

Workforce Disability Equality Standard (WDES)

Annual Report 2021/22

Our organisational commitment to advancing the equality and experience of Disabled people at work



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Terminology

For the purposes of this report and in line with national metrics, the term 'disabled staff' and 'non-disabled staff' are used to describe the two groups of staff referred to in this report. St George's and its staff encourages the use of 'staff *with* a disability' and 'staff without a disability' respectively as preferred terminology to foster better inclusion, reduce disability associated stigma and recognise the disability is not one's identity but rather something people live with.

Executive Summary

All NHS providers are required to complete an annual Workforce Disability Equality Standard Report (WDES). The report is based on a snapshot of data from 31st March each year and aims to highlight progress against several key indicators of workforce equality for staff with a disability.

In line with national requirements this report should be reviewed internally and approved at Trust Board before being published on the organisation's website. The deadline for publication is 31st October 2022.

The key findings and metrics for this report submission are outlined below - each point is compared to the previous reporting period in 2021:

Workforce Numbers and Declaration

- There is an 1% increase in the number of staff that have declared a disability (+65 staff members), this group makes up 3% of the workforce.
- There is a higher number of staff with a disability in lower bands however the headcount percentage remains fairly consistent across all bands.
- There is a reduction in the number of staff with a disability status recorded as 'unknown', from 769 in 2020 to 754 in 2021.
- Staff with a declared disability within the medical workforce remains very low, particularly the Consultant grade (0.30%) and the Non-Consultant Career grade (0%).
- Whilst staff with a disability are under-represented at Executive and Board level within non-voting, they are positively represented in voting.

Recruitment

- Applicants without a disability are 1.21 times more likely to be appointed compared to applicants with a disability, this has increased from 1.08 in 2021.

Capability

- Staff with a disability are 4.44 times more likely to enter the capability process compared to non-disabled staff.

Harassment, Bullying and Abuse

- The gap between the experience of staff with a disability and staff without a disability has increased in indicators 4a, 4b and 4c. However, the rates of staff with a disability experiencing these negative behaviours have reduced.
- Compared to 2020, HBA, towards staff with a disability, from:
 - Patients/service users (4a) is down -1.0% (-3.6% since 2019)
 - Managers (4b) is down -2.4% (-7.2% since 2019)
 - Colleagues (4c) is down -3.1% (-5.2% since 2019)

- The number of staff with a disability who felt able to report harassment, bullying or abuse has reduced by -1.5% compared to 2019.
- Reporting rates at St George's, for staff with a disability, is higher than the average nationally for the second year in a row.

Beliefs about equal opportunities, career progression and promotion

- Staff with a disability felt less confident about the Trust providing equal opportunities with regards to career progression and promotion. This dropped from 42.7% in 2020 to 40.1% in 2021.
- Staff without a disability's confidence has also dropped from 50.1% to 48.4%, due to this reduction the gap between the experience of staff with a disability and staff without a disability has remained consistent at around 8% for the second year.

Feeling pressure to go to work when unwell

- A higher number of staff with a disability reported feeling pressure to come into work despite not feeling able to carry out their duties.
- Whilst this was also reported in years 2018, 2019 and 2020, this year the gap between staff with a disability and staff without a disability is at its highest (11.3%).
- Staff without a disability report feeling slightly *less pressured* compared 2020.

Feeling that work is undervalued

- Whilst both groups report lower rates of feeling valued by the organisation, staff with a disability are still much less likely to feel that their work is valued.
- 31% of staff with a disability who responded to the Staff Survey said they felt the organisations valued their work - compared to 42.1% of staff without a disability

Adjustments in the workplace

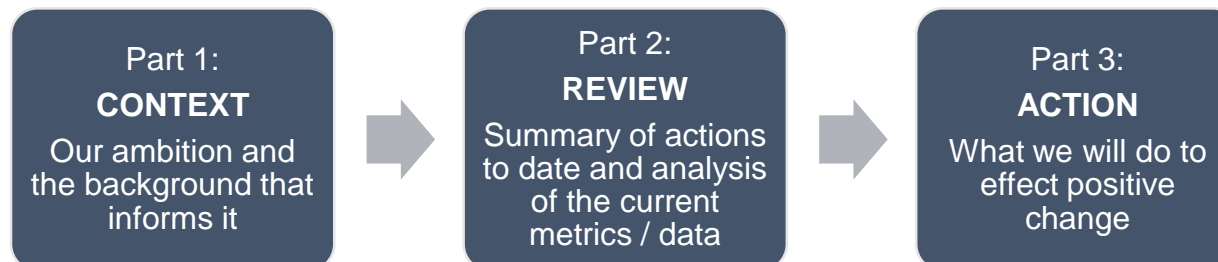
- Only 63% of staff with a disability felt that adequate adjustments had been made to enable them to carry out their work. A notable decrease of 8.5% points compared to 71.5% in 2020.

Aims and Structure of This Document

This document has been developed to serve two main purposes:

- To set out the organisation's ambition and action plan for supporting the diversity and inclusion of people with a disability in our organisation; and
- To provide the data, updates and planned actions required for our 2022 annual report to the Workforce Disability Equality Standard (WDES).

To fulfil these aims, the document has been arranged into three parts:

