

NHS Workforce Disability Equality Standard

Technical Guidance



Parvin's story: <http://www.patientvoices.org.uk/flv/1182pv384.htm>

Table of Contents

1	Overview.....	5
2	The purpose of this Guidance, the WDES and the NHS Standard Contract.....	6
2.1	The purpose of this Technical Guidance and how to use it.....	6
2.2	Which NHS organisations are required to implement the WDES?	7
3	A tool for healthcare providers, commissioners and national bodies	8
3.1	Clinical Commissioning Groups (CCGs) and the WDES.....	8
3.2	Commissioning Support Units	8
3.3	The Independent Sector and the Voluntary Sector	8
3.4	The Equality and Diversity Council, its members and the WDES.....	9
3.5	The CQC inspection regime and the WDES	9
4	The importance of the WDES	10
4.1	The NHS Constitution and the WDES.....	10
4.2	The law and advancing disability equality	10
4.3	WDES Research Context	11
4.4	Increasing the number of Disabled people employed in the NHS	122
4.5	Principles that have informed the design of the WDES.....	12
5	The WDES Metrics	13
6	Definitions of disability and improving the Disability Declaration Rate	17
6.1	The definition of disability in NHS data systems.....	17
6.2	The importance of improving the Disability Declaration Rate.....	17
6.3	Improving data in the NHS Staff Survey.....	18
7	The links between the WDES, WRES and the Equality Delivery System	19
7.1	The WRES	19
7.2	The Equality Delivery System	19
7.3	The WDES, the WRES and EDS	19
8	Key considerations when implementing the WDES.....	20
8.1	Leadership and governance.....	20
8.2	Local accountability.....	21
8.3	Staff Engagement	22
8.4	Data sharing.....	23
8.5	Sourcing data and data sources.....	23
8.6	Reporting, action planning and benchmarking - local reporting	24
8.7	Confidentiality.....	26
9	Implementation timetable and milestones for WDES reporting.....	27
10	Applying the WDES Metrics.	28

11	Annex A: Key Terms	43
12	Annex B: How the overall Metric for staff engagement is calculated from the NHS Staff Survey	434
13	Annex C – Definitions of disability – the Equality Act 2010, the NHS Staff Survey, NHS Jobs and ESR Self-Service	46
14	Annex D – References, tools and resources	49
15	Annex E: Support and queries.....	51

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Contact Details for further information	Dr Christine Rivers NHS England Skipton House 80 London Road London SE1 6LH 07730 380729 www.england.nhs.uk/about/equality/equality-hub/wdes

Document Status

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1 Overview

As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and will be at the heart of our workforce implementation plan. The NHS draws on a remarkably rich diversity of people to provide care to our patients. But we fall short in valuing their contributions and ensuring fair treatment and respect. NHS England, with its partners, is committed to tackling discrimination and creating an NHS where the talents of all staff are valued and developed – not least for the sake of our patients and the delivery of high quality healthcare.

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the National Health Service (NHS). The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.

The WDES is a series of evidence-based Metrics that will provide NHS organisations with a snapshot of the experiences of their Disabled staff in key areas. By providing comparative data between Disabled and non-disabled staff, this information can be used to understand where key differences lie; and will provide the basis for the development of action plans, enabling organisations to track progress on a year by year basis. The WDES provides a mirror for the organisation to hold up to itself, to see whether or not it sees a reflection of the communities that it serves.

Organisations will be encouraged to introduce new measures and practices which positively support disability equality in the workplace and further the involvement and engagement of Disabled communities more widely in the work and aims of the NHS.

As the fifth biggest employer in the world and employing 1.2 million people, the NHS is in a pivotal position to lead the way in the employment of Disabled people. This is especially relevant for the NHS, as the provider of universal healthcare services and where 70% of people using NHS services have long-term conditions. We draw upon a rich diversity of people to provide care for our patients. Recognising the values of

equality and diversity is central to achieving cultural change, in which all staff are respected and valued for their contributions and receive fair treatment in the workplace.

2 The purpose of this Guidance, the WDES and the NHS Standard Contract

2.1 The purpose of the WDES Technical Guidance and how to use it

The WDES will help NHS organisations to review their performance against ten (10) Metrics and produce action plans to close the gaps in career and workplace experience between Disabled staff and non-disabled staff¹. The WDES will also encourage improvement in the representation of Disabled staff at NHS Trust Board level.

This Technical Guidance contains the WDES Metrics, and provides a range of detailed information that will support those tasked with implementing the WDES. This guidance is part of a package of resources to support NHS Trusts and Foundation Trusts² to make measurable and continuous improvements in workforce disability equality. It will be particularly helpful to HR directors and managers, Equality, Diversity and Inclusion (EDI) Leads, Disability and Equality Networks, Workforce Information specialists, Trade Unions (disability and equality leads) and others who are involved in implementing the WDES.

This technical guidance may be particularly useful to Chief Executives, Senior Management Teams and Boards of NHS Trusts and Foundation Trusts who hold

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

² In the first two years of WDES, the WDES, unlike the WRES, will only apply to NHS Trusts and Foundation Trusts. During this time, NHS England will be working with other NHS providers to explore how best to extend the WDES to other NHS Organisations.

responsibility for complying with the NHS Standard Contract, responsibility for overseeing the implementation of the WDES, as well as legal responsibility for complying with the Equality Act 2010 and the Public Sector Equality Duty.

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

Those in Arms-Length Bodies, CCGs and other agencies committed to advancing disability equality and those with an interest in the WDES will find sections 2, 8 and 9 of the guidance informative.

2.2 Which NHS organisations are required to implement the WDES?

The WDES has been mandated, through the NHS Standard Contract under Service Condition 13.7, to apply only to NHS Trusts and Foundation Trusts in the first two years of implementation. This builds on the process adopted for the Workforce Race Equality Standard (WRES), and will allow the WDES to be embedded into NHS systems. During this time, NHS England will support engagement and discussion with other NHS providers and the independent and voluntary sectors to explore how best to extend the reach of the WDES.

The table below is taken from the NHS Standard Contract³.

SC13	Equity of Access, Equality and Non-Discrimination	Applicability
13.7	In accordance with the timescale and guidance to be published by NHS England, the Provider must: 13.7.1 implement the National Workforce Disability Equality Standard; and 13.7.2 report to the Co-ordinating Commissioner on its progress.	NHS Trust / FT

³ <https://www.england.nhs.uk/wp-content/uploads/2018/05/2-nhs-standard-contract-2017-19-particulars-service-conditions-may-2018.pdf> (p17)

CCGs and national Arms-Length Bodies (ALBs) are not subject to the NHS Standard Contract, so our approach will also allow time for future engagement with them about their own adoption of the WDES and the specific role of CCGs in relation to their role as commissioners of NHS services. Further information is provided in the next part of this guidance.

