

# NHS Workforce Disability Equality Standard 2020 Technical Guidance



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# 1 Overview

The WDES (Workforce Disability Equality Standard) and WRES (Workforce Race Equality Standard) data collections were paused in April 2020 as part of the initial response to COVID-19. However, with the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) and Disabled staff and communities, and with concerns about a lack of recognition of this disproportionate impact on decision making, the data collections have now resumed.

COVID-19 has had specific impacts for Disabled people, including those who are shielding or in other areas such as reasonable adjustments (both at home and in new roles) and risk assessments. As the impact and effects of COVID-19 are being realised, the need to understand how best to respond is clear and urgent in this fast changing and challenging environment. The WDES and WRES are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS.

The WDES has been developed, and continues to be underpinned by the ethos of 'Nothing About Us Without Us'. This means that any decisions that impact on Disabled<sup>1</sup> people, must involve Disabled people.

The NHS draws on a remarkably rich and diverse workforce who provide care to our patients. NHS England and NHS Improvement<sup>2</sup> is committed to creating an NHS where all staff are respected and valued for the roles that they play.

As the fifth biggest employer in the world, employing 1.4 million people, the NHS is in a pivotal position to lead the way in the employment of Disabled people. The NHS

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<sup>1</sup> Using a capital D for the word 'Disabled' emphasises that barriers continue to exist for people with impairments and long-term conditions. The capital 'D' also shows that Disabled people have a shared identity and are part of a community that continues to fight for equality, similar to Black, Asian and Minority Ethnic (BAME) or Lesbian, Gay, Bisexual and Trans (LGBT+) communities.

<sup>2</sup> In 2019 NHS England and NHS Improvement came together as a single organisation with the aim to better support the NHS and help improve care for patients.



Workforce Disability Equality Standard (WDES) was introduced in 2019 and is designed to improve workplace and career experiences for Disabled people working, or seeking employment, in the NHS.

The WDES is a mandated<sup>3</sup> collection of evidence-based metrics that provides NHS trusts with a snapshot of the experiences of their Disabled staff. The comparative data between Disabled and non-disabled staff will support trusts to understand where key differences lie; as well as provide the evidence needed to produce action plans and enable them to track year on year progress. The WDES provides a ‘mirror’ for the trust to hold up to itself, to see whether or not it sees a reflection of the Disabled people and communities that it serves.

## **2 The purpose of this guidance and the NHS Standard Contract**

### **2.1 WDES Technical Guidance**

The WDES Technical Guidance contains the WDES metrics and detailed information that supports those tasked with collecting and reporting WDES metrics data and producing WDES action plans. This guidance is part of a package of resources to specifically support NHS Trusts and Foundation Trusts<sup>4</sup> to make measurable and continuous improvements in workforce disability equality. It will be particularly helpful to HR directors and workforce information specialists, equality leads, Disabled staff and networks, staff side partners (disability and equality leads) and other colleagues who are involved in implementing the WDES.

This technical guidance will also be useful to trust chief executives, senior management teams and boards who hold local responsibility for ensuring compliance with the WDES, which is mandated through the NHS Standard Contract.

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<sup>3</sup> In the first two years (2019 and 2020) the WDES is mandated to NHS Trusts and Foundation Trust. It is our intention to widen the scope to include other NHS organisations and healthcare providers in future.

<sup>4</sup> Within this technical guidance we have used the term ‘trusts’ to refer to NHS Trusts and Foundation Trusts.



They will find the Overview, the WDES Metrics, the information on key considerations for implementing the WDES (Section 8), the implementation timetable and milestones (Section 9) particularly helpful.

Those in national health bodies, CCGs and other organisations committed to supporting the WDES aims, will also find this detailed guidance informative.

## 2.2 The NHS Standard Contract

The WDES is mandated through the NHS Standard Contract under Service Condition 13.8, applies only to NHS Trusts and Foundation Trusts in the first two years of implementation (2019 and 2020). This approach has been adopted to allow the WDES to be embedded through NHS systems. The WDES Implementation Team<sup>5</sup> will support engagement and discussion with national health bodies, other NHS organisations, CCGs and the independent and voluntary sectors to explore how best to maximise the reach of the WDES.

The table below is taken from the NHS Standard Contract<sup>6</sup>.

SC13	Equity of Access, Equality and Non-Discrimination	Applicability
13.8	The Provider must implement and comply with the National Workforce Disability Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance.	NHS Trust / FT

<sup>5</sup> The WDES Implementation Team sits within the People Directorate of NHS England/Improvement.

<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2020/03/2-FL-SCs-100320.pdf> (p17)



## **3 A tool for healthcare providers, commissioners and national health bodies**

### **3.1 Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs)**

As the commissioners of services, CCGs have a role to play in ensuring that their trusts have published WDES metrics data and action plans. As they are also employers in their own right, we will be looking to expand the involvement of CCGs in supporting the WDES aims. The WDES Implementation Team will work to ensure that the WDES is included within the NHS Oversight Framework<sup>7</sup>. The Team will also look to engage with colleagues in Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), working at regional level and exploring how they can help in supporting the aims of the WDES.

### **3.2 Commissioning Support Units**

Commissioning Support Units (CSUs) provide a range of support services to CCGs, including collating and reporting workforce data and undertaking a leading role in the implementation of equality standards and compliance. The WDES Implementation Team will undertake engagement with the aim of ensuring that appropriate discussion and guidance will be formulated in conjunction with CCGs and CSUs.

### **3.3 The Independent Sector and the Voluntary Sector**

Independent sector and voluntary sector organisations provide non-primary NHS services and are subject to the NHS Standard Contract. However, the WDES will not apply to the independent sector or voluntary organisations that contract with the NHS for the first two years of the roll-out of the WDES.

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<sup>7</sup> <https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/>



### 3.4 National health bodies

As with the WRES, national health bodies are not mandated through any contractual or regulatory route to report data for the WDES. However, as system leaders, and in the spirit of transparency and continuous improvement, national health bodies will be expected to report and publish data against the WDES metrics. The WDES team will be working with national health bodies (also collectively known as arms'-length bodies) to implement the WDES in 2020.

Workforce disability equality, and equality in general, is a challenge that requires change at all levels of the NHS. National leadership and senior commitment is critical to delivering a WDES that benefits all Disabled staff within the NHS and healthcare sector.

### 3.5 The CQC inspection regime and the WDES

Discussions will continue to take place with the Care Quality Commission (CQC) to include the WDES within its inspection regime for NHS Trusts and Foundation Trusts.

## 4 The importance of the WDES

### 4.1 The WDES Annual Report 2019

The evidence set out in the first annual [report](#) for the WDES, published in March 2020, highlights that Disabled staff continue to experience inequalities working in the NHS across all of the WDES Metrics when compared to non-disabled staff. The analysed data reinforces the need for the WDES as a catalyst for change and to create a fairer and more equal NHS, that supports the workplace experience and career aspirations of Disabled colleagues.





## 4.2 The NHS Constitution and the WDES

The NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it. [The NHS Constitution](#) establishes these principles and values for the NHS in England. It sets out the rights, to which all patients, communities and staff are entitled to, and the pledges and responsibilities that the NHS is committed to achieve, to ensure that the NHS operates fairly and effectively.

Disability equality is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution. The NHS Constitution reiterates the rights of people using NHS services to healthcare that is free from discrimination; it also includes the rights of staff to a workplace that is free of discrimination, and the commitment of the NHS to putting this into practice. The WDES is a crucial initiative that supports the core principles and values set out in the NHS Constitution.

