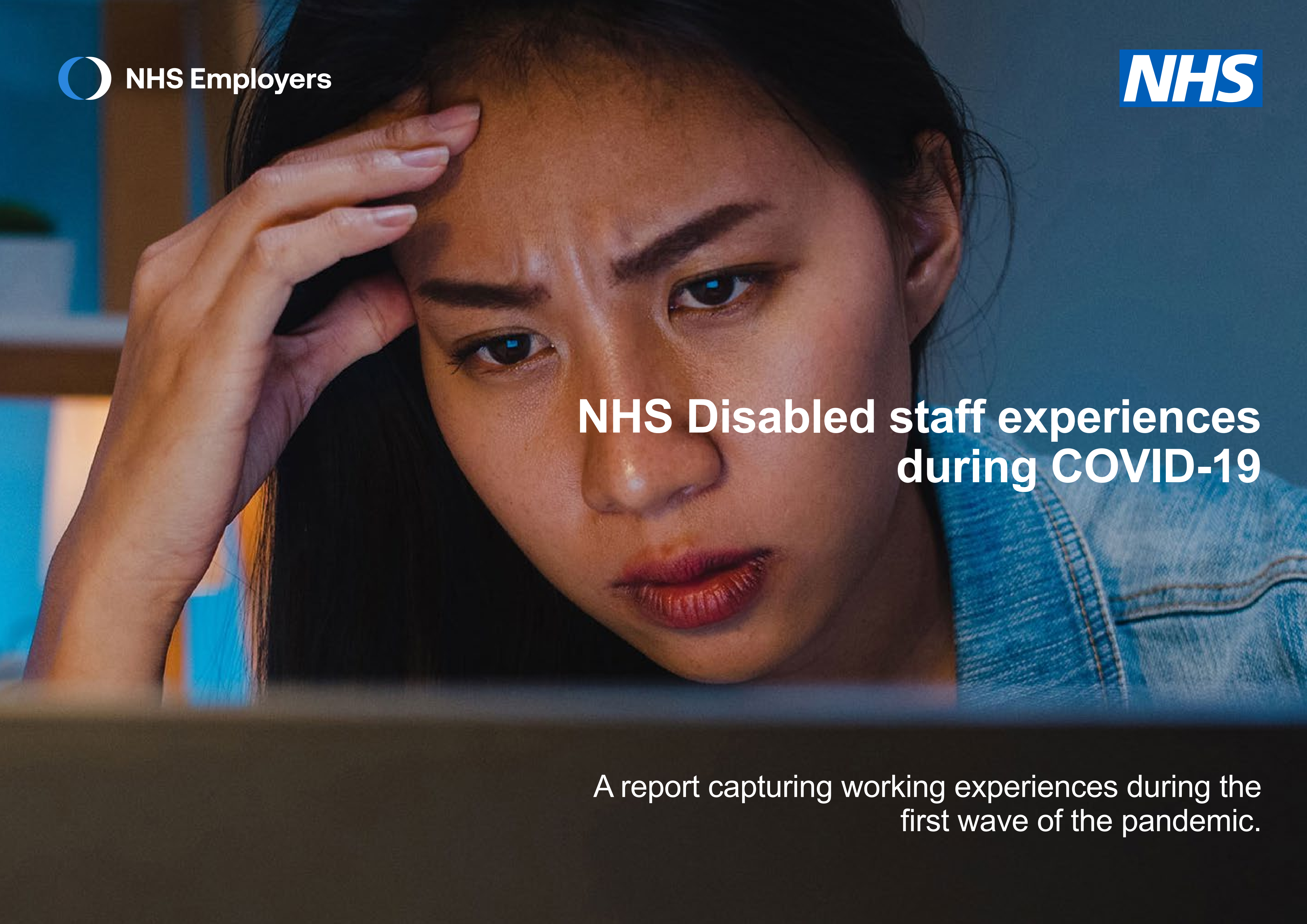


NHS Employers

NHS

NHS Disabled staff experiences during COVID-19

A report capturing working experiences during the first wave of the pandemic.

CONTENTS

Report navigation

The arrows at the top of each page will take you to the next or previous page and the home icon at the top centre of the page will return you to this contents page.

Look out for any underlined text to access useful resources.

Footnotes are identified in numerical form and references in roman numerals and can be found on page 41.

Version number:	1
First Published:	March 2022
Amended:	
Prepared by:	Stuart Moore, Christine Rivers, Paul Deemer, Pei-Ling Chay, Toby Irving, Reda Misghina
Classification:	OFFICIAL
Publication Reference:	C1187

Foreword

The past year has been the most challenging time for the NHS since it was established in 1948. The COVID-19 pandemic has affected us all, but **the evidence**[i, ii] shows that there has been a disproportionate impact on particular groups, including people with disabilities and long-term health conditions.

This report is based on findings from a survey that explored the working experiences of NHS Disabled[1] staff during the first wave of the pandemic. The survey was commissioned in the context of our engagement with Disabled colleagues and the importance of listening to, understanding, and learning from their working experiences during the pandemic.

We would like to thank those Disabled staff, and others with an interest in disability equality, who responded to our survey and have shared their experiences. The findings in this report highlight that whilst there are some who had positive experiences, there were individuals who would have benefitted from improved support. It is clear that system leaders employers, and managers need to consider how they can support, in the longer term, the preferred ways of working that many Disabled staff have developed over the past year.

The NHS People Plan makes clear that we must all continue to look after each other and work to foster a culture of inclusion and belonging. In that spirit, the insights that our colleagues have shared will inform and improve our understanding of Disabled staff experience.

The recommendations in this report will help us in formulating further responses to COVID-19 and any future pandemics. They will also help us to educate and improve the support offered by organisations and managers within the NHS.

We will ensure that these recommendations are delivered for the benefit of our Disabled colleagues.

Prerana Issar
NHS Chief People Officer
NHS England and NHS Improvement

Executive Summary

Whilst the COVID-19 pandemic has had an impact on people's lives around the world, the evidence shows that these impacts are higher for some groups.

The Office for National Statistics analysis estimated that Disabled[2] people made up 59% of all deaths involving COVID-19 from 2 March to 14 July 2020 in England and Wales.

In April 2020, the All-Party Parliamentary Group on Disability[iii] wrote to the Prime Minister calling for a disability-inclusive COVID-19 response. The Women and Equalities Select Committee also undertook a sub-inquiry into the experiences of Disabled people during this time.

The NHS recognises the need to understand and learn from the lived experiences of Disabled colleagues during the pandemic.

The NHS Disabled staff experiences during COVID-19 survey was designed jointly by NHS England and NHS Improvement[3], and NHS Employers. The survey was developed to understand the working experiences of NHS Disabled staff during the first wave of the pandemic - between March 2020 and July 2020.

This report

- Summarises the voices of Disabled staff, and those with an interest in disability equality, who have shared their experiences of working in the NHS during the COVID-19 pandemic
- Describes some of the challenges Disabled staff working in the NHS have faced during the pandemic and improves our understanding of their lived experience
- Highlights individual experiences and how some staff felt isolated and forgotten, whilst others had a more positive experience
- Sets out recommendations for the NHS to take forward and develop further responses to COVID-19 and any future pandemics
- Will help educate leaders and managers so they can improve the support they provide to Disabled staff and create a more inclusive and supportive working environment

Key findings

About our workforce

- 4,425 unique responses to the survey were received, of which 2,827 individuals self-identified as Disabled. These 2,827 respondents were the main cohort for the analysis and were our primary focus
- The experience of disability is very individual, and people choose to define their disability, and their experiences of living with a disability, in different ways
- 2,471 respondents (87% of those who identified as Disabled) provided responses on their disability or long-term condition. These responses fell into two groups:
  - 54% listed a long-term condition when describing their disability
    - Almost a quarter had two or more long-term conditions
    - The most common conditions listed were those relating to the immune system
  - 46% described how a long-term condition impacted on their lived experiences
    - Approximately a third described a physical health condition
    - Approximately a third described a mental health condition
    - The remaining third described a hidden condition

Disability declaration

- 59% (1,565) of respondents have declared their disability status on the NHS Electronic Staff Record (ESR)
- Of the 41% (1,069) that have not declared their disability on ESR, 69% said that they had not done so because they were not aware that they were able to
- 7% did not declare their disability due to a fear of stigma

Risk assessments

- 76% (1,944) of respondents had a risk assessment relating to COVID-19. Of those, 36% did not have a question relating to their long-term condition or disability in their risk assessment
- 45% (868) provided additional commentary about risk assessments Of which:
  - 42% (364) respondents felt that the input requested was not sufficiently detailed, with a lack of opportunity to highlight conditions that significantly impacted work
  - 11% (93) provided positive comments about the risk assessment they received. This included comments about the risk assessment being thorough, helpful, and conducted sensitively
- 13% (112) felt that the outcome of the risk assessment should have been more person centred

