



# **NHS Workforce Disability Equality Standard**

**Barts Health Data Summary and Action Plan  
2022 / 2023**

**Summary Report using data from April 2022 - March 2023**

Figure 1, WDES 2023 Highlights

# Barts Health WDES 2022-23 Highlights

## Performing Well

### Indicator 2

Shortlisting 1.12x

#### Equality

The figure improved slightly and has remained to the target range of 0.8-1.2 over the last two years

### Indicator 3

Capability 1.68x

#### Large declines over the previous four years

The figure has declined sharply from 3.33x. Whilst it is above 1.2 it is now based on just one case over the last two years

## Making improvements but further work required

### Indicator 1

Representation 4.0%

#### Slowly improving

The figure has continuously increased, doubling over the last four years. There is still a gap between the staff survey data and ESR. There is no gap in representation in senior roles.

### Indicator 10

Board Membership 5.0%

#### Slowly improving

The figure for the Trust Board is now similar to the overall Trust.



## Work Required

### Indicator 4

Bullying and Abuse 33%

#### Static

Levels of bullying from the public or colleagues have remained high over the last four years, with 33% of colleagues facing bullying from colleagues. There is a significant gap between colleagues with a disability and those that do not

### Indicator 5

Equal opportunities 40%

#### Slight Declines

The percentage of people believing there are equal opportunities for progression has fallen slightly over the last four years.

### Indicator 6

Pressure to come to work 40%

#### Slight Declines

The figure has declined from the pre-covid levels and shown no change in the last three years,

### Indicator 7

Feels Valued 30%

#### Downward Trajectory

The figure has declined year on year over the last four years and there is a gap between people with a disability (30%) and people who do not (41%)

### Indicator 8

Workplace Adjustments 62%

#### Static

There has been no improvement in the percentage over the last four years

### Indicator 9

Engagement 6.2

#### Downward Trajectory

The staff engagement score has been on a downward trajectory falling in each of the last three years.

## 1. What is WDES?

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. Further information and the full list of metrics can be found on the [NHS England WDES pages](#).

NHS organisations use the metrics to develop and publish an action plan. Comparisons each year enable NHS organisations to demonstrate progress towards disability equality and plan to create change. Creating workplace equality for all staff is a key commitment in the NHS People Plan and one of the overall Trust objectives at Barts Health, to be delivered through our WeBelong inclusion strategy.

Themes that have been identified across the NHS from analysis of all Trust's WDES data show that 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.
- Less likely to feel engaged.
- Less likely to be appointed through shortlisting.

This report contains data for Barts Health NHS to understand the experience of our disabled staff, how we compare to the NHS as a whole and clearly articulate how we are taking steps to create a fairer workplace.

This data is based on the period April 2022 - March 2023 with, metrics 4-8 using results from the Autumn 2022 staff survey.

## 2. Being Accountable: The overall picture

In order to live our values of transparency and accountability, the table below summarises progress between last year, and the picture since first reporting. Compared to the previous year, 4 out of 13 metrics have improved. Metrics 1 and 3, regarding representation and the capability process have consistently improved since the introduction of the WDES. Of the metrics that deteriorated three of these have seen a fairly consistent year on year trend, feeling pressure to come into work, feeling valued and staff engagement. The remaining metrics show variation year on year.

Metric Area	Improved last year	4 year view	Where are we now?
<b>Metric 1: Representation</b>	 Yes	Consistent year on year increase	Increasing representation has been a success story. This may be attributed to increased confidence in declaring a disability, as well as introducing development opportunities and fairer recruitment. However, a large gap remains in the data held in ESR and data from the Staff Survey
<b>Metric 2: Shortlisting</b>	 Yes	Decreasing trend since 2018	We have seen shortlisting for disabled colleagues become fairer since first reporting. It is now almost equitable which is a significant achievement.
<b>Metric 3: Capability</b>	 Yes	General improvements over the period	This metric has become an increasingly unreliable measure of the capability process. The metric is now based on a just nine cases over the last two years which only includes one colleague with a disability
<b>Metric 4a: Bullying or abuse from the public</b>	 No	Increase last year after a period of reducing levels	This metric has increased year on year but remains below the levels from before the Covid pandemic
<b>Metric 4b: Bullying or abuse from managers</b>	 No	Fairly static over the period	This metric increased last year after a period of incremental improvements and has returned to a similar level from 2020 and 2021
<b>Metric 4c: Bullying or abuse from colleagues</b>	 No	Fairly static over the period	Very similar to metric 4b this metric increased last year after a period of incremental improvements and has returned to a similar level from 2020 and 2021
<b>Metric 4d: Reporting harassment if experienced</b>	 Yes	Improvement year on year after a decline the previous year	After improving year on year, this metric saw a sharp reduction in the 2022 report. The improvement seen in this report takes the percentage of people that report bullying and harassment to a level slightly above the first WDES report in 2020.
<b>Metric 5: Perception of Career Progression</b>	 No	Fairly static over the period	This has fluctuated year on year but there is no consistent trend of improvement or deterioration.
<b>Metric 6: Feeling pressured to come to work</b>	 No	Staff have felt more pressured consistently throughout the pandemic	Since 2020, every year since the pandemic a higher proportion of people with a disability have felt pressured to come into work. This measure has remained fairly static at around 39% over the last three years
<b>Metric 7: Feeling valued</b>	 No	Staff continue to feel less valued	Since 2019/20, all staff have felt their work is less valued year on year. The decline has been seen for all staff across Barts Health
<b>Metric 8: Receiving Reasonable Adjustments</b>	 No	No clear trend, fluctuated year on year	This measure has changed each year but there is no clear trend in any direction. The current levels are below the high point which was the period of the height of the pandemic
<b>Metric 9: Staff Engagement</b>	 No	Decreased this year, after being static since reporting	This measure has continued to decline slightly which is a trend seen for all staff across Barts Health though the score for colleagues with a disability is lower than the average.
<b>Metric 10: Board Representation</b>	 Yes	Improvement	Board representation has increased slightly and is now at a similar level to the Trust overall.

