Agenda Item No	

Meeting	Board Meeting

Date	July 2019

Title	Workforce Race Equality Standard (WRES) 2019 Workforce Disability Equality Standard (WDES) 2019
Executive Summary	1. Our commitment to ensuring Equality Diversity and Inclusion within our workforce is essential to ensure that we deliver safe, caring and excellent services in line with our Trust values. 2. Implementing the Workforce Race Equality Standard and the Workforce Disability Equality Standard is part of our commitment to meeting the Equality Delivery Standards, which are both a required component of the standard NHS contract. Note this is the first year that the WDES is required to be published. 3. The paper sets out that there has been some improvement in the last twelve months surrounding this important agenda though more focused work is required. 4. Board members are advised that in the September, 2019 Board Development session the focus will be on Inclusion and Unconcious Bias training. The Board members will therefore have the opportunity to more deeply explore elements of this paper.

Previously considered by	Not Applicable			
Next steps/future actions	Discuss	✓	Receive	✓
	Approve	✓	Note	
	For Information		Confidential y/n	N

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	
Great place to work	✓	To be fit for the future	✓

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Introduction

1. Our commitment to ensuring Equality, Diversity and Inclusion within our workforce is essential to ensure that we deliver safe, caring and excellent services in line with our Trust values.

2. The importance of inclusion is embedded into the Five Year Forward View (FYFV); NHS Long Term Plan (LTP) and the recently published interim People Plan as well as highlighted quite prominently in the Developing People; Improving Care framework. All of these key documents identify how important it is that inclusion is integral to any and all activities to ensure we provide the best health and care services to the diverse communities we serve.

3. Prerana Issar – Chief People Officer, recently shared the publication – A fair experience for all: which states; to be a model employer, the NHS needs to be an inclusive employer with a diverse workforce at all levels. However, having a diverse workforce at all levels is not the end game; staff also need to feel fully engaged and supported within the workplace. This is critical as it affects upon patient care, patient safety as well as organisational efficiency.

4. There are two key documents that the Trust is required to publish externally. These being: - The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

    *   The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from black and ethnic minority (BAME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities. The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on nine race equality Indicators as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the National Staff Survey.

    *   The Workforce Disability Equality Standard (WDES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that disabled employees receive fair treatment in the workplace and have equal access to career opportunities. WDES has been a requirement of the CCG Contract & NHS Contract since 2018/19. The WDES is a set of ten specific measures (metrics) that will enable organisations to compare the employment experiences of disabled and non-disabled staff. It applies to all NHS trusts and foundation trusts from April 2019 and is a key step for NHS organisations to improve equality for the NHS workforce. It compares the reported outcomes and experiences between Disabled and non-disabled staff based on 10 metrics, It highlights at a glance the experiences of Disabled staff.

5. This paper has been produced with the support from the BAME staff network Chair, Inclusion & Diversity Manager, Divisional Management teams, NED Inclusion Champion and Staff Partners.

Performance / Key Findings (WRES)

1. The following improvements have been made since the last reporting year:-

- In the last year, there has been a 0.83% increase in the overall number of BAME staff employed - from 11.61% (2017/18) to 12.4% (2018/19). Worthy of note is that in the last year there has been an increase of 159 Headcount, and of these 40% have been BAME members of staff. These figures are taken as a snapshot on the 31 March 2019.

- The table below shows the distribution of the BAME workforce across the banding levels within the trust, with a variance from the previous reporting period shown in the end row. Deeper workforce analysis shows that for 2017 / 2018 the majority of BAME staff are clinical and clustered at the middle pay bands.

BME	< Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	VSM	Medical
Non-Clinical	0.04%	0.02%	0.53%	0.33%	0.33%	0.16%	0.05%	0.00%	0.04%	0.02%	0.00%	0.00%	0.02%	0.02%	-
Clinical	0.04%	0.00%	1.12%	0.48%	0.37%	3.88%	1.67%	0.82%	0.11%	0.02%	0.00%	0.00%	0.00%	0.00%	2.38%
Overall	0.07%	0.02%	1.65%	0.81%	0.70%	4.05%	1.72%	0.82%	0.15%	0.04%	0.00%	0.00%	0.02%	0.02%	2.38%
2018 v 2019	-0.01%	-0.02%	0.14%	-0.04%	-0.02%	0.65%	0.12%	0.05%	0.06%	0.00%	0.00%	0.00%	0.02%	0.00%	-0.11%

- Staff Engagement scores for BAME Staff (7.7) working in the Trust where higher than from White Staff (7.3). These engagement scores are higher than other trusts therefore is a positive indicator. We will be able to review these engagement scores on a regular basis following the introduction of the Go Engage tool.