3 A tool for healthcare providers, commissioners and national bodies

3.1 Clinical Commissioning Groups (CCGs) and the WDES

CCGs have two roles in relation to the WDES; as employers and as the commissioners of the services provided by NHS Trusts and Foundation Trusts. The Improvement and Assessment Framework (IAF)⁴ sets out the performance framework for CCGs. The roles that CCGs are expected to play in rolling out, supporting the WDES and/or implementing the WDES as employing bodies will be agreed as part of the new IAF. Discussions about the 2019/20 IAF and the WDES will take place in 2019.

3.2 Commissioning Support Units

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

3.3 The Independent Sector and the Voluntary Sector

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

⁴ <https://www.england.nhs.uk/commissioning/regulation/ccg-assess/>

representatives of Independent Sector organisations will take place during 2019/20, with a view to discussing the WDES and its implementation from April 2021.

3.4 The NHS Equality and Diversity Council, its members and the WDES

A number of arms'-length bodies (ALBs) and other national partners are members of the NHS Equality and Diversity Council (EDC). The EDC and its members are committed to supporting the WDES. ALBs should support, assist and enable NHS Trusts and Foundation Trusts to collect, collate and publish WDES data.

As with the WRES, ALBs will not be mandated through any contractual or regulatory route to submit data for the WDES. However, as members of the EDC providing system leadership, and in the spirit of transparency and continuous improvement, ALBs will be expected to publish data against the WDES Metrics. We will engage and support ALBs in this regard.

In addition to NHS England and NHS Improvement, other national healthcare bodies (or ALBs) and national partners include the Care Quality Commission, Health Education England (HEE), NHS Digital, the NHS Confederation (which includes NHS Employers), NHS Leadership Academy and Public Health England (PHE).

Workforce disability equality, and equality in general, is a challenge that requires organisational behavioural change. Board level commitment and leadership are critical, and EDC members have important roles to play in providing national leadership and support.

3.5 The CQC inspection regime and the WDES

Discussions will take place with the Care Quality Commission (CQC) about the timetable for including the WDES as part of its' inspection regime for NHS Trusts and Foundation Trusts. Like the WRES, the WDES will not form part of the CQC's formal inspection regime in the first year of implementation.

4 The importance of the WDES

4.1 The NHS Constitution and the WDES

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

Disability equality is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution. The NHS Constitution reiterates the rights of people using NHS services to healthcare that is free from discrimination; it also includes the rights of staff to a workplace that is free of discrimination, and the commitment of the NHS to putting this into practice. High quality care requires high quality workplaces, with commissioners and providers aiming to be ‘employers of choice’. The WDES is a crucial NHS initiative that seeks to improve the experience of Disabled staff working in the NHS and contribute to improving the number of Disabled people employed in the NHS. Research by Michael West (2015)⁵ links improved staff experiences with better patient care.

4.2 The law and advancing disability equality

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

Section 149 of the Equality Act sets out the Public Sector Equality Duty (PSED), offers protection in relation to employment, as well as access to goods and services. The PSED strengthens the duty on employers to eliminate discrimination and

⁵ West, M., Dawson, J. and Kaur, M., 2015. [Making the difference: Diversity and inclusion in the NHS](#)

advance equality of opportunity for Disabled employees. Implementing the WDES will assist NHS organisations to ensure that they are complying with the provisions of the Equality Act 2010, and the aims of the PSED.

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

4.3 WDES research context

Research from the Universities of Middlesex and Bedfordshire⁶, based on analysis of the National Staff Survey found that 17% of NHS staff described themselves as Disabled. The analysis, drawn from the staff survey's aggregated data, found that – when compared with non-disabled staff - Disabled staff were 12 percentage points more likely to say they felt bullied by their manager, 11 percentage points more likely to say they felt pressured to work when unwell, and 8 percentage points less likely to say their organisation acted fairly with regards to career progression.

Research conducted by Disability Rights UK⁷ was based on an online survey of Disabled NHS staff members, and included a follow up study involving in depth interviews with 15 clinicians. The research involved staff with a range of disabilities, and from different pay bands and geographical locations. The research found that there was notable fear and nervousness from Disabled staff in relation to disclosing their disability at work.

The analysis also concluded that the support available from managers to Disabled staff varied significantly, and that the equality and diversity training in NHS organisations required improvement. The research also found that NHS organisations do not adequately understand and implement 'Access to Work'⁸, a

⁶ NHS England: Research on the experience of staff with disabilities within the NHS Workforce (Ryan, Edwards et al 2015) <http://eprints.mdx.ac.uk/18741/>

⁷ [Different Voices, Different Choices – NHS Employers / Disability Rights UK](#)

⁸ <https://www.gov.uk/access-to-work>

Government funded scheme which provides funds to support Disabled people when applying for, or in, work.

4.4 Increasing the number of Disabled people employed in the NHS

The UK Government has committed to lowering the employment gap between Disabled and non-disabled people, and increasing the numbers of Disabled people entering and staying in employment⁹. In 2016, the UK Government published a [green paper](#) committing to halve the employment gap between Disabled and non-disabled people. In November 2017, [the Government pledged to](#) increase the number of Disabled people in employment by one million. In April to June 2018, people with disabilities had an employment rate [30.4% lower than people without disabilities](#).

4.5 Principles that have informed the design of the WDES

The social model of disability, 'Nothing About Us Without Us' and the concept of 'Disability as an Asset' are three key principles and concepts advocated by disability rights organisations that have informed the development of the WDES.

The 'social model of disability' recognises that Disabled people face significant social barriers, and these, rather than an individual's impairment or long-term condition, create disability. Barriers can be physical – such as having stairs without a ramp into a building – or social, for example, assumptions that a Disabled person or Disabled people generally cannot perform a task or role.

The social model helps people to recognise barriers that make life harder for Disabled people. Removing these societal barriers creates equality, and offers Disabled people more independence, choice and control. Through their lived experience, Disabled people have crucial expertise about how they will be affected by actions and decisions. The concept of "Nothing About Us without Us" argues that actions and decisions that affect, or are about, Disabled people should be informed

⁹ <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540#fullreport>

by the views of Disabled people, and where appropriate, actions should be taken in partnership with Disabled people.

'Disability as an Asset' refers to the benefits of employing Disabled staff and the positive impact that Disabled staff have in the workforce. A central element of this concept is developing a culture in which people can speak openly and positively about disability, and in which Disabled people feel comfortable about disclosing their disability status.

A workplace in which Disabled staff are visible and feel comfortable will engender greater awareness throughout the workforce and provide a more informed service to people using healthcare services. Making disability integral to mainstream policies from the point of application, through induction and continuing development and training, recognises that disability can affect us all and that promoting inclusion is everyone's business.

5 The WDES Metrics

There are ten (10) WDES Metrics;

- Three (3) Metrics focus on workforce data;
- Five (5) are based on questions from the national NHS Staff Survey (NHSS).
- One (1) Metric focuses on disability representation on Boards,
- One (1) Metric (Metric 9) focuses on the voices of Disabled staff, 9b asks for evidence to be provided in the WDES annual report¹⁰.

