



# Workforce Disability Equality Standard (WDES) Annual Report

22/23

*proud*  
to care

## Foreword

The NHS Workforce Disability Equality Standard (WDES) came into force on 1st April 2019 and is a specific set of measures (metrics) that enable NHS organisations to compare the experience of disabled staff and non-disabled staff. Together with our workforce data and the results of the annual national staff survey, these help build a picture of the employee experience of those staff with disabilities or long-term health conditions.

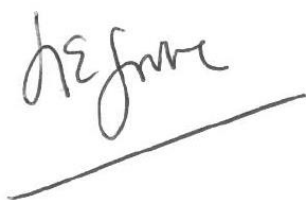
Our results since 2019 highlight that whilst some progress has been made in some of the WDES metrics the evidence highlights that many disabled staff continue to experience inequalities in the workplace when compared to their non-disabled colleagues across many of the measures.

After a series of staff focus groups, our staff disability network was established in 2021. The onset of COVID pandemic highlighted inequality, inequity and negative impact across protected characteristics and the need for the network. The Disability Staff Network meets bimonthly and provides an opportunity for staff to come together to provide support to each other and start the conversation with and around the organisation in how the working lives of staff with disabilities or long term health conditions can be supported within the workplace. The disability staff network is the primary communication channel within the Trust, sharing information, supporting peers and raising awareness.

Reported disability declaration rates amongst staff has increased this year to 3% however within the annual National staff survey 2022 15.4% of our staff declared that they have a disability or long term health condition so it is clear this remains one of the key challenges for the Trust.

This report details the Workforce Disability Equality Standard Project Plan, August 2022 – March 2024, which highlights the 4 key objective areas, actions, intended outcomes and measures of impact. The Trust will work towards incorporating these actions into a wider programme of work that can help create a compassionate, inclusive and welcoming workplace where disabled staff feel safe and secure and have opportunities to progress their careers and their contributions recognised.

As Chair of the Disabled Staff Network, I want to see real improvements for staff with a disability or a hidden disability to feel they can get the support they need. Our Disabled staff network is here to support our staff and ensure that people's voices are heard and actions are taken to reduce the differential experiences of staff with a disability compared to non-disabled staff. We want to drive real change and improve the lives of our staff to reduce barriers and increase equity. As a network, we are committed to work together on our WDES action plan and staff network objectives to achieve this.



**Dr Helen Grote**

**Disability Staff Network Chair**

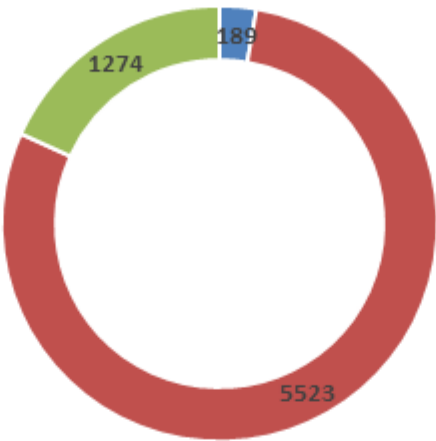
**Consultant Neurologist  
Chelsea and Westminster Hospital NHS Foundation Trust  
Imperial College Healthcare NHS Trust**

# Background

The WDES came into effect on 1st April 2019. The standard aims to improve the representation and experiences of disabled staff across the NHS.

## Our Workforce Disability Profile As at March 2023

Workforce Disability Composition



Disability Declaration %	
Yes	2.71%
No	79.0%
Unknown	18.2%

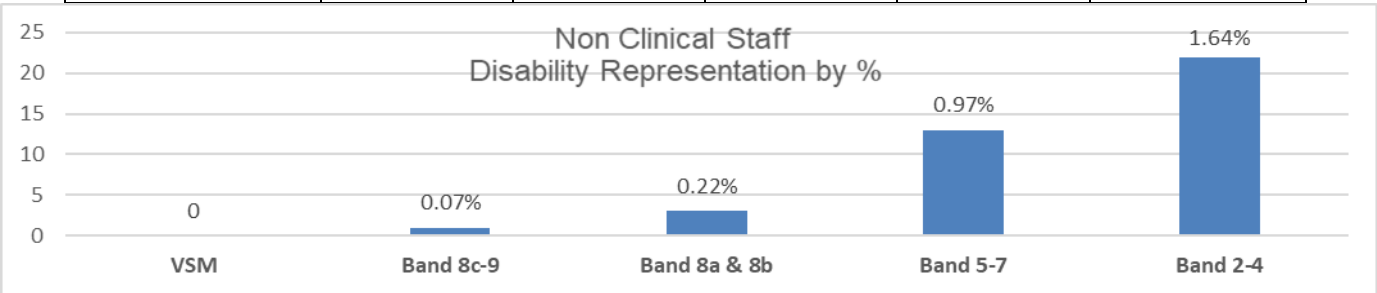
### WDES indicators – summary results for 22/23

**WDES indicator 1** - Percentage of staff in Agenda for Change pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

Overall, non-clinical staff make up 19.2% of the total workforce (excl medical staff).