## 2. 2022/23 Narrative on WDES Metrics for Barts Health NHS Trust

### Overview:

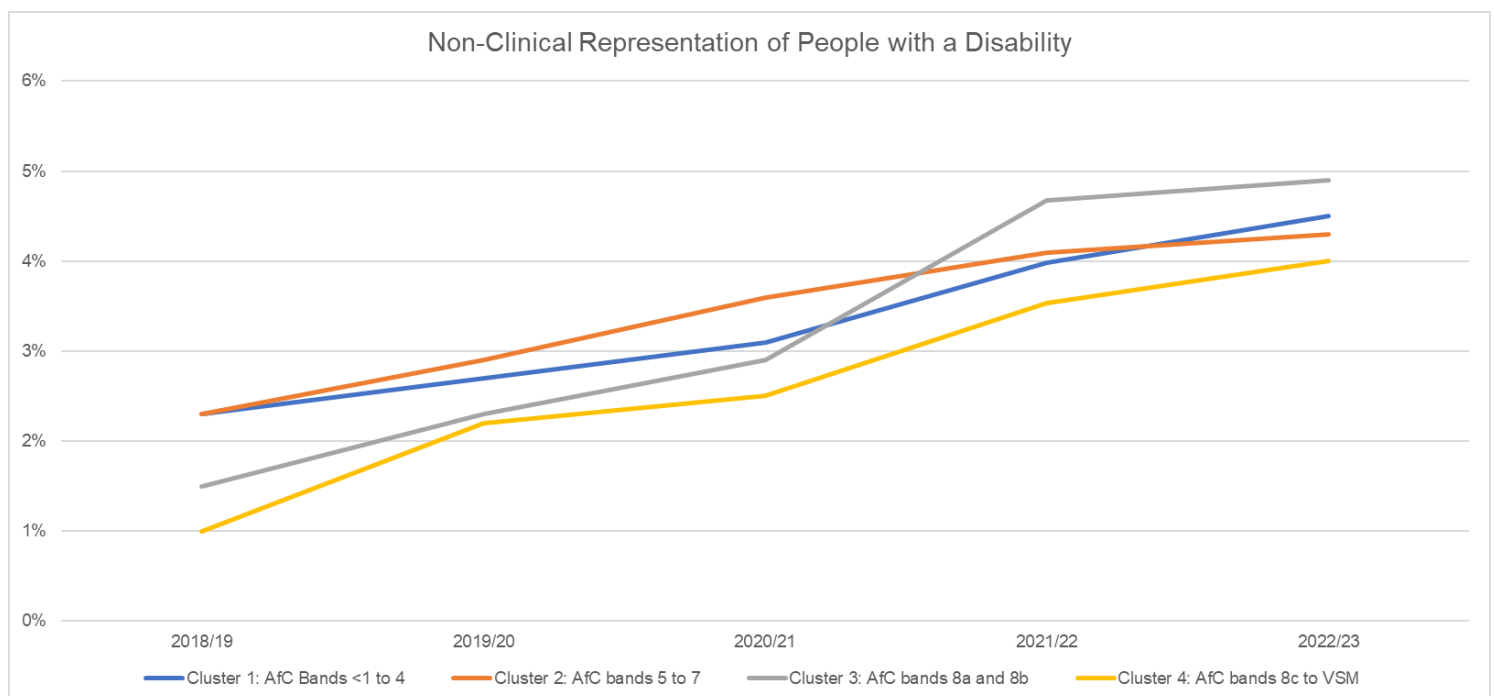
The metrics of the most recent WDES show a somewhat mixed picture. There is continued improvements in the representation of people with a disability across the organisation which is a continuing, although slow, trend. There is no evidence of underrepresentation of people with a disability in more senior roles, however, there remains a large gap between the number of people who record a disability in ESR of around 4% and the number of respondents to the staff survey who say they have a long-lasting health condition or illness which is around 18%.

The metric regarding shortlisting has maintained the score from last year's results of 1.17. This is in the range of 0.8-1.2 which suggests there is no significant difference between people that have a disability and colleagues that do not have a disability. The score regarding capability has also improved to 1.68 but more importantly this is now based on very low numbers where just nine people entered a formal capability process in the last two years, only one of whom had a disability. It is clear there is no significant disparity for this score.

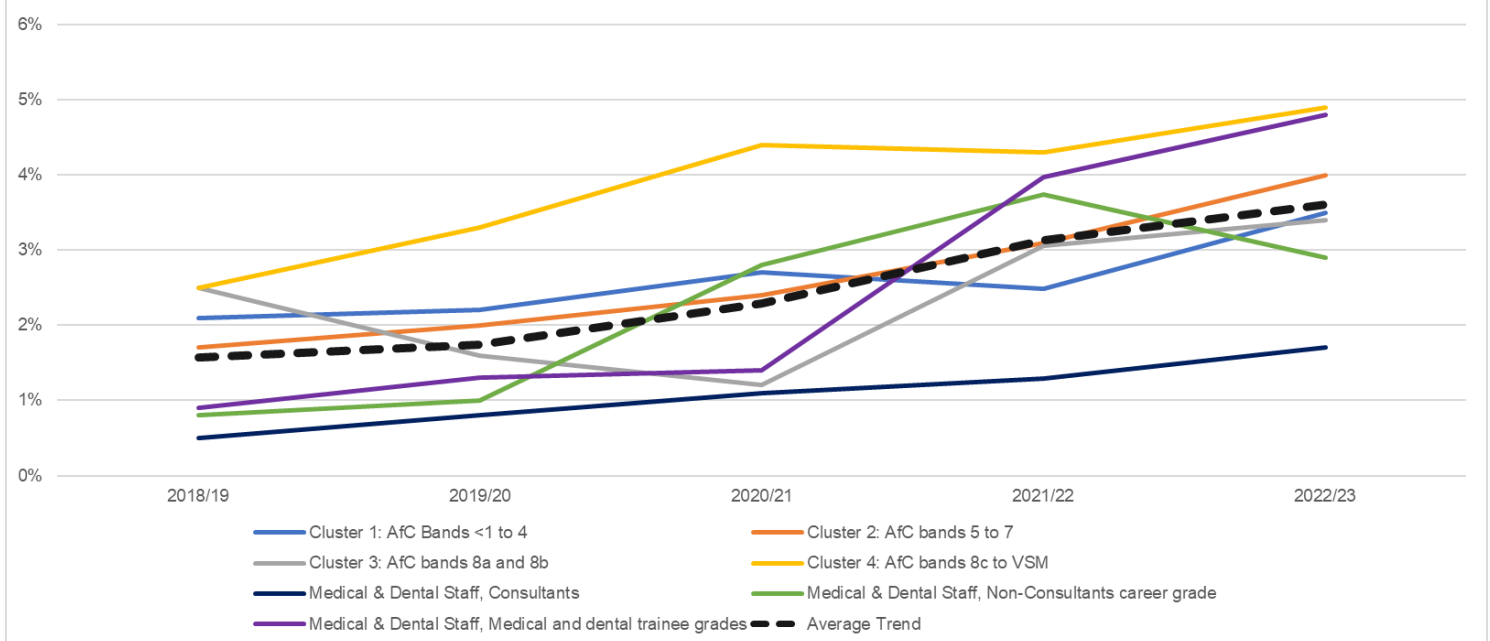
Conversely, metrics relating to experiencing bullying, feeling pressured to come to work, feeling valued and receiving reasonable adjustments have worsened since last year. The scores regarding experiencing bullying and harassment from managers or colleagues are noticeable because these have decreased for colleagues that do not have a disability. The metrics regarding feeling valued by the organisation or staff engagement show a fall for all colleagues and is mirrored in the results nationally across the NHS.

