

**Equity**

**Diversity**

**Inclusion**

2023 - 2024

# Workforce Disability Equality Standard (WDES)

Summary and Action Plan

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# Important Notes



## Use of Data and Information

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time. This data, when extracted for analysis in reports such as this one, is anonymous. We must comply with strict rules in managing and using people's personal information. We analyse the anonymised information to identify and respond to any issues affecting groups that share certain protected characteristics.

The WDES utilises data from the Electronic Staff Record (ESR) and the National staff survey. Our 2023 declaration rate is 12.7% higher in the staff survey than in ESR. The latter is representative for all other characteristics so we can assume that the correct declaration rate is more likely to be via the survey. This means that our ESR results (metrics 1,2,3 and 10) are not as statistically useful and should be reviewed with that information in mind.

To tackle this, we have an ongoing programme to improve our disability data collection.

## Terminology

Disability and Long-term conditions may be used interchangeably in this report. This due to a change in language used by the National team for the National Staff Survey which compiles qualitative data on the experiences of staff with long-term conditions (LTC) that may meet the legal criteria to be considered a disability.

Throughout this report, we will also mention 'Distance from Equity'. For likelihood questions, this refers to how far the number is from 0. For other metrics, it refers to the percentage difference between disabled and non-disabled experiences. For example, if 20% of Disabled staff face bullying and harassment then it would be equitable if 20% of Non-Disabled staff also face bullying and harassment. Here, the greater the percentage difference, the greater the inequity.

## Purpose and scope

The Workforce Disability Equality Standard (WDES) is an annual benchmarking tool mandated by NHS England to assess the progress made towards achieving racial equality for staff.

All NHS Trusts must submit their WDES data by 31st May and publish their WDES Action Plans on their public-facing trust website, as well as submit a copy of their plan to the WDES team by October 31, 2024.

# Executive Summary

## Overview

The report outlines the data from the National Workforce Disability Equality Standard (WDES). The WDES is an annual benchmarking tool introduced by NHS England to assess the progress made towards achieving disability equality within NHS organisations. It assesses how the trust has improved against 10 metrics designed to close the gap between the experiences of staff with declared disabilities and other colleagues. These include:

1. Clinical and non-clinical diversity and representation across all bands and pay grades.
2. Successful job appointment and shortlisting
3. Numbers entering formal capability processes.
4. Incidents of bullying, harassment or abuse from
  - a. Patients, relatives or the public,
  - b. Managers,
  - c. other colleagues
5. Incidents of bullying, harassment or abuse reported by victims or colleagues compared to those without disabilities.
6. Perceptions around equal opportunities for progression or promotion
7. Pressure to work when not feeling well enough to do so.
8. Feeling valued by the organisation
9. Receiving adequate adjustments to carry out work.
10. Engagement:
  - a. compared to non-disabled staff and the trust average score and
  - b. ability to feel heard and listened to
11. Proportional representation of the overall workforce at board level

## Main Findings

- 9 out of 10 WDES Metrics improved in 2024 although there is still large disparity in all but two areas- capability and staff engagement.
- Our programmes are working: We have seen a positive impact from our programmes like the reasonable adjustment budget and point of contact and disability declaration project with I-CAN.
- We still have work to do to obtain disability equity in 9 our 10 WRES metrics.
- This data will be submitted to NHS England on 31st May 2024.

# Main Summary

## Workforce Profile

In 2024, the trust now has a workforce with 3.2% disabled staff excluding bank staff.

