NHS Workforce Disability Equality Standard (WDES)

Annual Report 2019

NHS England and NHS Improvement

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Equality and Health Inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

Contents

1 Foreword

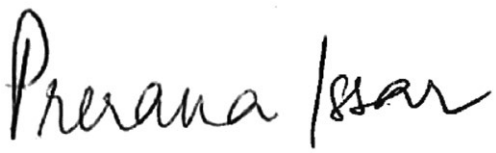
Welcome to the first national Workforce Disability Equality Standard report. The report is a landmark publication for those who lead on workforce equality, and the colleagues who so desperately need change. It tells a compelling story about the role of the NHS in creating a fairer, more equal society, and about how far we still need to go to fulfil that promise.

The NHS is the largest employer in the country, with more than 1.5 million staff. We are in a unique and privileged position to advance equality by leading the way in the employment of Disabled people. Yet as the evidence in this report makes clear, too often our Disabled staff face inequality in the workplace across a range of key areas when compared to non-disabled staff. That can and must change.

The introduction of the Workforce Disability Equality Standard (WDES) is an exciting and much needed opportunity for change. It shines a light on our current practice and key areas for improvement in supporting our Disabled staff, and Disabled people who aspire to work in the NHS. The WDES is also the only example in the UK where employers are specifically mandated to report and publish data on the work and career experiences of Disabled people. I am proud that the NHS is taking this step to ensure that everyone is treated fairly and compassionately and enabled to fulfil their potential. After all, we need colleagues with skills, experience and passion to make a difference now more than ever before.

I would like to thank all the NHS employers and trusts who worked with our WDES Implementation Team to ensure a 100% response rate in this first year. The resulting data makes the case for urgent action to create an inclusive and diverse leadership; reduce bullying and harassment; improve recruitment of a diverse workforce; and improve our ability to retain staff. I ask everyone invested in the future success of our NHS to read the report and use it as the basis for action.

I am personally committed to playing my part in making the NHS a place *where everyone* can do their best work – let's lead this change together.



Prerana Issar
NHS Chief People Officer

2 Introduction

2.1 Developing the Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) has been introduced to advance disability workplace equality. Previous initiatives have not reduced the longstanding gaps that exist between the workplace experiences and career opportunities of Disabled[1] and non-disabled people.

Recognising a need to remove this inequality, the NHS Equality and Diversity Council (EDC) discussed the introduction of the WDES in 2015. The EDC recommended that research should take place on disability equality, with a view to gaining a better understanding of the experiences of Disabled staff compared to non-disabled staff in the NHS.

The research, commissioned by NHS England and undertaken by the Universities of Middlesex and Bedfordshire (published in January 2016), found that Disabled NHS staff were more likely to report experiences of harassment, bullying or abuse compared to non-disabled staff. Furthermore, analysis revealed that Disabled NHS staff were more likely to feel pressured to work when unwell, and less likely to say their organisation acted fairly with regards to career progression.

Following the research, a WDES Strategic Advisory Group (SAG) was set up with membership from key stakeholders[2], ensuring that Disabled staff formed a significant proportion of the membership of the group. The SAG supported the development of the WDES through a series of regional events, surveys and initial piloting of the draft metrics.

The finalised WDES metrics were formally approved as a data collection by NHS Digital's Data Co-ordination Board (DCB), and were published in January 2019. Subsequently, a series of regional workshops were organised to support the introduction of the WDES, which were attended by over 500 NHS colleagues. A suite of supporting resources were published with the launch of the WDES on 1 April 2019.

2.2 WDES data collection requirements

The WDES is mandated to all NHS Trusts and Foundation Trusts in in England through the NHS Standard Contract and comprises of 10 Metrics (see Annex A) that incorporate data from the following primary sources: the NHS Electronic Staff Record (ESR), the NHS Staff Survey, and

1 We have used a capital 'D' when referring to Disabled staff. This is a conscious decision we have made to emphasise that barriers continue to exist for people with 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 and Minority Ethnic (BME) or Lesbian, Gay, Bisexual and Trans (LGBT+) communities. Someone is recognised as Disabled under the Equality Act 2010 if they have a physical or mental impairment or condition (either visible or hidden) that has a 'substantial' (more than 'trivial') and 'long-term' (12 months or longer) impact on their ability to do normal daily activities.

2 A summary of WDES steering group membership organisations is included at Annex E

local HR and recruitment systems[3]. For this report, we have analysed the data from the three mandated reporting requirements of the WDES:

- verification, completion and submission of metrics data on a pre-populated excel spreadsheet;
- submission of an online reporting form;
- publication of a WDES report on the trust's external website, which includes the metrics, evidence of engagement with Disabled staff and an action plan.

Return rates of 100% and 96% were achieved for the excel spreadsheet and online reporting form, respectively.

2.3 Understanding the context for the WDES

The rationale for the WDES is founded upon the wider context of Disabled people and their experiences in employment and work.

The WDES is underpinned by the Social Model of Disability, which proposes that people are disabled because of societal barriers, rather than a long-term health condition. With the social model in mind, the WDES will help inform year on year improvements in reducing those barriers that impact most on the career and workplace experiences of Disabled staff; driving changes in attitudes, increasing employment and career opportunities, and implementing long-lasting change for Disabled people.

As at June 2019, there were 7.7 million Disabled people in employment in the UK aged between 16-64. 52.6% of working age Disabled people were in employment, compared to 81.5% for 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 provided by the UK Government 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, data published in 2018 by the Office for National Statistics (ONS), 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.

3 The definition of disability and the questions asked at each of these sources are included in the WDES technical guidance, page 46 https://www.england.nhs.uk/publication/nhs-workforce-disability-equality-standard-technical-guidance/

Looking specifically at the 2019 NHS workforce, data from NHS Digital shows that 11% of doctors and 16% of nurses and health visitors are aged 55-64, with 1.8% of doctors and 1.05% of nurses and health visitors aged over 65. Research commissioned by the Kings Fund highlighted that the level of reported discrimination for Disabled people working in the NHS is higher than for any other protected characteristic group. With an ageing workforce and a focus on retention in the current NHS workforce, it is important to recognise this intersection between age and disability.

The Taylor review cited that being and staying in 'good work' – where there is autonomy, security and good income is a known positive factor in reducing isolation and health inequalities, promoting independence and mental and physical health and wellbeing. There is a wide range of benefits – to the individual, to communities and healthcare services from employing more Disabled people.

In November 2017, the UK Government set out a strategy, outlining a pledge to support an additional one million Disabled people into employment by 2027. The UK Government has continued to commit to improving access to employment for Disabled people and aims to publish a National Strategy for Disabled People in 2020.

2.4 Aims of the report

The aims of the 2019 WDES Annual Report are to:

- Compare the workplace and career experiences of Disabled and non-disabled staff in the NHS using data drawn from WDES reporting;
- Provide a detailed analysis of the WDES Metrics data compared by trust size, trust type and on a national and regional basis;
- Provide an analysis of the WDES online reporting form responses and highlight good practice that trusts can adopt to support Disabled staff in NHS trusts;
- Set up an evidence baseline for peer to peer comparison and future analysis and benchmarking;
- Raise awareness of disability within the NHS workforce and outline some of the challenges that Disabled staff experience at work;
- Present key findings and recommend next steps in the development of the WDES programme.

In deciding how to present the content within this report, we recognise that readers both within and outside of the NHS may have varying areas of interest and may wish to focus on different parts of this report – which is structured as:

- Key findings – an overview of the WDES data key findings
- WDES Metrics data – analysis looking at the data for each metric, with overall results accompanied by narrative on regions, trust types and trust sizes.
- Survey analysis – a review of the responses to the WDES online reporting form.
- Analysis of action plans – a review of trust's published action plans

- Conclusions and next steps
- Annexes and glossary

Further information about the WDES, and published resources, are available at https://www.england.nhs.uk/about/equality/equality-hub/wdes/.

3 Key findings

Metric 1 – Workforce representation

Overall, 3.6% of the non-clinical and 2.9% of the clinical workforce (excluding medical and dental staff) had declared a disability through the NHS Electronic Staff Record.

For medical and dental staff, 1.94% of trainee grades, 1.2% of non-consultants career grade and 0.8% of consultants had declared a disability.

Metric 2 – Recruitment

Disabled people are less likely to be appointed.

Non-disabled job applicants are 1.23 times more likely to be appointed from shortlisting compared to Disabled applicants.

Metric 3 – Capability

Disabled staff are 1.1 times more likely to go through formal capability processes on the basis of performance compared to non-disabled staff.

Metric 4 – Harassment, bullying and abuse

Disabled staff are more likely to experience harassment, bullying and abuse.

Disabled staff are 7 percentage points more likely from patients (33.8% vs 26.8%), 6.8 percentage points more likely from managers (19.8% vs 13.0%) and 8.7 percentage points more likely from colleagues (26.8% vs 18.1%) compared to non-disabled staff.

Metric 5 – Career progression

Disabled staff are 7.4 percentage points less likely to believe that their trust provides equal opportunities for career progression or promotion, compared to non-disabled staff. (75.3% vs. 82.7%).

Metric 6 – Presenteeism

Disabled staff are 9 percentage points more likely, compared to non-disabled staff, to be pressured to come into work despite not feeling well enough to perform their duties (32.0% vs. 23.0%).

Metric 7 – Feeling valued

Disabled staff are 10.7 percentage points less likely to say that they feel their organisation valued their work when compared to non-disabled staff (37.2% vs. 47.9%).

Metric 8 – Workplace adjustments

72.4% of Disabled staff felt that their employer had made adequate adjustments to enable them to carry out their work.

Metric 9 – Disabled staff engagement

Disabled staff are less likely to feel engaged with the NHS Staff Survey, with an engagement score of 6.64, compared to 7.01 for non-disabled staff.

Metric 10 – Board representation

Overall 2.1% of board members were Disabled; 1 percentage point lower than the percentage of Disabled staff in the wider workforce.

4 Metrics data

4.1 **Metric 1** – 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.

Metric 1 summary findings

- **3.6%** of non-clinical and **2.9%** of the clinical workforce (excluding medical and dental staff) had declared a disability on the NHS Electronic Staff Record (ESR).
- Medical and dental staff are less likely to declare a disability when compared to other clinical and non-clinical groups.
- For medical and dental staff, only **0.80%** of consultants had declared a disability, whilst data was 'unknown' for **35%** (more than a third).
- The South East region and mental health trusts generally had the highest disability declaration rates for both non-clinical and clinical staff.

The data analysed for Metric 1 has been sourced from ESR.

When referring to 'disability declaration' we mean the information held on a person's staff record, which provides information about whether the person has a long-term physical, mental health or hidden condition, legally defined in the Equality Act (2010) as a disability. This information is held confidentially by the Trust, and can be used to better understand the diversity of the trust's workforce and identify actions that will support Disabled staff in the workplace.

For Metric 1, workforce data has been clustered and analysed separately by clinical and non-clinical pay bands. The clustering of pay bands allows a better understanding of Disabled staff across the workforce (because of the low declaration rates recorded in ESR). We have analysed Metric 1 data using the following clusters:

- Cluster 1: Agenda for Change (AfC) Non-clinical Band 1, 2, 3 and 4
- Cluster 2: AfC Non-clinical Band 5, 6 and 7
- Cluster 3: AfC Non-clinical Band 8a and 8b
- Cluster 4: AfC Non-clinical 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

Non-clinical staff

4.1.1 Overall results

In the first year of the WDES, trusts indicated that 320,762 staff were working in non-clinical roles across the country; of these, 3.6% (11,436) were Disabled and 71.0% (227,619) were non-disabled. For the remaining 25.4% (81,707) of staff, the disability status was 'unknown'. In relation to individual trusts, disability declaration rates ranged from 0.9% to 9.4%.

Analysis revealed that according to Agenda for Change (AfC) pay band clusters, declaration rates decreased from band 8a with increasing seniority. Figures 1a – c provide an overview of data for Disabled and non-disabled staff, along with data on staff whose disability status was 'unknown'. The highest proportion (3.7%) of Disabled staff were observed in pay bands 1 to 4. The lowest proportion (2.2%) was reported in the cluster containing pay bands 8c to 9 and very senior managers.

Interestingly, no trend in the 'unknown' rates was observed across pay bands. Approximately a quarter of staff in each cluster had not declared their disability status.

Figure 1a: Percentage of Disabled non-clinical staff by pay band clusters

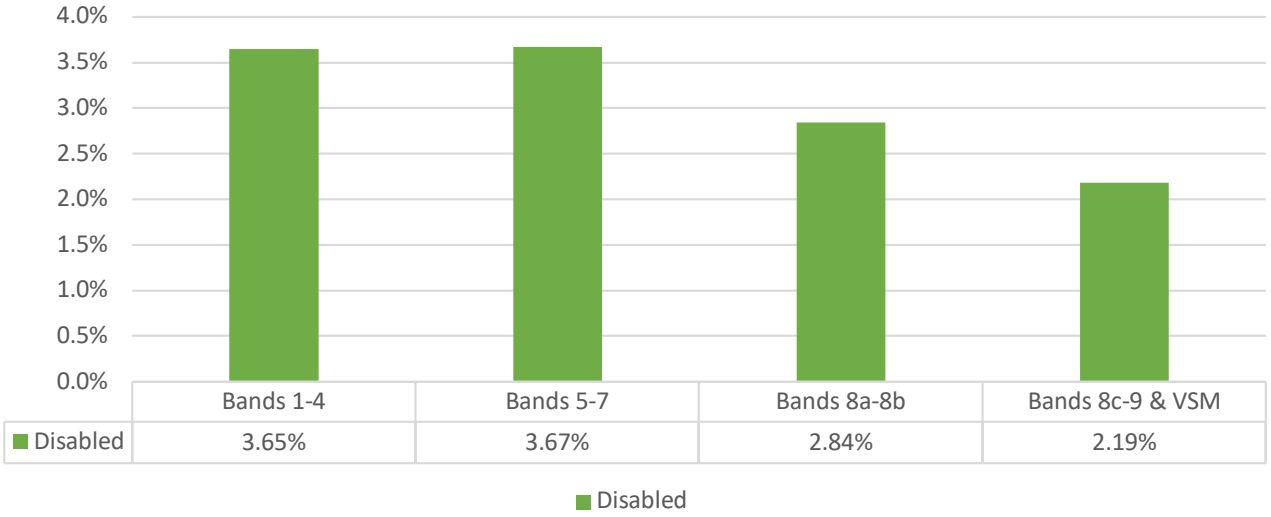


Figure 1b: Percentage of non-disabled non-clinical staff by pay band clusters

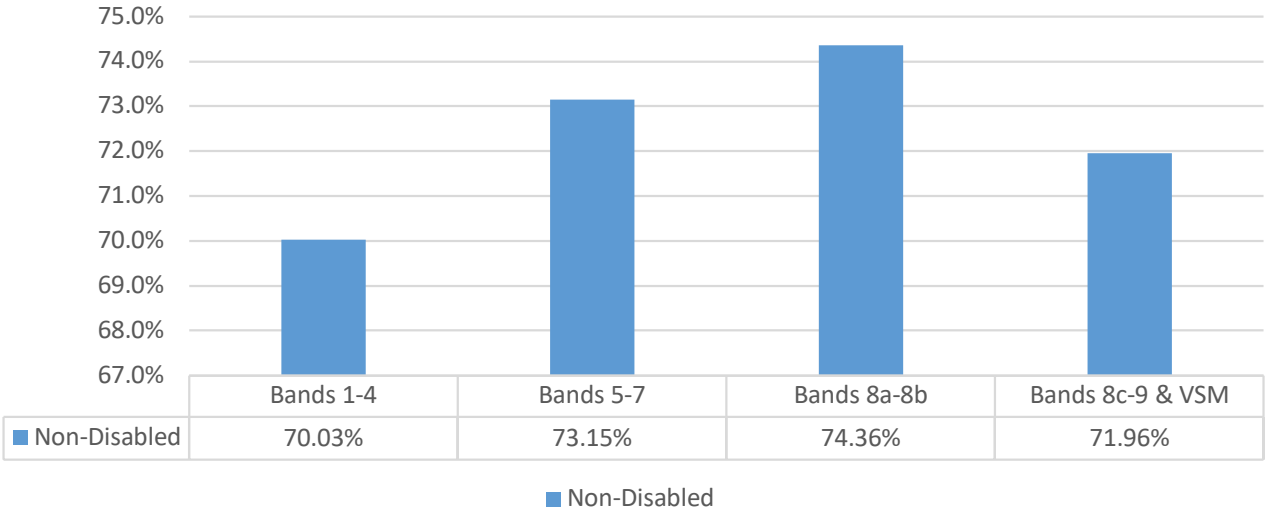
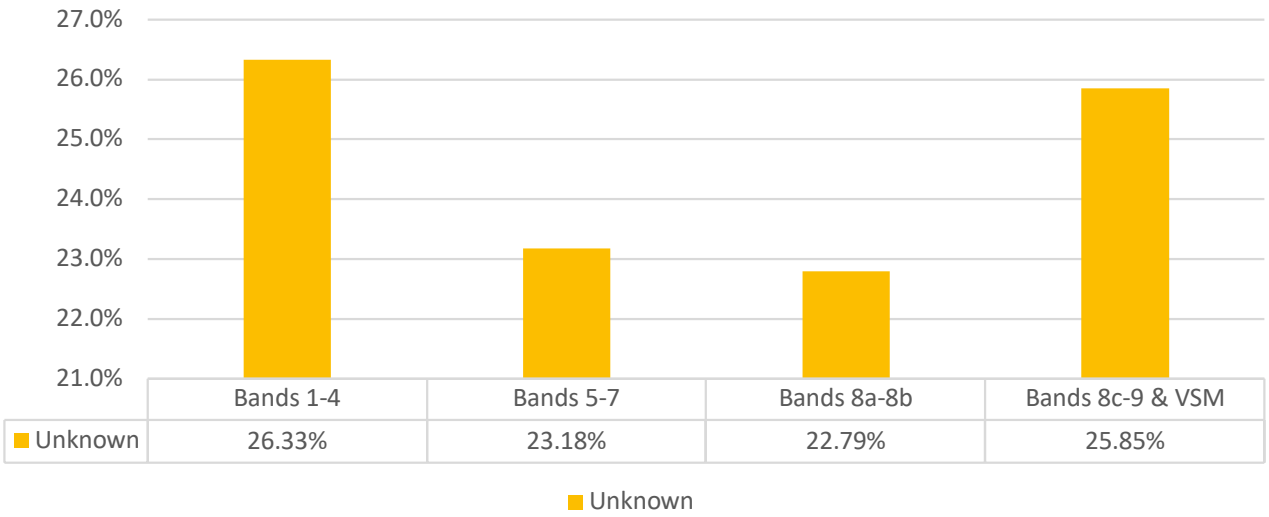


Figure 1c: Percentage of 'unknown' non-clinical staff by pay band clusters

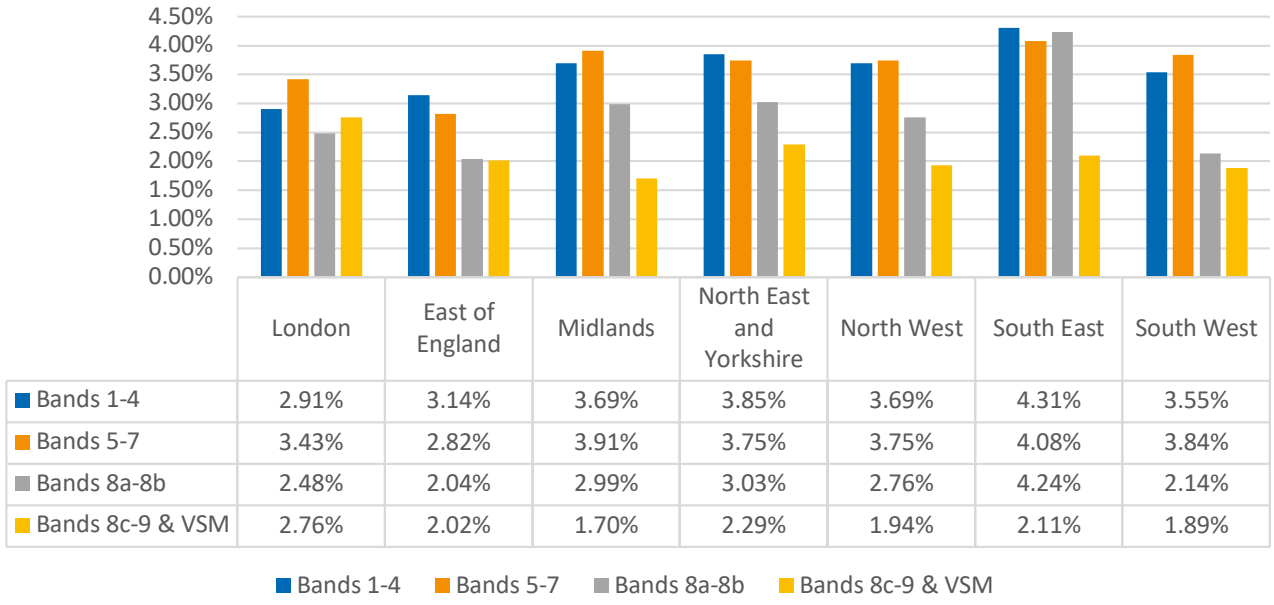


	Bands 1-4	Bands 5-7	Bands 8a-8b	Bands 8c-9 & VSM
Unknown	26.33%	23.18%	22.79%	25.85%

4.1.2 Region

Analysis revealed a trend of decreasing disability declaration rates from band 8a in all regions except London (Figure 2). London had the smallest decline in disability declaration rates from cluster 1 to cluster 4. The South East consistently had the highest disability declaration rates, across clusters 1 (4.3%), 2 (4.1%) and 3 (4.2%).