Board representation has increased slightly and the percentage of Board members that have a disability is now very similar to the overall organisation. However, a gap remains between disabled, and non-disabled staff in all metrics.

### Metric 1: Representation:



Clinical Representation of People with a Disability



*Representation has consistently grown in almost all groups: clinical and non-clinical/ different grades. This is a key improvement and has been seen year on year.*

- For non-clinical roles, all groups continued to increase and there is now a consistent level of between 4-5% of people that have a disability for all different grades. There is no evidence of a disparity between people with a disability in more senior grades which is positive.
- For non-clinical roles, there is a slightly lower level of representation with the average increasing to 3.4%. Most of the groups saw an increase with the exception of non-consultant career grades doctors which is a very small group.
- Consultants have the lowest representation compared to all other groups, while this has been increasing it is below 2%.
- Whilst representation is increasing, we know that around 17% of colleagues completing the staff survey noted a long-term health condition, compared to around 4% of people on ESR who have declared a disability. This indicates there are many people with a disability at Barts Health who are not recorded on ESR.

**Metric 2: Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff.**

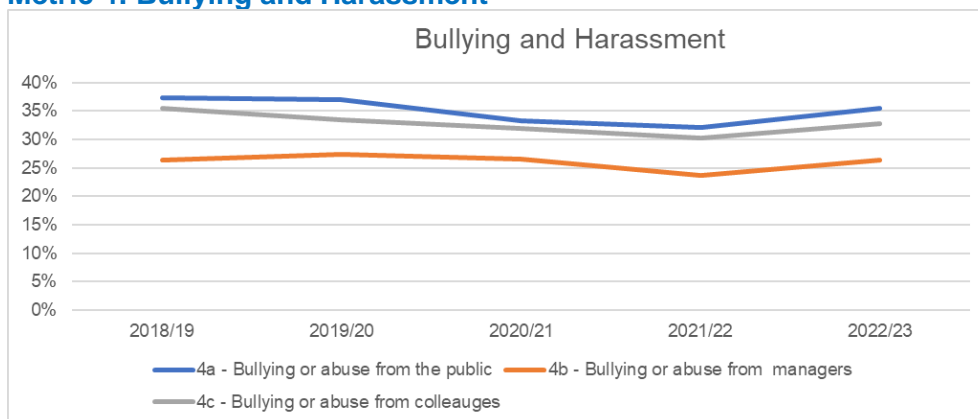
- Shortlisting has become fairer over time for colleagues with a disability, remaining with a likelihood ratio of 1.12, slightly improved from last year. This means that colleagues with a disability are almost as likely to be shortlisted as people without a disability and is within the range of 0.8-1.2 which is considered to show no significant difference.
- This represents a significant achievement, reducing the ratio down from 1.64 in 2018/2019 and remaining in the current range for the last two years.
- Barts Health has implemented a range of interventions to contribute to fairer recruitment, ranging from:

- Recruitment practices have been updated and reviewed.
- Offering adjustments in the recruitment process to people with a disability.
- Continued application of inclusion ambassadors at interview to provide unbiased decision makers.
- Working with the wider Integrated Care System (ICS) and our community to understand how to better increase access to opportunities, including our community outreach programmes Project Search and Healthcare Horizons.
- The launch of our cultural intelligence programme to acknowledge and address personal biases to create a fairer culture overall.

### Metric 3: Relative likelihood of disabled staff entering formal capability processes compared to non-disabled staff

- Metric 3 has reduced over time falling from 3.33 in the 2020 metrics to 1.68 this year. Whilst this is outside the 0.8-1.2 range, this is a notable improvement and is also a reflection of the low number of formal capability processes launched in the Trust. In the last two years just nine formal capability processes were launched, of which only one included an individual with a disability.
- We can therefore gain limited insight from this metric, however we will ensure we continue to apply our fair and just culture principles in our employee relations processes.

### Metric 4: Bullying and Harassment



#### A) Bullying or abuse from the public:

- The proportion of people with a disability experiencing abuse from the public has increased last year from 32.1% to 35.5%, following a period where the percentage had been consistently reducing. Bullying and harassment from the public remains the most likely source of abuse that colleagues with a disability face.
- The level of bullying and harassment experienced people who do not have a disability also increased this year but remains lower than for staff with a disability (35.5% vs 29.0%).
- There is a Trust-wide programme on violence and aggression aimed to address bullying and violence from patients, which included advice and speaking up helplines. This was accompanied by an antibullying patient facing campaign to seek to further reduce bullying.

