	4	3.23%	98	79.03%	22	17.74%	124

<b>Total Medical and Dental</b>	<b>9</b>	<b>2.20%</b>	<b>305</b>	<b>74.57%</b>	<b>95</b>	<b>23.23%</b>	<b>409</b>
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<b>Total workforce</b>	<b>Disabled</b>		<b>Non-disabled</b>		<b>Unknown</b>		<b>Total</b>
	Num	%	Num	%	Num	%	
<b>Number of staff in workforce</b>	<b>247</b>	<b>5.16%</b>	<b>3825</b>	<b>79.97%</b>	<b>711</b>	<b>14.87%</b>	<b>4783</b>

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

<b>2023/24</b>	<b>2024/25</b>
The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts is <b>1.41</b> .	The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts is <b>0.95</b> .
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 less 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.

2023/24	2024/25
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.

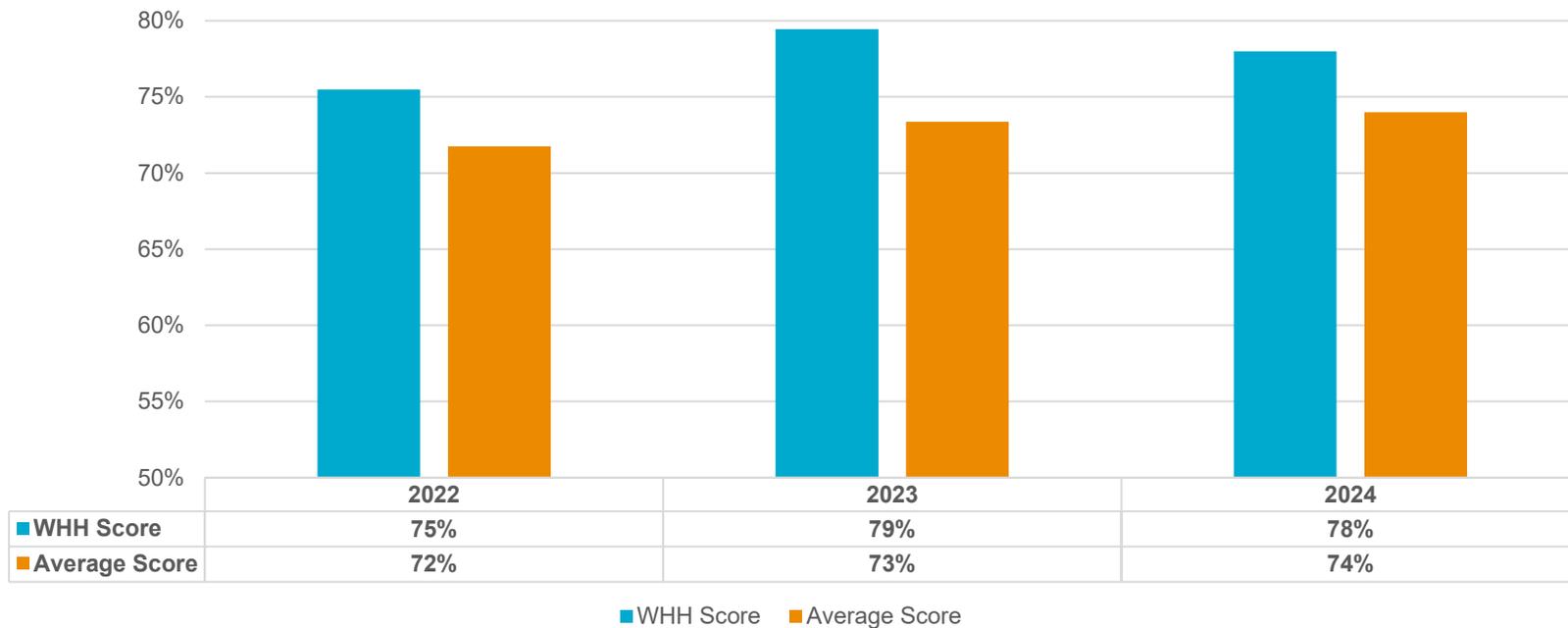
**Metric 4 to 9a (linked to the Staff Survey 2024):**

