

NHS Workforce Disability Equality Standard Technical Guidance 2022 for NHS Trusts and NHS Foundation Trusts



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Technical Guidance for the NHS Workforce Disability Equality Standard (WDES)

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1 Overview

As the fifth biggest employer in the world, employing 1.4 million people, the NHS is in a pivotal position to lead the way in the employment of Disabled people in England. The NHS draws on a remarkably rich and diverse workforce who provide high quality care to our patients. We are committed to creating an NHS where all staff are respected and valued for their contributions.

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of Disabled and non-disabled staff. NHS Trusts and NHS Foundation Trusts are required to report and publish data, on an annual basis, for each of these metrics. In the spirit of openness and transparency, national healthcare organisations have also adopted the WDES.

Trusts¹ and national healthcare organisations can use the data they collect to better understand where the inequalities for Disabled colleagues exist. They are progressing actions, through their WDES action plan, to work towards year-on-year improvements.

The 2021 WDES data analysis highlights that Disabled job applicants are less likely to be appointed through shortlisting, whilst Disabled NHS staff are:

- more likely to go through performance management capability processes,
- more likely to experience harassment, bullying or abuse,
- less likely to feel that they have equal opportunities for career progress or promotion,
- more likely to feel pressured to attend work,
- less likely to feel valued for their contribution to the organisation,
- and less likely to feel engaged.

Disabled people also continue to be underrepresented in middle to senior pay bands and on Boards.

2 Introduction to the Technical Guidance 2022

The WDES Technical Guidance 2022 contains the information that will support those tasked with collecting and reporting WDES metrics data and producing WDES action plans. This guidance is part of a package of resources to support trusts achieve measurable and continuous improvements in progressing workforce disability equality.

It will be particularly helpful to HR directors and workforce information specialists, equality leads, Disabled staff and networks, staff side partners (disability and equality leads) and other colleagues who are involved in implementing the WDES.

¹ Within this technical guidance we have used the term ‘trusts’ to refer to NHS Trusts and NHS Foundation Trusts.

This technical guidance will be useful to trust chief executives, senior management teams and boards who hold local responsibility for ensuring compliance with the WDES. Those who are otherwise committed to supporting the WDES aims will also find this detailed guidance informative.

3 Mandatory coverage of the WDES

The WDES is mandated through the NHS Standard Contract under Service Condition 13.8 and applies to NHS Trusts and NHS Foundation Trusts.

The table below is taken from the NHS Standard Contract².

SC13	Equity of Access, Equality and Non-Discrimination	Applicability
13.8	The Provider (if it is an NHS Trust or an NHS Foundation Trust) must implement and comply with the National Workforce Disability Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance.	All

The scope of the WDES was extended in 2020 to include national healthcare organisations. It is our intention to explore further widening the coverage of the WDES so that it reflects the changing landscape within the health and social care system³. However, in 2022 it will only apply to trusts.

4 The importance of the WDES

4.1 The WDES data analysis report 2021

The evidence set out in the first three data analysis [reports](#) for the WDES highlights that Disabled NHS staff continue to experience inequalities across all of the WDES metrics. The data provides a robust evidence-base and reinforces the need for the WDES to act as a catalyst for change in creating a fairer and more equal NHS.

4.2 The NHS People Plan

The WDES is referenced in the [NHS People Plan](#). Published in 2021, the Plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care. The Plan makes clear that the NHS must welcome all, building understanding, encouraging and celebrating diversity in all its forms.

4.3 The NHS Constitution

² <https://www.england.nhs.uk/publication/nhs-standard-contract-service-conditions-full-length/>

³ Whilst it was our original intention, after year two, to widen the scope of the WDES to include CCGs and independent sector providers, this has been delayed due to the pandemic. We are also mindful of the healthcare landscape changes that will come about as a result of legislative amendments.

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 these principles and values for the NHS in 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.

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.

The WDES is deeply rooted in the fundamental values, pledges and responsibilities set out in the NHS People Plan and the NHS Constitution.

4.4 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 Act's nine (9) protected characteristics⁴.

Section 149 of the Equality Act sets out the Public Sector Equality Duty (PSED), which 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 advance equality of opportunity for staff with protected characteristics, including disability. Implementing the WDES will assist trusts to ensure that they are complying with the provisions of the Equality Act 2010, and the aims of the PSED.

The WDES will 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 of disability equality across the NHS workforce.

4.5 Disability and employment

We recognise that there have been historic challenges for Disabled people in accessing employment. Recent [official data](#) highlights that, as of December 2021, 8.4 million people of working age were identified as Disabled. This represents 20% of the working age population and is an increase of 327,000 from 2019. Across the UK, 52.3% of Disabled people were in employment, compared to 81.1% of non-disabled people. In relation to unemployment, the rate for Disabled people was 8.4% in October-December 2021, up from 6.9% a year previously. This compared to an unemployment rate of 4.6% for non-disabled people.

3.6 million Disabled people of working age were economically inactive (i.e., not in work and not looking for work). This was an increase of 226,000 from a year before.