## 4.3 The law and advancing disability equality

The historically poorer employment rates for Disabled people was one of the drivers that led to the introduction of the Disability Discrimination Act (DDA) 1995. The DDA was replaced by the Equality Act 2010, which sought to harmonise and simplify previous equalities legislation; disability is one of the Act's nine (9) protected characteristics<sup>8</sup>.

Section 149 of the Equality Act sets out the Public Sector Equality Duty (PSED), which offers protection in relation to employment, as well as access to goods and services. The PSED strengthens the duty on employers to eliminate discrimination and advance equality of opportunity for staff with protected characteristics, including disability. Implementing the WDES will assist trusts to ensure that they are complying with the provisions of the Equality Act 2010, and the aims of the PSED.

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<sup>8</sup> Age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.



The WDES will also drive improvements for Disabled patients and their care, as it encourages the development of a more diverse, empowered and valued workforce, and a better understanding across the NHS workforce of disability equality.

#### 4.4 Increasing the number of Disabled people in employment

We recognise that there have been historic challenges for Disabled people in accessing employment. Latest official data highlights that as at [September 2019](#), there were 7.7 million Disabled people in employment in the UK. 52.6% of Disabled people were in employment, compared to 81.5% of working age non-disabled people. In relation to the unemployment rate, the percentage for non-disabled people was over twice the percentage for Disabled people; 7.3% vs 3.4%.

[Data](#) published by the Office for National Statistics (ONS) shows that 43.3% of working age Disabled people are economically inactive (neither in employment or actively looking for work), compared to 15.6% of non-disabled people. The high rate of economic inactivity, alongside a higher unemployment rate, has led to an employment rate for Disabled people that is 28.9 percentage points lower than that of non-disabled people.

Additionally, ONS [data](#) published in 2018, highlights that there is also a national disability pay gap. Disabled people earned a median average of £10.63 an hour, compared with £12.11 an hour for non-disabled people. This indicates that Disabled people are over-represented in lower paid employment. The UK parliament has published [data](#) showing that 83% of Disabled people acquire their condition whilst they are of working age. This is particularly important to note, given the increasing numbers of older people in the UK [workforce](#).

The impact of COVID-19 on the numbers and percentages of Disabled people in work is not yet known; this is a changing and unfolding picture. There is potential for the impact on employment to be disproportionately higher for Disabled people, given the need for some Disabled people to self-isolate. Conversely, COVID-19 has meant that more jobs are opening up to home-based working, which will provide new opportunities to Disabled people who need to work from home.



## 4.5 Principles that have informed the design of the WDES

The WDES is underpinned by the social media model of disability, the ethos of 'Nothing About Us Without Us' and the concept of 'Disability as an Asset', which are advocated by Disabled people and disability rights organisations.

The ['social model of disability'](#) recognises that Disabled people face a range of societal barriers, and these, rather than an individual's impairment or long-term condition, create disability. These barriers can include:

- Buildings and estates – which may have been poorly designed and are not fully accessible. Older buildings may have also been built at a time before accessibility requirements were legally mandated.
- Limited job and career opportunities – As WDES data<sup>9</sup> has highlighted, Disabled people are less likely to be appointed to jobs in the NHS. Disabled staff in the NHS are also underrepresented in middle to senior pay bands.
- Working environment – WDES data also highlights that 75% of Disabled staff were satisfied with how their employer had managed a request for reasonable adjustments. Reasonable adjustments are intended to remove or reduce any barriers that a Disabled colleague may find in the workplace.
- Attitudinal – Compared to non-disabled colleagues, we also know that Disabled colleagues are more likely to experience harassment, bullying or abuse from patients/the public<sup>10</sup>, managers<sup>11</sup> and colleagues<sup>12</sup>.

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<sup>9</sup> <https://www.england.nhs.uk/publication/wdes-annual-report-2019/>

<sup>10</sup> 33.8% of Disabled staff (that responded to the 2018 NHS Staff Survey) said that they had experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public. This compares to 26.8% of non-disabled staff.

<sup>11</sup> 2018 NHS Staff Survey data also highlights that 19.8% of Disabled staff experienced harassment, bullying or abuse from managers compared to 13% of non-disabled staff.

<sup>12</sup> Whilst the 2018 survey data also highlighted that 26.8% of Disabled staff had experienced harassment, bullying or abuse from colleagues. Compared to 18.1% of non-disabled staff.



The social model helps people to recognise the barriers that make life harder for Disabled people. What is powerful and liberating about the social model is that it reflects the lived experience of Disabled people. It puts forward a radical and practical approach to ending Disabled people's exclusion and oppression that does not require Disabled people to change who they are in order to be deemed to be entitled to the same rights and opportunities as non-disabled people.

Through their lived experiences, Disabled people have crucial expertise about how they will be affected by actions and decisions. The concept of "Nothing About Us Without Us" argues that actions and decisions that affect, or are about, Disabled people should be informed by the views of Disabled people. In this spirit, trusts should develop and deliver WDES action plans in partnership with Disabled staff.

'Disability as an Asset' refers to the benefits of employing Disabled staff and the positive impact that disability inclusion can have in the workplace. A central element of this concept is developing a culture in which people can speak openly and positively about disability and bring their lived experience into work - benefitting workplace culture and patient care. A workplace in which Disabled staff are visible and feel supported will engender greater awareness throughout the workforce. Making disability integral to mainstream policies from the point of application, through induction and continuing development and training, recognises that disability can affect us all and that promoting inclusion is everyone's business.

## 5 The WDES Metrics

There are ten (10) WDES metrics;

- Three (3) metrics focus on workforce data;
- Five (5) are based on questions from the national NHS Staff Survey (NHSS);
- One (1) metric focuses on disability representation on boards;
- One (1) metric (metric 9) focuses on the voices of Disabled staff. Metric 9b asks for evidence to be provided within trusts' WDES annual reports<sup>13</sup>.

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<sup>13</sup> The report published on the trust's website, which includes the metric results and action plan.



In comparison to the Workforce Race Equality Standard (WRES)<sup>14</sup>, three WDES metrics (2, 5 and 10) are the equivalent of the WRES metrics (referred to as indicators). WDES metric 1 is closely related, using clusters rather than individual grades or pay bands. WDES metric 4 is closely related to the two WRES metrics (5 and 6) on bullying and harassment. Additionally:

- WDES metric 3 - the likelihood of Disabled staff entering capability procedures – is now mandated for 2020 (was a voluntary metric in the first year of WDES implementation)
- WDES metrics 4, 5, 6 7, 8 and 9a use data drawn from NHS Staff Survey questions.

WDES metric 9a draws from the NHS staff engagement score, which is an amalgamation of several questions in the NHS Staff Survey. More information about the staff engagement score is provided in Annex B.

WDES metric 9b asks for evidence of action to facilitate the voices of Disabled staff to be heard. Depending on the response, evidence of actions or plans to address the gap should be added to the trust's WDES annual report.

It should be noted that within the WDES metrics the term 'Disabled compared to non-disabled', analyses the differences in experience between those staff who have responded 'Yes' and 'No' to ESR and NHS Staff Survey monitoring questions about whether they have a disability.

When completing the WDES metrics data spreadsheet, those staff who have not answered the question, or who have indicated that they prefer not to say, should not be included in the 'No' data. The spreadsheet includes an 'Unknown' column, which should be used for recording these staff. Trusts should ideally examine each of the categories, in order to understand the data and how it can be improved. Specific guidance on completing the spreadsheet will be sent out by e-mail.

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<sup>14</sup> <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>



There have been minor changes to the WDES metrics in 2020. The changes are:

- Metric 2 has been reworded for improved clarity.
- Metric 3 moves from a voluntary to a mandatory status.
- Metric 9a removes the requirement to compare the NHS Staff Survey staff engagement score between Disabled staff and the overall workforce.