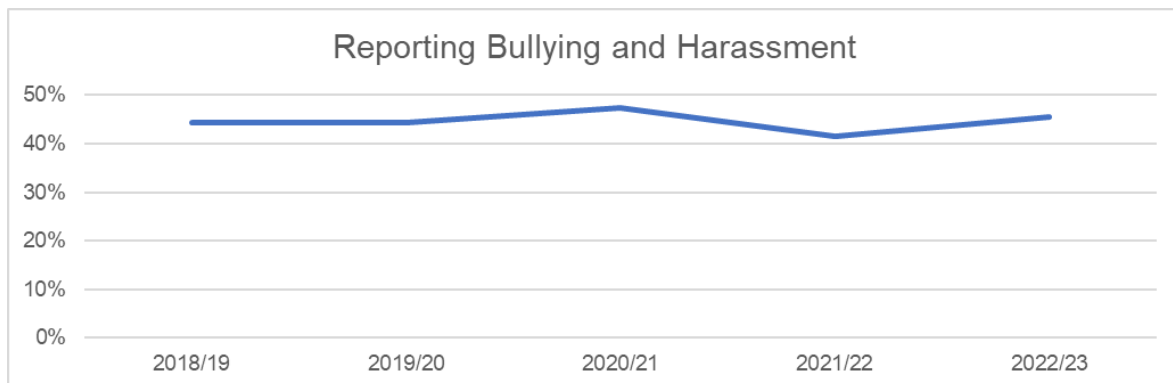
## B) Bullying or abuse from managers

- The proportion of people with a disability experiencing bullying from managers has increased over the last year from 23.6% to 26.3%. This increase has reversed the positive trend which had been occurring and the level now is only slightly below the level in the 2020 staff survey.
- The increase is also different to the trend seen for colleagues without a disability where the level of bullying from managers continued to fall, it is now 13.7%. Overall, across the rest of the NHS the level of bullying and harassment experienced by people with a disability also fell to the lowest level since the WDES metrics started (nationally this is now 17.1%).

## C) Bullying or abuse from other colleagues

- As with the other bullying metrics, the proportion of colleagues with a disability experiencing bullying from other colleagues increased from 30.3% to 32.8%. Previously this metric has improved every year we have been recording WDES, therefore the level is below the percentage of 35.4% recorded in 2018/19.
- Also similar to the previous metrics, there is a gap between the proportion of people with/without a disability who experience bullying from other staff of 11.7 percentage points.
- The level of bullying and harassment for colleagues who do not have disability fell in the organisation to 21.1%.

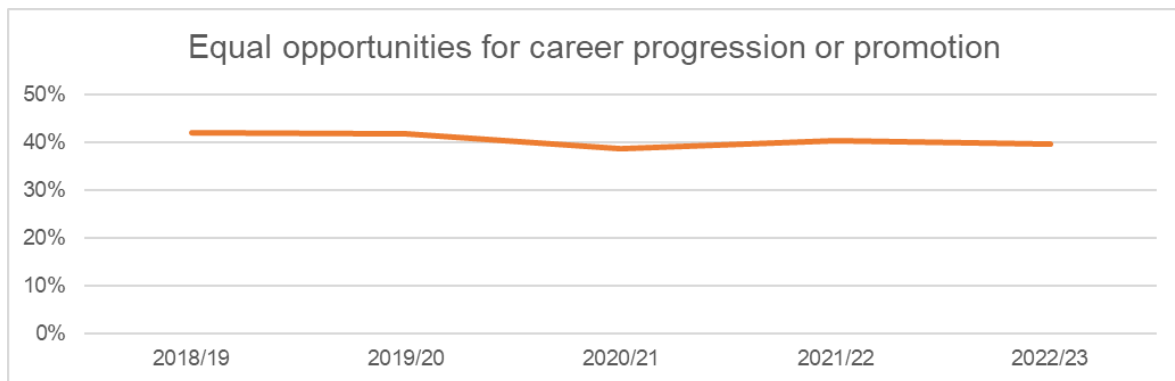
## D) Staff saying that the last time they experienced bullying they or a colleague reported it



- This metric saw an improvement in this year's WDES following the decline last year.
- People with a disability continue to be less likely to report bullying and harassment compared to people without a disability (45.4% vs 47.2%), however this gap is much smaller than in previous years.
- It is particularly important that given the increasing levels of bullying and harassment, our people should feel comfortable to report it. To support this aim, we are:
  - Continuing to raise awareness of speaking up channels and constantly reviewing these channels to understand how we can increase access to speaking up.
  - Supporting our voluntary Inclusion Signposters who support colleagues locally.
  - Delivering training to HR colleagues on applying our Dignity at Work, and Just Culture policies
  - Triangulating our insight from employee relations, speak up and staff survey information to ensure we are addressing hot spot areas.

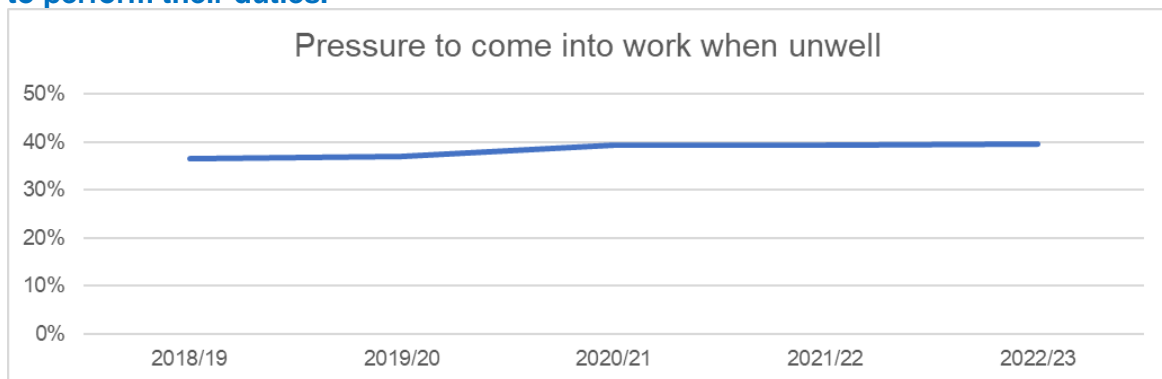


**Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.**



- The percentage of people with a disability that believe there are equal opportunities for progression has fallen this year to 39.7%. Since the start of the WDES metrics there has been a very slight downward trend in this metric.
- There also remains a significant gap between the perceived fairness of career progression for people with/without a disability (39.7% vs 49.1%).
- Barts Health has developed an inclusive career progression framework with a series of interventions to create sustained improvement in this metric, which includes:
  - Targeted development programmes for all colleagues up to VSM – this includes an update to the in-house career development programme to specifically focus on colleagues with a disability.
  - Career conversation guidance and support for line managers
  - A career mentorship and shadowing programme.

