



## Workforce Disability Equality Standard 2025

<b>Report to:</b>	EDI Steering Committee	<b>Date:</b> 10 July 2025
<b>Report from:</b>	Onika Patrick-Redhead, Assistant Director of Organisational Development Oonagh Monkhouse, Director of Workforce and OD	
<b>Principal Objective/Strategy:</b>	To note the 24/25 WDES data submission	
<b>Title:</b>	WDES 24/25 Data submission	
<b>Board Assurance Framework Entries:</b>	<ul style="list-style-type: none"> <li>• Staff Engagement</li> <li>• Retention</li> <li>• Recruitment</li> </ul>	
<b>Regulatory Requirement:</b>	<ul style="list-style-type: none"> <li>• WDES</li> <li>• Equality Act</li> <li>• Public Sector Equality Duty</li> </ul>	
<b>Equality Considerations:</b>	Supports the delivery of the Trust's WDES and EDS goals. This report supports the requirements laid out in the Equality Act 2010 and the Public Sector Equality Duty. This report provides assurance that the Trust is complying with NHS Workforce Equality Standards as outlined in the NHS Standard Contract.	
<b>Key Risks:</b>	<ul style="list-style-type: none"> <li>• Staff retention</li> <li>• Staff engagement</li> <li>• Patient experience</li> <li>• Quality and Safety of services provided.</li> </ul>	
<b>For:</b>	Noting the 2024/2025 WDES data submission	

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## 1. Purpose

The purpose of this report is to provide assurance that the Trust is complying with the requirements under the NHS Workforce Disability Equality Standard (WDES). This report provides the Trust's data and analysis of its workforce in relation to disabled and non-disabled staff. The workforce data relates to the period April 2024 to March 2025.

The 2025/26 WDES Action Plan has been discussed by the EDI Steering committee, Workforce Steering Committee and Disability and Difference and Working Carers Network and approved by the Trust Board. The action plans have been reviewed and approved by the Trust Board and Workforce Committee.

### 1.1 Background

The WDES enables NHS organisations to better understand the experiences of their staff with a disability. The WDES is designed to improve workplace experience and career opportunities for disabled people working for or seeking employment within the NHS. The WDES, WRES and the Gender Pay reports enable us to recognise and understand the importance of intersectionality within the workplace.

With the Trust's Disability and Difference and Working Carers Network being well established, it has been instrumental in supporting the organisation identify barriers experienced by staff with a disability, helping drive change and positively improving the experience of colleagues with a disability and patients.

The work of the network, along with the Trust's EDI and Employee Relations teams have meant that the Trust has met requirements for the level 2 disability confidence assessment.

## 2. Outcomes of WDES

### **What are the intended outcomes of the WDES report?**

- Better understanding of the issues faced by staff with a disability and longstanding illness.
- Key areas highlighted by the Metrics e.g., career development, appraisals, capability, and recruitment processes are acted upon.
- Consideration of staff with a disability representation at all levels throughout the organisation and reduction of any barriers which stand in the way of their career progression.
- Positive change through action plans to enable a more inclusive environment for disabled people working in the NHS.
- Support an increased focus on Disability and the voices of staff with a disability.
- Improvement of disability declaration rates on Electronic Staff Records (ESR).

### 3. WDES Indicators

There are ten Metrics that make up the NHS WDES comprising:

- Workforce Metrics 1 – 3, 5 and 8
- Staff Survey Metrics 4, 6 – 7, and 9
- Board representation Metric 10
- Engagement and Voices of Staff with a disability Metric 9

METRIC	WDES METRIC DESCRIPTION
The following three workforce metrics compare the data for both disabled and non-staff with a disability.	
<b>Metric 1</b>	Percentage of staff in Agenda for Change pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
<b>Metric 2</b>	Relative likelihood of staff with a disability compared to staff without a disability being appointed from shortlisting across all posts.
<b>Metric 3</b>	Relative likelihood of staff with a disability compared to staff without a disability entering the formal capability process, as measured by entry into the formal capability procedure.
The following four NHS Staff Survey metrics compare the responses for both disabled and non-staff with a disability.	
<b>Metric 4</b>	Percentage of staff with a disability, compared to non-staff with a disability, experiencing harassment, bullying or abuse from; i) patients/service users, their relatives, or other members of the public, ii) managers and iii) other colleagues.  Percentage of staff with a disability compared to staff without a disability saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
<b>Metric 5</b>	Percentage of staff with a disability compared to staff without a disability believing that the Trust provides equal opportunities for career progression or promotion.
<b>Metric 6</b>	Percentage of staff with a disability compared to staff without a disability saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
<b>Metric 7</b>	Percentage of staff with a disability compared to staff without a disability 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 staff with a disability.	
<b>Metric 8</b>	Percentage of staff with a disability saying that their employer has made adequate adjustments to enable them to carry out their work.
<b>Part a) compares staff engagement scores for disabled and staff without a disability and the overall trust's score. Part b) will request trusts to explain what action is planned to address any gaps in their WDES annual reports.</b>	
<b>Metric 9</b>	The staff engagement score for staff with a disability, compared to staff without a disability and the overall engagement score for the organisation.  Has your trust taken action to facilitate the voices of staff with a disability in your organisation to be heard? (Yes) or (No)
This metric compares the difference for disabled and non-staff with a disability.	
<b>Metric 10</b>	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by: <ul style="list-style-type: none"> <li>• Voting membership of the Board</li> <li>• Executive membership of the Board</li> </ul>

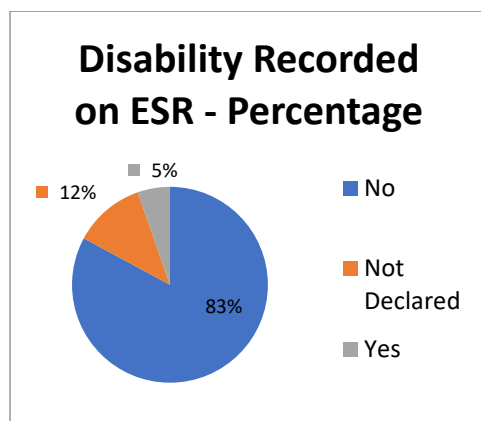
### 3.1 Royal Papworth Workforce Analysis

This report details our 2024/25 data submission, and is based on April 24 to March 25 data, in line with the national requirements, and provides a comparison with our data from the previous three years. It also details the actions developed in conjunction with the Disability and Difference and Working Carers Network (DaD and Working Carers). The final plan will be circulated to all network members following your approval.

