

Workforce Disability Equality Standard

2021 data analysis report for NHS trusts
and foundation trusts

NHS Workforce Disability Equality Standard (WDES)

2021 summarised data analysis report for NHS trusts and foundation trusts

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Contents

4	Foreword	18	WDES Metric 5 Career progression	31	WDES Metric 8 Workplace adjustments
5	Introduction	20	WDES Metric 10 Board representation	33	WDES Metric 9 Staff engagement
6	Aims	22	Retention	40	Complementary analyses
7	Key findings	23	WDES Metric 3 Capability	40	Disability Confident
8	Summary analysis WDES metrics drawn from ESR and trust local datasets	24	WDES Metric 4 Harassment, bullying or abuse	41	CQC Well-led
10	Workforce supply	28	WDES Metric 6 Presenteeism	42	Trusts with higher disability declaration rates
11	WDES Metric 1 Workforce representation	30	WDES Metric 7 Feeling valued	43	Other findings
16	WDES Metric 2 Recruitment			44	Recommendations for Trusts

Foreword

The NHS provides healthcare for thousands of Disabled people every year. This report focuses on the experiences of Disabled staff in the NHS workforce, who bring valuable knowledge and expertise into the delivery of healthcare and the core work of the NHS.



Professor Em Wilkinson-Brice
Acting Chief People Office
for the NHS

The NHS [People Promise](#) recognises and celebrates the diversity of the NHS, setting out seven themes that are fundamental to creating an open and inclusive environment; one in which our people can thrive in their teams, workplaces and careers. The fundamental principles set out in the People Promise provide the grounds for an inclusive environment for all our staff, in which the voices of Disabled staff are heard and listened to, in which Disabled staff feel recognised and valued, and will be supported to achieve their full potential.

The Workforce Disability Equality Standard (WDES) remains the only example in the UK where employers are mandated to report and publish annual data on the workplace and career experiences of Disabled staff. Our ambition is to increase the representation of Disabled people in the NHS workforce and see the disparities between Disabled and

non-disabled staff reduce year on year; supported by an inclusive culture through the realisation of the vision set out in the People Promise.

Developing a consistent employment offer to attract Disabled people into healthcare careers will be key to distinguishing the NHS as a fully inclusive employer. Improving the way in which Disabled people are recruited and retained will be a key consideration as we work to sustain the workforce supply.

The past two years have shown how extraordinary our NHS workforce is - responding remarkably to the new pressures of the COVID-19 pandemic, while at the same time remaining committed to the delivery of a world-class healthcare service, there for every person who needed it. But we know that it has been a particularly difficult time for many of our Disabled colleagues, both professionally and personally. This follows the wider truth that Disabled people have been

disproportionately impacted by the pandemic and the measures taken across society to protect those most vulnerable to Covid complications.

The long term impact of the pandemic on our services and our workforce are yet to be fully understood. It makes our commitment to removing barriers and ensuring that Disabled people are able to thrive, wherever they are in the NHS, vital to the important task the health service now has ahead of it in recovering and rebuilding for the future.

The WDES will continue to act as a catalyst for change, enabling employers to take the action that is needed to support positive working and career experiences of all our people, benefitting our staff, services users and patients. This report should therefore be vital reading for every colleague committed to the NHS' goals of providing excellent care for all, and being an employer of first choice in every community.

Introduction

This Workforce Disability Equality Standard (WDES) annual report is the third since the launch of the WDES in 2019. It is based on analysis of data collected from NHS trusts and foundation trusts in 2021. It provides a summary of the 2021 national data analysis and presents key findings and recommendations for continued improvement. The WDES metrics data analysis highlights the collective experiences of Disabled NHS staff, and provides a tool for local trusts to work with Disabled staff to examine and benchmark their own data, using the evidence as a springboard for action. The data in this report shows that there has been some progress over the last three years of the WDES, but it also shines a light on areas where disparities between Disabled and non-disabled staff continue to exist.

To align the WDES with NHS priorities, this report has been structured under the themes of workforce supply and retention, rather than reviewing the metrics in numerical order. These priorities include working through the continuing challenges that are presented by the impact of the COVID-19 pandemic and current recovery, and the changing landscape that is being witnessed through closer integration of health and social care.

Throughout this report, we have used a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.

Data and Methodology

The Workforce Disability Equality Standard (WDES) is mandated for all trusts in England with the aim of furthering equality and inclusion for Disabled staff in the NHS. Ten specific measures (metrics) are calculated from the data, which is obtained from two sources:

1. Data provided directly from trusts. As part of the NHS Standard Contract, trusts are required to provide data for the metrics 1, 2, 3, 9b and 10. Data has been collected for three years in this way, allowing three years of metrics to be calculated.
2. What Disabled staff tell us. Each trust is required to participate in the annual NHS Staff Survey. Data from the relevant questions is provided directly from the Staff Survey team and used to calculate metrics 4, 5, 6, 7, 8 and 9a. The survey questions providing this data have been consistent over time, allowing five years of survey data, and therefore five years of metrics, to be used in this report.

In 2021 trusts were required to undertake:

- verification, completion and submission of data by 31 August 2021. In 2021, trusts returned this data via a new online data collection portal that included their WDES metrics data and the accompanying qualitative survey.

- publication of a board ratified WDES 2021/22 annual report on the trust's external website by 31 October 2021.

For a detailed description of the metrics, and other associated information, please see the [WDES web pages](#). A summary spreadsheet of the data and an easy read version is provided alongside this report.

For metrics 2 (Appointment from shortlisting) and 3 (Entry into the capability process), statistical significance is assessed using the "four-fifths" rule. If the relative likelihood of an outcome for one sub-group compared to another is less than 0.80 or higher than 1.25, then the process would be identified as having an adverse impact: relatively likelihoods between 0.8 and 1.25 suggest there is no significant difference between the sub-group and the rest of the population. A lack of statistical significance should not be interpreted as meaning that Disabled individuals, or even Disabled staff as a whole, do not experience inequalities in these areas.

Comparisons to other NHS organisations for these metrics are available on the [Model Health System](#).

Aims

The aims of this report are to:

- Compare the workplace and career experiences of Disabled and non-disabled NHS staff using data drawn from WDES reporting in 2021.
- Provide a detailed analysis of the metrics data at a national and regional level, aligned to NHS and People Plan priorities.
- Provide a year-on-year comparison with available results from earlier years.
- Compare trends in NHS Staff Survey data for the period 2016 to 2020.
- Identify correlations between metrics data, CQC ratings and Disability Confident status.
- Highlight good practice that trusts can adopt to support Disabled staff and improve their career and workplace experiences.
- Continue to raise awareness of disability equality within the NHS workforce and outline some of the challenges that Disabled staff collectively experience at work.



Key findings

Workforce Representation

2021 data shows an **increase of 0.3** percentage points to **3.7%** of the total workforce.

59% of trusts have five or fewer Disabled staff in senior positions (bands 8c and above, including medical consultants and Board members).

Capability

Disabled staff are nearly **twice as likely** to enter the formal capability process as their non-disabled colleagues.

Board Representation

Disabled board member numbers have increased by **more than 20**.

The proportion has **increased by 0.7** percentage points to **3.7%**.

Staff Engagement

All but six trusts facilitate the voices of Disabled staff to be heard.

CQC well-led domain

Trusts that are rated outstanding in the CQC well-led domain show evidence of **being better employers** for Disabled staff.

Reasonable Adjustments

76.6% of Disabled staff report that they have the adjustments necessary to perform their duties effectively, an **increase of 2.8** percentage points from 2020.

Summary analysis

The data in Table 1 has been collected since 2019. The data is based either as a snapshot ‘as at’ 31 March (in each year, for metrics 1 and 10), the year running to 31 March (for metrics 2 and 9b) or the average (mean) of the two years to 31 March (for metric 3).