In comparison to the WRES, three WDES Metrics (2, 5 and 10) are the equivalent of the WRES Metrics. WDES Metric 1 is closely related, using clusters rather than individual grades or pay bands. WDES Metric 4 is closely related to the two WRES Metrics (5 and 6) on bullying and harassment. Additionally,

- WDES Metric 3 - the likelihood of Disabled Staff entering capability Procedures - will be a voluntary Metric in the first year of the WDES implementation.

¹⁰ The report published on the Trust's website, which includes the Metric results and action plan.

- WDES Metrics 4, 5, 6 7, 8 and 9a use data drawn from NHS Staff Survey (NHSS) questions e.g. WDES Metric 4 (NHSS question 13), WDES Metric 5 (NHSS question 14), WDES Metric 6 (NHSS question 11), WDES Metric 7 (NHSS question 5), WDES Metric 8 (NHSS question 28b).

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

WDES Metric 9b asks for evidence of action to facilitate the voices of Disabled staff to be heard. Depending on the response, evidence of actions or plans to address the gap should be added to the Trust's WDES annual report – this is the WDES report, published on the Trust's website annually, and which includes the Trust's Metrics and action plan.

The WDES Metrics have been chosen to be as simple and straightforward as possible and are almost entirely based on existing data sources (NHS Electronic Staff Record (ESR), NHS Staff Survey or local equivalent) and on analysis from current high performing NHS Trusts. The development of the 10 WDES Metrics owes a great deal to lessons learned from the WRES development and implementation; and with the engagement and contributions from the NHS and key stakeholders during the piloting and consultation stages.

It should be noted within the WDES Metrics, that the term 'Disabled compared to non-disabled', analyses the differences in experience between those staff who have responded 'Yes' and 'No' to monitoring questions about whether they have a disability. Those staff who have not answered the question, or who have indicated that they prefer not to say, should not be included in the 'No' data. The pre-populated spreadsheet will include an 'Unknown' column that includes these staff. Trusts should ideally examine each of the categories, in order to understand the data and how it can be improved.

Workforce Metrics

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

Metric 1	<p>Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades</p> <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.</p>
Metric 2	<p>Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.</p> <p>Note:</p> <ul style="list-style-type: none">i) This refers to both external and internal posts.ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.
Metric 3	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Note:</p> <ul style="list-style-type: none">i. This Metric will be based on data from a two-year rolling average of the current year and the previous year.ii. This Metric is voluntary in year one.

National NHS Staff Survey Metrics

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

<p>Metric 4 Staff Survey Q13</p>	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <ul style="list-style-type: none"> i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues <p>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.</p>
<p>Metric 5 Staff Survey Q14</p>	<p>Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</p>
<p>Metric 6 Staff Survey Q11</p>	<p>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.</p>
<p>Metric 7 Staff Survey Q5</p>	<p>Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.</p>
<p>The following NHS Staff Survey Metric only includes the responses of Disabled staff</p>	
<p>Metric 8 Staff Survey Q28b</p>	<p>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</p>
<p>NHS Staff Survey and the engagement of Disabled staff</p> <p>For part a) of the following Metric, compare the staff engagement scores for Disabled, non-disabled staff and the overall trust's score</p> <p>For part b) Add evidence to the Trust's WDES Annual Report</p>	
<p>Metric 9</p>	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</p> <p>b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</p> <p>Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.</p>

	If no , please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.
Board representation Metric	
For this Metric, compare the difference for Disabled and non-disabled staff.	
Metric 10	<p>Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board. • By Executive membership of the Board.

6 Definitions of disability, and improving the Disability Declaration Rate

6.1 The definition of disability in NHS data systems

The definitions of disability used in the ESR, NHS Staff Survey, and the Equality Act 2010 are not the same. Further consideration will be given to whether these definitions can be better harmonised in 2019/20. These definitions are included in Annex C.

6.2 The importance of improving the disability declaration rate

The 2018 WRES report refers to an ESR ethnicity declaration rate of 95.5%, with 4.6% of the data unknown¹¹. **This contrasts with an ESR disability declaration rate of 73.5%, with 14% of the data unknown, and 12.5% of the data ‘not declared’.** The NHS can only know whether significant improvements are being made to the number of Disabled people working in the NHS if the disability declaration rate improves year on year.

Disabled people need to have confidence that providing information on their disability status will lead to positive improvements, and will not have any negative consequences. The importance of increasing equality monitoring data is not unique

¹¹ <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/workforce-race-equality-standard-2018-report/>

to disability, and evidence from the WRES shows that improved data can be achieved through commitment, effort and partnership working. Alongside the implementation of the WDES, NHS Trusts and Foundation Trusts will be asked to take action to increase the disability declaration rate year on year.

In the first year, NHS Trusts and Foundation Trusts will need to review their data and take any necessary action on key areas that support the implementation of the WDES. A key focus will be to increase ESR disability declaration rates and a reduction in the rates of staff in the unknown/'not declared' categories. There are resources to support this process, see the tools and resources listed in Annex D.

Organisations should take action to support existing staff to feel more comfortable in declaring their disability – for example, by increasing the visibility of Disabled staff in the workplace, including in senior roles, and by providing organisational support to the Disabled Staff Network (or facilitate the establishment of one if not currently in place). Organisations may want to consider running an awareness campaign in partnership with the Disabled Staff Network on a range of issues such as what constitutes a disability ([in law](#)) and on making reasonable adjustments. Trusts and Foundation Trusts may also want to review the recruitment documentation that they send to potential candidates to ensure that it is accessible and promotes disability equality.

6.3 Improving data in the NHS Staff Survey

Guidance issued with the NHS Staff Survey 2018 sets a minimum sample size of 1250 for all organisations¹². As Disabled staff make up a proportion of the workforce, full staff surveys will provide better and more reliable data. A larger sample will help organisations to make better use of staff survey data. It will also reduce concerns about the confidence level for disability-related staff survey data, where the numbers of Disabled staff within the workforce is relatively small. Organisations are strongly encouraged to increase response rates amongst all staff, and work with their Trade

¹²

http://www.nhsstaffsurveys.com/Caches/Files/ST18_Participating%20organisations%20guidance.pdf

(pg 26)

Union colleagues and staff support networks (including Disabled Staff Networks, where they exist) in this endeavour.

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

7.1 The WRES

The NHS Workforce Race Equality Standard (WRES) is designed to help NHS organisations (and other organisations providing NHS services) review their performance in workplace race equality and produce action plans to close the gaps in experience between white and Black and Ethnic Minority (BME) staff, at all levels, including Board representation. We have used the WRES methodology in the approach we have taken to developing the WDES Metrics and framework.

7.2 The Equality Delivery System (EDS)

The Equality Delivery System¹³ is designed to help local health and social care organisations, through discussions with local stakeholders, to review and improve their performance for patients, communities and staff in relation to all of the nine (9) protected characteristics outlined in the Equality Act 2010. The EDS is currently being reviewed with a refreshed version (EDS 3), due to be launched later in 2019.