Figure 2: Percentage of Disabled non-clinical staff by pay band clusters and region

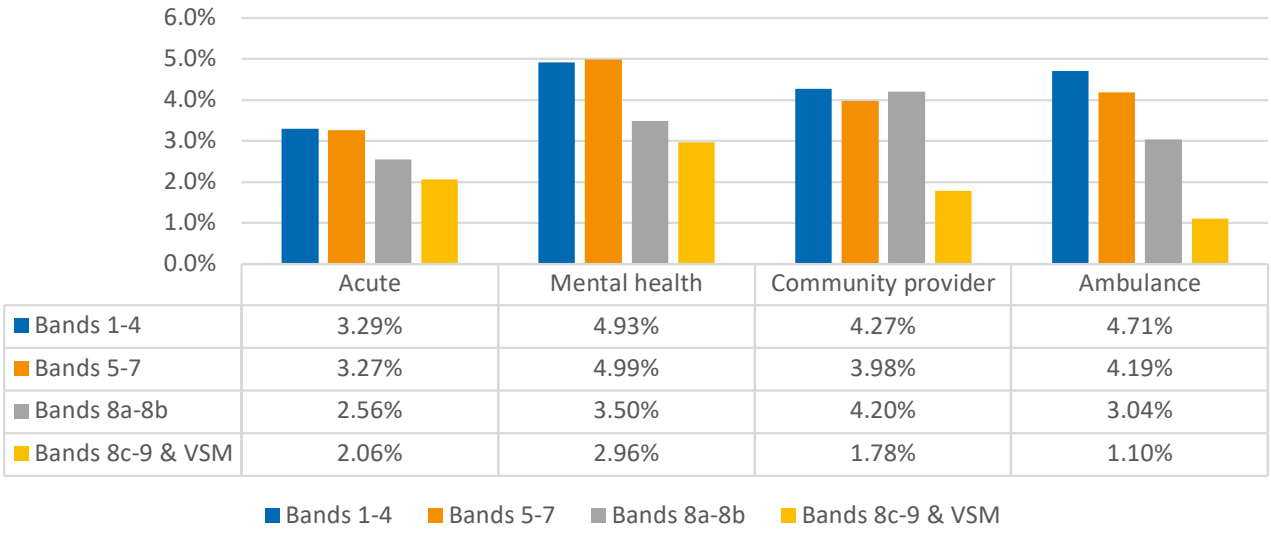


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Bands 1-4	2.91%	3.14%	3.69%	3.85%	3.69%	4.31%	3.55%
Bands 5-7	3.43%	2.82%	3.91%	3.75%	3.75%	4.08%	3.84%
Bands 8a-8b	2.48%	2.04%	2.99%	3.03%	2.76%	4.24%	2.14%
Bands 8c-9 & VSM	2.76%	2.02%	1.70%	2.29%	1.94%	2.11%	1.89%

4.1.3 Trust type

When analysing data by trust type, disability declaration rates generally decreased as banding increased (Figure 3). Compared to other types of trust, mental health trusts had the highest disability declaration rates in clusters 1, 2 and 4. Acute trusts tended to have the lowest percentages of Disabled staff in clusters 1, 2 and 3. Meanwhile, ambulance trusts had the lowest numbers (1.1%) of Disabled staff in cluster 4. Similar to the national picture, no trends in the 'unknown' rates were observed across pay bands in acute trusts, community providers, and mental health trusts. 'Unknown' rates increased with increasing seniority in ambulance trusts.

Figure 3: Percentage of Disabled non-clinical staff by pay band clusters and trust type



	Acute	Mental health	Community provider	Ambulance
Bands 1-4	3.29%	4.93%	4.27%	4.71%
Bands 5-7	3.27%	4.99%	3.98%	4.19%
Bands 8a-8b	2.56%	3.50%	4.20%	3.04%
Bands 8c-9 & VSM	2.06%	2.96%	1.78%	1.10%

4.1.4 Trust Size

Analysis revealed that the non-clinical workforce size had a negligible impact on the proportions of Disabled non-clinical staff at each trust. Proportions of Disabled staff decreased with increasing trust size, although the relationship between the two factors was minimal.

Clinical staff

4.1.5 Overall results

Trusts indicated that 934,931 staff were working in clinical roles across the country; of these, 2.9% (27,423) were Disabled and 71.6% (669,659) were non-disabled. The disability status for the remaining, 25.4% (237,849) was 'unknown'. In relation to individual trusts, disability declaration rates ranged from 8.8% to 0.7%.

Analysis of the clinical workforce in clusters 1 to 4, revealed that disability declaration rates were highest in cluster 2 at 3.3%, and then decreased with increasing seniority, with the lowest proportion (1.8%) reported in cluster 4. The percentage of 'unknowns' steadily increased with increasing seniority: from 24.6% in cluster 1 up to a maximum of 29.9% in cluster 4. Figures 4a-c provide an overview of the staff data by Disabled, non-disabled and 'unknown' disability status.

Figure 4a: Percentage of Disabled clinical staff by pay band clusters

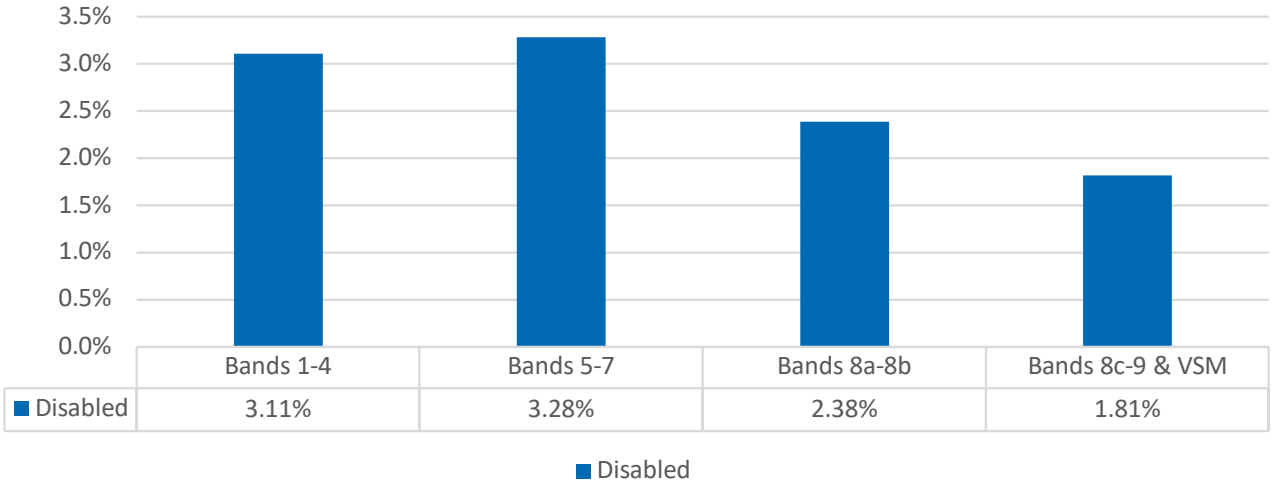


Figure 4b: Percentage of non-disabled clinical staff by pay band clusters

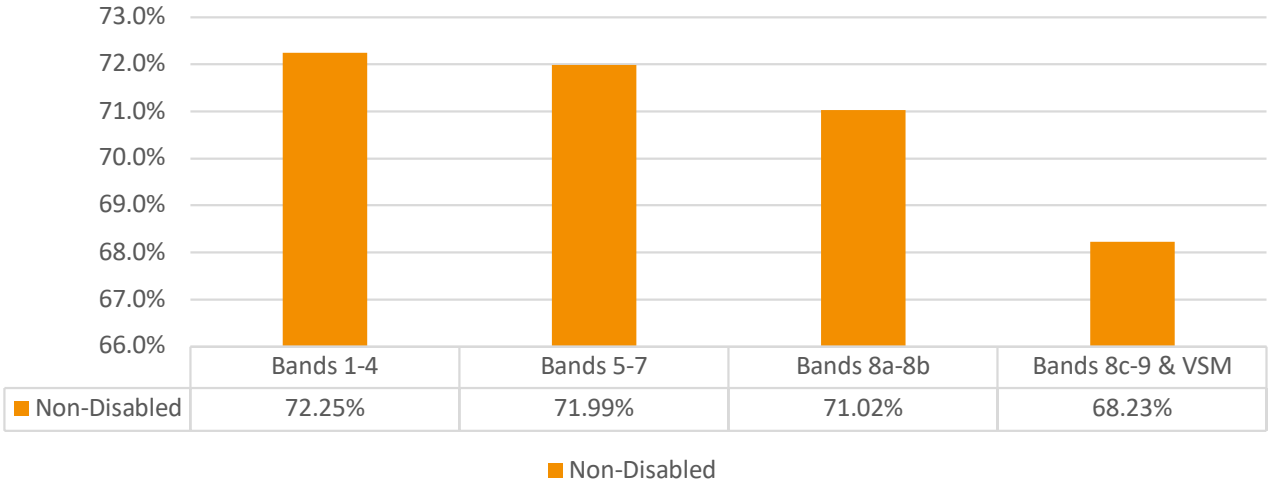
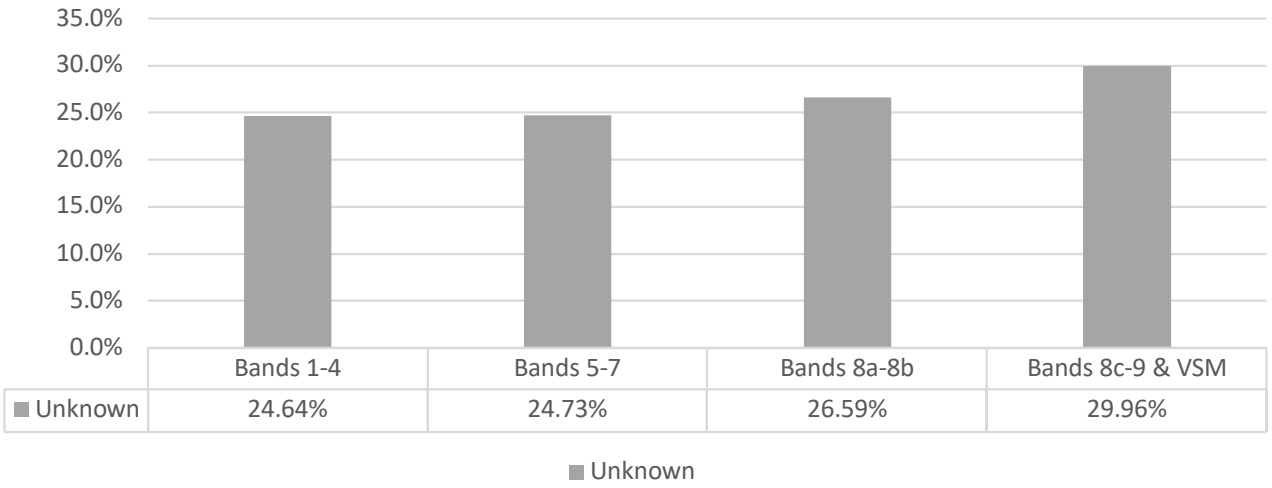


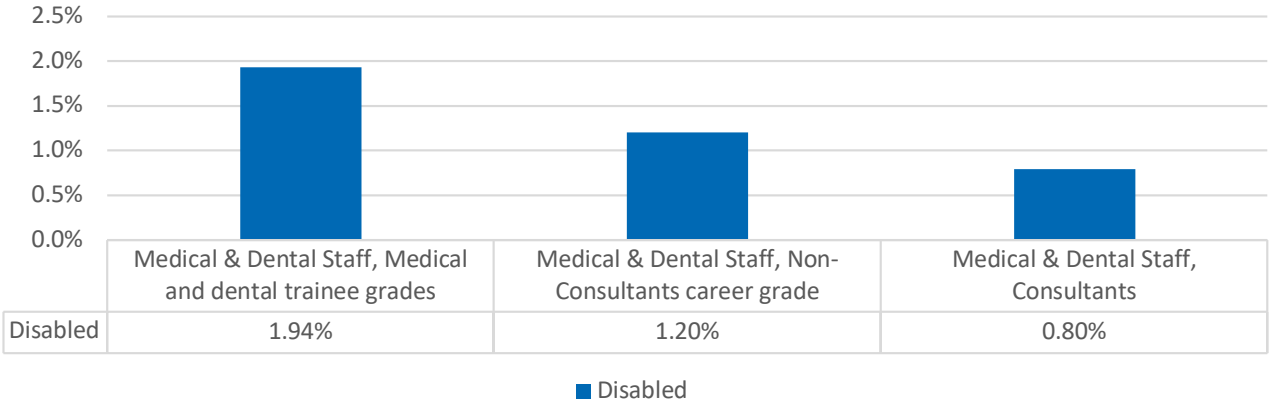
Figure 4c: Percentage of 'unknown' clinical staff by pay band clusters



Disability declaration rates for medical and dental staff decreased with increasing seniority and 'unknown' rates also increased with increasing seniority.

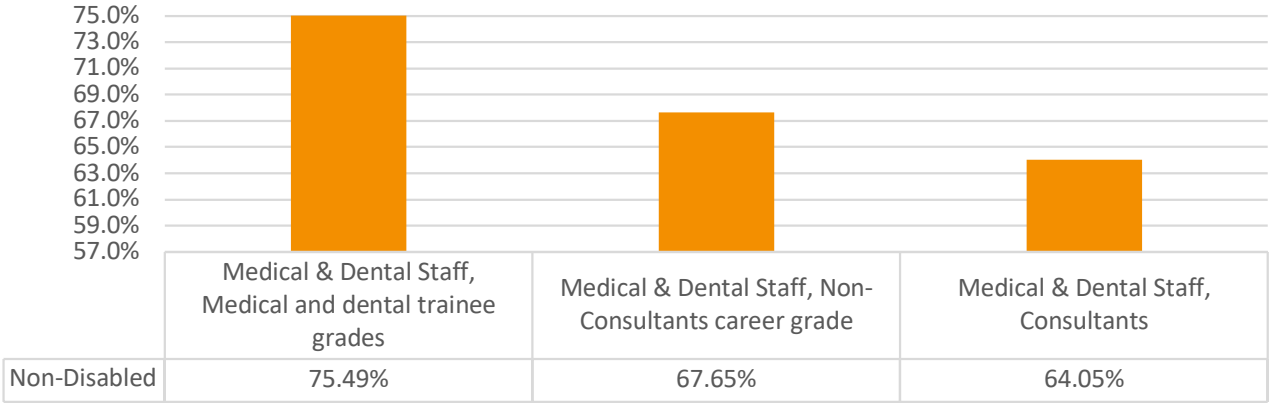
Of particular note is that declaration rates were lower for non-consultants (career grade) and consultants when compared with non-clinical and other clinical staff groups. See figures 5a-5c below, showing medical staff by Disabled, non-disabled and unknown categories.

Figure 5a: Percentage of Disabled clinical staff by medical and dental staff categories



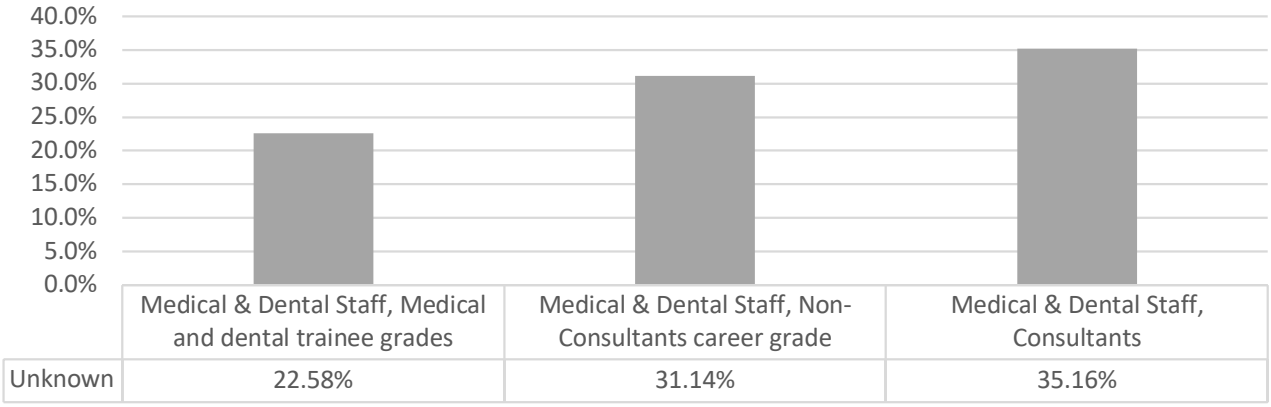
	Medical & Dental Staff, Medical and dental trainee grades	Medical & Dental Staff, Non-Consultants career grade	Medical & Dental Staff, Consultants
Disabled	1.94%	1.20%	0.80%

Figure 5b: Percentage of non-disabled clinical staff by medical and dental staff categories



	Medical & Dental Staff, Medical and dental trainee grades	Medical & Dental Staff, Non-Consultants career grade	Medical & Dental Staff, Consultants
Non-Disabled	75.49%	67.65%	64.05%

Figure 5c: Percentage of 'Unknown' clinical staff by medical and dental staff categories



	Medical & Dental Staff, Medical and dental trainee grades	Medical & Dental Staff, Non-Consultants career grade	Medical & Dental Staff, Consultants
Unknown	22.58%	31.14%	35.16%

4.1.6 Region

All regions exhibited similar trends to the national picture. The South East tended to have the highest disability declaration rates across clusters, whilst the East of England had the lowest rates.

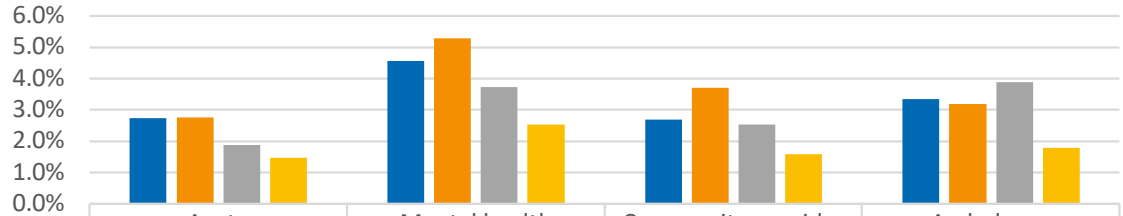
When considering medical and dental staff, the South West had the highest percentage of Disabled medical and dental trainees (3.9%); approximately four times the proportion of Disabled trainees in the region that had the lowest rates; East of England (1.0%). East of

England also had the lowest proportions of Disabled staff working in career grade roles (0.7%) and consultant roles (0.6%). The East of England consistently had the highest percentages of 'unknown'; ranging from 34.25% in cluster 1 (bands 1 to 4) to 47.4% for medical and dental consultants.

4.1.7 Trust type

Compared to other types of trusts, analysis revealed that mental health trusts tended to employ more Disabled staff in clinical roles (Figure 6) and medical and dental categories (Figure 7). Acute trusts had the lowest percentages of Disabled staff in all clinical clusters.

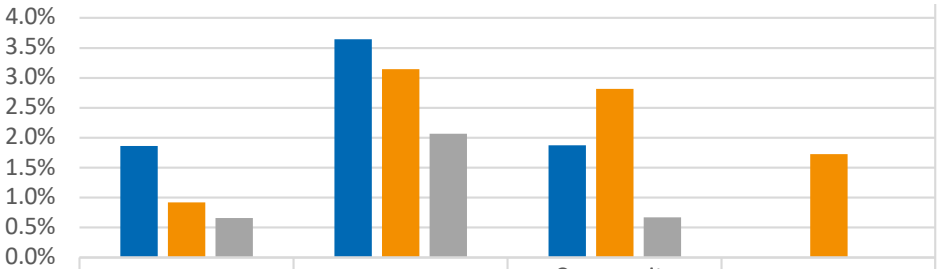
Figure 6: Percentage of Disabled clinical staff by pay band clusters and trust type



	Acute	Mental health	Community provider	Ambulance
Bands 1-4	2.74%	4.57%	2.69%	3.36%
Bands 5-7	2.77%	5.28%	3.71%	3.18%
Bands 8a-8b	1.89%	3.72%	2.54%	3.88%
Bands 8c-9 & VSM	1.48%	2.53%	1.59%	1.79%

For medical and dental staff, community providers exhibited an atypical profile in which the disability declaration rates were highest in their non-consultant career grade workforce.

Figure 7: Percentage of Disabled staff in medical and dental staff categories by trust type



	Acute	Mental health	Community provider	Ambulance
Medical & Dental Staff, Medical and dental trainee grades	1.86%	3.65%	1.88%	
Medical & Dental Staff, Non-Consultants career grade	0.92%	3.15%	2.81%	1.72%
Medical & Dental Staff, Consultants	0.66%	2.06%	0.67%	

4.1.8 Trust Size

Analysis revealed that the proportions of Disabled staff decreased with increasing trust size, but the relationship between the two factors was negligible.