Key findings continued

Shielding

- 35% (884) were required to shield due to a long-term condition or disability, of which 45% (398) listed a long-term condition
- 76% (671) of respondents who shielded felt that shielding impacted upon their physical or mental wellbeing
- 65% of respondents who shielded felt that their employer offered them appropriate support whilst shielding
- 26% of respondents who shielded said that their employer did not offer adequate support
- 28% of respondents who shielded highlighted a lack of support from either their line manager, employer or both
- 14% of respondents who shielded felt that there was inconsistent support from their line manager and employer
- Some individuals felt that there were additional challenges because their line managers were redeployed or otherwise absent
- Of these experiences, areas where support could have been improved included working from home, regular communication, appropriate HR policies and a return-to-work plan
- Responses highlighted that signposting to other services, information through staff newsletters, regular phone calls and shielding peer support groups were felt to be helpful
- Of the experiences shared, some Disabled staff said they felt that some colleagues did not understand their shielding status

Home working

- 56% (1,572) of respondents had worked from home during this period, with 26% (733) working from home five days a week
- Of the 1,572 respondents, 67% (1,049) felt that working from home had an impact on their mental and physical wellbeing, experiences were a mixture of positive and negative
- Of the 1,572 respondents, 70% (1,068) said they were offered support by their employer
- Whilst 84% (1,284) expressed that they would want to continue to work from home if their employer was able to support their preference
- Of those who required reasonable adjustments, 685 people provided additional comments about the type of adjustments they required, the majority of the requests were for equipment such as laptops, chairs, keyboards and footrests
- As a result of perceptions by team colleagues, some respondents said that they felt the need to work longer or deliver more to prove their value
- Some respondents spoke about the delays in receiving the correct equipment to enable them to work from home

Key findings continued

Redeployment

- 2,409 respondents provided comments on their current working arrangements
- Of these, the majority (59%; 1,425) were continuing to work in the same role and same workplace. 22% (527) had other working arrangements
- Whilst 6% (160) were redeployed to a new role, of which half were redeployed to a new role and a new workplace

Leadership, communication and engagement

- Of the main cohort of respondents, 54% (1,515) felt that senior leaders were not visible in demonstrating their commitment to workplace disability equality during the first wave
- 33% (798) were involved in their trust's Disabled staff networks during this period, compared to 67% (1,625) who were not
- 79% (1,900) were not aware of communications from their employer about the Workforce Disability Equality Standard (WDES)
- 87% (2,044) said that they did not have any opportunities provided by their employer to be involved in WDES conversations

Local and national support

- 34% (523) felt that a key learning point for trusts was communication and education on disability
- 39% (561) felt that at a national level there could have been a greater emphasis on support for Disabled staff and awareness of their experiences during the first wave of the pandemic

Recommendations

Report recommendations

Recommendation 1 – NHS England and NHS Improvement to lead work to improve the NHS Electronic Staff Record (ESR) disability declaration rate to at least 4% in England.

Recommendation 2 – NHS England and NHS Improvement to produce a health and wellbeing framework. A video will be produced that highlights good practice for line managers when having health and wellbeing conversations with Disabled staff.

Recommendation 3 – NHS Employers, in partnership with NHS England and NHS Improvement, will work with stakeholders to identify areas for change that will improve experiences for staff who have shielded and continue to be clinically extremely vulnerable, and staff with caring responsibilities.

Recommendation 4 – In consultation with Disabled staff, NHS Employers will work with NHS England and NHS Improvement to collect and publish the lived experiences of staff who have been shielding and remain clinically extremely vulnerable.

Recommendation 5 – NHS England and NHS Improvement will undertake further work to explore how flexible ways of working can help Disabled colleagues to join, stay, and progress in their NHS careers.

Recommendation 6 – NHS England and NHS Improvement will work in partnership with NHS Employers to develop an online resource that provides guidance on how to develop and implement a workplace adjustment passport.

Recommendation 7 – All trusts should have a Disabled staff network. A review of governance in trusts should take place to ensure that Disabled staff networks are able to contribute to and inform decision-making processes.

Recommendation 8 – NHS England and NHS Improvement will provide learning opportunities to support senior leaders and line managers in developing greater knowledge and understanding about the specific needs of Disabled staff.

Recommendation 9 – NHS England and NHS Improvement will use a range of communications platforms to amplify the voices, stories and lived experiences of Disabled leaders, aiming to inspire talented Disabled staff to become NHS leaders of the future.

Actions and next steps

This report sets out recommendations for action that will be delivered within the NHS.

This report will be published and shared with NHS leaders, managers, and the NHS workforce. NHS England and NHS Improvement will monitor delivery of the actions and will publish progress within the NHS Workforce Disability Equality Standard National Data Analysis Report published in 2023.

Introduction

Developing the survey

Early emerging data suggested that the impact of COVID-19 was not experienced equally across the population.[vi] In its descriptive review published in August 2020, Public Health England presented findings confirming that the impact of COVID-19 'replicated existing health inequalities and, in some cases, has increased them.'

The NHS Disabled staff COVID-19 experiences survey was designed jointly by NHS England and NHS Improvement, and NHS Employers. The survey was designed to understand the working experiences of NHS Disabled staff during the first wave of the pandemic (March 2020 to July 2020).

The survey invited contributions from Disabled staff, line managers, Disabled staff network chairs, equality leads, occupational health professionals, HR professionals and others with an interest in disability. This report focuses on the responses from Disabled staff.

Aims of this report

- Amplify the voices of Disabled staff
- Support a better understanding of the experiences of Disabled staff
- Reflect on the challenges reported by Disabled staff in the context of COVID-19
- Identify what lessons can be learned nationally and locally and make recommendations so that learning is reflected in the future response and recovery work
- Identify where employers are supporting Disabled staff well and where there are areas for improvement
- Inform future national priority work areas
- Use the learning to promote a cultural shift for the benefit of Disabled staff and patients/service users

Understanding the context for this report

The NHS is the largest employer in England, with 1.3 million staff, based on 2019-2020 NHS Electronic Staff Record (ESR) data. It is also the largest employer of Disabled staff in England. Based on data from the same period, 3.5% (45,241) of staff employed by the NHS have declared a disability on ESR. Whilst the disability status of 23% (301,951) of staff is currently unknown (either ‘not declared’ or reported as ‘prefer not to say’).

The ESR declaration rates underrepresent the proportion of Disabled staff in the NHS workforce; according to NHS Staff Survey data, approximately 20% of the workforce have self-identified as having a disability or long-term health condition.

In wider comparison, within the UK, 7.7 million people of working age (16-64) have reported that they are Disabled. This makes up 19% of the working age population. For Disabled people aged between 16-64, 53.6% are in employment, compared to 81.7% of working age non-disabled people.[vii, viii]

The NHS Workforce Disability Equality Standard (WDES) was launched in 2019 and is mandated to all NHS trusts and foundation trusts through the NHS Standard Contract. National healthcare organisations were added on a voluntary basis to the WDES from 2020. The WDES is a set of ten metrics that aims to improve the workplace and career experiences of Disabled staff working in the NHS. The WDES metrics data highlights that Disabled colleagues continue to experience inequalities across all ten metrics.

This report is also published in the context of the NHS People Plan[ix], which recognises that COVID-19 has intensified social and health inequalities. The People Plan commits to an NHS which is welcoming to all, with a culture of belonging and trust.

In this survey, respondents have given a range of answers to the question: ‘How would you define your disability or long-term condition?’. The answers to this question, as well as the free text responses given in this and other sections of the survey, reflect the depth of people’s experiences, which carry breadth and complexity within them.
We have considered responses across three lenses:

- **The social model of disability**
  The model recognises that Disabled people face a range of societal barriers, and these, rather than an individual’s impairment or long-term condition, create disability. What is powerful and liberating about the social model is that it reflects the lived experience of Disabled people. It puts forward an approach to ending exclusion and oppression that does not require Disabled people to change who they are, in order to be deemed to be entitled to the same rights and opportunities as non-disabled people
- **Health conditions**
  Where people have told us that they have a specific health condition, we have grouped the conditions and analysed people’s responses to understand how specific health conditions have affected individual experiences
- **The impact or lived experience of a disability**
  Where people have told us more generally about their experiences, including the impact of a health condition or disability

Through our analysis, we have sought to understand and reflect on people’s experiences through all three lenses; looking at barriers and how they can be removed; looking at physical or mental health conditions and what these tell us; and looking at impact or lived experiences and how these have shaped people’s working lives during COVID-19.

Methodology

Survey design and data reporting

The survey was designed as an online survey and was live from 10 August 2020 until 18 September 2020. The survey was distributed via WDES and NHS Employers networks. Accessibility was considered in terms of the promotion of the survey, as well as through the way in which respondents could complete the survey.

Respondents were asked a total of 47 questions across six themed sections and a diversity monitoring section was also included.