Table 1: WDES metrics based on ESR and HR/Recruitment databases

Metric	Description	2019	2020	2021
1	Percentage of Disabled staff.	3.1%	3.4%	3.7%
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff.	1.18	1.20	1.11
3	Relative likelihood of Disabled staff entering the formal capability process (performance management rather than ill health) compared to non-disabled staff.	N/A	1.53	1.94
9b	Percentage of trusts that facilitate the voices of Disabled staff to be heard within the organisation.	85.0%	92.8%	97.2%
10	Percentage of Disabled staff on Boards.	2.0%	3.0%	3.7%

Table 2 presents metrics data calculated from responses to the NHS Staff Survey. Every year, NHS organisations are required to deliver a standard survey to all, or a significant random proportion, of their staff. The data for the following metrics has been collected consistently over the last five years. Although the WDES was introduced in 2019, for NHS Staff Survey data we are able to take a longer view of the data trends and any changes in the experiences of Disabled staff over this period.

Note: NHS Staff Surveys are identified by the year they were undertaken. Results of each survey is delivered in the following year. For this report, the latest survey available is the 2020 data, the results of which were delivered in 2021.

Although the 2021 NHS Staff Survey has been published, the detailed data set required to undertake a thorough analysis of the WDES metrics is not yet available.

Table 2: WDES metrics based on NHS Staff Survey data

Metric	Description	Disability Status (Yes/No)	2016	2017	2018	2019	2020
4	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months	Yes	26.1%	26.0%	26.6%	26.3%	25.3%
		No	18.2%	18.2%	18.6%	18.5%	17.6%
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	Yes	78.6%	77.3%	77.6%	78.2%	78.4%
		No	86.6%	86.0%	84.8%	85.2%	85.0%
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Yes	33.5%	33.0%	32.1%	30.6%	31.1%
		No	23.6%	23.0%	22.4%	21.2%	22.9%
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work	Yes	35.0%	34.8%	37.3%	39.1%	39.4%
		No	44.9%	45.0%	48.5%	50.4%	50.7%
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Yes	74.1%	73.8%	73.3%	73.8%	76.6%
		No	Non-disabled staff are not asked this question				
9a	Staff engagement score (a composite of nine questions)	Yes	6.63	6.59	6.61	6.64	6.68
		No	7.06	7.04	7.10	7.13	7.15

Workforce supply

Under this heading we provide analysis for:

WDES metric 1 Workforce representation

WDES metric 2 Recruitment

WDES metric 5 Career progression

WDES metric 10 Board membership



WDES Metric 1

Workforce representation

Percentage of Disabled staff in each of the Agenda for Change (AfC) bands 1 – 9, VSM (including executive board members), medical/dental and other staff, compared with the percentage of non-disabled staff in these categories.

Summary findings

- 3.7% (52,007) of staff working for trusts have recorded a disability on the NHS Electronic Staff Record (ESR). Since 2020, this has increased by 0.3 percentage points (equating to a headcount increase of 6,870), and since the first WDES report in 2019 this has increased by 0.6 percentage points (equating to a headcount increase of 12,823).
- 20.2% of staff who answered the 2020 NHS Staff Survey monitoring question indicated they have a disability (an increase of 1.5 percentage points)
- Medical and dental staff continue to have lower declaration rates (1.5%) than both non-clinical (4.3%) and clinical (3.9%) staff.
- 1.1% of medical consultants have declared a disability.
- Declaration rates in the lowest pay band cluster (under band 1 to band 4) compared to the next cluster (bands 5 to 7) are very similar (4.1%). However there is then a decrease as the pay bands increase across all employment types and salary bands, to 2.8% at the highest pay band cluster.
- Overall, declaration rates at individual trusts range from 0.9% to 13.4%.
- 12 trusts (5.5%) do not have anyone in a senior position (8c and above, including medical consultants and Board members) who has declared a disability.

2019-2021 comparison

- The general trend of declaration rates decreasing as salary band increases is consistent across all three years of WDES reporting.
- Table 3 shows that the number, and proportion, of staff with ‘unknown’ disability status (i.e., staff who have either indicated that they ‘Prefer not to say’ or have not responded to the disability monitoring question in ESR) has further reduced. However, while an increased number of staff share information about disabilities and long-term conditions, over 20% of the workforce remain in the ‘unknown’ category.

Table 3: Disability declaration (headcount and percentage) 2019-2021

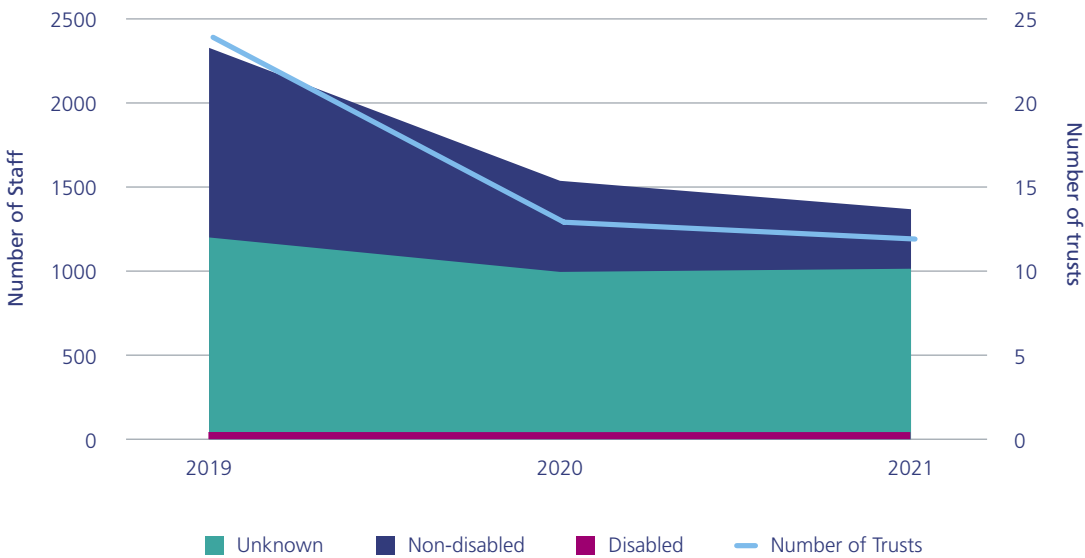
Year	Headcount			Percentages		
	Disabled	Non-disabled	Unknown	Disabled	Non-disabled	Unknown
2019	39,184	901,837	320,765	3.1%	71.5%	25.4%
2020	45,137	961,898	301,849	3.4%	73.5%	23.1%
2021	52,007	1,040,952	296,287	3.7%	74.9%	21.3%

Senior positions

A frequent component of the lived experience stories of Disabled staff is the lack of visible Disabled staff in senior positions. To investigate this further, we looked at the number of people declaring a disability in any of the following groups:

- Non-clinical roles at band 8c and above
- Clinical roles at band 8c and above
- Consultants
- Members of the board

Figure 1: Number of staff in senior positions



Trusts with no senior staff who have declared a disability

It was found that there are 12 trusts (5.5%) that do not have anyone declared as disabled in any of the **above** senior positions.