- There has been a reduction in the likelihood of BAME staff entering the disciplinary process (from 1.87 to 1.59) however, this does remain worse than the national average figure of 1.24. A score of 0.8 - 1.25 indicates a non-adverse range. A score greater than 1.25 for BME staff indicates they are more likely to be subject to formal process.

- In the last 12 month less BAME staff have personally experienced discrimination from either their manager, team or colleague (from 20% in 2017/2018 to 18% in 2018/2019).

2. The following deteriorations have been made in WRES performance since the last reporting year:-

- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased from 1.4 in 2017/2018 to 1.53 in 2018/2019. This is now higher than the national average of 1.45. These figures are calculated on a cumulative basis over the 12 months basis.

- The relative likelihood of BAME staff accessing Non-Mandatory training or CPD has reduced from 0.95 to 0.9 in the last 12 months.

- There is significantly more BAME staff that reported a change in the levels of Bullying & Harassment from patients & relatives towards BAME staff - up from 10% to 32% (there was also an increase reported from White staff from 27% to 31%). Every trust in our comparator group in GM saw an increase in this indicator.

Actions taken in 2018 – 2019

1. Since the WRES paper was last presented to the Trust Board the following actions have been undertaken:-

    a. <u>BME Staff Network:</u> The BME staff network has been established which has received very positive engagement, during the third meeting on the 22 May 2019, the appointment of a chairperson was confirmed. A manager's guide explaining the purpose of the BME network has been distributed to encourage managers to support our BME staff to engage in the group and attend meetings.

    b. Cultural awareness sessions have been arranged and promoted. We have received positive feedback from staff attending – LGBT awareness, Trans awareness and the Islam awareness session.

    c. Positive action statements have been added to adverts and training communications. A positive action activity is used to help employers remove barriers and issues to the employment, retention and progression from "under represented" groups, whilst still employing people on merit. We have included an improved positive action statement within our recruitment advertising and added one to all our promotion of development opportunities. An example of a positive action statement used within the trust is:

        i. *This development opportunity is available to all staff, particularly black and minority ethnic employees and/or employees with a health condition or impairment. Reasonable adjustments will be made to enable employees to access development opportunities and reach their full potential at work.*

    d. Ramadan fact sheet and aid memoir has been developed and distributed to all managers explaining the cultural elements and encouraging flexibility for Muslim colleagues during the holy month.

    e. Un-conscious bias training has been developed in conjunction with Enact Solutions a leading EDI specialist firm who use innovative interactive solutions to communicate key messages. The objectives of the half day embracing differences interactive session are:

        ➢ *To recognise that everyone is different and embrace the value of those differences*

        ➢ *To recognise our responsibilities and feel confident in addressing behaviours that don't align with our core values*

        ➢ *To understand how unconscious bias may influence the decisions we make and the interactions we have*

    f. Two BAME Freedom to Speak Up Champion have been appointed.

    g. We have had two employees who have attended the national stepping up programme.

    h. Improvements to the employee relations processes have been introduced which include – early intervention mediation process, personal responsibility framework, effective case management.

Actions to be taken moving forward (WRES)

1. Whilst some improvement has clearly been made, there remains considerable work that needs to be undertaken. This year the WRES action plan has been developed in conjunction with the BAME network.

    The WRES action plan will continue to be grouped into three workstreams:-

    • <u>Workstream 1 - Make recruitment fairer</u>

        i. Un-conscious bias training will be rolled out from September 2019. Colleagues will recall we had planned to roll these our earlier in the

year but there were IT technical challenges with the new programme which have now been resolved.

ii. Designated members of the BAME staff network have agreed that they will act as a guardian of a fair process by inputting into recruitment processes of band 7-9 job vacancies. Training for these network members commences in September 2019.

iii. Recruitment audits commenced in July 2019 and will be undertaken quarterly. These audits involve identifying from TRAC posts that have received BME applicants, posts will be randomly selected to ensure that a robust, fair process has been followed. The first findings of these audits will be presented to the Workforce Assurance Committee in the Quarter 3 report. Escalation will then be provided to Board members via the WAC Chairs report.

iv. The BAME Network will receive support sessions aimed at current BAME staff to help with the application form process and interviewing skills.