The six sections were:

1. About the individual
2. Shielding
3. Home working
4. Redeployment
5. Leadership, communications and engagement
6. Local and national support

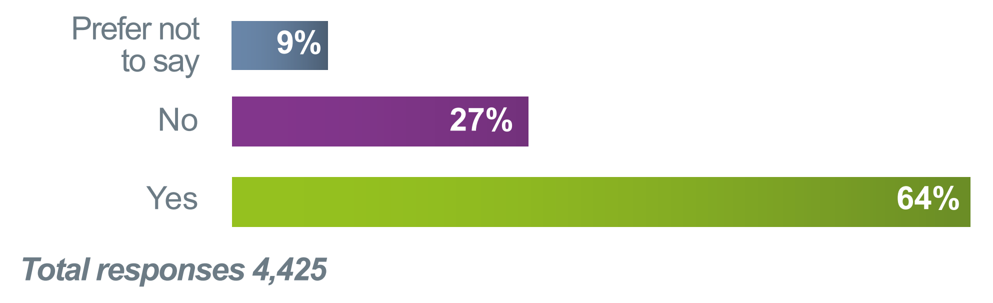
Responses and inclusion criteria

A total of 4,425 survey responses were received.

This survey focuses on the working experiences of Disabled staff. Disability status was identified by respondents answering 'yes' to question one, 'Do you identify as Disabled?'. This was a mandatory question, for which respondents could choose between three options.

64% of respondents (2,827 people) identified as Disabled, 27% of respondents (1,204 people) did not identify as Disabled and 9% of respondents (394) preferred not to say. (figure 1).

Figure 1: Percentage of staff who self-identify as disabled



On the basis of this criteria, 2,827 respondents (those who self-identified as Disabled) were included for analysis. The data presented in this report explores the experiences of these respondents.

Valuable learning can be drawn from the 1,598 respondents who answered 'No' and 'Prefer not to say' to the question on disability status. We recognise that within this cohort there will be a diversity of staff, which may include staff who have long-term health conditions or disabilities, but do not identify with the term 'Disabled' or choose to identify otherwise. We also recognise that there may be staff who do not have any long-term health conditions or disabilities but may have responded due to a personal or professional interest.

Further detail on the data referred to in this report, including the responses from the secondary cohort, is available upon request from: england.wdes@nhs.net

Data limitations and caveats

Whilst the survey captures views from the first wave of the pandemic, we are mindful of the fast-changing environment and this has been reflected in the recommendations. To encourage responses and maintain anonymity, the survey did not collect data by region or employer.

Survey Findings
Section 1 - About our Disabled workforce

Aims of this section

Section 1 of the survey was focused on understanding the diversity of those that responded and the experiences of Disabled staff within the workforce, within the context of COVID-19.

Key findings

- In respect of those respondents that had self-identified as Disabled, 54% (1,330) listed a diagnosed long-term health condition
- The most common conditions listed were those relating to the immune system with 22% (370) of respondents
- 24% (313) of those who listed a condition had two or more long-term health conditions
- 46% (1,191) described the impact of their experience:
  - 16% (406) described a physical health impact
  - 14% (379) described a mental health impact
- 59% (1,565) of respondents who answered the question about disability declaration have declared on the NHS Electronic Staff Record (ESR). The most common reason for not declaring on ESR was due to not knowing that a disability reporting function was available
- 76% (1,944) had a risk assessment relating to COVID-19
- 36% (708) did not have a question relating to their disability or long-term health condition in their risk assessment

About the individuals

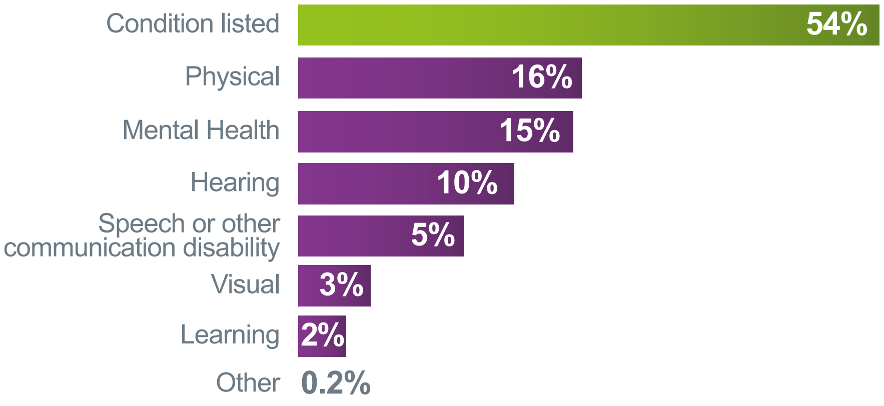
Respondents were asked how they would define their disability or long-term health condition(s)[4]. Of the 2,827 respondents who identified as Disabled, 2,471 respondents (87%) provided responses on their disability or condition.

Of these 2,471 respondents, 54% (1,330) chose to list a diagnosed health condition. The remaining 1,141 respondents (46%) chose to answer the question by describing the impact they experienced (figure 2).

Figure 2: Staff description of disability

The two most common impacts described were physical (16%; 406) and mental health (15%; 387) (figure 3).

Figure 3: Disabilities / long-term health conditions of those who self-identified as Disabled



n=2,471

The most common conditions listed were those relating to the immune system with 22% (370) of respondents, followed by chronic pain conditions with 11% (186) of respondents. Just under a quarter (313) of respondents who listed a disability or long-term condition had two or more conditions.

Line manager awareness of disability

Of the respondents to this question, 95% (2,481) had made their line manager aware of their disability or long-term health condition prior to COVID-19 (figure 4): another 86 respondents reported that they did so following the outbreak, bringing the total up to 96% (2,567) (figure 5).

493 respondents identified as line managers. Of these, 62% (308) have declared their disability on ESR.

Figure 4: Line manager awareness prior to COVID-19

Prior to COVID-19, was your line manager aware of your disability or long-term health condition.

n=2,625

Figure 5: Line manager awareness following COVID-19

Following COVID-19, was your line manager aware of your disability or long-term health condition.

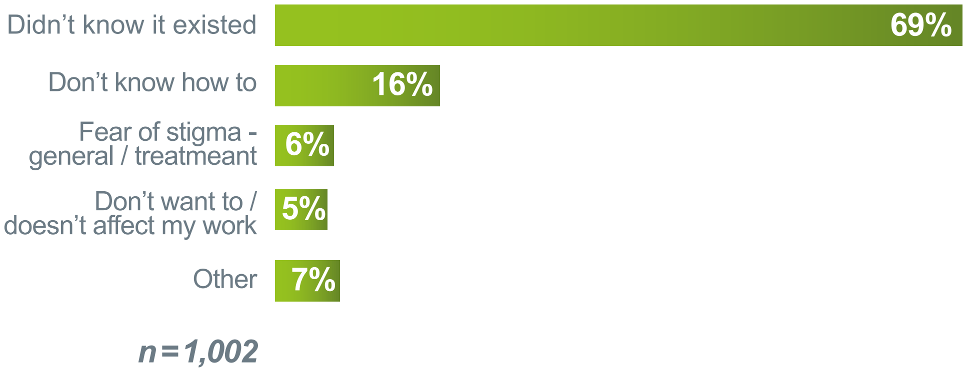
n=2,641

Disability declaration

59% (1,565) of those who answered the question about disability declaration have declared their disability on ESR.

Of the 1,069 respondents who did not declare their disability on ESR, 94% (1,002) provided information on the reasons for their decision (figure 6).

Figure 6: Reasons for not declaring disability on NHS Electronic Staff Record (ESR)



69% (692) of the 1,002 respondents said the main reason for not reporting a disability/long-term health condition on NHS ESR was because they were not aware that they were able to.

7% (75) of the 1,002 respondents said that they feared repercussions if they declared through ESR. Respondents had a general fear of stigma, differential treatment or that it would affect their career prospects.

> "Haven't done so as I didn't realise this was an option or requirement."

> "Still significant prejudice within the NHS workforce in regard to mental health conditions."

> "I do not want everyone to know about it. I would rather tell people when and if I feel they need to know - such as for support. I do not want to be treated differently because of this."

> "Do not want it to affect how I am perceived at work / any promotion opportunities."

COVID-19 risk assessments

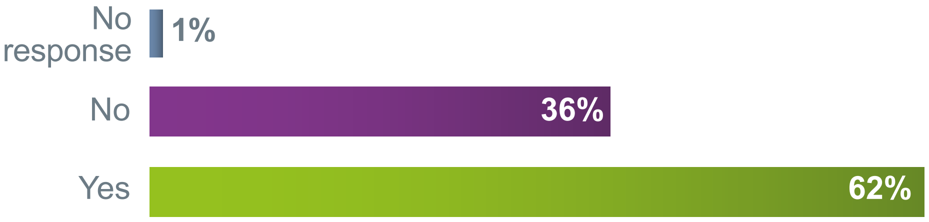
2,566 respondents answered the question about risk assessments relating to COVID-19. Of these, 76% (1,944) had a risk assessment compared to 24% (622) who did not.

Nearly all provided information on whether the risk assessment included any health questions relating to their disability or long-term health condition.

62% (1,214) had a risk assessment that included health questions relating to their disability or long-term health condition (figure 7).

Figure 7: Risk assessments including questions relating to disability / long-term health condition

Did the risk assessment include any health questions relating to your disability or long-term health condition?



n = *1,922*

Of the 1,944 respondents who had a risk assessment, 45% (868) provided additional comments about the assessment).