Question	Staff with a long-term health condition or illness				Staff without a long-term health condition or illness			
	2022	2023	2024	Trend	2022	2023	2024	Trend
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	26.85%	25.75%	<b>25.04%</b>	<b>Improved</b>	19.93%	18.83%	<b>20.05%</b>	<b>Deteriorated</b>
Q14b) Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	17.91%	11.47%	<b>10.07%</b>	<b>Improved</b>	7.98%	5.68%	<b>6.55%</b>	<b>Deteriorated</b>
Q14c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	24.44%	22.68%	<b>18.86%</b>	<b>Improved</b>	15.68%	12.45%	<b>14.38%</b>	<b>Deteriorated</b>
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%	<b>49.76%</b>	<b>Deteriorated</b>	49.52%	48.74%	<b>50.32%</b>	<b>Improved</b>
Q15) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	53.99%	58.04%	<b>57.83%</b>	<b>Deteriorated</b>	61.03%	64.80%	<b>62.37%</b>	<b>Deteriorated</b>
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%	<b>21.53%</b>	<b>Improved</b>	18.29%	15.63%	<b>14.82%</b>	<b>Improved</b>

Q4b) Percentage of staff satisfied with the extent to which their organisation values their work

34.07%	40.77%	<b>38.51%</b>	<b>Deteriorated</b>	45.64%	50.65%	<b>47.53%</b>	<b>Deteriorated</b>
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**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.

	2023/24			2024/25		
	Disabled	Non-disabled	Unknown	Disabled	Non-disabled	Unknown
Total Board Members	6%	82%	12%	0%	100%	0%
of which: Voting Board members	0%	92%	8%	0%	100%	0%
Non-voting Board members	20%	60%	20%	0%	100%	0%
Exec Board members	0%	89%	11%	0%	100%	0%
Non-exec Board members	12.5%	75%	12.5%	0%	100%	0%
Number of staff in workforce	4%	78%	18%	5.16%	79.97%	14.87%
Difference (Total board - Overall workforce)	1.77%	4.7%	-6.48%	-5.16%	20.03%	-14.87%

## 10. Appendix Two: WDES Action Plan 2024/25

The Workforce Disability Equality Standard action plan has been developed in conjunction with the Disability Awareness Network based on actions developed in 2023/24.

Metric Alignment / Theme	Action	Timescale / RAG	Anticipated Success Factors
<b>Disclosure and Reporting</b>	<b>Increase the disability disclosure rate through education, targeting self-declaration and interventions whereby disclosure rates can change.</b>	<b>October 2026</b>	Refreshed campaign aligned with the organisational strategy. Improvement in unknown declaration rate of 2% annually.
	<b>Decrease the unknown disability disclosure rate of the medical and dental workforce through targeted interventions, including medical appraisal.</b>	<b>October 2026 (Annual progress updates)</b>	Targeted engagement in conjunction with the Medical Director and Deputy Medical Director. Improvement of declaration rate of 2% annually.
	<b>Work with Medical Education to identify opportunities for training and improved induction measures on reasonable adjustments, aiming to increase the confidence in reporting of disability declaration across the medical profession.</b>	<b>May 2026</b>	Improved medical and dental EDI inductions and training sessions. Improvement in GMC and NETS Survey results for wellbeing. Improvement in medical and dental WDES reporting.
<b>Reasonable Adjustments</b>	<b>Relaunch the Reasonable Adjustments Hub with emphasis on the updated guidance document and supported SOPs.</b>	<b>September 2025</b>	Reasonable Adjustments Hub relaunched with an increase in microsite hits month on month.