### Non- clinical staff disability representation as at March 2023

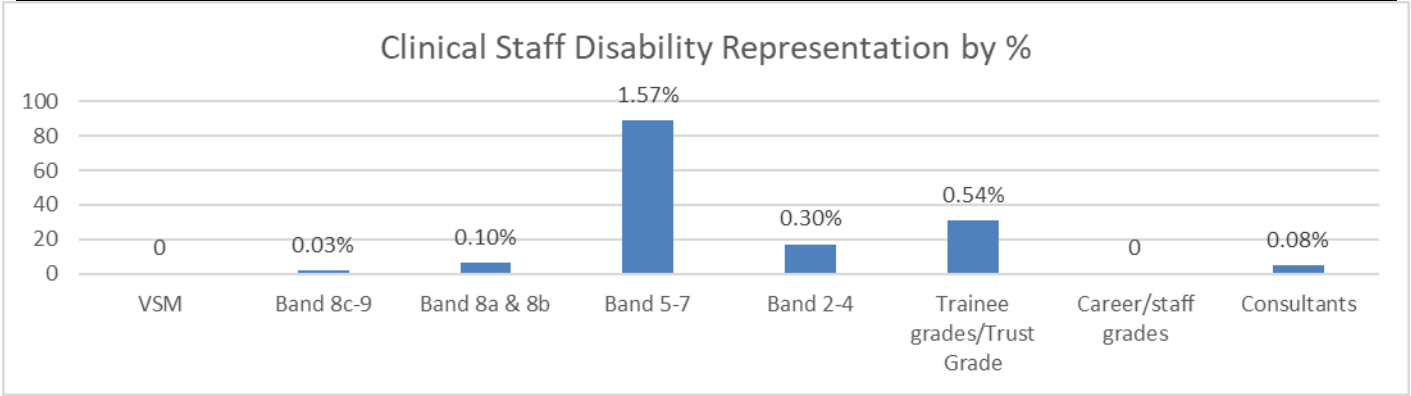
Overall non-clinical workforce	VSM	Band 8c-9	Band 8a & 8b	Band 5-7	Band 2-4
1339	0.0% (0)	0.07% (1)	0.22% (3)	0.97% (13)	1.64% (22)



Overall, clinical staff make up 80.8% of the total workforce.

Clinical staff disability representation as at March 2023

Overall Workforce	VSM	Band 8c-9	Band 8a & 8b	Band 5-7	Band 2-4	Trainee grades/trust grade	Career/staff grades	Consultants
5339	0	0.03% (2)	0.10% (6)	1.57% (89)	0.30% (17)	0.54% (31)	0	0.05% (5)



**WDES indicators 2 and 3** - the table below shows a summary of results over a 5-year period for indicators 2 and 3.

**WDES indicator 2** - Relative likelihood of Disabled staff being appointed from shortlisting compared to that of non-disabled staff being appointed from shortlisting across all posts.

**WDES indicator 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. This indicator is measured by entry into a formal capability procedure.

WDES Indicator	Trust Score 2023	Trust score 2022	Trust score 2021	Trust score 2020	Trust score 2019
2 – likelihood of non-disabled staff being appointed following shortlisting compared to disabled staff	1.14 Times more likely	1.74 Times more likely	1.54 Times more likely	1.09 Times more likely	1.20 Times more likely
3 – likelihood of disabled staff entering the formal capability process	0.00 Times more likely	1.95 Times more likely	3.89 Times more likely	2.24 Times more likely	2.04 Times more likely
	Of these, how many are on the grounds of ill health only?  0.00	Of these, how many are on the grounds of ill health only?  0.00			

## Staff Survey indicators

**WDES indicators 4 – 9** relating to staff survey findings.

WDES Metric	Non-disabled staff score 2022	Disabled staff score 2022	Compared to 2021 disabled score
<b>Metric 4a</b> - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:			
i. Patients/service users, their relatives or public	41.2%	47.4%	45.7%
ii. Managers	11.9%	19.3%	12.9%
iii. Other colleagues	21.1%	31.8%	31.3%
<b>Metric 4b</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.	52.3%	51.8%	52.0%
<b>Metric 5</b> - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	53.3%	46.7%	42.3%
<b>Metric 6</b> - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	24.9%	31.2%	36.7%
<b>Metric 7</b> - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	44.3%	33.0%	30.2%
<b>Metric 8</b> - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	N/A	68.0%	65.1%
<b>Metric 9a</b> - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	7.0	6.5	6.6
<b>Metric 9b</b> - Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)	Yes through staff networks and consultation.		