Across the senior positions in these 12 trusts:

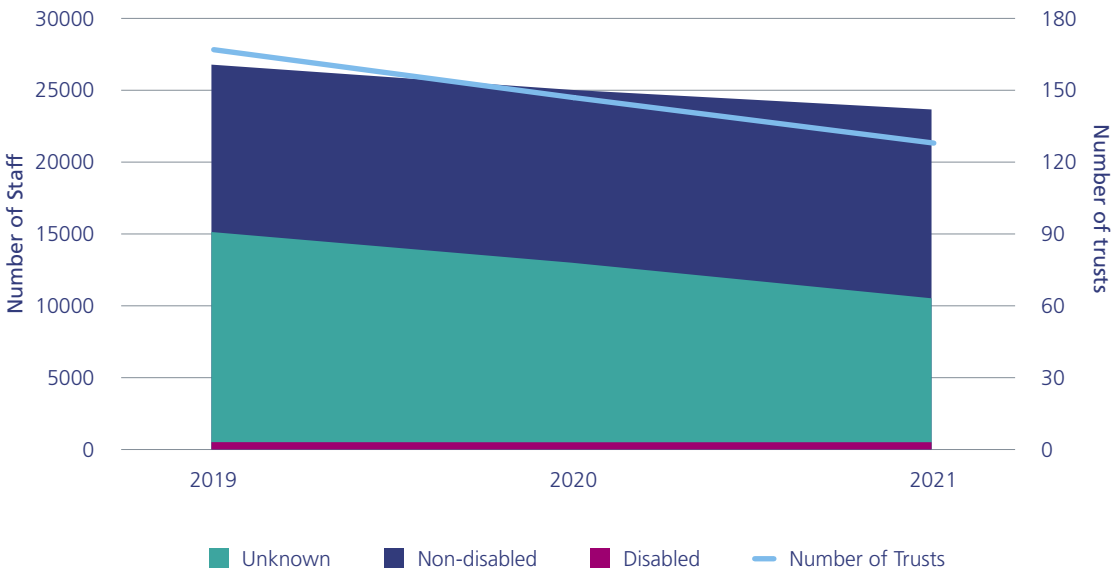
- 1,368 staff (57%) have declared they are not disabled.
- 1,014 staff (43%) have 'unknown' disability status. High levels of 'unknown' declarations may hide the true number of Disabled staff employed in a trust.
- Conversely, trusts with low levels of 'unknown' declarations have higher levels of declaration at senior levels, suggesting that they have an inclusive culture in which people are comfortable and supported in declaring a disability or long-term condition. Therefore, reducing the level of 'unknown' declarations as part of a range of actions to increase inclusion and belonging, should be considered.
- Between 2019 and 2021 the number of trusts with no Disabled staff in senior positions has halved, whilst the number of 'unknown' staff has only reduced by 16%.

Trusts with five or fewer Disabled staff in senior positions

In 2021, over half of trusts (128 out of 217 – 59%) have five or fewer Disabled staff in senior positions (as defined above). Combined, these trusts have a total of 34,535 people in senior positions, and of these, only 348 have declared a disability. In 2019, the number of trusts with five or fewer Disabled staff was 167 (81%). Collectively, these trusts had 351 Disabled staff in senior positions.

Trusts with five or fewer Disabled staff in senior positions in 2021 have an ‘unknown’ disability declaration rate of 30%.

Figure 2: Number of staff in senior positions in trusts with fewer than 5 Disabled staff in senior positions



1. Staff who have either indicated that they ‘Prefer not to say’ or have not responded to the disability monitoring question in ESR.

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Ensure all staff are aware of why disability declaration on ESR is important, and how to update this information.
2. Consult Disabled staff and networks to better understand the reasons why staff may not have declared a disability on ESR.
3. Set an organisation-wide target on disability declaration. This should be at least 4% in 2022 and in the longer term, be closer to 20% (the proportion of staff that have declared a disability or long-term condition in the NHS Staff Survey).
4. Take action that can positively increase disability declaration rates. This could include:
 - Appointing a board champion for disability, with reports to the Board
 - Running awareness campaigns about the organisational commitment to disability equality.
 - Publishing and promoting case studies, blogs, podcasts and lived experience videos to raise awareness of disability in the workplace.
 - Running a programme that regularly monitors disability declaration rates, with data and actions reviewed at senior trust workforce meetings.
5. Focus on reducing the levels of 'Unknown'.

WDES Metric 2

Recruitment

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

Summary findings

- The overall relative likelihood ratio of 1.11 (a result suggesting the difference is not statistically significant) is a positive finding. However, there remains significant variation at trust level.
- Using the four-fifths rule , Disabled applicants in the North West region are less likely to be appointed than non-disabled applicants (relative likelihood of 1.28).
- All other calculations, for every characteristic, shows no statistical difference between the recruitment experience of Disabled and non-disabled staff.

Trends

- The overall relative likelihood has changed very little over three years.
- In 2019, 123 trusts had a relative likelihood ratio of over 1.25; this dropped to 103 trusts in 2020 and is now 88 trusts in 2021. As stated in the Introduction, a lack of statistical significance should not be interpreted as meaning that Disabled individuals, or even Disabled staff as a whole, do not experience inequalities in these areas.
- It should be noted that the 2021 data collection included significant increased levels of recruitment in response to the COVID-19 pandemic. Several trusts reported radically different recruitment processes from previous years, and many trusts were required to use non-standard recruitment practices to employ and deploy staff at the necessary scale and speed.

Table 4: Relative likelihood of Disabled applicants being appointed from shortlisting 2019-2021

Year	Relative likelihood
2019	1.18
2020	1.20
2021	1.11

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Review local data, including deep dives where relevant, and explore whether the evidence indicates a need to take action to address disparities in recruitment for Disabled staff.
2. Review how reasonable adjustments are managed within the recruitment and interview processes and identify actions for improvement.
3. Review guidance and training provided to recruiting managers and make improvements to processes and materials e.g.
 - Produce accessible job advertisements
 - Convene inclusive recruitment panels which include Disabled staff, especially for senior roles (8c and above)
 - Widen the selection of references and consider accepting non-formal employment references, if appropriate for the role.
4. Develop opportunities for local unemployed Disabled people to gain work experience within the organisation.
5. If signed up to Disability Confident, undertake a review to ensure that the trust is meeting the expected requirements of the scheme: if not signed up, consider signing up to the scheme.

WDES Metric 5

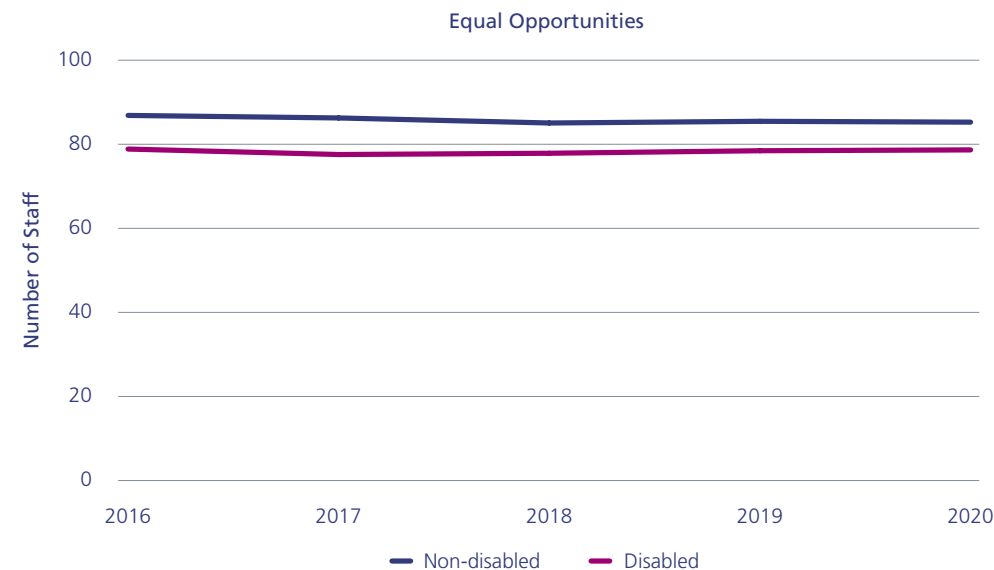
Career progression

Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.

Summary findings

- In 2020, 78.4% of Disabled staff believed that they had equal opportunities for career progression or promotion. This is 6.6 percentage points lower than the figure for non-disabled staff.
- Overall, 83.7% of staff believe trusts provide equal opportunities for career progression.
- Trusts that report they have taken explicit action to increase career opportunities obtain results 1.2 percentage points higher than those trusts that have not.