Of the experiences shared about risk assessments, 11% (93) had positive comments about the risk assessment they received. This included comments about the risk assessment being thorough, helpful, conducted sensitively as well as comments about respondents feeling supported and reassured that their conditions were being taken into consideration.

> "I have been fully checked and supported since returning to work by my manager."

> "It was a very helpful process and there was lots of support available, some of which I used."

> "It was well managed, and my needs were considered appropriately."

COVID-19 risk assessments continued

Respondents who commented on the information required for the risk assessment felt that their risk assessments were not comprehensive, were generic and that the questions asked were insufficiently detailed. Some respondents felt that the risk assessments were a tick-box exercise and not individualised.

> “It made broad assumptions and didn’t include the issues I have that actually put me at risk.”

> “Wasn’t very personalised, not all questions relevant.”

> “General questions, not specific to nature of disability and individual needs.”

Some respondents expressed concern about the lack of detail on the impact of disability in the context of COVID-19, as well as concerns about a lack of awareness of hidden disabilities.

> “Only interested in physical health.”

> “It did not include hidden disability.”

There was also a theme about the risk assessment and an absence of opportunity to highlight conditions where COVID-19 significantly impacted on people’s work. This was particularly the case with deaf staff, where the use of face coverings or other personal protective equipment (PPE) significantly impacted on work.

> “I understand the need for the risk assessments to be largely generic, however, this only allowed for long-term conditions and very specific age categories which do not allow for individuals unique disabilities/health issues, such as myself with stroke-related disability and general lack of physical robustness.”

> “The wearing of masks has made communication very difficult for me and a lot of the resources to support COVID-19 have not been accessible to me due to no subtitles for example. I wonder how others have managed in the deaf community who are British Sign Language (BSL) speakers.”

Some respondents felt that the outcomes of the risk assessment were insufficiently detailed and therefore did not have confidence in the results.

Further themes focussed on:

- staff or line management
- not knowing the next steps following completion of the assessment
- lack of clarity about how risk assessment outcomes could be translated into work place adjustments
- lack of empathy when interpreting risk assessment outcomes

> "It would be helpful to have some idea of what it means to the trust and how it will affect things long term."

> "More specific advice could have been provided alongside more empathy of health condition."

Line manager skills and knowledge

Some respondents had concerns about sharing information about a disability, or the skills of their line manager in conducting the risk assessment. Respondents felt that their line manager did not have the knowledge required to have informed conversations about physical and mental health and wellbeing.

> "I did not disclose on the risk assessment with my manager about my long-term mental health issues."

> "I get the feeling that no one really knew how to assess me, or the appropriate course of action to take."

Recommendations

As we have highlighted, disability status continues to be under-reported within the NHS workforce. Whilst there are concerns about sharing this information, our analysis shows that there are many staff who are not aware of the disability reporting function within the NHS Electronic Staff Record (ESR). Achieving an increase in declaration rates will enable trusts to develop a more evidence-based approach to interventions that will support Disabled staff during the pandemic, including health and wellbeing.

A range of quality resources have been produced to support the health and wellbeing of the NHS workforce. But as evidenced in this report, further understanding is needed about how employers and managers can support the health and wellbeing of staff with existing disabilities and long-term health conditions.

The following recommendations, will support trusts in better understanding the workforce profile and supporting the health and wellbeing of Disabled staff.

Recommendation 1 – NHS England and NHS Improvement to lead work to improve the NHS Electronic Staff Record (ESR) disability declaration rate to at least 4% in England.

Recommendation 2 – NHS England and NHS Improvement to produce a health and wellbeing framework. A video will be produced that highlights good practice for line managers when having health and wellbeing conversations with Disabled staff.

Survey Findings
Section 2 - Shielding

Aims of this section

This section of the survey focused on gaining an understanding of the experiences of those staff that were shielding. It explored the impact of shielding on Disabled staff and also the support offered by employers.

Key findings

- 35% (884) were required to shield due to a disability or long-term health condition
- Of those who shielded, 45% (398) listed a disability or long-term health condition
    - 75% (299) had a single disability / condition
    - 25% (99) had 2 or more disabilities / conditions
- Of the 884 respondents;
    - 76% (671) felt that shielding impacted their physical or mental health and wellbeing
    - 65% of people who were shielding (or who had shielded) felt that their employer offered them support whilst shielding
    - 91% (611) expressing negative views of the shielding experience. Whilst only 9% (60) offered a more positive view

The shielding cohort

35% (884) of the main cohort (survey respondents self-identified as Disabled) were required to shield due to a disability or long-term health condition.

The most common reason for shielding was due to receiving a **government letter**; this was the case for 67% (592) of the respondents. 28% (247) started to shield after being identified through a risk assessment.

Amongst those shielding with a disability or long-term health condition, a quarter (100) of respondents had two or more disabilities or long-term health conditions. The most common were those relating to the immune system, with 26% (108), followed by respiratory conditions with 15% (63).

The impact of shielding

A large majority (76%; 671) of those shielding, felt that doing so had an impact on their physical and mental health and wellbeing (figure 8).

Figure 8: The impact of shielding on physical and mental health and wellbeing

Has shielding impacted your physical or mental health and wellbeing?

n = 884

Whilst there were some positive accounts of the shielding experience, it is evident that people's experiences of shielding were predominantly negative.

Physical health and wellbeing

Experiences were varied across the cohort, with 5% (34) reporting that their general physical health and wellbeing had improved in this time, while a larger proportion, 33% (221) reported that it had deteriorated.

> "Shielding actually improved my physical health as was less demanding physically than working on site."

> "Due to lack of physical exercise, I am now suffering with lower back problems, weight gain."

Experiences were also varied at an individual level, with some people reporting both an improvement and decline. In these instances, the improvement reported in most responses related to general health and wellbeing, with particular reference to improved sleep and feeling less tired. In most cases, this was due to not having to commute or travel to work, as well as being able to better manage existing symptoms.

The decline reported for most responses related to exacerbations of existing conditions or disabilities, particularly with reference to respondents not being able to access their usual treatment or exercise.

> "I have become a lot more sedentary, but my asthma is more controlled. I have gone over six months without an attack now due to leading a routine life. Sleeping well. Taking medication when I should do."

Physical health and wellbeing continued

> “My lack of physical work meant my blood sugars rose and have impacted my diabetes.”

There was a distinction made in many responses between not being able to maintain an active lifestyle, or access exercise, and those who needed to do so to manage existing conditions. In the latter, there were several reports of reduced fitness, particularly in relation to mobility.

> “I have had to stop going swimming and aqua aerobics slimming classes, which has had an impact on both my mental and physical health.”

> “Had been slowly rehabilitating myself after period of physio for long-term rheumatology illness but have been unable to access any form of exercise during lockdown and my physical condition has declined considerably.”

Mental health and wellbeing

Some respondents stated that shielding had an impact on their mental health and wellbeing. Experiences were varied across the cohort. 3% (20) reported that their general mental health improved in this time, with particular reference to feeling less stress and reduced exhaustion.

Some people also felt that they had more space to manage conditions or focus on other interests, which resulted in improvements in both mental and physical wellbeing.

> “I feel less stressed, and consequently less tired and have increased happiness due to not commuting each day.”

It was also clear that many respondents felt that their physical and mental health and wellbeing were very much linked, where the improvement or decline in one resulted in an impact on the other.

> “Shielding has had a substantial positive impact on both my physical and mental wellbeing. As I have not had to commute or work in the office, I have had more energy, which has enabled me to manage my symptoms better. It has also had a huge impact on my mental wellbeing in a positive way. Having more energy and capacity has allowed me to expend some energy on myself and other interests, rather than just using all the energy I have on managing my health conditions, which has therefore had a positive impact on my mental wellbeing.”

Impact on health and wellbeing

A large proportion (33%; 221) reported an adverse impact on their mental health and wellbeing. For many, not being able to leave the house and having minimal contact with others was very isolating, with many reporting feeling a loss of independence and increased anxiety or depression.

> “Feel very down and out of control of my life, feel very unsupported.”

> “It has made me feel isolated and ‘apart from’ the rest of society - it has affected my psychological wellbeing.”

There were also people who felt that shielding had exacerbated an existing mental health condition. In some cases there was a relapse in previously managed conditions due to a change in routine or limited (or in some cases, no) access to usual treatment. It was clear that mental wellbeing also impacted on physical wellbeing.

> “I live alone and in a studio flat, so I couldn’t ‘escape’ from work. I had a pretty bad relapse with an eating disorder as well as depression.”

> “I feel very low and anxious. Some days I lose motivation and find it hard to be hopeful. My social interactions have decreased a lot and my symptoms have flared up for my Crohn’s disease.”

Some respondents said that they felt anxious about the end of shielding, both in terms of readapting after a change, as well as anxiety about COVID-19-related illness and the need to remain protected.

> “Mostly COVID-19 has impacted my mental wellbeing, as I have anxiety it has made it worse. I am nervous to go out and go back to normality.”

> “Whilst shielding I felt very protected and safe from COVID-19. When the shielding guidance was relaxed slightly, I became very anxious and unable to leave my home due to panic attacks.”