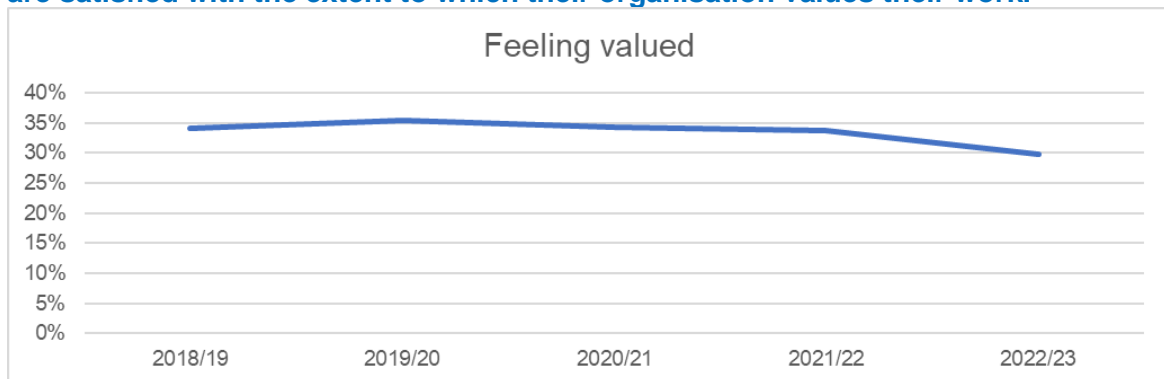
**Metric 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**



- There has been another small increase in the proportion of people with a disability who feel pressured to come into work compared to the previous year, from 39.3% to 39.5%. There has been a consistent, gradual, trend since the pandemic.
- For colleagues that do not have a disability the recent trend has been an improvement in this metric so the gap between colleagues with disability compared to colleagues that do not have a disability is now 13.2 percentage points (39.5% vs 26.3%).
- Our absence and leave policies have recently been reviewed and updated with considerable consultation from colleagues with a disability. These policies now contain specific sections on supporting colleagues with a disability and the way absence triggers are applied has been transformed to emphasise that the policy is aimed at improving the wellbeing of colleagues who are unwell. These policies also reinforce

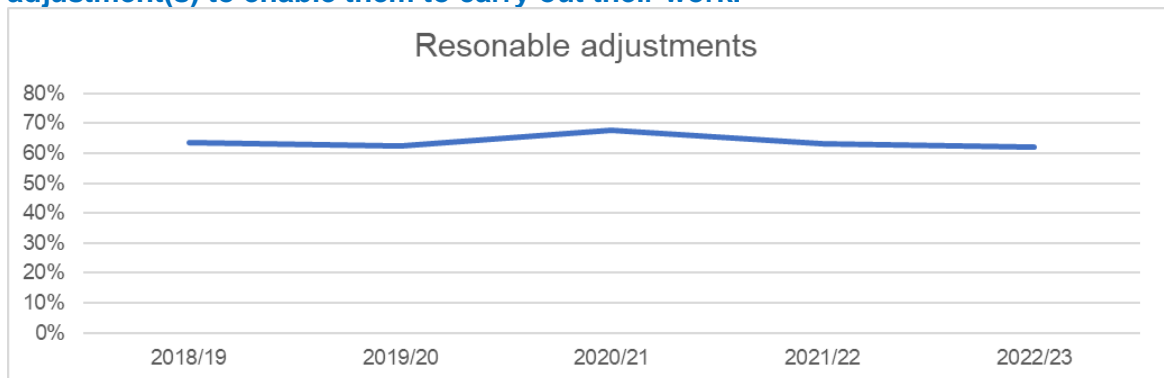
the importance of enabling colleagues with a disability to attend hospital or doctor appointments.

**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.**



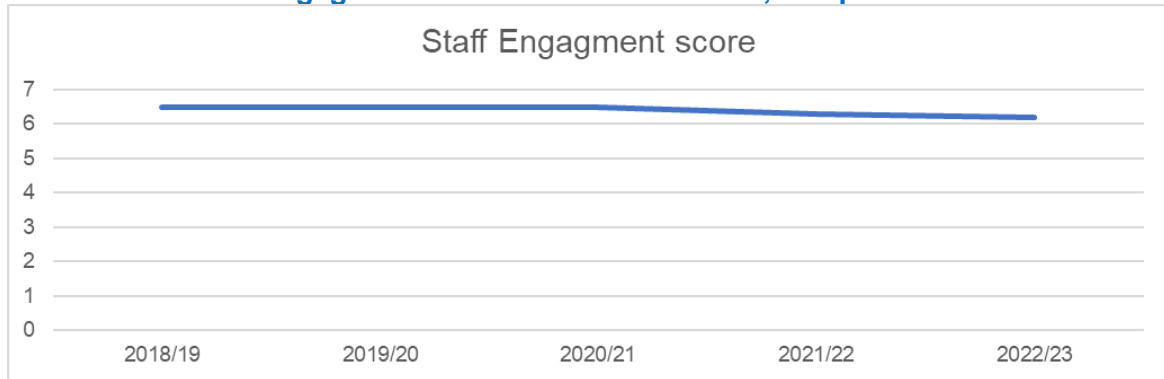
- The percentage of people with a disability feeling the organisation values their work has decreased from 33.8% to 29.8%. This is an acceleration of the trend stretching back several years.
- There has been a larger decline in the percentage of colleagues that do not have a disability reporting that they feel valued but there remains a significant gap (29.8% vs 40.7%).
- The trend nationally also shows declines in the percentage of people that feel valued.