7.3 The WDES, the WRES and EDS

The WRES, WDES and the EDS are complementary but distinct. Therefore, there should not be any unnecessary duplication in the collection of data from these initiatives. The data and analyses for the WDES Metrics will assist organisations when implementing EDS3, in particular with the outcomes under EDS2 Goals 3 'A representative and supported workforce'; and Goal 4 'Inclusive leadership'.

The WRES, WDES and the EDS will also assist organisations in meeting their Public Sector Equality Duty (PSED) requirements. Health and social care organisations

¹³ <https://www.england.nhs.uk/about/equality/equality-hub/eds/>

should refer to the Equality Act 2010 and related guidance ¹⁴ for a full understanding of the PSED. Following the implementation of the first year of the WDES, NHS England, NHS Improvement and the EDC should be in an informed position to consider how to build on the WDES, WRES and EDS3 to address other equality strands and issues of intersectionality.

8 Key considerations when implementing the WDES

8.1 Leadership and governance

Committed leadership must come from Board level. Like the WRES and the EDS, the WDES will have maximum impact when it is located and embedded within mainstream business and governance structures. It is increasingly recognised that without good leadership, work on equality, diversity and inclusion initiatives are very often short-lived, or at best, have little organisation-wide impact.

Board members should be visible in not only what they say but also from what they do, both within and outside of the Trust. Boards are encouraged to get involved in developmental initiatives and leadership programmes where the emphasis is on inclusive workforces and healthcare services.

Boards and senior leaders should confirm their own commitment to workplaces that are free from discrimination –to enable Disabled staff to thrive and flourish based on their talent. This is important, as the WDES may well challenge the leadership of the organisation to positively demonstrate their own commitment to disability equality and inclusion. Organisations should identify a Board member to lead or promote the WDES, as well as other equality initiatives, such as the WRES.

Staff are one of the most important resources available to organisations to drive forward equality for patients and in the workplace. Due to recent organisational restructuring and financial pressures, the numbers of specialist staff with expertise in equality and diversity may have reduced; smaller organisations may only have

¹⁴ <https://www.gov.uk/guidance/equality-act-2010-guidance>

limited specialist equality expertise or resource. In taking forward work on the WDES, organisations should consider what support, development opportunities and training should be made available to staff at all levels. Board and senior management level leadership, involvement, support and endorsement will be critical.

The WDES requires specialist advice and support. Board-level sponsorship, allied with shared ownership across the organisation, is essential if organisations are to meet their contractual and legal equality requirements, the expectation of regulators, the aspirations of staff and the best interests of their patients. Leaders should promote an active and visible policy of mainstreaming a workforce disability perspective in all workforce and service related policies and programmes. The WDES Metrics analysis and subsequent discussions should consider the potential impact on Disabled staff and applicants, as well as the subsequent effect on service delivery.

8.2 Local accountability and reporting

Organisations' WDES data and draft action plans can in the first instance, be discussed with internal services and local interest groups including:

- Organisational governance arrangements established for the purpose of WDES implementation;
- Governors and members of NHS Foundation Trusts;
- Disabled Staff Networks, all staff, local trade unions and other organised staff groups;
- Local community groups including Disabled People's Organisations (DPOs) or Disabled Persons User-Led Organisations (DPULOs) and Equality Councils;
- Patient voice representatives, recognising that ultimately, patients will benefit from a diverse workforce.

NHS Trusts and Foundation Trusts will be sent a pre-populated WDES Excel Spreadsheet, which will contain data that is specific to their organisation. Trusts will need to verify and check the pre-populated data and complete the spreadsheet for two of the Metrics. The spreadsheet will auto-calculate the Metrics. Trusts are then required to upload the completed Excel Spreadsheet, using the Strategic Data

Collection Service (SDCS). Finally, Trusts will need to complete and submit the WDES online reporting form, prepare an action plan, and publish the action plan and the Metrics on their website.

8.3 Staff Engagement

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

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

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

In implementing the WDES, it is essential that the voices of Disabled staff are heard loud and clear during the processes of identifying the challenges in making continuous improvements against the WDES Metrics. Organisations are strongly encouraged to help establish and support Disabled Staff Networks and/or find ways of facilitating the voices of Disabled staff; Networks can provide an important source of knowledge, support and experience.

It will be critical for organisations to provide a safe place for Disabled staff to share their concerns and be listened to in a meaningful and sustained way. Such an approach can contribute significantly to the overall success of the organisation's

work on equality, diversity and inclusion. Disabled Staff Networks can be crucial to increasing the visibility of Disabled staff in the organisation.

Focusing on areas such as mentoring and coaching, challenging stereotypical attitudes, visibility and increasing knowledge of the legal definition of disability can support sustained change over time. Trade Union organisations can play an important role in providing intelligence within organisations and in helping to create robust local action plans. Trusts should also engage with, and involve their Occupational Health providers, as they will play a critical role in the employment and retention of both applicants and existing staff members.

8.4 Data sharing

NHS Trusts and Foundation Trusts should share data from workforce analysis and staff surveys with staff and trade unions, including discussions of the Metrics which indicate challenges in disability equality. Inviting real engagement about the processes and shaping plans to improve the experience of Disabled staff can foster good relations throughout the organisation and impact on all staff.

WDES action plans should gain input from stakeholders, including Disabled staff, staff networks, other staff groups and trade unions. It is beneficial to involve workforce, communications, learning and development, talent management and organisational development (OD) functions in delivering actions.

8.5 Sourcing data and data sources

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

- Electronic Staff Record (ESR);
- the Employee Relations database, used by the organisation, which includes data on capability, with linked information on disability. Organisations that use ESR to record employee relations data will be able to draw data from Business Intelligence reports (note: Metric 3, capability, is voluntary for the first year of the WDES);

- recruitment datasets, which include record keeping systems for shortlisting and appointments and includes linked information on candidates' disability status.

Data required for WDES Metrics 1 and 10 (drawn from ESR) will be pre-populated on the WDES Excel Spreadsheet; this data will need to be verified using the Trust's own data. The NHS Staff Survey data for WDES Metrics 4-8 and 9a will also be provided on the pre-populated WDES spreadsheet. Data for Metrics 2 (recruitment and shortlisting) and 3 (capability) cannot be pre-populated, but the spreadsheet will auto-calculate the Metric once the data is added.

Data for Metric 2 is drawn from the recruitment and shortlisting dataset, which is available on ESR for the trusts that use ESR to record recruitment and shortlisting data. For others, the data will be available on the recruitment database used by the Trust for example, Trac or Stepchange. This data is already being collected for the Workforce Race Equality Standard (WRES), so the disability field may need to be added.

Data for Metric 3 (which is voluntary in year 1) should be drawn from HR/employee relations datasets, which collect data on capability processes. The data on disability status may need to be added from ESR to be able to report against this Metric.

If these datasets are not in place, Trusts and Foundation Trusts should investigate how these can be set up in the first year of the WDES, reporting against the Metrics where the data exists.