⁴ Age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

Disabled people were statistically more likely to be economically inactive (economic inactivity rate of 42.9% for Disabled people, compared to 14.9% for non-disabled people).

4.6 Impact of COVID-19 on Disabled people in employment

[Official statistics](#) also show that there has been a disproportionate impact on Disabled people in employment during the Covid-19 pandemic. During the pandemic the proportion of Disabled people in employment has gone down, while the proportion who are either unemployed, or economically inactive, has risen from 45.9% to 47.7%.

Whilst non-disabled people have also seen an increase in the proportion who are either unemployed or economically inactive, the increase has been smaller (from 17.8% to 18.9%). This has meant that the disability employment gap has increased over the past year from 28.1% points to 28.8%.

4.7 Principles that have informed the design of the WDES

The social model of disability, the ethos of 'Nothing About Us Without Us' and the concept of 'Disability as an Asset', which are advocated by Disabled people and disability rights organisations, underpin the WDES.

Social model of disability

The '[social model of disability](#)' recognises that Disabled people face a range of societal barriers, and these, rather than an individual's impairment or long-term condition, create disability. These barriers can include:

- Buildings and estates – which may have been poorly designed and are not fully accessible. Older buildings may have also been built at a time before accessibility requirements were legally mandated.
- Limited job and career opportunities – As WDES data⁵ has highlighted, Disabled people are less likely to be appointed to jobs in the NHS. Disabled staff in the NHS are also underrepresented in middle to senior pay bands.
- Working environment – WDES data also highlights that a quarter of Disabled staff do not believe that their employer has provided reasonable adjustments. Reasonable adjustments are intended to remove or reduce any barriers that a Disabled colleague may experience in the workplace.
- Attitudinal – Compared to non-disabled colleagues, we also know that Disabled colleagues are more likely to experience harassment, bullying or abuse from patients/the public, managers and colleagues.

The social model helps people to recognise the barriers that make life harder for Disabled people. What is powerful and liberating about the social model is that it reflects the lived experience of Disabled people. It puts forward a radical and practical approach to ending Disabled people's exclusion and oppression that does not require Disabled people to change who they are in order to be deemed to be entitled to the same rights and opportunities as non-disabled people.

⁵ <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

‘Nothing about us without us’

Through their lived experiences, 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 by the views of Disabled people. Where appropriate, actions should be taken in partnership with Disabled people.

‘Disability as an Asset’

‘Disability as an Asset’ refers to the benefits of employing Disabled staff and the positive impact that disability inclusion can have in the workplace. A central element of this concept is developing a culture in which people can speak openly and positively about disability and bring their lived experience into work - benefitting workplace culture and patient care. A workplace in which Disabled staff are visible and feel supported will engender greater awareness throughout the workforce. 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 NHS Staff Survey;
- One (1) metric focuses on disability representation on boards;
- One (1) metric (metric 9b) focuses on the voices of Disabled staff. This asks for evidence to be provided within trusts’ WDES annual reports⁶.

Three WDES metrics (2, 5 and 10) are the equivalent of indicators set out in the [Workforce Race Equality Standard](#) (WRES), whilst WDES metric 1 is similar to the WRES indicator on workforce representation – although the WDES analyses pay band clusters⁷ 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.

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.

It should be noted that within the WDES metrics 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

⁶ The report published on the trust’s website, which includes the metric results and action plan.

⁷ As disability declaration rates can be low, the clustering of pay bands helps with producing high quality data analysis.

disability. The label “Unknown” is used to refer to the other options recorded on ESR, namely “Prefer not to answer”, “Not declared” and “Unspecified”.

Workforce Metrics	
For the following three metrics, compare the data for both Disabled and non-disabled staff.	
Metric 1	<p>Percentage of staff in AfC (Agenda for Change) 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>This calculation should be undertaken separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Bands - Under 1, 1, 2, 3 and 4 Cluster 2: AfC Bands - 5, 6 and 7 Cluster 3: AfC Bands - 8a and 8b Cluster 4: AfC Bands - 8c, 8d, 9 and VSM (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 non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.</p> <p>Note:</p> <p>i) This metric refers to both external and internal posts.</p>
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> <p>i) This metric was mandated in 2020. ii) This metric is based on data from a two-year rolling average of the current year and the previous year. iii) It must be noted that this metric looks at capability on the grounds of performance, rather than ill health.</p>
National NHS Staff Survey metrics	
For each of the following four metrics, compare the responses for both Disabled and non-disabled staff.	
Metric 4 Staff Survey Q14a-d	<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>
Metric 5 Staff Survey Q15	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
Metric 6 Staff Survey Q11e	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
Metric 7 Staff Survey Q4b	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
The following NHS Staff Survey metric only includes the responses of Disabled staff	
Metric 8 Staff Survey Q26b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
NHS Staff Survey and the engagement of Disabled staff	
For part a) of the following metric, compare the staff engagement scores for Disabled, non-disabled staff.	
For part b) Add evidence to the organisation's WDES Annual report	
Metric 9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>Note:</p> <ul style="list-style-type: none"> i) This part of the metric is now solely a comparison between the engagement score for Disabled staff and non-disabled staff. <p>b) Have you taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</p> <p>Note: For your 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.</p>
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 disability declaration rates

6.1 The definition of disability in NHS data systems

One of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used within the NHS Electronic Staff Record (ESR), NHS Staff Survey and NHS Jobs⁸ are not the same⁹. These definitions also vary when compared to the legal definition of disability, as set out in the Equality Act 2010. Work is ongoing to align definitions of disability with the Equality Act's definition, as well as set up cross-system, agreed disability question(s).