**Metric 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**



- The percentage of people that reported through the staff survey that they have received the adjustments they need to carry out their work declined very slightly from the previous year (62.3% vs 63.2%).
- The overall trend however is fairly static with slightly less than two-thirds of colleagues with a disability reporting they received the adjustments they need.

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



- The staff engagement score for colleagues with a disability fell slightly to 6.2 this year compared to 6.3 in the previous year, continuing a trend where this metric is very slowly deteriorating.
- A similar trend has been seen for colleagues without a disability and also for all colleagues across the NHS.

### Metric 10: Disabled staff on Board (voting and non-voting)

- The percentage of people with a disability on our board has increased to 5%. This now roughly matches the percentage of the overall workforce that have recorded a disability through ESR.
- This is the first year since the WDES collection started where the figure has not been 0%.

### 3. Complete WDES Metrics 2018-22

For transparency our full WDES metrics are included in this section, previous years are included in this table to understand any changes over time. The last two columns include the latest WDES data from the NHS as a whole. This is to help understand if any changes over the last year are part of the national direction, or unique to Barts Health. Figures included in this table on the national average can be seen in full via the [2021 online national WDES report](#). Figures in **green** indicate they improved from the year before, figures in **red** are where they became worse.

#### Metric 1: Representation

WDES Metric 1	Barts Health				
	2018/19	2019/20	2020/21	2021/22	2022/23
1a) Nonclinical Representation					
Cluster 1: AfC Bands <1 to 4	2.3%	2.7%	3.1%	4.0%	4.5%
Cluster 2: AfC bands 5 to 7	2.3%	2.9%	3.6%	4.1%	4.3%
Cluster 3: AfC bands 8a and 8b	1.5%	2.3%	2.9%	4.7%	4.9%
Cluster 4: AfC bands 8c to VSM	1.0%	2.2%	2.5%	3.5%	4.0%
1b) Clinical Representation					
Cluster 1: AfC Bands <1 to 4	2.1%	2.2%	2.7%	2.5%	3.5%
Cluster 2: AfC bands 5 to 7	1.7%	2.0%	2.4%	3.1%	4.0%
Cluster 3: AfC bands 8a and 8b	2.5%	1.6%	1.2%	3.1%	3.4%
Cluster 4: AfC bands 8c to VSM	2.5%	3.3%	4.4%	4.3%	4.9%
Medical & Dental Staff, Consultants	0.5%	0.8%	1.1%	1.3%	1.7%
Medical & Dental Staff, Non-Consultants career grade	0.8%	1.0%	2.8%	3.7%	2.9%
Medical & Dental Staff, Medical and dental trainee grades	0.9%	1.3%	1.4%	4.0%	4.8%

## Metrics 2-10: All other metrics

Metric	People with A disability at Barts Health (number in brackets = people without a disability)				2022/23
	2018/19	2019/20	2020/21	2021/22	
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.64	1.25	1.3	1.17	1.12
3. Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	N/A	3.33	3.11	4.11	1.68
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	37.3% (33.3%)	37.0% (34.2%)	33.2% (29.8%)	32.1% (27.9%)	35.5% (29.0%)
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	26.3% (17.5%)	27.4% (16.7%)	26.6% (15.5%)	23.6% (14.2%)	26.3% (13.7%)
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.4% (24.3%)	33.4% (24.9%)	32.0% (23.2%)	30.3% (21.6%)	32.8% (21.1%)
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	44.3% (46.9%)	44.3% (49.4%)	47.5% (46.1%)	41.5% (47.1%)	45.4% (47.2%)
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	42.0% (50.5%)	41.8% (51.1%)	38.7% (48.5%)	40.4% (48.6%)	39.7% (49.1%)
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.	36.5% (25.8%)	36.9% (27.0%)	39.2% (28.7%)	39.3% (28.5%)	39.5% (26.3%)
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.	34.2% (50.2%)	35.5% (49.5%)	34.3% (48.7%)	33.8% (41.8%)	29.8% (40.7%)
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	63.7%	62.3%	67.8%	63.2%	62.2%
9. The staff engagement score for Disabled staff, compared to non-disabled staff.	6.5 (7.1)	6.5 (7.1)	6.5 (7.0)	6.3 (6.9)	6.2 (6.8)
10. Disabled staff on Board (voting and non-voting)	0%	0%	0%	0%	5%

## 4. Looking Ahead: Our WDES action plan 2023/24

Our plan for 2023/24 is aimed to address the key areas highlighted in this year's WDES metrics and builds on the focus from our 2022/23 action plan. The measures above show several areas which we need to target. There are specific areas around workplace adjustments and career progression where the experience of colleagues who have a long-term health condition or disability is below that for colleagues that do not. In addition, taken as a whole the measures in this year's WDES show that overall colleagues with a long-term health condition or disability clearly do not feel as valued or engaged and experienced higher levels of abuse from colleagues and patients.

Therefore, in response, we have refined this plan into three key pillars, described below. The approach we have taken aims to balance specific improvements in some of the processes and opportunities across the organisation, with a keen desire to reinforce the recognition of the incredible contribution to excellent patient care that colleagues with a long-term health condition or disability make and our role in ensuring these colleagues can do so safely and effectively. This plan will be monitored throughout the year by the BartsAbility Network to provide assurance and visibility that we are making the difference we want to see.