Our baseline data/records tell us that 127 staff 5% of our workforce declare that they have a disability or longstanding condition, an increase from last year total number from 109 to 127.

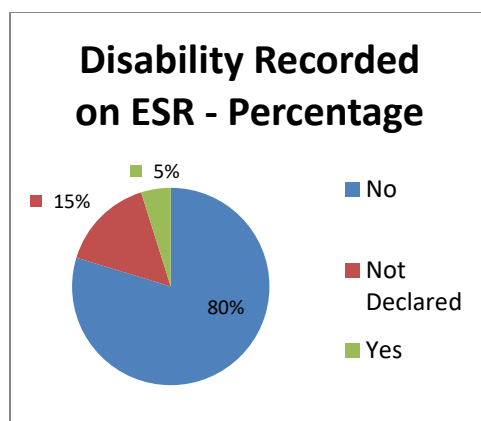
We also had a decrease in not declared from last year, 2023-24 not declared figure was 346, whilst 2024-25 figure is 281.

**April 2024- March 2025 data and numbers below.**



Disability?	Clinical	Non-Clinical	Headcount
No	1466	508	1974
Not Declared	222	59	281
Yes	85	42	127
<b>Grand Total</b>	<b>1773</b>	<b>609</b>	<b>2382</b>

April 2023- March 2024 data and numbers below.

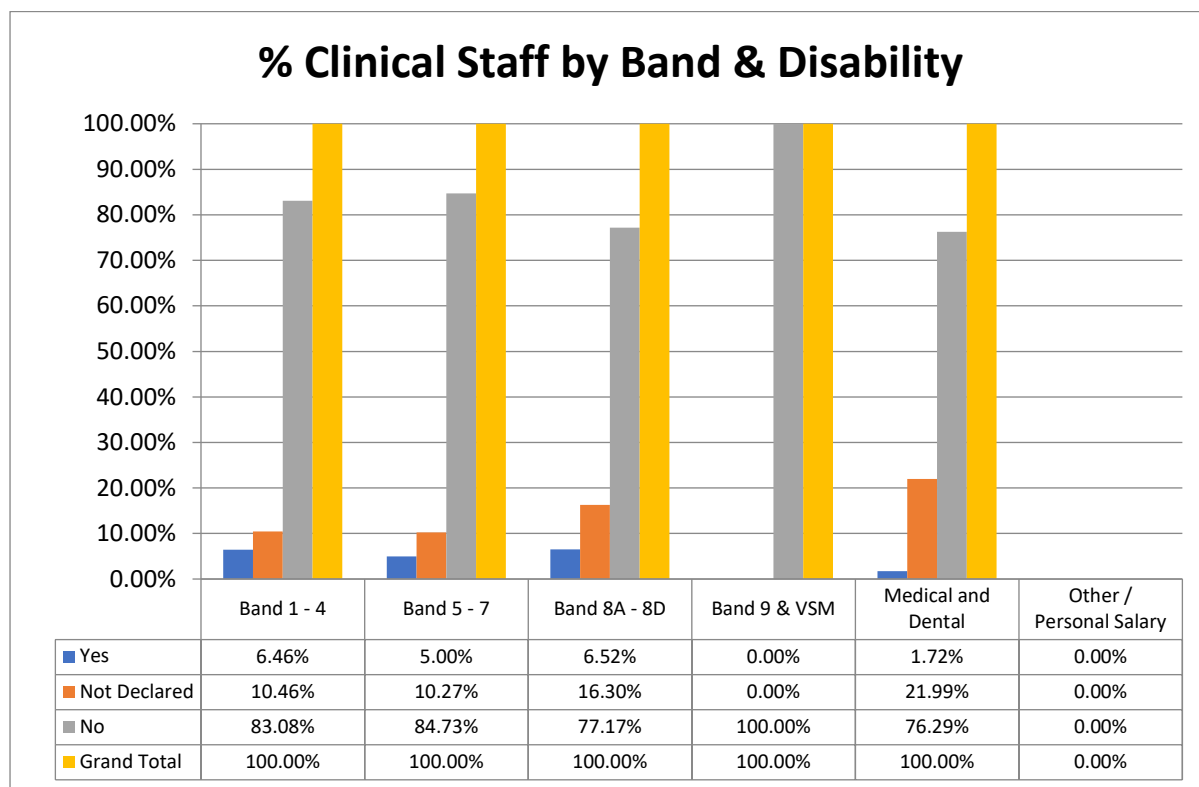


Disability?	Clinical	Non-Clinical	Headcount
No	1332	456	1788
Not Declared	280	66	346
Yes	67	42	109
<b>Grand Total</b>	<b>1679</b>	<b>564</b>	<b>2243</b>