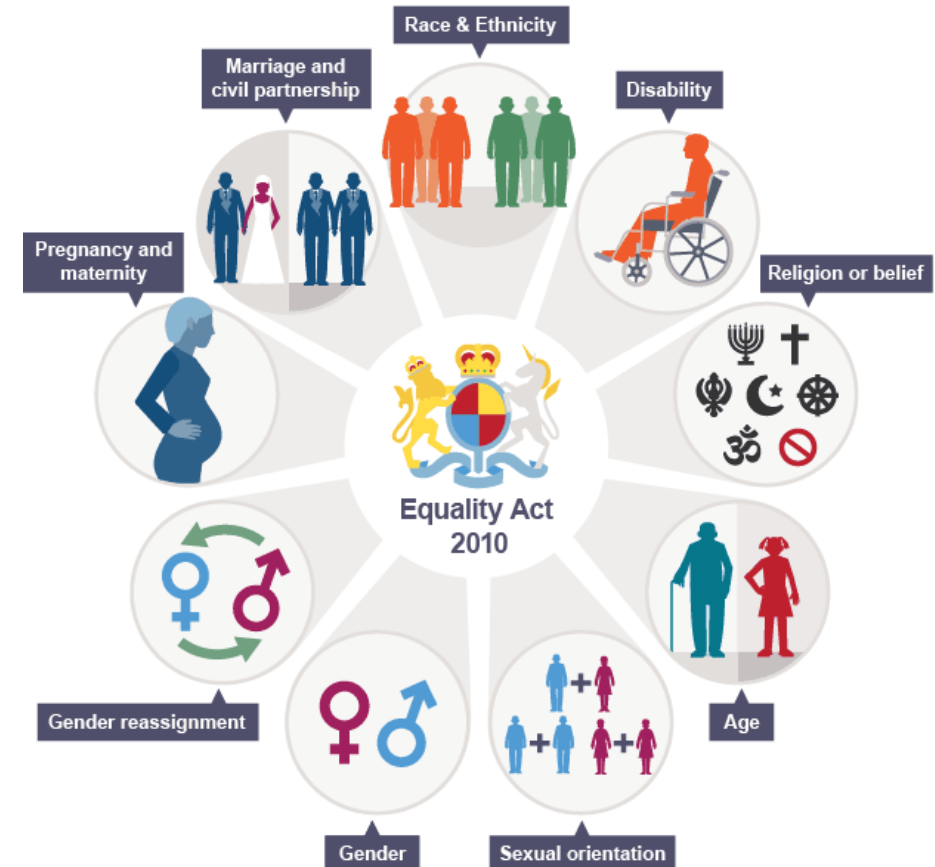


Disability is a Core Strand of Our D&I Agenda

Everyone who works at St George's, or applies to work in the Trust, should expect to be treated fairly and valued equally irrespective of age, disability, race, ethnicity, gender, gender identity, religion or belief, sexual orientation, marital status, or pregnancy and maternity status. These are known as protected characteristics. The Trust is committed to enabling everyone in the Trust to achieve their full potential in an environment characterised by dignity and mutual respect.

In August 2020, St George's developed a wider organisational Diversity and Inclusion Action Plan that aims to support and strengthen the equality and experience of our staff who represent any and all of the protected characteristics. While many of the outcomes and deliverables set out in this plan will also benefit staff with a disability, it is deemed important to have a connected but separate action plan that specifically focuses on disability.

We hope that the action plan we set out below, nested within our wider organisational D&I action plan, reflects the extent and authenticity of this ambition.



Our Ambition

Serving a diverse population of 1.3 million and with over 9000 employees, St George's University Hospitals Trust is the largest healthcare provider in South West London. It is crucial that the diversity of our workforce reflects the diversity of the communities we serve, and we are proud that in 2022 the number of Electronic Staff Record (ESR) declarations for people with a disability. We will continue to reinforce the importance of declaring one's disability on ESR to ensure adequate representation, resource allocation and support and importantly, reduce stigma by building inclusion.

St George's is committed to building a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. As well as being well-represented across all levels, we must ensure that people from marginalised groups, including people with a disability, are actively and always included, and that this inclusion is felt *authentically* at a personal level. Lip-service will not suffice.

Achieving strong diversity and inclusion of people with a disability at St George's will offer significant benefits for our organisation:

- Delivery of better patient care, because...
 - Staff who feel included, engaged, and supported have greater personal resources and resilience to offer thorough and compassionate care
 - Staff who are differently abled may offer enhanced empathy and support to patients due to their lived-experience of disability
 - Patients with disabilities may be more able to identify with and relate to our staff with a disability

- Stronger team performance by maximising our blend of skills, talents, knowledge, and professional experience
- Stronger individual performance by enabling staff with a disability to use their disability at work as advantage instead of a disadvantage
- Improved retention of our staff, especially our staff with a disability (including staff who may later become affected by a disability)
- A reduction in bullying, harassment, discrimination and other forms of exclusion by building greater understanding, appreciation and respect for people with disabilities
- Supporting our organisational journey towards adopting a more compassionate and inclusive culture

Our ambition is to create an organisation - and a reinforcing culture - that not only offers equality and a positive experience for all our colleagues with a disability, but one that actively nurtures and celebrates our physical and mental differences in ability. We strive for this in the certainty that our rich diversity and a universal sense of belonging will be integral to our success as a healthcare organisation.

Background

The Workforce Disability Equality Standard (WDES)

The WDES was introduced in 2019 and is designed to improve the experiences of people with a disability working in or seeking employment within the NHS. This mandated collection of evidence-based metrics helps an organisation understand more about the experiences of its staff. The 10 metrics on which we report against each year are included in the table opposite.

The WDES report compares data between Disabled and non-Disabled staff in order to identify disparities and barriers in the workplace. These findings inform the organisation's WDES Action Plan, which aims to directly address inequalities faced by Disabled members of staff.

We are pleased that the NHS, our parent organisation, is currently the only UK employer that mandates its member organisations to report annually on its representation and inclusion of Disabled people. However, our ambition is to go far beyond what is mandated, and to become a truly great employer of Disabled people, and an exemplar for other NHS Trusts.

Metric 1	% Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMS) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)
Metric 2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts
Metric 3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure
Metric 4	Staff Survey Q13: % Disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups b) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
Metric 5	Staff Survey Q14: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
Metric 6	Staff Survey Q11: % Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
Metric 7	Staff Survey Q5: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
Metric 8	Staff Survey Q28b: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
Metric 9	a) The staff engagement score for Disabled staff, compared to non-disabled staff b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?
Metric 10	% difference between the organisation's Board voting membership and its organisation's overall workforce

What is 'Disability'?

Defining 'disability' is not always straightforward. The Equality Act 2010 defines a person with a disability as:

"someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities."

Some of the terms in this definition are open to interpretation, and further guidance is found in Appendix C. However, instead of trying to judge whether a person falls within the statutory definition of disability, we should focus on meeting the needs of the worker (or job applicant). In supporting a staff with a disability, it is almost always more important to understand and support the *effects* of a disability rather than the cause.

It is important to note that the definition of disability regards the person as they are *without* aids, support or medication (the exception being visual impairment where it can be addressed by use of wearing prescription spectacles). This is particularly relevant for those with mental health conditions who are able to control their condition with medication, and also for those with conditions such as epilepsy and diabetes that are otherwise controlled by medication.

Additional information on the definition of disability is attached in Appendix C, taken directly from guidance produced and published by NHS Employers. This guidance was published in 2014. We will continue to closely monitor best practice and guidance and communicates updates as necessary.

Legal Obligations of Employers and Workplace Adjustments (formerly Reasonable Adjustments)

Protection against disability-based discrimination is enshrined in the Equality Act 2010. Due to the additional barriers faced by people with a disability, it is permitted to treat applicants with a disability *more*

favourably than their colleagues without a disability. Understanding this, and the reasons for it, is crucial to removing the barriers that continue to deny people with a disability equality of *outcome* in work and more broadly.

The Equality Act 2010 protects employees, and covers areas including recruitment, assessment and selection, terms of employment, promotion and training opportunities, dismissal or redundancy, and discipline and grievances.