[For further explanation, see the detail under each metric in section 9.](#)



## Workforce Metrics

For the following three workforce metrics, compare the data for both Disabled and non-disabled staff.

<p><b>Metric 1</b></p>	<p><b>Percentage of staff in 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.</b> Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades</p> <p><b>Note:</b> Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.</p>
<p><b>Metric 2</b></p>	<p><b>Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.</b> <b>Note:</b></p> <ul style="list-style-type: none"> <li>i) This refers to both external and internal posts</li> <li>ii) If your trust 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 WDES online reporting form to ensure comparability between organisations.</li> </ul>
<p><b>Metric 3</b></p>	<p><b>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</b> <b>Note:</b></p> <ul style="list-style-type: none"> <li>i) This metric will be based on data from a two-year rolling average of the current year and the previous year</li> <li>ii) This metric is mandatory from 2020. This metric applies to capability on the grounds of performance and not ill health.</li> </ul>

## National NHS Staff Survey Metrics

For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.

<p><b>Metric 4</b> Staff Survey Q13</p>	<p><b>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</b></p> <ul style="list-style-type: none"> <li>i. Patients/Service users, their relatives or other members of the public</li> <li>ii. Managers</li> <li>iii. Other colleagues</li> </ul> <p><b>b) 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.</b></p>
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<b>Metric 5</b> Staff Survey Q14	<b>Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</b>
<b>Metric 6</b> Staff Survey Q11	<b>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.</b>
<b>Metric 7</b> Staff Survey Q5	<b>Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.</b>

**The following NHS Staff Survey metric only includes the responses of Disabled staff**

<b>Metric 8</b> Staff Survey Q28b	<b>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</b>
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### **NHS Staff Survey and the engagement of Disabled staff**

For part a) of the following metric, compare the staff engagement scores for Disabled and non-disabled staff

For part b) add evidence to the Trust's WDES Annual Report

<b>Metric 9</b>	<p><b>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</b></p> <p><b>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</b></p> <p><b>Note: For your Trust's response to b)</b>  <b>If yes</b>, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. <b>If no</b>, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the national WDES 2019 Annual Report.</p>
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### **Board representation metric**

For this Metric, compare the difference for Disabled and non-disabled staff.

<b>Metric 10</b>	<p>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</p> <ul style="list-style-type: none"> <li>• By voting membership of the Board.</li> <li>• By Executive membership of the Board.</li> </ul>
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## 6 Definitions of disability and improving disability declaration rates

### 6.1 The definition of disability in NHS data systems

One of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used within the NHS Electronic Staff Record (ESR), NHS Staff Survey and NHS Jobs<sup>15</sup> are not the same<sup>16</sup>. These definitions also vary when compared to the legal definition of disability, as set out in the Equality Act 2010. Work is ongoing to align definitions of disability with the Equality Act's definition, as well as set up cross-system, agreed disability question(s).

### 6.2 The importance of improving disability declaration rates

As highlighted in the 2019 WDES Annual Report, overall, 3.6% of the non-clinical and 2.9% of the clinical workforce had declared a disability through the NHS Electronic Staff Record. In comparison, approximately 20% of NHS Staff Survey 2019 respondents have indicated that they have a disability.

We know that there is an underreporting of disability on ESR and that the data does not accurately reflect the percentage of Disabled people working in the NHS. The WDES Implementation Team is in conversation with the ESR Team about what can be done to improve these declaration rates. We would encourage trusts to also undertake some analysis to compare their ESR and NHS Staff Survey declaration rates to identify the gap – both in terms of percentages as well as headcount.

Disabled people need to have confidence that providing information on their disability status will not have any negative impact on their career experiences. Many trusts are working to improve disability declaration rates and examples of this work is referenced within the 2019 WDES Annual Report.

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<sup>15</sup> <https://www.jobs.nhs.uk/>

<sup>16</sup> These definitions are included in Annex C.



## 7 The links between the WDES, WRES and the Equality Delivery System

### 7.1 The Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard (WRES), which is also mandated through the NHS Standard Contract, is designed to help NHS organisations (and other organisations providing NHS services) improve their performance in advancing race equality and working to address the inequalities experienced by Black , Asian and Ethnic Minority (BAME) staff, at all levels, including board representation.

### 7.2 The Equality Delivery System (EDS)

The Equality Delivery System<sup>17</sup> is designed to help health and social care organisations to review and improve their performance for patients, communities and staff in relation to all of the nine (9) protected characteristics outlined in the Equality Act 2010.

### 7.3 The WDES, the WRES and EDS

The WDES, WRES and the EDS are complementary but distinct. Therefore, there should not be any unnecessary duplication in the collection of data from these initiatives. The WDES metrics data and analyses will assist trusts when implementing EDS, in particular with the outcomes under Goal 3 'A representative and supported workforce'; and Goal 4 'Inclusive leadership'. The EDS is under review, and the WDES implementation team will work with colleagues to ensure continued alignment.

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<sup>17</sup> <https://www.england.nhs.uk/about/equality/equality-hub/eds/>



The WDES, WRES and the EDS will also assist organisations in meeting their Public Sector Equality Duty (PSED) requirements. Health and social care organisations should refer to the Equality Act 2010 and related guidance<sup>18</sup> for a full understanding of the PSED. NHS England and NHS Improvement are considering how to build on the WDES, WRES and EDS to address other equality strands and issues of intersectionality.

## 8 Key considerations when implementing the WDES

### 8.1 Leadership and governance

Committed leadership must come from senior leaders (board members, executive team, and others in position of influence). Like the WRES and the EDS, the WDES will have maximum impact when it is embedded within mainstream business and governance structures. It is increasingly recognised that without strong committed leadership, work on equality, diversity and inclusion initiatives are very often short-lived, or at best, have little organisation-wide impact.

In supporting workforce disability equality, senior leaders should be visible in not only what they say but also from what they do, both within and outside of their organisations. Boards and executive teams are encouraged to get involved in developmental initiatives and leadership programmes where the emphasis is on inclusive workforces and healthcare services.

Senior leaders should confirm their own commitment to workplaces that are free from discrimination and enable Disabled staff to thrive and flourish based on their skills and talent. This is important, as the WDES may well challenge the leadership of the trust to positively demonstrate their own commitment to disability equality and inclusion. Trusts should identify a board member to lead or promote the WDES, as they have with the WRES.

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<sup>18</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>



Board-level leadership and senior leader sponsorship is essential if trusts are to meet their contractual and legal equality requirements. This should be allied with shared ownership across the organisation to manage the expectation of regulators, the aspirations of staff and the best interests of their patients.

## 8.2 Local accountability and engagement

As explained in this technical guidance, trusts have mandated responsibilities to collect, report and publish data and action plans. To achieve maximum impact, any work that a trust undertakes to support the WDES should be done in partnership with staff and local interest groups. Trusts have opportunities to engage with key stakeholders and these can include:

- Governors and members of NHS Foundation Trusts;
- Disabled staff networks and similar groups;
- Local trade unions and other organised staff groups;
- Local community groups including Disabled People's Organisations (DPOs) or Disabled Persons User-Led Organisations (DPULO) and Equality Councils;
- Patient voice representatives, recognising that patients will benefit from a diverse workforce.

## 8.3 Staff Engagement

In adopting and implementing the WDES, trusts should engage with staff, staff networks (particularly Disabled staff networks), and local staff-side organisations. This engagement will provide the trust with the opportunity to ensure that Disabled staff feel valued, included and respected for the outstanding contribution they make.