- Workstream 2 – Workplace Experience
    i. Significant work has been undertaken with the BAME staff forum and early signs show the staff to be positively engaged and supportive of the group. We are currently establishing a LBGT+ forum which will be followed by a disability staff forum.

    ii. A new exit interview process has been developed which will allow the workforce information team to report workforce experience as informed by employees leaving the Trust.

    iii. The Go Engage tool will provide the trust with data which can be analysed by a number of protected characteristics which will allow the trust to target interventions.

    iv. The Trust's reverse mentoring programme has been developed and training for the programme will commence in the autumn.

    v. A decision tree checklist model will be explored to help managers to decide whether formal disciplinary action is essential or whether alternative actions might be feasible.

    vi. A post action audit process will be explored which will take place on a quarterly basis; this will identify any systemic weaknesses, biases or underlying drivers of adverse treatment for any group. This will feed into an employee relations bi-annual review presented to the Workforce Assurance Committee.

    vii. On a quarterly basis, the Head of Workforce Inclusion & Transformation will review the employee relations cases within each division to discuss potential alternative approaches and potential biases.

    viii. Managers will attend an accredited investigators training programme to ensure a consistent approach for managers when they are conducting investigations.

- Workstream 3 – Support and enable Career Development
    i. The Trust will ensure that they maximise the 'take up' of the Leadership Academy programmes such as the 'Stepping Up Program' and the 'Ready Now' programme. These programmes are leadership development programmes for aspiring BAME colleagues who work within a healthcare setting. They aim to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing.

ii. Linked to the above the Trust will develop an internal 'stepping up' programme. This approach has been used by a couple of other NHS Trusts with great success; specifically one Trust could demonstrate that 75% of colleagues that attended the internal programme were successful in securing a promotion. This programme is in early development stages however, the trust is keen to pilot the programme in the New Year. The programme will be targeted at aspiring middle managers (Band 5-7) in the first instance.

iii. A process to capture all development and CPD is being explored which will help to identify equal opportunities for training and development. A long-term solution is being developed to link to the ESR/OLM project and digital transformation plan.

Performance / Key Findings (WDES)

1. This is the first year that the WDES has been produced and as such, there is no comparator from previous years. Where possible comparators have been given against known national averages – via the NHS Staff Survey. It is recognised that the data is poor across the whole NHS and much work is required to improve declaration rates to enable true visibility of issues related to our disabled workforce.

2. **2.75%** of our staff has reported themselves as having a disability (via ESR – HR information system); this is very different to the number who declared themselves as disabled via the NHS Staff Survey (17%). Nationally 3% of staff report that they have a disability in the NHS (via ESR – HR information system), with 18% declaring that they have a disability on the NHS Staff survey.

3. Workforce analysis shows that the majority of Disabled staff are clustered at Bands 1-8a. 38 non-clinical members of staff declared a disability, of these 92% were in bands 1-7 and 8% are in bands 8a+ 112 clinical members of staff declared a disability 95% of these staff are in bands 1-7 and 5% are in bands 8a+.

4. Staff Engagement scores for Disabled Staff (7.1) working in the Trust are lower than for Non-Disabled staff (7.4). The Trust score higher than most GM trusts for disabled staff engagement. Non-Disabled staff feel that they are satisfied that the organisation values their work (Disabled 47%, Non-Disabled 57%).

5. In the last 12 months 10%, more Disabled staff have personally experienced discrimination from either their Patients, team or colleague. This is higher than other Trusts in our comparator group in Greater Manchester.

6. The relative likelihood of Disabled applicants being appointed from shortlisting compared to non-disabled applicants is 1.41. Marginally less disabled staff feel that the Trust provides equal opportunities for career progression (Disabled 85%, Non-Disabled 89%)

Actions taken in the last 12 months related to the WDES

1. We have recently been recognized as a Disability Confident Employer – this means that the Trust has processes in place to ensure that disabled people and those with long term health conditions have the opportunities to fulfill their potential and realise their aspirations. We will now aspire as a Trust to achieve the third level – Disability Confident Leader.

2. Physical – physical adjustments can take place in the form of the environment and to support individuals with physical health conditions. A range of additional support has

been introduced over the last 12 months. MSK is a frequent cause of ill-health for employees often resulting in them becoming disabled. The Trust has an excellent staff physiotherapy service providing fast track service for staff suffering from an MSK condition. The Trust has recently increased the number of appointments available for staff. Since the introduction of the attendance matters team there has been an increase of staff referrals for employees who are off work with an MSK issue, with the physio support helping them to return to work. The attendance matters team have a library of self-help materials covering a wide range of physical health conditions that are shared with staff who may need reading materials. The Trusts new health and well-being portal has a range of support materials ranging from advice developed in conjunction with Macmillan about working/living with cancer to understanding the menopause.