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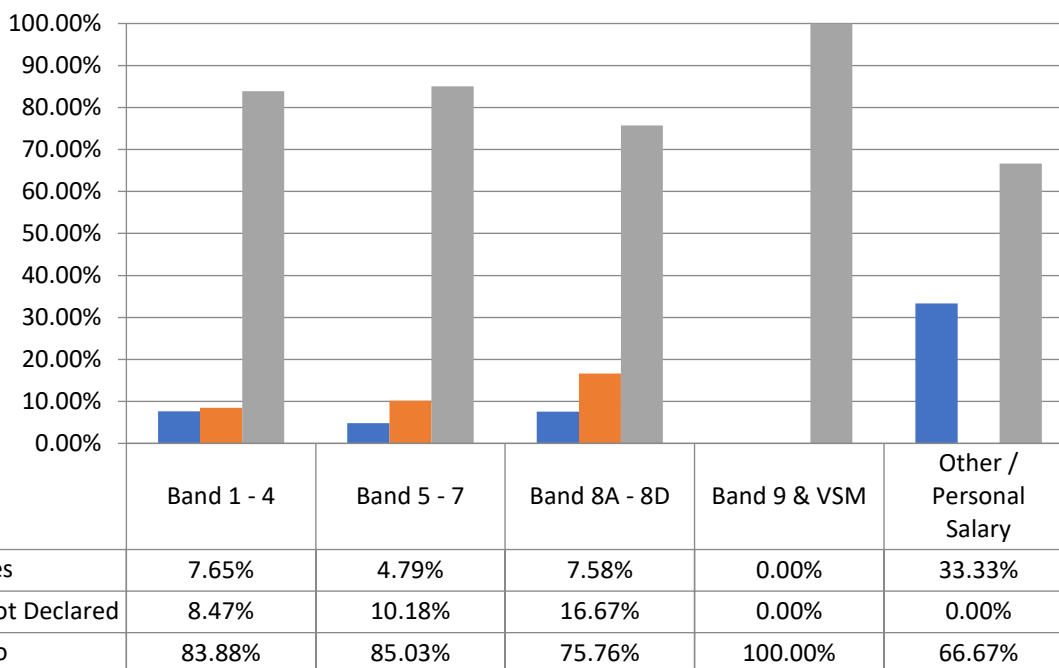
### 3.2 Workforce Disability Equality Standard (WDES)- Analysis

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



This graph shows the percentage of clinical staff who have declared a disability, broken down by different pay bands and job categories.

## % Non-Clinical by Band & Disability

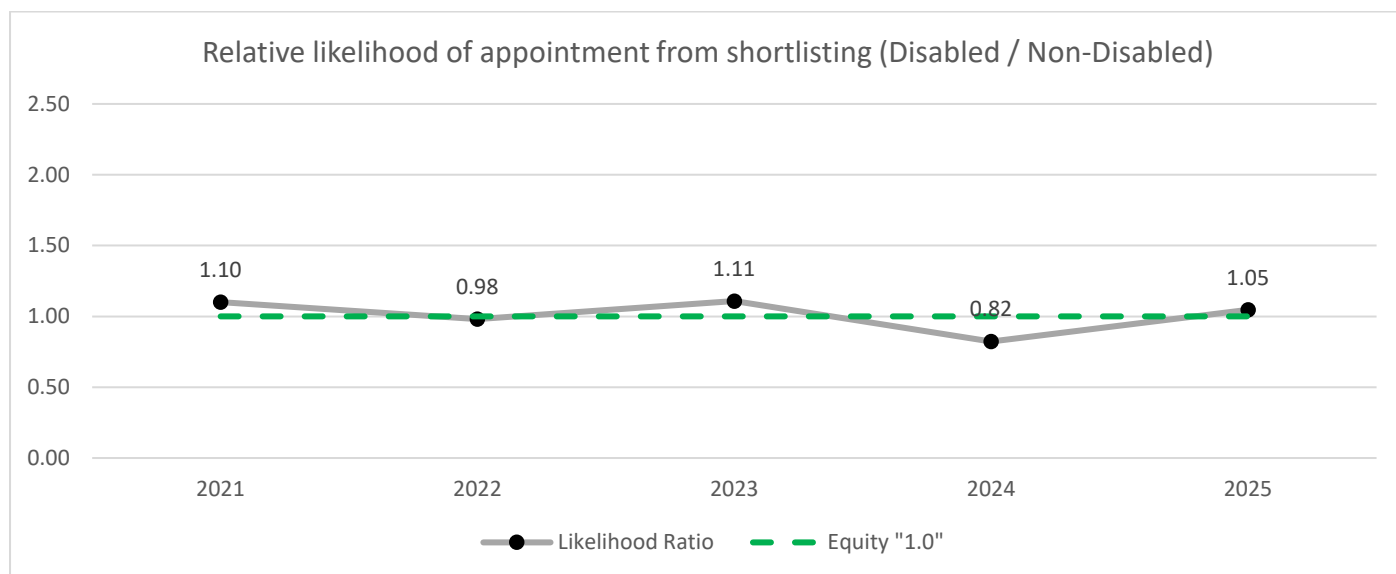


This graph shows the percentage of non-clinical staff who have declared a disability, broken down by different pay bands.

Declaration rates are higher for staff in bands 7 and below.



**Metric 2 - Relative likelihood of staff with a disability compared to staff without a disability being appointed from shortlisting across all posts.**