### Clinical

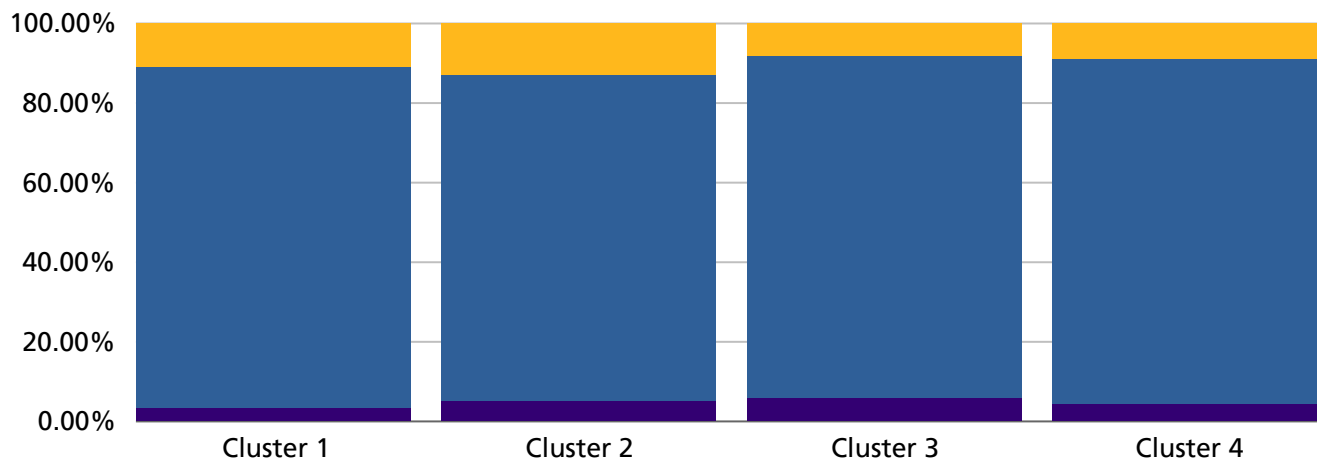
■ Disabled
 ■ Not Disabled
 ■ Unknown



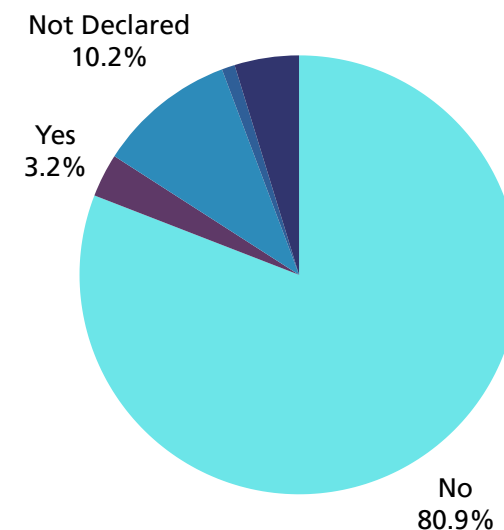
Cluster 1	AfC Bands under 1, 1, 2, 3 and 4
Cluster 2	AfC Bands 5, 6 and 7
Cluster 3	AfC Bands 8a and 8b
Cluster 4	AfC Bands 8c, 8d, 9 and VSM
Cluster 5	Medical and Dental staff, consultants
Cluster 6	Medical and Dental staff, non-consultant career grades
Cluster 7	Medical and Dental staff, trainee grades

### Non-Clinical

■ Disabled
 ■ Not Disabled
 ■ Unknown



### Disability



# Metrics derived from ESR data

This anonymous data is derived from our secure and confidential electronic staff record system (known as ESR).

Metric number and description	Results	Change from 2023	Distance from equity
<b>Metric 1: Disabled representation in the workforce by pay band</b>			
Overall	3.40%	0.5% increase	
Non-clinical	4.30%	0.4% increase	
<b>Disability declaration rate in the workforce</b>			
Clinical	3.40%	0.6% increase	
Medical/Dental	1.90%	0.1% increase	
<b>Metric 2: Likelihood of appointment from shortlisting</b>			
Likelihood ratio Non-disabled / Disabled	1.2	0.01 decrease	0.2
<b>Metric 3: Likelihood of entering formal capability process due to performance management</b>			
Likelihood ratio Disabled / Non-disabled	0	No Change	0
<b>Metric 10: Disabled representation on the board</b>			
Overall	0.00%	No change	-3.40%
Exec	0.00%	No change	-3.40%
Voting	0.00%	No change	-3.40%

# Metrics derived from NHS Staff Survey



This data is derived from the annual [NHS National Staff Survey](#).

Metric number and description	Results	Change from 2022	Distance from equity	National Average
<b>Metric 1 (equivalent): Proportion with a long-term condition or illness</b>				
Disabled	14.9%	0.3% increase		25.06%
<b>Metric 4a: Harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>				
Disabled	37.90%	5.4% decrease	7.8%	30.40%
Non-disabled	30.10%	3.5% decrease		23.80%
<b>Metric 4b: Harassment, bullying or abuse from line managers in last 12 months</b>				
Disabled	17.70%	5.1% decrease	7.8%	15.90%
Non-disabled	9.90%	1.7% decrease		8.70%
<b>Metric 4c: Harassment, bullying or abuse from other colleagues in last 12 months</b>				
Disabled	30.60%	1.7% decrease	10.4%	25.90%
Non-disabled	20.20%	2.2% decrease		16.60%
<b>Metric 4d: Reporting last incident of harassment, bullying or abuse</b>				
Disabled	50.40%	3.1% increase	1.7%	50.40%
Non-disabled	52.10%	3% increase		49.30%
<b>Metric 5: Career progression</b>				
Disabled	45.10%	0.4% increase	8.9%	51.50%
Non-disabled	54%	1.2% increase		57.50%



Metric number and description	Results	Change from 2022	Distance from equity	National Average
<b>Metric 6: Presenteeism</b>				
Disabled	29.50%	6.4% decrease	5.8%	28.60%
Non-disabled	23.70%	0.8% decrease		19.50%
<b>Metric 7: Feeling valued</b>				
Disabled	37.60%	7.1% increase	12.3%	35.70%
Non-disabled	49.90%	2.8% increase		47.20%
<b>Metric 8: Reasonable adjustments</b>				
Disabled	70.40%	2.3% increase		73.40%
<b>Metric 9a: Staff engagement</b>				
Disabled	6.7	0.22 points increase	0.46	6.42
Non-disabled	7.16	0.03 points increase		6.93

# Action Plan

Our action plan aims to address the disparities caused by racial inequality as outlined in the metrics above.