### Workplace Adjustments:

<p>What is it?</p>	<p>Workplace adjustments are often critical for colleagues with a long-term health condition or disability to be able excel and to be able to bring their whole selves to work. The adjustments may be changes in work patterns, using language that is better understood by others or may be specific equipment or resources that have been purchased from the dedicated adjustments fund.</p> <p>Despite work over the last year, we know too many people do not get these adjustments in place and have to battle unnecessarily to make sure they get them.</p>
<p>Why is this important?</p>	<ul style="list-style-type: none"> <li>• We want all of our colleagues to feel valued and be able to do their work effectively with managers supporting colleagues to get the adjustments they need.</li> <li>• It is a major issue which is raised frequently in network meetings by many members.</li> <li>• Strong evidence from staff survey/WDES of a decline in people getting the adjustments they need.</li> <li>• There is misunderstanding from managers and other colleagues about the support available and how to access it</li> </ul>
<p>What do we want to see?</p>	<ul style="list-style-type: none"> <li>• People get the adjustments they need easily, quickly and fairly.</li> </ul>
<p>What will we do to achieve this?</p>	<ul style="list-style-type: none"> <li>• Massively improve the communications around workplace adjustments including specific pages on WeShare, guidance materials and specific examples of adjustments available, training for managers and colleagues such as HR.</li> </ul>

- Continue to work with Employee Wellbeing Service to ensure that the process for accessing adjustments is as effective as possible and there are opportunities to escalate issues and resolve these quickly.
- Work with departments such as ICT and procurement to address some of bottlenecks which cause delays in the processes.
- Use our governance to maximise the benefits of the dedicated adjustments fund, ensuring it is used effectively and equitably across the whole organisation.

## Career Progression :

What is it?	<p>Career development is a key driver for job satisfaction and opportunities to further people's careers is one of the main reasons why people leave their jobs. Career development is personal, for some people this will mean becoming more senior and taking on additional responsibilities. For other people it could be broadening their role or developing additional skills.</p> <p>Opportunities for progression should be available and equitable for all people.</p>
Why is this important?	<ul style="list-style-type: none"> <li>• The WDES metric on belief that the organisation acts fairly in regard to progression shows that colleagues with a long-term health condition or disability do not have the same level of confidence as colleagues that do not.</li> <li>• Lack of opportunities is cited by many colleagues as being directly relate to their disability or health condition.</li> <li>• Colleagues with a long-term health condition or disability provide an incalculable contribution to the care of patients at Barts Health. We need to maximise this contribution and ensure that everyone, in particular colleagues with a disability, are given the opportunity to excel in their career at Barts Health.</li> <li>• There is no evidence of under-representation of people in more senior roles based on the WDES measures, but there are some indications from the people that get promotions at Barts that there might be fewer opportunities for colleagues with a long-term health condition or disability</li> </ul>
What do we want to see?	<ul style="list-style-type: none"> <li>• Everyone should be able to access the opportunities to develop their career based on their individual aspirations and this should not be affected by a disability or health condition.</li> </ul>
What will we do to achieve this?	<ul style="list-style-type: none"> <li>• Promote our locally developed Career Development Programme and succession planning framework and ensure that colleagues with a long-term health condition or disability can access this.</li> <li>• Ensure that colleagues with a long-term health condition have access to opportunities for mentoring, shadowing and stretch assignments.</li> <li>• Monitor and report on the representation of colleagues with a disability that are successful in accessing promotions within Barts Health.</li> <li>• Ensure equitable access for colleagues with a long-term health condition on all career opportunities including mentoring and Thresholds programme.</li> </ul>

## Safe to Share:

<p>What is it?</p>	<p>A key aim across Barts Health is to foster a Fair and Just culture, where all colleagues are treated fairly and with respect. This means not just that people with a long-term health condition should not experience unacceptable behaviour, such as discrimination, but also people should feel valued for the contribution they make and the abilities they have.</p> <p>Sharing that you have a health condition or disability should not change the way that people view your contribution to excellent patient care, nor should it be used by people to unfairly victimise them. This point needs to be continually reinforced by highlighting the role of the large number of people with a long-term health condition have across the whole of Barts Health and celebrating the diversity and range of talents we all have here.</p>
<p>Why is this important?</p>	<ul style="list-style-type: none"> <li>• The role of people with a long-term health condition is not acknowledged enough given the scale of the contribution they make.</li> <li>• Levels of bullying and abuse targeted at colleagues with a long-term health condition have not declined over the last few years despite reductions for some communities.</li> <li>• There continues to be a gap between the numbers of people recorded in ESR with a disability and the number that indicate they have a long-term health condition in the staff survey.</li> <li>• Too few people are able to see the benefits of the support available such as absence policies or adjustments fund.</li> </ul>
<p>What do we want to see?</p>	<ul style="list-style-type: none"> <li>• People should feel safe to share they have a health condition or disability without fear of retribution or discrimination.</li> <li>• Where issues arise people should be able to speak up and receive a supportive response from colleagues and managers.</li> <li>• We should see more positive examples of the contribution made to the goals of Barts Health by people who have a long-term health condition or disability.</li> <li>• A larger number of people will update ESR to capture their disability.</li> </ul>
<p>What will we do to achieve this?</p>	<ul style="list-style-type: none"> <li>• We will hold Safe to Share listening circles to allow people the opportunity to share their stories and hear from the experiences of people with a long-term health condition.</li> <li>• Expand the Project Search programme to support even more local people with a learning disability to find full time employment.</li> <li>• Produce a monthly WDES bulletin to share across the organisation to celebrate the contribution of people with a long-term health condition.</li> <li>• Celebrate the 10-Year anniversary of the BartsAbility Network.</li> </ul>



## 5. Closing Statement:

The overarching message of the 2022-23 WDES measures is that we need to do more to ensure we are supporting our colleagues that have a long-term health condition or disability. In some cases, this is a focused in a specific area, such as workplace adjustments. Taken together the lack of improvement and in some cases deterioration in many of the scores indicating presents us with a different challenge.

It is not the case that there is any single policy or process that we need to update or amend. The holistic experience of colleagues with a long-term health condition or disability needs to be addressed.

This plan also seeks to address the continued issues with adjustments and the lack of improvement in the progression measures which we must do to answer the clear messages from our colleagues with a disability. In addition, we must focus on showing gratitude to colleagues that provide the excellent care for our patients we strive for. We must listen to our people when things do not go well, learn from this and actively seek to make improvements for our people.