6.2 The importance of improving disability declaration rates

As highlighted in the 2021 WDES data analysis report, overall, 3.7% of the NHS workforce had declared a disability through the NHS Electronic Staff Record. In comparison, approximately 20.1%¹⁰ of NHS Staff Survey 2020 respondents have indicated that they have a disability or long-term health condition. This equates to a gap of 16.6 percentage points between the ESR v NHS Staff Survey disability declaration rates.

We know that more work is needed to improve the reporting of disability on ESR and the WDES Implementation Team continues to hold conversations with colleagues about what can be done to improve this. We would encourage organisations to continue to undertake analysis to compare their ESR and NHS Staff Survey declaration rates to identify the gap – both in terms of percentages as well as headcount.

Disabled people need to have confidence that providing information on their disability status will not have any negative impact on their workplace or career experiences. [Guidance](#) has been produced to support trusts in working to improve disability declaration rates.

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

7.1 The Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES), which is also mandated through the NHS Standard Contract, is designed to help NHS organisations (and other organisations providing NHS services) improve their performance in advancing race equality and working to address the inequalities experienced by Black and Ethnic Minority (BME) staff, at all levels, including board representation.

⁸ <https://www.jobs.nhs.uk/>

⁹ These definitions are included in Annex C.

¹⁰ 558,984 NHS staff

7.2 The Equality Delivery System (EDS)

The Equality Delivery System¹¹ is designed to help health and social care organisations 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 WDES, WRES and the EDS are complementary but distinct. Therefore, there should not be any unnecessary duplication in the collection of data from these initiatives. The WDES metrics data and analyses will assist trusts when implementing EDS, in particular with the outcomes under Goal 3 'A representative and supported workforce'; and Goal 4 'Inclusive leadership'.

The WDES, WRES and the EDS will also assist organisations in meeting their Public Sector Equality Duty (PSED) requirements. Refer to the Equality Act 2010 and related guidance¹² for a fuller understanding of the PSED.

8 Key considerations when implementing the WDES

8.1 Leadership and governance

Committed leadership must come from senior leaders (board members, executive team, and others in position of influence). Like the WRES and the EDS, the WDES will have maximum impact when it is embedded within mainstream business and governance structures. It is increasingly recognised that without strong leadership, work on equality, diversity and inclusion initiatives are very often short-lived, or at best, have little organisation-wide impact.

In supporting workforce disability equality, senior leaders should look to be visible in what they say and do, both within and outside of their organisations. Boards and executive teams are encouraged to get involved in developmental initiatives and leadership programmes where the emphasis is on inclusive workforces and healthcare services.

Senior leaders should confirm their own commitment to workplaces that are free from discrimination and enable Disabled staff to thrive and flourish based on their skills and talent. This is important, as the WDES may well challenge the leadership of the trust to positively demonstrate their own commitment to disability equality and inclusion. Trusts should identify a board member to lead or promote the WDES, as they have done with the WRES.

Board-level leadership and senior leader sponsorship is essential if trusts are to meet their contractual and legal equality requirements. This should be allied with shared ownership across the organisation to manage the expectation of regulators, the aspirations of staff and the best interests of their patients.

¹¹ <https://www.england.nhs.uk/about/equality/equality-hub/eds/>

¹² <https://www.gov.uk/guidance/equality-act-2010-guidance>

8.2 Local accountability and engagement

As explained in this technical guidance, trusts have mandated responsibilities to collect, report and publish data and action plans – whilst the involvement of national healthcare organisations is on a voluntary basis. To achieve maximum impact, any work that an organisation undertakes to support the WDES should be done in partnership with staff and local interest groups. Opportunities to engage with key stakeholders can include:

- Disabled staff networks and similar groups;
- 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 patients will benefit from a diverse workforce.

8.3 Staff engagement

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

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

Trusts 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.

For significant improvements to be achieved against the WDES metrics, it is essential that the voices of Disabled staff continue to be heard loud and clear. Organisations are strongly encouraged to help establish, resource 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, and provide a platform for increasing the visibility of Disabled staff.

Trusts should provide a safe place for Disabled staff to share their experiences and be listened to in a compassionate and respected way. Providing opportunities for ongoing dialogue can contribute significantly to the overall success of the organisation's work on equality, diversity and inclusion.

Examples of how trusts have engaged Disabled staff are detailed in the **Action Plans – Good practice** chapter of the WDES Annual Report 2019.