The Equality Act 2010 also requires that *reasonable adjustments* (now '*workplace adjustments*') are made to working conditions, policies and practices that put a staff member with a disability at a disadvantage. A workplace adjustment could include any of the following:

- making adjustments to premises or acquiring/modifying equipment
- providing a reader or interpreter, or employing a support worker
- reallocating an employee with a disability's duties to another person
- providing supervision, training, mentoring or other support
- transferring a person to fill an existing suitable vacancy without competitive interview
- altering working hours or the place of work
- allowing someone to be absent during working hours for rehabilitation, assessment or treatment
- modifying procedures for testing or assessment

Useful checklists and further detail on the legal obligations can be found in the Guidance relating to disability for the NHS document, published by NHS Employers. This guidance document also sets out examples of good practice (when not legally obligated), particularly around the supporting carers and disability related absence from work.

While St George's is mandated and committed to meet its legal obligations in protecting people with a disability, our ambitions to support the equality and experience of people with a disability go far beyond this

Progress Updates 2021/22

Over the last year, the Trust has taken the following steps to help improve the experiences and wellbeing of staff living with a disability or long-term health condition.

Menopause Café

In addition to the Menopause policy, our Health and Wellbeing service hosts monthly menopause cafés to support individuals experiencing the menopause. These sessions provide a free, safe and inclusive space to learn more about the menopause, its impact on staff and to share experiences.

In the last year we have had roughly 45 members of staff regularly accessing the cafes which are promoted to all staff, regardless of gender or age with the aim of breaking down stigma surrounding the Menopause and normalising this stage of life. We also recognise not only women go through the menopause and this recognition fosters inclusion amongst our transgender and non-binary communities. The cafés have received a positive response, with members commenting “It is nice to have a place to talk openly” and “it’s really good the Trust is doing this, not all Trusts are so open and proactive”.

The range of topics covered this year have included mental health and the menopause, empowering self-advocacy with GPs/health professionals to secure referrals to menopause specialists, as well as highlighting the experiences of staff when it comes to premature ovarian insufficiency.

Project Search

Project Search is a supported internship for local young adults with a learning disability and/or autism. This initiative was launched at St George's in 2012 and aims to provide work experience leading to employment, either in the host organisation or elsewhere. Our 2021/22 cohort went ahead after the programme was placed on hold in the previous year due to the pressures brought on by the pandemic. During the last 12 months hiatus, many of the young adults in the programme have reported increased rates of low moods, loneliness, and reduced confidence. Over 70% of St George's Project Search graduates have gone on to secured permanent employment - 14 of which with St George's. In July 2022, the 2021/22 cohort's graduation ceremony is due to take place with colleagues and leadership teams across the hospital. Refer to Appendix B for further details.

Disability and Wellbeing Staff Network

Our Disability and Wellness Network (DAWN) has grown steadily to over 70 members across the organisation, with members from a broad range of bands and professions. Despite the increased pressures in the organisation due to the pandemic, activity within the network has continued to increase throughout 2021 and 2022. The network leadership posts were filled to reflect 2 Co-Chairs and a Communications Officer who have contributed to multiple all-staff events, communications and initiatives aimed at building inclusion for staff with disabilities and long-term health conditions. The network has run several well received events include UK Disability History Month in November 2021, Deaf Awareness and Mental Health Awareness Week in May 2022. The network meets every 2 months with largely virtual meetings being the preferred mode providing accessibility for staff working remotely.

Culture Development programme

Alongside and closely aligned with the organisational D&I Action Plan, St George's continues with its culture improvement programme, guided by the NHSE/I Culture and Leadership Programme. Together, these 2 areas of work make up the Culture, Equity and Inclusion Programme.

Central to this culture improvement programme is the need to build a more inclusive culture. Ambitious targets for measuring our culture have been set, using indicators from the staff survey, workforce data and staff ethnicity composition at all levels. Measuring diversity and inclusion features heavily in how we are measuring cultural change.

Our Culture, Equity and Inclusion (CEI) Programme Board continues to meet once per month to oversee this organisation-wide programme, now in its third and final phase – 'Delivery'. The Programme Board is chaired by our Group CEO, and includes representatives from all Divisions, as well as leaders of our 4 D&I staff networks.

One of the most important elements of the Culture and Leadership sub-Programme is the work on our values. St George's has developed a set of behaviours to accompany our values, developed closely and collaboratively with staff representatives, including our staff networks. Behaviours under our value 'Respectful' set out very clear expectations of behaviour around diversity and inclusion.

Our new values-based behaviour framework will be launched in July 2020. It will then be embedded across the Trust, reaching all staff and leaders (including Execs and the Board) to make obligations clear to all. Our values will also be closely aligned to all stages of the employee lifecycle over the coming year – including the implementation of values-based: recruitment, induction, management and leadership development, and appraisal.

Calibre Leadership Programme

Following a successful application process, we were awarded 10 funded places for members of staff at St George's and Epsom and St Helier Hospitals. In partnership with NHSE/I, this innovative leadership development programme was designed by and for leaders with a disability or long-term health condition and aims to:

- Transforms how staff with a disability think about themselves and their disabilities.
- Help boost confidence and self-worth.
- Provide a peer network across London.
- Help explore conversations with managers/leaders about disability in the workplace.
- Demonstrates how disability and neurodiversity can be an asset to employers.
- Help transform the perspective and approach taken by employers regarding support and development of employees with disabilities.

As part of the programme, delegates were tasked with completing a personal project aimed at exploring the experiences of staff with a disability/long-term health condition in the organisation, exploring ways forward and building the confidence of delegates to tackle organisational barriers. The graduation ceremony in June 2022 saw delegates present on these forward thinking, solutions-based projects in the presence and with the support of the Trusts senior leadership team, Disability Network leads and the Diversity and Inclusion Team.

The graduates are now involved in the ongoing contribution to long term organisational change projects geared towards improving inclusion for staff disabilities/long-term health conditions. This includes the development of e-learning content, the review of policy and a targeted campaign to encourage the declaration of disability status.

New Mandatory e-Learning Modules (Disability Awareness and Essential Workplace Adjustments)

To support the delivery of our 2020/21 objectives we developed, piloted and launched new e-learning modules. The Disability Awareness and Essential Workplace Adjustments modules were introduced via the Trust's online learning platform. These were launched alongside new guidance packs which were developed in collaboration with our Disability Staff Network, Calibre graduates and other key stakeholders such as Health and Wellbeing, Employee Relations, and Occupational Health.

The Disability Awareness module is a mandatory requirement for all staff and is aimed at helping staff to understand more about disability and long-term health conditions, and the issues that sufferers can face in everyday life and the workplace. It also looks at how staff across the organisation can be more inclusive with small steps like improving written and verbal communication to ensure that services are accessible to all.

The Essential Workplace Adjustments module is a mandatory requirement for line managers and explores our legal responsibility to make workplace adjustments and how to support staff through this process.