Figure 3: Metric 5, equal opportunities for career progression by disability status



Trends

1. The percentage of Disabled staff believing that they have equal opportunities has remained consistent over the five-year period.
- The difference between Disabled and non-disabled staff experience has reduced slightly, from 8.0 percentage points in 2016 to 6.7 percentage points in 2020.

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

- Continue, or develop bespoke career development programmes for Disabled staff.
- Discuss and agree actions that would improve the opportunities available for Disabled staff to advance their careers.
- Review learning and development for line managers in relation to disability, to better support the career development and aspirations of Disabled staff.



WDES Metric 10

Board representation

Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce.

Summary findings

- Overall, 3.7% of board members have declared a disability, the same figure as the overall workforce.
- 58.5% of trusts have no board members who have declared a disability.
- Three trusts have not reported on the disability status of their board members.

Table 5: 2021 Board membership

	2021 board membership					Overall workforce
	Total	Voting	Non-voting	Exec	Non-exec	
Disabled	3.7%	3.6%	3.9%	3.8%	3.6%	3.7%
Non-disabled	72.5%	72.3%	73.3%	75.6%	69.6%	74.9%
Unknown	23.8%	24.0%	22.8%	20.6%	26.9%	21.3%

Trends

- In 2019, there were 63 board members who declared a disability; this has nearly doubled to 121 in 2021.
- There was a large increase in executive board members who declared a disability, from 28 in 2019 to 61 in 2021.

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Discuss equality monitoring and ask all Board members to review and update their equality information, including disability.
2. Undertake a review of talent management and identify opportunities to identify and support the development of Disabled leaders of the future.
3. Promote the Disabled NHS Directors Network² to their board members, support the network’s activities.

2. For information or queries about the Disabled NHS Directors Network, contact the WDES mailbox at england.wdes@nhs.net

Table 6: Disabled Board members 2019-21

	2019	2020	2021
0 Disabled board members	74.9% (155)	63.4% (137)	58.5% (127)
1 Disabled board member	21.3% (44)	28.7% (62)	30.9% (67)
2 Disabled board members	2.9% (6)	5.6% (12)	7.4% (16)
3 Disabled board members	1.0% (2)	2.3% (5)	2.3% (5)
4 Disabled board members	0.0% (0)	0.0% (0)	0.9% (2)
More than 3 Disabled board members	0.0% (0)	0.0% (0)	0.0% (0)

Retention

Under this heading we provide analysis for:

WDES metric 3 Capability

WDES metric 4 Harassment, bullying or abuse

WDES metric 6 Presenteeism

WDES metric 7 Feeling valued

WDES metric 9 Staff engagement



WDES Metric 3

Capability

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

Summary findings

- The 2021 relative likelihood is 1.94, indicating Disabled staff are nearly twice as likely to enter the capability process as their non-disabled colleagues. By capability, we mean capability on the basis of performance, not ill health.
- Out of a workforce of nearly 1.4 million, the proportion of NHS staff in the capability process is very low. Care should be taken when drawing conclusions at trust level when numbers are so small, but national comparisons and trends are still applicable.
- Validation of the data suggests that this metric is still not well understood. In response to validation queries, several trusts amended their data.

Trends

- Overall, the relative likelihood of Disabled staff entering the capability process has increased since 2020.
- Results are not quoted from 2019 as submission of this data was voluntary in that year.

Table 7: Relative likelihood of Disabled staff entering the formal capability process

Year	Relative likelihood
2020	1.53
2021	1.94

Recommendations for action

- In partnership with Disabled staff and networks, trusts should:
1. Review the trust’s data and undertake further research to explore any disproportional representation of Disabled staff in capability processes.
 2. Review capability policies and processes with reference to disability.

WDES Metric 4

Harassment, bullying or abuse

Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months.

This metric is split into four parts:

①

Harassment, bullying or abuse from patients, service users or the public.

②

Harassment, bullying or abuse from a line manager.

③

Harassment, bullying or abuse from other colleagues.

④

Percentage of staff who reported harassment, bullying or abuse the latest time it happened.

Summary findings

- Harassment, bullying or abuse towards Disabled staff from patients or the public has reduced in 2020 by 2.3 percentage points, but nearly a third of Disabled staff continue to report that they have experienced harassment, bullying or abuse; this figure is 6.4% higher when compared to non-disabled staff.
- Incidents of harassment, bullying or abuse from managers towards Disabled staff has remained consistent over the past five years at around 19%, although the gap between Disabled and non-disabled staff has been consistent at around 8% since 2016.
- There has been a small reduction of 0.7 percentage points in the level of harassment, bullying or abuse from colleagues in 2020, but the disparity between Disabled and non-disabled staff has remained around 9% since 2016.
- More than half of Disabled staff in ambulance trusts (50.2%) experience harassment, bullying or abuse from patients and the public. However, ambulance trusts have the smallest difference between Disabled and non-disabled experience compared to other trust types.

Table 8: Harassment, bullying or abuse 2016-2020

Year	From public (4a)		From manager (4b)		From colleagues (4c)	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
2016	33.6%	27.0%	19.8%	11.4%	24.9%	16.1%
2017	33.3%	27.0%	19.5%	11.3%	25.0%	16.3%
2018	34.1%	27.1%	19.4%	11.5%	26.4%	17.2%
2019	34.2%	27.4%	18.5%	10.8%	26.3%	17.3%
2020	31.9%	25.5%	18.5%	10.6%	25.6%	16.7%

Trends

- The trends for 4a, 4b and 4c are similar, so the answers to these questions have been amalgamated and are analysed together.
- Overall levels of harassment, bullying or abuse have remained relatively consistent over the last five years: 19.5% in 2015 to 19.2% in 2020.
- The difference between the amount of harassment, bullying or abuse experienced by Disabled staff and non-disabled staff has remained consistently higher over the last five years.
- Metric 4d looks at whether the last incident of harassment, bullying or abuse was reported. The level of reporting is largely unchanged over five years, with very little difference between Disabled and non-disabled staff.

Figure 4: Metric 4a, harassment, bullying or abuse by trust type



Figure 5: Metrics 4a, 4b and 4c, harassment, bullying or abuse from all sources

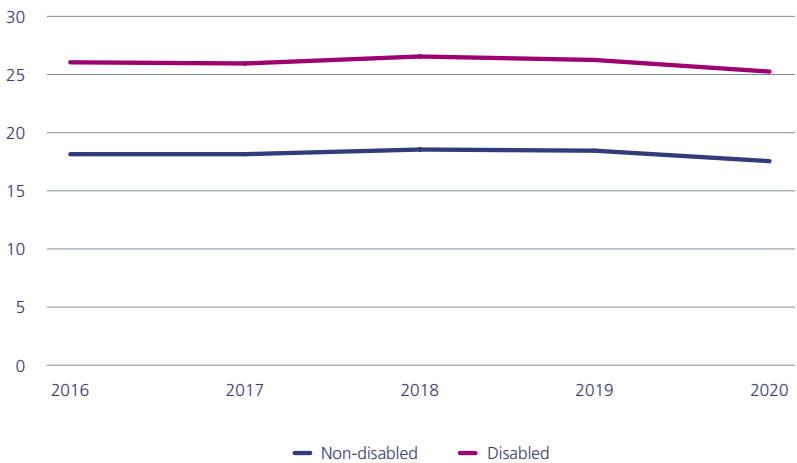
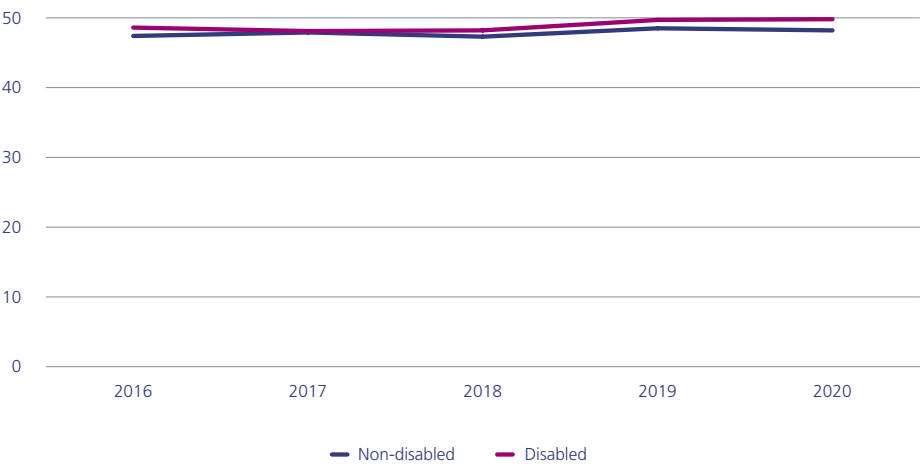