> “Due to staff shortages I felt that I had to come into the office. I felt that I was fighting for my right as a Disabled person to work from home where I felt safe.”

There were also reports of staff who felt that there was a lack of understanding of their shielding status from colleagues and, as a result, felt pressure or anxiety around their employment.

> “During shielding there were problems within the team I work in with those that weren’t shielding being very angry at those of us that did need to shield.”

Feeling isolated and loss of work identity

Final themes in this section were feelings of isolation from work and a loss of work identity. In particular, there were reported feelings of guilt due to not being able to carry out regular roles, to support colleagues who were not shielding and patients in this time.

> "Not being able to support my work colleagues through a very difficult time really upset me, along with not really being connected to my team. Not be allowed to do the job you are trained for made me really sad."

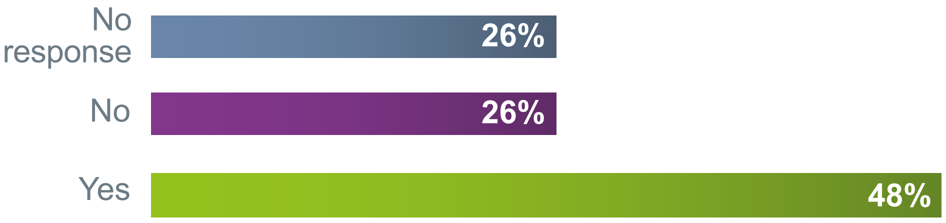
> "Very isolated from workplace and colleagues. Felt like less of a nurse as very aware colleagues were facing the situation day in day out. Felt like I wasn't part of the team anymore."

Employer support during shielding

In contrast to the overall shielding experience, the experience of employer support during shielding was generally more positive. 48% (424) of the shielding cohort felt supported, compared to 26% (230) who did not feel supported (figure 9).

Figure 9: Employer support during shielding

Did your employer offer any support during shielding?



n=884

Feeling supported

Some respondents provided additional comments saying that they felt supported (supported either by their line manager, employer or both). Respondents reported feeling supported when their line manager or employer had an understanding of their shielding status and facilitated them to work from home, whilst ensuring there was continuing opportunity to contribute to the team.

> "Everyone has been very supportive and understanding while I've been shielding, and while I've overcome the problems it tossed my way."

Feeling supported continued

> “My manager was extremely supportive and allowed me to work from home prior to extensive home working being offered by my trust and prior to me receiving the shielding letter.”

Some respondents also said that line managers and employers were proactive in anticipating their support needs (whilst shielding) and provided a more holistic support package that encompassed their general wellbeing.

> “The trust has offered mental health support, wellbeing hubs, online support and employee assistance service.”

> “My line manager has been brilliant, lots of phone calls and checking that I’m okay. I was given VPN access so I could continue to work from home.”

Opportunities for improvement

Some respondents said that they did not feel supported (by either their line manager, employer or both).

For these respondents, themes included difficulty in obtaining equipment to work from home, difficulties in obtaining team or manager support due to misconceptions of working from home and not having suitable work for the home setting.

> “I still do not have a laptop which has been adjusted to include screen magnification software.”

> “Although shielding I am still a skilled worker. It seems to be taking them a long time to work out how to make me safe at work or get me working fully from home.”

For some, a lack of personal or regular communication from their team, manager or employer left them feeling unsupported, isolated, forgotten or undervalued.

> “As a trust, generic emails were sent out with links to support service. On an intimate level, lack of communication from line management was isolating. Felt forgotten and devalued.”

> “I was disappointed that my employer made no contact for three months.”

Opportunities for improvement continued

Respondents highlighted not feeling supported when contact with their employer or line manager only focused on their shielding status or return-to-work date.

Respondents also expressed feeling a lack of support when they felt that their shielding status was not understood or handled well by their employer. As a result, some felt that they missed out on development opportunities, others were concerned about their sickness record. Some respondents also felt uncertainty around the plan to return to work.

> “Despite medical letters saying I should not be in the office, I was not allowed to work from home. I was given a choice to come in to work tomorrow or go off sick, instead of working from home.”

> “The hospital unhelpfully insisted on following normal long-term absence policies.”

> “Coming back to work, no plan in place, me chasing every single step of the way.”

Employer, line manager and team support

157 respondents (6% of the main cohort of respondents) provided additional details on who provided support during shielding. Of these, 22% felt that there was a lack of support from either their line manager (12%), employer (7%) or both (3%).

When looking specifically at line manager support, 40% felt supported by their line manager, compared to 15% that did not feel supported.

> “Although no GP letter, my employer understood that I am immune compromised. Some employers wouldn’t have understood medication and illness.”

> “My line manager did not support me going off shielding and neither supported me during shielding.”

> “I had a lack of communication from my employer and my return-to-work support has not been particularly good.”

Some respondents referred to a difference between the support they received from their line manager, when compared to that of their employer. This was especially evident where respondents felt that one provided support and the other did not. In these accounts, ‘employer’ support includes that from other teams and departments in the organisation, including senior management, HR and occupational health.

Employer, line manager and team support continued

> “My line manager has been fantastic, but I have not really noticed any trust-wide shielding support.”

Some respondents made particular reference to support they received outside of their line manager or employer. In these accounts, particular reference was made to support received from shielding groups that were set up.

> “Excellent support, weekly chats with other shielders via Zoom has been excellent. I have felt safe and secure within the trust and felt cared for.”

A final theme in this section focused on respondents whose usual line managers were either redeployed, off sick or also shielding.

> “My current manager was redeployed. The covering manager did not agree with shielding and working from home as she doesn’t like to do it - attempts made to bring us all in for meetings. My new manager is supportive and follows guidance. Identified to the trust there has been minimal support for those shielding/ they were forgotten as not seen.”

Recommendations

Shielding was a challenging experience for many staff during the first wave of the pandemic, with an impact on both physical and mental health and wellbeing. Some staff remain clinically extremely vulnerable and employers will need to consider how to support these individuals in the longer term. The recommendations will lead to better guidance and understanding for trusts in supporting those who are continuing to shield or who need to shield in future.

Recommendation 3 – NHS Employers, in partnership with NHS England and NHS Improvement, will work with stakeholders to identify areas for change that will improve experiences for staff who have shielded and continue to be clinically extremely vulnerable, and staff with caring responsibilities.

Recommendation 4 – In consultation with Disabled staff, NHS Employers will work with NHS England and NHS Improvement to collect and publish the lived experiences of staff who have been shielding and remain clinically extremely vulnerable.

Survey Findings
Section 3 - Working from home

Aims of this section

Section 3 of the survey focused on home working experiences during COVID-19. This section also explored staff and employer preferences around working from home.

Key findings

- 56% (1,572) worked from home during this period
  Of these;
  - 47% (733) worked from home five days a week
  - 67% (1,049) felt that working from home had an impact on their mental and physical health and wellbeing
  - 70% (1,068) confirmed that they had received an offer of support from their employer
- 45% (702), who provided answers to the question about reasonable adjustments for home working, confirmed that they had required reasonable adjustments for working at home. Of these, the majority of respondents (62%; 428) felt that their employer or line manager supported them with the reasonable adjustments they required to work from home
- 1,536 responded to the question about continued working at home. Of these, a large majority (84%; 1,284) expressed that they would continue to work from home if their employer supported their preference. Just under half (43%; 551) felt that their employer / line manager would support their preference to work from home

The home working cohort

Of the main cohort analysed within this report (2,827 respondents), 2,495 provided additional information on home working.

56% (1,572) indicated that they had worked from home during the first wave of the pandemic. Of the 1,572 respondents, 47% worked at home, on average, five days a week.

The impact of working from home

Of the 1,572 respondents who worked from home during this period, the majority (67%; 1,049) stated that working at home had an impact on their physical or mental health and wellbeing.

Isolation

Of the respondents who experienced increased feelings of loneliness or isolation whilst working at home, themes centred around isolated from the team and feeling a lack of peer support. Respondents commented on missing out on the more informal conversations or ad-hoc meetings that would naturally happen in a face-to-face environment.

> “Miss the ‘water cooler’ moments with colleagues.”

> “Not meeting colleagues face to face and communicating on Zoom is very exhausting and takes away the human element.”

Work-related impacts and perceptions

Some respondents felt left out of discussions and missing out on learning opportunities through meetings.

> “I feel very cut off from my team and am missing learning opportunities like attending meetings that I would have been invited to, had I been present in the office. As I am not visible, I am not thought of so not invited.”

> “Feelings of being left out of meetings and conversations that have taken place in my absence.”

Colleagues perceptions of home working

A further theme focused on the perceptions of other colleagues, particularly managers, when working from home. Some respondents said they felt pressured, feeling the need to work longer hours or deliver more to prove that they were working and were of value.

Some respondents said that there was a lack of understanding of additional pressures that came with working from home, such as caring responsibilities.

> “Massively increased anxiety due to repeated managers’ emails advising that as we are being paid to work our normal hours, they expect that work output levels should remain the same as usual.”

> “Initially felt under pressure to deliver more to prove I was actually working.”