4.2 Metric 2 – Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts[4]

Metric 2 summary findings

- Non-disabled job applicants were more likely to be appointed from shortlisting compared to Disabled applicants (**relative likelihood of 1.23**).
- By region, London and by type, mental health trusts reported near parity in relative likelihood of non-disabled and Disabled applicants being appointed from shortlisting (**1.07** and **1.01** respectively).
- North East and Yorkshire had the biggest disparity in relative likelihood (**1.44**).

The data analysed for Metric 2 has been sourced from trusts' local datasets on external and internal recruitment activity.

4.2.1 Overall results

Metric 2 was based on data from 1,102,069 non-disabled and 60,578 Disabled applicants who were shortlisted for employment.

The metric uses the relative likelihood ratio (explained in Annex C) to compare the probability of non-disabled people being appointed from shortlisting with the probability of Disabled individuals being appointed. Primary analysis is provided in figure 8.

4 We have identified an error in the wording of metric 2 as it appeared within the data collection spreadsheet and the technical guidance, which read "the relative likelihood of **Disabled staff** compared to non-disabled staff being appointed from shortlisting across all posts." For clarity, this wording should read as "the relative likelihood of non-disabled staff compared to **Disabled staff** being appointed from shortlisting across all posts." No amendments are needed for calculating the metric, the interpretation is provided in Annex C.

Figure 8: Relative likelihood of non-disabled applicants being appointed from shortlisting compared to Disabled applicants – analysed by region, trust type, and workforce size

Analysis revealed that across England, non-disabled job applicants were more likely to be appointed from shortlisting compared to Disabled applicants (overall, the relative likelihood was 1.23).

4.2.2 Region

When compared, all regions exhibited relative likelihood ratios in favour of non-disabled applicants (i.e. were more likely to be appointed from shortlisting). Of all the regions, London had the lowest relative likelihood (1.07). The North East and Yorkshire region had the highest ratio (1.44).

4.2.3 Trust type

All types of trusts apart from mental health trusts, exhibited relative likelihoods indicating that non-disabled applicants were more likely to be appointed from shortlisting compared to Disabled applicants. The likelihood ratio for mental health trusts was 1.01, suggesting parity between non-disabled and Disabled applicants.

4.2.4 Trust size

Analysis according to workforce size indicated that non-disabled applicants were more likely to be appointed from shortlisting in all trust size categories. Moreover, there appeared to be no relationship between increasing trust size and the relative likelihood of non-disabled applicants being appointed.

4.3 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.

Metric 3 summary findings

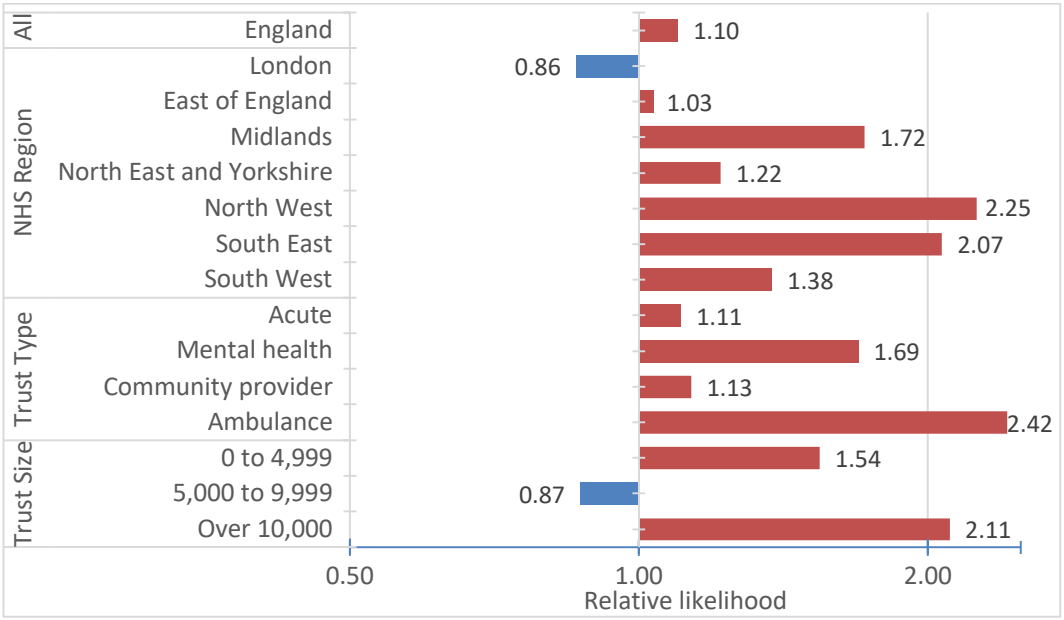
- London and medium-sized trusts reported that non-disabled staff were more likely to enter the formal capability process compared to Disabled staff.
- The North West reported a relative likelihood of **2.25** of Disabled staff entering the formal capability process (more than twice as likely compared to non-disabled staff).
- Ambulance trusts reported the biggest disparity in relative likelihood (**2.42**).

The data for this metric has been drawn from trusts' local workforce datasets, based on a two-year rolling average of the current year and the previous year.

Metric 3 was based on data from 34,821 Disabled staff and 820,577 non-disabled staff. In recognising that not every trust would have data to report for the first year of the WDES, this metric was voluntary for 2018/19. Of the 226 trusts across England, 210 trusts (92.9%) provided data for this metric.

It should be noted that the metric uses a relative likelihood calculation[5], looking at capability on the grounds of performance, rather than ill health.

Figure 9: Relative likelihood of Disabled staff entering formal capability processes compared to non-disabled staff – broken down according to region, trust type, and workforce size



5 'relative likelihood' (explained in Annex C.) compares the probability of Disabled staff entering a formal capability process compared to non-disabled staff.

4.3.1 Overall results

Across England, Disabled staff were slightly more likely to go through the formal capability process on the grounds of performance compared to non-disabled staff (relative likelihood of 1.1).

When examining individual trusts, relative likelihoods ranged from 0 (at 110 trusts where no Disabled staff went through the capability process on the grounds of performance) to 71.3 (indicating an extremely high likelihood of Disabled staff going through the capability process compared to non-disabled staff). The second highest likelihood ratio was 56.8.

These results can be attributable to small numbers of staff going through formal capability processes in trusts where Disabled staff were the majority in this population: i.e. in trusts with small numbers of Disabled staff, one additional Disabled staff member going through a capability process results in a larger increase in rates relative to non-disabled staff.

4.3.2 Region

Analysis revealed that Disabled staff were more likely to go through formal capability processes compared to non-disabled staff in all regions apart from London (which had a relative likelihood ratio of 0.83). The ratio in the East of England of 1.03 indicated near parity between Disabled and non-disabled staff. The North West and South East had ratios indicating that Disabled staff were more than two times as likely as non-disabled staff to enter formal capability processes.

4.3.3 Trust type

All types of trust had relative likelihoods that indicated that Disabled staff were more likely to enter formal capability processes compared to non-disabled staff. Acute trusts and community providers had the lowest ratios of 1.11 and 1.13, respectively. Conversely, ambulance trusts had the highest relative likelihood of 2.42; suggesting that Disabled staff in these trusts were more than twice as likely to enter formal capability processes than non-disabled staff.

4.3.4 Trust size

Analysis according to workforce size indicated that Disabled staff were more likely to enter formal capability processes in small and large trusts. The relative likelihood ratios for these types of trusts were 1.52 and 2.11, respectively. In medium-sized trusts, Disabled staff were less likely to enter formal capability processes than non-disabled staff.

4.4 Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

Metric 4 summary findings

- Compared to non-disabled staff, Disabled staff were **more likely** to experience harassment, bullying or abuse.
- The highest prevalence of harassment, bullying or abuse for both Disabled and non-disabled staff was from patients/service users (**33.8%** vs **26.8%**).
- London and ambulance trusts generally reported the **highest percentage** of Disabled staff experiencing harassment, bullying or abuse.
- Following an incident of harassment, bullying or abuse, slightly more Disabled staff than non-disabled staff stated that the incident had been reported (**47.8%** vs **46.6%**).

The data that informs this metric has been sourced through the 2018 NHS Staff Survey, Question 13.

We compare the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

a. Patients/service users, their relatives or other members of the public
b. Managers
c. Other colleagues

In addition, we look at the comparison between whether Disabled staff and non-disabled staff had reported harassment, bullying or abuse the last time that they experienced it.

a. Percentage of Disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public

4.4.1 Overall results

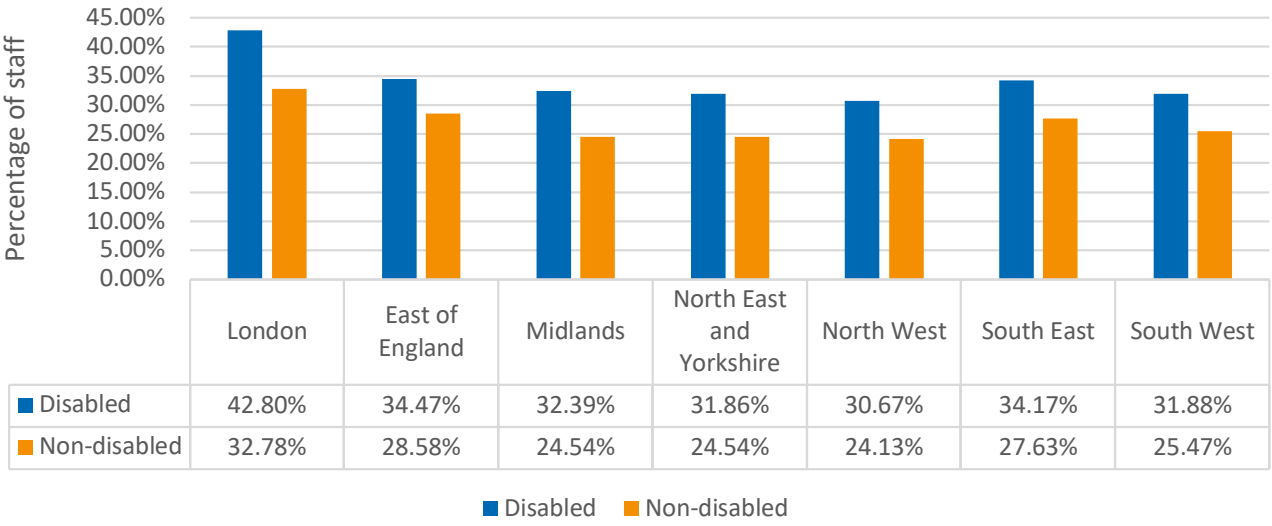
Across England 33.8% of Disabled staff (who responded to the NHS Staff Survey) said that they had experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public. This was considerably higher than the proportion (26.8%) of non-disabled staff. When individual trusts were considered, percentages of Disabled staff reporting harassment, bullying or abuse ranged from 13.6% to 60%.

4.4.2 Region

Compared to non-disabled staff, Disabled staff were more likely to experience harassment, bullying or abuse from patients/service users, their relatives or other members of the public, in all regions across England (Figure 10). London had the highest rates of harassment, bullying or abuse in both Disabled (42.8%) and non-disabled staff (32.8%) groups. Of all regions, the North West had the lowest rates of harassment, bullying or abuse (30.7% for Disabled staff

vs. 24.1% for non-disabled staff). However, the smallest difference (5.9 percentage points) was observed in the East of England.

Figure 10: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public – broken down by region



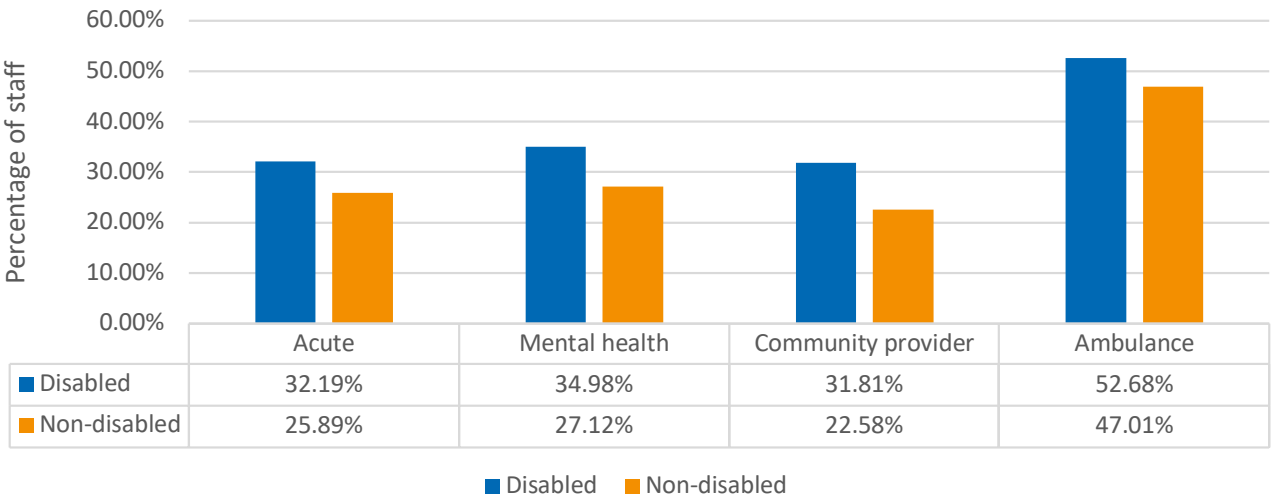
	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	42.80%	34.47%	32.39%	31.86%	30.67%	34.17%	31.88%
Non-disabled	32.78%	28.58%	24.54%	24.54%	24.13%	27.63%	25.47%

4.4.3 Trust type

Across all types of trust, more Disabled staff experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public compared to their non-disabled colleagues (Figure 11). Both Disabled and non-disabled staff at ambulance trusts reported the highest rates of harassment, bullying or abuse from patients/service users, relatives or other members of the public (52.7% for Disabled staff compared to 47.01% for non-disabled staff).

Compared to other types of trust, ambulance trusts had the smallest percentage differences between the two staff populations (5.6 percentage points). Community providers reported the lowest harassment rates for Disabled (31.8%) and non-disabled staff (22.6%) with 9.2 percentage points difference between the two groups.

Figure 11: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	32.19%	34.98%	31.81%	52.68%
Non-disabled	25.89%	27.12%	22.58%	47.01%

4.4.4 Trust size

Analysis according to trust size revealed that proportions of Disabled staff who experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public slightly increased as trust size increased. The percentages in small trusts and medium sized trusts were 33.0% and 33.7% respectively. The greatest difference (10.4 percentage points) between Disabled and non-disabled staff was observed in large trusts, where 37.0% of Disabled staff and 26.6% of non-disabled staff experienced harassment, bullying or abuse. For non-disabled staff, proportions remained fairly consistent across different trust size categories at just above 26%.

b. Percentage of Disabled staff experiencing harassment, bullying or abuse from managers

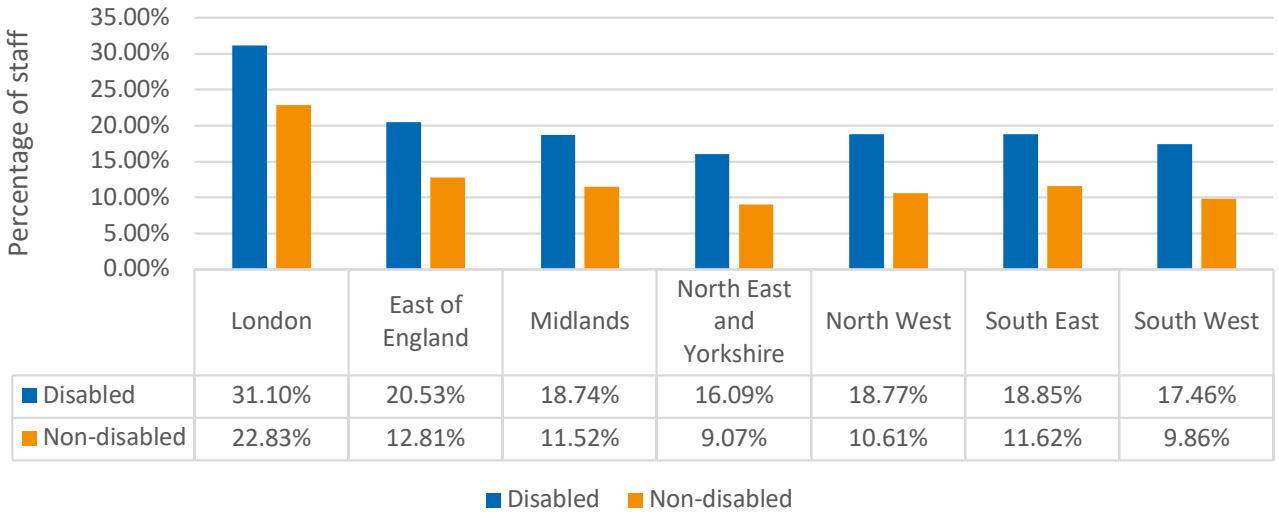
4.4.5 Overall results

Across England, more Disabled staff experienced harassment, bullying or abuse from managers during the last 12 months compared to non-disabled staff (19.8% vs 13.0%). When individual trusts were assessed, percentages of Disabled staff reporting harassment, bullying or abuse ranged from 8.8% to a maximum of 42.9%.

4.4.6 Region

Regional analysis revealed that more Disabled staff experienced harassment, bullying or abuse from managers compared to non-disabled staff in all NHS regions (Figure 12). London had the highest rates in both Disabled (31.1%) and non-disabled staff (22.8%). Furthermore, London also had the greatest difference in data between the two staff groups (8.3 percentage points) followed by the North West (8.2 percentage points). Of all regions, North East and Yorkshire had the lowest rates of harassment, bullying or abuse (16.1% for Disabled staff vs. 9.1% for non-disabled staff). This was the smallest gap (7.0 percentage points) between Disabled and non-disabled staff.

Figure 12: Percentage of staff experiencing harassment, bullying or abuse from managers – broken down by region

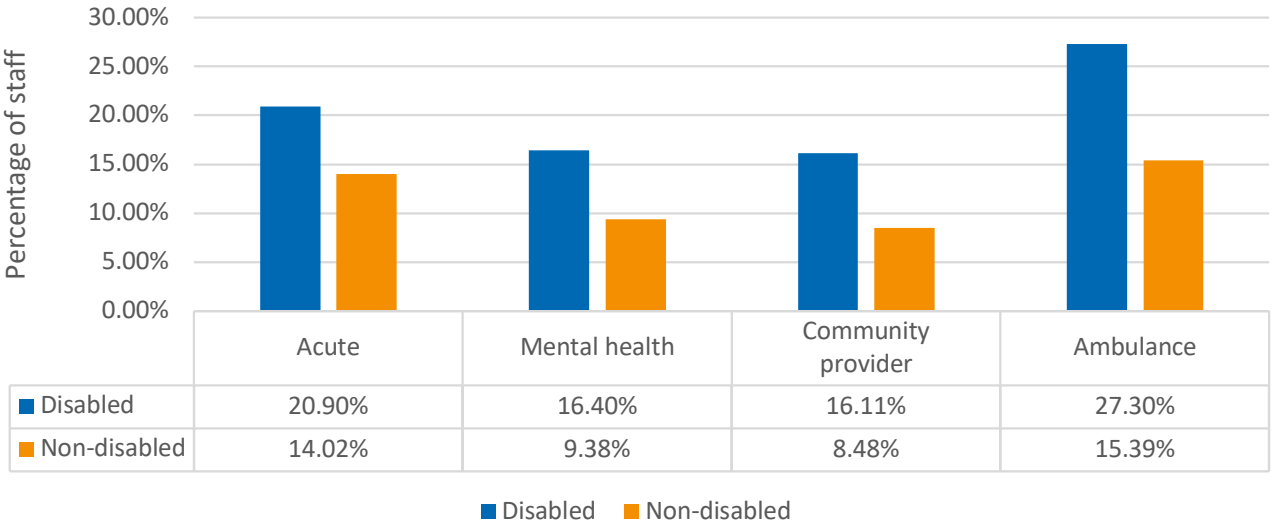


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	31.10%	20.53%	18.74%	16.09%	18.77%	18.85%	17.46%
Non-disabled	22.83%	12.81%	11.52%	9.07%	10.61%	11.62%	9.86%

4.4.7 Trust type

Analysis revealed that ambulance trusts had the highest rates of harassment, bullying or abuse, for both Disabled staff (27.3%) and non-disabled staff (15.4%) (Figure 13). The difference between the two groups (11.9 percentage points) was the largest observed across all types of trust. The lowest rates of harassment, bullying or abuse were reported in community providers (16.1% for Disabled staff vs. 8.5% for non-disabled staff). However, mental health trusts had the smallest difference (7.0 percentage points) between their Disabled and non-disabled workforce.