Mental - A range of initiatives and approaches have been introduced at an organisational level over the last 12 months. This has included investing in additional counselling services for our staff to use. As part of the National Mental Health Awareness Week (13th to 19th May 2019) we launched the Employee Assistance Programme (EAP) that provides a 24/7 help and advice telephone line, 24/7 telephone counselling, online cognitive behavioural therapy programme and tools and additional support services. The Trust commissioned an innovative, modular-based 'Caring for Yourself Programme' for staff working in urgent care. The aim of the programme was to equip staff with additional tools and support to improve their resilience ahead of the winter period.

A reasonable adjustment passport has been introduced which allows an employee and their manager to effectively manage and review reasonable adjustments.

Actions to be taken moving forward related to the WDES

1. A key focus this year will be ensuring that the information we hold on our HR systems is accurate. We know from the NHS Staff Survey that a number of our staff are choosing not to declare their disability. As such, the Trust will need to fully understand the reasons for this and then put appropriate measures in place to increase our staff confidence in declaring their disability.

2. Physical Health. A review of the sports and social club will take place to improve the pro-active physical health staff offer from the trust.

3. Mental Health. The Workforce Assurance Committee recently received a report that set out the following actions that will be taken in 2019/2020 related to mental health. As follows:-

   - Signing the 'Time to Change' employer pledge to show the Trust's commitment to changing the way we all think and act about mental health in the workplace.

   - Developing a high-profile awareness campaign and education programme that helps to remove the stigma around mental health.

   - Equipping line managers with the skills, competence and confidence to spot the early signs of mental ill health, to intervene early and support staff with mental health problems.

   - Establishing a network of Mental Health and Wellbeing Champions across the Trust. The champions will complete the RSPH Level 2 qualification in Understanding Health Improvement, which empowers employees to become involved in the overall strategy and to offer support to peers.

Additional information

1. At divisional level, an integrated report has been developed to enable divisions to have an overview of all inclusion strands. The WRES AND WDES are generally reported across the NHS at Trust level, however drilling down the Trust has found that we are able to identify hot spot areas to target interventions.
2. Age: The Trust has an ageing workforce with 52% of the trust workforce over the age of 40. The average age of an employee at the Trust is 43 (male 41, female 43) in line with the national average in the NHS of 43. The Trust needs to be prepared for the fact, just like the community that the Trust serve their workforce will experience ill-health, impairment and disabilities. Retaining staff with lived experiences can be beneficial to Trusts as their understanding can enhance patient care. A lot of these issues will form part of the actions identified through the WDES. Flexible working, including different or set working patterns has been proven to enable older workers to work to a higher pension age. The Trusts staff survey results show that the Trust have made excellent improvements with a positive score of 60% that the Trusts offers opportunities for flexible working compared to the national comparator of 52%. There are still improvements that can be made with the flexible working policy which is currently under review.
3. LGBT+: The rainbow badge campaign was launched during LGBT+ history month and EDI delivered educational presentations at a wide range of forums. Many staff members have made pledges communicating how they will be inclusive for patients and colleagues. You will observe a lot of staff wearing their rainbow pin badges with pride. A webinar has been created and recorded to allow staff to access the learning and make a pledge which will make the campaign more accessible for staff. This was launched on the 17 May - IDAHOBIT - the International Day against Homophobia, Biphobia, Interphobia and Transphobia. This has allowed more people to access the learning and make their pledge; pledges are being received on a daily basis.
4. The LGBT flag is on display outside the main entrance communicating our support for our LGBT community (staff, patients and visitors) and as a wider symbol of inclusion.
5. Gender - To support our commitment to eradicate the gender pay gap within the trust we are exploring the internationally recognised Springboard women's development programme. Research has been conducted and costings identified. We are currently exploring external funding opportunities.

Measurement and Monitoring

1. The Trust will develop improvement targets for inclusion strands that will be monitored by the workforce assurance committee (WAC) and reported to board through the chairs report. These targets will be set at division and trust level.