> “If working from home, you are perceived as not being a part of the solution or ‘in the thick of it’, even if working extremely hard or longer hours.”

Roughly equal numbers of respondents felt either more productive or less productive when working from home. Those who felt that they had increased their productivity mainly had comments around being able to concentrate better.

> “It is quieter at home and as I am deaf using amplified equipment it has enabled me to be less distracted and more efficient.”

> “I feel more productive and able to concentrate more on my work without the fatigue level impacting as much as it does when I am in the office.”

Colleagues perceptions of home working continued

Some respondents stated that they felt more productive at home because they were able to concentrate better.

However, some respondents felt that working at home made it harder to concentrate. Reasons for this related to home arrangements and caring responsibilities.

> “Home working is very difficult with ADHD as my workflow is disrupted and it is harder to focus and manage my tasks.”

> “Working from home without the appropriate equipment due to my flat being so tiny has been really hard work. I’ve struggled to keep up with the level of productivity that I usually achieve.”

> “Having the family at home has been very distracting.”

A further theme focused on delays in receiving the appropriate equipment to enable working at home.

> “Isolated from normal team. Used new software without any training. Had to buy equipment - headset etc to safely complete job. Initially tried to complete normal hours from home but found impossible to do with no access to childcare.”

> “I have been unable to obtain reasonable adjustments at home leading to pain and fatigue, depression, poor concentration and thus falling behind with work. I have been waiting for two months for the recommended reasonable adjustments from Access to Work to no avail.”

Physical and mental wellbeing when working from home

Roughly equal numbers of respondents reported a positive or negative impact on their physical and mental health and wellbeing from working at home. Key themes amongst those describing positive experiences, centred around the opportunity to have a better work-life balance.

> “I have more time to do my physio activities and take better care of myself, not that I have more time and energy without the one-hour commute, but I do sometimes miss seeing and talking to colleagues face to face.”

> “Mostly positive! Not having to commute has been beneficial and I have more time to eat healthily and exercise. However, I sometimes feel less sense of support and solidarity with my team and colleagues, and less able to support them fully as a line manager.”

Physical and mental wellbeing when working from home continued

Some respondents reported a negative impact on both their physical and mental health and wellbeing. For some, home working exacerbated existing conditions, and it was also clear from the responses that physical health can impact on mental health, and vice versa:

> "Sitting is a problem, neck and back issues re looking at a laptop screen."

> "Physically, less mobility which worsen the chronic pain. Mentally, lack of social interaction has worsened my depression / anxiety."

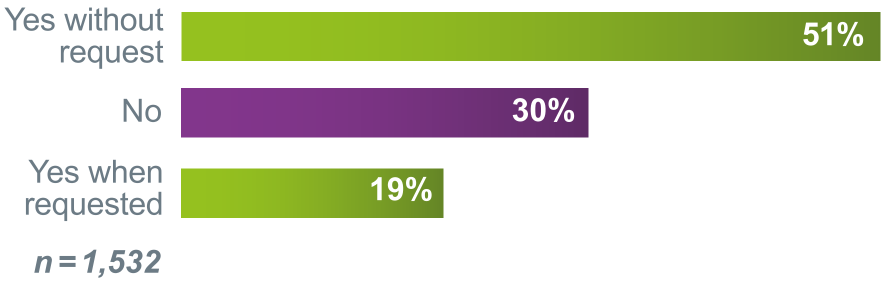
> "Exacerbation of both physical and mental health conditions, secondary impacts on confidence, overall wellbeing in the workplace etc. Poor sleep. Feelings of isolation, disempowerment and hopelessness."

Reasonable adjustments and support for home working

1,532 respondents responded to the question about employer support, of these the majority (70%; 1,068) confirmed that they had received an offer of support from their employer. Of the 1,068, 51% (781) received support without request, whilst 19% (287) received support when required. 30% (464) felt that their employer did not offer any support during home working (figure 10).

Figure 10: Employer support during home working

Did your employer offer any support?



45% (702) of respondents who answered the question asking whether their employer had offered support at home indicated that they required reasonable adjustments. 98% (685) of these respondents answered a follow-on question asking whether their request for reasonable adjustments had been supported. Of these, 62% (428) felt that their employer or line manager had supported them with reasonable adjustments requests.

60% of the 685 respondents required equipment such as laptops, chairs, and footrests. This was followed by IT support (12%) and flexible working hours and workload (10%). Multiple adjustments could be picked for this question

Continued home working

Respondents were asked if they would continue to work from home if this better supported their personal circumstances, and if it was made possible by their employer. Of those who responded (1,536 respondents), 84% (1,284) expressed that they would prefer to continue to work from home, compared to 16% (252) who would not (figure 11).

Of the 1,284 respondents, 43% (551) felt that their employer/line manager would support their preference to work from home, compared to 22% (287) who felt that their employer/line manager would not be supportive of this preference.

Figure 11: Preference for home working

Would you continue to work from home if made possible by your employer?

n=1,536

Recommendations

Many staff indicated through the survey that they would prefer to continue to work at home. Through the sharing of lived experiences, this recommendation will help trusts and line managers build understanding in developing policies and practice that are supportive of Disabled staff who wish to work at home (at least one day a week) and request flexible working.

Recommendation 5 – NHS England and NHS Improvement will undertake further work to explore how flexible ways of working can help Disabled colleagues to join, stay, and progress in their NHS careers.

Survey Findings:
Section 4 - Redeployment

Aims of this section

Section 4 of the survey focused on redeployments during COVID-19. This section also explored the support offered during redeployments, and the working experiences of those who were redeployed during this period.

Key findings

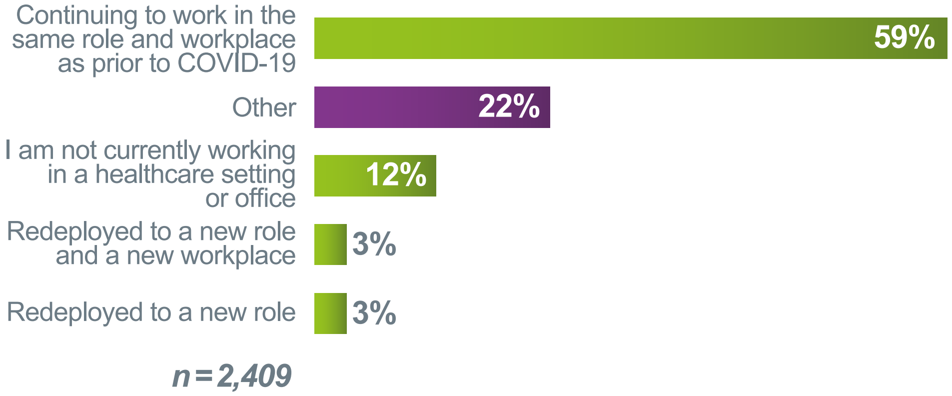
- 59% (1,425) continued to work in the same role and same workplace as prior to COVID-19
- 6% (160) were redeployed to a new role, of which half were redeployed to a new role and a new workplace

The redeployed cohort

2,409 respondents answered the question asking whether they were working in the same or a different role or workplace. The majority 59% (1,425) were continuing to work in the same role and same workplace as prior to COVID-19. 22% (527) had other working arrangements.

A small proportion of the cohort, 6% (160), were redeployed to a new role, of which half, 3% (81) were also redeployed to a new role and a new workplace. (figure 12)

Figure 12: Current working arrangements

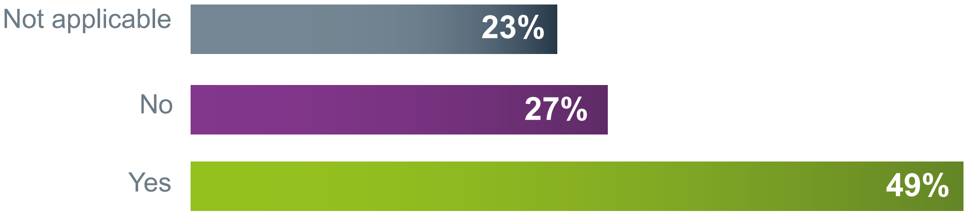


Employer support with reasonable adjustments during redeployment

Of the 160 respondents who were redeployed, 154 respondents answered the question asking whether reasonable adjustments had been provided in their redeployment. Of those, 49% (76), received support with reasonable adjustments in their new role, 27% (42) did not have such support (figure 13).

Figure 13: Employer support with reasonable adjustments in redeployments

If you have been redeployed, has your employer/line manager supported you with any reasonable adjustments you may have required to work in your new role / workplace?



n = 154

Redeployment experiences

34% (54) of those who were redeployed provided additional comments about their working experiences. There was a mix of positive and negative experiences.

Positive accounts included enjoying the new redeployed role, recognising the opportunities brought about by the redeployment and receiving appropriate support.

> “Loved it and am staying in redeployed role on secondment.”

> “Lots of support and help learning new roles.”

Less positive accounts included highlighting a lack of support in the redeployed role, and a lack of consultation or consideration of preferences.

> “Lack of support from senior leaders for myself and working colleagues who were redeployed. Lack of communication from line manager and divisional senior leaders.”