## Board indicators

**WDES Indicator 10** – Percentage difference between CW's Board voting membership and its overall workforce. This indicator is identical for both WRES and WDES reporting:

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

	Disabled voting board membership
2023	0%
2022	10%
2021	0%
2020	0%
2019	0%
National Average 2021	3.7%
NWL Average 2021	3.2%

## Comparison from national picture

The table below shows areas against which we are currently reporting below the national average.

Metric	Trust	National Average
Metric 10: Disabled representation on the board	0.0%	5.7%
Metric 1: Disabled representation in the workforce (non-clinical)	2.9%	5.8%
Metric 4a: Harassment, bullying or abuse from patients, relatives or the public in last 12 months	47.4%	33.2%
Metric 1: Disabled representation in the workforce (clinical)	2.7%	5.0%
Metric 4c: Harassment, bullying or abuse from other colleagues in last 12 months	31.8%	24.8%

Overall, we have made improvements around the likelihood of disabled staff entering the formal capability process; however, this needs to be sustained. Disabled staff continue to experience discrimination in appointment from shortlisting across all roles at all grades. Disabled staff experience has also worsened in areas around harassment from patients, managers and other colleagues and staff engagement score for disabled staff has declined

## Conclusion

We are required to publish a WDES action plan, along with this data on our website by 31 October 2023. Our action plan is part of our wider Trust wide EDI action plan, and actions we will progress and monitor over the next 12 months are in the table below. We will continue to work the Disabled Staff Network to address the challenges identified in this report. Activities from Access-Able working group, steps we are taking to upgrade from Disability Confident status (L2) to Disability Leader status (L3) and the input from the Disabled Staff Network will be critical. An important part of our progress will be around improved data quality, with Disabled Staff Network keen to ensure staff can easily update their disability status on ESR.

## EDI action plan including WDES 2023 - 2024

Objective	Actions	Success measure	Frequency
<p><b>Objective 1- Embed the Board's and senior managers' commitment to improving EDI</b></p> <p><b>Outcome:</b> Staff are clear of senior managers' commitment to provide a fair, inclusive and non-discriminatory work environment.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 1 and 6</b></p>	<ul style="list-style-type: none"> <li>Participate in Diversity in Health and Care Partners Programme for leaders, alongside ACC partners</li> <li>Launch Culturally Intelligent and Inclusive Leadership Development Programme for Divisional leadership</li> <li>Re instate reciprocal mentoring scheme for Executive and senior managers</li> <li>Embed EDI Advisor to Board role</li> <li>Divisional leadership teams undertake EDI self-assessment for Division's EDI maturity baseline</li> <li>Implement structured communication and engagement plan for Executives and Senior Managers to talk about EDI across the Trust</li> <li>All senior managers to have an inclusive leadership competence reviewed within their PDR</li> </ul>	<p>Annual chair / CEO appraisal on EDI objectives via Business assurance framework (BAF)</p> <p>Number of participant senior managers for inclusive leadership development training.</p> <p>Staff survey scores we are compassionate &amp; inclusive</p> <p>WRES / WDES increase in voting board representation</p>	<p>Annual</p> <p>Quarterly</p> <p>Annual</p> <p>Annual</p>
<p><b>Objective 2 - Develop influential Staff Networks (SN)</b></p> <p><b>Outcome:</b> SNs function effectively and visibly influence Trust decisions and policy, having direct impact on organisation culture.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2, 3, 4 and 6</b></p>	<ul style="list-style-type: none"> <li>Introduce standardised role descriptors for SN administrative roles and Executive SN Sponsor role</li> <li>Introduce monthly meetings between Executive SN sponsor and SN Chair</li> <li>Introduce SN policy / framework to support effective function of SNs, including ToRs and governance</li> <li>Implement training and development programme for SN chairs and SN Exec Sponsors</li> <li>SN annual programme of work and specific actions to help address findings from: <ul style="list-style-type: none"> <li>Stonewall - LGBTQ+ SN</li> <li>WRES – ENRICH SN</li> <li>WDES and AccessAble – Disabled SN</li> <li>Gender Pay Gap – Women's SN</li> </ul> </li> <li>Re-design SN intranet pages</li> <li>Implement a structured regular communication process from SNs to all staff</li> </ul>	<p>Number of existing SNs</p> <p>Number of SN membership</p> <p>Staff survey score We are compassionate and inclusive</p> <p>Staff survey score We each have a voice that counts</p>	<p>Bi-monthly</p> <p>Bi-monthly</p> <p>Annual</p> <p>Annual</p>