These modules also guide managers through the 'working environment' more broadly and helps them consider what can be done to enable staff with a disability or long-term health condition to achieve their goals, fulfil the responsibilities within their job description and contribute to the successful delivery of the team's objectives.

The Essential Workplace Adjustments guidance pack was developed as a key adjunct to the e-learning content and details the process for requesting and implementing workplace adjustments as well as the key groups involved and their responsibilities within the process – providing much needed clarity for staff accessing workplace adjustments.

Mental Health Awareness

For Mental Health Awareness Week 2022 we held an all staff, in-person event, that supported our 2021/22 deliverable of improving staff understanding and awareness disabilities and how these impact staff across the organisation,

The event featured a variety of presentations and information stands across the day and was opened the Trust's Chief Financial Officer, and executive sponsor of the Disability and Wellness Network. The day's presentations included talks on:

- Mental Health First Aid, Mental Health First Aid England
- *Speaking Up*, Freedom to Speak Up Guardian
- Staff Support Services, Staff Support Team
- Learnings from the Calibre Programme

Attendees were offered free head and neck massages, lunch and giveaways, including scented candles with positive messages on them, lavender bags, fridge magnets with affirmative messages and mental health awareness pins. Information about managing mental health and the support available was given to attendees and the speakers were available for the whole event to speak to staff.

Feedback from staff was very positive with staff welcoming a space to talk and hear about mental health – an often unheard and invisible condition many staff face.

Charity Bid/Collaboration

Our Diversity and Inclusion Team supported our staff networks through application processes to secure funding via the St George's Hospital Charity. The grant applications for all four staff networks were successful and will support our networks across the next financial year and help them expand their reach and drive engagement with staff in the organisation.

Deaf Awareness Week

To mark Deaf Awareness Week 2022, information was made available for staff to take away via a pop-up stand and members of the Trust Audiology team were on hand to talk to staff about protecting their hearing. As well as awareness materials, clear visors and other items were shared to support building more inclusive spaces for those that lip read or have a hearing impairment. Our staff and visitors expressed how the pandemic and ongoing mask wearing had impacted being able to engage with others and the feelings of isolation this created.

British Sign Language (BSL) taster course

As part of Deaf Awareness Week, expressions of interest were taken from Disability and Wellness Staff Network members and key department like Audiology for the Royal National Institute for the Deaf (RNID) to hold a British Sign Language (BSL) taster course. The aim of this was to raise awareness among staff about the challenges faced by colleagues with problems related to hearing loss and to begin conversations about how we communicate with colleagues and patients with hearing loss, meeting a key need identified during Deaf Awareness Week 2022.

The first taster course was delivered in June 2022 for 10 members of staff who expressed their enjoyment sharing it their keenness to learn more about BSL. One event attendee said, "The session was really good and enjoyable! I feel like I learned loads in a such a short space of time and Andrew was incredibly fun and engaging."

Further sessions are planned later in the year due to interest.

UK Disability History Month

Our staff network members produced a series of posters that highlighted different hidden disabilities and interesting facts about different conditions, including ME, Autism, Neurodiversity. This poster campaign will be built on each year and be directed by our staff networks members and feature conditions they would like the trust to raise awareness of. In addition to the above, smaller virtual sessions were held with staff members presenting to smaller groups and talking about their personal experiences with disabilities.

Hidden Disabilities

Our staff network presented to our 2022 cohort of student nurses, the talk focused on the aims and importance of networks to support staff and students in the organisation. A case study was also shared to raise awareness of a hidden disability, and how our network leads have worked to support and advocate for a student with a long-term health condition. This support helped to ensure the student was able to return to their placement and complete their training. This supported the delivery of the 2020/21 WDES Action plan metric to improve understanding and awareness of disabilities and how these impact members of staff across the organisation.

Mental Health First Aid

In 2022, members of the Diversity and Inclusion and Health and Wellbeing Teams attended the Mental Health First Aid Training Course and later the Mental Health First Aid Coach Training Course with the aim of training 10% on the St George's workforce to become mental health

first aiders. This will enable colleagues to provide competent and consistent mental health support and information to their colleagues and teams.

Trained staff are placed strategically across the organisation to provide support and signposting, which will add to the capacity of the

organisation to provide certified mental health first aid support to colleagues and line managers. This ensures staff are supported and importantly have somewhere to turn that helps them manage internal stressors and global health concerns.

2021/22 WDES Action Plan Update

Links to	Deliverable	Action/s	Timescale	2022 Update
N/A	Improved understanding and awareness of the types of disabilities and how these impact members of staff across the organisation	<ol style="list-style-type: none"> 1. Work with OH & H&W to develop a series of posters and hand-outs to raise awareness of common disabilities and what staff and managers can do to support their colleagues in the workplace 2. Work with the staff network to identify and promote a series of staff stories to further the learning of non-Disabled staff and help raise awareness of disabilities in the workplace. 	Feb 2021	Complete (move to BAU)
Metric 1	Increase staff declaration rates	<ol style="list-style-type: none"> 3. Encourage staff to validate their ESR 4. Work with Staff Engagement Lead to promote importance of declaration as part of the staff survey 5. Work with Recruitment to review on-boarding information/process regarding disability and declaration 	March 2021	Complete however declaration rates are still low so this will feature in our 2022/23 action plan.
Metric 4	Reduced number of Disabled staff experiencing harassment, bullying or abuse from managers and colleagues.	<ol style="list-style-type: none"> 6. Mandatory online disability awareness training including neuro-diversity and ableism to be rolled out for all staff. 7. Disability Awareness Section on the Intranet – signposting for staff as well as guidance and support for managers 	May 2021	Complete
Metric 4	Increase the numbers of Disabled staff reporting incidents of harassment, bullying or abuse at work	<ol style="list-style-type: none"> 8. Work with F2SU Guardian to develop a targeted approach and support mechanism for Disabled Staff 9. Line manager training sessions on reporting abuse relating to protected characteristics 	May 2021	Complete
Metric 8	Improve staff satisfaction with the level of reasonable adjustment(s) implemented to support them to carry out their work	<ol style="list-style-type: none"> 10. Finalise and roll out Reasonable Adjustments guidance and mandatory e-learning resource 	Jan 2021	Complete

2022 REVIEW: Indicator Overview

At the time of writing, St George's Hospital employs 9,606 staff, 276 of these staff members (3%) have formally declared themselves as living with a disability, while 754 (8%) did not disclose. In contrast, our 2021 Staff Survey results indicate that 15% of respondents consider themselves to have a disability. Data collected via the staff survey, Electronic Staff Records (ESR) and recruitment records have been compiled and used to report against the 10 WDES metrics below. The full set of data responses are set out in Appendix A.