Trade union organisations also have an important role to play in providing intelligence within trusts and in helping to create robust local action plans.

8.4 WDES action planning

In looking to explore the issues that most impact on Disabled staff, and identify actions to take forward in response, trusts should discuss their metrics data with staff and trade unions. Committing to engagement can help shape actions plans that improve the experience of all Disabled staff.

WDES action plans should be developed in partnership with Disabled staff, staff networks, other staff groups and trade unions. It is also beneficial to involve workforce, communications, learning and development, talent management and organisational development (OD) functions in developing and delivering actions.

8.5 Sourcing data and data sources

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:

- NHS Electronic Staff Record (ESR);
- Local data, such as Human Resources and Employee Relations databases, which will include data on recruitment activity and staff in capability proceedings, with linked information on disability. Organisations that use ESR to record employee relations data will be able to draw data from Business Intelligence reports;
- NHS Staff Survey results – for the 2022 WDES data collection results will be analysed from the 2021 NHS Staff Survey.

In helping to identify whether the trust is making positive progress, work should also be undertaken to compare the current dataset with that reported in previous years.

8.6 Reporting data for the 2022 WDES data collection

In the first two years of the WDES we asked organisations to report their metrics data through an Excel spreadsheet, along with a reporting form that asked a range of qualitative questions. As in 2021, data will be collected using the online Data Collection Framework (DCF) system. Trusts will be able to use the DCF to report the metrics data and respond to qualitative questions (which help us understand the context when we analyse the metrics data).

Please note that, when completing submissions for the DCF, trusts are not required to submit data for WDES Metrics 4 to 9a. These metrics relate to the NHS Staff Survey and the WDES Implementation Team already has access to this data.

Trusts should include data for all 10 metrics when discussing, producing and publishing their WDES Annual report. The Annual report, which should be developed in partnership with the organisation's Disabled staff network and ratified by the Board, must contain data for all metrics along with an action plan that sets out the actions the organisation will deliver over the coming 12 months. The Annual report should be published on a public facing website.

8.7 2022 key dates

In 2022, the key dates below apply to the WDES data collection. Note that the same timeframe applies to the WRES data collection.

June 2022	Trusts review their datasets, declaration rates and published WDES 2021 Annual report.
1 July 2022	WDES data collection period opens with metrics and narrative data to be submitted via the Data Collection Framework
31 August 2022	WDES data collection period closes
31 October 2022	Trusts publish their WDES 2022 Annual report which contains the metrics report and WDES action plan on their website.

Each board must play a full and visible part in ratifying the trust's WDES data and associated action plan. They should be clearly seen to hold ultimate accountability for this work.

The WDES Implementation Team will analyse the metrics data submitted by each trust through the DCF. This analysis will be used to produce the third national WDES data analysis report.

Through the DCF trusts will be able to generate a report that contains the metrics data and responses to the qualitative questions. This report should be published along with the trust's WDES action plan.

8.8 Model Health System

Trusts may be keen to benchmark their performance on the WDES against each other and seek peer support where appropriate. To help in this regard, WDES metrics data for each trust is now available through the Model Health System¹³.

8.9 Confidentiality

The Data Collection Framework (DCF) is a secure system that was introduced for the WDES data collection in 2021. It is important that the colleagues working in trusts with responsibility for analysing the raw data are in roles that allows them to review confidential data. They should understand the importance of checking data for anonymity before it is shared internally or externally.

For metric 1 we would advise that trusts only publish percentages, rather than headcount figures (as that data may relate to a small number and could potentially be personally identifiable). If a trust believes that the any of the information could be 'personally identifiable', they should seek local advice from colleagues with responsibility for organisational data protection compliance and the General Data Protection Regulations (GDPR).

¹³ <https://model.nhs.uk/> - Registration to the site is required. The WDES metrics data can be accessed through the Equality, Diversity and Inclusion compartment of the website.

9 Guidance on sourcing and applying the WDES metrics data

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. Further resources to support trusts in implementing the WDES are listed in Annex D.

<p>Metric 1 Percentage of staff in AfC (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.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Bands – Under 1, 1, 2, 3 and 4 Cluster 2: AfC Bands 5, 6 and 7 Cluster 3: AfC Bands 8a and 8b Cluster 4: AfC Bands 8c, 8d, 9 and VSM (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 metric compares the data for Disabled and non-disabled staff, across all pay bands and grades within the trust.
What is the source for this metric?	Electronic Staff Record (ESR) or its equivalent. A business intelligence (BI) report is available within ESR that has been designed to help trusts with reporting the data for this metric.
What relationship does this metric have to the WRES?	This metric is very similar to that found within the WRES. 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 lower 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	<p>The specific grade codes, job roles and basic salary values which are used to produce the pre-populated data can be viewed by trusts.</p> <ul style="list-style-type: none"> 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.