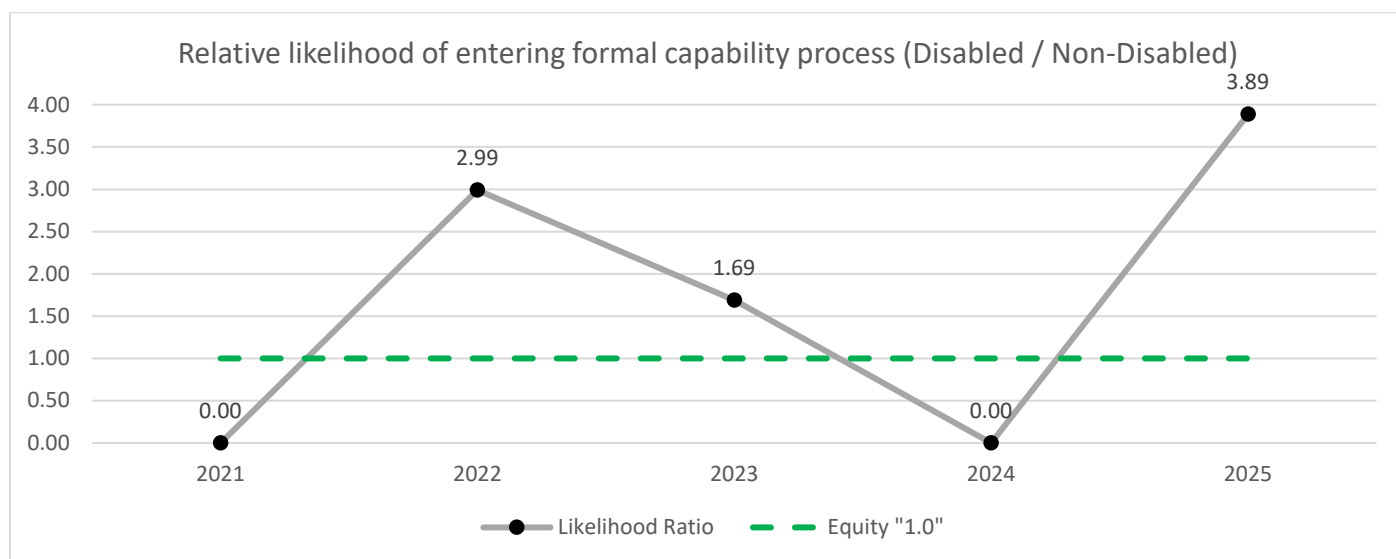


Likelihood of shortlisting/appointed							
	2019	2020	2021	2022	2023	2024	2025
Disabled	38.00%	63.00%	50.00%	57.00%	54.00%	48.00%	29.91%
Non-Disabled	41.00%	51.00%	55.00%	68.00%	60.00%	40.00%	31.31%

This chart and table shows the relative chances of disabled staff members getting hired compared to non-disabled staff members after making it to the shortlist stage of recruitment from 2021 to 2025. The baseline (green dashed line at 1.0) represents equal treatment, if disabled and non-disabled candidates had the same chances of being hired from shortlists, the line would stay at 1.0.

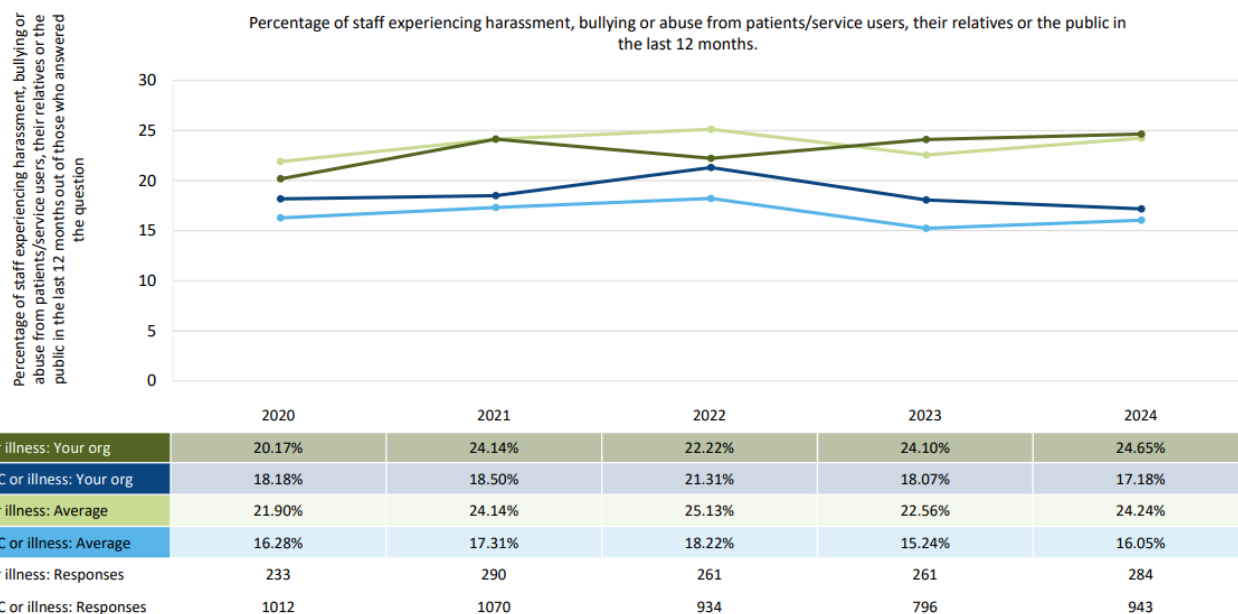
The overall pattern suggests RPH has generally been successful at ensuring fair hiring outcomes for disabled candidates..

**Metric 3 - Relative likelihood of staff with a disability compared to staff without a disability entering the formal capability process, as measured by entry into the formal capability procedure.**



This chart shows how likely disabled staff members are to enter formal capability procedures compared to non-disabled staff members from 2021 to 2025. The baseline (green dashed line at 1.0) represents equal treatment, if disabled and non-disabled staff had the same likelihood of entering capability procedures, the line would stay at 1.0. There are very small numbers of staff involved in formal capability procedures and therefore it is not possible to draw any conclusions from this data. A shift in one person entering a formal process will have a significant impact on the ratio.

## Metric 4a - Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



This chart shows the percentage of staff who experienced harassment, bullying, or abuse from patients, service users, their relatives, or the public over the past 12 months, broken down by whether staff have a long-term condition (LTC) or illness.

The graph shows that staff with long-term conditions/illness experience more harassment and this is the consistent pattern across the last 5 years. It shows that staff without long-term conditions/illness experience less harassment, identifying lower rates across all years (around 15-21%). RPH rates are slightly higher than the national average for this group.

The data suggests that staff with long-term conditions may need additional support and protection from patient/public harassment..

## Metric 4b - Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

This chart below shows the percentage of staff who experienced harassment, bullying, or abuse from managers in the past 12 months, comparing those with and without long-term conditions (LTC) or illnesses.