> “I have been redeployed to a much more stressful role without any preference exercise. In this role I have been working with service user groups I am not familiar with and with little support from colleagues and management.”

Recommendations

Disabled staff should be supported with any reasonable adjustments they require during their employment. However, it is possible that there will be changes in roles, workplaces or line manager. This recommendation will lead to the development of a workplace adjustments passport resource that will improve the recording of information about adjustments.

Recommendation 6 – NHS England and NHS Improvement will work in partnership with NHS Employers to develop an online resource that provides guidance on how to develop a workplace adjustment passport.

Survey Findings
Section 5 - Leadership, communication and engagement

Aims of this section

The survey included a focus on respondents' views about senior leadership commitment to workplace disability equality, awareness of the NHS Workforce Disability Equality Standard (WDES) and the communications and engagement on WDES and disability in the organisation. This section also explored Disabled staff networks and other staff involvement activity.

Key findings

- 54% (1,515) felt that senior leaders were not visible in demonstrating their commitment to workplace disability equality in the period between March 2020 and July 2020
- 33% (798) were involved in their trust's Disabled staff networks during this period, compared to 67% (1,625) who were not
- 79% (1,900) were not aware of communications from their employer about the WDES

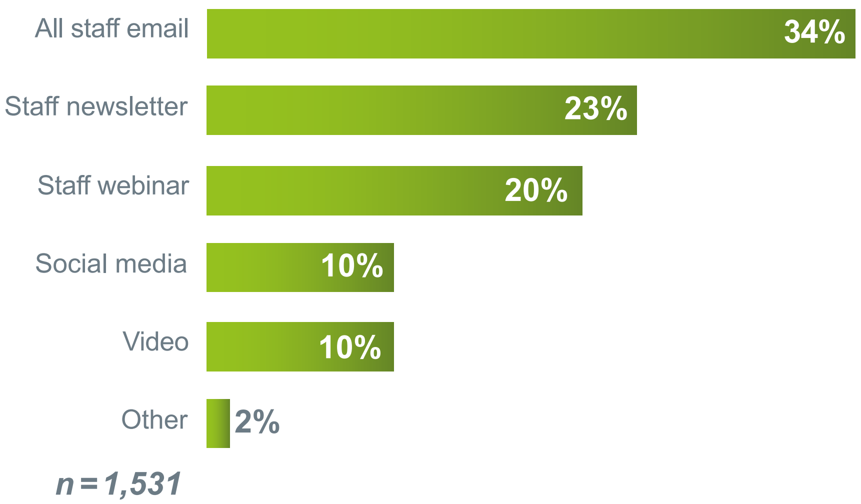
Senior leaders' commitment to workplace disability equality

Over half of the respondents, 54% (1,515) felt that their senior leaders had not been visible in communicating their commitment to workplace disability equality.

1,531 people provided comments about how senior leaders had demonstrated their support. The most common method was through an all-staff email, 34% (636) (figure 14).

Figure 14: Senior leader commitment to workplace disability equality

How senior leaders have committed their support



Disabled staff engagement

2,423 (86% of the main cohort) answered a survey question asking whether they had been involved in their trust's Disabled staff network (or similar group) during the first wave of COVID-19. Of these, 33% (798) confirmed that they had been involved, compared to 67% (1,625) who had not.

811 respondents answered the question 'Do you chair/lead the network/group?'. Of this group, 10% of respondents said that they led their Disabled staff network[5].

Disabled staff networks

811 respondents answered the question asking whether they had engaged with their staff network virtually. Of this group, 64% (510) said that they were able to keep engaged virtually.

518 respondents provided additional information about how they had remained involved in their Disabled staff networks/groups. Of these, the most common way was through video conferencing platforms.

The Workforce Disability Equality Standard (WDES)

2,404 (85% of the main cohort) answered a survey question asking whether they were aware of the WDES through their employer, 21% (504) were aware of communications from their employer about the WDES.

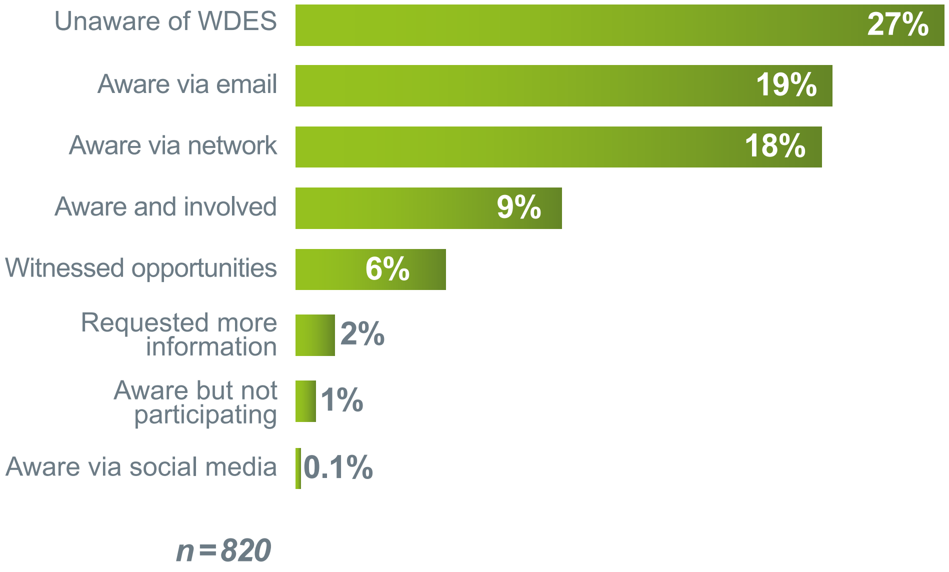
2,352 respondents answered the question asking whether there had been opportunities to be involved in conversations about the WDES data and action plans. Of those, 87% (2,044) said that they did not have any opportunities provided by their employer to be involved in WDES conversations.

820 respondents provided further information on communications about the WDES and opportunities they had been given to be involved in WDES related activities.

Almost 20% (159) were aware of the WDES via email, whilst 18% (151) were aware via their Disabled staff network. 17% (130) commented that they had not received any information on the WDES (figure 15).

Figure 15: Additional comments on WDES communications

Further comments on the communications about the WDES and opportunities to be involved in it.



Recommendations

There has been a growing recognition of the importance of Disabled staff networks within the NHS. We have seen many employers take positive steps to launch, champion and resource networks within their organisations. This is a visible sign that employers and senior leaders recognise the importance of 'Nothing about us without us'[6]. This ethos is a powerful reminder of the importance of having Disabled colleagues front and centre of our efforts to advance workplace disability equality.

Delivering recommendation seven will ensure that all Disabled staff have a platform to share their lived experience and input into decision-making processes. Delivering recommendation eight will support senior leaders and line managers to build their knowledge in workplace disability equality, reinforcing the importance of the social model of disability.

Recommendation 7 – All trusts should have a Disabled staff network. A review of governance in trusts should take place to ensure that Disabled staff networks are able to contribute to and inform decision-making processes.

Recommendation 8 – NHS England and NHS Improvement will provide learning opportunities to support senior leaders and line managers in developing greater knowledge and understanding about the specific needs of Disabled staff.

Survey Findings
Section 6 - Local and national support

Aims of this section

Section 6 of the survey focused on capturing views about what could be learned, at both local and national levels, about improving support for Disabled colleagues during the COVID-19 pandemic.

Key findings

- 34% (523) felt that a key learning point for trusts was to improve communication and education on how Disabled staff could be supported
- 39% (561) felt that NHS England and NHS Improvement could have placed a greater emphasis on disability support and awareness during the first wave of the pandemic

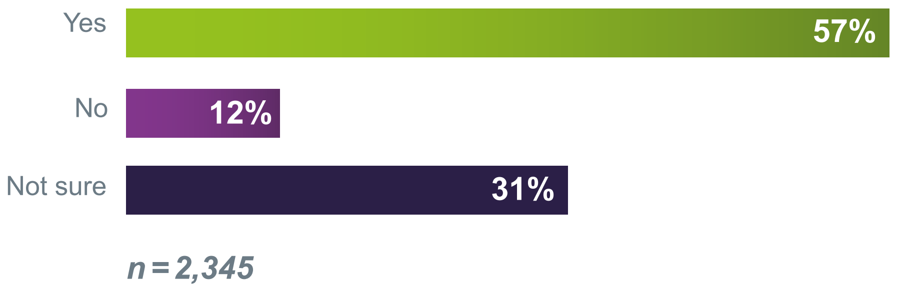
Local support learning

Respondents were asked if their trust could learn from the way it had supported staff during the first wave period of the pandemic. 2,345 respondents answered this question, of which 57% (1,341) thought that their trust could draw some learning from the way that they had supported Disabled staff during the pandemic (figure 16).

1,561 respondents provided additional comments about how their trust could improve support. The most common suggestion was around communications and engagement, 34% (523). Whilst 29% (452) highlighted a need for the trust to improve its management of flexible working and reasonable adjustments.

Figure 16: Learning from trust support

Thinking back to your working experiences over recent months, is there anything your trust can learn from the way it has supported you?