Disabled staff involvement is a fundamental part of the whole approach that underpins the WDES. It is important that Disabled staff are fully involved in the WDES implementation. The principle of engaging with and involving Disabled staff in actions and decisions is reflected in Metric 9 of the WDES. A visible and inclusive leadership is vital for achieving meaningful engagement with Disabled staff.



Trusts will be more successful in their implementation of the WDES, and other equality initiatives such as the WRES and EDS, when engagement with staff, staff networks, trade unions and other staff organisations is both meaningful and sustained. In some trusts, board members already meet with Disabled staff and their representatives to hear, at first hand their experiences of the workplace.

For trusts to make significant improvements against the WDES metrics, it is essential that the voices of Disabled staff continue to be heard loud and clear. Trusts are strongly encouraged to help establish, resource and support Disabled staff networks<sup>19</sup> and/or find ways of facilitating the voices of Disabled staff. Networks can provide an important source of knowledge, support and experience, and provide a platform for increasing the visibility of Disabled staff.

Trusts should provide a safe place for Disabled staff to share their experiences and be listened to in a meaningful and sustained way. Providing opportunities for ongoing dialogue can contribute significantly to the overall success of the organisation's work on equality, diversity and inclusion. Examples of how trusts have engaged Disabled staff are detailed in the **Action Plans – Good practice** chapter of the WDES Annual Report 2019<sup>20</sup>.

Trade Union organisations also have an important role to play in providing intelligence within trusts and in helping to create robust local action plans. Trusts should also engage with, and involve their Occupational Health providers, as they will play a critical role in the employment and retention of both applicants and existing staff members.

## 8.4 Data sharing

In looking to explore and identify the leading issues, trusts should share anonymised metrics data with staff and trade unions. Committing to engagement can help a trust to shape actions plans that improve the experience of all Disabled staff.

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<sup>19</sup> 65% of trusts have a Disabled staff network (or similar)

<sup>20</sup> <https://www.england.nhs.uk/publication/wdes-annual-report-2019/>



WDES action plans should be developed in partnership with Disabled staff, staff networks, other staff groups and trade unions. It is also beneficial to involve workforce, communications, learning and development, talent management and organisational development (OD) functions in developing and delivering actions.

## 8.5 Sourcing data and data sources

Trusts should first check that they have the relevant datasets and are able to extract data relating to the WDES Metrics. The key datasets are:

- Electronic Staff Record (ESR);
- Local data, such as Human Resources and Employee Relations databases, which will include data on recruitment activity and staff in capability proceedings, with linked information on disability. Trusts that use ESR to record employee relations data will be able to draw data from Business Intelligence reports;
- NHS Staff Survey results – for the 2020 WDES data collection, results will be analysed from the 2019 NHS Staff Survey.

In helping to identify whether the trust is making positive progress, work should also be undertaken to compare the current dataset with that reported in 2019.

## 8.6 Reporting data for the 2020 WDES data collection

Trusts are required to complete two WDES data returns namely, the WDES metrics data spreadsheet and the WDES online reporting form.

In 2019, trusts were provided with a pre-populated spreadsheet which included staff survey and workforce data. This year, the WDES metrics data spreadsheet return is blank and does not include pre-populated data.

For the 2020 data collection, trusts are only required to collect and report data for WDES metrics 1, 2, 3, 9b and 10. The WDES Implementation Team have already sourced data for the WDES metrics that relate to the NHS Staff Survey (i.e. metrics 4, 5, 6, 7, 8 and 9a).



Trusts are not required to submit data for these metrics but will still need to source the data for all 10 metrics for discussion and comparison internally. This includes sharing the 10 metrics within the trust and with Disabled staff networks, and in the published WDES annual report.

## 8.7 WDES Data Collection Framework

In the first two years, trusts have been required to complete the WDES metrics data spreadsheet, submitted via the Strategic Data Collection Service (SDCS), and separately, complete the WDES online reporting form. An online WDES Data Collection Framework (DCF) is being developed that will help improve the data reporting process. The DCF will provide a single online submission, which includes both the online reporting form and the data input. Whilst it was intended for launch in 2020, due to the impact of COVID-19, the DCF is planned to be introduced in 2021.

## 8.8 2020 key dates

In 2020, the key dates below apply to the WDES data collection. Note that the same timeframe applies to the WRES data collection.

Key Dates for 2020	
Data collection period	6 <sup>th</sup> July to 31 <sup>st</sup> August 2020
Deadline by which trusts must submit the completed WDES data spreadsheet (returned via SDSCS) and complete the online reporting form	31 <sup>st</sup> August 2020
Deadline by which trusts must publish their WDES annual report (containing the metrics data and action plan)	31 <sup>st</sup> October 2020

Each board must play a full and visible part in ratifying the trust's WDES data and associated action plan. They should be clearly seen to hold ultimate accountability for this work.



Trusts must complete the WDES data spreadsheet and submit this via the Strategic Data Collection System (SDCS)<sup>21</sup> within the timeframe set out above. The WDES Implementation Team will analyse the metrics data from each trust to produce a national report.

Trusts must also complete and submit the WDES online reporting form<sup>22</sup>. Once an action plan has been developed, and ratified by the board, trusts should publish this on their public facing website.

The WDES Implementation Team also undertakes a review of each trust's website to ensure that action plans have been published. In addition to ensuring that trusts have met their mandated responsibilities, the WDES implementation team reviews action plans to help with the identification and sharing of replicable good practice on improving workforce disability equality nationwide.

## 8.9 Model Hospital

Trusts may be keen to benchmark their performance on the WDES against each other and seek peer support where appropriate. To help in this regard, WDES metrics data for each trust is now available through Model Hospital<sup>23</sup>.

## 8.10 Confidentiality

The Strategic Data Collection Service (SDCS) is a secure system used across the NHS for the collection of data, and through which WDES data is currently submitted by NHS trusts. It is important that the people analysing the raw data are in posts where their role allows them to review confidential data, and that data is checked for anonymity before it is shared internally or with other groups.

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<sup>21</sup> <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/strategic-data-collection-service-sdcs>

<sup>22</sup> Further details about how to complete the online reporting form will be sent to trusts' WDES leads.

<sup>23</sup> <https://model.nhs.uk/> - Registration to the site is required. The WDES metrics data can be accessed through the Equality, Diversity and Inclusion compartment of the website.





For metric 1 we would advise that trusts only publish percentages, rather than headcount figures (as that data may relate to a small number and could potentially be personally identifiable). If a trust believes that any of the information could be 'personally identifiable', they should seek local advice from colleagues with responsibility for organisational data protection compliance and the General Data Protection Regulations (GDPR).

## 9 Applying the WDES Metrics

Information about each of the ten WDES Metrics, plus definitions of terms, and advice on evidence and sources to consider are given in the following set of tables. Further resources to support trusts in implementing the WDES are listed in Annex D.