As part of ongoing improvement processes, we will review the Metrics on an annual basis.

8.6 Reporting, action planning and benchmarking - local reporting

WDES reporting will follow the same process as the WRES. There is a slightly different timetable for the WDES, as the WDES Excel Spreadsheet, WDES online reporting form and action plan have to be published by 1st August (see the timetable

in section 9). The WRES has a later date for submitting the online reporting form and publishing the action plan. The different dates allow for focus on each of the standards. Each Board or corporate leadership must play a full and visible part in signing off the Trust's WDES data and agreeing the associated action plan. They should be clearly seen to own this work.

Organisations should complete the WDES Excel Spreadsheet and submit this via the Strategic Data Collection System (SDCS)¹⁵. Following this, they should complete and submit the online reporting template which will be available on the NHS England WDES web pages¹⁶. Once an action plan has been developed, and ratified by the Board, organisations should publish on their website. These plans should include evidence of action to facilitate the voices of Disabled staff to be heard (Metric 9b) in this documentation.

This approach will help assist the identification and sharing of replicable good practice and learning on improving workforce disability equality nationwide. It will also help similar types of NHS Trusts and Foundation Trusts to benchmark their performance against each other and seek peer support where appropriate.

For reporting the WRES Metrics, organisations have decided whether their dataset includes all bank and locum staff, students on placement and staff employed by contractors; or does not include them altogether. Trusts should follow the same approach for the WDES, and either include or exclude these staff groups.

Organisations should listen to their Disabled staff to better understand the data. Good practice will include drilling down to analyse the data by departments and professions as far as possible.

¹⁵ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/strategic-data-collection-service-sdcs>

¹⁶ <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

8.7 Confidentiality

The Strategic Data Collection Service (SDCS) is a secure system used across the NHS for the collection of data, and through which WDES data will be submitted by NHS Trusts and Foundation Trusts. For WDES reporting, low numbers can be used and still be compliant with Information Governance and Data Protection laws.

In addition to the SDCS, NHS Trusts and Foundation Trusts will need to review and check their workforce data on disability, and discuss internally before publishing on their website. It is important that the people analysing the raw data are in posts where their role allows them to review confidential data, and that data is checked for anonymity before it is shared internally or with other groups.

There may be occasions when the numbers or percentages that are emerging in the data or the Metrics are small. If an organisation believes that any of the information could be 'personally identifiable', they should seek further advice from staff with responsibility for organisational data protection compliance and the General Data Protection Regulations (GDPR).

9 Implementation timetable for WDES reporting

January / March 2019	NHS Trusts and Foundation Trusts review their datasets and disability declaration rates.
May / June 2019	NHS England will publish the WDES online reporting form on the NHS England website and will send NHS Trusts and Foundation Trusts a pre-populated WDES spreadsheet.
June / August 2019	<p>NHS Trusts and Foundation Trusts:</p> <ul style="list-style-type: none"> • Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service. • Complete and submit the WDES online reporting form. • Prepare an Action Plan • Ensure that the Metrics and Action Plan are signed off by the Board <p>Data covers 1 April 2018 to 31 March 2019¹⁷.</p>
By 1 August 2019	NHS Trusts and Foundation Trusts publish the WDES Metrics and action plan on their websites.

¹⁷ With the exception of Metric 3 (capability). Metric 3 is voluntary in the first year, but covers a two year period – 1st April 2017-31st March 2019.

10 Applying the WDES Metrics

Information about each of the ten WDES Metrics, plus definitions of terms, and advice on evidence and sources to consider are given in the following set of tables.

<p>Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and Very Senior Managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental Staff, Consultants Cluster 6: Medical and Dental Staff, Non-consultant career grade Cluster 7: Medical and dental Staff, Medical and dental trainee grades</p> <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes, with the exception of medical and dental staff, which are based upon grade codes.</p>	
What does this Metric measure / compare?	This Metrics compares the data for Disabled and non-disabled staff, across all pay bands and grades.
What is the source for this Metric?	Electronic Staff Record (ESR) or its equivalent.
What relationship does this Metric have to the WRES?	WDES Metric 1 is very similar to WRES Metric 1. The difference is that the WDES uses clusters, rather than single pay bands/grades. This allows a better understanding of Disabled staff across the workforce, because of the low percentages of Disabled staff recorded in ESR. The process and rationale applied to the definitions and calculations for Metric 1 for the WDES should be the same as for the WRES.
Definitions in the Metric	The specific grade codes, job roles and basic salary values which are used to produce the pre-populated data can be viewed by NHS Trusts and Foundation Trusts - see the local ESR BI report for the WDES.

- The job roles will be the same for the WDES and WRES. “Bands 1-9” refers to staff paid using the national Agenda for Change (AfC) pay scales for these grades. Where local pay scales are in use, then for non-medical staff, the equivalent basic salary level may be used.

- “Medical and Dental subgroups” are staff paid using the Medical and Dental pay scales; the subgroups are identified by using the national grade codes or staff group / job roles.

“Senior Medical Manager” is defined as: a medical consultant who is either a Medical Director, a Deputy Medical Director or who reports directly to a Medical Director or Deputy Medical Director. This category cannot be pre-populated, and so it will need to be manually added. WRES data has highlighted that there is a large disparity between the diversity of BME staff in other pay bands/grades and those in Senior Medical Managers. We are also keen to identify whether a similar disparity exists in regards to disability. We also want to ensure alignment with the WRES to make reporting consistent between the two standards. This group is listed as a separate category in the WDES Excel Spreadsheet.

- The Job roles for the Board will be the same as the WRES.

“Very Senior Managers (VSM)” are defined using job roles, including Chief Executives, Chairs, Executive Directors and Non-Executive Board Members. These include Finance Director, Medical Director, Nursing Director etc

The “overall workforce” refers to all directly employed staff, as well as other staff included in the dataset if trusts have included these

	<p>groups in their WRES submissions. As with the WRES, organisations should either include all bank and locum staff, students on placement and staff employed by contractors or not include them altogether – as long as the approach is consistent over time.</p>
<p>Calculating Metric 1</p>	<p>The pre-populated WDES Spreadsheet will calculate the WDES clusters automatically, following input of data by the organisation.</p> <p>Example of calculation for AfC Cluster 2 (Bands 5, 6 and 7):</p> <ul style="list-style-type: none"> • Number of Disabled staff in AfC Cluster 2 = 50 • Total number of staff in AfC Cluster 2 = 500 • Percentage of Disabled staff in AfC Cluster 2 = $(50/500)$ 10% • Number of Disabled staff in overall workforce = 1000 • Total number of staff in overall workforce = 4000 • Percentage of Disabled staff in overall workforce = $(1000/4000)$ 25%.
<p>Additional Considerations</p>	<p>Organisations should compare the proportions of staff records containing the values “<i>Disabled</i>” and “<i>non-disabled</i>”, It may also be helpful to include additional fields such as <i>Unknown/Null</i>”, and ‘<i>prefer not to say</i>’ to better understand the data. Scrutiny by each cluster will help to identify where barriers to staff progression may be occurring, and to consider actions to address the barriers.</p>
<p>Presenting the Data</p>	<p>Below is a hypothetical table (showing non-clinical staff) example of how we would suggest that the data for Metric 1 is summarised and presented. The table includes the ‘Disabled’ and ‘Unknown/Null’ fields to support better understanding of the data.</p> <p>A similar table should be created for clinical staff, which should also include the clusters 5, 6 and 7, which relate to medical and dental staff.</p>