Figure 6: Reporting of harassment, bullying or abuse



Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Discuss experiences of harassment, bullying or abuse with Disabled staff, ensuring that there is a safe person/space for any discussions
2. Launch a communications campaign focussed on reducing harassment, bullying and abuse
3. Consider having workplace advisers that specialise in harassment, bullying and abuse, working in conjunction with unions, freedom to speak up guardians, and staff networks
4. Consider and adopt the practices set out in the NHS Civility and Respect Toolkit <https://www.socialpartnershipforum.org/sites/default/files/2021-10/NHSi-Civility-and-Respect-Toolkit-v9.pdf>

WDES Metric 6

Presenteeism

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 (“presenteeism”).

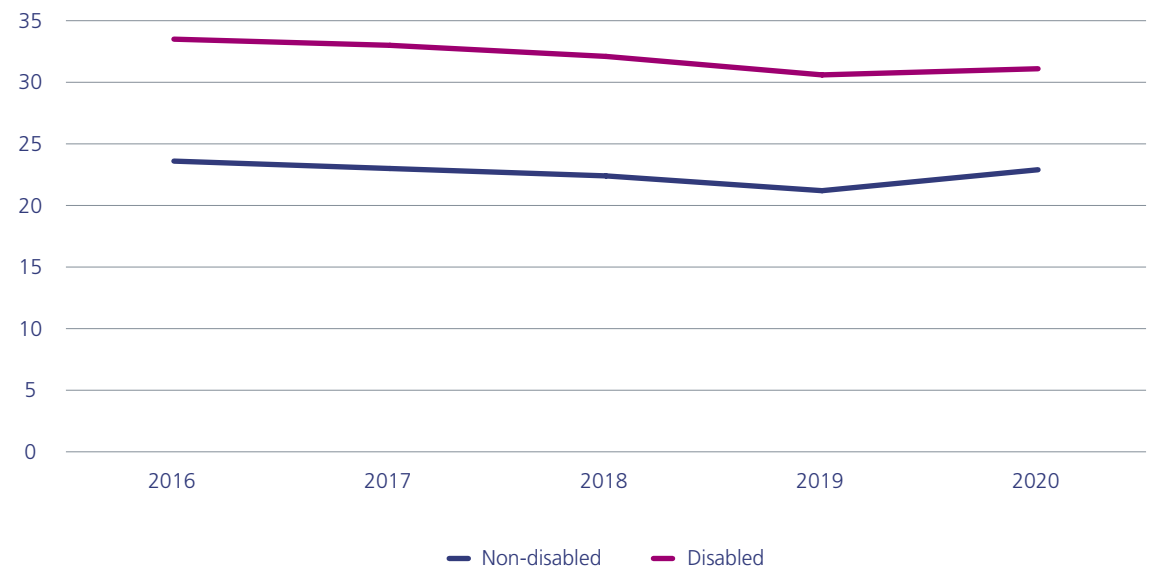
Summary findings

- Nearly a third of Disabled staff say that they have felt pressure from their manager to come to work, despite not feeling well enough
- There was an increase of presenteeism for both Disabled and non-disabled staff in 2020.
- The gap between Disabled and non-disabled staff has declined slowly from 10% in 2017 to 8.2% in 2020, but the gap remains significant.

Trends

- After four years of reducing levels of presenteeism, 2020 saw an increase, back to similar levels from 2017. It is possible that this change is COVID-19 related.
- The closing of the differential gap between Disabled and non-disabled colleagues in 2020 may be a direct consequence of the COVID-19 pandemic. We will review whether this gap continues to narrow.

Figure 7: Metric 6, presenteeism



Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Introduce a Disability Leave policy, examples of these are available at <https://www.nhsemployers.org/articles/inclusive-approach-disability-leave>.
2. Undertake analysis to investigate whether the experience of requesting flexible working arrangements differs between Disabled and non-disabled staff within the trust. 'Improving access to flexible working opportunities' is a recommendation set out in the NHS Disabled staff experiences during COVID-19 report <https://www.nhsemployers.org/publications/nhs-disabled-staff-experiences-during-covid-19-report>
3. Ensure that adjustments are put in place where required without significant delays, including referrals to [Access to Work](#)

WDES Metric 7

Feeling valued

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

Summary findings

- Just over a third of Disabled staff feel valued by their employer: this compares to just over half of non-disabled staff.

Trends

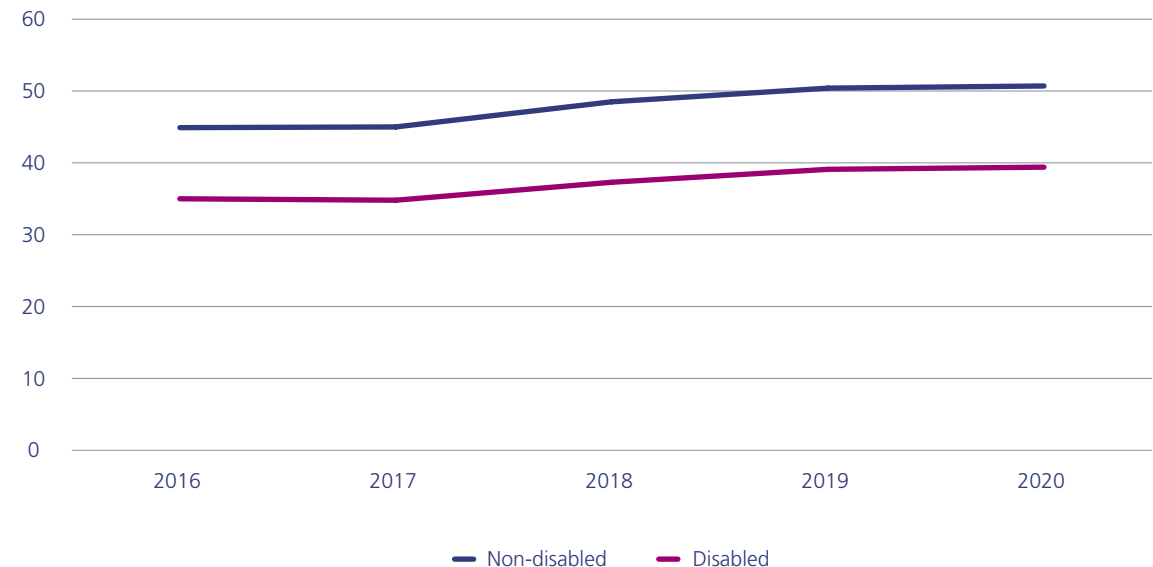
- While the proportion of both Disabled and non-disabled staff who feel valued by their employer has improved year on year since 2016, in 2020 it was by a lower amount.
- The gap between Disabled and non-disabled staff has been constant since 2018, at around 11%.