**This document provides just a snapshot of our work towards inclusion. To find out more about how we are supporting our staff with a disability, or to learn about our overarching inclusion strategy, please contact [diversityninclusion.bartshealth@nhs.net](mailto:diversityninclusion.bartshealth@nhs.net)**

# NHS Workforce Disability Equality Standard

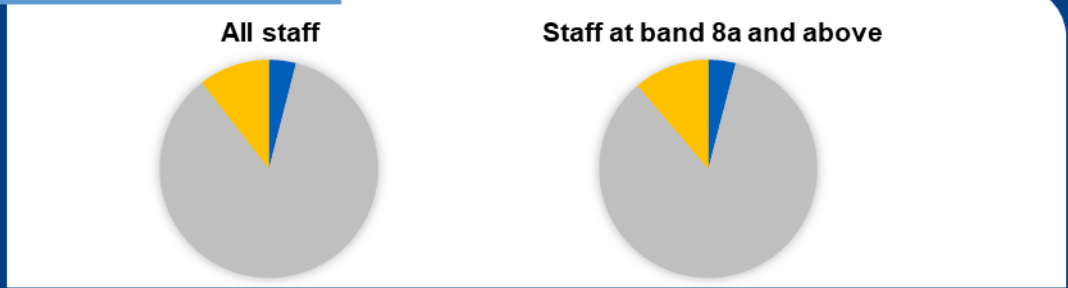
## 2023 Metrics | Barts Health Trust



The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

This overview provides a snapshot of data from March 2023. Some of these numbers have been rounded to the nearest %.

### 1: Our Staff



**Key:**

- = Staff with a disability or long term health condition
- = Staff without a disability or long term health condition

See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

### 2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

**1.12x**

This means non-disabled staff are 1.17 times more likely to be shortlisted.

### 3: Capability

The relative likelihood of disabled staff entering a **formal capability** process compared to non-disabled staff.

**1.68x**

Disabled staff are 1.68 times more likely to enter formal capability. Numbers are very so small this is not statistically significant.

### 4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

**36%** **29%**

### 4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

**26%** **14%**

### 4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

**33%** **21%**

### 4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

**45%** **47%**

### 5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion:**

**40%** **49%**

### 6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

**40%** **26%**

### 7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**

**30%** **41%**

### 8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

**63%**

### 9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

**6.3** **6.9**

### 10: Trust Board

Percentage disabled staff on the Trust Board

**5%**

**90%**

## Appendix 2: Progress Against Last Year's Actions:

Objective	2022-23 Ambition	Progress	Linked WDES Metric(s)
<b>Workplace adjustments</b>	<ul style="list-style-type: none"> <li>Work with EWS to clarify the reasonable adjustment process and remove delays in using the funding.</li> <li>Improve visibility and access to Text to help and other software.</li> <li>Update the sickness and leave policies to make it clear to colleagues and managers about the need to support time off for appointments</li> </ul>	<ul style="list-style-type: none"> <li>There is a documented process through EWS for colleagues to access adjustments.</li> <li>A monthly focus group including EWS, BartsAbility and the Inclusion Centre alongside ICT and other colleagues has been established. This has identified systematic issues around procurement and ICT that are being addressed to speed up the processes.</li> <li>An escalation route has been established to support colleagues facing delays to get the adjustments they need sooner.</li> <li>The sickness and leave policies have both been completely revised and both include specific sections regarding the ways managers can support colleagues with a long-term health condition or disability</li> </ul>	6,7,8,9
<b>NeuroDifference</b>	<ul style="list-style-type: none"> <li>Our Dyslexia Champions and network is revitalised and to maximise the support they are able to offer colleagues.</li> <li>The recruitment process is improved for neurodivergent colleagues.</li> <li>The Neurodifference Task &amp; Finish group will take the lead to identify and deliver improvements for neurodivergent colleagues</li> </ul>	<ul style="list-style-type: none"> <li>The dyslexia forum has been re-established, meeting monthly for colleagues with dyslexia to meet to share experiences, learn from one another and highlight ongoing issues we need to address.</li> <li>Guidance from recruitment has been reinforced to managers to explore opportunities for adjustments in the recruitment process – examples include providing interview questions in advance.</li> </ul>	1,4,5,7,8,9
<b>Speaking Up</b>	<ul style="list-style-type: none"> <li>Work to deliver a fair and just culture.</li> <li>Improve awareness and access to signposting channels.</li> <li>Reflect back issues to increase confidence they are being address.</li> <li>Targeted interventions (CQ etc.) in hot spot areas</li> <li>Event in speak up month joint with BHRUT with our Speak Up Guardian and Inclusion Signposters</li> </ul>	<ul style="list-style-type: none"> <li>We have seen improvements across a range of employee relations processes including a reduction in capability processes launched and increase in the proportion of cases resolved informally and reductions in the number of disciplinary cases that result in no case to answer.</li> <li>The numbers of colleagues accessing speak up channels such as the Freedom the Speak Up Guardian and CIC have increased by 97% and 53% respectively.</li> <li>The FTSU Guardian is a regular attendee at BartsAbility network meetings and describes the types of cases and actions taken as a result.</li> <li>CQ rollout has been extensive across the organisation, to date over 1,300 colleagues have attended the one-day masterclass including the majority of our senior leaders.</li> </ul>	4,6,7,9

		<ul style="list-style-type: none"> <li>We held a joint speak up event in October 2022 to continue to promote the channels to raise concerns. There was a clear indication through score 4d that more people have raised concerns this year.</li> </ul>	
<p>Visibility</p>	<ul style="list-style-type: none"> <li>Refresh our Closing the Gap and Embracing the Difference campaigns to significantly increase the number of people that declare they have a disability or long-term health condition.</li> <li>Put in place a calendar of events for International Day and events.</li> <li>Improve visibility of Role models</li> <li>Stories from people who have used the BartsAbility Passport and workplace adjustments</li> </ul>	<ul style="list-style-type: none"> <li>The Closing the Gap campaign continued last year including sessions in network meetings and other events to explore the benefits of updating ESR and demonstrations of how to do this through self-service.</li> <li>A hybrid event was staged to celebrate International Day for Persons with a Disability. This included a range of speakers including senior allies and colleagues with a disability who have moved into senior roles.</li> <li>All BartsAbility Network meetings and other events such as the IDPWD, Dyslexia Forum and others provide space for personal stories for colleagues with a lived experience.</li> </ul>	<p>1,2,4,7,9</p>