Metric	Description	Staff with a disability				Staff without a disability		
		2019	2020	2021	20 vs. 21	2020	2021	20 vs. 21
1	% Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMS) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)	2%	2%	3%	↑	90%	89%	N/A
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.09	1.08	1.21	↑	N/A	N/A	N/A
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	-	-	4.44	↓	N/A	N/A	N/A
4a.	Staff Survey Q14: % of staff experiencing harassment, bullying or abuse from patients/ service users	38.4%	35.8%	34.8%	↓	28.4%	25.4%	↓
4b.	Staff Survey Q14: % of staff experiencing harassment, bullying or abuse from managers	28.3%	23.5%	21.1%	↓	13.1%	10.0%	↓

4c.	Staff Survey Q14: % of staff experiencing harassment, bullying or abuse from other colleagues	33.5%	34.4%	31.6%	↓	20.9%	17.8%	↓
4.d	Staff Survey Q14: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	47.7%	49.2%	47.9%	↑	47.7%	46.2%	↑
5	Staff Survey Q15: % of staff believing that the Trust provides equal opportunities for career progression or promotion	42.4%	42.7%	40.1%	↓	50.1%	48.4%	↓
6	Staff Survey Q11: % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	34.0%	35.1%	35.2%	→	25.8%	23.9%	↓
7	Staff Survey Q4: % of staff saying that they are satisfied with the extent to which their organisation values their work	32.0%	34.9%	31.1%	↓	49.1%	42.2%	↓
8	Staff Survey Q28b: % of staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	65.9%	71.5%	63.0%	↓	N/A	N/A	N/A
9	The staff engagement score for Disabled staff, compared to non-disabled staff	6.3	6.6	6.2	↓	7.1	6.9	↓
10	% difference between the organisation's Board voting membership and its organisation's overall workforce with a declared disability	-2.0%	-2.0%	6%	↓	100.0%	100%	N/A

APPENDIX A: WDES Metrics Report

Detailed below is the organisation's WDES data which was submitted on XX/XX/XXXX, covering data available on 31st March 2022. (Please note, Staff banding and role is categorised into 4 'clusters' as outlined in the table below)

Metric 1: % of staff in AfC pay bands, medical subgroups and VSM (incl. executive board members) compared with the % of staff in the overall workforce

Non-clinical workforce

	Declared they have a disability				Declared they do not have a disability				Staff recorded as 'unknown'				Total number of staff		
	2020	2021	2022	2022 vs. 2021	2020	2021	2022	2021 vs. 2022	2020	2021	2022	2022 vs. 2021	2020	2021	2022
	(%)	(%)	(%)	(+/- %)	(%)	(%)	(%)	(+/- %)	(%)	(%)	(+/- %)	(+/- %)	Headcount		
Cluster 1 (1 - 4)	4.1%	4.2%	4.3%	0.1%	85.6%	84.6%	85.7%	1.10%	10.30%	11.30%	10.00%	-1.30%	1349	1373	1379
Cluster 2 (5 - 7)	2.6%	2.8%	3.6%	0.8%	90.4%	88.3%	88.9%	0.60%	7%	8.90%	7.50%	-1.40%	470	504	557
Cluster 3 (8a - 8b)	1.4%	1.2%	2.7%	1.5%	85.5%	78.2%	83.1%	4.90%	13.10%	20.60%	14.20%	-6.40%	145	165	183
Cluster 4 (8c-VSM)	0.0%	0.0%	2.0%	2.0%	94.7%	95.7%	91.8%	-3.90%	5.30%	4.30%	6.40%	2.10%	94	92	110

(Data source: ESR)

Staff with a disability in non-clinical roles

- Clusters 1 and 2 have seen very small increases (+0.1 and +0.8 respectively) in staff with a declared disability.
- There has been a significant drop in staff recorded as 'unknown' in Cluster 3 (6.4%) with an equivalent life in staff with a disability and staff without a disability. This suggests that more staff are updating their equalities section of their ESR to reflect their disability status.

- Within cluster 4 there has been a 2% rise the number of staff with a disability and a 2.10% rise in the number of staff recorded as 'unknown'.

Declaring disability

- The number of staff declaring a disability in cluster 3 has more than doubled – from 1.2% in 2021 to 2.7% in 2022
- There has been a rise in the number of staff declaring a disability in all clusters, which may indicate an increase in confidence regarding disability declaration and associated discrimination.

Clinical workforce

	Declared they have a disability				Declared they do not have a disability				Staff recorded as 'unknown'				Total number of staff		
	2020	2021	2022	2022 vs. 2021	2020	2021	2022	2021 vs. 2022	2020	2021	2022	2022 vs. 2021	2020	2021	2022
	(%)	(%)	(%)	(+/- %)	(%)	(%)	(%)	(+/- %)	(%)	(%)	(%)	(+/- %)	Headcount		
Cluster 1 (B1 - 4)	2.1%	2.3%	3.1%	0.8%	91.6%	91.6%	90.9%	-0.7%	6.3%	6.1%	6.1%	0.0%	1266	1286	1403
Cluster 2 (5-7)	2.0%	2.4%	2.8%	0.4%	92.1%	92.4%	92.0%	-0.4%	6.0%	5.2%	5.3%	0.1%	3767	3814	3966
Cluster 3 (8a-8b)	0.5%	0.7%	1.8%	1.1%	91.2%	90.9%	91.5%	0.6%	8.3%	8.3%	6.7%	-1.6%	397	408	449
Cluster 4 (8c-VS)	4.3%	4.1%	2.9%	-1.2%	91.5%	93.9%	94.1%	0.2%	4.3%	2.0%	2.9%	0.9%	47	49	68
Cluster 5 (Consultants)	0.3%	0.3%	0.3%	0.0%	73.8%	75.2%	76.4%	1.2%	25.9%	24.5%	23.4%	-1.2%	642	650	668
Cluster 6 (Career Grade)	0.0%	0.0%	0.0%	0.0%	67.9%	72.0%	80.0%	8.0%	32.1%	28.0%	20.0%	-8.0%	28	25	35
Cluster 7 (Trainee Grades)	0.8%	0.9%	3.2%	2.3%	94.6%	92.1%	90.3%	-1.8%	4.5%	7.0%	6.5%	-0.5%	722	788	782

(Data source: ESR)

Staff with a disability staff in clinical roles

- Clusters 1-3 and 7 have seen a rise in the number of staff with a disability (0.8 in Cluster 1, 0.4% in Cluster 2, 1.1 in Cluster 3 and 2.3 in Cluster 7)
- No staff members have declared a disability within the with the consultant (cluster 5) or career grade (Cluster 6) for the third year running

Declaring disability

- There has been a drop of 8% of staff in the 'unknown' category for career grade (cluster 6) and a corresponding increase of 8% for 'do not have a disability' within career grade.
- There has been an increase in the consultant workforce declaring that they do not have a disability in 2022 when compared with 2021 (+1.2%), this is reflected in the number in the 'unknown' category (-1.2%) and there has been no change in the number declaring themselves with a disability.
- This suggests that more staff are updating their equalities section of their ESR to reflect their disability status.