Figure 13: Percentage of staff experiencing harassment, bullying or abuse from managers – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	20.90%	16.40%	16.11%	27.30%
Non-disabled	14.02%	9.38%	8.48%	15.39%

4.4.8 Trust size

Analysis revealed a slight trend of increasing numbers of Disabled and non-disabled staff experiencing harassment, bullying or abuse from managers as trust size increased. Proportions of Disabled staff reporting harassment at small, medium and large sized trusts were 18.9%, 19.3% and 24.9%, respectively. For non-disabled staff, proportions were 11.3%, 11.7% and 22.12%, respectively. Both small and medium-sized trusts had similar differences (approximately 7.6 percentage points) in percentages between Disabled and non-disabled staff. The difference between the two staff groups (2.8 percentage points) was noticeably smaller at large trusts.

c. Percentage of Disabled staff experiencing harassment, bullying or abuse from other colleagues

4.4.9 Overall results

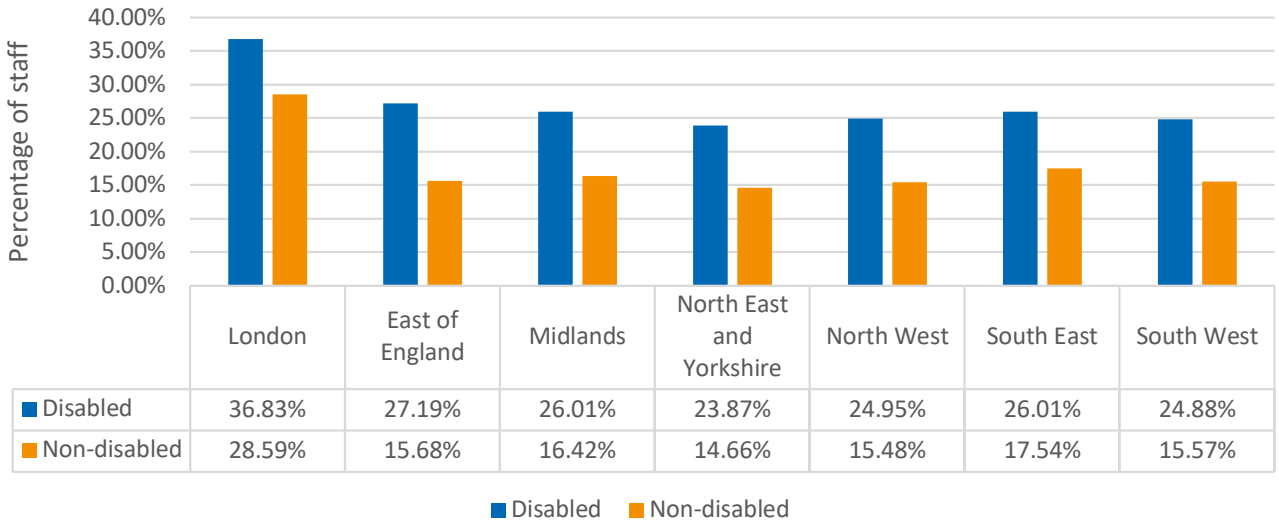
Overall, 26.8% of Disabled staff across England experienced harassment, bullying or abuse from colleagues during the last 12 months. This was higher than the proportion (18.1%) of non-disabled staff who experienced harassment, bullying or abuse in the same period. When individual trusts were compared, percentages of Disabled staff reporting harassment, bullying or abuse ranged from 13.4% to a maximum of 47.7%.

4.4.10 Region

Compared to non-disabled staff, more Disabled staff experienced harassment, bullying or abuse from colleagues across all regions in England (Figure 14). London had the highest rates of harassment, bullying or abuse in both Disabled (36.8%) and non-disabled staff (26.8%), although the largest difference (11.5 percentage points) between the two groups was observed in the East of England.

Of all regions, North East and Yorkshire had the lowest rates of harassment, bullying or abuse (23.9% for Disabled staff vs. 14.7% for non-disabled staff). The smallest difference (8.5 percentage points) between the two staff populations was observed in the South East.

Figure 14: Percentage of staff experiencing harassment, bullying or abuse from colleagues – broken down by region

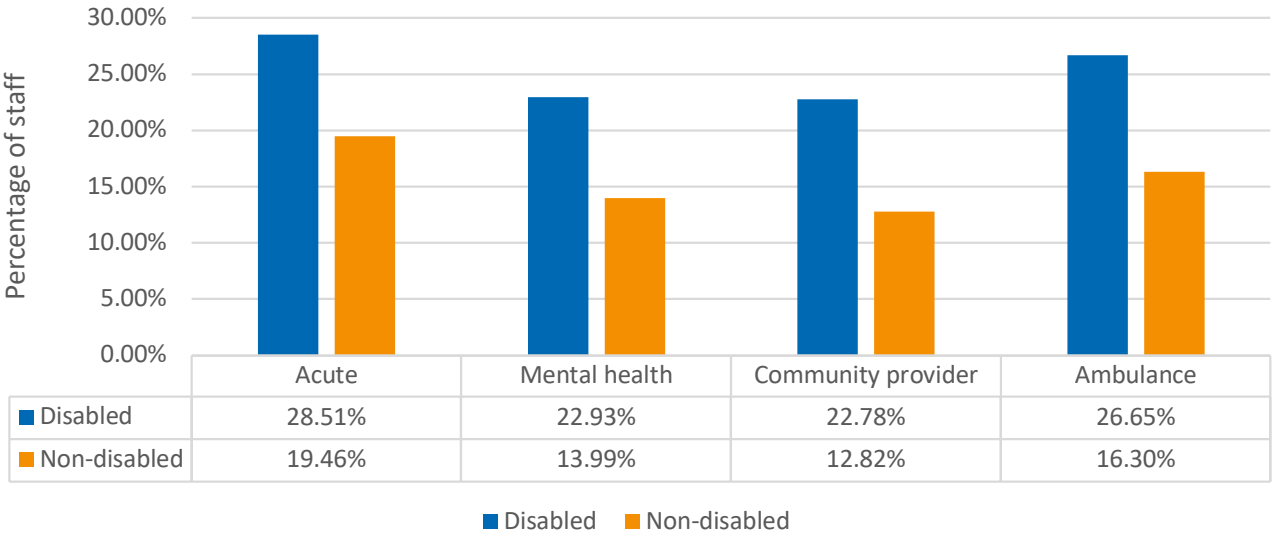


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	36.83%	27.19%	26.01%	23.87%	24.95%	26.01%	24.88%
Non-disabled	28.59%	15.68%	16.42%	14.66%	15.48%	17.54%	15.57%

4.4.11 Trust type

Across all types of trust more Disabled staff reported experiencing harassment, bullying or abuse from their colleagues compared to non-disabled staff (Figure 15). Both Disabled and non-disabled staff at acute trusts reported the highest rates of harassment or bullying (28.5% for Disabled staff vs. 19.5% for non-disabled staff). Although the highest rates were reported at acute trusts, the greatest disparity was observed at ambulance trusts; 10.4 percentage points more compared to their non-disabled colleagues. Community providers reported the lowest rates for both Disabled (22.8%) and non-disabled staff (12.8%).

Figure 15: Percentage of staff experiencing harassment, bullying or abuse from colleagues – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	28.51%	22.93%	22.78%	26.65%
Non-disabled	19.46%	13.99%	12.82%	16.30%

4.4.12 Trust size

Analysis according to trust size revealed that proportions of Disabled staff experiencing harassment, bullying or abuse from colleagues slightly increased as trust size increased. The percentages at small, medium and large sized trusts were 25.7%, 26.2% and 32.7%, respectively. For non-disabled staff, proportions of staff experiencing harassment or bullying were 16.3%, 16.9% and 27.7% respectively. The greatest difference (9.4 percentage points) between staff populations was observed in small trusts, where 25.7% of Disabled staff and 16.3% of non-disabled staff experienced harassment, bullying or abuse.

d. 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

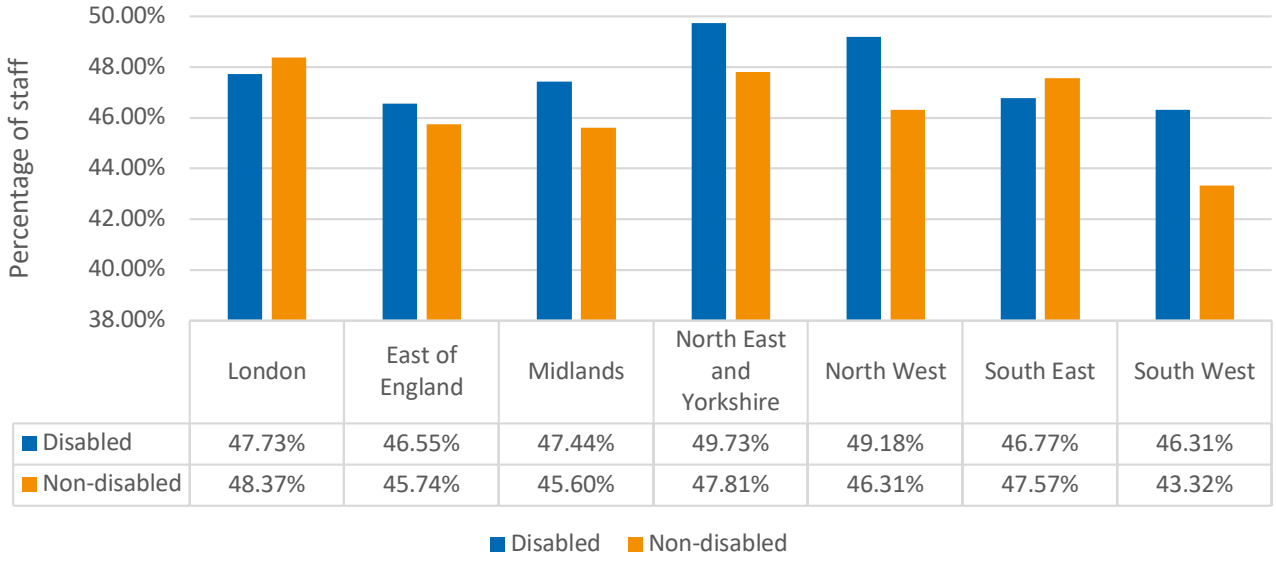
4.4.13 Overall results

Following an incident of harassment, bullying or abuse, slightly more Disabled staff than non-disabled staff stated that the incident had been reported (47.8% vs 46.6%). When individual trusts were assessed, percentages of Disabled staff reporting harassment, bullying or abuse ranged from 28.2% to a maximum of 70.5%.

4.4.14 Region

Analysis revealed inconsistent trends in the way harassment, bullying or abuse was reported across regions. Disabled staff were more likely to report incidences of harassment, bullying or abuse in the East of England, Midlands, North East and Yorkshire, North West and South West regions (Figure 16). The South West had the lowest rates of all regions, with 46.3% of Disabled staff and 43.3% of non-disabled staff stating that they had reported incidences of harassment, bullying or abuse.

Figure 16: Percentage of staff reporting incidences of harassment, bullying or abuse – broken down by region

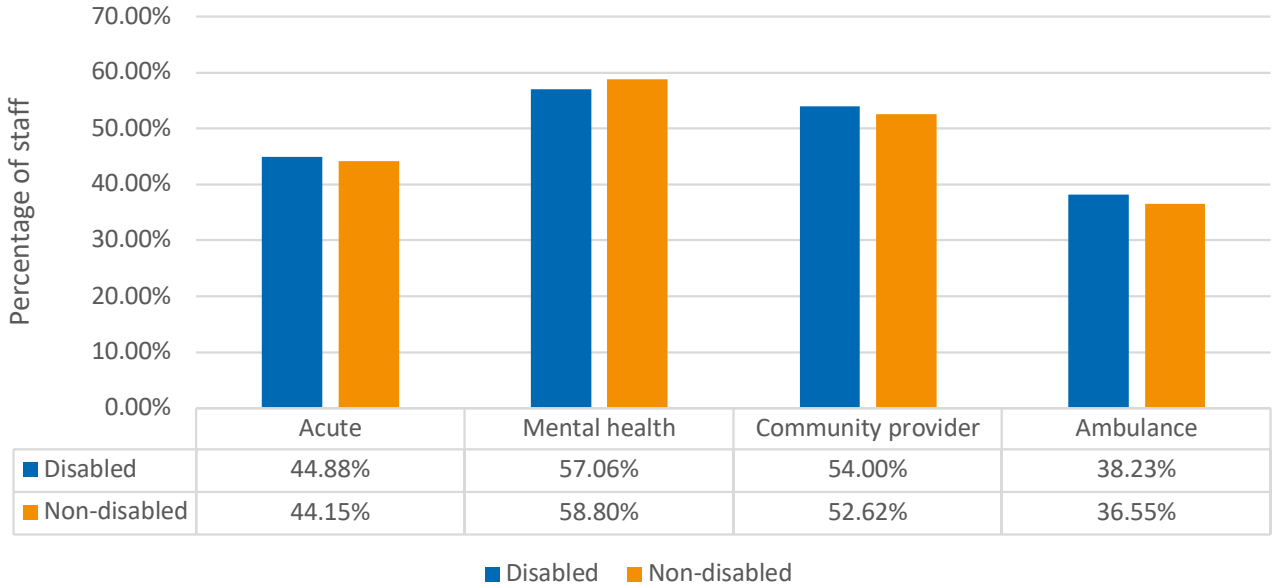


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	47.73%	46.55%	47.44%	49.73%	49.18%	46.77%	46.31%
Non-disabled	48.37%	45.74%	45.60%	47.81%	46.31%	47.57%	43.32%

4.4.15 Trust type

In all types of trusts apart from mental health trusts, slightly more Disabled staff stated that incidences of harassment, bullying or abuse were reported compared to non-disabled staff (Figure 17). In mental health trusts 57.1% of Disabled staff and 58.8% of non-disabled staff stated that they had reported harassment, bullying or abuse. This compared favourably to staff at ambulance trusts (38.2% of Disabled staff and 36.6% of non-disabled staff).

Figure 17: Percentage of staff reporting incidences of harassment, bullying or abuse – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	44.88%	57.06%	54.00%	38.23%
Non-disabled	44.15%	58.80%	52.62%	36.55%

4.4.16 Trust size

Analysis revealed a slight trend of increasing numbers of Disabled and non-disabled staff reporting harassment, bullying or abuse as trust size increased. In all trust size categories, more Disabled staff reported incidents compared to their non-disabled colleagues.

4.5 Metric 5 – Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Metric 5 summary findings

- **75.3%** of Disabled staff across England felt that their trust provided equal opportunities for career progression or promotion.
- Disabled staff were **least likely** to report equal opportunities in London and ambulance trusts.

The data for this metric has been drawn from the NHS Staff Survey, Question 14.

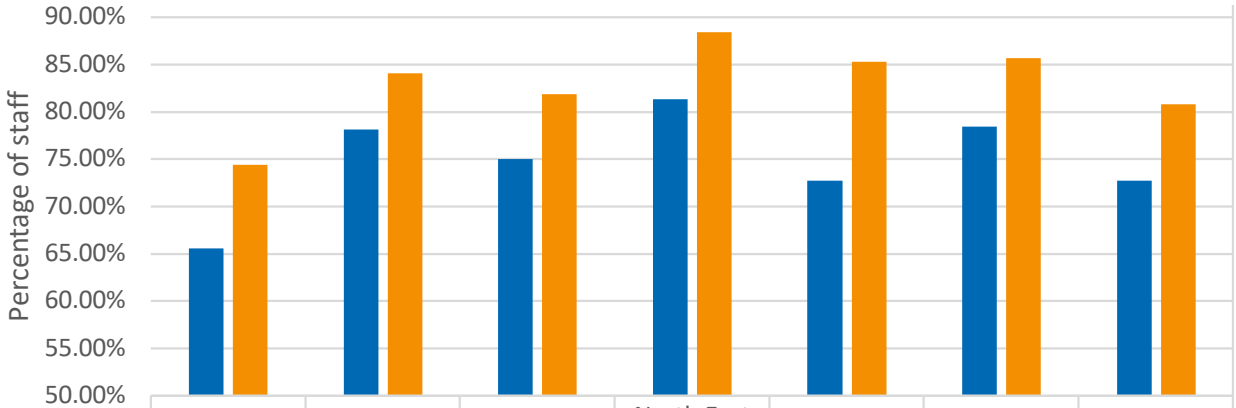
4.5.1 Overall results

Overall, 75.3% of Disabled staff across England felt that their trust provided equal opportunities for career progression or promotion compared to 82.7% of non-disabled staff. When looking at individual trusts, the percentage of Disabled staff believing that they had equal opportunities varied from 48.1% up to 93.0%.

4.5.2 Region

Across all regions fewer Disabled staff felt that their trust provided equal opportunities for career progression or promotion compared to non-disabled staff (Figure 18). London had the lowest percentages (65.6% for Disabled staff vs. 74.4% for non-disabled staff), whilst the North East and Yorkshire had the highest (81.3% vs. 88.4%).

Figure 18: Percentage of staff believing that their trust provided equal opportunities for career progression or promotion – broken down by region



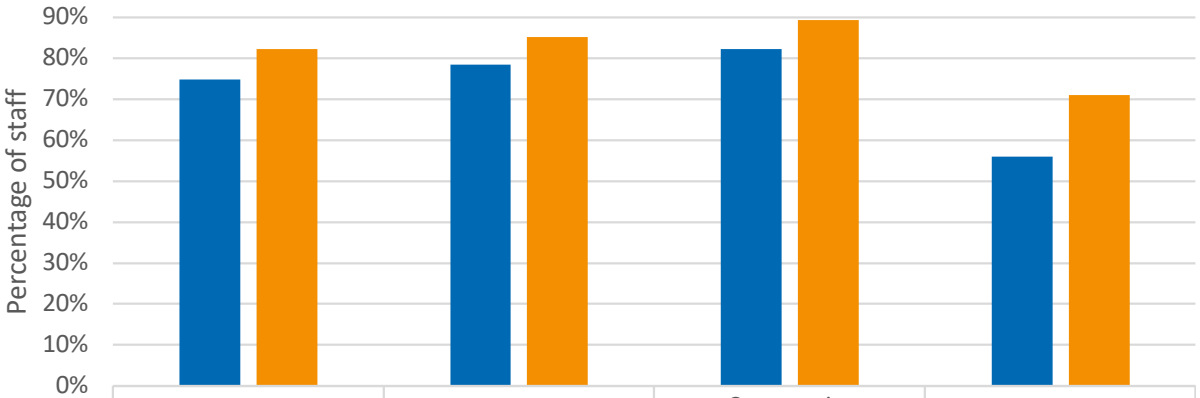
	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	65.61%	78.16%	75.05%	81.32%	72.72%	78.43%	72.72%
non-disabled	74.39%	84.11%	81.84%	88.40%	85.29%	85.67%	80.82%

4.5.3 Trust type

Across all types of trust, fewer Disabled staff felt that their trust provided equal opportunities for career progression or promotion compared to non-disabled staff (Figure 19). Staff at

ambulance trusts had the lowest percentages (56.0% for Disabled staff vs. 71.1% for non-disabled staff), whilst those in community providers reported the highest (82.3% vs. 89.4%).

Figure 19: Percentage of staff believing that their trust provided equal opportunities for career progression or promotion – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	74.83%	78.52%	82.29%	55.97%
Non-Disabled	82.19%	85.26%	89.43%	71.10%

Disabled Non-Disabled

4.5.4 Trust size

Trust size appeared to have little impact on the percentages of Disabled staff who felt that their trust provided equal opportunities for career progression and promotion. Percentages ranged from 74.7% in small trusts, up to 75.9% in both medium-sized trusts and large trusts. Percentages for non-disabled staff were 82.7% in small trusts, 83.7% in medium-sized trusts and 80.3% in large trusts (Over 10,000 staff).

4.6 Metric 6 – 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.

Metric 6 summary findings

- **32.0%** of Disabled staff reported feeling pressured to come to work despite not feeling well enough to perform their duties.
- London had the highest percentages for both Disabled (**38.9%**) and non-disabled staff (**27.7%**).
- Compared to other trust types, ambulance trusts had significantly more Disabled staff (**48.12%**) who reported feeling pressured to come to work.
- **36%** of Disabled staff at large trusts reported feeling pressured to come to work

The data for this metric has been sourced from the NHS Staff Survey, Question 11. This metric looks at the issue of presenteeism.

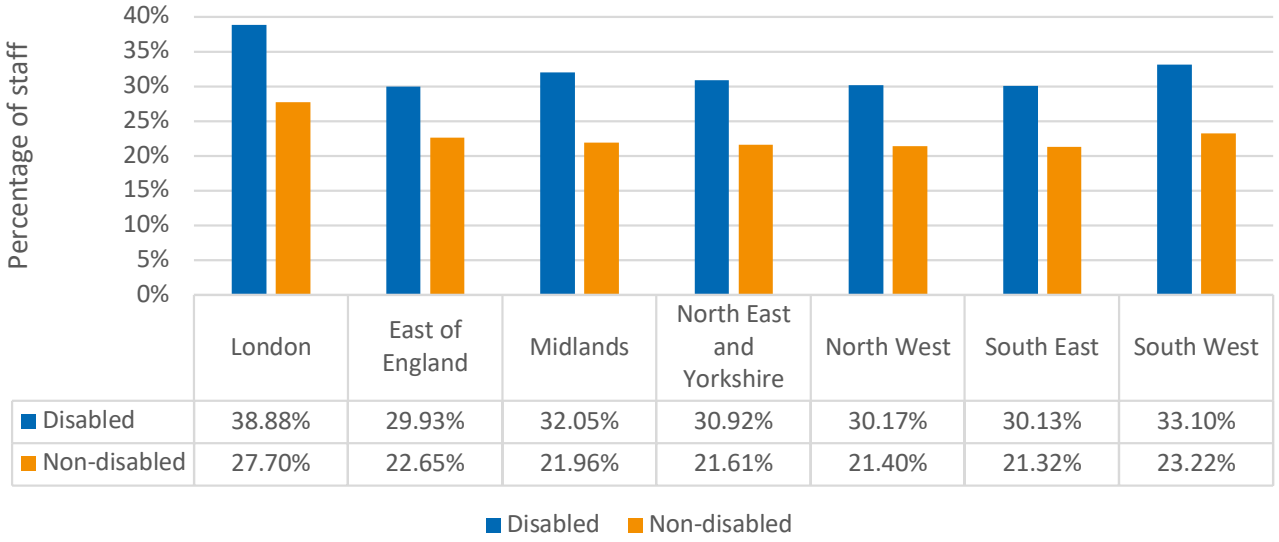
4.6.1 Overall results

Across England 32.0% of Disabled staff and 23.0% of non-disabled staff stated that they felt pressured by their manager to come to work despite not feeling well enough to perform their duties, a difference of 9%. When individual trusts were compared, percentages of Disabled staff who reported being pressured by their managers ranged from 15.2% to 61.3%.