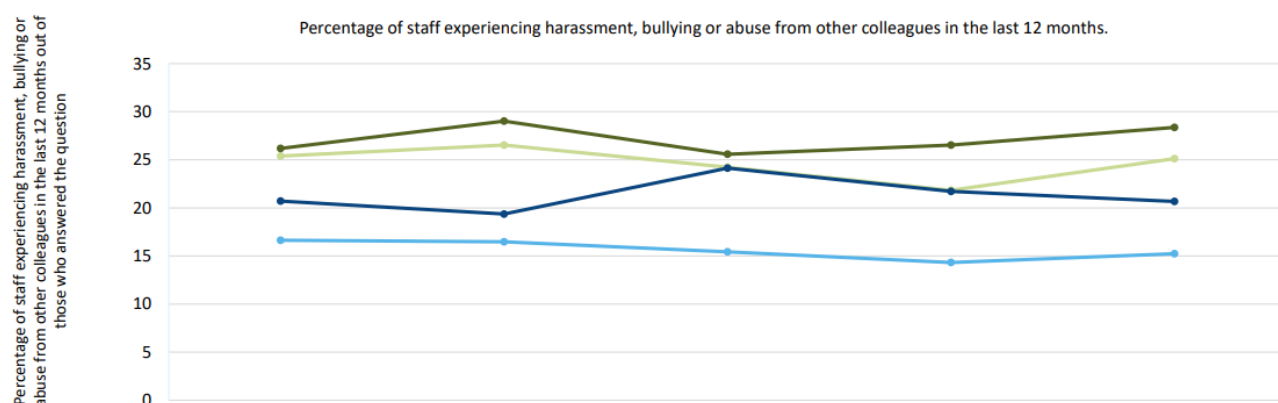
There has been a significant improvement in the number of staff with long-term conditions reporting experiencing harassment, bullying or abuse from managers and we are now reporting lower levels than our peer group and the disparity between those with and without a disability has been removed. However we need to continue to focus on management training, awareness of disability-related issues, and creating supportive workplace cultures that protect staff members as our overall rates of harassment and bullying are higher than the national averages.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	20.78%	20.34%	15.71%	17.00%	12.46%
Staff without a LTC or illness: Your org	14.85%	11.62%	14.73%	13.59%	12.16%
Staff with a LTC or illness: Average	18.71%	16.56%	15.22%	13.30%	13.87%
Staff without a LTC or illness: Average	9.78%	9.13%	9.64%	8.18%	7.77%
Staff with a LTC or illness: Responses	231	290	261	259	281
Staff without a LTC or illness: Responses	1010	1067	930	794	929

Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

## Metric 4c - Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



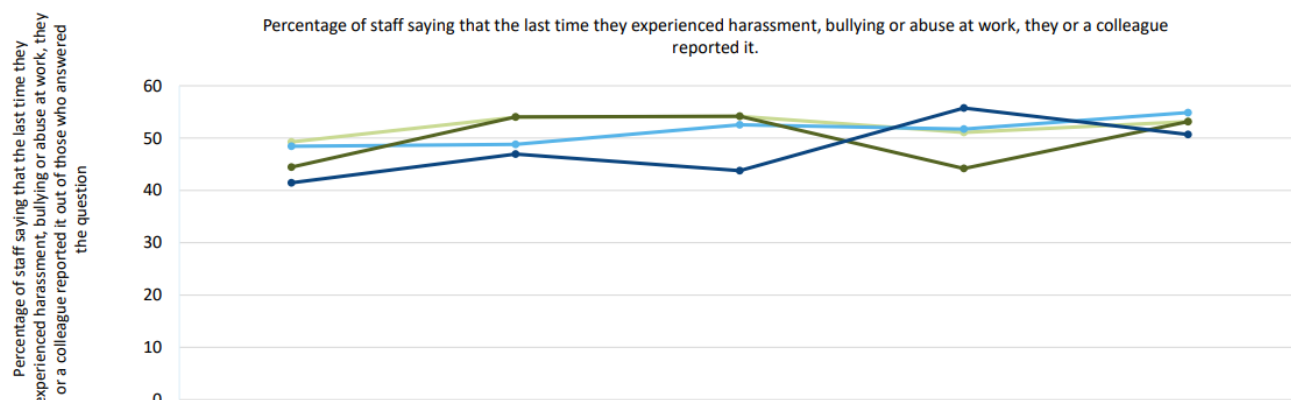
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	26.18%	29.02%	25.57%	26.52%	28.37%
Staff without a LTC or illness: Your org	20.71%	19.36%	24.13%	21.71%	20.66%
Staff with a LTC or illness: Average	25.39%	26.53%	24.22%	21.83%	25.12%
Staff without a LTC or illness: Average	16.63%	16.48%	15.43%	14.32%	15.23%
Staff with a LTC or illness: Responses	233	286	262	259	282
Staff without a LTC or illness: Responses	1009	1069	924	786	934

Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

This chart shows the percentage of staff who experienced harassment, bullying, or abuse from other colleagues (not managers) in the past 12 months, comparing those with and without long-term conditions (LTC) or illnesses.

The data suggests a disparity for staff with long-term conditions showing about 7-8 percentage points more likely to experience harassment from colleagues than those without these conditions. We also have higher reported rates than our peer organisations.