Metric	Action
1	<ul style="list-style-type: none"> <li>Expand our data collection project and diversity surveys to include QI elements and work with divisions to increase disability declaration rates in ESR.</li> <li>Run another cohort of the Calibre session to increase opportunities for better disability representation.</li> <li>Continue Project Search and our widening access programmes to recruit disabled people from our communities to work in our organisation.</li> </ul>
2	<ul style="list-style-type: none"> <li>Diversify and optimise our <u>Inclusive Recruitment programme</u> to include disability, and streamline core functions. Implement the findings from the Imperial College report (by October 2025).</li> <li>Expand from gender and ethnically diverse panels to fair recruitment advisors specifically trained in disability and representative to support equity in all parts of the recruitment life-cycle.</li> <li>Complete Disability Confident Leader.</li> </ul>
3	<ul style="list-style-type: none"> <li>Continue to implement the recommendations from the Disability Employment Relations Cases deep dive to continue to decrease ER cases for disabled staff. This includes the 'Just and Learning Panel' which is a representative group that reviews all misconduct cases before any formal action and can override triage recommendations/decisions.</li> </ul>
4	<ul style="list-style-type: none"> <li>I-CAN network objective to hold extraordinary meetings on reduced disability stigma, and to launch a mental health subgroup within the network.</li> <li>Create a Disability Equality Steering group to monitor and track improvements in disabled experience and infrastructure (by March 2025).</li> <li>Offer dedicated training for staff to support disabled colleagues and patients such as BSL (up to level 4), Makaton, Neurodiversity. Managers should support staff to complete FCIE courses on working with diverse disabled groups (by June 2026).</li> <li>Implement an internal sunflower lanyard 'Hidden Disabilities' campaign to reduce stigma around long term health conditions (LTC) at work (by September 2025).</li> <li>Continue the work of our violence and aggression workstream. Monitor the new ethnicity categories on Datix and use trust processes to solve issues.</li> <li>Launch the anti-racism and antidiscrimination pledges with strong communication via a newsletter, posters and videos and host events for patients, lay and community partners starting from National Inclusion Week 2024.</li> <li>Continue the work of our bullying and harassment workstream.</li> </ul>
5	<ul style="list-style-type: none"> <li>As per 1&amp; 2.</li> </ul>



Metric	Action
6	<ul style="list-style-type: none"> <li>• Conduct a trust-wide facilities and estates accessibility audit to identify disabled toilets, lifts, ramps, doors and parking spaces (by December 2024).</li> <li>• Review redeployment for health and create a policy outlining the process as part of the reasonable adjustment offering (by March 2025).</li> <li>• Embed inclusive design principles into improvement projects trust-wide, particularly around accessible information and improving experiences for disabled, pregnant and gender transitioning staff (by March 2027).</li> </ul>
7	<ul style="list-style-type: none"> <li>• As per 4.</li> <li>• I-CAN network participating in executive listening sessions open to all staff with the board to talk about concerns.</li> <li>• Continue to promote our reward and recognition campaign</li> </ul>
8	<ul style="list-style-type: none"> <li>• Implement a detailed multidisciplinary reasonable adjustment and disability project (by December 2025) to: <ul style="list-style-type: none"> <li>◦ Improve Access to Work pathway and access to the centralised budget</li> <li>◦ Create single branched access pathway for obtaining reasonable adjustments</li> <li>◦ Conduct an accessible software and hardware audit &amp; create a preferred supplier list and procurement model</li> <li>◦ Transition the disability policy into a reasonable adjustment policy</li> <li>◦ Review and expand flexible working as a reasonable adjustment and have clear processes signposted for managers and staff around obtaining adjustments to time, place and space</li> <li>◦ Update reasonable adjustment/health passport</li> </ul> </li> </ul>
9	<ul style="list-style-type: none"> <li>• As per all metrics above.</li> </ul>
10	<ul style="list-style-type: none"> <li>• As per 1&amp; 2.</li> </ul>

We are also following the actions set out in the [NHS EDI Improvement Plan](#) which have mandated actions we must take to improve race equality.

# Appendix 1:

## Analysis of the staff survey WDES questions

### WDES Metric 4a (Q14a) – 37.91% LTC; 30.06%

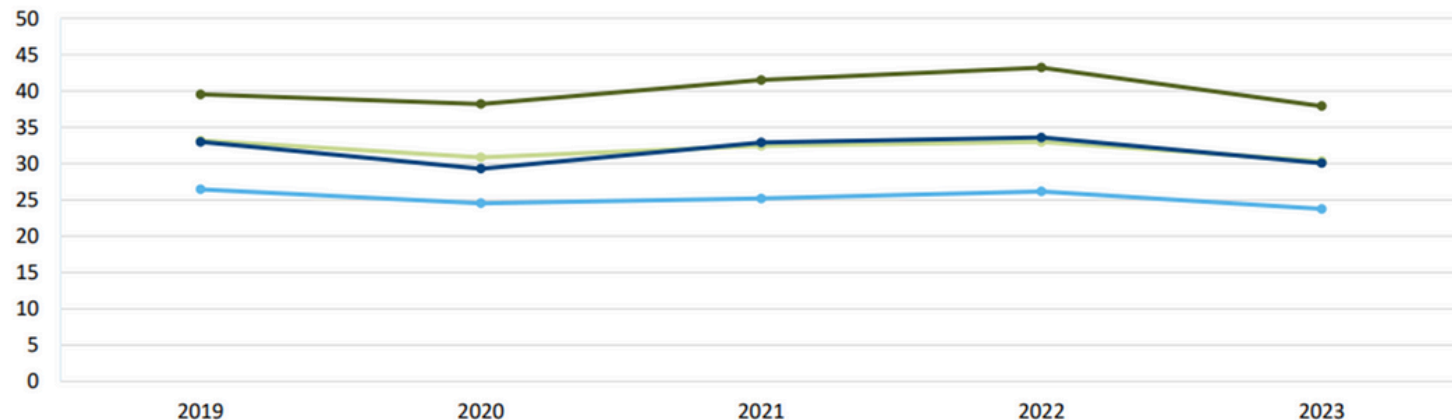
- There has been a notable decrease in bullying and harassment experiences across both groups from 43.21% for those with a long-term condition (LTC) to 37.91% and from 33.59% to 30.06% for those without a long term condition or illness (N).
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 33.2% LTC and 26% N.
- However, they are above results from North-West London ICS (34.76% LTC and 28.12% N. Regional results for London are 34.22% LTC and 28.02% N. This means that the changes to Datix will allow better tracking of this metric in real time and dedicated spaces and programmes like I-CAN network can obtain more context around the staff experiences.