Trust WRES/WDES annual targets are suggested below:

	WRES Indicator	2017/18	2018/19	2018 – National Data	Target
	Total number of staff	5298	5457	19.1%	0.8% improvement each reporting period
	Proportion of BME staff employed	11.61%	12.44%		
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.40	1.53	1.45	1.35
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.87	1.59	1.24	1.40
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.95	0.90	1.15	1.0
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 27% BME: 20%	White: 31% BME: 32%	29%	25%
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 19% BME: 27%	White: 16% BME: 29%	28%	25%
7	7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 90% BME: 79%	White: 90% BME: 75%	72%	70%
8	8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 5% BME: 20%	White: 5% BME: 18%	15%	15%
9	Percentage difference between the organisations' Board voting membership and its overall workforce	White:10.1% BME: -3.9%	White: 1.60% BME: 5.77 %	7%	7%

WDES Indicator	Trust Wide	Target
	2018/19	
Total number of staff	5457	
Proportion of Disabled staff employed	2.75%	5%
Relative likelihood of staff being appointed from shortlisting across all posts.	1.41	1.35
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:		
i: Patients/their relatives/Public	D: 34% ND: 24%	30%
ii: Managers	D: 10% ND:11%	10%
iii: Other colleagues	D: 20% ND: 16%	15%
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	D: 68% ND: 50%	50%
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	D: 85% ND: 89%	89%
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties.	D: 27% ND: 19%	25%
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	D: 47% ND: 57%	50%
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work	74%	78%
The staff engagement score	Disabled: 7.1 Non Disabled: 7.4	7.3

Matters to note related to KPI's

      a. Noting that this is the first year NHS organisations have been asked to present their WDES findings then a fuller review of the WDES KPI's will take place next year when the Trust has more benchmark data both internally and externally.

      b. Colleagues will note that the WRES <u>annual </u>targets have been proposed. Further discussion will take place with the BAME network as to timescales whereby the Trust will deliver our aspiration of the KPI's being comparable with White colleagues.

2. The Equality action plan (which includes WRES and WDES) will be regularly monitored by the Equality and Diversity Steering Group. The Workforce Assurance Committee (WAC) will provide oversight and reporting to the Board via the normal WAC Chair report. The WRES and WDES data and action plan will be published on the NHS England portal and the Trust's website.

<u>Recommendations</u>

1. The Trust Board is asked to:

      a. Note the details of the Report.

      b. Note the actions that will be taken to improve performance against the key WRES and WDES Indicators. The Trust Board will be updated on the progress being made via the Workforce Assurance Committee Chair's report.

      c. Highlight any specific additional assurance / workforce information required.

      d. Note that in the September, 2019 Trust Board the Board Development will focus on Inclusion and Unconcious bias training. The Board members will therefore have the opportunity to more deeply explore elements of this paper.

WORKFORCE RACE EQUALITY STANDARD

WRES Indicator	2017/18	2018/19
Total number of staff	5298	5457
Proportion of BME staff employed	11.61%	12.44%
The proportion staff who have self-reported their ethnicity	93.81%	94.04%
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.		
Relative likelihood of staff being appointed from shortlisting across all posts.	1.4	1.53
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.87	1.59
Relative likelihood of staff accessing non-mandatory training and CPD.	0.95	0.9
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 27% BME: 20%	White: 31% BME: 32%
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 19% BME: 27%	White: 16% BME: 29%
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 90% BME: 79%	White: 90% BME: 75%
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 5% BME: 20%	White: 5% BME: 18%
Percentage difference between the organisations' Board voting membership and its overall workforce	White: 10.1% BME: -3.9%	White: 1.60% BME: 5.77 %
The Staff engagement score:		White: 7.3 Christian: 7.3 BME: 7.7 Muslim: 8.1

WORKFORCE DISABILITY EQUALITY STANDARD

WDES Indicator	Trust Wide 2018/19
Total number of staff	5457
Proportion of Disabled staff employed	2.75%
The proportion staff who have self-reported their disability	71.47%
Percentage of staff in each of the AFC paybands or Medical and Dental subgroups and VSM (including executive board members) compared with the % of staff in overall workforce	
Relative likelihood of staff being appointed from shortlisting across all posts.	1.41
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.	Not available
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:	
i: Patients/their relatives/Public	D: 34% ND: 24%
ii: Managers	D: 10% ND:11%
iii: Other colleagues	D: 20% ND: 16%
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	D: 68% ND: 50%
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	D: 85% ND: 89%
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties.	D: 27% ND: 19%
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	D: 47% ND: 57%
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work	74%
The staff engagement score	D: 7.1 ND: 7.4

* D = Disabled, ND = Non-Disabled