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



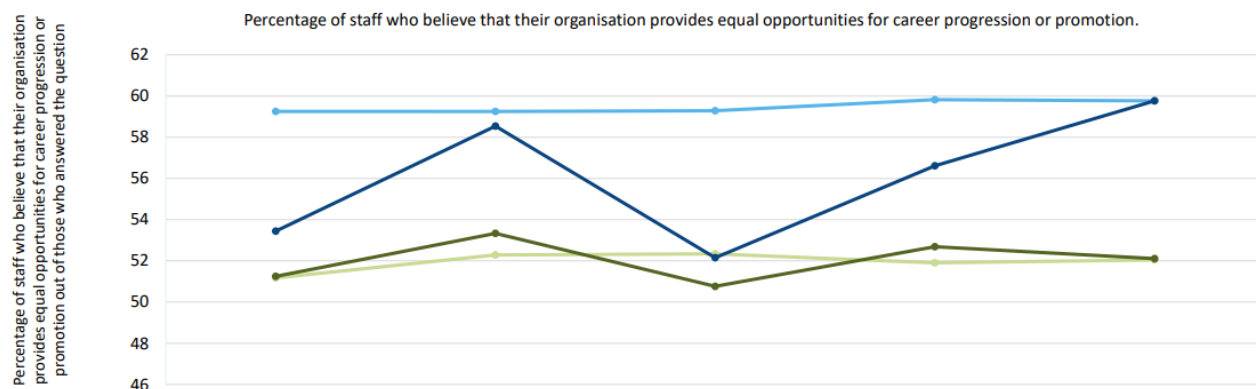
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	44.44%	54.03%	54.17%	44.18%	53.15%
Staff without a LTC or illness: Your org	41.46%	46.93%	43.79%	55.75%	50.70%
Staff with a LTC or illness: Average	49.27%	54.00%	54.17%	51.09%	53.15%
Staff without a LTC or illness: Average	48.44%	48.81%	52.53%	51.72%	54.88%
Staff with a LTC or illness: Responses	90	124	96	100	111
Staff without a LTC or illness: Responses	316	326	322	255	284

Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

This chart shows the percentage of staff who reported harassment, bullying, or abuse the last time they experienced it at work, comparing those with and without long-term conditions (LTC) or illnesses.

Reporting rates appear to be low across the board where only about half of all staff who experience harassment report it, both groups hover around 44-55% reporting rates, meaning roughly half of all harassment incidents go unreported. Our rates are now closer to the peer average.

## Metric 5 - Percentage of staff who believe that their organisation provides equal opportunities for career progression

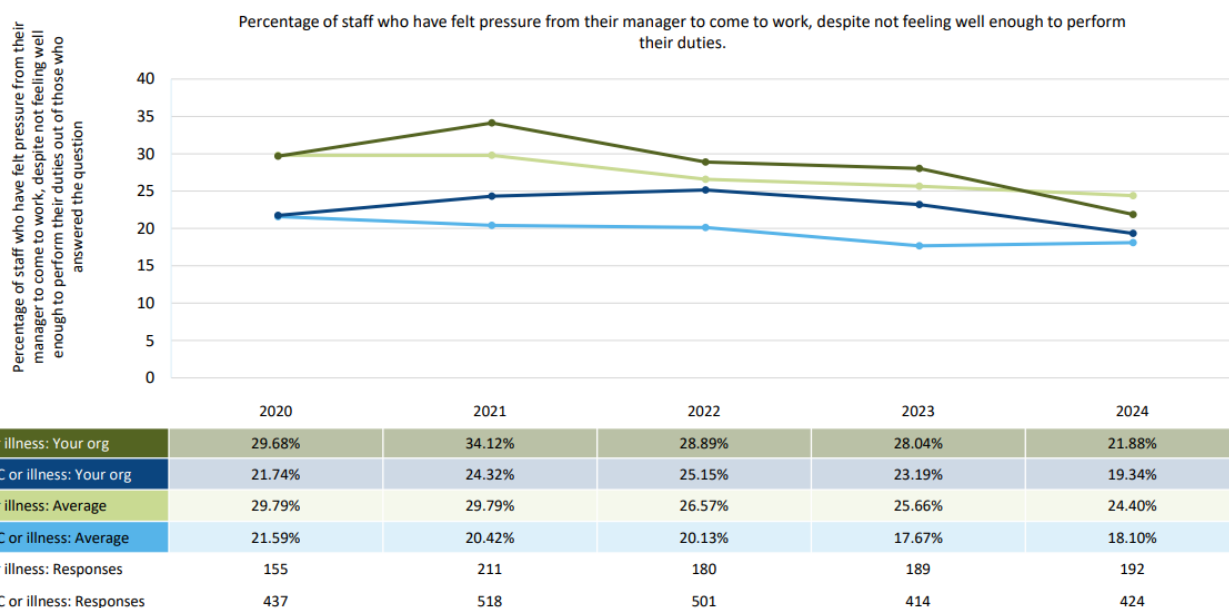


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	51.25%	53.33%	50.76%	52.69%	52.11%
Staff without a LTC or illness: Your org	53.44%	58.54%	52.15%	56.61%	59.77%
Staff with a LTC or illness: Average	51.17%	52.29%	52.34%	51.90%	52.05%
Staff without a LTC or illness: Average	59.25%	59.25%	59.28%	59.82%	59.77%
Staff with a LTC or illness: Responses	240	300	262	279	284
Staff without a LTC or illness: Responses	1031	1095	930	862	937

This chart shows the percentage of staff who believe their organisation provides equal opportunities for career progression or promotion, comparing those with and without long-term conditions (LTC) or illnesses.

There appears to be a persistent 7-8 percentage point gap between the two groups, with staff who have long-term conditions being consistently less likely to believe they have equal career opportunities. It suggests that staff without LTC show steady improvement in perception over time, staff with LTC show little change, with perceptions remaining relatively flat and the gap between the groups has actually widened slightly over the 5-year period. Our results are now at the peer average .