## Workforce Disability Equality Standards



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	39.53%	38.21%	41.50%	43.21%	37.91%
Staff without a LTC or illness: Your org	32.98%	29.29%	32.90%	33.59%	30.06%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	554	691	894	1067	1224
Staff without a LTC or illness: Responses	4833	4619	4492	6207	6985

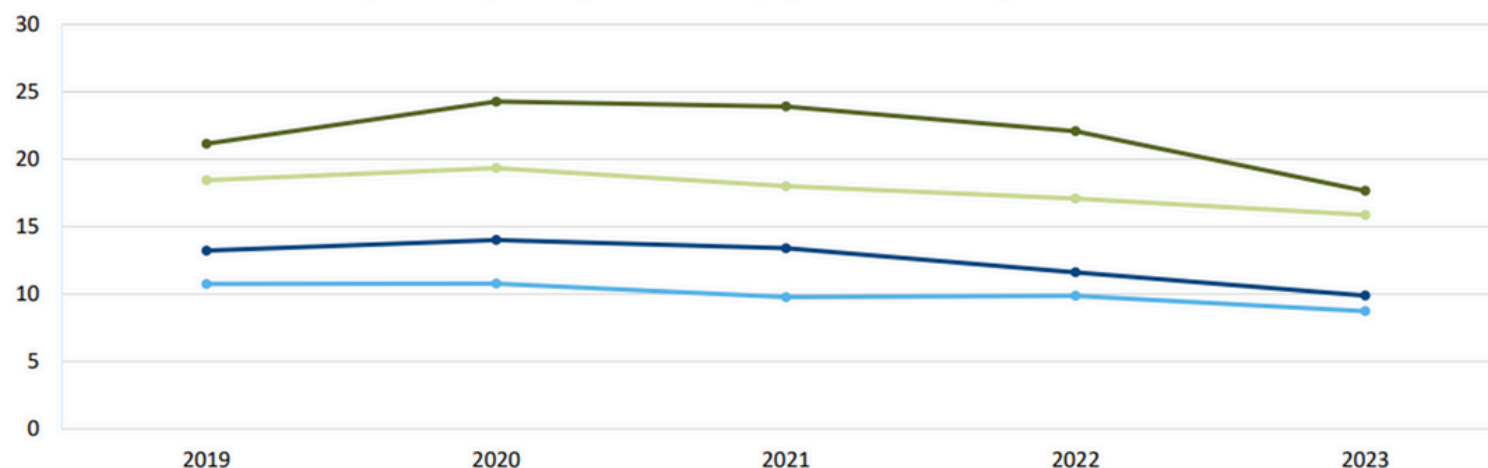
## WDES Metric 4b (Q14b)- 17.66% LTC; 9.89% N

- There has been a notable decrease in bullying and harassment experiences from managers for staff with a long term-condition from 22.08% to 17.66%. However, the data indicates a large inequality of experience 7.77% between those with and without a long-term condition (LTC).
- Our score for disabled staff is higher than the benchmark worst result for all acute trusts responding to this question 16.09% vs 17.66%.
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 16.1% LTC.
- However, they are in line with results from North-West London ICS (18.19% LTC and 9.54% N). Regional results for London are 18.44% LTC and 10.6% N. This means that the communities of practice we have in the Acute Provider Collaborative and through the Calibre programme can assist alongside our I-CAN network and bullying and harassment programme.
- Changes to how reasonable adjustments are delivered and disability deep dives of employment relations cases may help reduce this figure.
- Intersectionality plays a role