<p><b>Metric 1</b>  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.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Bands – Under 1, 1, 2, 3 and 4  Cluster 2: AfC Bands 5, 6 and 7  Cluster 3: AfC Bands 8a and 8b  Cluster 4: AfC Bands 8c, 8d, 9 and VSM (including Executive Board members)  Cluster 5: Medical and Dental Staff, Consultants  Cluster 6: Medical and Dental Staff, Non-consultant career grade  Cluster 7: Medical and dental Staff, Medical and dental trainee grades</p> <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes, with the exception of medical and dental staff, which are based upon grade codes.</p>	
<p>What does this metric measure / compare?</p>	<p>This metric compares the data for Disabled and non-disabled staff, across all pay bands and grades within the trust.</p>
<p>What is the source for this metric?</p>	<p>Electronic Staff Record (ESR) or its equivalent. A Business Intelligence (BI) report is available within ESR that has been designed to help trusts with reporting the data for this metric.</p>
<p>What relationship does this metric have to the WRES?</p>	<p>This metric is very similar to that found within the WRES. The difference is that the WDES uses clusters, rather than single pay bands/grades. This allows a better understanding of Disabled staff</p>



	<p>across the workforce, because of the lower percentages of Disabled staff recorded in ESR. The process and rationale applied to the definitions and calculations for Metric 1 for the WDES should be the same as for the WRES.</p>
<p>Definitions in the metric</p>	<p>The specific grade codes, job roles and basic salary values which are used to produce the pre-populated data can be viewed by trusts.</p> <ul style="list-style-type: none"> <li>• The job roles will be the same for the WDES and WRES. <i>“Bands 1-9”</i> refers to staff paid using the national Agenda for Change (AfC) pay scales for these grades. Where local pay scales are in use, then for non-medical staff, the equivalent basic salary level may be used.</li> <li>• <i>“Medical and Dental subgroups”</i> are staff paid using the Medical and Dental pay scales; the subgroups are identified by using the national grade codes or staff group / job roles. <p><i>“Senior Medical Manager”</i> is defined as: a medical consultant who is either a Medical Director, a Deputy Medical Director or who reports directly to a Medical Director or Deputy Medical Director.</p> <p><i>“Very Senior Managers (VSM)”</i> are defined using job roles, including chief executives, chairs, executive directors and non-executive directors.</p> </li> </ul> <p>The <i>“overall workforce”</i> refers to all directly employed staff, as well as other staff included in the dataset if trusts have included these groups in previous WDES and WRES submissions. As with the WRES, trusts should either include all bank and locum staff, students on placement and staff employed by contractors or not include them altogether – as long as the approach is consistent over time.</p>



Calculating metric 1	<p>The WDES metrics data spreadsheet will calculate the clusters automatically, following input of data by the trust.</p> <p><b>Example of calculation for AfC Cluster 2 (Bands 5, 6 and 7):</b></p> <ul style="list-style-type: none"> <li>• Number of Disabled staff in AfC Cluster 2 = 50</li> <li>• Total number of staff in AfC Cluster 2 = 500</li> <li>• Percentage of Disabled staff in AfC Cluster 2 = <math>(50/500)</math> 10%</li> <li>• Number of Disabled staff in overall workforce = 1000</li> <li>• Total number of staff in overall workforce = 4000</li> <li>• Percentage of Disabled staff in overall workforce = <math>(1000/4000)</math> 25%.</li> </ul>
Additional considerations	<p>Trusts should compare the proportions of staff records containing the values “<i>Disabled</i>” and “<i>non-disabled</i>”, It may also be helpful to include additional fields such as <i>Unknown/Null</i>”, and ‘<i>prefer not to say</i>’ to better understand the data. Scrutiny by each cluster will help to identify where barriers to staff progression may be occurring, and to consider actions to address the barriers.</p>
Presenting the data	<p>An action plan template <sup>24</sup>will be produced for 2020, which will set out the best way of presenting the trust’s metrics and action plan.</p>
<p><b>Metric 2</b>  Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.  Page 15 includes the notes for this metric.</p>	
Have there been any changes since 2019?	<p>To help with data analysis, we have restructured the wording for this metric (in 2019 it was phrased as Disabled staff compared to non-disabled staff). This change does not impact on the interpretation of relative likelihood.</p>
What does this metric measure / compare?	<p>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.</p>

<sup>24</sup> The template, and further information will be sent to trust’s WDES leads.



What is the source for this metric?	Depending on local arrangements, this data can be accessed either through ESR, or another system if employed by the trust.
What relationship does this metric have to the WRES?	The WRES has a similar metric that compares the relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants.
Definitions in the metric	<p>“Relative likelihood” compares the likelihood of non-disabled and Disabled staff being appointed.</p> <p>“All posts” refers to all directly employed staff, as well as other staff included in the dataset if trusts have included these groups in previous WDES and WRES submissions. As with the WRES, trusts should either include all bank and locum staff, students on placement and staff employed by contractors or not include them altogether – as long as the approach is consistent over time.</p>
Calculating metric 2	<p>The data should be inputted into the WDES metrics data spreadsheet, which will auto-calculate the relative likelihood figure.</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii) A relative likelihood <b>above</b> 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.</li> <li>iii) A relative likelihood <b>below</b> 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.</li> </ul>



	<p><b>Example of calculation:</b></p> <ul style="list-style-type: none"> <li>• Number of shortlisted applicants: non-disabled = 780; Disabled = 210</li> <li>• Number appointed from shortlisting: non-disabled = 170; Disabled = 30</li> <li>• Relative likelihood of shortlisting/appointed: non-disabled = 0.22; Disabled = 0.14</li> <li>• Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff (0.22/0.14) is therefore 1.57 times greater.</li> <li>• A figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting.</li> </ul>
<p>Guaranteed Interview Schemes: What are they?</p>	<p>Any organisation that wishes to have Disability Confident accreditation<sup>25</sup> must guarantee the offer of an interview to a Disabled applicant, as long as that individual meets the minimum criteria for a job, as defined by the employer – this is known as the Guaranteed Interview Scheme.</p> <p>In order to ensure parity when comparing trusts, the WDES online reporting form will ask whether the trust uses a guaranteed interview scheme. In undertaking its data analysis, the WDES Implementation Team will separate aggregate data for trusts that do and do not use the scheme.</p>
<p>Additional considerations</p>	<p>Trusts should consider and review</p> <ul style="list-style-type: none"> <li>• whether there are significant differences between professions or departments. They may also want to look at relative likelihood of Disabled and non-disabled staff being shortlisted from application for both internal and external</li> </ul>

<sup>25</sup> <https://www.gov.uk/government/publications/disability-confident-guidance-for-levels-1-2-and-3>



	<p>recruitment campaigns, including “executive search agencies”.</p> <ul style="list-style-type: none"> <li>• all the informal advantages some staff may have accrued over others through non-mandatory training and opportunities for acting up, leading projects, mentoring and shadowing. It is also important to ensure that staff who oversee shortlisting and interview processes are appropriately trained, including in the impact of “unconscious bias”.</li> <li>• recruitment processes for posts at all levels including senior management and board level appointments, ensuring that there is a system for ensuring that a robust process for implementing reasonable adjustments is in place in recruitment processes as well as in employment.</li> </ul>
Presenting the data	This metric is a relative likelihood calculation, therefore there will be just one figure (i.e. 2.5). It is worth including further explanation – for example ‘times greater’ or ‘times lower’ where relevant.
<p><b>Metric 3</b>  Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Page 15 includes the notes for this metric.</p>	
Have there been any changes since 2019?	This metric was voluntary last year (2019) and is now mandated.
What does this metric measure / compare?	This metric compares the data for Disabled and non-disabled staff in regard to the relative likelihood of entering the formal capability process (on the grounds of performance, not ill health).
What is the source for this metric?	The source for this metric will be where formal capability data is held – this could be from Electronic Staff Record (ESR), or local HR employee relations/ workforce datasets. The field for ‘disability’ may need to be added to the dataset to enable the trust to report data for this metric.