4.6.2 Region

In all regions across England more Disabled staff reported being pressured by their managers to come to work, despite not feeling well enough to perform their duties, compared to their non-disabled colleagues (Figure 20). Of all regions, London had the highest percentages for both Disabled (38.9%) and non-disabled staff (27.7%) with the largest difference (11.2 percentage points) between the two staff populations. The East of England had the lowest percentages for both Disabled (29.9%) and non-disabled staff (22.7%) with the smallest difference (7.3 percentage points) between the two staff populations.

Figure 20: Percentage of staff feeling pressured to come into work despite not feeling well – broken down by region

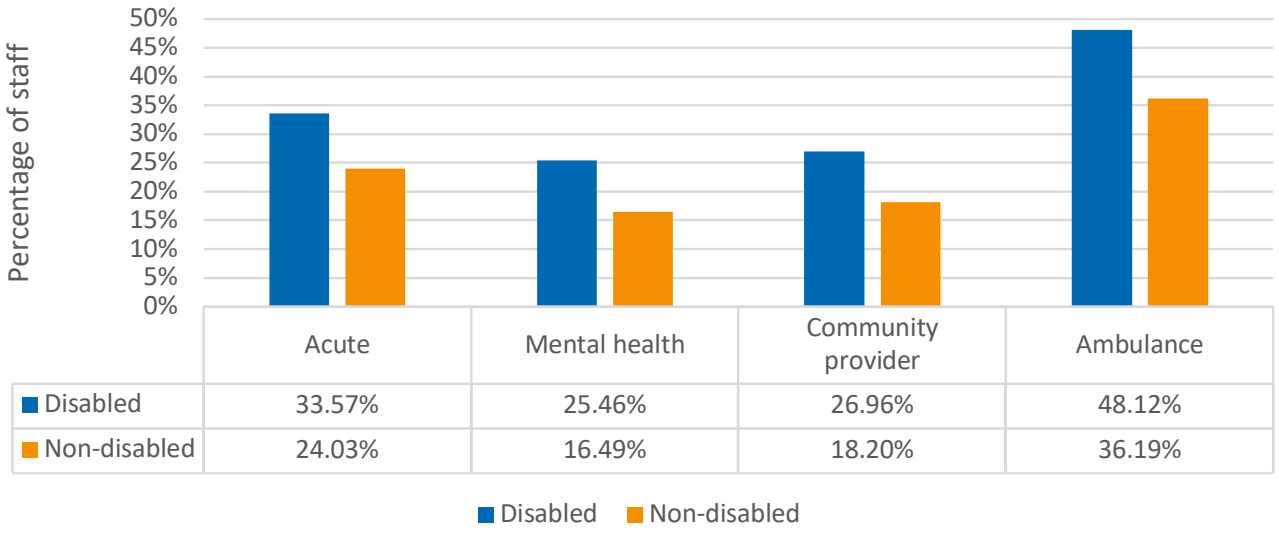


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	38.88%	29.93%	32.05%	30.92%	30.17%	30.13%	33.10%
Non-disabled	27.70%	22.65%	21.96%	21.61%	21.40%	21.32%	23.22%

4.6.3 Trust type

All types of trusts exhibited similar trends to the national picture: i.e. more Disabled staff felt pressured to come into work compared to non-disabled staff (Figure 21). Ambulance trusts had the highest percentages with close to half of Disabled staff (48.1%) and over a third of non-disabled staff (36.2%) stating that they felt pressured to come into work. Conversely, mental health trusts had the lowest rates (25.5% for Disabled staff vs. 16.5% for non-disabled staff).

Figure 21: Percentage of staff feeling pressured to come into work despite not feeling well – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	33.57%	25.46%	26.96%	48.12%
Non-disabled	24.03%	16.49%	18.20%	36.19%

4.6.4 Trust size

Analysis according to trust size revealed little differences between small and medium-sized trusts, with higher rates in larger trusts. Proportions of Disabled staff (reporting pressure to come into work despite not feeling well enough) at small, medium and large sized trusts were 31.8%, 31.0% and 36.0%, respectively. For non-disabled staff, proportions were 22.8%, 21.8% and 27.2%, respectively. Across the trust size categories, the greatest difference (9.2 percentage points) between staff groups was observed at medium-sized trusts.

4.7 Metric 7 – Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Metric 7 summary findings

- **37.2%** of Disabled staff said that their organisation values their work (compared to **47.9%** of non-disabled staff).
- Disabled staff were most satisfied in the South West (**38.8%**) and mental health trusts (**39.78%**)
- Disabled staff were least satisfied in the Midlands (**35.8%**) and ambulance trusts (**23.97%**).

The data for this metric has been sourced from the NHS Staff Survey, Question 5.

4.7.1 Overall results

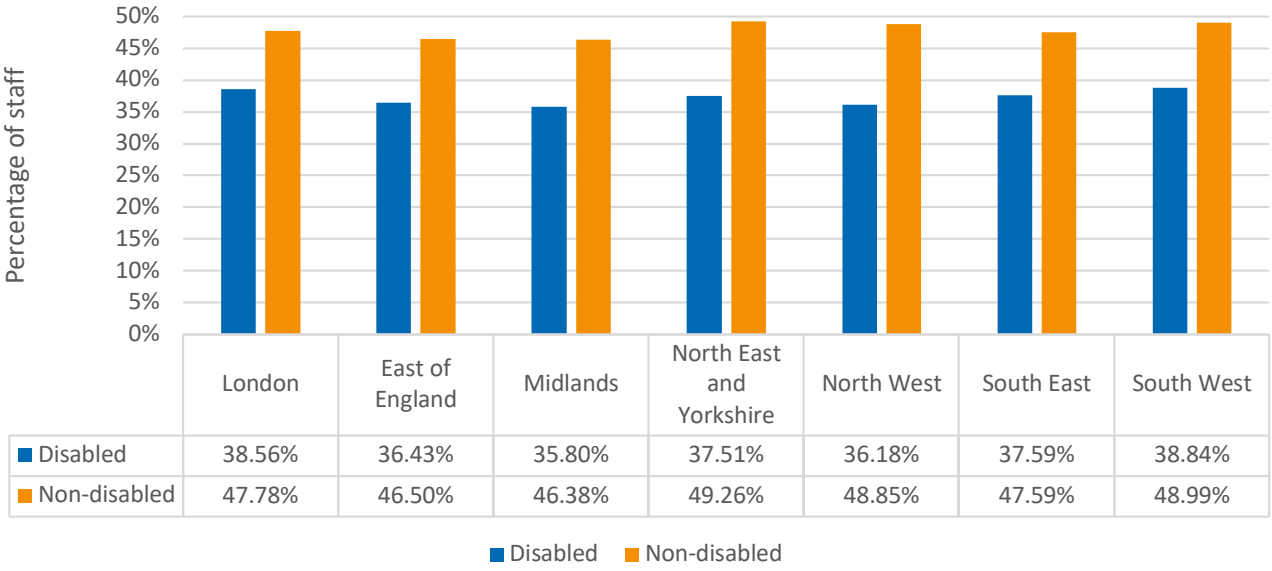
Across England, fewer Disabled staff stated that they felt satisfied with the extent to which their organisation valued their work (37.2% for Disabled staff vs. 47.9% for non-disabled staff). Satisfaction rates amongst Disabled staff ranged from 19.2% to 60.4%.

4.7.2 Region

The South West had the most satisfied staff, with 38.8% of Disabled staff and 49.0% of non-disabled staff stating that they were satisfied with the extent that their organisation valued their work (Figure 22). The largest percentage difference (12.7 percentage points) between Disabled and non-disabled staff satisfaction rates was observed in the North East.

The Midlands had the lowest rates for both Disabled (35.8%) and non-disabled staff (46.4%). London had the smallest difference (9.22 percentage points) between the two staff populations.

Figure 22: Percentage of staff who were satisfied with the extent to which their organisation valued their work – broken down by region

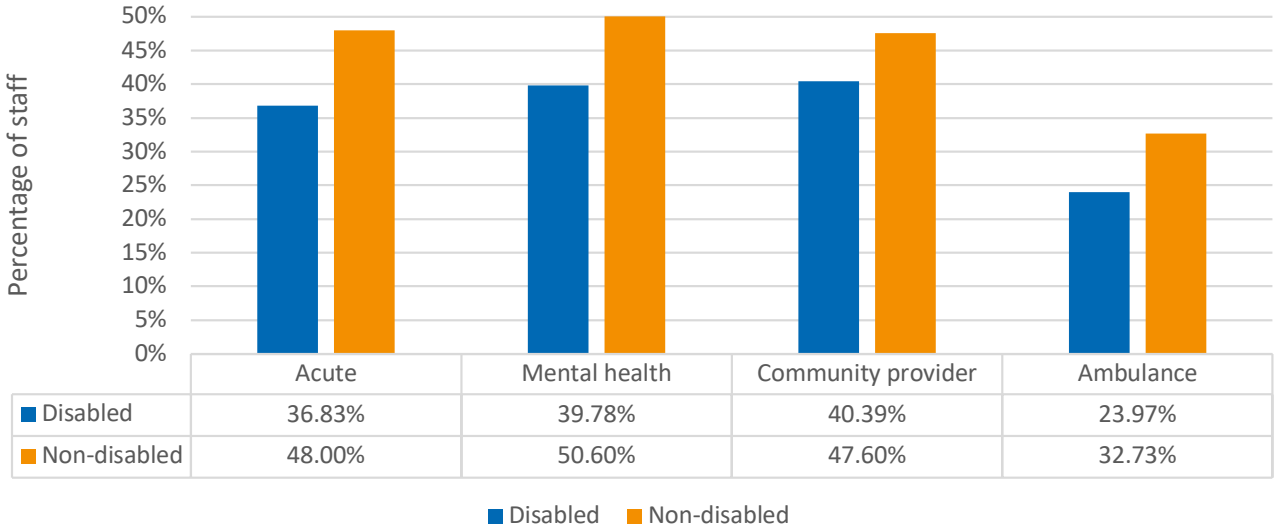


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled	38.56%	36.43%	35.80%	37.51%	36.18%	37.59%	38.84%
Non-disabled	47.78%	46.50%	46.38%	49.26%	48.85%	47.59%	48.99%

4.7.3 Trust type

In all types of trust fewer Disabled were satisfied with the extent that their organisation valued their work compared to non-disabled staff (Figure 23). Disabled and non-disabled staff at mental health trusts were most satisfied (39.8% for Disabled staff vs. 50.6% for non-disabled staff). Ambulance trusts had the lowest satisfaction rates with less than a quarter of Disabled staff (24.0%) and close to a third of non-disabled staff (32.7%) reporting that they were satisfied with the extent their organisation valued them. Of all trust types, community providers had the smallest percentage difference (7.2 percentage points) between the satisfaction rates of the two staff populations.

Figure 23: Percentage of staff who were satisfied with the extent to which their organisation valued their work – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled	36.83%	39.78%	40.39%	23.97%
Non-disabled	48.00%	50.60%	47.60%	32.73%

4.7.4 Trust size

Analysis according to trust size revealed that Disabled staff were least satisfied in small trusts (satisfaction rate of 36.4%) and most satisfied in large trusts (satisfaction rate of 38.1%). Non-disabled staff were least satisfied in small trusts (satisfaction rate of 37.3%) and most satisfied in medium-sized trusts (satisfaction rate of 49.2%).

4.8 Metric 8 – Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Metric 8 summary findings

- **72.4%** (nearly three quarters) of Disabled staff in England felt that their employer had made adequate adjustments.
- Regionally, the South West had the highest percentage (**75.4%**), whilst London had the lowest (**67.28%**).
- In regard to trust type, **75.71%** of Disabled staff at community providers were satisfied with the adjustments made, compared to only **57.21%** at ambulance trusts.

Data for this metric has been drawn from the NHS Staff Survey, Question 28b, which only asks for responses of Disabled staff.

The NHS Staff Survey uses the term 'adequate', so we use this term in our analysis of the metrics data. However, we recognise that 'reasonable' or 'workplace' adjustments are more commonly used terms.

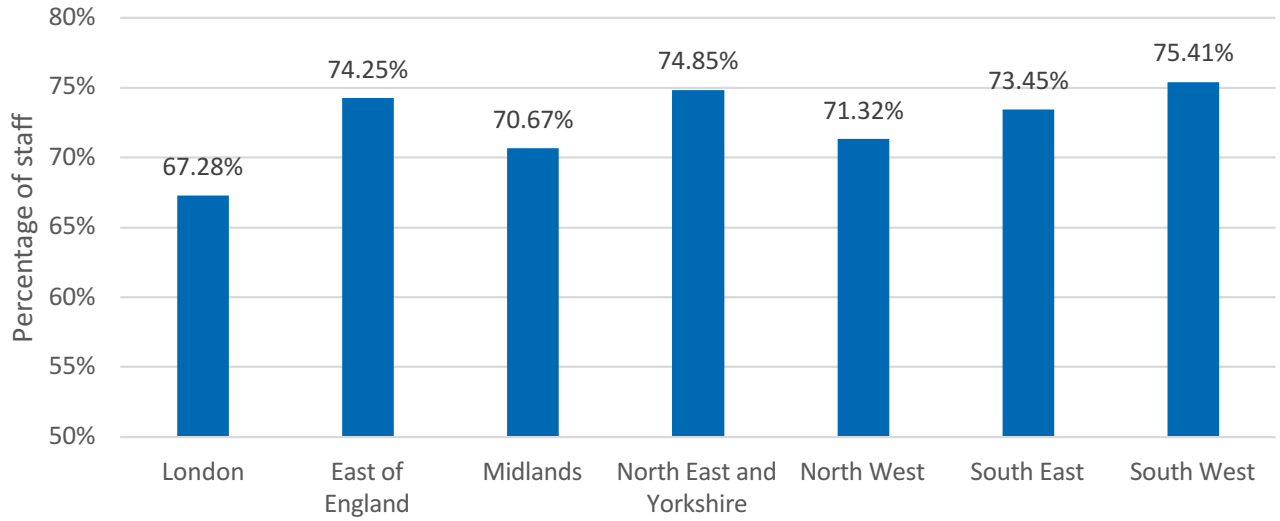
4.8.1 Overall results

Overall, 72.4% of Disabled staff across England felt that their employer had made adequate adjustments to enable them to carry out their work. The percentages in trusts ranged from 48.4% up to 86.5%.

4.8.2 Region

The South West had the highest percentage (75.4%) of Disabled staff stating that their employer had made adequate adjustments to enable them to carry out their work, whereas London had the lowest percentage (67.3%) (Figure 24).

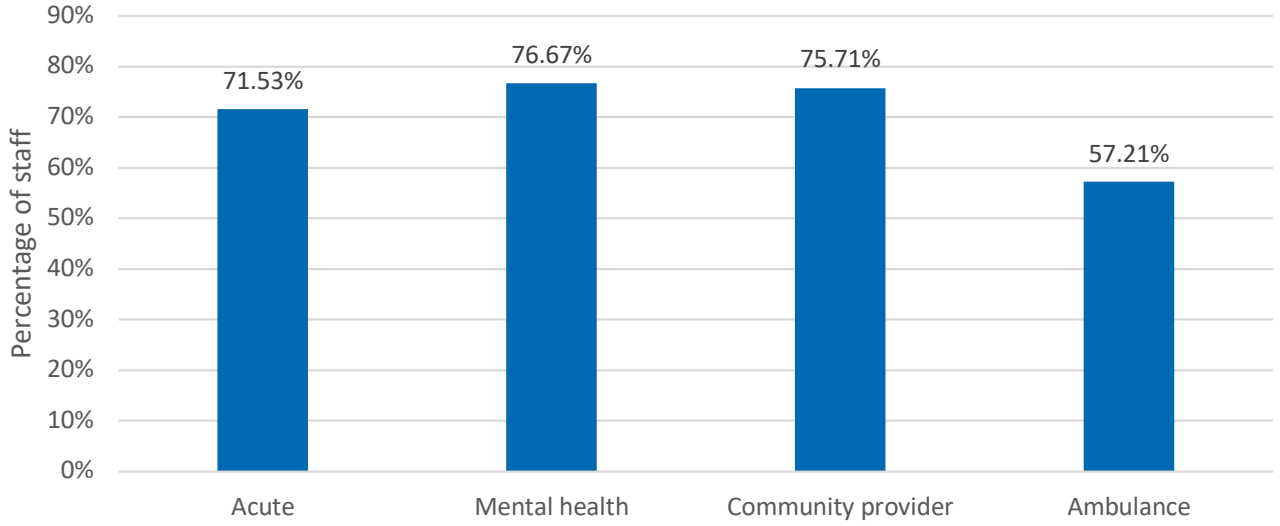
Figure 24: Percentage of Disabled staff who felt that their employer had made adequate adjustment to enable them to carry out their work – broken down by region



4.8.3 Trust type

Analysis according to trust type revealed that mental health trusts had the highest proportion (76.7%) of Disabled staff who felt their employer made adequate adjustments to enable them to carry out their work (Figure 25). Conversely, ambulance trusts had the lowest proportion (57.2%).

Figure 25: Percentage of Disabled staff who felt that their employer had made adequate adjustment to enable them to carry out their work – broken down by trust type



4.8.4 Trust size

Trust size was found to have no impact on whether Disabled staff felt satisfied that their employer had made adequate adjustments to enable them to carry out their work.

4.9 Metric 9 – NHS Staff Survey and the engagement of Disabled staff

Metric 9a summary findings

- Overall, Disabled staff scored an engagement score of **6.64**, compared to **7.08** for non-disabled staff.
- The highest engagement scores for Disabled staff were **6.68** in London and **6.79** in community providers.
- This compared favourably to **6.56** in the North East and Yorkshire and **5.72** at ambulance trusts.

Metria 9a data is based on the composite staff engagement score drawn from the NHS Staff Survey[6].

9a. The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

4.9.1 Overall results

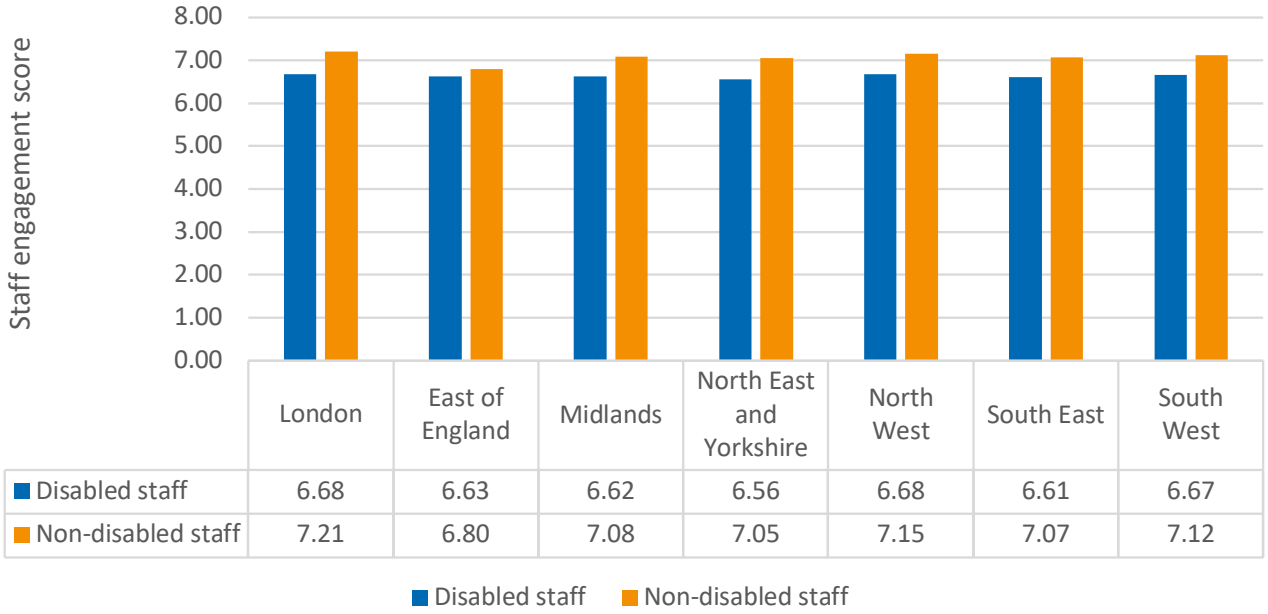
Across England, the average staff engagement score was 7.01; with a score of 6.64 for Disabled staff and 7.08 for non-disabled staff. When considering trusts' engagement scores for Disabled staff, scores ranged from 5.30 to 7.50. The maximum possible staff engagement score is 10.00.

4.9.2 Region

London had the highest staff engagement scores of all regions (6.68 for Disabled staff and 7.21 for non-disabled staff), whilst the North East and Yorkshire had the lowest engagement score (6.56) for Disabled staff, with the East of England scoring the lowest (6.80) for non-disabled staff.