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

- Develop a communications campaign focussed on the benefits of employing Disabled people, aligning these with the NHS People Promise values including the activities that support disability as an asset.
- Review WDES Metric 1 workforce data to understand pay clusters and seniority for Disabled staff
- Review entry to career development opportunities with reference to disability

Figure 8: Metric 7, feeling valued



WDES Metric 8

Workplace adjustments

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

Summary findings

- The proportion of staff who report they have received workplace adjustments³ has increased in 2020 to 76.6%. This may have a correlation with working experiences during COVID-19, with more staff being required to work from home and suitable equipment being provided for home working.
- While the significant increase in this metric is welcome, it still means nearly one in four Disabled staff in the NHS do not believe that they are getting the necessary equipment and support needed for them to perform their role as effectively as possible. This undoubtedly means a loss of productivity for these staff.
- Trusts that are regarded by CQC as being ‘Well-led’ are 10% more likely to pay for reasonable adjustments from central budgets (as opposed to local budgets).

Table 9: Workplace adjustments 2016-2020

Year	Workplace adjustments
2016	74.1%
2017	73.8%
2018	73.3%
2019	73.8%
2020	76.6%

3. We have used the term ‘workplace adjustments’ for this section as a general term, which incorporates ‘adequate adjustments’ (the term used in the NHS staff survey) and ‘reasonable adjustments’ (the term used in the Equality Act 2010).

Trends

- This metric only had slight fluctuations over the five years to 2020.
- Staff in London consistently report lower levels of workplace adjustments than other regions (typically four or more percentage points lower than any other region). The South West are consistently higher than other regions (by more than one percentage point).
- With an increasing level of staff returning to workplaces, and the impact of health conditions such as Long Covid at this point unclear, trusts will need to continue to ensure that they are effectively managing requests for workplace adjustments.
- Trusts that are not performing as well as the overall figure (76.6%) should work with Disabled staff and other partners to improve their management of workplace adjustments.

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Review the good practice published by NHS Employers <https://www.nhsemployers.org/articles/making-reasonable-adjustments-support-disabled-staff-their-roles> and identify and implement any interventions that may be adopted by the trust.
2. Introduce workplace adjustments passports, which enable Disabled staff to record and share the details of the reasonable adjustments they need at work. NHS Employers have published further information about these <https://www.nhsemployers.org/articles/supporting-disabled-staff-workplace>.
3. Develop a reasonable adjustments policy (if one is not in place), or review the existing policy.

WDES Metric 9

Staff engagement

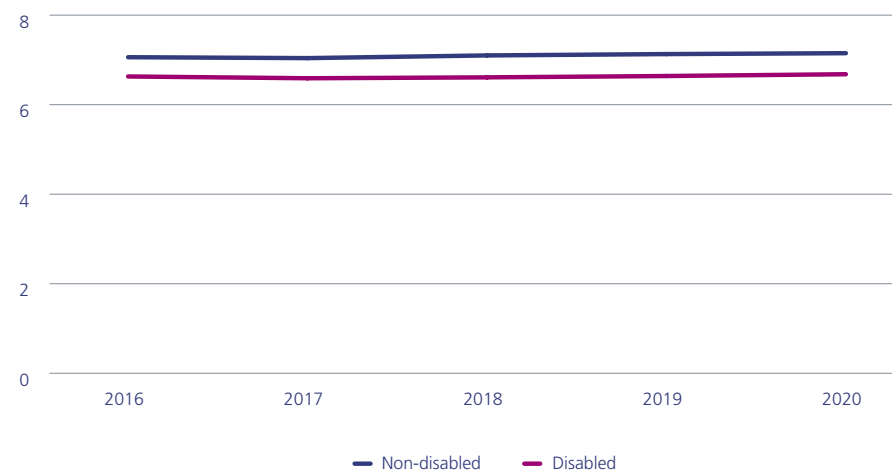
a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

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

Summary findings

- Disabled staff continue to feel less engaged than non-disabled staff.
- Six trusts reported that no actions had been taken to facilitate the voices of Disabled staff to be heard - an improvement from 16 trusts reporting this in 2020.

Figure 9: Metric 9a, staff engagement



Trends

- The staff engagement score has been consistent over five years, with Disabled staff scoring just under 0.5 less than their non-disabled colleagues.
- Although more trusts are engaging with Disabled staff, this is not yet having a significant impact on staff engagement scores.

Table 10: Trusts not taking action to facilitate the voices of Disabled staff 2018 -2020

Year	Number of trusts
2018	34
2019	16
2020	6

Recommendations for action

In partnership with Disabled staff and networks, trusts should:

1. Have a Disabled staff network: if one is not in place, it should be created as soon as possible.
2. Review and strengthen the governance arrangements of the Disabled Staff Network.
3. Strengthen links between the Board champion and the Disabled Staff Network.
4. The improved facilitation of Disabled staff voices is not being reflected in the staff engagement score, so trusts should look to identify additional ways to ensure that the voices of all Disabled staff are heard.
5. In conjunction with regional leads, organise regional Disabled Staff Network activities and events.

Complementary analyses

Additional analyses were undertaken to triangulate the effects of Disability Confident accreditation and the CQC Well-led rating on the metrics, and to identify areas of good practice.

In addition to reporting on the WDES metrics, trusts are also asked to respond to a series of questions (in the form of a survey) about their approaches to disability inclusion. The responses provided are analysed alongside the metrics data and help to better understand the local context within each trust. The following tables show the number and proportion of trusts who responded to the various questions in the narrative collection.

We have focussed our analysis on trusts with a CQC ‘Well-led’ rating of Outstanding, and those trusts with Disability Confident Accreditation Level 3.

Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion?

	Trusts	%
Yes	210	96.8%
No	7	3.2%

Listed responses	Project SEARCH	32	15.2%
	Disability Confident Scheme	193	91.9%
	NHS Learning Disability Employment Programme (LDEP) pledge	20	9.5%
	NHS Employers Equality and Inclusion Partners Programme	67	31.9%
	Disability Equality Staff Network Group	165	78.6%
	Equality and Diversity Conferences	139	66.2%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 tend to participate in these programmes more often, particularly in the NHS Employers Equality and Inclusion Partners Programme.

Since you published your WDES 2020/21 Action Plan, have any steps been taken within your organisation to improve the declaration rate for disability status?

		Trusts	%
Listed responses	Yes	188	86.6%
	No	29	13.4%
	Promotion of ESR self-service to encourage staff to update details	167	88.8%
	Internal communications (e.g. staff email, intranet page)	139	73.9%
	Poster campaign	18	9.6%
	Survey of staff to understand views	41	21.8%
	Consultation exercise / workshops	40	21.3%
	Internal events	52	27.7%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to take steps to increase declaration rates, particularly by surveying their staff.

Does your organisation use the Guaranteed Interview Scheme?

		Trusts	%
Listed responses	Yes	210	96.8%
	No	7	3.2%
	Review of the implementation of the Guaranteed Interview Scheme	59	28.1%
	Disabled people on interview panels	41	19.5%
	Disabled people advising review of recruitment processes	69	32.9%
	Review of recruitment policy and procedures	149	71.0%
	External communications	49	23.3%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to review the implementation of their Guaranteed Interview Scheme, to have Disabled people on interview panels, and to ensure their external communications explain what they are doing.

Has your organisation compared any of the following other datasets you hold to the WDES Metric 4 (Harassment, Bullying or Abuse)?	Listed responses		Trusts	%
		Grievance	99	45.6%
		Disciplinary	107	49.3%
		Exit	56	25.8%
		Data held by Staffside representatives	28	12.9%
		Data held by Freedom to speak up guardians	79	36.4%
		Data held by Health and Wellbeing leads	35	16.1%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to compare this data to the data they hold on grievance procedures and disciplinary procedures, and from Freedom to Speak Up Guardians.