<p><b>Objective 3 - Ensure fairness in disciplinary, grievance and performance management processes</b></p> <p><b>Outcome:</b> There is a sustained reduction in actual or perceived discrimination against disabled and Black, Asian, Minority Ethnic staff.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2 and 6</b></p>	<ul style="list-style-type: none"> <li>• Deep dive into formal performance management cases over the last 2 years to understand themes, concentration and systemic issues</li> <li>• Introduce process for consulting EDI representatives at or before all formal disciplinary / capability hearings.</li> <li>• Embed Restorative Just Culture</li> </ul>	<p>Relative likelihood of staff being referred to formal capability</p> <p>Relative likelihood of staff being referred to formal capability</p> <p>Number of formal ER cases by ethnicity / disability</p>	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>
<p><b>Objective 4 - Ensure fairness of recruitment process and progression opportunities</b></p> <p><b>Outcome:</b> Competency-based and non -discriminatory selection practices are used and there is increased awareness of bias that may affect decision-making.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2, 3, 5 and 6</b></p>	<ul style="list-style-type: none"> <li>• Carry out a deep dive into 'shortlisted vs appointed' for Band 8As and above, disaggregated to Division level</li> <li>• Roll out refreshed Diversity Inclusion Champions recruitment campaign</li> <li>• Roll out new Diversity Inclusion Champions training</li> <li>• Introduce feedback and escalation process for Diversity Inclusion Champions following an interview panel</li> <li>• Introduce structured interview feedback process for candidates unsuccessful at interview. This should lead to an individual development/ progression plan</li> <li>• Launch NHS London Region de-bias in recruitment programme</li> </ul>	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>NSS Q on access to career progression, training and development opportunities</p> <p>Improvement in race and disability representation leading to parity</p> <p>Improvement in representation in senior levels</p> <p>Diversity in shortlisted candidates</p> <p>Number of Diversity Inclusion Champions recruited</p> <p>Number of Diversity Inclusion Champions on Band 8a and above interview panels</p>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>
<p><b>Objective 5 – Improve career progression for under-represented groups</b></p> <p><b>Outcomes:</b> There is parity across groups at all levels. Race, gender and disability pay gaps are eliminated.</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 2, 3 and 5</b></p>	<ul style="list-style-type: none"> <li>• Deep dive into CPD allocations over last 12 months and processes for approval</li> <li>• Introduce screening process to identify appropriate vacant roles for ring-fenced interviews</li> <li>• Introduce internal leadership ladder (replicating NWL Pilot)</li> <li>• Structure for wide and systematic promotion of national programmes specifically aimed at encouraging the development of staff from underrepresented groups.</li> <li>• Maintain and widely promote a clear catalogue of sources of and access to informal career advice, coaching and mentoring.</li> </ul>	<p>Number of staff from underrepresented groups applying for leadership courses.</p> <p>Number of staff from underrepresented groups accepted onto leadership courses</p> <p>Number of staff securing promotion following a leadership course or programme</p> <p>Number of staff in acting up</p> <p>Number of staff in secondments</p> <p>Likelihood of access to non-mandatory training/CPD</p>	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>



<p><b>Objective 6 - Eliminate harassment and bullying</b></p> <p><b>Outcome:</b> There is sustained reduction in actual or perceived discrimination cases and organisational learning and awareness of micro- aggressions</p> <p><b>Linked to NHS EDI Improvement plan high impact action 6</b></p>	<ul style="list-style-type: none"> <li>• Introduce active by-stander training</li> <li>• Introduce Equity Impact Assessment (EIA) requirement for all policies , starting with those undergoing review</li> <li>• Increase platforms for collective learning and sharing of multi-cultures and differences</li> <li>• Evaluate findings from Virtual Reality pilot and identify opportunities for full adoption</li> <li>• Revise current EDI mandatory training</li> <li>• Improve data quality and capture through ESR and increase staff declaration rates on protected characteristics.</li> </ul>	<p>Number of managers trained in completing EIAs</p> <p>Number of staff attending active by-stander training</p> <p>Staff survey scores on bullying, harassment</p> <p>Staff survey scores on discrimination from managers</p> <p>Staff survey scores for “Belonging in the NHS”</p> <p>WDES staff engagement score</p>	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>Annual</p> <p>Annual</p> <p>Annual</p>
<p><b>Objective 7 – Develop and embed an inclusive and compassionate culture</b></p> <p><b>Outcome:</b> We are inclusive</p> <p><b>Linked to NHS EDI Improvement plan high impact actions 5 and 6</b></p>	<ul style="list-style-type: none"> <li>• All actions above, delivered successfully, will re-inforce an inclusive and compassionate culture.</li> </ul>	<p>Improvement in race, gender and disability pay gap</p> <p>Staff survey score We are compassionate and inclusive</p> <p>Staff survey score We are safe and healthy</p> <p>WDES staff engagement score</p> <p>Pulse survey score to questions on recommending the Trust as a place to work and receive treatment</p>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p>