6 More information about the staff engagement score and how it is calculated is provided in the WDES Technical Guidance page 44 https://www.england.nhs.uk/wp-content/uploads/2019/06/wdes-technical-guidance-v2.pdf

Figure 26: Staff engagement scores – broken down by region

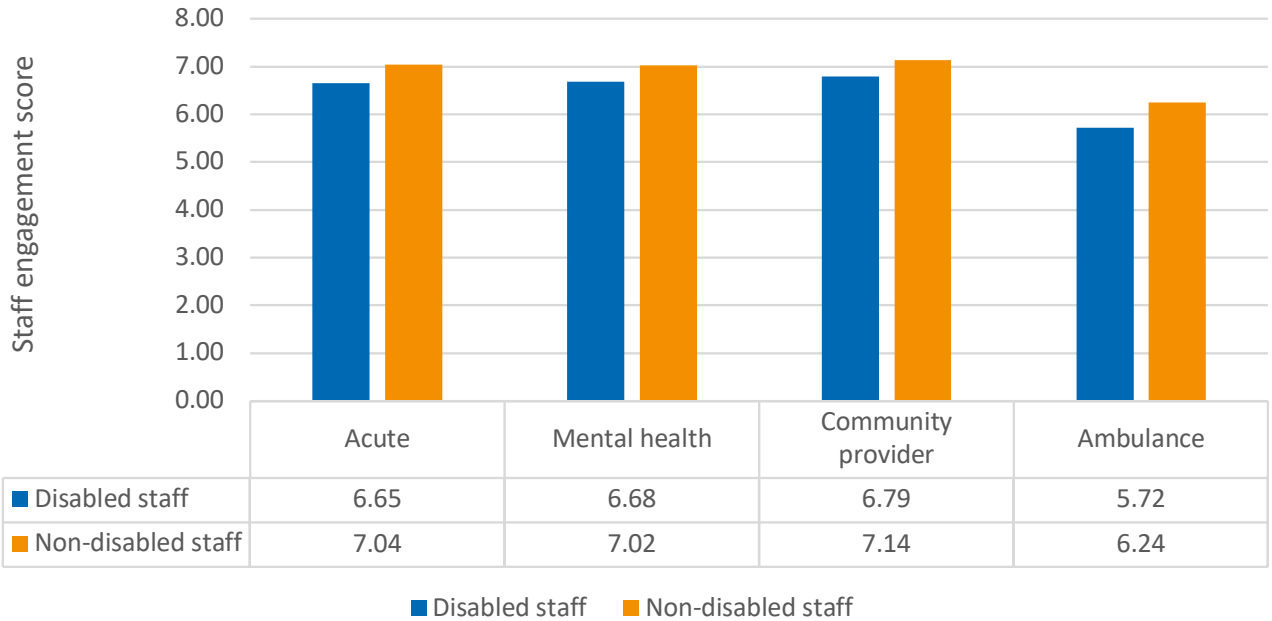


	London	East of England	Midlands	North East and Yorkshire	North West	South East	South West
Disabled staff	6.68	6.63	6.62	6.56	6.68	6.61	6.67
Non-disabled staff	7.21	6.80	7.08	7.05	7.15	7.07	7.12

4.9.3 Trust type

In relation to trust type, Community providers had the highest staff engagement scores, with a score of 6.79 for Disabled staff and 7.14 for their non-disabled counterparts (Figure 27). Conversely, ambulance trusts had the lowest scores for Disabled (5.72) and non-disabled staff (6.24).

Figure 27: Staff engagement scores – broken down by trust type



	Acute	Mental health	Community provider	Ambulance
Disabled staff	6.65	6.68	6.79	5.72
Non-disabled staff	7.04	7.02	7.14	6.24

4.9.4 Trust size

For non-disabled staff, staff engagement scores increased with increasing trust size. For Disabled staff, trust size did not seem to have an impact on staff engagement scores. Disabled staff scores at small, medium and large trusts were 6.62, 6.66 and 6.61 respectively.

9b. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Metric 9b Summary Findings

In response to this metric, 32 Trusts (**14%**) responded with "No", and 195 Trusts (**86%**) responded with "Yes".

At 1 February 2020, **65%** trusts had published WDES reports on their websites.

Metric 9b data is a 'yes' or 'no' answer, in response to the metric question: has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

32 Trusts (14%) responded to this metric saying that they had not taken any action to facilitate the voices of Disabled staff, whilst 195 Trusts (86%) confirmed they had. There were no patterns by region, size or type of trust in the 'yes' or 'no' responses to this metric.

Trusts are also asked to provide evidence for their response (if they answered 'yes') in their published WDES reports.

A review of Trust websites showed that 65% of trusts had published WDES reports on their websites by 1 February 2020. The review also looked at the trusts published action plans, and this analysis is included in Chapter 6 of this report.

In the spirit of 'Nothing about us, without us', in future years we will expect trusts to improve their performance on how they engage their Disabled staff, and how they can better communicate the actions they have taken to achieve this engagement.

Engaging with Disabled staff, listening to and recognising their lived experiences, will also have the benefit in removing any social model barriers that may impact on the delivery of high-quality patient care for all. Through drawing upon and harnessing the insights of Disabled people within our workforce, many of whom will also be patients or service users, we will be able to think in new and innovative ways about how to deliver high quality compassionate care, within healthcare settings that have inclusion at their heart.

4.10 Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce

Metric 10 summary findings

- Overall, **2.1%** of board members were known to be Disabled (**1 percentage point lower** than the percentage of Disabled staff in the overall workforce).
- The North East and Yorkshire had the highest proportion of board members that were known to be Disabled (**2.5%**).
- **3.2%** of board members at mental health trusts were known to be Disabled, compared to **1.7%** at ambulance trusts.

Data for this metric has been drawn from ESR.

In this metric we have disaggregated data:

- By voting membership of the Board.
- By Executive membership of the Board.

Analysis for Metric 10 was conducted with the removal of anomalies. Initial analysis of the data uncovered potential data entry errors in trusts' submissions. This totalled 6 trusts, whose data has been removed to provide a more representative analysis.

4.10.1 Overall results

The board representation of trusts across England is outlined below (Table 1). Overall, 2.1% of board members were Disabled. This is 1% lower than the percentage of Disabled staff in the whole workforce population. Non-executive board members had the highest representation of Disabled staff (2.4%), whilst executive board members had the lowest representation (1.7%).

Table 1: Overall data on board member representation

	Board members					Overall Workforce
	Overall	Voting	Non-voting	Executive	Non-executive	
Disabled	2.1%	1.8%	1.7%	1.7%	2.4%	3.1%
Non-disabled	69.1%	70.1%	71.2%	71.2%	67.2%	71.3%
Unknown	28.8%	28.1%	27.1%	27.1%	30.4%	25.6%

4.10.2 Region

Regional analysis revealed that the North East and Yorkshire region had the highest overall proportion (2.5%) of Disabled board members across all regions. Further analysis (Figures 28 and 29) illustrate the break down of the proportions of voting and non-voting board members and executive and non-executive board members in the regions.

The North East and Yorkshire region also had the highest proportion of Disabled voting members (2.5%) but joint lowest proportion of Disabled non-voting members (0%) along with the South East. The South West of England had the highest proportion of Disabled non-voting members (0.9%).

The South West had the highest proportion (1.6%) of Disabled executive board members and the South East had the lowest proportion (0.2%). The North East and Yorkshire had the highest proportion (1.9%) of non-executive board members and the East of England had the lowest (0.3%).

Figure 28: Proportions of voting and non-voting board members – broken down by region

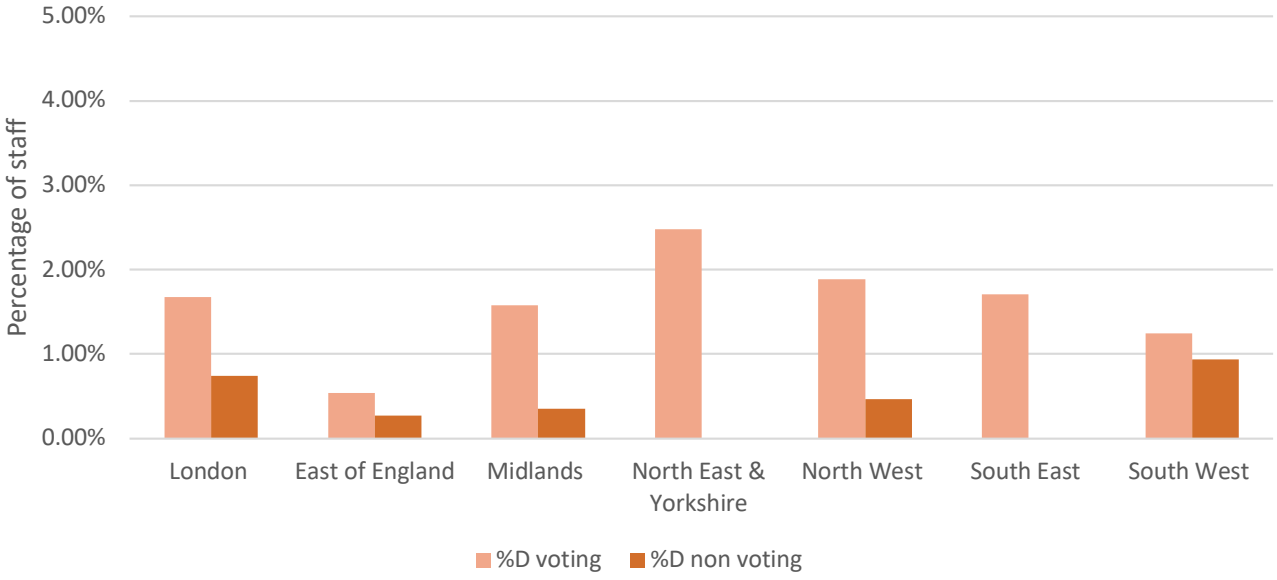
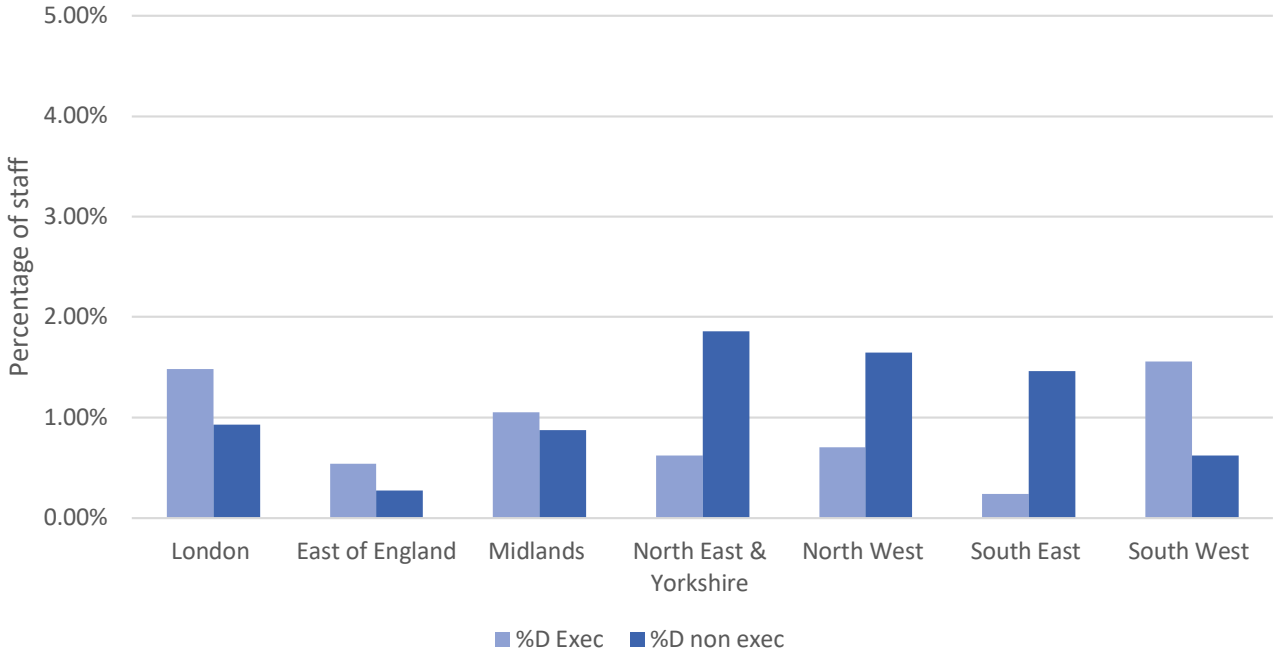


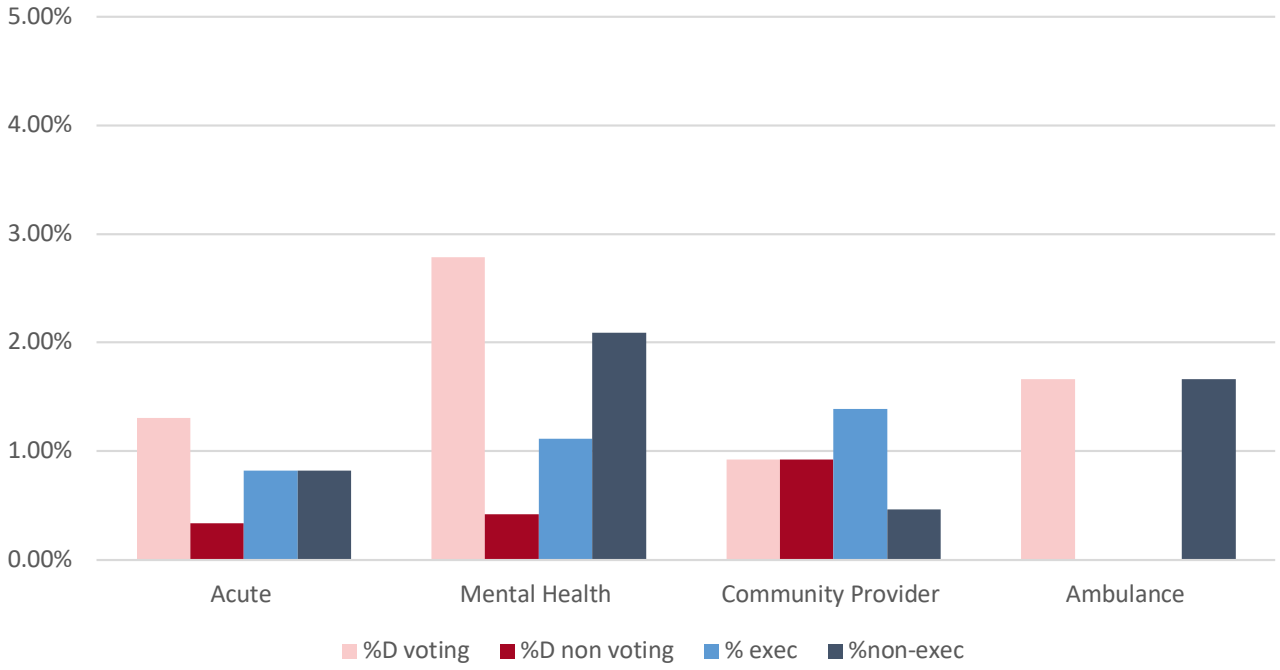
Figure 29: Proportions of executive and non-executive board members – broken down by region



4.10.3 Trust type

Analysis according to trust type revealed that mental health trusts had the highest overall percentage of Disabled board members (3.2%), whilst ambulance trusts had the lowest (1.7%) (Figure 30). When broken down according to types of board members, mental health trusts had the highest proportions of Disabled voting board members (2.8%) and non-executive board members (2.1%). Community Providers had the highest proportion of non-voting (0.9%) and executive (1.4%) board members. Ambulance trusts had no Disabled non-voting board members.

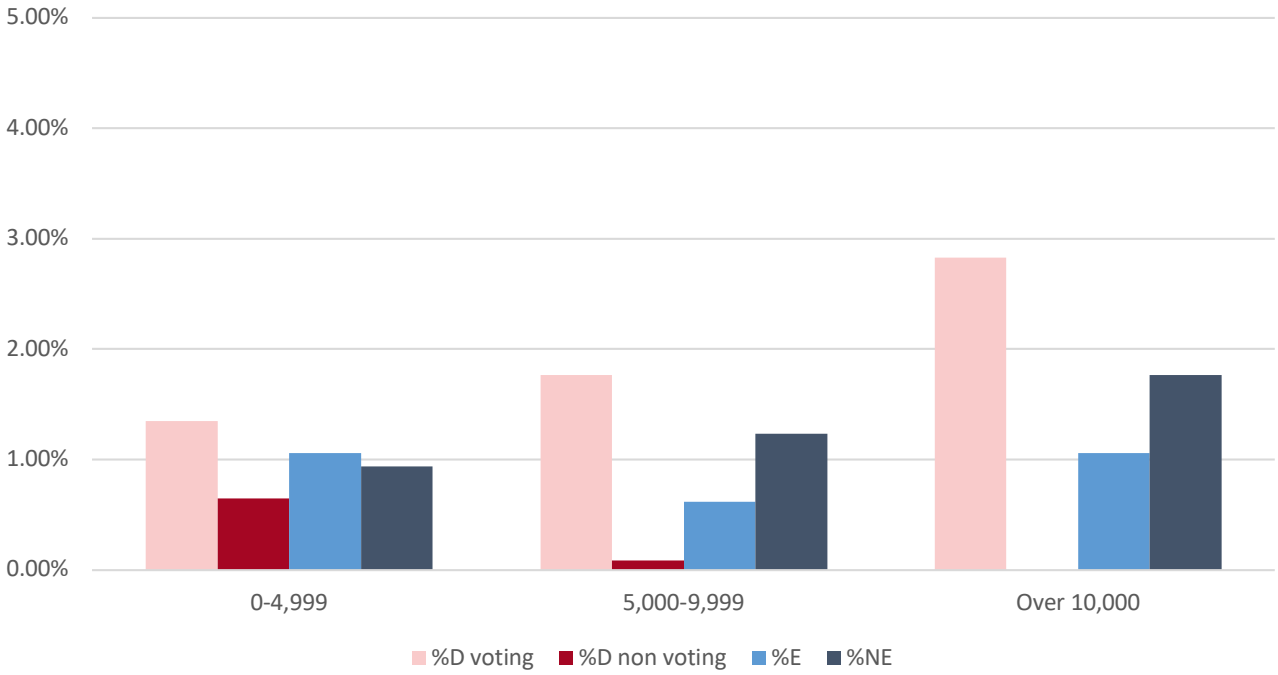
Figure 30: Proportions of board members – broken down by trust type



4.10.4 Trust size

Analysis according to trust size showed that large-sized trusts had an overall proportion of 2.8% Disabled members of staff on the board and had the highest proportions of Disabled staff across voting (2.8%), and non-executive (1.8%) staff members but had no Disabled non-voting board members (Figure 31). Small-sized trusts had the same proportions of Disabled executive board members as large-sized trusts with 1.1%.

Figure 31: Proportions of board members – broken down by trust size



5 Online reporting form analysis

221 trusts (97%) submitted responses to the online reporting form, which is the second mandated reporting requirement of the WDES. In this section we have analysed the responses to the online reporting form questions (See listed at Annex B).

We have included cross-examination analysis, comparing the metrics data with the online reporting form responses. We have also included references to CQC ratings, and provided comment on whether they had any significance related to Disabled staff workplace experience.

Vignettes (pull out quotes) are featured, offering an insight into the range of work that trusts are taking forward aimed at advancing workplace disability equality. Future WDES data will enable us to identify what impact these highlighted interventions have had.

The analysis of the online reporting form may be of particular interest to colleagues working in equality, organisational development and human resources teams.

We have identified below the main findings form the online reporting form:

- 90% of trusts participate in programmes or initiatives that focus on disability equality and inclusion.
- 65% of trusts have taken steps in the last 12 months to improve disability declaration rates recorded through ESR.
- 94% of trusts have signed up to Disability Confident.
- 97% of trusts use a Guaranteed Interview Scheme.
- 94% of trusts said that reasonable adjustments are funded from local budgets.
- 24% of trusts provide targeted career development opportunities for Disabled staff.
- 60% of trusts provide targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well.
- 63% have a Disabled Staff Network or similar.
- 65% have a Board champion for disability equality.

5.1 Leadership

The analysis suggests that inclusive leadership is key for creating trusts that recognise and value the contribution that Disabled people can make, and are also more likely to have workplace cultures that are supportive of Disabled staff. The appointment of Board champions for disability equality have made a positive impact in areas such as recruitment.

5.2 Action to improve disability declaration rates

Trusts recognised that they need to work on improving the quality of the data that they hold on Disabled staff. Overall, 65% of trusts that responded to the online reporting form indicated

that they had taken measures to increase disability declaration rates. These have been grouped into the following themes.

5.2.1 Promoting ESR self-service

The most common method adopted to increase declaration rates was to send out information about self-service access to ESR, reminding people to update their data. Trusts employed a variety of methods to encourage staff to regularly check their records and update their personal details. These included rolling out "MyESR", including messages within payslips, and using screensaver messages. Briefings and articles, within staff newsletters, were also used to encourage staff to update their records.