<p>What relationship does this metric have to the WRES?</p>	<p>Whilst this metric is unique to the WDES, the WRES has an indicator that focuses on BAME staff entering the disciplinary process.</p>
<p>Definitions in the metric</p>	<p>We recognise that ‘capability’ may be interpreted in different ways across trusts and may sit in a range of policies; some trusts include capability in performance management or other relevant absence policies.</p> <p>Only staff who enter the formal capability procedure on the grounds of performance, as set out in the trust’s performance management or equivalent policy, should be included. Any informal capability action should not be included in this definition. Trusts should only count new entries into a formal process.</p>
<p>Calculating metric 3</p>	<p>The WDES data metrics spreadsheet will auto calculate the relative likelihood figure, following input of data by the trust.</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii) A relative likelihood <b>above</b> 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.</li> <li>iii) A relative likelihood <b>below</b> 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.</li> </ul>



	<p><b>Example of calculation:</b></p> <ul style="list-style-type: none"> <li>• Number of staff in workforce: Disabled = 200; non-disabled = 800</li> <li>• Number of staff entering the formal capability process: Disabled = 20; non-disabled = 30</li> <li>• Likelihood of Disabled staff entering the formal capability process (20/200) = 0.1000</li> <li>• Likelihood of non-disabled staff entering the formal capability process (30/800) = 0.0375</li> <li>• Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff is therefore <math>0.1000/0.0375 = 2.66</math> times greater.</li> </ul> <p>A figure above '1' indicates that Disabled staff members are more likely than non-disabled staff to enter the formal capability process.</p>
Additional considerations	<p>Recognising that there may have been potential challenges in reporting data, for the 2019 data collection this metric was voluntary. As 92.9% of trusts were able to report data it has been decided that this metric will now be mandatory.</p> <p>A staff member could enter capability procedures either on the basis of performance or on the basis of ill health (sickness related absence). This metric should only include data on the basis of performance, not ill health.</p> <p>To reduce any higher likelihood of Disabled staff being in capability procedures, trusts should review their capability policy, and/or their reasonable adjustment policy, to ensure that Disabled staff have appropriate and timely reasonable adjustments in place.</p> <p>Discussion with Disabled staff and networks may also be useful in identifying any root causes to higher likelihoods, and what interventions can be taken to reduce this.</p>





Presenting the data	This metric is a relative likelihood, and therefore there will be just one figure (i.e. 2.5). It is worth including further explanation – for example ‘times greater’ or ‘times lower’ where relevant.
<b>Metric 4</b> a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: <ul style="list-style-type: none"> <li>i) Patients/Service users, their relatives or other members of the public</li> <li>ii) Managers</li> <li>iii) Other colleagues</li> </ul> b) 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.	
What does this metric measure / compare?	This metric compares the responses for Disabled and non-disabled staff.
What is the source for this metric?	The data for this metric is drawn from the NHS Survey, Question 13.
What relationship does this metric have to the WRES?	The WRES includes indicators relating to bullying, harassment and abuse from staff and patients. The WDES metric includes all 4 elements of the NHS Survey, Question 13.
Calculating metric 4	To reduce any burden in 2020, trusts do not need to report data for this metric (i.e. submit the data via SDCS). However, the data should be discussed internally, including with the board, and included within the trust’s WDES annual report, which must be published on the trust’ website (by 31 October 2020).
Additional considerations	Trusts will want to compare their NHS Staff Survey responses against appropriate workforce data (e.g. recorded harassment, bullying or abuse from managers, colleagues or patients, relatives or the public in the last 12 months) and understand any discrepancies.  There should also be a focus on increasing both the NHS Staff Survey sample size and response rate, particularly from Disabled staff.



<b>Metric 5</b> Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	
What does this metric measure / compare?	This metric compares the responses for Disabled and non-disabled staff.
What is the source for this metric?	The data for this metric is drawn from the NHS Staff Survey, Question 14.
What relationship does this metric have to the WRES?	This metric is the same as WRES Indicator 7.
Calculating metric 5	To reduce any burden in 2020, trusts do not need to report data for this metric (i.e. submit the data via SDCS). However, the data should be discussed internally, including with the board, and included within the trust's WDES annual report, which must be published on the trust' website (by 31 October 2020).
Additional considerations	There should also be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
<b>Metric 6</b> 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.	
What does this metric measure / compare?	This metric compares the responses for Disabled and non-disabled staff.
What is the source for this metric?	The data for this metric is drawn from the NHS Staff Survey, Question 11e.
What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 6	To reduce any burden in 2020, trusts do not need to report data for this metric (i.e. submit the data via SDCS). However, the data should be discussed internally, including with the board, and included within the trust's WDES annual report, which must be published on the trust' website (by 31 October 2020).



Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
<b>Metric 7</b> Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	
What does this metric measure / compare?	This metric compares the responses for Disabled and non-disabled staff.
What is the source for this metric?	The data for this metric is drawn from the NHS Staff Survey, Question 5f.
What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 7	To reduce any burden in 2020, trusts do not need to report data for this metric (i.e. submit the data via SDCS). However, the data should be discussed internally, including with the board, and included within the trust's WDES annual report, which must be published on the trust' website (by 31 October 2020).
Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
<b>Metric 8</b> Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	
What does this metric measure / compare?	This metric only includes the responses of Disabled staff.
What is the source for this metric?	The data for this Metric is drawn from the NHS Staff Survey, Question 28b. The NHS Staff Survey uses the term 'adequate', so we use this term within this metric. However, we recognise that 'reasonable' or 'workplace' adjustments are more commonly used terms.



What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 8	To reduce any burden in 2020, trusts do not need to report data for this metric (i.e. submit the data via SDCS). However, the data should be discussed internally, including with the board, and included within the trust's WDES annual report, which must be published on the trust' website (by 31 October 2020).
Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
<p><b>Metric 9</b></p> <p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)</p> <p>Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.</p>	
Have there been any changes since 2019?	This part of the metric is now solely a comparison between the engagement score for Disabled staff and non-disabled staff. We have removed the need to compare the engagement score between Disabled staff and the overall workforce.
What does this metric measure / compare?	<p>Part a)</p> <p>This part of the metric compares the trust's staff engagement score for Disabled staff and non-disabled staff.</p> <p>Part b)</p> <p>Part b of this metric asks for evidence that the trust has taken action to facilitate the voices of Disabled staff.</p>
What is the source for this metric?	Part a) The staff engagement score is a composite score, which is drawn from 9 individual questions in the NHS Staff Survey. For further information about the staff engagement score, the questions



	<p>that are included and how it is calculated, see Annex B of this technical guidance.</p> <p>Part b) the information for this part of the metric will be sourced from the trust' own actions.</p>
What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 9	<p>Part a) To reduce any burden in 2020, trusts do not need to report data for this part of the metric (i.e. submit the data via SDCS). However, the data should be discussed internally, including with the board, and included within the trust's WDES annual report, which must be published on the trust's website (by 31 October 2020).</p> <p>Part b) The responses should be included in the trust's annual WDES report (which includes the trust's metrics data and action plan).</p>
Additional considerations	<p>Part a) There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff. The staff engagement score should be discussed with Disabled colleagues and staff network.</p> <p>Part b), refer to the WDES Annual Report 2019 for examples of engagement with Disabled colleagues and networks.</p>
<p><b>Metric 10</b>  Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</p> <ul style="list-style-type: none"> <li>• By Voting membership of the Board</li> <li>• By Executive membership of the Board</li> </ul>	
What does this metric measure / compare?	This metric compares the responses for Disabled and non-disabled staff.
What is the source for this metric?	The data for this metric is drawn from Electronic Staff Record (ESR).
Definitions in the metric	"Board" membership in this context includes all voting members of the board irrespective of whether they are executive or non-