Please add any actions taken since your 2020/21 WDES Action Plan was published to reduce harassment, bullying or abuse in relation to Disabled staff.	Listed responses		Trusts	%
		Dignity at Work Campaign	54	24.9%
		Disability Awareness campaigns	109	50.2%
		Harassment and Bullying policy revision	87	40.1%
		Consultation event	46	21.2%
		Champions/ ambassadors/advisors	110	50.7%
		Peer support scheme	57	26.3%
		Training events	100	46.1%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to run disability awareness campaigns, have disability champions/ambassadors/advisors and run peer-support schemes.

Does your 2020/21 WDES Action Plan set out any targeted actions to increase the workplace satisfaction of Disabled staff?

Listed responses		Trusts	%
	Yes	157	72.4%
	No	18	8.3%
	Planned in the next 12 months	42	19.4%
	Disability networks/groups	183	92.0%
	Consultation events	80	40.2%
	Health and wellbeing days	108	54.3%
	Line manager disability awareness training	103	51.8%
	All staff disability awareness training	84	42.2%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to run line manager disability awareness training.

Does your organisation have a reasonable adjustments policy?

	Trusts	%
Yes	140	64.5%
No	33	15.2%
Planned in the next 12 months	44	20.3%

Are costs for reasonable adjustments met through centralised or local budgets?

	Trusts	%
Centralised budgets	14	6.5%
Local budgets	171	78.8%
Both	32	14.7%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to have a reasonable adjustments policy and have centralised budgets.

	Trusts	%
Yes	145	66.8%
No	26	12.0%
Planned in the next 12 months	46	21.2%

Have you undertaken any actions in the last 12 months to improve the reasonable adjustments process?	Listed responses		
	Training for managers	96	50.3%
	Consultation events involving Disabled staff	79	41.4%
	Guidance and support provision	109	57.1%
	Internal communications	106	55.5%
	Reasonable adjustment policy revision	84	44.0%
	Sharing best practice examples through induction/intranet/training	78	40.8%
	Disability/Workplace adjustments passport	100	52.4%

Trusts who have a CQC ‘Well-led’ rating of Outstanding or a Disability Confident accreditation of Level 3 are more likely to have undertaken actions in the last 12 months to improve the reasonable adjustments process, particularly by sharing best practice and having disability/workplace adjustment passports.

Has the board reviewed the 2020/21 WDES action plan in the last six months?	Trusts	%
	Yes	123 56.7%
	No	94 43.3%

The boards of trusts who have a CQC ‘Well-led’ rating of Outstanding are more likely to have reviewed the WDES action plan in the six months leading up to the submission of the data.

Disability Confident

The Disability Confident scheme:
<https://disabilityconfident.campaign.gov.uk> supports employers to make the most of the talent that Disabled people can bring to the workplace. Disability Confident organisations play a leading role in changing attitudes for the better.

The scheme has three levels designed to support employers on their Disability Confident journey, these are:

Disability Confident Committed (Level 1)

Disability Confident Employer (Level 2)

Disability Confident Leader (Level 3)

Trusts that have Level 3 Disability Confident accreditation are more likely to:

Action	Difference
Undertake disability training events	+31%
Support a disability peer support scheme	+28%
Undertake disability awareness campaigns	+27%
Appoint disability champions/ambassadors/advisors	+26%
Provide targeted career development opportunities for Disabled staff	+25%
Ensure Disabled people are on interview panels	+24%
Participate in the NHS Employers Equality and Inclusion Partners Programme	+17%
Compare their data on harassment, bullying or abuse with the data held by health and wellbeing leads	+14%
Have a reasonable adjustments policy	+10%
Survey their staff to understand their views	+7%

CQC Well-led

Trusts that are rating Outstanding by CQC in the Well-led category are more likely to:

Action	Difference
Compare data held about harassment, bullying or abuse with exit interviews	+42%
Compare data held about harassment, bullying or abuse with data on grievance procedures	+37%
Take part in the NHS Employers Equality and Inclusion Partners Programme	+26%
Review the implementation of the Guaranteed Interview Scheme	+25%
Hold a Dignity at Work campaign	+22%
Promote ESR self-service to encourage staff to update details	+13%
Have Disabled members on interview panels	+13%
Survey their staff to understand their views	+11%
Take the NHS Learning Disability Employment Programme pledge https://www.england.nhs.uk/2015/10/ld-employment-pledge/#:~:text=NHS%20England%20and%20NHS%20Employers,encouraged%20to%20sign%20up%20to.&text=By%20pledging%20to%20step%20two,more%20people%20with%20learning%20disabilities	+7%

Other findings

Trusts with higher disability declaration rates

An investigation was undertaken to identify whether trusts with higher declaration rates shared similar characteristics. The 22 trusts (best 10% approximately) with the highest disability declaration rate were reviewed. These had a disability declaration rate of 8.1%, compared to 3.4% in the remaining trusts. The following was discovered:

1. Trust type had a significant influence.

a. 3 were acute trusts (14% of sample, 64% of all trusts)

b. 15 were mental health trusts (68% of sample, 24% of all trusts)

c. 2 were community providers (9% of sample, 7% of all trusts)

d. 2 were ambulance trusts (9% of sample, 5% of all trusts)

2. Size had a significant influence.

a. 16 were small trusts (73% of sample, 47% of all trusts)

b. 4 were medium trusts (18% of sample, 40% of all trusts)

c. 2 were large trusts (9% of sample, 14% of all trusts)

3. Trusts from each of the seven regions were in the list.

4. For metric 2 (recruitment) and metric 3 (capability), there was no difference between the results for the trusts in the analysis and those which were not included.

5. For all the other metrics, there were differences. Based on the latest available data (the data collected in 2021 and the 2020 NHS Staff Survey), trusts with high disability declaration rates:

a. Metric 1 (workforce pay band clusters) scored 4.8 percentage points higher

b. Metric 4 (bullying, harassment or abuse)

4a (patients and the public) scored 2.9 percentage points higher (This is likely to be due to the higher proportion of ambulance trusts in this sample than across all trusts)

4b (line managers) scored 2.0 percentage points lower

4c (colleagues) scored 2.5 percentage points lower

4d (reporting) scored 4.9 percentage points higher

c. Metric 5 (career progression) scored 1.8 percentage points higher

d. Metric 6 (presenteeism) scored 2.3 percentage points lower

e. Metric 7 (feeling valued) scored 2.5 percentage points higher

f. Metric 8 (workplace adjustments) scored 2.2 percentage points higher

g. Metric 9a (staff engagement) scored 0.6 points higher

h. Metric 10 (Board representation) scored 0.8 percentage points higher

6. Except for metric 4a, all the differences listed above are positive for Disabled staff working in trusts.

Reasonable adjustment policy

Trusts who have a reasonable adjustment policy perform better across all the metrics derived from the NHS Staff Survey.

Table 11: Reasonable Adjustments Policies

Metric	Description	Overall (Disabled and non-disabled) Trusts with reasonable adjustment policies	Trusts without reasonable adjustment policies
4	Harassment, Bullying or Abuse	18.9%	19.7%
5	Career Progression	84.2%	83.0%
6	Presenteeism	24.8%	25.9%
7	Feeling Valued	48.7%	47.9%
8	Workplace Adjustments	77.2%	75.6%
9a	Staff Engagement	7.07	7.03

Recommendations for trusts

The following is a list of the recommendations in the report, provided as a summary for quick reference.