	<ul style="list-style-type: none"> • <i>“Medical and Dental subgroups”</i> 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. <p><i>“Senior Medical Manager”</i> 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.</p> <p><i>“Very Senior Managers (VSM)”</i> are defined using job roles, including chief executives, chairs, executive directors and non-executive directors.</p> <p>The <i>“overall workforce”</i> refers to all directly employed staff, as well as other staff included in the dataset if trusts have included these groups in previous WDES and WRES submissions. As with the WRES, trusts 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>
Calculating metric 1	<p>The WDES metrics data spreadsheet will calculate the clusters automatically, following input of data by the trust.</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%.
Additional considerations	<p>Trusts 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>
Presenting the data	<p>A WDES action plan template, with guidance,¹⁴ was produced in 2020. Whilst not mandated, trusts may find these resources helpful when identifying the best way of presenting and publishing the metrics data and action plan.</p>

¹⁴ <https://www.nhsemployers.org/case-studies-and-resources/2020/09/guide-to-writing-a-wdes-annual-report>

Metric 2 Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.	
What does this metric measure / compare?	This metric compares the data for non-disabled and Disabled staff in regard to the relative likelihood of being appointed. The metric includes both internal and external recruitment.
What is the source for this metric?	Depending on local arrangements, this data can be accessed either through ESR, or another system if employed by the trust.
What relationship does this metric have to the WRES?	The WRES has a similar metric that compares the relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants.
Definitions in the metric	<p>“Relative likelihood” compares the likelihood of non-disabled and Disabled staff being appointed.</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 previous WDES and WRES submissions. As with the WRES, trusts 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>
Calculating metric 2	<p>The data should be inputted into the WDES DCF, which will auto-calculate the relative likelihood figure.</p> <ol style="list-style-type: none"> i) A relative likelihood of 1 indicates that there is no difference: i.e. non-disabled applicants are equally as likely of being appointed from shortlisting as Disabled applicants. ii) A relative likelihood above 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to Disabled applicants: e.g. a likelihood ratio of 2 indicates non-disabled applicants are twice (2 times) as likely to be appointed from shortlisting as Disabled applicants. iii) A relative likelihood below 1 indicates that non-disabled applicants are less likely to be appointed from shortlisting compared to Disabled applicants: e.g. a likelihood ratio of 0.5 indicates non-disabled applicants are half (0.5 times) as likely to be appointed from shortlisting as Disabled applicants. <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 • Likelihood of shortlisting/appointed: non-disabled = 0.22; Disabled = 0.14

	<ul style="list-style-type: none"> • 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.
Guaranteed Interview Schemes: What are they?	<p>Any organisation that wishes to have Disability Confident accreditation¹⁵ must guarantee the offer of an interview to a Disabled applicant, as long as that individual meets the minimum criteria (for example, sometimes shown as desirable skills) for a job as defined by the employer.</p> <p>In order to ensure parity when comparing trusts, the WDES Implementation Team will separate aggregate data for trusts that do and do not use the scheme.</p>
Additional considerations	<p>Trusts should consider whether there are significant differences between professions or departments. They 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>Trusts 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>Trusts should also review recruitment processes for posts at all levels including senior management and board level appointments, ensuring 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, 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> <ul style="list-style-type: none"> i) A relative likelihood of 1 indicates that there is no difference: i.e. non-disabled applicants are equally as likely of being appointed from shortlisting as Disabled applicants. ii) A relative likelihood above 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to Disabled applicants: e.g. a likelihood ratio of 2 indicates non-disabled applicants are twice (2 times) as likely to be appointed from shortlisting as Disabled applicants. iii) A relative likelihood below 1 indicates that non-disabled applicants are less likely to be appointed from shortlisting

¹⁵ <https://www.gov.uk/government/publications/disability-confident-guidance-for-levels-1-2-and-3>

	<p>compared to Disabled applicants: e.g. a likelihood ratio of 0.5 indicates non-disabled applicants are half (0.5 times) as likely to be appointed from shortlisting as Disabled applicants.</p>
<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.</p>	
<p>What does this metric measure / compare?</p>	<p>This metric compares the data for Disabled and non-disabled staff in regard to the relative likelihood of entering the formal capability process. This metric solely asks for data relating to staff going through performance management capability processes. We ask that trusts do not include data for staff going through ill health related capability processes.</p>
<p>What is the source for this metric?</p>	<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 to enable the trust to report data for this metric.</p>
<p>What relationship does this metric have to the WRES?</p>	<p>Whilst this metric is unique to the WDES, the WRES has an indicator that focuses on BME staff entering the disciplinary process.</p>
<p>Definitions in the metric</p>	<p>We recognise that ‘capability’ may be interpreted in different ways across trusts and may sit in a range of policies; some trusts include capability in performance management or other relevant absence policies.</p> <p>Only staff who enter the formal capability procedure on the grounds of performance, as set out in the trust’s performance management or equivalent policy, should be included in the calculation. Investigations revealed a number of trusts also included staff entering the formal capability policy on the grounds of sickness absence, even though these staff should have been excluded from the calculation. To remove this misunderstanding, both the total number of people entering the formal capability process, and the number entering on grounds of sickness absence, are now required.</p> <p>Any informal capability action should not be included in this definition. Trusts should only count new entries into a formal process.</p>
<p>Calculating metric 3</p>	<p>The WDES DCF will auto calculate the relative likelihood figure, following input of data by the trust.</p> <ul style="list-style-type: none"> i) A relative likelihood of 1 indicates that there is no difference, i.e. Disabled staff are equally as likely as non-disabled staff to enter formal capability processes. ii) A relative likelihood above 1 indicates that Disabled staff are more likely to enter formal capability processes than