### Workforce Disability Equality Standards

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

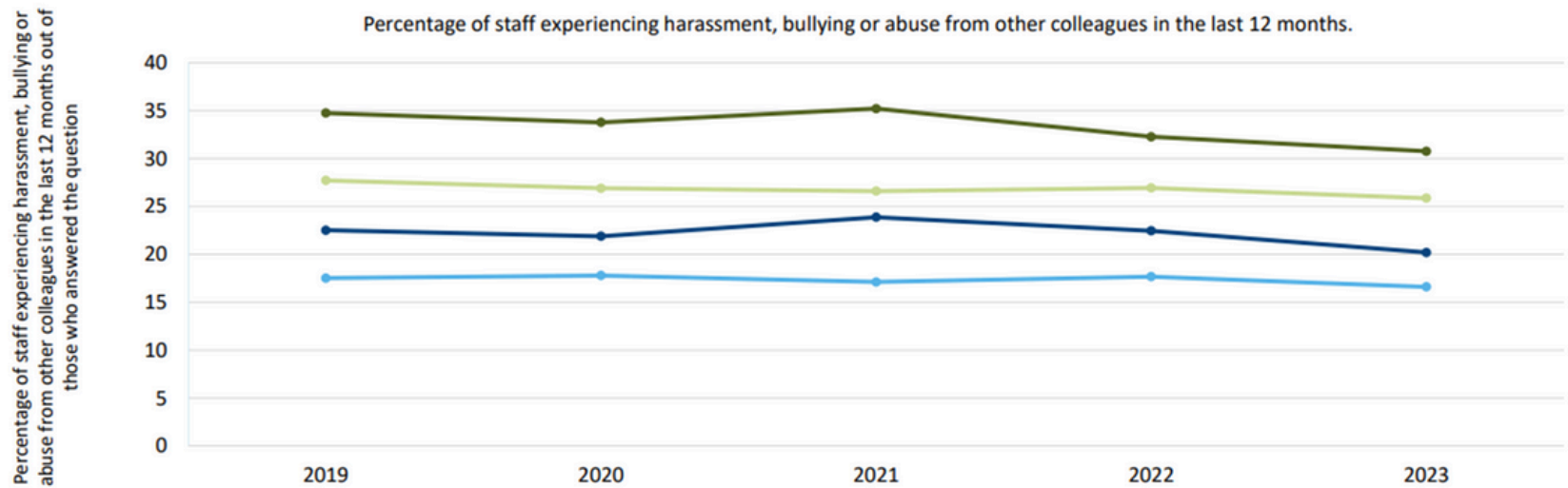


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	21.15%	24.27%	23.91%	22.08%	17.66%
Staff without a LTC or illness: Your org	13.22%	14.01%	13.40%	11.61%	9.89%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	558	688	891	1060	1212
Staff without a LTC or illness: Responses	4810	4589	4470	6148	6935

## WDES Metric 4c (q14c) 30.75% LTC; 20.19% N

- There has been a decrease in bullying and harassment experiences from colleagues for staff with a long term-condition from 32.26% to 30.75%. However, the data indicates a large inequality of experience 10.56% between those with and without a long-term condition (LTC).
- Our score for disabled staff is higher than the benchmark worst result for all acute trusts responding to this question 16.09% vs 17.66%.
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 16.1% LTC.
- However, they are above results from North-West London ICS (28.2% LTC and 18.13% N). Regional results for London are 26.99% LTC and 18.42% N. The communities of practice we have in the Acute Provider Collaborative and through the Calibre programme can assist alongside our I-CAN network and bullying and harassment programme.
- Changes to how reasonable adjustments are delivered and disability deep dives of employment relations cases may help reduce this figure.
- Listening circles with the staff networks may provide additional context.

### Workforce Disability Equality Standards Survey Coordination Centre



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	34.74%	33.77%	35.21%	32.26%	30.75%
Staff without a LTC or illness: Your org	22.51%	21.88%	23.87%	22.45%	20.19%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	544	687	889	1060	1213
Staff without a LTC or illness: Responses	4741	4588	4453	6148	6939

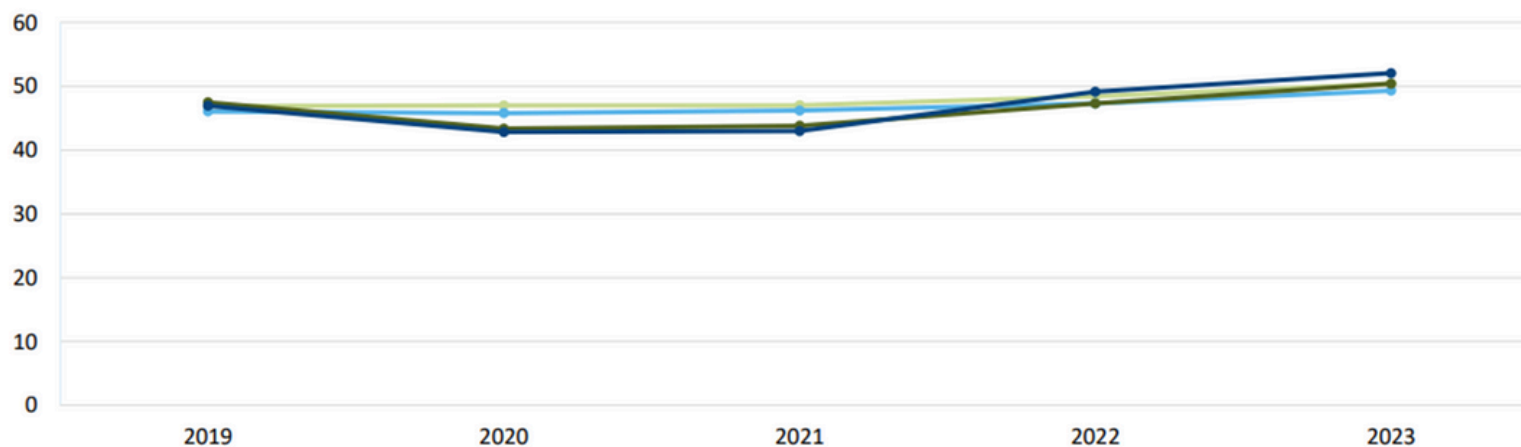
## WDES Metric 4d (q14d) 50.41% LTC; 52.07% N