There were two key themes identified from the 1,561 respondents who provided additional comments: communications and education, reasonable adjustments and flexible working.

Communications and education

Some respondents commented on a need for greater visibility in communications about disability and engagement with Disabled staff.

> "Yes, by listening to their staff and taking their concerns seriously so as not to affect their mental health."

> "I was not given a laptop or means of keeping up to date with trust information. I was not given any work to do. My line manager did not keep in touch other than to ask me to fill in risk assessments. I felt excluded and marginalised."

Educating colleagues

Respondents also felt that there was a need for specific communications material for all staff, to educate and improve understanding about disability.

> "Learning about Disabled employees and employees who have mental health challenges - it is possible to make all the adaptation and it should be allowed to let people work from home."

> "Greater understanding of hidden disabilities."

Reasonable adjustments and flexible working

For some respondents, there was a need for improved attitudes and perceptions about flexible working, which could provide better support through reasonable adjustments.

> "Flexibility in working - it works much better than organisations have believed it would."

> "Offer greater flexible working and allow working from home where possible and where productivity / patient safety is not affected."

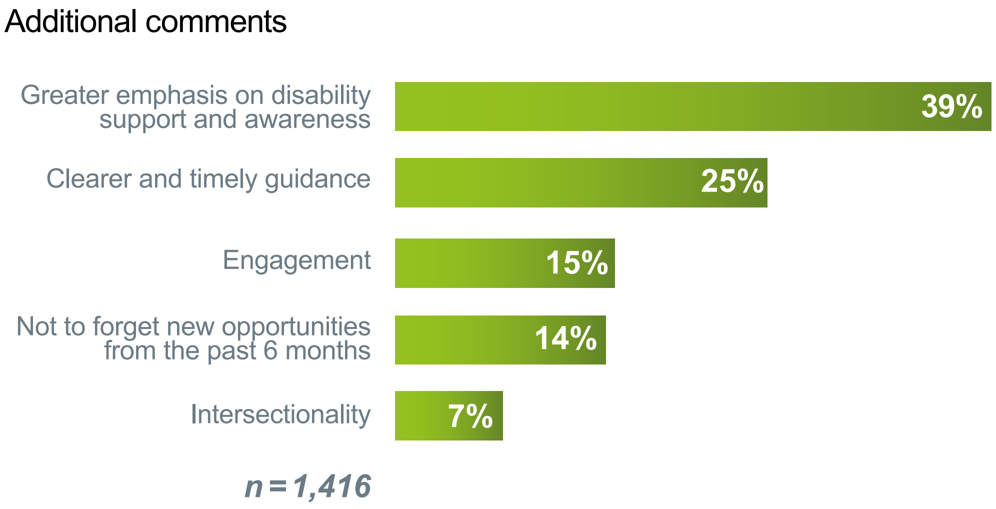
> "Hoping that working from home is still available after COVID-19. It means I can carry on working if my health deteriorates."

National support learning

When asked if NHS England and NHS Improvement could learn from its national support for workplace disability equality, 49% of the 2,333 who answered this question thought it could.

Of these, 1,416 provided additional comments (figure 17). Key themes were: greater emphasis on disability support and awareness (39%); and clearer and timelier guidance (25%).

Figure 17:
Learning from NHS England and NHS Improvement support



Greater emphasis on disability support and awareness

Respondents felt that NHS England and NHS Improvement could have placed a greater emphasis on disability support and awareness during the first wave of the pandemic.

> “There is very little in place that I have seen for Disabled staff. It seems hidden the same way many disabilities are.”

> “It needs to be more visible. I know of our Disability network but nothing more nationally.”

Respondents also felt that NHS England and NHS Improvement could provide more support in promoting better awareness and understanding of disability in the wider workforce.

> “Increased awareness. HR should be encouraged to oversee support that is being put in place at a department level so that it meets necessary requirements.”

> “Training on disability and long-term conditions and support so that people can work to their full potential and feel supported.”

Clearer and timely guidance

Respondents felt that the guidance available could have been improved by being clearer and more targeted at Disabled staff.

> “NHS England and NHS Improvement could provide structured guidance for disability networks such as protocols and standards.”

> “Give clearer and stronger guidance to allow HR departments to manage Disabled staff absence in a more compassionate and sensible manner.”

Recommendations

Many survey responses indicated that there was a need for both local and national organisations to learn from lived experiences during the first wave of the pandemic. Our response to the key points raised in this section will be covered by the recommendations previously listed in this report.

In addition, we will deliver recommendation nine, which will result in a range of published information to support leaders and individuals in having a greater understanding; recognising the benefits of engaging, hearing and learning from the lived experiences of Disabled colleagues; and how these conversations can bring about wider benefits for all staff.

Recommendation 9 – NHS England and NHS Improvement will use a range of communications platforms to amplify the voices, stories and lived experiences of Disabled leaders, aiming to inspire talented Disabled staff to become NHS leaders of the future.

Future research

This report highlights that following the outbreak of the COVID-19 pandemic there have been some immediate changes to the ways of working for many NHS staff. System leaders and employers will need to consider how they can support, in the longer-term, the preferred ways of working that many staff have developed over the past year.

Further research will be considered that builds upon the evidence that has been gathered through the survey. It will remain important that we understand the ongoing experiences of Disabled staff. Consideration will be given to research activity that builds upon the thematic analysis that has been presented in this report.

About the authors

This report has been produced jointly by the Workforce Disability Equality Standard (WDES) implementation team and NHS Employers, in collaboration with Public Private Ltd (PPL).

Workforce Disability Equality Standard (WDES) implementation team

The WDES implementation team is responsible for leading national delivery of the WDES across the NHS. The team, which sits within the People Directorate at NHS England and NHS Improvement, coordinates the mandated WDES annual data collection and leads on a range of activities that supports the furthering of workplace disability equality.

NHS Employers

NHS Employers is the employers' organisation for the NHS in England. They work to help employers to develop a sustainable workforce, improve staff experience and be the best employers that they can be.

Their practical resources and expert insights help make sense of current and emerging healthcare issues, keeping employers up to date with the latest thinking, ensuring that they are informed and equipped to support the NHS workforce.

Public Private Ltd (PPL)

Public Private Ltd (PPL) is a social enterprise that exists to promote better health, wellbeing and economic outcomes across the UK, working with individuals, communities and the organisations that support them. Public Private Ltd (PPL) provides consultancy services through applying current and emerging thinking in the fields of management science, analytics, organisational development and consultancy to help people achieve better outcomes in life and to deliver social value.

We would like to thank colleagues for their participation in the survey and sharing their lived experiences.

REFERENCES

[i] Coronavirus (COVID-19 related deaths by disability status, England and Wales: 2 March to 14 July 2020, ONS (September 2020). **Source:** ONS

[ii] An open letter from our CEO: 100,000 deaths from Coronavirus: Two thirds of deaths are Disabled people's, Disability Rights UK (January 2021). **Source:** Disability Rights UK

[iii] Calling for: A Disability Inclusive COVID-19 Response, All-Party Parliamentary Group for Disability (April 2020). **Source:** Disability Rights UK

[iv] Unequal impact? Coronavirus, disability and access to services, Women and Equalities Committee (Website accessed 8 February 2021). **Source:** UK Parliament Committees

[v] COVID-19: review of disparities in risks and outcomes, Public Health England (August 2020). **Source:** GOV.UK

[vi] Disparities in the risk and outcome of COVID-19, Public Health England (August 2020). **Source:** Public Health England

[vii] People with disabilities in employment, House of Parliament briefing paper (August 2020). **Source:** House of Commons Library

[viii] Disability and employment, ONS dataset (2019). **Source:** ONS

[ix] We are the NHS: People Plan for 2020/2021 – action for us all, NHS England and NHS Improvement (August 2020). **Source:** NHS England

[x] COVID-19: letter to clinically extremely vulnerable people, HM Government (November 2020). **Source:** GOV.UK

FOOTNOTES

[1] Throughout this report, we have used a capital 'D' when referring to Disabled staff. This is a conscious decision we have made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also shows that Disabled people have a shared identity and are part of a community that continues to fight for equality, similar to black, Asian and minority ethnic (BAME) or Lesbian, Gay, Bisexual and Trans (LGBT+) communities.

[2] Under the Equality Act 2010 a person is recognised as Disabled if they have a physical or mental impairment or condition that is either visible or hidden, that has a substantial (more than trivial) and long-term (12 months or longer) impact on their ability to do normal daily activities.

[3] NHS England and NHS Improvement became a joint body in 2019, working together as a new single organisation to better support the NHS to deliver improved care for patients.

[4] We recognise that there is a diversity of thought about the most inclusive language to use when referring to Disabled people and their experiences. For that reason we have included both the terms disability and long-term health condition within this report.

[5] Analysis of the 2020 data collected through the Workforce Disability Equality Standard indicates that 170 (77%) NHS trusts in England have a Disabled staff network, whilst another 48 (22%) said that they plan to create one in the next 12 months.

[6] Prerana Issar, NHS Chief People Officer, blog on networks and the importance 'Nothing about us without us' NHS England Blog