> "We share this report with the HR Services team to encourage them to support and advise new staff who may not have answered the questions about disability. Checking their understanding of why the questions are being asked. This is further supported by having a leaflet that explains 'Why we need their data'."
>
> Online survey, 2019

5.2.2 Raising disability awareness

There was recognition that promoting awareness and inclusion can support staff to feel more confident in sharing information about a disability or long-term condition. Trusts actively used staff networks and intranet pages to circulate guidance, promote disability events and disseminate blogs of people's lived experiences of disability. For example, one trust developed a dedicated disability page. Some trusts also reported that they used social media to promote events such as Disability Awareness Week.

> "There is ongoing work to improve declaration rates across our Trust. For example, during the 'Equality and Human Rights Week', our Trust's Equality, Diversity and Inclusion (EDI) Service embarked on an equality road show which entailed displaying information on as well as discussing the importance/benefits of declaring protected characteristics, including disability. Similar information was shared with staff who visited the EDI Service's stand at our Trust's 'Quality Always' Conference."
>
> Online survey, 2019

5.3 Disabled staff engagement

Many trusts highlighted the importance of working with Disabled staff to inform and develop trust policies, strategies and collaborative decision-making.

5.3.1 Disabled staff networks

Disabled Staff networks were commonly used to act as the catalyst to empower, encourage and promote equitable opportunities for Disabled staff. The majority (63%) of trusts indicated that they had established a Disabled staff network (or similar).

Trusts also used a variety of measures to provide representation and engage Disabled staff to effect change. For example, representatives from across one trust held focus groups to share

and review WDES data and staff survey results. The focus groups contributed to reviewing policies and developing strategies aimed at increasing the satisfaction of Disabled staff. Other actions included the facilitation of a closed, anonymous Facebook group to provide a safe, virtual space for Disabled staff.

A number of trusts said that they considered staff engagement as being central to reviewing reasonable adjustments processes and policies. Through Disabled staff networks, trusts could gain insight and take a more informed approach to remove existing barriers in the reasonable adjustments process.

5.3.2 Staff stories

Trusts recognised the benefit of capturing and promoting staff stories to help define the narrative on lived experiences. These stories were shared through intranets, blogs and at board meetings in an effort to broaden disability awareness.

5.4 Recruitment and induction

A number of trusts recognised that it was important to acquire information about Disabled staff at the earliest opportunity, so that they could ensure reasonable adjustments were in place during the recruitment and induction process.

Trusts capitalised on early opportunities (such as corporate/new starter inductions) to promote the organisational commitment to diversity and inclusion, highlight the importance and benefits of declaring a disability or long-term condition and promote their Disabled staff networks.

Our analysis identified that:

- The Guaranteed Interview Scheme did not improve the chances of a Disabled applicant being appointed. Whilst the aims of this scheme can help Disabled people into recruitment, the way in which it is managed within trusts is an area for further investigation.
- Participation in a general programme focused on disability equality had minimal impact on recruitment.
- Non-disabled staff were more likely to be appointed in all types of trusts, and likelihood ratios were more in favour of non-disabled applicants in those trusts without champions for disability equality.

Trusts with higher CQC ratings had better results in appointing Disabled staff from shortlisting when compared to those that were inadequate/required improvement.

5.4.1 Disability Confident

The vast majority (94%) of trusts indicated that they participated in the Disability Confident employer programme (led by the Department for Work and Pensions). Trusts that participated in the scheme had a higher proportion of Disabled staff who felt that adequate adjustments had been provided (72.8% vs. 67.1%), but there were no other significant benefits for Disabled staff as a result of being a member of the scheme.

5.5 Career development

When pay bands increased, the percentages of Disabled staff became increasingly greater in trusts with targeted career development strategies in place.

In trusts with targeted career development policies, more Disabled staff (77.5%) felt that they were provided with equal opportunities, compared to their Disabled colleagues (74.9%) in trusts without targeted policies.

Analysis of the online reporting form responses revealed a number of targeted career development opportunities for Disabled staff within trusts. These have been grouped in the following themes.

5.5.1 Training and development

Approximately a quarter of trusts offered targeted career development opportunities to Disabled staff. Often co-ordinated through staff networks, Disabled staff were given various opportunities to participate in different types of training. For instance, one trust involved Disabled staff in a pilot training initiative to ensure their needs were considered in training content and delivery.

Another trust provided bespoke training courses based on individual need, such as "Understanding the Workplace for Autistic Women". Other programmes were more focused on leadership.

Finally, a number of trusts promoted the Disability Leadership Academy delivered by Disability Rights UK. This programme is aimed at Disabled people and is accredited by the Institute of Leadership and Management (ILM).

5.5.2 Mentorship

Mentorship was identified as another popular strategy that trusts had used to offer guidance and support for career development. Mentors and coaches have been provided to Disabled staff who are on leadership courses and who wish to progress into more senior roles or want to explore new career opportunities.

> "In 2019, the Trust launched a Reciprocal Mentorship Programme (RMP) specifically targeting minority groups that includes Disabled staff. Reciprocal Mentoring is an innovative practice that aims to enhance the transcultural learning between participants so that Executive and Senior Leaders are better able to understand the challenges that Disabled staff."
>
> Online survey, 2019

Reverse mentoring programmes were also identified as a mechanism for Disabled staff to hold discussions with senior leaders about the challenges that exist, and to support better communication and understanding.

5.5.3 Internships and apprenticeships

Some trusts stated that they had invested time in supporting young Disabled people into employment. They had created relationships with schools and organisations to increase the number of Disabled people on work experience internships.

Project Search, one such programme, enables young people with a learning disability to work in trusts on three different supported placements leading to confidence and skill building; thereby enabling them to build their employability.

> "The Trust has an Equality Objective to employ at least a third of Project SEARCH Interns who graduate. Since we started in 2013, our employment rate for graduates is 76%. In terms of numbers, that means 33 graduates have gone on to get paid employment. The trust has directly employed 11 graduates."
>
> Online survey, 2019

Another trust secured funding to recruit a Learning Disability or Difficulty (LDD) Apprenticeship Manager Post. The role is aimed at facilitating and supporting apprenticeship opportunities for interns on the Project Choice programme and providing assistance with pursuing further career development opportunities within the trust.

5.5.4 Increasing job satisfaction

Targeted career development played a role in increasing staff satisfaction rates. The satisfaction rate amongst Disabled staff in trusts with targeted career development approaches was 39.2%, compared to 36.7% in other trusts.

5.6 Capability

Disabled staff were more likely to enter formal capability processes in trusts that did not have separate processes for managing capability on the grounds of performance and ill health; reasonable adjustments policies; or champions for disability equality.

Analysis of CQC Well-led domain ratings revealed that Disabled staff were considerably less likely (approximately half – 0.44 times) than non-disabled staff to enter formal capability processes in trusts rated as outstanding. For trusts with lower CQC ratings, Disabled staff were at a disadvantage compared to non-disabled colleagues.

Analysis also explored whether capability on the grounds of ill health and capability on the grounds of performance were managed by different policies (See Annex D for list). The majority of trusts used two different policies: one to manage performance and a separate policy to manage ill health.

5.7 Harassment, bullying or abuse

5.7.1 Harassment, bullying or abuse from patients/service users, their relatives or other members of the public

Similar to national trends, more Disabled staff experienced harassment, bullying or abuse compared to non-disabled staff in all categories of trusts. There were similar proportions of

Disabled staff who experienced harassment, bullying or abuse in trusts that had taken actions to improve satisfaction (33.8%) and those that had not (33.5%).

Data demonstrated that proportions of Disabled staff experiencing harassment, bullying or abuse increased as CQC Well-led ratings decreased, with staff at trusts rated as inadequate or requiring improvement experiencing harassment, bullying or abuse most often.

5.7.2 Harassment, bullying or abuse from managers

Within those trusts that had taken action to reduce presenteeism, there was a lower proportion of staff experiencing harassment, bullying or abuse from managers compared to trusts which had not taken any action (18.1% vs. 22.2%).

CQC well-led ratings also appeared to have an impact on rates of harassment, bullying or abuse across staff populations. Generally, as trusts' CQC ratings changed from outstanding to inadequate, increasing proportions of Disabled and non-disabled staff stated that they had experienced some form of harassment, bullying or abuse from their managers (Percentages for Disabled staff were 16.7% in outstanding, 19.8% in Good, 21.4% in Inadequate/Requires Improvement).

5.7.3 Harassment, bullying or abuse from colleagues

Data demonstrated that the proportions of Disabled staff experiencing harassment, bullying or abuse from colleagues increased as CQC Well-led ratings decreased, with trusts rated as inadequate or requiring improvement having the highest rates of harassment, bullying or abuse from colleagues (24.1% in Outstanding, 27.0% in Good, 28.6% in Inadequate/Requires Improvement).

5.7.4 Reporting of harassment, bullying or abuse – analysed by CQC Well-led rating

CQC well-led ratings also appeared to reflect the numbers of staff reporting incidences of harassment, bullying or abuse. Generally, as trusts' CQC ratings changed from outstanding to inadequate, decreasing proportions of Disabled and non-disabled staff stated that they or a colleague had reported harassment, bullying or abuse (Percentages for Disabled staff were 52.7% in Outstanding, 47.9% in Good, 45.4% in Inadequate and Requires Improvement).

5.7.5 Trust analysis of harassment, bullying and abuse data

In an attempt to understand what correlations may exist, some trusts had triangulated their staff survey results with other data sources. Trusts frequently compared Freedom to Speak Up (FTSU) Guardian data and formal grievance case data sourced through HR systems or in-house mediation services. For example, one trust compared staff survey results with data on grievances, which are subsequently reported to the FTSU Guardian for review. Some trusts also conducted a review of sickness and absence rates and exit questionnaires to further assess the incidence of harassment, bullying and abuse towards Disabled staff.

> “Our Trust undertakes a comprehensive workforce equality monitoring analysis, on an annual basis. This analysis is performed in line with the Public Sector Equality Duty and is based on the technical guidance issued by the Equality and Human Rights Commission. Part of this analysis looks at rates of complaints of bullying and harassment and grievance cases, by the protected characteristics, and cross-references the patterns observed with staff survey findings and other workforce data sets.”
>
> Online survey, 2019

5.7.6 Reducing harassment, bullying and abuse

Trusts have taken a range of approaches to reducing harassment, bullying and abuse in relation to Disabled staff, many of which were strategically aligned with corporate equality and diversity strategies and equality objectives.

Staff advocacy and Disabled staff networks were central to the strategies that trusts employed to reduce harassment, bullying and abuse. Some trusts had sought to work in partnership with Disabled staff and networks, providing opportunities for staff to share their personal experiences and shape future action plans.

Training was also widely facilitated in order to encourage inclusion and ensure managers and staff know how to prevent, address and tackle harassment and abuse of Disabled colleagues.

Several trusts had reviewed and updated their bullying and harassment policies or had created supporting guidance documents. One trust introduced a managers’ guide for supporting staff with a disability or long-term condition, whilst another trust developed a HR guide for managers, listing good practice drawn from employment scenarios.

5.8 Presenteeism

Trusts taking action to reduce presenteeism had a positive influence on staff perception. Trusts that had implemented actions had fewer Disabled and non-disabled staff reporting that they felt pressured to come into work (30.8% vs. 33.1%)

Analysis of the online reporting form responses revealed several targeted actions taken to reduce presenteeism. These have been grouped in the following themes.

5.8.1 Supportive workplace cultures

Organisational culture often determines whether a policy or initiative will be successful. It was believed that staff may put pressure on themselves because of fear of repercussions. Trusts noted discussions with staff often revealed that pressure from their managers and team cultures were driving the need to come to work whilst feeling unwell.

5.8.2 Policies

One of the most common actions taken to reduce presenteeism was to review and change policies and procedures for sickness absence and mental health in the workplace. Policies such as flexible working and reasonable adjustments were highlighted as options to support

Disabled staff. However, it was noted that there often was a low take up of flexible working, and work was needed to change managers' attitudes toward it.

Reasonable adjustments were often adopted when agreements were made between Disabled staff and their organisation or because of Occupational Health (OH) referrals, in an effort to avoid absence levels from increasing and triggering the absence management process.

Some trusts also amended their appraisal systems to include a compulsory section on health and wellbeing to support staff in discussions about health and to open up a space for discussions about disability and reasonable adjustments.

Some trusts had developed Disability leave policies to allow staff paid time off to go to hospital, physiotherapy or counselling appointments. Other trusts recorded disability related absence separately from general sickness related absence, allowing Disabled staff to enter formal sickness processes at a later point in the sickness absence process.

> "We are currently developing a Disability Equality and Disability Leave policy which will enable Disabled Staff to agree wellness action plans. Our current Health Wellbeing and Attendance Management Policy makes allowance (as a reasonable adjustment) for a certain level of disability sickness absence and includes a procedure for recording reasonable adjustments."
>
> Online survey, 2019

5.8.3 Health and wellbeing

Trusts cited a variety of staff health and wellbeing initiatives focused on reducing presenteeism. Importantly, this work involved collaborative work with Occupational Health (OH) departments and other bodies. One trust established a health and wellbeing committee to define and implement appropriate strategies for managers to support staff. Another trust established a permanent wellbeing lead post within their Human Resources (HR) directorate with the primary role of addressing presenteeism.

Several trusts identified that mental ill health and musculoskeletal issues were the most common reasons for sickness related absence. As a result, interventions such as yoga, crisis listening, return to work assessments, and mental health first aiders were made available to staff. Some trusts established fast-track access to physiotherapy assessments and subsequent treatments.

One trust stated that they had designed a programme to support staff wellbeing. This included mental health awareness, access to fitness facilities and activities, and healthy eating. In conjunction with this programme, a dedicated 'staying well' service for all staff was created to provide a single point of access for wellbeing support and onward referral to counselling, trauma support and physiotherapy.

> “As part of an ongoing commitment to employee wellbeing, we offer all staff and their respective family members free access to emotional and practical support through an external, independent provider. This includes a Confidential Care service available 24 hours a day, seven days a week, 365 days a year and is accessed through a Freephone number.”
>
> Online survey, 2019

5.9 Reasonable (workplace) adjustments[7]

Reasonable adjustment policies resulted in more Disabled staff feeling that trusts had taken appropriate measures to help them perform their duties (73.4% v 71.7% in trusts without policies). Moreover, steps to improve reasonable adjustments also resulted in more Disabled staff feeling that their organisation had made the right adjustments to support them (73.0% vs 70.8%).

Analysis revealed a number of actions taken to improve the reasonable adjustments process. These have been grouped in the following themes.

- Policy and guidance
- Occupation Health involvement
- Additional support

5.9.1 Policy and guidance

Many trusts cited revision or development of policy, and targeted guidance for managers and staff, as measures they had taken to improve the reasonable adjustments process.

Trusts used a variety of ways to deliver reasonable adjustments and implement policy; for some, in the form of flowcharts indicating the different stages and where appropriate, teams needed to implement adjustments. For others, standard operating procedures (SOPs), to improve the speed of implementation. One trust took additional measures by developing a database to track the nature, cost and implementation of reasonable adjustments.

Several trusts engaged Disabled staff networks to co-produce policy and guidance. Trusts used intranet and support hubs to advise staff on how to request adjustments, signposting contact details of people who could provide assistance, and links to further information and resources.

Other trusts created Disability Passports to provide a framework for managers and Disabled staff to have conversations about workplace support. These passports can also be useful if the staff member changes jobs within an organisation, as they enable subsequent support to be identified in any future roles.

7 The term ‘Reasonable Adjustments’ reflects the question asked on the WDES online survey. A different term ‘Adequate Adjustments’ has been used in this report to reflect the term used in the NHS Staff Survey.

5.9.2 Occupational Health involvement in the process

Trusts frequently consulted Occupational Health (OH) teams to ensure that advice and case management processes were available to managers so that they could better support their staff. Trusts supported individualised flexible work patterns for new staff or those returning to work from long-term sickness absence. Redeployment opportunities were also explored when individuals were no longer able to perform the duties for which they were originally employed.

5.9.3 Access to Work and Additional support

Other trusts sought advice and financial support from Access to Work. Expert advice was also sought by some trusts from external specialist organisations in relation to some conditions, such as Dyslexia, Dyspraxia and Autism.

Some trusts also opted to create dedicated roles to support the reasonable adjustments process. One trust secured the services of a skills coach to support the staff they recruited through the Project SEARCH programme. This post also provided support to managers and staff in identifying and implementing reasonable adjustments. Another trust sought funding and appointed a new Diversity and Inclusion Adviser, who established a staff network tasked with identifying actions for improving access to reasonable adjustments.

> “We identified funding for, and established, a fixed term post to undertake a piece of focussed work to ensure that we are able to provide good quality information to assist managers and staff in understanding reasonable adjustments.” Online survey, 2019

6 Action plans analysis

6.1 Reporting

To ensure that Trusts were compliant with the mandated requirements of the WDES, an exercise was conducted to check that trusts had published their WDES reports (containing their metrics data and action plans) on their public facing websites.

It was noted that as at 1 February 2020, 35% of trusts had not published their reports. As it is the first year of the WDES, the WDES implementation team took the decision to provide trusts with additional time to publish their reports.

Within the published trust's reports some common actions were identified:

- improve disability declaration rates and build staff confidence in declaring.
- improve the quality of monitoring data in regard to recruitment and selection, capability, career progression (and similar).
- reduce bullying and harassment by developing and reviewing zero tolerance policies, embedding culture change, and engaging Freedom to Speak Up Guardians and champions.
- review and improve recruitment and line managers training.
- support existing and new Disabled staff networks (and similar).
- appoint Board level disability champions and improve visibility of senior leaders.
- develop communications plans in support of the WDES, workplace disability and the lived experiences of Disabled staff.
- review recruitment practices and identifying innovative routes for promoting job advertising.
- review reasonable adjustments policies, guidance and practice.

6.2 Action Plans – Good practice

As part of the exercise to review published action plans, we identified a number that we considered to be of good quality, either in terms of proposing actions that were clearly linked with the metrics data, and/or, in terms of the structure of the action plan.

Barking Havering and Redbridge University Hospitals NHS Trust's Action Plan

An action plan with a clear introduction and context and a good example of how to set out WDES data and associated actions. We also welcomed the inclusion of a statement from the chair of the Disabled staff network. Actions include:

- conducting staff census to improve declaration data;
- improving knowledge and understanding of recruiting managers;

- introducing a Respect for People Framework;
- publishing top tips guide on "Executive Recruitment, Embracing Diversity and Inclusion", which sets out the positive action case for supporting Disabled candidates to achieve senior levels in the trust (as they are currently under represented).

Birmingham and Solihull Mental Health NHS Foundation Trust

An action plan with a well-structured introduction to the WDES, setting out the benefits it will bring to staff, the trust, and the NHS. The action plan is a good example of a plan that has been developed in partnership with a staff network. The trust's Disability and Neurodivergence Staff Network will contribute or take the lead on a range of actions. For example, network members will receive training so that they can sit on recruitment panels. Whilst the network chair will have opportunity meet regularly with the board sponsor and deputy director for Workforce and Inclusion to raise concerns and agree actions.

Bradford Teaching Hospitals NHS Foundation Trust

An action plan in which we welcomed the reference to 'Nothing about us, without us' and how Disabled staff had been engaged in developing the action plan. The action plan includes overarching actions and a number of metric specific actions. Overarching actions include introducing a Disability Leave policy and working to provide improved support to managers and staff on implementing and accessing reasonable adjustments. Other metric specific actions include:

- Improving the use of Disability Confident, promote reasonable adjustments to job applicants, and continuing to support Project Search;
- Introducing Hate Crime reporting;
- Mental Health awareness training;
- Introducing Wellbeing Action Plans.

Cambridgeshire and Peterborough NHS Foundation Trust

An action plan in the form of a Board paper in which the trust identified leads and timescales, and links to the trust' strategic goals. The plan includes introduction to the WDES and a summary of the progress that the trust has made. The trust recognises the need to work with its' Disabled staff network, which has the innovative name of Wearing2Hats and has over 70 members. Actions include:

- Hosting a diversity conference, including a focus on the WDES;
- Organising a Schwartz round focusing on disability and inclusion;
- Reviewing recruitment panels and practices;
- Launching staff stories book, highlighting staff who are positive about working in the trust and feel valued.

Camden and Islington NHS Foundation Trust

A report which is a strong exemplar of how to present data and actions. The trust has published 3 documents – WDES Report (with the data), WDES Overview Report (summarising

where trust is now, actions it has previously delivered, and actions that are planned). Actions include:

- Establishing a steering group to steer action plan;
- Improving the talent pipeline of Disabled colleagues and representation of Disabled staff at higher bands;
- Improving managers and colleagues' awareness and understanding of disability/long term health conditions in the workforce, to ensure an inclusive culture where everyone can thrive.

Central and North West London NHS Foundation Trust

An action plan which includes specific actions for each metric, highlighting expected outcomes, leads and timescales and these include:

- Reviewing recruitment practices, exploring apprenticeships, and understanding best practice for recruitment of people with mental health conditions;
- Undertaking a review to understand the rational for performance capability cases being formalised, reviewing training and guidance for managers;
- Conducting a staff consultation to find out if specific training is required to support career development of Disabled staff, reviewing how many Disabled staff have had appraisals.
- Creating a virtual hub that contains a range of informative disability or mental health guides and resources for staff and managers to use and share.

Dorset Healthcare University NHS Foundation Trust

An action plan that combines data, actions, and commentary. Actions that the trust will take forward include:

- Incorporating WDES plan into trust's equality, diversity and inclusion scheme;
- Further developing unconscious bias training and information;
- Conducting retention interview of Disabled staff, who have been at same post or level for three years or more, to evaluate reasons why they have not progressed and what can be done to support their career development.