Metric 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts

- The relative likelihood of staff / applicants without a disability being appointed over staff with a disability has increased by 0.13% in the last year. This means that both internal and external applicants with a disability are less likely to be appointed compared to last year.

2020	2021	2022	2021 vs.2022
1.09	1.08	1.21	+0.13

(Data source: Trust's recruitment data)

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

- Due to more rigorous data monitoring and capturing this metric has increased significantly compared to 2021 and 2020.
- Based on a 2-year rolling average, staff with a disability, in 2022, are 4.44 times more likely to enter the formal capability process at the Trust.
- Of the 7 cases where staff entered the formal capability process, 1 staff member had a recorded disability.
- This applies to capability based only on performance and not ill health.

2020	2021	2022
0	0	4.44

(Data source: Trust's HR data)

Metric 4a-d: Percentage of Disabled staff compared to non-Disabled staff experiencing harassment, bullying or abuse (HBA).

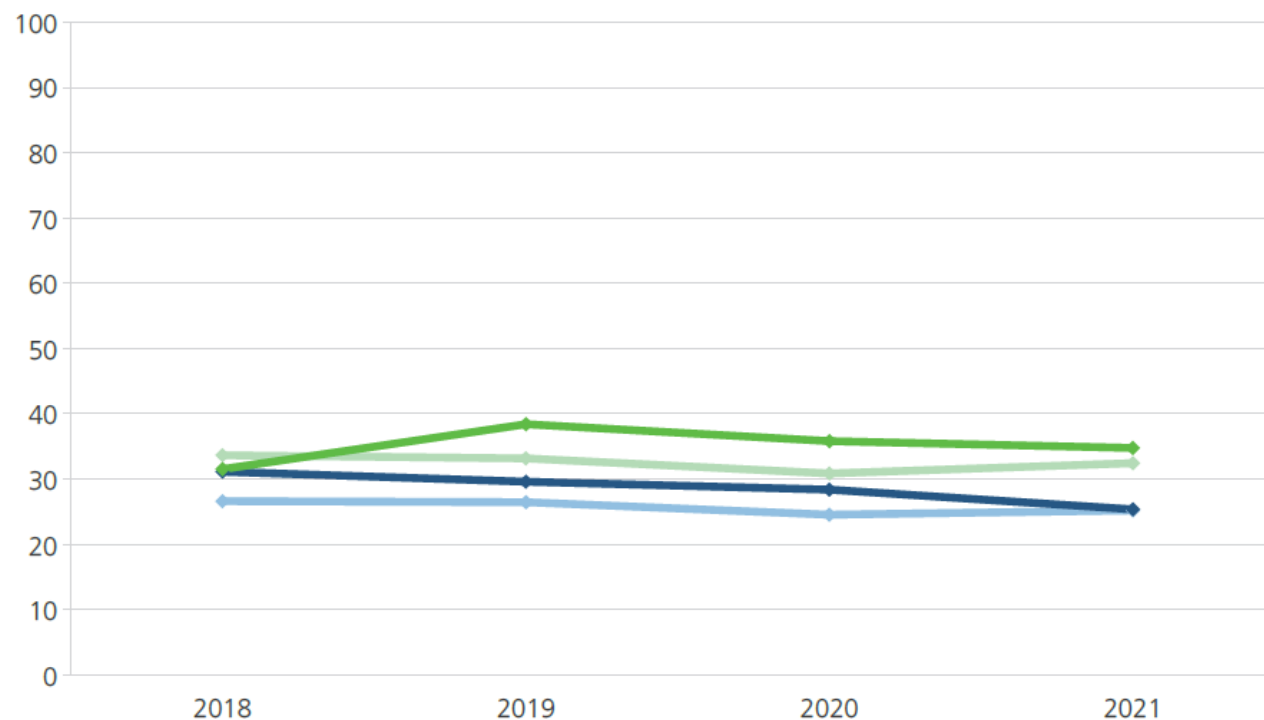
- *4a. Staff experiencing harassment, bullying or abuse from patients/ service users*
 - *4b. Staff experiencing harassment, bullying or abuse from managers*
 - *4c. Staff experiencing harassment, bullying or abuse from other colleagues*
 - *4d. Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it*
-
- The gap between the experience of staff with a disability and staff without a disability has increased in indicators 4a, 4b and 4c, compared to 2020. However, the rates of staff with a disability experiencing these negative behaviours have reduced compared to 2020.
 - Compared to 2020, HBA, towards staff with a disability, from:
 - Patients/service users (4a) is down -1.0% (-3.6% since 2019)
 - Managers (4b) is down -2.4% (-7.2% since 2019)
 - Colleagues (4c) is down -3.1% (-5.2% since 2019)
 - The number of staff with a disability who felt able to report harassment, bullying or abuse has reduced by -1.3% compared to 2020.
 - Reporting rates at St George's, for staff with a disability is higher than the average nationally for the second year in a row.

**Survey
Coordination
Centre**

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



Staff with a LTC or illness: Your org	31.5%	38.4%	35.8%	34.8%
Staff without a LTC or illness: Your org	31.1%	29.6%	28.4%	25.4%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%