	<p>executive members. “Voting” membership of the board are usually the executive board members employed by the trust.</p> <p>“Non-executive” members are generally not voting members of the board.</p> <p>“Executive membership” is an employee of the trust and sits on an organisation’s board of directors and advises current organisational management on specific operations, e.g. Medical Director or Finance Director, as opposed to a non-executive director who is a member of the board of directors of the trust and does not form part of the executive management team. Non-executive directors are not employees of the trust or affiliated with it in any other way.</p> <p>ESR enables reporting on board members (executive and non-executive) if the appropriate ‘Job Roles’ have been applied. This will enable comparison to be made against the trust’s workforce and the population being served. ‘Job Roles’ include: Chair, Chief Executive, Finance Director, Other Executive Directors, Board Level Directors, Non-Executive Directors, Medical Director, Nursing Director.</p>
<p>What relationship does this metric have to the WRES?</p>	<p>WRES Indicator 9 focuses on board membership.</p>
<p>Calculating metric 10</p>	<p><b>Example of calculation:</b></p> <p>The trust has 5% Disabled workforce and 1 of its 8, i.e. 12.5%, voting members on the board has a declared disability. The percentage difference between the trusts’ board voting membership and its overall workforce will be +7.5 percentage points.</p>
<p>Additional considerations</p>	<p>The percentage figures for Disabled and non-disabled staff will need to be manually added to the WDES metrics data spreadsheet. The spreadsheet will auto-calculate the percentage difference, once the data has been added.</p>



	<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Foundation Trusts may also want to consider the disability status of Trust governors, and whether they are broadly representative of the local population.</li> <li>• Trusts should ensure that their executive search agencies are committed to diversity in their policies and processes.</li> <li>• Trusts should plan for and promote equity for future applicants for all board positions from diverse backgrounds.</li> </ul>
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## 10 Annex A: Key terms

WDES metrics data spreadsheet	The spreadsheet used by trusts for recording data against the metrics.
Strategic Data Collection Service (SDCS)	This is a secure data collection system, used by the NHS for reporting data. The SDCS is the system that trusts currently use for reporting their metrics data.
WDES online reporting form	This is an online form which asks qualitative questions about the trust and its local arrangements. The completion of the online form is a mandated requirement of the WDES.
WDES annual report	This report must be published by trusts on an annual basis (this year by 31 October 2020). The report must contain the trust' metrics data, action plan and evidence for Metric 9b.



## 11 Annex B: How the NHS Staff Survey staff engagement score is calculated

The staff engagement score is a composite score calculated using the responses to nine individual questions (see table 1 below).

Responses for all questions contributing to the themes are rescored to achieve a scale of 0-10. Table 2 details the scores allocated to each response option.

Theme	2018 q no.	Score for response option 1	Score for response option 2	Score for response option 3	Score for response option 4	Score for response option 5	Score for response option 9
Staff engagement	q2a	0	2.5	5	7.5	10	
	q2b	0	2.5	5	7.5	10	
	q2c	0	2.5	5	7.5	10	
	q4a	0	2.5	5	7.5	10	
	q4b	0	2.5	5	7.5	10	
	q4d	0	2.5	5	7.5	10	
	q21a	0	2.5	5	7.5	10	
	q21c	0	2.5	5	7.5	10	
	q21d	0	2.5	5	7.5	10	

The theme score is calculated based on 3 separate sub-scales, where all participants who get a score for at least 2/3 of the sub-scales get a staff engagement score, which is the mean of the sub-scale scores.

The sub-scales are:

### Table 1. Staff Engagement

Q2a - "I look forward to going to work."

Q2b - "I am enthusiastic about my job."

Q2c - "Time passes quickly when I am working."

Q4a - "There are frequent opportunities for me to show initiative in my role."

Q4b - "I am able to make suggestions to improve the work of my team / department."

Q4d - "I am able to make improvements happen in my area of work."

Q21a - "Care of patients / service users is my organisation's top priority."

Q21c - "I would recommend my organisation as a place to work."

Q21d - "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."





- Motivation (q2a, q2b, q2c).
- Ability to contribute to improvements (q4a, q4b, q4d).
- Recommendation of the organisation as a place to work/receive treatment (q21a, q21c, q21d).

Participants need to reply to at least 2/3 of the questions in a sub-scale to get a score for it. The sub-scale scores are the mean of their contributing rescored questions.

## 12 Annex C – Definitions of disability – the Equality Act 2010, the NHS Staff Survey, NHS Jobs and ESR Self-Service

### Equality Act 2010 – Legal definition of disability<sup>26</sup>

A person (P) has a disability if—

- (a) P has a physical or mental impairment, and
- (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

### NHS Staff Survey disability monitoring question

Q28a. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

*If YES, please answer part b below; if NO, go to Question 29*

Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?

1 Yes

2 No

3 No adjustment required

<sup>26</sup> <https://www.legislation.gov.uk/ukpga/2010/15/section/6>



## NHS Jobs disability monitoring question

The Equality Act 2010 protects Disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia.

If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

\* Do you consider yourself to have a disability?

- Yes
- No
- I do not wish to disclose this information.

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- Physical impairment
- Learning Disability/Difficulty
- Sensory impairment
- Long-standing illness
- Mental health condition
- Other

If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?

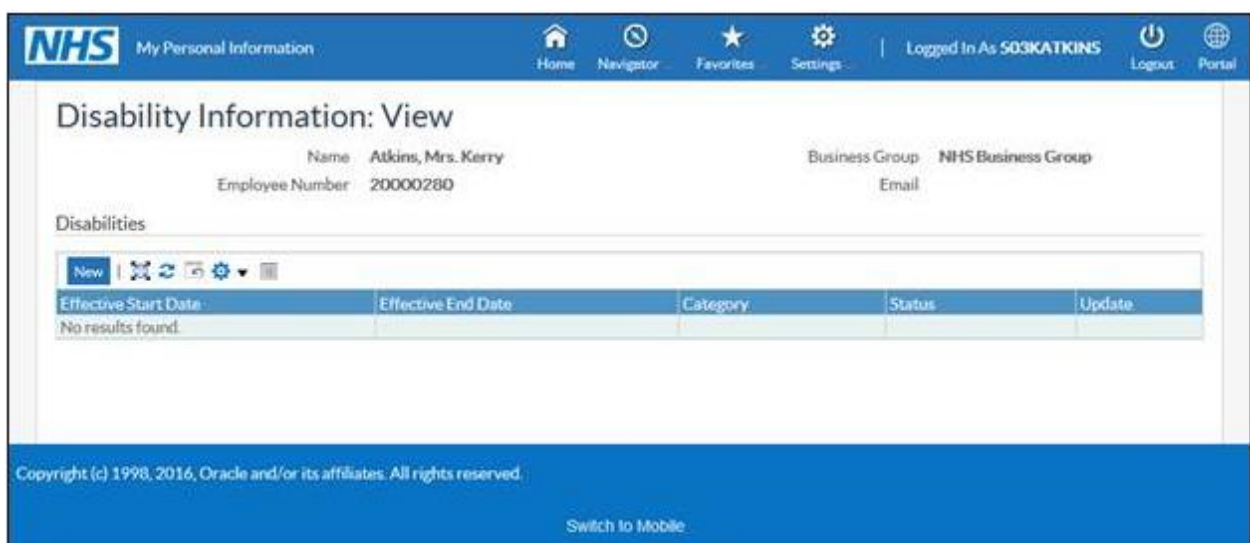
- Yes
- No



Disability monitoring information entered via NHS Jobs will be automatically transferred where trusts are utilising the recruitment interface.