	<p>non-disabled staff: e.g. a likelihood ratio of 2 indicates that Disabled staff are twice (2 times) as likely to enter a formal capability process compared to non-disabled staff.</p> <p>iii) A relative likelihood below 1 indicates that Disabled staff are less likely to enter formal capability processes compared to non-disabled staff: e.g. a likelihood ratio of 0.5 indicates Disabled staff are half (0.5 times) as likely to enter a formal capability process compared to non-disabled staff.</p> <p>Example of calculation:</p> <ul style="list-style-type: none"> • Number of staff in workforce: Disabled = 200; non-disabled = 800 • Number of staff entering the formal capability process: Disabled = 20; non-disabled = 30 • Likelihood of Disabled staff entering the formal capability process (20/200) = 0.1000 • Likelihood of non-disabled staff entering the formal capability process (30/800) = 0.0375 • Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff is therefore 0.1000/0.0375 = 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>2020 was the first year in which this metric was mandated (it was voluntary in 2019). Whilst 100% of trusts reported data for this metric, our analysis has highlighted that some trusts included data on staff in all forms of capability, rather than just performance related.</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). This metric should only include data on the basis of performance, not ill health.</p> <p>To reduce any higher likelihood of Disabled staff being in capability procedures, trusts should review their performance management policy, and/or their reasonable adjustment policy, to ensure that Disabled staff have appropriate and timely reasonable adjustments in place. Discussion with Disabled staff and networks may also be useful in identifying any root causes to higher likelihoods, and what interventions can be taken to reduce this.</p>
Presenting the data	<p>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.</p>

Metric 4 a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: <ul style="list-style-type: none"> i) Patients/Service users, their relatives or other members of the public ii) Managers iii) Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	
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 WDES metric is based on data drawn from all 4 elements (a-d) of the NHS staff survey, Question 14.
What relationship does this metric have to the WRES?	The WRES includes indicators relating to bullying, harassment and abuse from staff and patients.
Calculating metric 4	To reduce any burden in 2022, trusts do not need to report data for this metric (i.e. submit the data via the DCF). However, the data should be discussed internally, including with the board and Disabled staff network, and included within the trust's WDES Annual report, which must be published on the trust's website (by 31 October 2022).
Additional considerations	Trusts 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. There should also be a focus on increasing both the NHS Staff Survey sample size and response rate, particularly from Disabled staff.
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 15.
What relationship does this metric have to the WRES?	This metric is the same as WRES Indicator 7.
Calculating metric 5	To reduce any burden in 2022, trusts do not need to report data for this metric (i.e. submit the data via the DCF). However, the data should be discussed internally, including with the board and Disabled staff network, and included within the trust's WDES Annual

	report, which must be published on the trust' website (by 31 October 2022).
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	To reduce any burden in 2022, trusts do not need to report data for this metric (i.e. submit the data via the DCF). However, the data should be discussed internally, including with the board and Disabled staff network, and included within the trust's WDES Annual report, which must be published on the trust' website (by 31 October 2022).
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 4b.
What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 7	To reduce any burden in 2022, trusts do not need to report data for this metric (i.e. submit the data via the DCF). However, the data should be discussed internally, including with the board and Disabled staff network, and included within the trust's WDES Annual report, which must be published on the trust' website (by 31 October 2022).
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.
What is the source for this metric?	The data for this metric is drawn from the NHS Staff Survey, Question 28b. The NHS Staff Survey uses the term 'adequate', so we use this term within this metric. However, we recognise that 'reasonable' or 'workplace' adjustments are more commonly used terms.
What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 8	To reduce any burden in 2022, trusts do not need to report data for this metric (i.e. submit the data via the DCF). However, the data should be discussed internally, including with the board and Disabled staff network, and included within the trust's WDES Annual report, which must be published on the trust's website (by 31 October 2022).
Additional considerations	There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff.
Metric 9 a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	
Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES Annual report. If no, please include what action is planned to address this gap in your WDES Annual report. Examples are listed in the WDES technical guidance.	
What does this metric measure / compare?	Part a) This part of the metric compares the trust's staff engagement score for Disabled staff and non-disabled staff. Part b) Part b of this metric asks for evidence that the trust has taken action to facilitate the voices of Disabled staff.
What is the source for this metric?	Part a) The staff engagement score is a composite score, which is drawn from 9 individual questions in the NHS Staff Survey. For further information about the staff engagement score, the questions that are included and how it is calculated, see Annex B of this technical guidance. Part b) the information for this part of the metric will be sourced from the trust's own actions.