Staff with a LTC or illness: Responses

460

526

578

722

Staff without a LTC or illness: Responses

3,653

4,190

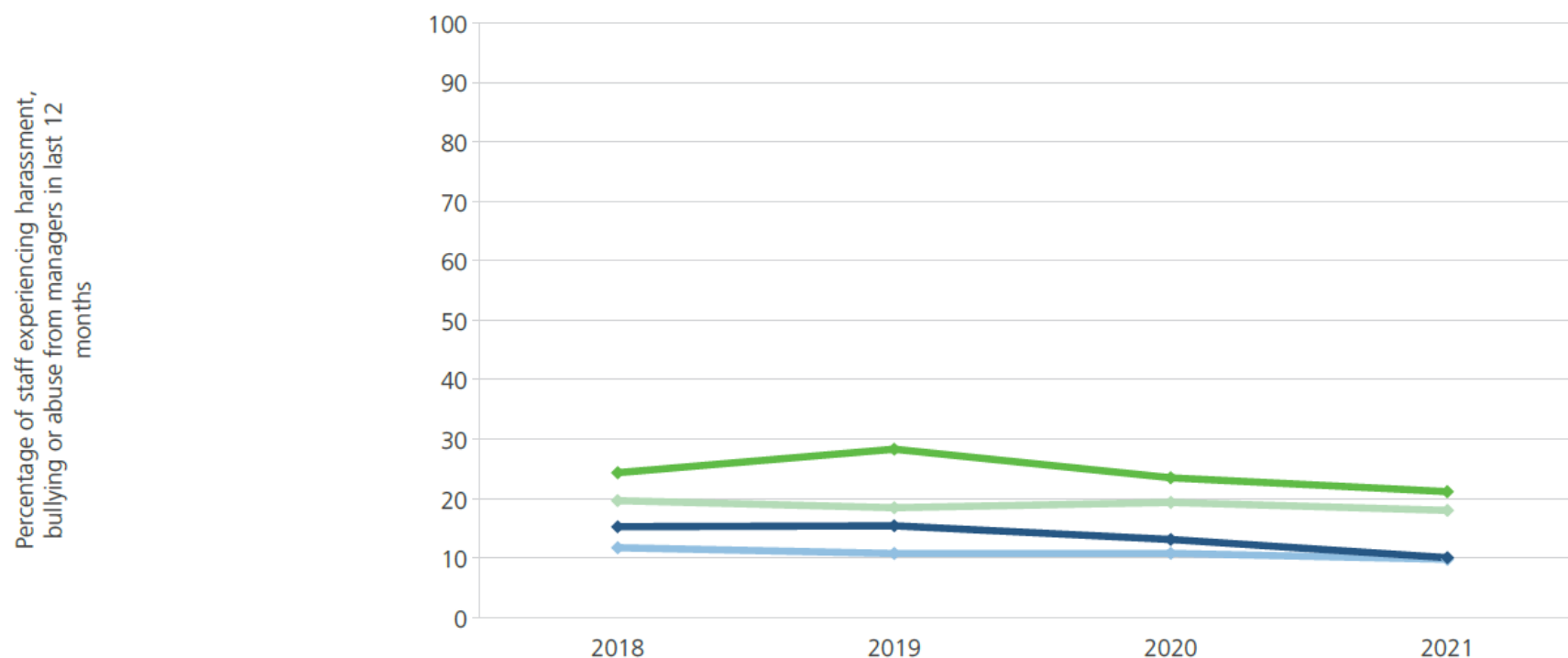
4,074

3,889

Average calculated as the median for the benchmark group

**Survey
Coordination
Centre**

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months



Staff with a LTC or illness: Your org	24.3%	28.3%	23.5%	21.2%
Staff without a LTC or illness: Your org	15.3%	15.4%	13.1%	10.0%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%

Staff with a LTC or illness: Responses

456

523

579

723

Staff without a LTC or illness: Responses

3,598

4,165

4,065

3,872

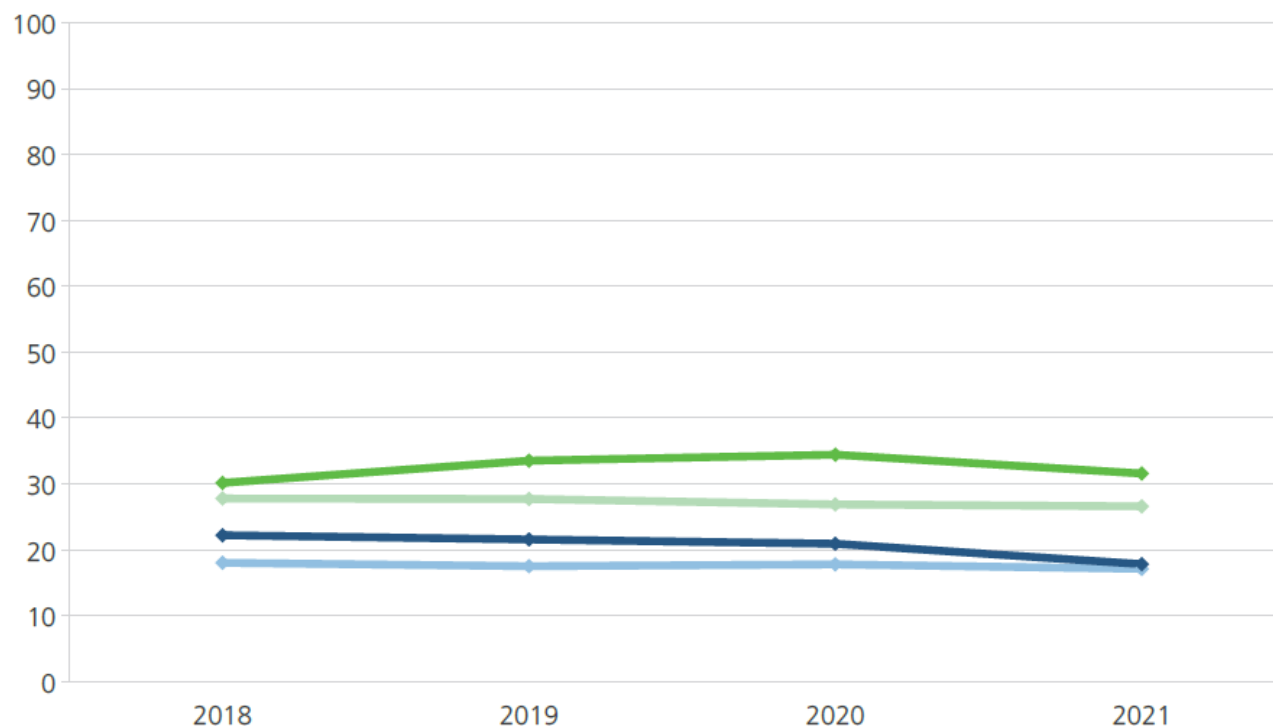
Average calculated as the median for the benchmark group

**Survey
Coordination
Centre**

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



Staff with a LTC or illness: Your org	30.2%	33.5%	34.4%	31.6%
Staff without a LTC or illness: Your org	22.2%	21.6%	20.9%	17.8%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%