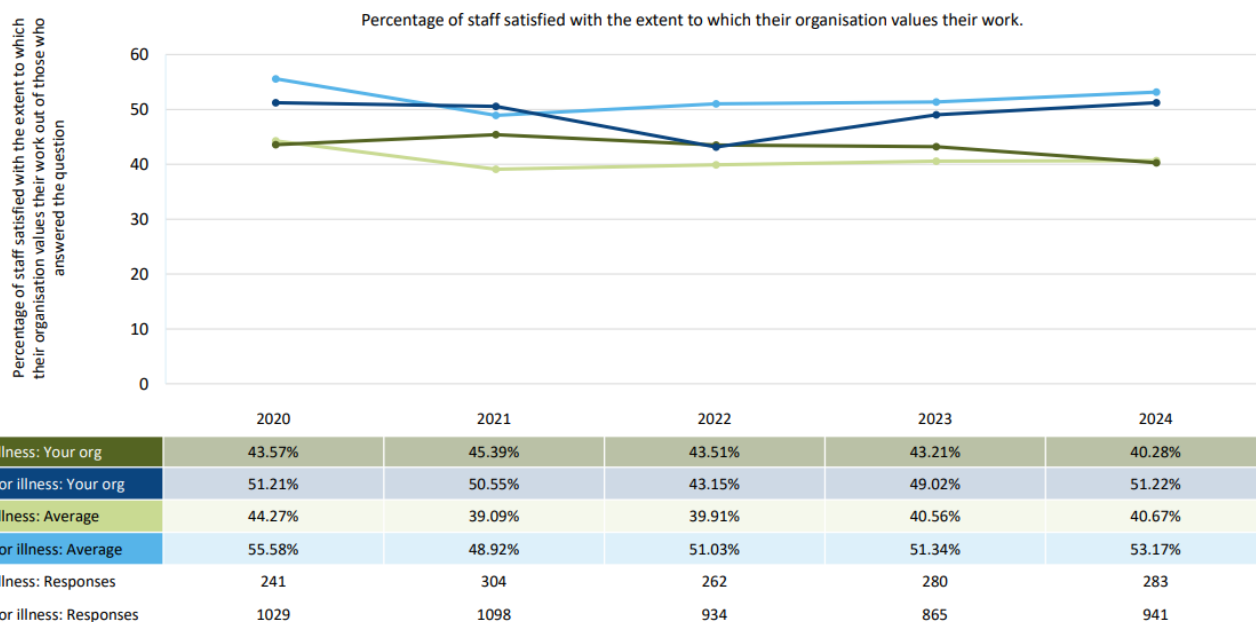
## Metric 6 - Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



This chart shows the percentage of staff who have felt pressure from their manager to come to work despite not feeling well enough to perform their duties, comparing those with and without long-term conditions (LTC) or illnesses.

Staff with long-term conditions consistently report 2-10 percentage (over the years) points higher rates of feeling pressured to work when unwell, though this gap has narrowed significantly by 2024, with both groups show improvement since the 2021 peak.

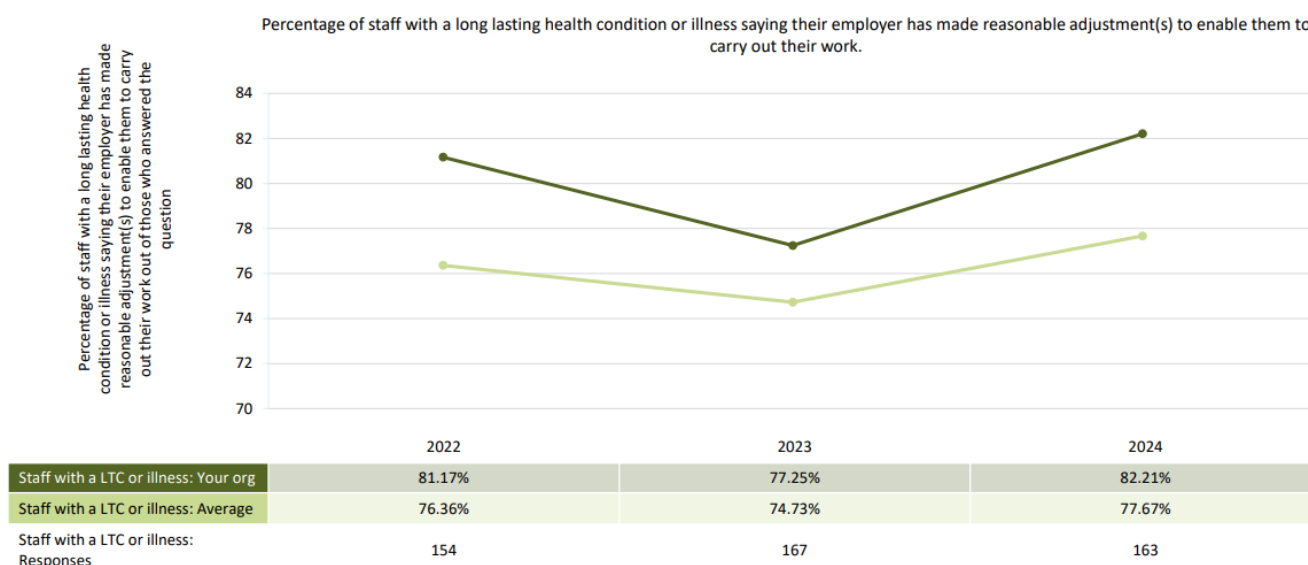
## Metric 7- Percentage of staff satisfied with the extent to which their organisation values their work



This chart shows the percentage of staff who are satisfied with the extent to which their organisation values their work, comparing those with and without long-term conditions (LTC) or illnesses.

Suggesting that staff without long-term conditions feel more valued, whilst staff with long-term conditions feel less valued

### 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.

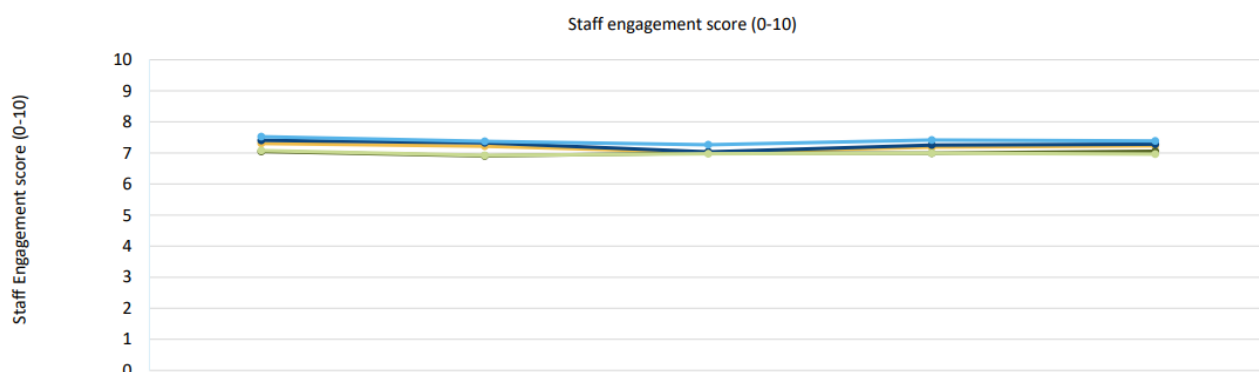


This chart shows the percentage of staff with long-term health conditions or illnesses who say their employer has made reasonable adjustments to enable them to carry out their work.