Non Clinical	Disabled %	Average Disabled % across the workforce	% Difference	Not Disabled %	Disability Unknown/ Null	Band % of non clinical workforce
Bands 1-4	5.49%	3.96%	1.53%	72.41%	22.09%	60.65%
Bands 5-7	5.35%	3.96%	1.39%	69.3%	25.35%	27.50%
Bands 8a-8b	2%	3.96%	-1.96%	61%	37%	7.75%
Bands 8c-9 & VSM	4.35%	3.96%	0.39%	69.57%	26.09%	3.56%

Metric 2

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

Note:

- i. This refers to both external and internal posts
- ii. If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

What does this Metric measure / compare?	This Metric compares the data for Disabled and non-disabled staff.
What is the source for this Metric?	ESR can be used to collect and record this data. Some Trusts use other systems (such as Trac, Stepchange). As recruitment datasets already exist for reporting against the WRES Metrics, an additional field for disability may need to be added to be able to report against this Metric.
What relationship does this Metric have to the WRES?	This Metric is the same as the WRES.
Definitions in the Metric	<p>“Relative likelihood” compares the likelihood of Disabled staff being appointed, relative to non-disabled staff (ratio).</p> <p>“All posts” refers to all directly employed staff, as well as other staff included in the dataset if Trusts have included these groups in their WRES submissions. As with the WRES, organisations should</p>

	<p>either include all bank and locum staff, students on placement and staff employed by contractors or not include them altogether – as long as the approach is consistent over time.</p>
<p>Calculating Metric 2</p>	<p>The pre-populated WDES spreadsheet should be used to input the data, and the spreadsheet will auto-calculate the Metric.</p> <p>Example of calculation:</p> <ul style="list-style-type: none"> • Number of shortlisted applicants: non-disabled = 780; Disabled = 210 • Number appointed from shortlisting: non-disabled = 170; Disabled = 30 • Relative likelihood of shortlisting/appointed: non-disabled = 0.22; Disabled = 0.14 • Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff (0.22/0.14) is therefore 1.57 times greater. • A figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting.
<p>Guaranteed Interview Schemes: What are they?</p>	<p>A Guaranteed Interview Scheme allows Disabled staff who meet all the essential criteria for a post to be shortlisted automatically. Originally known as the 'Two Ticks' Guaranteed Interview Scheme; it was replaced by the Disability Confident employment scheme in 2014. Disability Confident, led by the Department for Work and Pensions, has a wider remit, but still supports the Guaranteed Interview Scheme as a way of increasing the number of Disabled staff applying to, and entering into, employment in NHS Trusts and Foundation Trusts. Organisations operating the scheme may be disadvantaged in WDES Metric 2, because Disabled staff who meet the essential criteria will automatically enter the shortlisting stage, rather than potentially being filtered out by the shortlisting process. The scheme provides positive action for Disabled staff, and NHS England supports and encourages all NHS Organisations</p>

	<p>to use the Guaranteed Interview Scheme in their recruitment processes.</p> <p>In order to ensure parity when comparing organisations, the WDES online reporting form will ask whether the organisation uses the scheme, and will use this information to report separate aggregate data for organisations that do and do not use the scheme.</p>
Additional considerations	<p>Organisations should consider whether there are significant differences between professions or departments. Organisations may also want to look at relative likelihood of Disabled and non-disabled staff being shortlisted from application for both internal and external recruitment campaigns, including “executive search agencies”.</p> <p>Organisations should consider all the informal advantages some staff may have accrued over others through non-mandatory training and opportunities for acting up, leading projects, mentoring and shadowing. It is also important to ensure that staff who oversee shortlisting and interview processes are appropriately trained, including in the impact of “unconscious bias”.</p> <p>Organisations should also review recruitment processes for posts at all levels including senior management and Board level appointments, and ensure that there is a system for ensuring that a robust process for implementing reasonable adjustments is in place in recruitment processes as well as in employment.</p>
Presenting the Data	<p>This Metric is a relative likelihood calculation, and therefore there will be just one figure (i.e. 2.5). It is worth including further explanation – for example ‘times greater’ or ‘times lower’ where relevant.</p>

Metric 3
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
Note:
i) This Metric will be based on data from a two-year rolling average of the current year and the previous year
ii) This Metric is voluntary in year 1

What does this Metric measure / compare?	This Metrics compares the data for Disabled and non-disabled staff.
What is the source for this Metric?	<p>The source for this Metric will be where formal capability data is held – this could be from Electronic Staff Record (ESR), or local HR employee relations/ workforce datasets. The field for ‘disability’ may need to be added to the dataset.</p> <p>For the first WDES reporting year, ‘data from a two-year rolling average of the current year and the previous year’ means data from the 2017/18 and 2018/19 financial years.</p>
What relationship does this Metric have to the WRES?	The WRES has a similar Metric, which focuses on BME staff entering the disciplinary process.
Definitions in the Metric	<p>We recognise that ‘Capability’ may be interpreted in different ways across NHS Trusts and Foundation Trusts’ policies and procedures. Capability may sit in a range of policies; some organisations include capability in performance management or other relevant absence policies.</p> <p>Only staff who enter the formal capability procedure, as set out in the organisation’s performance management or equivalent policy, should be included. Any informal capability action should not be included in this definition. Organisations should only count new entries into a formal process.</p> <p>For the purposes of Year 1 reporting, capability is defined as capability on the grounds of performance, not ill health.</p>
Calculating Metric 3	<p>The Pre-populated WDES Spreadsheet will calculate the WDES Metric outcome automatically, following input of data by the organisation.</p> <p>Example of calculation:</p>