- There has been an increase in staff with long-term conditions reporting bullying and harassment incidents from 47.31% to 50.41%. Our results are in line with the London average of 50.44% LTC.
- However, they are lower than results from North-West London ICS (52.11% LTC and 54.58% N). Regional results for London are similar to our results at 50.84% LTC and 52.34% N.
- When looking at intersectionality (ICS):
- Those with LTC aged 66+\*\* are much less likely to report at 47.02%. However this number is low so unlikely to be impacting the overall number. This is also seen in responses from non-binary staff
- 92.53% and 95.16% for Mixed Black and White Caribbean and African respectively followed by Black Caribbean at 88.97% at Black African at 87.65% for Registered nurses and midwives.

## Workforce Disability Equality Standards Survey Coordination Centre

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

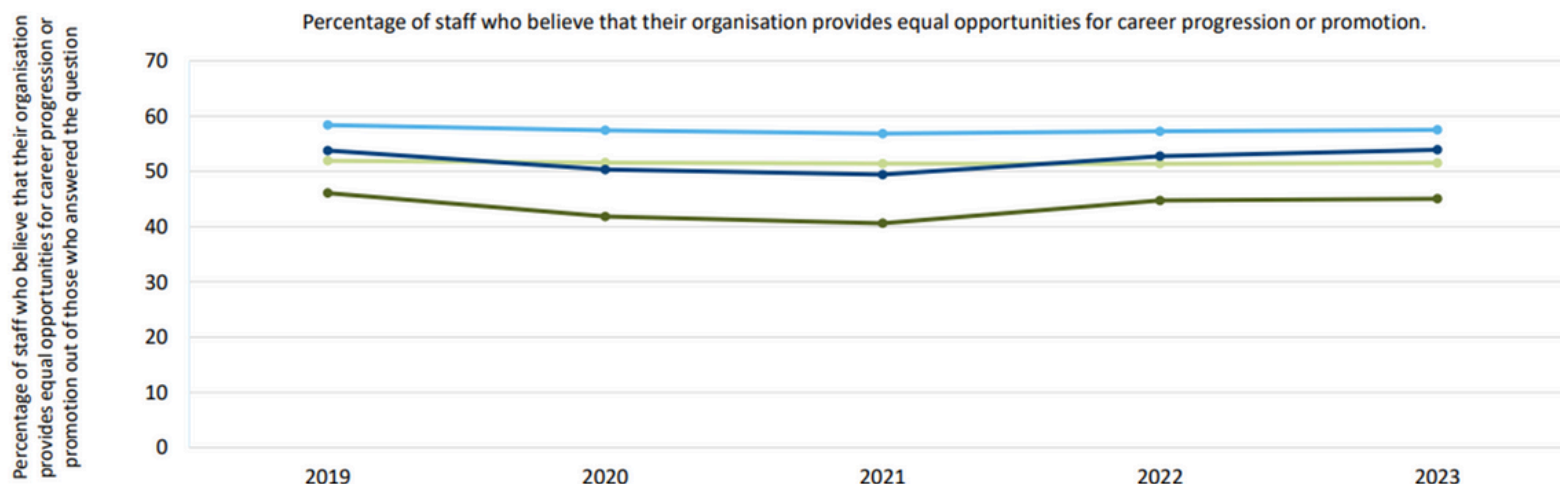


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	47.49%	43.36%	43.81%	47.31%	50.41%
Staff without a LTC or illness: Your org	46.96%	42.83%	42.99%	49.15%	52.07%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	299	369	493	558	607
Staff without a LTC or illness: Responses	1906	1716	1770	2342	2518

## WDES Metric 5 (q15) 45.06% LTC; 53.97% N

- There has been a slight increase in staff with long-term conditions believing that the organisation provides equal opportunities for career progression from 44.75% to 45.06%. Our results are in line with the London average of 50.44% LTC.
- However, they are slightly lower than results from North-West London ICS (46.06% LTC and 54.65% N). Regional results for London are similar to our results at 45.4% LTC and 53.39% N.
- When looking at intersectionality (ICS):
- Those with LTC from BME background are much less likely to believe this at 39.04%. This has improved from 37.42% in 2022 but is very low- 1,825 staff responded across the ICS.
- Those with LTC in a patient-facing role were more likely to score lower than those in a non-patient facing role.
- Those with LTC and caring responsibilities for children were less likely to believe 44.8% than those without caring responsibilities 46.71% and those with neither 55.32%.