It suggests that RPH is performing well on reasonable adjustments and is has consistently better than our peeraverage in this area.



## Metric 9 - Staff engagement score (0-10)



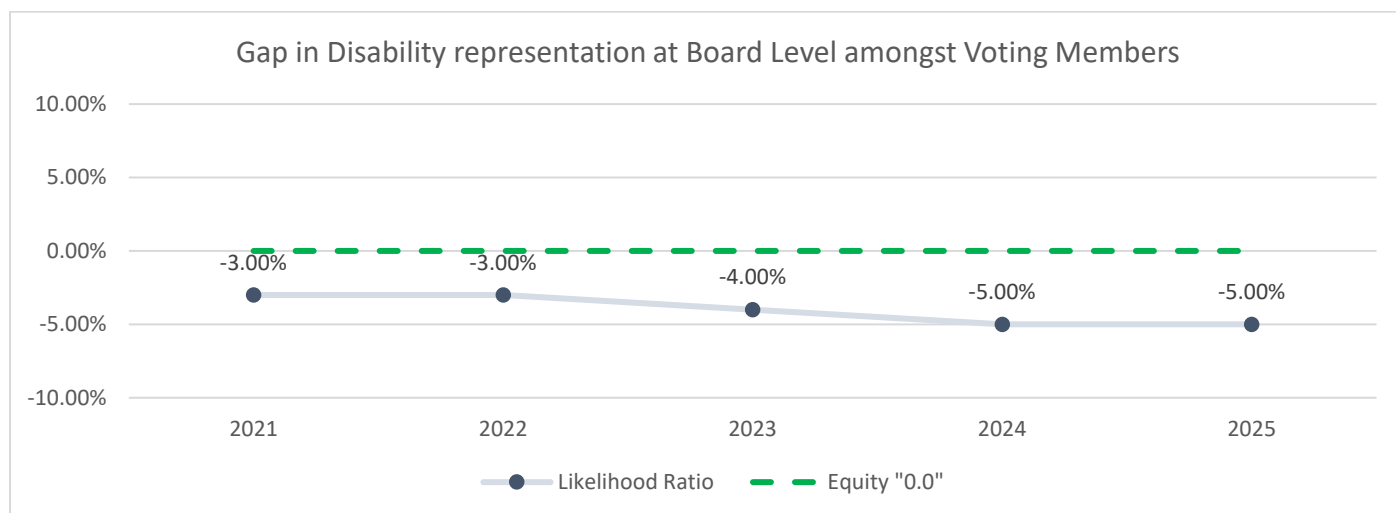
	2020	2021	2022	2023	2024
Organisation average	7.30	7.22	7.01	7.19	7.23
Staff with a LTC or illness: Your org	7.05	6.90	7.00	6.99	7.05
Staff without a LTC or illness: Your org	7.41	7.33	7.03	7.25	7.29
Staff with a LTC or illness: Average	7.08	6.92	6.98	6.99	6.96
Staff without a LTC or illness: Average	7.52	7.37	7.26	7.42	7.39
Staff with a LTC or illness: Responses	242	304	262	282	286
Staff without a LTC or illness: Responses	1033	1100	938	869	942

This chart shows staff engagement scores on a scale of 0-10, comparing those with and without long-term conditions (LTC) or illnesses.

It shows that there is slightly lower engagement between the two groups, with staff who have long-term conditions consistently reporting lower engagement levels. The gap is relatively small but it is persistent. The engagement scores for staff with a disability is significantly better than our peer group.

**Metric 10- Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by: Voting membership of the Board and Executive membership of the Board.**

Group	Declared Disability Percentage	Percentage from Workforce
Workforce	5%	0%
Voting Board members	0%	-5%
Executive Board members	0%	-5%



INDICATOR 9 - Executive Board Membership	2021	2022	2023	2024	2025
Likelihood Ratio	-3.00%	-3.00%	-4.00%	-5.00%	-5.00%
Equity "0.0"	0.00%	0.00%	0.00%	0.00%	0.00%

## 1. Next Steps

The data provided in this report was submitted to NHS England by the 30<sup>th</sup> of April 2025. The 2025/2026 Action Plan (Appendix 1) will be submitted as required on September 30<sup>th</sup>, 2025. Both these documents will be published on the Trust website.

The 2025/26 WDES Action plan has been reviewed and updated in collaboration with the Disability and Difference and Working Carers Network and EDI Steering Committee and needs approval by the Trust Board.

Delivery of this plan will be supported by the Equality, Diversity and Inclusion Team and the staff Network and monitored through the EDI Steering and Workforce Committee. The key priorities of the plan are to:

- Improving staff declaration rate.
- Addressing stigma associated with disability disclosure and widen understanding of what constitutes a disability.
- Enabling staff with a disability to be heard and valued at Royal Papworth Hospital.
- Improving line management training, in relation to Health and Wellbeing and sickness absence management.
- Supporting the engagement activities for staff with a disability and staff without a disability to learn about barriers that exist for staff and service users.
- Supporting the organisation to be more accessible and inclusive in its policies and practices.

Please also note that when reviewing Appendix 1, WDES Action plan, there are actions taken that will underpin more than 1 indicator.

## 2. The Committee is asked to:

- Review and note the WDES data for 24/25