	<ul style="list-style-type: none"> • Number of staff in workforce: non-disabled = 800; Disabled = 200 • Number of staff entering the formal capability process: non-disabled = 30; Disabled = 20 • Likelihood of non-disabled staff entering the formal capability process $(30/800) = 0.0375$ • Likelihood of Disabled staff entering the formal capability process $(20/200) = 0.1000$ • Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff is therefore $0.100/0.0375 = 2.66$ times greater. <p>A figure above '1' indicates that Disabled staff members are more likely than non-disabled staff to enter the formal capability process.</p>
Additional Considerations	<p>We recognise there are potential challenges in reporting and standardising this Metric; it is therefore voluntary in year 1 of the WDES.</p> <p>A staff member could enter capability procedures either on the basis of performance or on the basis of ill health (sickness related absence). In the first year, the pre-populated spreadsheet will only ask for 'capability' data in relation to performance management.</p> <p>We will include questions in the online reporting form about this Metric, for the purposes of review. We would also encourage NHS Trusts and Foundation Trusts to report in the online reporting form data that you may hold in regard to sickness absence related capability. Also include commentary on what challenges you experienced in reporting against this Metric. We will be reviewing this Metric prior to Year 2 of the WDES.</p> <p>Organisations should review reasonable adjustments in their capability policy and/or their reasonable adjustment policy, as well</p>

	as their implementation to ensure that Disabled staff have appropriate and timely reasonable adjustments in place.
Presenting the Data	This Metric is a relative likelihood, and therefore there will be just one figure (i.e. 2.5). It is worth including further explanation – for example ‘times greater’ or ‘times lower’ where relevant.
Metric 4	
<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <ul style="list-style-type: none"> i) Patients/Service users, their relatives or other members of the public ii) Managers iii) Other colleagues <p>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.</p>	
What does this Metric measure / compare?	This Metric compares the responses for Disabled and non-disabled staff.
What is the source for this Metric?	The data for this Metric is drawn from the NHS Staff survey, Question 13.
What relationship does this Metric have to the WRES?	WRES Metrics 5 and 6 include bullying, harassment and abuse from staff and patients. The WDES Metric includes all 4 elements of the NHS staff survey, question 13.
Calculating Metric 4	The percentage figures for Disabled and non-disabled staff will be pre-populated in the WDES Excel Spreadsheet.
Additional considerations	<p>Organisations will want to compare their NHS Staff Survey responses against appropriate workforce data (e.g. recorded harassment, bullying or abuse from managers, colleagues or patients, relatives or the public in the last 12 months) and understand any discrepancies.</p> <p>There should also be a focus on increasing both the NHS Staff Survey sample size and response rate, particularly from Disabled staff.</p>

Metric 5 Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	
What does this Metric measure / compare?	This Metric compares the responses for Disabled and non-disabled staff.
What is the source for this Metric?	The data for this Metric is drawn from the NHS Staff Survey, question 14.
What relationship does this Metric have to the WRES?	This Metric is the same as WRES Metric 7
Calculating Metric 5	The percentage figures for Disabled and non-disabled staff will be pre-populated in the WDES Excel Spreadsheet.
Additional considerations	There should also be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
Metric 6 Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	
What does this Metric measure / compare?	This Metric compares the responses for Disabled and non-disabled staff.
What is the source for this Metric?	The data for this Metric is drawn from the NHS Staff Survey, question 11e.
What relationship does this Metric have to the WRES?	This Metric is unique to the WDES.
Calculating Metric 6	The percentage figures for Disabled and non-disabled staff will be pre-populated in the WDES Excel Spreadsheet.
Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
Metric 7 Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	

What does this Metric measure / compare?	This Metric compares the responses for Disabled and non-disabled staff.
What is the source for this Metric?	The data for this Metric is drawn from the NHS Staff Survey, question 5.
What relationship does this Metric have to the WRES?	This Metric is unique to the WDES.
Calculating Metric 7	The percentage figures for Disabled and non-disabled staff will be pre-populated in the WDES Excel Spreadsheet.
Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
Metric 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	
What does this Metric measure / compare?	This Metric only includes the responses of Disabled staff. It measures
What is the source for this Metric?	The data for this Metric is drawn from the NHS Staff Survey, question 28b.
What relationship does this Metric have to the WRES?	This Metric is unique to the WDES.
Calculating Metric 8	The percentage figures for Disabled staff will be pre-populated in the WDES Excel spreadsheet. Only Disabled should answer 'yes' to staff survey question 28a, which asks " <i>Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?</i> ", should progress to question 28b. Therefore, any data that is held in response to Q28b should only relate to adjustments for Disabled staff.
Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.

<p>Metric 9</p> <p>a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)</p> <p>Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.</p>	
<p>What does this Metric measure / compare?</p>	<p>Part a)</p> <p>This Metric compares the engagement score for Disabled staff, non-disabled staff and the overall engagement score for the Trust. The engagement score is a composite score, which is drawn from 9 individual questions in the NHS Staff Survey. For further information about the engagement score, the questions that are included and how it is calculated, see Annex B.</p> <p>Part b)</p> <p>Part b asks for evidence that the Trust has taken action to facilitate the voices of Disabled staff.</p>
<p>What is the source for this Metric?</p>	<p>Part a) The engagement score is drawn from a specific calculation based on 9 questions in the Staff Survey.</p> <p>Part b) the information for this Metric will be sourced from the NHS trust or Foundation Trust's own actions.</p>
<p>What relationship does this Metric have to the WRES?</p>	<p>This Metric is unique to the WDES.</p>
<p>Calculating Metric 9</p>	<p>Part a) The percentage figures for Disabled staff, non-disabled staff and the overall trust's score will be pre-populated in the WDES Excel spreadsheet. Trusts should review the data for non-disabled staff and Disabled staff, comparing these with the overall score for the Trust. Trusts should also consider reviewing the data in relation to peer organisations.</p>

	<p>Part b) The responses should be included in the annual WDES report (the report, published on the Trust’s website annually, and which includes the Metrics and the action plan).</p>
<p>Additional considerations</p>	<p>For part b), examples of evidence could include:</p> <ul style="list-style-type: none"> • Evidence of a Disabled staff network, including support for the Network’s activities • The percentage of Disabled staff who act as Freedom to Speak Up Champions • Evidence of Board members meeting with Disabled staff to discuss the WDES/Metrics/Action plan • Evidence of partnership working with Disabled staff on priority areas, including the WDES Metrics and action planning • Evidence of co-produced policies, such as Disability Leave, Reasonable adjustments, bullying and harassment and capability policies and guidelines • Evidence of jointly produced actions to increase the declaration rate of disability in the Trust • Evidence of co-produced, co-delivered training, or the involvement of Disabled staff in the production of training/materials for managers and staff; covering key areas such as increasing disability awareness, reasonable adjustments, Access to Work. <p>There should also be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.</p>
<p>Metric 10 Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:</p> <ul style="list-style-type: none"> • By Voting membership of the Board • By Executive membership of the Board 	
<p>What does this Metric measure / compare?</p>	<p>This Metric compares the responses for Disabled and non-disabled staff.</p>

<p>What is the source for this Metric?</p>	<p>The data for this Metric is drawn from Electronic Staff Record (ESR).</p>
<p>Definitions in the Metric</p>	<p>“Board” membership in this context includes all voting members of the Board irrespective of whether they are executive or non-executive members. “Voting” membership of the board are usually the executive board members employed by the organisation. “Non-executive” members are generally not voting members of the board.</p> <p>“Executive membership” is an employee of the organisation and sits on an organisation’s board of directors and advises current organisational management on specific operations, e.g. Medical Director or Finance Director, as opposed to a non-Executive board member who is a member of the board of directors of the organisation who does not form part of the executive management team. They are not employees of the organisation or affiliated with it in any other way.</p> <p>ESR enables reporting on Board members (Executive and Non-Executive) if the appropriate Job Roles have been applied. This will enable comparison to be made against the organisation’s workforce and the population being served. Job Roles include: Chair, Chief Executive, Finance Director, Other Executive Directors, Board Level Directors, Non-Executive Directors, Medical Director, Nursing Director.</p>
<p>What relationship does this Metric have to the WRES?</p>	<p>This Metric is exactly the same as WRES Metric 9</p>
<p>Calculating Metric 10</p>	<p>Example of calculation:</p> <p>The Trust has 5% Disabled workforce and 1 of its 8, i.e. 12.5%, voting members on the Board has a declared disability. The percentage difference between the organisations’ Board voting membership and its overall workforce will be +7.5%.</p>