What relationship does this metric have to the WRES?	This metric is unique to the WDES.
Calculating metric 9	Part a) To reduce any burden in 2022, trusts do not need to report data for this metric (i.e. submit the data via the DCF). However, the data should be discussed internally, including with the board and Disabled staff network, and included within the trust's WDES Annual report, which must be published on the trust's website (by 31 October 2022). Part b) The responses should be included in the trust's WDES Annual report.
Additional considerations	Part a) There should be a focus on increasing both NHS Staff Survey sample size and response rate, particularly from Disabled staff. The staff engagement score should be discussed with Disabled colleagues and staff network. Part b), refer to the WDES data analysis reports for 2019, 2020 and 2021 for examples of engagement with Disabled colleagues and networks.
Metric 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> • By Voting membership of the Board • By Executive membership of the Board 	
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 Electronic Staff Record (ESR).
Definitions in the metric	<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 trust. "Non-executive" members are generally not voting members of the board.</p> <p>"Executive membership" is an employee of the trust 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 director who is a member of the board of directors of the trust and does not form part of the executive management team. Non-executive directors are not employees of the trust 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 trust's workforce and the population being served. 'Job Roles' include Chair, Chief Executive, Finance Director, Other Executive Directors, Board</p>

	Level Directors, Non-Executive Directors, Medical Director, Nursing Director.
What relationship does this metric have to the WRES?	WRES Indicator 9 focuses on board membership.
Calculating metric 10	<p>Example of calculation: 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 trusts' board voting membership and its overall workforce will be +7.5 percentage points.</p>
Additional considerations	<p>The percentage figures for Disabled and non-disabled staff will need to be manually added to the WDES metrics data spreadsheet. The spreadsheet will auto-calculate the percentage difference, once the data has been added.</p> <p>Note:</p> <ul style="list-style-type: none"> • Foundation Trusts may also want to consider the disability status of governors, and whether they are broadly representative of the local population. • Trusts should ensure that their executive search agencies are committed to diversity in their policies and processes. • Trusts should plan for and promote equity for future applicants for all board positions from diverse backgrounds.

10 Annex A: Key terms

WDES Data Collection Framework (DCF)	The online system introduced in 2021 for the WDES data collection.
WDES Annual report	Trusts must publish this report, on an annual basis (this year by 31 October 2022). The report must contain the trust' metrics data, action plan and evidence for Metric 9b.

11 Annex B: How the NHS Staff Survey staff engagement score is calculated

The staff engagement score is a composite score 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."

Q3c - "There are frequent opportunities for me to show initiative in my role."

Q3d - "I am able to make suggestions to improve the work of my team / department."

Q3f - "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."

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	2021 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
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
	Q3c	0	2.5	5	7.5	10
	Q3d	0	2.5	5	7.5	10
	Q3f	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

The 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 (Q3c, Q3d, Q3f).
- 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.

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

Equality Act 2010 – Legal definition of disability¹⁶

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.

NHS Staff Survey disability monitoring question

Q28a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

If YES, please answer part b below; if NO, go to Question 29

Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?

- 1 Yes
- 2 No
- 3 No adjustment required

NHS Jobs disability monitoring question

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

¹⁶ <https://www.legislation.gov.uk/ukpga/2010/15/section/6>

- Other

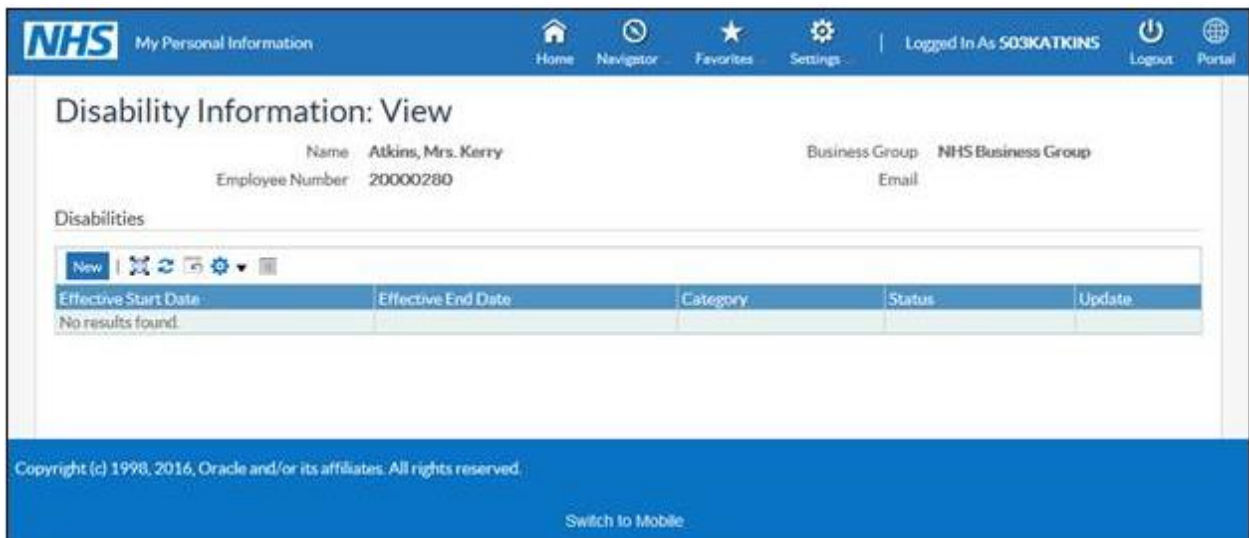
If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?