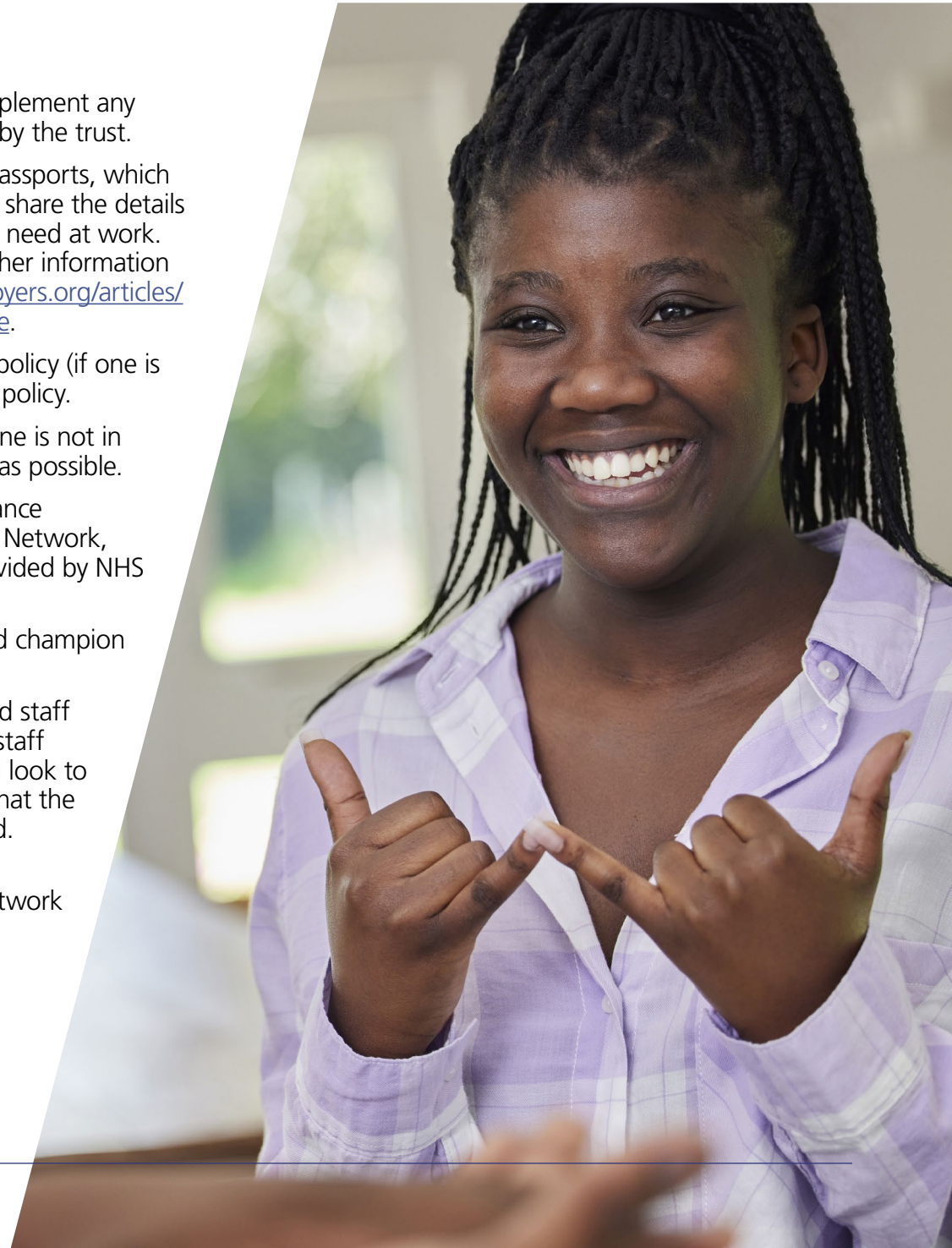
- Ensure all staff are aware of why disability declaration on ESR is important, and how to update this information.
- Consult Disabled staff and networks to better understand the reasons why staff may not have declared a disability on ESR.
- Set an organisation-wide target on disability declaration. This should be at least 4% in 2022 and in the longer term, be closer to 20% (the proportion of staff that have declared a disability or long-term condition in the NHS Staff Survey).
- Take action that can positively increase disability declaration rates. This could include:
 - Appointing a board champion for disability, with reports to the Board
 - Running awareness campaigns about the organisational commitment to disability equality.
 - Publishing and promoting case studies, blogs, podcasts and lived experience videos to raise awareness of disability in the workplace.
- Running a programme that regularly monitors disability declaration rates, with data and actions reviewed at senior trust workforce meetings.
- Focus on reducing the levels of 'Unknown', i.e., staff who have either indicated that they 'Prefer not to say' or have not responded to the disability monitoring question in ESR.
- Review local data, including deep dives where relevant, and explore whether the evidence indicates a need to take action to address disparities in recruitment for Disabled staff.
- Review how reasonable adjustments are managed within the recruitment and interview processes and identify actions for improvement.



- Review guidance and training provided to recruiting managers and make improvements to processes and materials e.g.
 - Where possible, produce accessible job advertisements
 - Convene inclusive recruitment panels which include Disabled staff, especially for senior roles (8c and above)
 - Widen the selection of references and consider accepting non-formal employment references, if appropriate for the role.
- Develop opportunities for local unemployed Disabled people to gain work experience within the organisation.
- If signed up to Disability Confident, undertake a review to ensure that the trust is meeting the expected requirements of the scheme: if not signed up, consider signing up to the scheme.
- Continue, or develop bespoke career development programmes for Disabled staff.
- Discuss and agree actions that would improve the opportunities available for Disabled staff to advance their careers.
- Review learning and development for line managers in relation to disability, to better support the career development and aspirations of Disabled staff.
- Discuss equality monitoring and ask all Board members to review and update their equality information, including disability.
- Undertake a review of talent management and identify opportunities to identify and support the development of Disabled leaders of the future.
- Promote the Disabled NHS Directors Network to their board members, support the network's activities.
- Review the trust's data and undertake further research to explore any disproportional representation of Disabled staff in capability processes.
- Review capability policies and processes with reference to disability
- Discuss experiences of bullying, harassment, bullying or abuse with Disabled staff, ensuring that there is a safe person/space for any discussions



- Launch a communications campaign focussed on reducing bullying, harassment and abuse
- Consider having workplace advisers that specialise in harassment, bullying or abuse, working in conjunction with unions, freedom to speak up guardians, and staff networks
- Introduce a Disability Leave policy, examples of these are available at <https://www.nhsemployers.org/articles/inclusive-approach-disability-leave>.
- Undertake analysis to investigate whether the experience of requesting flexible working arrangements differs between Disabled and non-disabled staff within the trust.
- Ensure that adjustments are put in place where required without significant delays, including referrals to [Access to Work](#).
- Develop a communications campaign focussed on the benefits of employing Disabled people, 'disability as an asset'
- Review WDES Metric 1 workforce data to understand pay clusters and seniority for Disabled staff
- Review entry to career development opportunities with reference to disability
- Review the good practice published by NHS Employers <https://www.nhsemployers.org/articles/making-reasonable-adjustments-support-disabled-staff-their-roles> and identify and implement any interventions that may be adopted by the trust.
- Introduce workplace adjustments passports, which enable Disabled staff to record and share the details of the reasonable adjustments they need at work. NHS Employers have published further information about these <https://www.nhsemployers.org/articles/supporting-disabled-staff-workplace>.
- Develop a Reasonable Adjustment policy (if one is not in place), or review the existing policy.
- Have a Disabled Staff Network: if one is not in place, it should be created as soon as possible.
- Review and strengthen the governance arrangements of the Disabled Staff Network, using the Maturity Framework (provided by NHS England and NHS Improvement).
- Strengthen links between the Board champion and the Disabled Staff Network.
- The improved facilitation of Disabled staff voices is not being reflected in the staff engagement score, so trusts should look to identify additional ways to ensure that the voices of all Disabled staff are heard.
- In conjunction with regional leads, organise regional Disabled Staff Network activities and events.



Recommendations for regional NHS England and NHS Improvement equality, diversity and inclusion (EDI) teams

Regional EDI teams should support trusts in reviewing their metrics data, developing evidence-based action plans, and considering the recommendations set out in this report. Regional WDES data packs have been provided by the WDES team to support this.

Regions should consider holding regional Disabled Staff Network events.

Further actions for NHS England and NHS Improvement national EDI team

The findings detailed in this report will help to inform future strategic development of the WDES and the actions that will be taken in 2022.