Additional considerations	<p>The percentage figures for Disabled and non-disabled staff will need to be manually added to the pre-populated WDES spreadsheet. The Spreadsheet will auto-calculate the percentage difference, once the data has been added.</p> <p>The organisation's approach:</p> <ul style="list-style-type: none">• Foundation Trusts may also want to consider the disability status of Trust governors, and whether they are broadly representative of the local population• Organisations should ensure that their executive search agencies are committed to diversity in their policies and processes• Organisations should plan for and promote equity for future applicants for all Board positions from diverse backgrounds
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11 Annex A: Key terms

<p>WDES Excel Spreadsheet/ WDES Pre-populated Spreadsheet</p>	<p>An excel spreadsheet will be sent to all Trusts in May/June. The spreadsheet will contain pre-populated data for Metrics 1, 4, 5, 6, 7, 8, and 9a. Trusts will need to check and verify the pre-populated data against their own datasets, and add data for Metrics 2,3 and where required, for Metric 10.</p>
<p>Strategic Data Collection Service (SDCS)</p>	<p>This is a secure data collection system, used by the NHS for reporting data. The completed and verified WDES prepopulated spreadsheet should be uploaded via the SDCS system. A password is needed to set up the system.</p>
<p>WDES online reporting sheet</p>	<p>This is an online form hosted on the NHS England website, to be completed after the WDES pre-populated spreadsheet has been submitted. It asks basic questions about the trust and the sign-off process, and will also ask some additional questions about capability and the Guaranteed Interview Scheme.</p> <p>It can be used by Trusts as a format to be used to publish the WDES Metrics, or another format can be used, if preferred.</p>
<p>WDES annual report</p>	<p>This is the report, to be published on the Trust's website, containing the Metrics, the action plan and the evidence for Metric 9b.</p>

12 Annex B How the overall Metric for staff engagement is calculated from the NHS Staff Survey

Note: This is provided for information only – the engagement score will be added to the pre-populated WDES spreadsheet, which will be sent to NHS Trusts and Foundation Trusts.

The overall Metric of staff engagement is calculated using the responses to nine individual questions (see table 1 below).

Table 1. Staff Engagement

Q2a - “I look forward to going to work.”

Q2b - “I am enthusiastic about my job.”

Q2c - “Time passes quickly when I am working.”

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

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

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

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

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

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

Scoring of question responses

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

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

Calculation of the Staff Engagement Score

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

The sub-scales are:

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

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

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

The Equality Act 2010's definition of disability is set out in the box below.

A person (P) has a disability if—

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

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

The NHS Staff Survey monitoring question on disability is set out in the box below.

Q28 a. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

If YES, please answer part b below; if NO, go to Question 29 b. Has your employer made adequate adjustment(s) to enable you to carry out your work?

1 Yes

2 No

3 No adjustment required

The NHS Jobs monitoring question on disability is set out below.

Equality Act 2010

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

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

* Do you consider yourself to have a disability?

- Yes

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

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one.

If none of the categories apply, please mark 'other'.

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

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

- Yes
- No

Disability Information entered via NHS Jobs will be automatically transferred where organisations are utilising the recruitment interface. Employees or Professional ESR users can add disability status, and make changes to the records where necessary.

Employees have the ability to add or amend disability information by accessing the below screen in ESR Self Service via the following route:

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

NHS My Personal Information Home Navigator Favorites Settings | Logged In As **S03KATKINS** Logout Portal

Disability Information: View

Name **Atkins, Mrs. Kerry** Business Group **NHS Business Group**
 Employee Number **20000280** Email

Disabilities

[New](#) |

Effective Start Date	Effective End Date	Category	Status	Update
No results found.				

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[Switch to Mobile](#)

The disability categories below are available for selection in ESR:

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

14 Annex D – Additional references, tools and resources

Additional References

NHS Employers – WDES general pages: <http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce/need-to-know/workforce-disability-equality-standard>

Equality and Human Rights Commission – Disability Research Reading List
<https://www.equalityhumanrights.com/en/our-research/reading-lists/disability-reading-list>

Work, health and disability green paper 2016

<https://www.gov.uk/government/statistics/work-health-and-disability-green-paper-data-pack>

House of Commons Briefing – People with disabilities in employment

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540>

Tools and Resources

Reflecting the Local Community

A useful tool for measuring the extent to which the workforce of your organisation mirrors your local community – called “Measuring Up” - has been developed by NHS Employers.

Improving the Disability Declaration Rate

Equality Challenge Unit – Developing Staff Disclosure <http://www.ecu.ac.uk/wp-content/uploads/external/developing-staff-disclosure.pdf>

ESR guidance on updating the disability data field for employees:

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

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

http://www.roadmapeducation.online/Roadmap_Guides/Employee_SS/ESS11/

Equality and Human Rights Commission guidance on employing people with a disability and workplace adjustments:

<https://www.equalityhumanrights.com/en/multipage-guide/employing-people-workplace-adjustments>

Diversity monitoring – tools and resources

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

Managers and Reasonable Adjustments

[NHS Employers](#) has produced a useful guide to help managers undertake appraisals to help support work performance.

Staff Networks

Useful guidance on staff networks is available at the [NHS Employers](#) website.

The National Association of Disabled Staff Networks is a free to join initiative that brings together networks from across different sectors, including healthcare. It supports connectivity between networks and aims to promote inclusive practice and the voice of networks. <https://nadsn-uk.org/>

Good Practice

NHS Staff Council guidance:

<http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/Guidance%20relating%20to%20disability%2028%20Jan.pdf>

Disability Confident

Organisations should consider the benefits and advantages of becoming a Disability Confident employer- the scheme which has replaced the previous “Two Ticks” system. We would encourage any NHS organisation to proactively attract more people with disabilities into their workforce by introducing a ‘Guaranteed Interview Scheme’, which could also be part of the organisation’s commitment to the Disability Confident accreditation. [NHS Employers](#) has published a comprehensive guide on

disability and reasonable adjustments. This also include a variety of useful examples of good practice.

WDES - Accompanying Resources

The following resources are available on NHS England's WDES pages:

- WDES Metrics
- WDES Factsheet
- WDES Quick Implementation Guide
- WDES PowerPoint presentation

15 Annex E: Support and queries

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

Email england.wdes@nhs.net

Webpage <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard>