

Workforce Disability Equality Standard (WDES) 2024 - 2025

1.0 Introduction

1.1 The NHS Workforce Disability Equality Standard (WDES) is an essential tool in supporting the NHS to be an inclusive and fair workplace. It helps evaluate progress and identify areas where further improvement is needed. Implementing the WDES is a requirement for NHS commissioners and NHS healthcare providers through the NHS Standard Contract.

The WDES was introduced in 2019 and is built around 10 evidence-based measures (metrics) which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

1.2 Last year we had concerns with the lack of information on ESR where staff had not completed their disability status ('unknown'). We still have some work to do this year to encourage staff who have not declared their status to complete their profile on ESR. It is clear from the staff survey that staff are comfortable declaring their disability status (when anonymous) considering the difference is 19% of staff who completed the survey, compared to 4% who have their disability recorded on ESR.

We could deduce that anonymity encourages declaration of disabilities whilst ESR, being open for appropriate staff and managers to view, may harbour feelings of potential discrimination. Staff feel safer declaring their status for the Staff Survey as they know that it is anonymous.

1.3 In addition, we recognise the consistent feedback from staff with a disability or long-term condition who; are less likely to be recruited; experience bullying and harassment; feel pressured to come to work despite not feeling well. We are also hoping to increase our reporting and monitoring of reasonable adjustments, which should reduce the gap and bring us in line or above the national average.

1.4 A campaign is underway to encourage staff to complete their equality profiles on ESR which we will be starting towards the end of September. It is important that we explain the medical definition of disability and encourage staff to also complete their records if they have a long-term condition. It is not mandatory for staff to complete their profiles, we need to ensure that the language we use is sensitivity to encourage and support staff in coming forward. We can also learn from the campaign done at Sussex PHFT [Improving disability declaration rates at Sussex Partnership NHS Foundation Trust | NHS Employers](#)

In addition, completion of the data in ESR will also help us to provide a more accurate reflection for the purposes of Disability Pay Gap which is due this year. If we can improve the data we should have a reduction in the 'unknown' fields and a more accurate picture for 2025 to 2026.

1.5 Essentially this means that we have to do more in the organisation to show staff the work we are doing in changing the culture and behaviours across the Trust to be more inclusive and disability friendly. This will be assisted through the work we are embarking on to complete the Business Disability Forum self-assessment across PAHT.

1.6 All of the actions in our WDES Action Plan are monitored through our EDI Strategy Delivery Plan 2025 to 2026

2.0 Context

2.1 At PAH our aim is to create a workplace in which disabled staff are visible and feel supported which 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.

2.2 The data is for the reporting year 2025. For the Staff Survey metrics there are comparisons from 2021 to 2024. When reviewing the data, it is useful to understand the overall numbers of disabled staff and non-disabled staff in the workforce. As at 31 March 2025 disability profile of staff: disabled staff 4% (3% - 2024); non-disabled staff 75% (71% - 2024); not declared 20% (10.6% - 2024); prefer not to answer 1% (0.4% - 2024); and unspecified (15% - 2024).

2.3 The Staff Survey response to the disability question indicated of the 1987 staff who completed the survey 23% identified with having a disability or long-term condition, against a national average of 24%. This is almost 20% difference than the information we have on ESR.

Disability	Headcount – 31 March 2024	Headcount March 2025
Yes	130	156
No	2959	3129
Not declared	427	838
Prefer not to answer	18	23
Unspecified	632	(within not declared)
Grand Total	4166	4146

3.0 Our WDES outcomes

3.1 Metric 1: Percentage of staff in AFC (agenda for change) pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce. This data is provided in clusters by grouping Bands, due to the small numbers of staff declaring a disability.

Table 1 shows headcount and percentage of disabled and non-disabled **non-clinical** staff by bands

Non- clinical staff	Bands 1-4		Bands 5-7		Bands 8a-8b		Bands 8c-9 &VSM		Non- Executives	
Disabled	43	5%	11	4%	9	11%	2	5%	1	10%
Non-Disabled	602	70%	179	70%	52	66%	38	86%	9	90%
Unknown	221	26%	64	25%	18	23%	4	9%	0	0%

Bands 1 to 7 and Bands 8C-9 show comparable representation with our data on ESR. Bands 8a-8b and Non- executives show an over-representation of disabled staff in comparison to our 4% overall data. However, the percentages of unknown are high across Bands 1 to 8b. This indicates that we do not have a true picture of the number of disabled staff, across the non-clinical workforce. Since last year disabled staff from band 8a to VSM has increased by 5 staff.

3.2 - Table 2 shows headcount and percentage of disabled and non-disabled **clinical** staff by bands & grade

Clinical staff	Bands 1-4		Bands 5-7		Bands 8a-8b		Bands 8c-9 & VSM	
Disabled	23	4%	49	3%	7	4%	1	5%
Non-Disabled	472	81%	1162	77%	118	69%	16	80%
Unknown	89	15%	289	19%	46	27%	3	15%

All bands have a proportionate representation of disabled staff except for Bands 5 to 7. However, the percentages of unknown in across all clinical bands are high, which means we may not have a true picture of the number across the clinical workforce. This data reflects the same outcome as last year.

3.3 - Table 3 identifies the headcount and percentage of **medical staff** who are disabled and non-disabled

Medical staff	M&D consultants		M&D career grade		M&D trainee grade	
Disabled	4	2%	7	7%	0	0%
Non-Disabled	140	63%	71	72%	279	89%
Unknown	77	35%	21	21%	34	11%

The data on medical staff indicates that there is underrepresentation in M&D consultants and M & D trainee grades. M & D career grades show a slight over representation.

However, since last year the number of M & D consultants declaring has increased by 2, and Career grade have increased by 7, and Trainee grade has reduced from 8 staff.

3.4 As with the previous analysis of the workforce in Table 1 & 2 & 3 the percentages of unknown are high. To show a true picture of the number of disabled staffs in the workforce, we need to focus on encouraging staff to complete their equality profiles in ESR by updating their personal data.

3.5 - Metric 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from Shortlisting across all posts. This refers to both external and internal posts.

Indicator	Disabled	non-Disabled	Unknown
Relative likelihood of non-disabled staff compared to disabled staff being appointed from Shortlisting across all posts. This refers to both external and internal posts.	43	788	32

Relative likelihood is 1.27 compared to last year's figure of 1.18. A figure below 1.00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting. This indicator shows that disabled staff are less likely to be appointed from shortlisting compared to non-disabled staff.

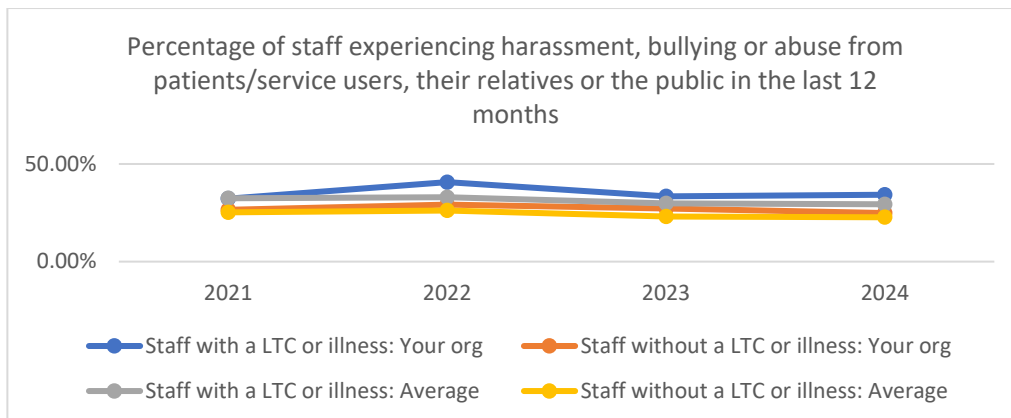
3.6 - Metric 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Indicator	Disabled	non-Disabled	Unknown
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	5	16	11
Data from 2023 to 2024	2	3	4

As the figures for this indicator are so low the auto calculation field has not generated a ratio which is meaningful. We have therefore calculated this outcome by a percentage of those entering the capability process.

Out of the total 32 staff who have entered the formal capability process, disabled staff represent 16% and non-disabled staff represent 50%.

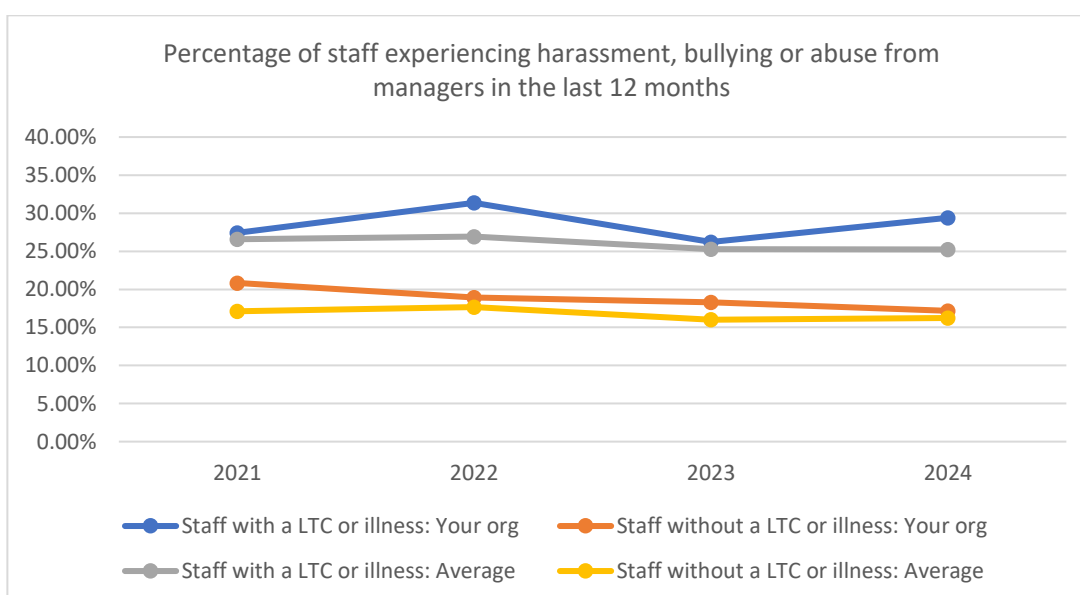
3.7 - Metric 4 (1): Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months



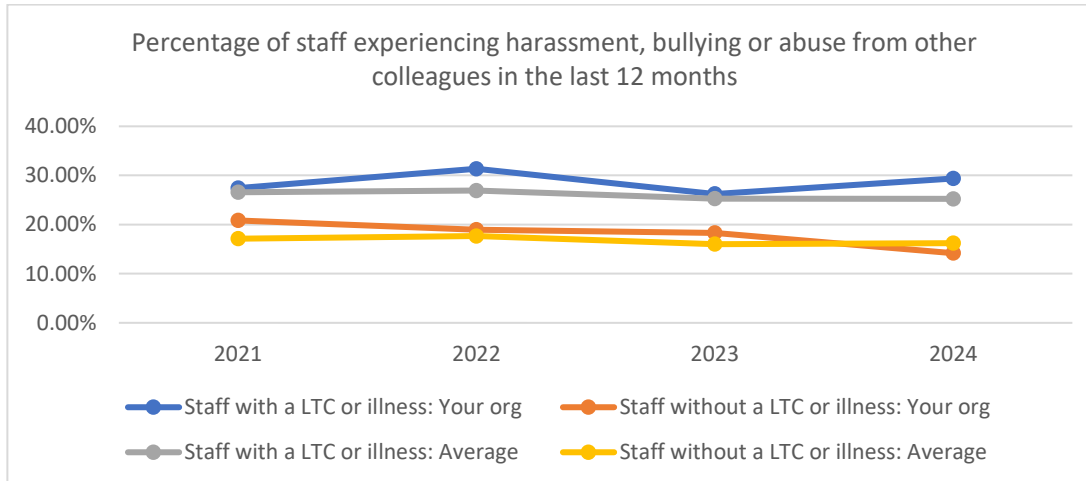
The percentage of staff declaring a long-term condition (LTC) is the highest marker. It has slightly risen from 2023 from 29.83 to 2024 at 34.22. We have implemented a 'Zero tolerance' approach, reviewed our policy, along with posters on walls to support staff.

There is still much more that we can do in regards to reviewing Datix reports and investigations to ensure appropriate action is taken and fed back to staff. This piece of work is planned to start by January 2026

3.8 - Metric 4 (2): Percentage of staff **experiencing harassment, bullying or abuse from managers** in the last 12 months.



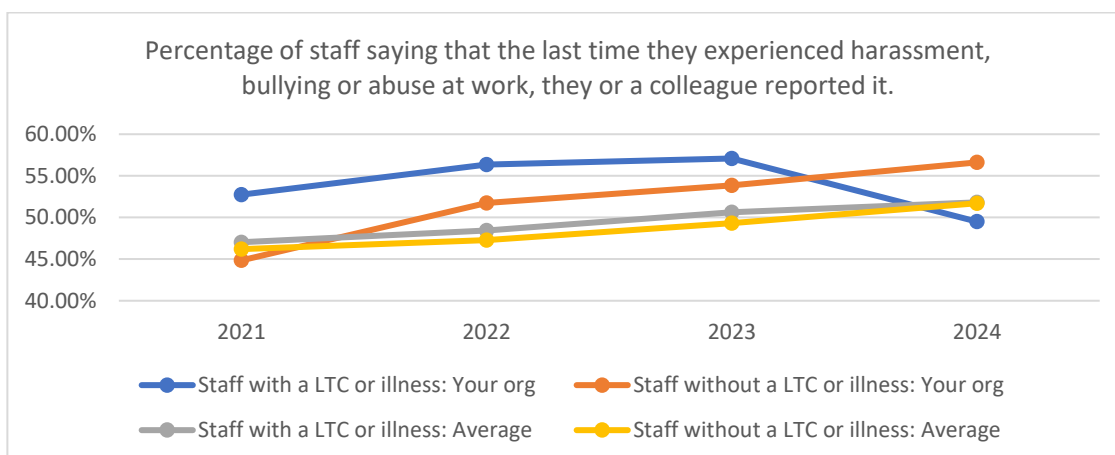
3.9 - Metric 4 (3): Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



Both Metrics 4(2) & 4(3) show staff with a long-term condition (LTC) or illness compared to those without, disproportionately experience harassment, bullying or abuse from managers and colleagues in the Trust. This trend is consistently high over the 3 years, and we have been consistently higher than the national averages. We have also seen an increase from 2023 to 2024.

We are planning a robust campaign to address bullying and harassment weaved into our Culture Change Programme planned to start by January 2026

3.10 - Metric 4 (4): Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

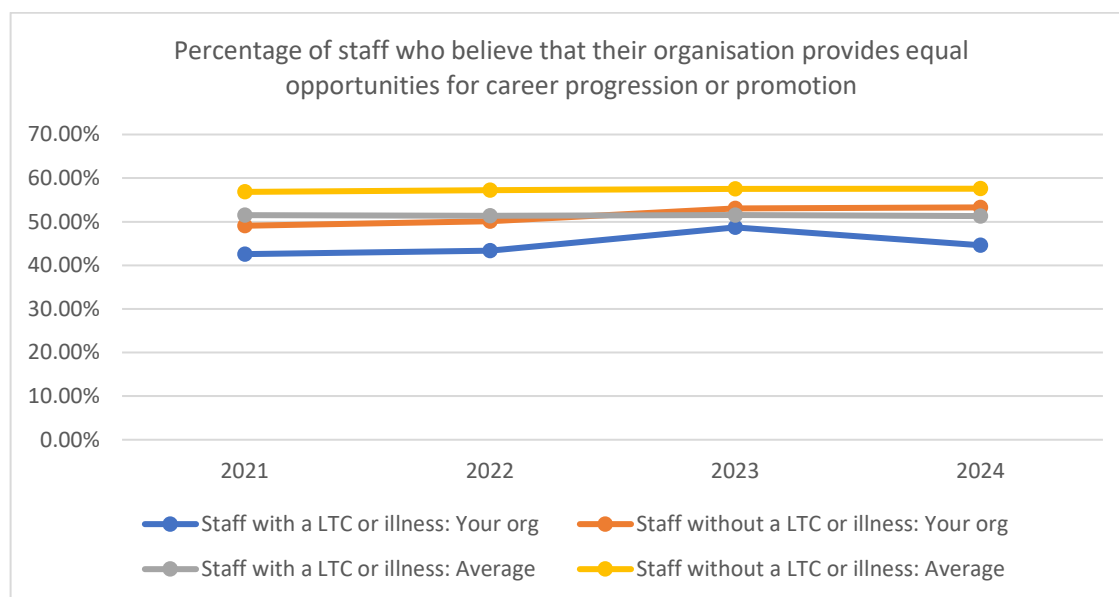


Although the gap between the two groups within our Trust have reduced in 2022 and 2023, the overall data for our Trust remains higher than national averages for both groups. In 2024 The reporting of those with a long-term condition or illness has reduced and for the first time in four years is below the national average.

Staff Reporting incidents	2021	2022	2023	2024
Staff who have a LTC or illness	53% (163)	56% (204)	57% (167)	49% (200)
Staff without a LTC or illness	45% (466)	52% (512)	54% (426)	56% (461)

Further analysis above of Staff Survey data shows the staff numbers who have reported incidents. As the volume of incidents do not equate to the numbers in our employee relation case work. we have decided to review theses how these cases have been investigated and fed back to staff, as part of our bullying and harassment project.,

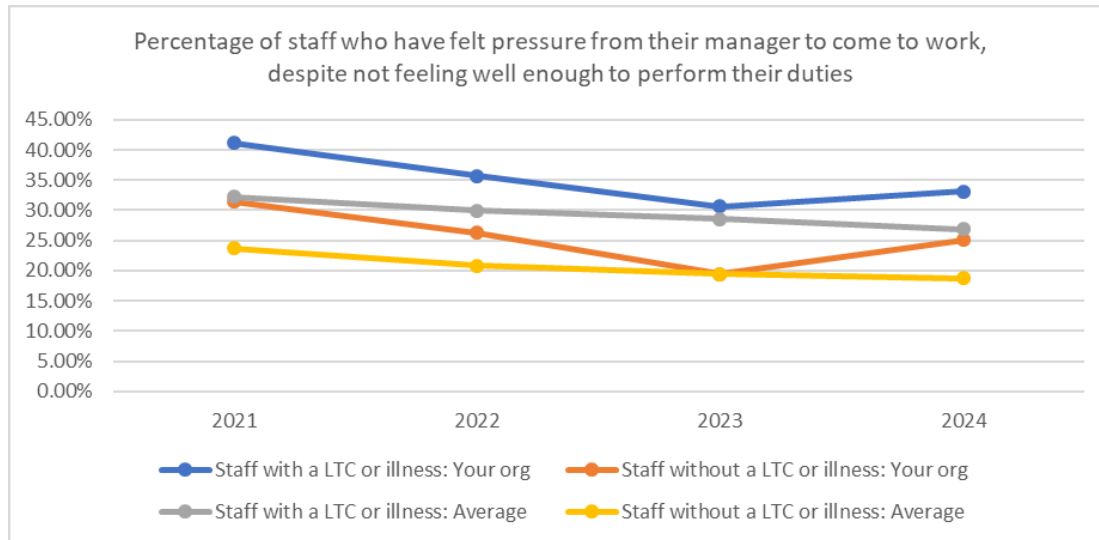
3.11 - Metric 5: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



In 2022 -2023 there was an increase in staff with a long-term condition. However, this has dipped slightly from 51% to 45% in 2023 to 2024. In addition, we continue to fall below the national trends for both groups of staff.

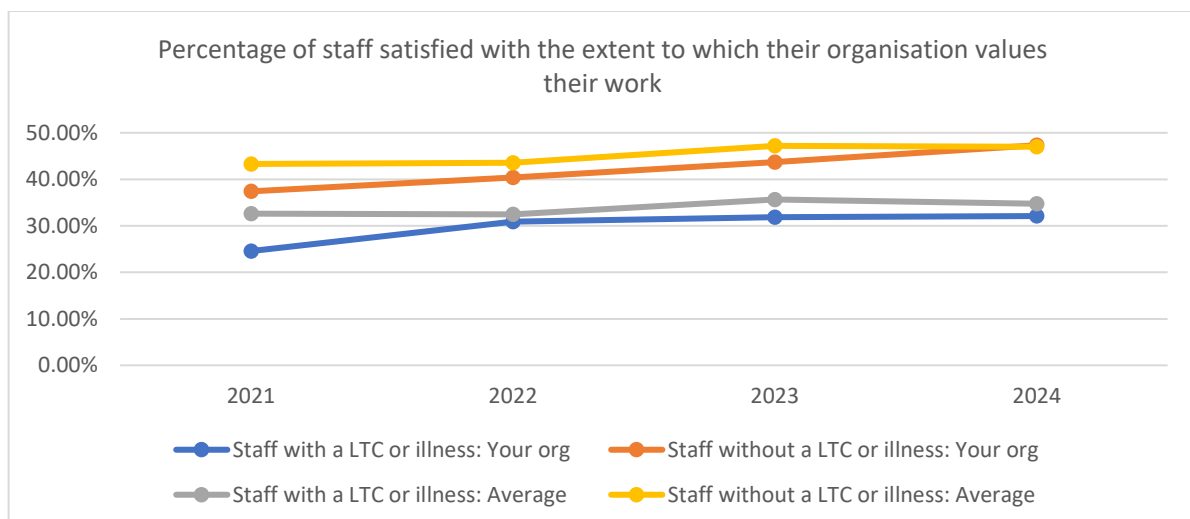
During the initial stages of the annual process, the OD & L team liaised with internal communications to promote the CPD across the organisation (for all staff) whilst also liaising directly with divisional leaders to communicate, encourage and promote continuous learning. A number of open workshops were promoted and held for all staff regarding any questions they had on the process, applicability and benefits of CPD. Posters were distributed in different areas on sites to encourage staff to enquire about CPD, whilst OD & L staff visited wards to encourage and educate staff.

3.12 - Metric 6: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



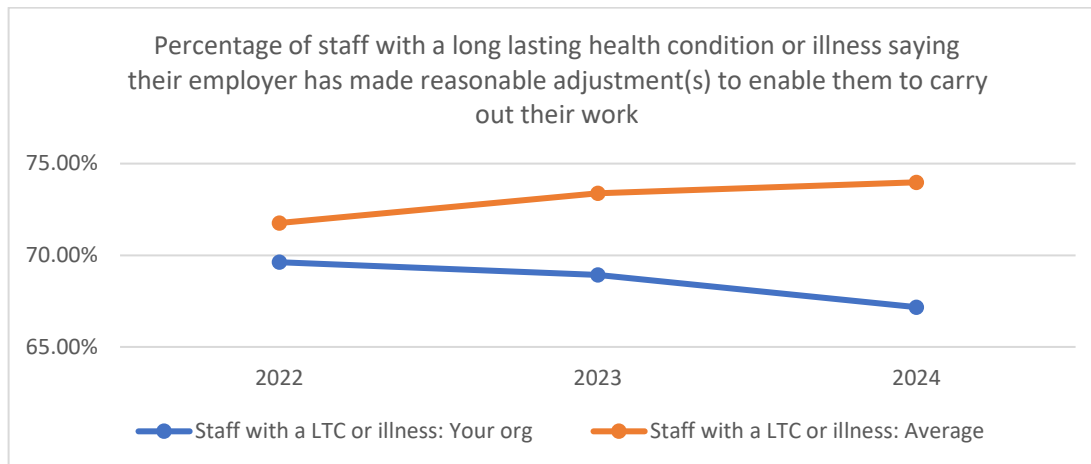
Since 2021 we were on a downwards trend for this indicative. In 2024, however, the data shows that in both groups there has been an increase in staff who feel pressured to come back to work when they are not well.

3.13: Metric 7: Percentage of staff satisfied with the extent to which their organisation values their work



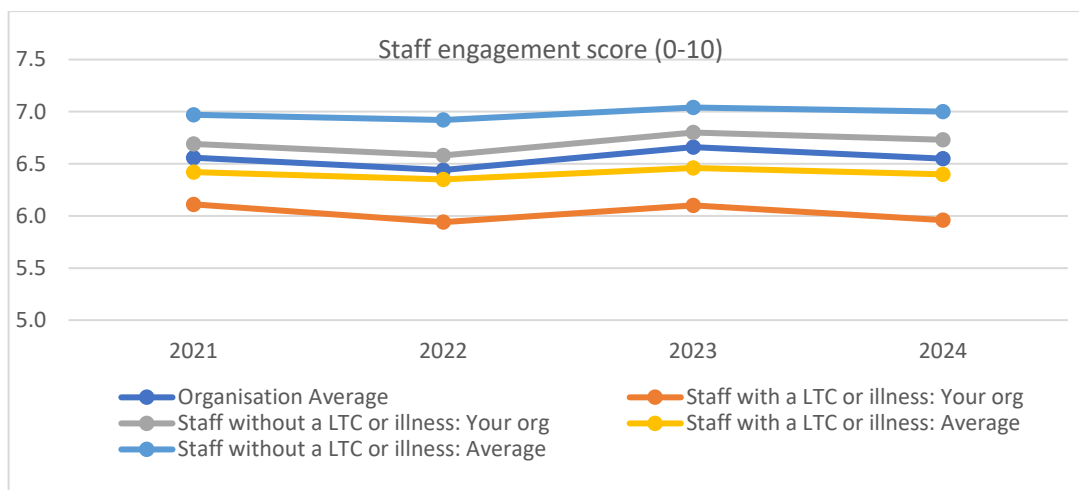
Whilst there is a slight increase in satisfaction for both groups, for those staff with a long-term condition or illness the level is still slightly under the national average.

3.14 - Metric 8: Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work



We have seen a great decrease on this indicative which is a major concern for us. To mitigate we are in the process of developing a Reasonable Adjustment Policy to be delivered by November and will continue to monitor staff experience.

3.15 - Metric 9: The staff engagement score for Disabled staff, compared to non-disabled staff



The data shows that our engagement score for both groups of staff is below the national average. Our People Strategy highlights the work we will be undertaking to improve staff engagement in everything we do, from recruitment, to day-to-day up to the point of exit.

We will be carrying out a disability audit to understand more about engagement, communication and carrying out recommendations to improve. We will be investing more into our staff network (DAWN) to increase engagement and working with external parties such as the BDF (Business Disability Forum) for strategic advice on best practices. Our ESR Campaign will also encourage staff to update their disability details.

3.16 - Metric 10: Percentage difference between the organisation's board voting membership and its organisation's overall workforce. (ESR)

	By Voting membership of the Board		By Executive membership of the Board	
Disabled	1	10%	1	11%
Non-Disabled	9	90%	8	89%
Unknown	0	0%	0	0%

The data shows that disabled staff are represented at Voting Board Membership and Executive Membership. We will be encouraging all Board members to complete their disability status.

4.0 WDES Action Plan for 2025 - 2026

Ref	Metric	Actions	Lead	Timescale
1	1,2,	Debias recruitment NHS programme to be implemented in line with the NHS EDI High impact actions – attraction, recruitment and retention.	Head of People – Recruitment and Retention	On going
2	3,4,5,6 & 9	EDI training covering disability awareness and our responsibilities, including the role out of our new Reasonable Adjustment Policy.	Head of EDI	January 2026
3	All metrics	Devise a campaign to encouraging staff to complete their equality profiles in ESR by updating their personal data.	Head of EDI & Communication Team	October 2025
3	3,4,5,6 & 9	Review existing measures and strengthen our policies in regards to tackling bullying and harassment.	Head of EDI & Head People - Business Partners	February 2026
4	4,5 & 6	Set up a system to monitor all cases and of bullying, harassment and abuse. Identify where cases are being recorded, investigated and where the information is provided on case outcomes.	Head of People – Business Partners & Head of EDI	February 2026
5	8	Review the sickness policy to align with the Reasonable Adjustment Policy to ensure it sufficiently supports staff and addresses reasonable adjustments.	Head of People – Business Partners	December 2024
6	3,4,5,6 & 9	Through our membership with Business Disability Forum - conduct an audit of policies, practices and processes to measure the impact and make improvements for staff with disabilities in the workplace	Head of EDI	March 2026
7	9	Deep dive and spot checks on non-mandatory training and CPD process and policy	Head of ODL	Ongoing 2025

Appendix 1 – Summary of WDES Matrix

The information below is used to compare disabled with non-disabled staff:

Metric 1 - Percentage of staff in Agenda for Change (AfC) pay-bands (ESR)

Metric 2 - Appointed from shortlisting across all posts (TRAC)

Metric 3 - Staff entering the formal capability process (ESR)

Metric 4 - Staff experiencing harassment, bullying or abuse from service users' managers and colleagues.
(Staff Survey)

Metric 5 - Staff believing that the Trust provides equal opportunities for career progression or promotion.
(Staff Survey)

Metric 6 - Staff feeling pressured from their manager to come to work, despite not feeling well enough.
(Staff Survey)

Metric 7 - Disabled staff who are satisfied with the extent to which their organisation values their work.
(Staff Survey)

Metric 8 - Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work. (Staff Survey)

Metric 9a - Staff engagement

Metric 9b – Action taken to facilitate the voices of Disabled staff to be heard (Yes or No)

Metric 10 Percentage difference between the organisation's board voting membership and its organisation's overall workforce. (ESR)

Appendix 2 – Definition of disability and monitoring questions

Equality Act 2010

Legal definition of disability¹⁵ 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.

Social Model of Disability

Using these metrics, NHS organisations are expected to develop data-driven action plans that support improvement in recruitment, retention, development and workforce experience. The WDES also helps to shape inclusive practices, embed accountability and deliver measurable progress in disability equality.

Principles that have informed the design of WDES are 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.

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.

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 highlights, 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 the for employers to provide 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.

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
- Other