### Workforce Disability Equality Standards



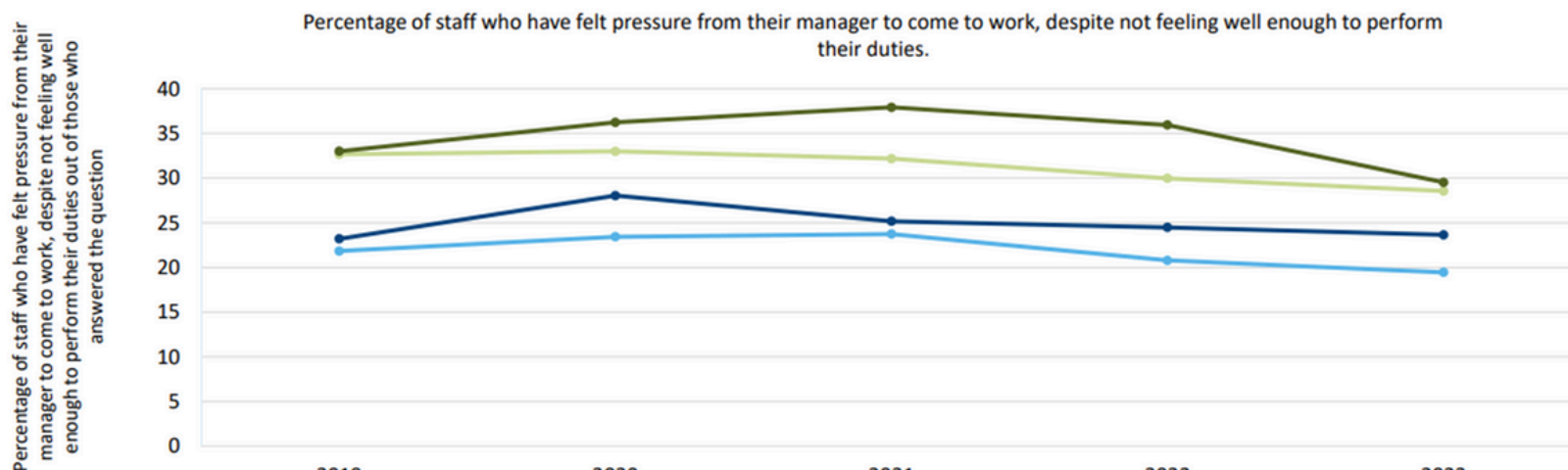
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	46.09%	41.83%	40.63%	44.75%	45.06%
Staff without a LTC or illness: Your org	53.77%	50.34%	49.42%	52.75%	53.92%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	562	698	896	1066	1225
Staff without a LTC or illness: Responses	4856	4646	4512	6191	6951



## WDES Metric 6 (q11e) 29.52% LTC; 23.66% N

- There has been a significant decrease in staff with long-term conditions feeling pressure to come to work despite feeling unwell from 35.95% to 29.52%. Our results are in line with the North West London ICS score of 28.64% for LTC and London average of 29.01% LTC.
- When looking at intersectionality (ICS):
- Those with LTC from BME background are more likely to feel this at 29.91% than white peers at 27.14%. This has improved from 36.53% in 2022 which is significant.
- Those with LTC in a patient-facing role were more likely to score lower than those in a non-patient facing role with 30.71% of patient facing staff with LTC answering that they frequently felt this pressure.
- Those with LTC from Registered Nurses and Midwives scored highest at 30.93%. The lowest score for LTC and professional groups was those in the Other professional group at 23%.

### Workforce Disability Equality Standards Survey Coordination Centre

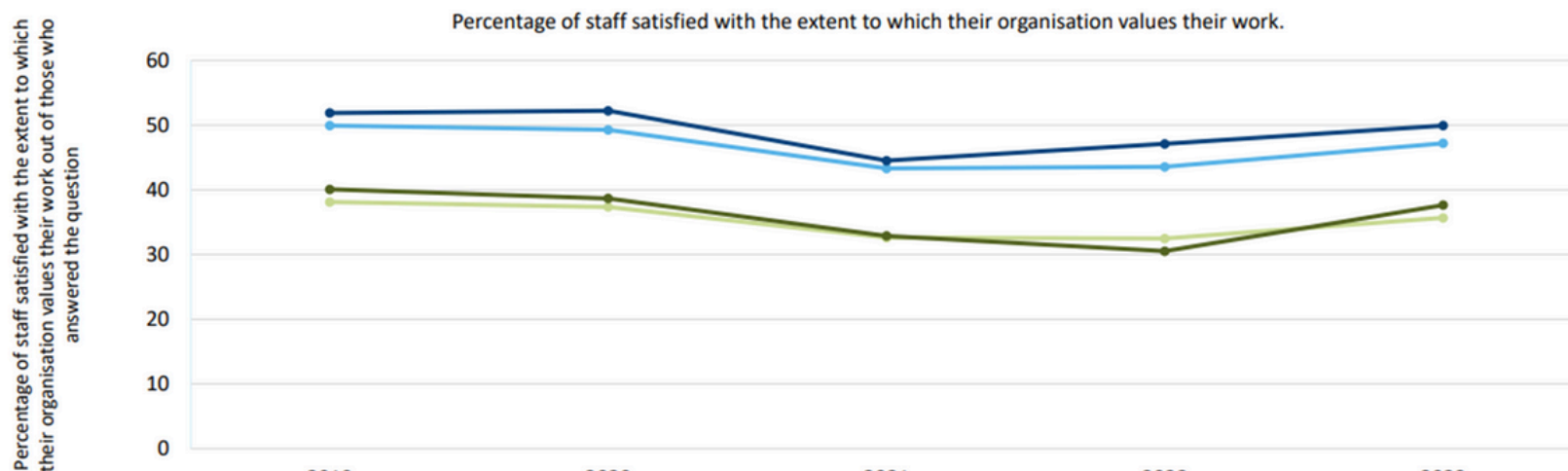


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	33.01%	36.24%	37.93%	35.95%	29.52%
Staff without a LTC or illness: Your org	23.21%	28.05%	25.17%	24.49%	23.66%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	418	447	638	765	840
Staff without a LTC or illness: Responses	2598	2057	2304	3165	3445