Leeds and York Partnership NHS Foundation Trust

An action plan with clear links between metrics data, actions and timescales, and evidence of Disabled staff engagement. Actions include further staff engagement led through the trust's Disability and Wellbeing Network, which will be undertaken as part of the Trust-wide Cultural Collaborative and is led at CEO level. The trust aims to publish an update to the action plan by end of the current financial year.

Northamptonshire Healthcare NHS Foundation Trust

An action plan that includes a wide range of actions, each with timescales and appointed leads. Each metric has at least one identified action; these include:

- Sharing WDES data across the trust to raise awareness of the metrics and the lived experience of Disabled colleagues;

- Rebranding the approach taken to disability, focusing more on a culture in which it feels safe and comfortable to declare any disability, raising awareness of inclusive language and etiquette;
- Exploring options for a reverse mentoring programme for Disabled staff, 'Ability Passport' and a Talent Management Programme.
- Engaging Disabled staff network in the refresh of the Capability Procedure.

Surrey and Borders Partnership NHS Foundation Trust

An action plan which is co-branded between Trust and the Disabled staff network. Actions include:

- Raising awareness of what makes a positive difference for colleagues with a disability;
- Creating list of "Go To" people for expertise and help in key departments e.g. HR, procurement, facilities and introducing dedicated centralised budget for reasonable adjustments, alongside improved building accessibility for staff, patients and visitors;
- Developing communications and resources to support staff network;
- Building awareness and confidence of colleagues and managers on disability and wellbeing issues.

Sussex Partnership NHS Foundation Trust

An action plan which has identified, outcomes, appointed leads and timescales. There is clear information on how the Disabled staff network will be involved in developing and delivering the actions, which include:

- Piloting a talent management scheme, and applying to become an Apprenticeship Diversity Champion Network;
- Updating the recruitment policy to include the Sheffield Hospital model interview questions and scoring system;
- Delivering bitesize training for interview panels on Unconscious Bias;
- Working with the STP Leadership and Talent Management collaborative to commission a Leadership Academy Stepping up programme.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

An action plan with a range of actions where some include an intersectional approach. Of particular interest, the trust (and its Pro-Ability network) will be holding events in conjunction with Poole Hospital NHS Hospitals Trust, and across Dorset NHS networks, to listen, engage and understand the lived experience of Disabled staff. The events will help the trust to further refine its WDES action plan for 2020/2021, with positive action programmes based on the feedback and engagement from staff, in line with organisational values, vision and objectives.

University Hospitals of Morecambe Bay NHS Foundation Trust

An action plan that uses a template, clearly setting out the trust's data and the actions they plan to take. Actions include:

- Developing resources to aid the employment of people with differing abilities, enhancing a values-based approach to recruitment and selection to ensure fairness and transparency;
- Developing a declaring disability campaign and a disability passport, which will encourage staff to discuss any workplace adjustments that may be needed;
- Undertaking work, in collaboration with the Disabled staff network, to encourage staff to share their lived experiences. A film produced by staff network members will help encourage openness;
- Developing a disability passport and disability leave policy.

Wirral University Teaching Hospital NHS Foundation Trust

An action plan providing context about the WDES, an Executive Summary, clearly laid out data and analysis, and key findings. The actions include:

- Encouraging and supporting staff to access and use the self-service ESR portal to report disability status monitoring information;
- Promoting the importance of reasonable adjustments and ensuring support is available for line managers;
- Raising awareness of the support available for Disabled staff, and promoting opportunities to get involved, share their voice and help develop new ways of working.

We would like to thank these trusts for providing their consent to be featured.

7 Conclusions and next steps

The WDES Annual report 2019 provides the first national review of the NHS workforce that relates to the workplace representation and career experience of Disabled staff.

The detailed data analysis and evidence base is a valuable resource that allows NHS trusts to benchmark their 10 WDES metrics data by trust type and trust size as well as on a local, regional and national level basis. The baseline data and analysis can be used as a measuring tool to enable trusts to understand where progress has taken place and where improvements need to be made.

At a national level, the evidence clearly highlights disparities between the experiences of Disabled and non-disabled staff across the 10 metrics. The analysis therefore demonstrates the need for trusts to take robust action, with monitoring and evaluation, to ensure that progress takes place and to embed the WDES into ongoing work programmes that support positive change.

Over the coming 12 months, NHS England/Improvement will continue to support progress through a range of actions and activities, including an innovation fund, webinars, best practice guides and the dissemination of information and evidence-based actions that will lead to further improvement.

In addition, we will also:

- review the WDES metrics and reporting timeframe for 2020;
- review the WDES reporting process;
- work to support trusts to improve their Disability Declaration rate;
- continue engagement with the CQC to include the WDES in inspections;
- work with the Model Hospital team to provide additional data resources and capability to trusts;
- review the governance of the WDES;
- include ALBs in the WDES reporting framework.

The NHS People Plan commits the NHS to a range of programmes that directly relates to the WDES, such as improving access to flexible working, retaining staff, reducing bullying and harassment, and supporting more diverse leadership teams.

However, it is the culture of each trust, and actions that they take at a local level which will have the greatest impact on Disabled staff. Therefore, trusts are recommended to:

- use this report to benchmark their position and discuss the results and actions with leaders, HR staff, Disabled staff and Disabled staff networks;
- establish working groups to take the lead on reviewing the trust' data and identifying future actions (using this report to inform any decisions);

- review other relevant datasets (such as bullying and harassment) to better understand their WDES data and explore opportunities to improve current performance;
- review and report internally and externally, on progress against the actions published in their WDES action plans;
- ask leaders to communicate key messages across the workforce – data, actions, stories;
- facilitate the appointment of a Board champion for disability equality;
- talk about, and share 'what works' with peer organisations, including at a regional level;
- support Disabled staff networks to engage with other networks;
- make sure that datasets are in place for 2020 WDES reporting and publishing;

Whatever our collective or individual role or work setting may be, either at a national or local level, it is vital that we each consider what we can do to support the WDES aims of improving the workplace and career experiences of our Disabled colleagues.

We are open to feedback about the WDES and would welcome any comments at england.wdes@nhs.net.

8 Annexes

Annex A: Workforce Disability Equality Standard Metrics 2019

Workforce Metrics For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff	
Metric 1	**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**. Organisations should undertake this calculation separately for non-clinical and for clinical staff. 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 **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.
Metric 2	**Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.** **Note:** i) This refers to both external and internal posts. ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

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.** **Note:** i) This Metric will be based on data from a two-year rolling average of the current year and the previous year. ii) This Metric is voluntary in year one.
National NHS Staff Survey Metrics For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.	
Metric 4 Staff Survey Q13	**a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:** i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues **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.**
Metric 5 Staff Survey Q14	**Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion**
Metric 6 Staff Survey Q11	**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.**
Metric 7 Staff Survey Q5	**Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.**
The following NHS Staff Survey Metric only includes the responses of Disabled staff	
Metric 8 Staff Survey Q28b	**Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

Metric 9	**a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.** **b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)** **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.
Board representation Metric For this Metric, compare the difference for Disabled and non-disabled staff.	
Metric 10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: ■ By voting membership of the Board. ■ By Executive membership of the Board.

Annex B: Online reporting form questions

Trust information

1. Name of organisation
2. Date of report
3. Name and title of the Board lead for the Workforce Disability Equality Standard
4. Name and contact details of the lead compiling this report
5. Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion?
6. Name and contact details of the commissioner(s) this report will be sent to
7. Unique URL link, or existing web page, on which the WDES Metrics data and associated Action Plan will be published
8. Date of Board meeting at which organisation's WDES Metrics data and action plan were, or will be, ratified.
9. Total number of staff employed within the organisation on 31 March 2019 with Overall percentage of staff in the following groups:

% Disabled staff

% Non-disabled staff

% Unknown/Null

% Other

% Prefer not to say

Data quality

10. Did your organisation undertake the NHS Staff Survey in the past year? Yes/No **If yes, did your organisation undertake a full or sample staff survey?**
11. Give the total number and % of responses to the NHS Staff Survey in your organisation **e.g. survey sent to 1000 staff – 400 (40%) returned**
12. Give the total number and % of Disabled staff responses to the NHS Staff Survey in your organisation **e.g. 80 Disabled staff responded – 20% of survey respondents.**
13. Do your staff have access to the ESR self-service portal? Yes/No

Metric 1 – Workforce representation

14. Please describe any challenges that your organisation has experienced in reporting data for this Metric
15. Have any steps been taken in the last 12 months within your organisation to improve the declaration rate for disability status on ESR?
16. Please share any examples of interventions that have increased declaration rates at your organisation

Metric 2 – Shortlisting

17. Please describe any challenges that your organisation has experienced in reporting data for this Metric
18. Has your organisation signed up to the Disability Confident Scheme? Yes/No **If yes, what level of Disability Confident accreditation does your organisation currently hold?**
19. Does your organisation use a Guaranteed Interview Scheme? Yes/No

Metric 3 – Capability

20. Did your organisation submit data for Metric 3 this year? Yes/No **If yes, please describe any challenges that your organisation has experienced in reporting data for this Metric. If no, please explain why you did not submit data for this year.**

    Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation? Yes/No **If yes, please state the policies**
21. What are your views about including capability on the grounds of ill health and performance as two parts of a future Metric?

Metric 4 – Harassment, bullying and abuse

22. Are there any issues with the data for this Metric?
23. Has your organisation compared Staff Survey results against other datasets that may be held, e.g. bullying and harassment advisers, Freedom to Speak Up guardians, grievances, etc? Yes/No **If yes, please provide further details on what comparison your organisation has undertaken**
24. Please summarise any actions taken to reduce harassment, bullying and abuse in relation to Disabled staff

Metric 5 – Career promotion and progression

25. Are there any issues with the data for this Metric? Yes/No **If yes, please provide further details**
26. Does your organisation provide any targeted career development opportunities for Disabled staff?

Metric 6 – Presenteeism

27. Are there any issues with the data for this Metric? Yes/No
28. Does your organisation provide any targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well? Yes/No

Metric 7 – Staff satisfaction

29. Are there any issues with the data for this Metric?
30. Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff? Yes/No **If yes, please provide further details**

Metric 8 – Reasonable adjustments

31. Are there any issues with the data for this Metric?
32. Does your organisation have a reasonable adjustments policy? Yes/No
33. Are costs for reasonable adjustments met through centralised or local budgets? Yes/No **If yes, please select either Centralised or Local budgets**
34. Has your organisation taken action to improve the reasonable adjustments process? Yes/No **If yes, please provide further details**

Metric 9 – Disabled staff engagement

35. Are there any issues with the data (9a) or evidence (9b) for this Metric?
36. Does your organisation have a Disabled Staff Network (or similar)? Yes/No **If you answered no, does your organisation plan to establish a Disabled Staff Network (or similar)? If you answered yes to the above, please give details of the expected timescale.**

Metric 10 – Board representation

37. Please describe any challenges that your organisation has experienced in collecting and reporting data for this Metric
38. Does your Board have a champion for Disability Equality? Yes/No

If yes, with their permission, please provide name and position of the Board/Executive champion/sponsor

Annex C: Technical information relating to the data analysis

For the purpose of data analysis and presentation, trusts were primarily grouped by geographical region, trust type and size (workforce headcount). Other secondary analysis, such as CQC rating categories and correlations with survey responses were also explored for the analysis of the WDES online reporting forms.

Analytical Approach

Our primary analytical approach involved use of absolute counts (numerators and denominators), which were aggregated according to sub-groups. From these, percentages and likelihood ratios were calculated. Effectively, this meant that there was no need to apply statistical weights. For metrics involving likelihood ratios (metrics 2 and 3), statistical analysis was performed considering "four-fifths" ("4/5ths" or "80 percent") rule. This rule uses thresholds to determine whether practices have a notable adverse impact on an identified group. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.8 or higher than 1.2, then the process would be identified as having an adverse impact.

Data points for consideration

The following considerations should be made when reading the metrics data within this report:

1. The analysis within this report is based on the data self-reported by trusts through their WDES data returns (there was a 100% return rate). As a result of using trust verified data, there are differences for a small number of trusts, which has resulted in small differences at national level between the data reported in the WDES and the national staff survey dataset. This process will change for the staff survey metrics in 2020, where we will use the national staff survey dataset provided by Picker (the organisation that runs the NHS Staff Survey). There may also be differences between the WDES data and other calculations of the NHS workforce, as these may include groups such as bank staff and trainees.
2. Nationally 3% of staff have declared a disability through the NHS Electronic Staff Record (ESR). Data for metrics 1 and 10 is based on ESR as at 31st March 2019.
3. Self-reported data for six of the WDES metrics (metrics 4, 5, 6, 7, 8 and 9a) relate to responses to the 2018 NHS Staff Survey. It is noted that the 2019 NHS Staff Survey data was published in February 2020, which will reflect improvements for some trusts. However due to the timetable of publication, analysis of these data will feature in the 2020 publication.
4. The 'conditions' against which WDES performance is measured may impact the data. For example, if a trust is undergoing a merger, a major restructure or is under exceptional financial pressures that may impact on metrics 4, 5 and 6. None of these pressures should detract from the work that a trust must advance to support workforce disability equality. In fact, in those organisations where big changes are taking place, it is even more important to ensure that equality remains central to decisions.

5. Caution should be exercised in assuming that trusts whose data appear better are engaged in better practice than those who are not. In fact, trusts with worse outcomes may have already adopted best practice, after identification of disparities. However, it may be too early to establish whether any benefits have been achieved. This emphasises the importance of year on year comparison, in order to capture change over time.
6. Data was collected for Disabled, non-disabled and 'unknown' categories for metrics 1 and 10. For the purpose of this report, we have focused on percentages for those who reported either a disability or no disability, unless otherwise stated.
7. 'Unknown' refers to those staff that have either not answered the monitoring question or had indicated that they preferred not to say.
8. Where appropriate, graphs have been rounded to the nearest decimal place and for this reason, aggregate percentages may not add to 100.
9. Although a 100% response rate was achieved for the data returns, the quality and accuracy of data submitted varied by trust. This is particularly relevant to metrics 1, 2, 3 and 10; where data were self-reported by trusts.
10. Data analysed for six of the WDES metrics (metrics 4, 5, 6, 7, 8 and 9a) are sourced from responses to the 2018 NHS Staff Survey. Since participation in the NHS Staff Survey is non-compulsory, those staff that participate are self selecting. This means that information gathered may be prone to selection bias; where reliability is dependent on the sizes of populations surveyed, response rates and whether characteristics of survey respondents are representative of the wider staff population. For example, as low as a 25% of the workforce participated in the NHS Staff Survey in some trusts.

Number of organisations in each group

There is a range of the number of trusts in each trust type, which are provided below for reference:

Trust Type	
Acute hospital	147
Ambulance service	10
Community provider	17
Mental health trust	52
Grand Total	**226**

Region	
East Midlands	15
East of England	24
London	35
North East	11
North West	37
South East	32
South West	25
West Midlands	25
Yorkshire and The Humber	22
Grand Total	**226**

Trust Size	
Small 0-4999	126
Medium 5000-9999	83
Large 10,000+	17
Grand Total	**226**

Metric 2 – interpretation of relative likelihood

- 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;
- 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;
- 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;
- Using the "four-fifths" rule, likelihood ratios less than 0.8 or higher than 1.2, were considered to have substantial impact on outcomes.

Metric 3 – interpretation of relative likelihood

- 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;
- 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;

- A relative likelihood **below** 1 indicates that Disabled staff are **less** likely to enter formal capability processes than non-disabled staff: e.g. a likelihood ratio of 0.5 indicates that Disabled staff are half (0.5 times) as likely to enter a formal capability process compared to non-disabled staff;
- Using the "four-fifths" rule, likelihood ratios less than 0.8 or higher than 1.2, were considered to have substantial impact on outcomes.

Note that this interpretation is the opposite to that used for metric 2, where the relative likelihood compares non-disabled to Disabled.

Annex D: Ill health and capability policies used in trusts

- Health, Wellbeing and Attendance Management
- Managing Attendance Policy
- Sickness Absence Policy
- Poor Performance and Policy Procedure
- Fitness to Practice Policy
- Disciplinary Procedures Policy
- Managing Employee Performance Policy
- Disability Policy and Code of Practice
- Maintaining High Professional Standards in the Modern NHS Policy

Annex E: WDES Steering Group membership

Organisation
Manchester University NHS Foundation Trust
RCN
NHS Employers
UNISON
University Hospitals of Morecambe Bay NHS Foundation Trust
RCN
NICE
ESR
Humber NHS Foundation Trust
NHS England/Improvement
ESR
Barts Health NHS Trust
Barts Health NHS Trust
NHS England/Improvement
Dorset HealthCare University NHS Foundation Trust
Health Education England

9 Glossary

Access to Work – a government funded employment support programme that aims to help more Disabled people start or stay in work.

Adequate Adjustments – an alternative term used for Reasonable Adjustments as described in the NHS Staff Survey.

AfC – Agenda for Change is the national pay system for all NHS staff, with the exception of doctors, dentists and some senior managers.

ALBs – Arm's-Length Bodies is a commonly used term covering a number of public bodies that share in managing, or overseeing the use of resources across the NHS, public health and social care.

CCGs – Clinical Commissioning Groups are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

CQC – the Care Quality Commission is the independent regulator of health and adult social care in England.

Disability – Someone is recognised as Disabled under the Equality Act 2010 if they have a physical or mental impairment or condition (either visible or hidden) that has a 'substantial' (more than 'trivial') and 'long-term' (12 months or longer) impact on their ability to do normal daily activities.

Disability declaration rate – When referring to 'disability declaration' we mean the recording, by a staff member, of information about a long-term physical, mental or hidden condition legally defined as a disability. The information that can be collected through declaring a disability can be used by employers to better understand the diversity of its workforce and identify actions that will support Disabled staff in the workplace.

Disability Confident – a government charter mark scheme designed to encourage employers to recruit and retain Disabled people and those with health conditions.

Disability Leave – is planned time off from work for a reason related to someone's disability.

Disability Passport – a document that details the reasonable adjustments a Disabled staff member needs at work.

Disability Rights UK – a leading disability Charity led by people with diverse experiences of disability and health conditions, from different communities.

EDC – NHS Equality and Diversity Council works to bring people and organisations together to realise a vision for a personal, fair and diverse health and care system, where everyone counts, and the values of the NHS Constitution are brought to life.

ESR – NHS Electronic Staff record system which provides an integrated HR and payroll system to NHS organisations.

FTSU – Freedom to Speak Up recognises the need to develop a more open and supportive culture that encourages staff to raise any issues of patient care quality or safety. Each Trust has a FTSU guardian.

GDPR – the General Data Protection Regulation is a regulation in European Union (EU) law on data protection and privacy for all individual EU citizens and the European Economic Area (EEA). It also addresses the transfer of personal data outside the EU and EEA areas.

Guaranteed Interview Scheme – a scheme that will guarantee to interview all Disabled job applicants provided they meet the essential criteria for that job.

NHSE/I – From 1 April 2019, NHS England and NHS Improvement joined together act as one single organisation with the aim to better support the NHS and help improve care for patients.

NHS Staff Survey – the annual staff survey to collect staff views about working in their NHS organisation.

NHS Standard Contract – is used by commissioners for all services outside core primary care. The WDES is mandated through the NHS Standard Contract.

'Nothing about us without us' – an ethos used in the Disability community and in wider discussions to communicate the idea that no actions, policies, processes should be decided without the full and direct participation of members of the group(s) affected by that policy.

Presenteeism – a term used to describe a situation when staff to come to work despite not feeling well enough to perform their duties.

Project Choice – a supported Internship programme for 16-24 year olds with disabilities, learning disabilities, difficulties and/or Autism and is delivered within NHS organisations and supported by Health Education England.

Project Search – a support internship programme for young people with a learning disability and supported in the UK by the DFN Charitable Trust.

Occupational Health (OH) – Occupational Health teams work to help keep employees healthy and safe whilst in work and assess and provide advice for staff that are referred as a result of ill health or a condition impacting on their work.

Reasonable Adjustments – a term covered by the Equalities Act 2010 which places a legal duty on employers to ensure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person.

Reverse mentoring – a scheme that pairs a senior leader (the mentee) with a less senior colleague (the mentor) to enable continued learning and development of both parties.

Schwartz round – provides a safe, structured forum where all staff, clinical and non-clinical come together to discuss the emotional and social aspects of working in healthcare.

SDCS – The Strategic Data Collection Service – a data collection service that enables the WDES metrics data return to be sent through a secure portal.

Social Model of Disability – this model proposes that people are Disabled due to societal barriers, rather than their long-term conditions. These barriers may be physical (such as building accessibility) or attitudinal (for example, assuming that people's conditions prevent them from performing certain activities).

SOP – Standard operating procedures.

TRAC – an NHS Online recruitment system.

WDES – the Workforce Disability Equality Standard is a data-based standard based on a set of specific measures that enable NHS organisations to compare the experiences of Disabled and non-disabled staff.

WDES Implementation Team – the team within NHS England/Improvement with responsibility for delivering the WDES programme.

WDES Metrics – a set of 10 Metrics drawn from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the trust's published WDES report.

WDES Steering Group – the national strategic steering group that considers developments, changes and policy changes to the WDES.

WDES Technical Guidance – a document that provides the policy context of the WDES with detailed information of the Metrics and reporting arrangements.

WRES – The Workforce Race Equality Standard is a similar equality standard to the WDES, and focuses on the workplace experiences of Black and Minority Ethnic staff.