	<b>Complete a review of the Trust Workplace Passport to support suitability for clinical and non-clinical roles. Following the review, make adjustments to ensure that the passport is widely accessible.</b>	<b>September 2025</b>	Passport audit completed and review undertaken, with a relaunch of the passport across all professions.
	<b>Implement a Neurodiversity in the Workplace easy read guide based on the Reasonable Adjustments guidance. Develop a short bitesize learning platform for managers.</b>	<b>November 2025</b>	Guide to be developed to support managers access and microsite hits to be monitored for the new training platform quarterly.
	<b>Develop a resource for pre-application and employment checks to support new applicants in disclosing their disability status and/or required reasonable adjustments.</b>	<b>September 2025</b>	New resource developed both digitally and by print for recruitment and Occupational Health resources.
<b>Access to Work / Maximus</b>	<b>Increase awareness of external reasonable adjustments organisations to support:</b> <ol style="list-style-type: none"> <li><b>1. Individual's access to adjustments</b></li> <li><b>2. Management's awareness of processes to take</b></li> </ol>	<b>September 2025</b>	Refreshed SOP to be in place for managers with targeted communications to staff through various formats, including pre-employment and normal channels.
	<b>Scope the development of an insourced reasonable adjustments function to support improvements in access to reasonable adjustments.</b>	<b>March 2026</b>	Best practice scoped and an options appraisal completed.
<b>Staff Network</b>	<b>Support wider engagement of the Disability Awareness</b>	<b>September 2026</b>	Increased network engagement, launched as part of the networks 'in common' promotion.

	<b>Network by relaunching the network alongside networks ‘in common’ from July 2025.</b>		
<b>Bullying and Harassment</b> To note: This action forms part of a wider Trust wide action plan for improvement	<b>Launch a refreshed bullying, harassment and abuse campaign Trust wide with refreshed reporting routes, information targeting patients, workforce and the public and create reader friendly policy guides for managers / staff to access.</b>	<b>December 2025</b> (Progress to be monitored annually until March 2027)	Launch of the refreshed campaign with materials. Reduction in reported instances via the staff survey annually with an increase in formal reports via Datix / employee relations to reduce the disparity.
	<b>Scope the development of an anti-bullying policy and procedure which replicates national best practice for sexual misconduct, including anonymous reporting.</b>	<b>August 2025</b>	Options appraisal completed following the scoping to align with the bullying and harassment programme.
	<b>Launch a Culture, Inclusion and Wellbeing Steering Group focused on targeting interventions to wellbeing through a holistic approach, including bullying and harassment, violence and aggression, presenteeism etc.</b>	<b>October 2025</b>	Steering Group terms of reference approved by the Workforce Inclusion and Culture Sub-Committee with assurance reported through the bullying and harassment programme.
<b>Accountability</b>	<b>Complete a review of Trust wide EDI objectives to realign 2026/27 objectives with updated intelligence from equality reporting, e.g. active bystander.</b>	<b>January 2026</b>	Updated objectives for all staff, with targeted leadership objectives.
<b>Training</b>	<b>Implement a bitesize ‘disability’ training package Trust wide with</b>	<b>October 2025</b>	Training package launched and recorded on ESR with attendance increasing quarterly.

	<b>targeted offers. Identify areas of low compliance with reasonable adjustments and target training with an annual review completed against the Staff Survey results.</b>	<b>(Progress to be monitored annually until March 2027)</b>	Review of staff survey results annually to refresh areas of targeted focus.
	<b>Complete a review of current HR and OD learning offers to identify opportunities to embed reasonable adjustments, disability and neurodiversity cultural improvements within pre-existing programmes.</b>	<b>September 2025</b>	Review of current training models to be completed with updates to training being progressed as a result.
	<b>Launch a training programme aligned with supporting attendance on reasonable adjustments and creating a supportive culture, aimed at addressing presenteeism within the workplace.</b>	<b>March 2026</b>	Training materials launched.
	<b>Development of a series of board related EDI training and development programmes, including anti-racism, disability awareness, cultural appreciation, equality analysis and competency across all characteristics.</b>	<b>December 2026</b>	Board development programme to include at least one EDI related offer annually based on refreshed data from equality reporting schedules.
	<b>Implementation of an insourced Reciprocal Mentoring programme to commence between executive members, senior and aspiring leaders representing all characteristics.</b>	<b>November 2025</b> <b>(Review to be completed six-monthly)</b>	Reciprocal Mentoring programme launched and built into talent management plans for the following year.