## WDES Metric 7 (q4b) 37.64% LTC; 49.93% N

- There has been a significant increase in staff with long-term conditions satisfied with the extent to which the organisation values their work from 30.51% to 37.64%.
- Our scores are higher than the benchmark median of 35.67% LTC.
- There is 12.29% difference between those with LTC and those without.
- Our results are much lower than the North West London ICS score of 46.65% for LTC and lower than the London average of 36.61% LTC. This means the intersectionality ICS scores are not as useful to analyse.
- Our levels are still below pre-covid scores on 40.07% in 2019 however the LTC response rate as proportion of the total responses is higher than the 2019 rate in 2023 (10.36% of respondents vs. 14.84%).

### Workforce Disability Equality Standards Survey Coordination Centre



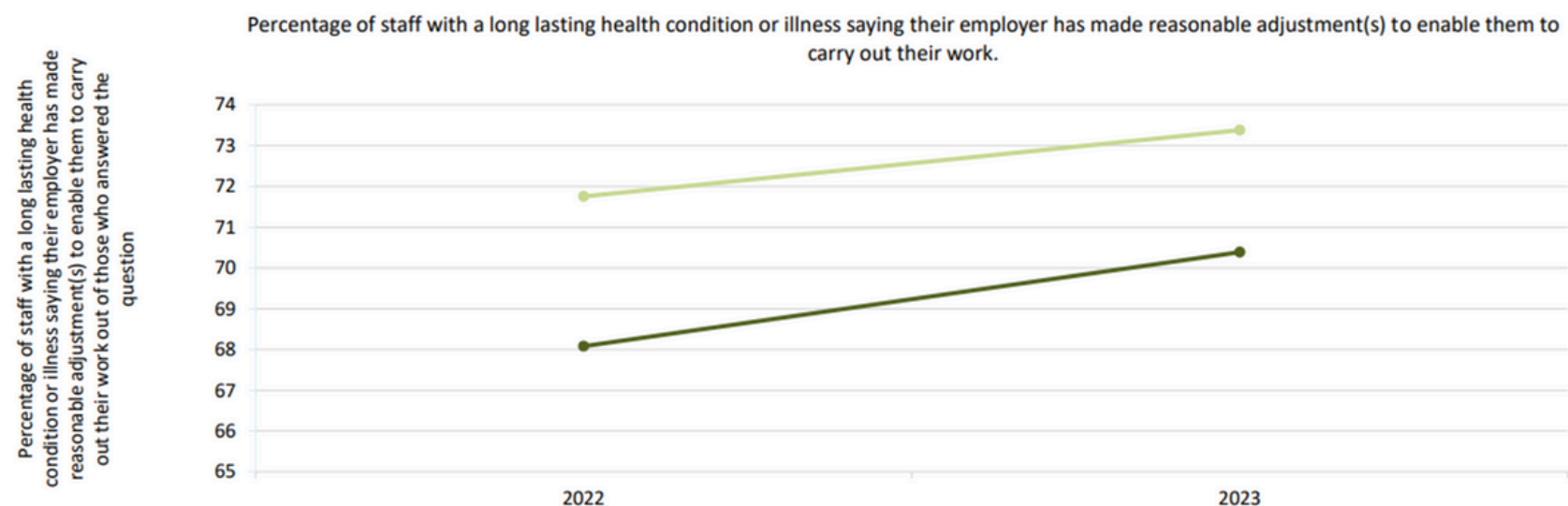
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	40.07%	38.67%	32.88%	30.51%	37.64%
Staff without a LTC or illness: Your org	51.89%	52.22%	44.50%	47.10%	49.93%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	559	693	882	1062	1222
Staff without a LTC or illness: Responses	4837	4609	4467	6149	7014



## WDES Metric 8 (q31b) 70.39% LTC

- There has been an increase in staff with long-term conditions saying Imperial has made reasonable adjustments to enable them to carry out their role from 68.08% to 70.39%.
- Our scores are lower than the benchmark median of 73.38% LTC.
- Our results are slightly higher than the North West London ICS score of 69.78% and higher than the London average of 68.99%. This means the intersectionality ICS scores are useful to analyse:
- Younger staff were less likely to obtain reasonable adjustments 63.11% of 16-20 year olds vs.75.83% of those aged 66+.
- BME staff were less likely to obtain adjustments 66.68% compared to white counterparts 71.36%

### Workforce Disability Equality Standards Survey Coordination Centre



	2022	2023
Staff with a LTC or illness: Your org	68.08%	70.39%
Staff with a LTC or illness: Average	71.76%	73.38%
Staff with a LTC or illness: Responses	661	770