An increasing number of trusts are providing staff with access to the ESR self-service portal, which enables individuals to add or amend their personal disability information. This function can be accessed via the following route:

**ESR Portal > My ESR Dashboard > My Personal Information > Disability Information**



The disability categories below are available for selection in ESR:

	Quick Select	Category
<input type="radio"/>		Learning disability/difficulty
<input type="radio"/>		Long-standing illness
<input type="radio"/>		Mental Health Condition
<input type="radio"/>		No
<input type="radio"/>		Not Declared
<input type="radio"/>		Other
<input type="radio"/>		Physical Impairment
<input type="radio"/>		Sensory Impairment
<input type="radio"/>		Prefer Not to Answer
<input type="radio"/>		Yes - Unspecified



## 13 Annex D – Additional references, tools and resources

### WDES resources

A range of resources have been produced to support trusts in implementing the WDES. These resources are available at:

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

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability>

**Patient stories** – Listen to the lived experiences of disabled staff, in particular Parvin's story.

<http://www.patientvoices.org.uk/flv/1182pv384.htm>

### Further reading

The tools and resources listed below are useful to read and consider to build a wider understanding of the context about workforce disability equality and supporting the experiences of Disabled staff. To help with navigation they have been structured in line with the WDES metrics.

### WDES Metric 1 – Workforce representation

**House of Commons Library** – Disabled people in employment

<https://commonslibrary.parliament.uk/research-briefings/cbp-7540/>

**Department for Work and Pensions** – Guidance on employing Disabled people and people with health conditions

<https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions>

**NHS England/Improvement and NHS Employers** – WDES webinar: Improving disability declaration rates <https://www.nhsemployers.org/case-studies-and-resources/2019/07/wdes-webinar-improving-disability-declaration-rates>

**NHS Employers and Health Education England** – How to recruit and support disabled staff in the NHS <https://www.nhsemployers.org/-/media/Employers/Publications/AFA/How-to-recruit-and-support-disabled-staff-toolkit.pdf>

**NHS Employers** – A guide to improving staff disability data

<https://www.nhsemployers.org/case-studies-and-resources/2020/01/a-guide-to-improving-staff-disability-data>

**ESR** - Guidance for staff on how to enter and maintain disability information in

Employee Self Service: <https://my.esr.nhs.uk/esrusermanual/HTML/NAVU1329.htm>

**ESR** - E-learning tutorial on updating the disability data field for employees:

[http://www.roadmapeducation.online/Roadmap\\_Guides/Employee\\_SS/ESS11/](http://www.roadmapeducation.online/Roadmap_Guides/Employee_SS/ESS11/)



## WDES Metric 2 – Recruitment shortlisting

**NHS England/Improvement and NHS Employers** – WDES webinar: Recruiting and retaining Disabled staff – line manager responsibilities

<https://www.nhsemployers.org/case-studies-and-resources/2019/07/wdes-webinar-manager-responsibilities>

**Disability Confident** – Guidance and resources about employing disabled people

<https://www.gov.uk/government/collections/disability-confident-campaign>

## WDES Metric 3 – Capability

**NHS Employers** - People performance management toolkit

<https://www.nhsemployers.org/case-studies-and-resources/2020/03/people-performance-management-toolkit>

## WDES Metric 4 – Harassment, bullying and abuse

**Social Partnership Forum** have published information on creating a culture of civility, compassion and respect. This includes resources on actions to reduce harassment, bullying and abuse <https://www.socialpartnershipforum.org/priority-areas/creating-a-culture-of-civility,-compassion-respect>

**NHS Employers** have produced guidance and information on workplace bullying

<https://www.nhsemployers.org/retention-and-staff-experience/tackling-bullying-in-the-nhs>

<https://www.nhsemployers.org/engagement-and-networks/nhs-staff-council/health-safety-and-wellbeing-partnership-group/hswpg-guidance/bullying-in-healthcare>

## WDES Metric 5 – Career promotion and progression

**Health Education England** have published information and resources on the Health Careers website that may be useful to read in regard to supporting Disabled people who consider careers to work for the NHS:

<https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/doctors-disabilities>

<https://www.healthcareers.nhs.uk/sites/default/files/documents/Real-life%20story%20%E2%80%93%20doctor%20with%20a%20disability.pdf>

<https://www.healthcareers.nhs.uk/explore-roles/doctors/why-study-medicine/information-specific-groups>



## WDES Metric 6 – Presenteeism

**NHS Employers** have produced information about disability leave and the main differences compared to disability-related sickness absence. The information highlights the benefits of having a disability leave policy and shares good practice examples from other NHS trusts, along with links to resources providing further support.

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace/an-inclusive-approach-to-disability-leave>

## **NHS England/Improvement and NHS Employers – WDES webinar: Managing disability related absence**

<https://www.nhsemployers.org/case-studies-and-resources/2020/04/wdes-webinar-managing-disability-related-absence>

## WDES Metric 7 – Valuing Disabled staff

**General Medical Council** - Welcomed and valued: Supporting disabled learners in medical education and training <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/welcomed-and-valued-supporting-disabled-learners-in-medical-education-and-training>

## **Health Education England – NHS Constitutional Values Hub**

<https://www.hee.nhs.uk/about/our-values/nhs-constitutional-values-hub-0>

## WDES Metric 8 – Reasonable adjustments

**NHS England/Improvement and NHS Employers – WDES webinar: Managing reasonable adjustments in the workplace** <https://www.nhsemployers.org/case-studies-and-resources/2020/04/wdes-webinar-managing-reasonable-adjustments-in-the-workplace>

**NHS Employers** – Information on reasonable adjustments in the workplace

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace>

**Equality and Human Rights Commission** - Employing people: Workplace adjustments <https://www.equalityhumanrights.com/en/multipage-guide/employing-people-workplace-adjustments>

## WDES Metric 9 – Disabled staff engagement

**NHS England/Improvement and NHS Employers – WDES webinar: Action planning** <https://www.nhsemployers.org/case-studies-and-resources/2019/07/wdes-webinar-action-planning>



**NHS Employers** – Online guidance about staff networks

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/networks>

**National Association of Disabled Staff Networks** - This initiative brings together networks from across different sectors, including healthcare. It supports connectivity between networks and aims to promote inclusive practice and the voice of networks.

<https://nadsn-uk.org/>

**PurpleSpace** - PurpleSpace is the world's only networking and professional development hub for Disabled employees, network and resource group leaders and allies <https://www.purplespace.org/>

## **WDES Metric 10 – Board representation**

**NHS England/Improvement and NHS Employers – WDES webinar: the role of senior leaders in supporting workforce disability**

<https://www.nhsemployers.org/case-studies-and-resources/2019/07/wdes-webinar-the-role-of-senior-leaders>

**NHS Improvement** - NHS provider board membership and diversity survey: findings

[https://improvement.nhs.uk/documents/2620/NHSI\\_board\\_membership\\_2017\\_survey\\_findings\\_Oct2018a\\_ig.pdf](https://improvement.nhs.uk/documents/2620/NHSI_board_membership_2017_survey_findings_Oct2018a_ig.pdf)

**NHS Leadership Academy** – Building Leadership for Inclusion

<https://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/blfi-2/>

**NHS Employers** – Research on the business case for diversity

<http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce/tools-and-resources/diversity-monitoring>

## **14 Annex E: Support and queries**

For resources, information and queries relating to the WDES, please contact the WDES Implementation Team:

Email [england.wdes@nhs.net](mailto:england.wdes@nhs.net)

WDES Data Collection helpdesk email address [england.wdesdatahelpdesk@nhs.net](mailto:england.wdesdatahelpdesk@nhs.net) (this email address is for data collection queries only up until 31 August 2020)

Webpage <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