- Yes
- No

Disability monitoring information entered via NHS Jobs will be automatically transferred where trusts are utilising the recruitment interface.

An increasing number of trusts are providing staff with access to the ESR self-service portal, which enables individuals to add or amend their personal disability information. This function can be accessed via the following route:

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



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

13 Annex D – Additional references, tools and resources

WDES resources

A range of resources have been produced to support trusts in implementing the WDES. These resources are available at:

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

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability>

[Future NHS Collaboration Platform \(https://future.nhs.uk/\)](https://future.nhs.uk/)

Further reading

The tools resources listed below are useful to consider in building an understanding of the context about workforce disability equality and supporting the experiences of Disabled staff. To help with navigation they have been structured in line with the WDES metrics.

WDES Metric 1 – Workforce representation

House of Commons Library – Disabled people in employment

<https://commonslibrary.parliament.uk/research-briefings/cbp-7540/>

Department for Work and Pensions – Guidance on employing Disabled people and people with health conditions

<https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions>

NHS Employers – A guide to improving staff disability data

<https://www.nhsemployers.org/case-studies-and-resources/2021/01/a-guide-to-improving-staff-disability-data>

ESR - Guidance for staff on how to enter and maintain disability information in

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

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

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

WDES Metric 2 – Recruitment shortlisting

NHS England/Improvement and NHS Employers – WDES webinar: Recruiting and retaining Disabled staff – line manager responsibilities

<https://www.nhsemployers.org/case-studies-and-resources/2019/07/wdes-webinar-manager-responsibilities>

Disability Confident – Guidance and resources about employing disabled people
<https://www.gov.uk/government/collections/disability-confident-campaign>

WDES Metric 3 – Capability

NHS Employers - People performance management toolkit
<https://www.nhsemployers.org/case-studies-and-resources/2021/03/people-performance-management-toolkit>

WDES Metric 4 – Harassment, bullying and abuse

NHS England/Improvement – NHS Civility and Respect Toolkit
<https://www.socialpartnershipforum.org/media/177303/Shortened-Version-Civility-Respect-Toolkit-v5.pdf>

NHS England/Improvement – Guide to managing with kindness, civility and respect
<https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/civility-and-respect/>

Social Partnership Forum have published information on creating a culture of civility, compassion and respect. This includes resources on actions to reduce harassment, bullying and abuse <https://www.socialpartnershipforum.org/priority-areas/creating-a-culture-of-civility,-compassion-respect>

NHS Employers have produced guidance and information on workplace bullying
<https://www.nhsemployers.org/retention-and-staff-experience/tackling-bullying-in-the-nhs>
<https://www.nhsemployers.org/engagement-and-networks/nhs-staff-council/health-safety-and-wellbeing-partnership-group/hswpg-guidance/bullying-in-healthcare>

WDES Metric 5 – Career promotion and progression

Health Education England have published information and resources on the Health Careers website that may be useful to read in regard to supporting Disabled people work for the NHS careers:
<https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/doctors-disabilities>
<https://www.healthcareers.nhs.uk/explore-roles/doctors/why-study-medicine/information-specific-groups>

WDES Metric 6 – Presenteeism

NHS Employers have produced information about disability leave and the main differences compared to disability-related sickness absence. The information highlights the benefits of having a disability leave policy and shares good practice examples from other trusts, along with links to resources providing further support.
<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace/an-inclusive-approach-to-disability-leave>

WDES Metric 7 – Valuing Disabled staff

Health Education England – NHS Constitutional Values Hub

<https://www.hee.nhs.uk/about/our-values/nhs-constitutional-values-hub-0>

WDES Metric 8 – Reasonable adjustments

NHS Employers – Information on reasonable adjustments in the workplace

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace>

Equality and Human Rights Commission - Employing people: Workplace adjustments <https://www.equalityhumanrights.com/en/multipage-guide/employing-people-workplace-adjustments>

WDES Metric 9 – Disabled staff engagement

NHS Employers – Online guidance about staff networks

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/networks>

PurpleSpace - PurpleSpace is the world's only networking and professional development hub for Disabled employees, network and resource group leaders and allies <https://www.purplespace.org/>

WDES Metric 10 – Board representation

NHS Leadership Academy – Building Leadership for Inclusion

<https://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/blfi-2/>

14 Annex E: Support and queries

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

Email england.wdes@nhs.net

WDES Data Collection helpdesk email address england.wdes-datahelpdesk@nhs.net

(this email address is for data collection queries only)

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