Staff with a LTC or illness: Responses

451

525

575

722

Staff without a LTC or illness: Responses

3,584

4,168

4,064

3,873

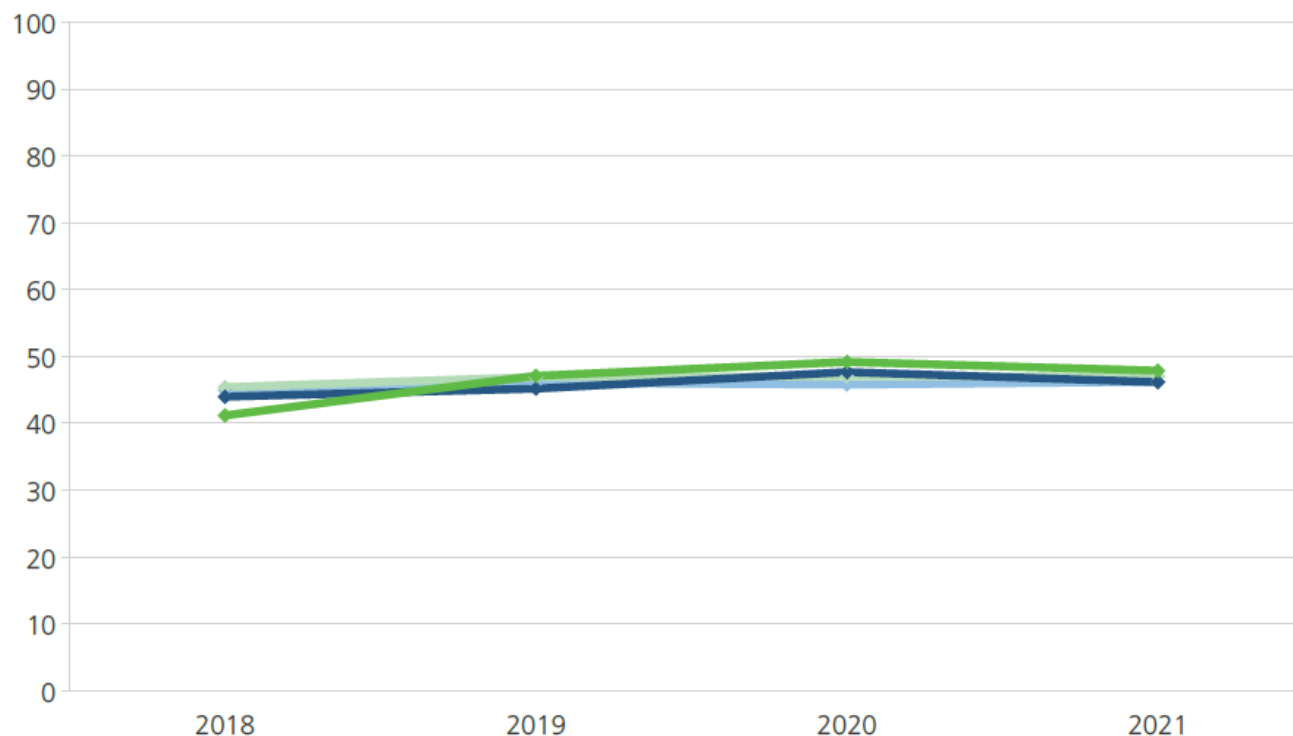
Average calculated as the median for the benchmark group

**Survey
Coordination
Centre**

2021 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



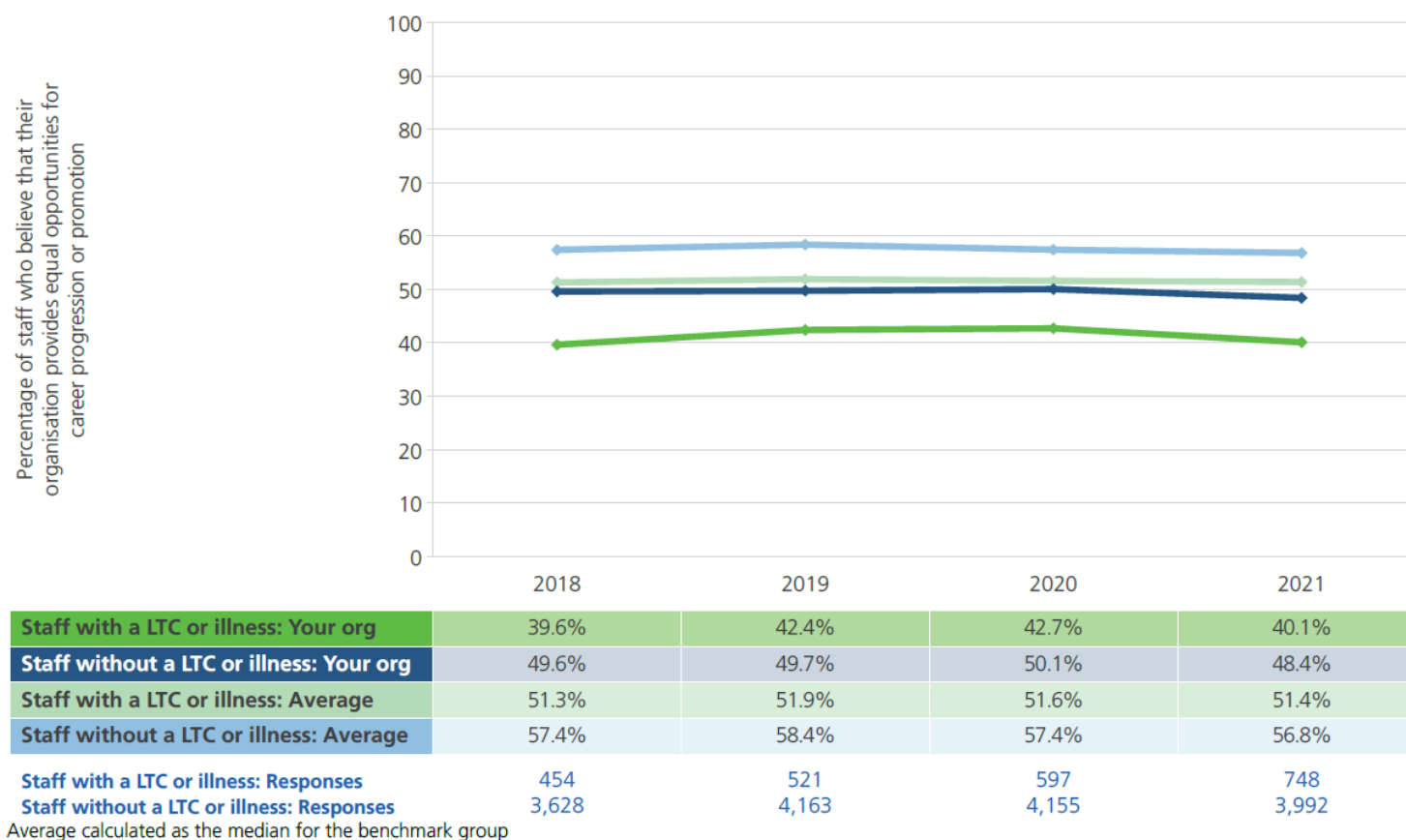
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	41.2%	47.1%	49.2%	47.9%
Staff without a LTC or illness: Your org	44.0%	45.2%	47.7%	46.2%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%

Staff with a LTC or illness: Responses 221 293 305 353
Staff without a LTC or illness: Responses 1,405 1,622 1,496 1,280
 Average calculated as the median for the benchmark group

Metric 5: Staff believing that the trust provides equal opportunities for career progression or promotion.

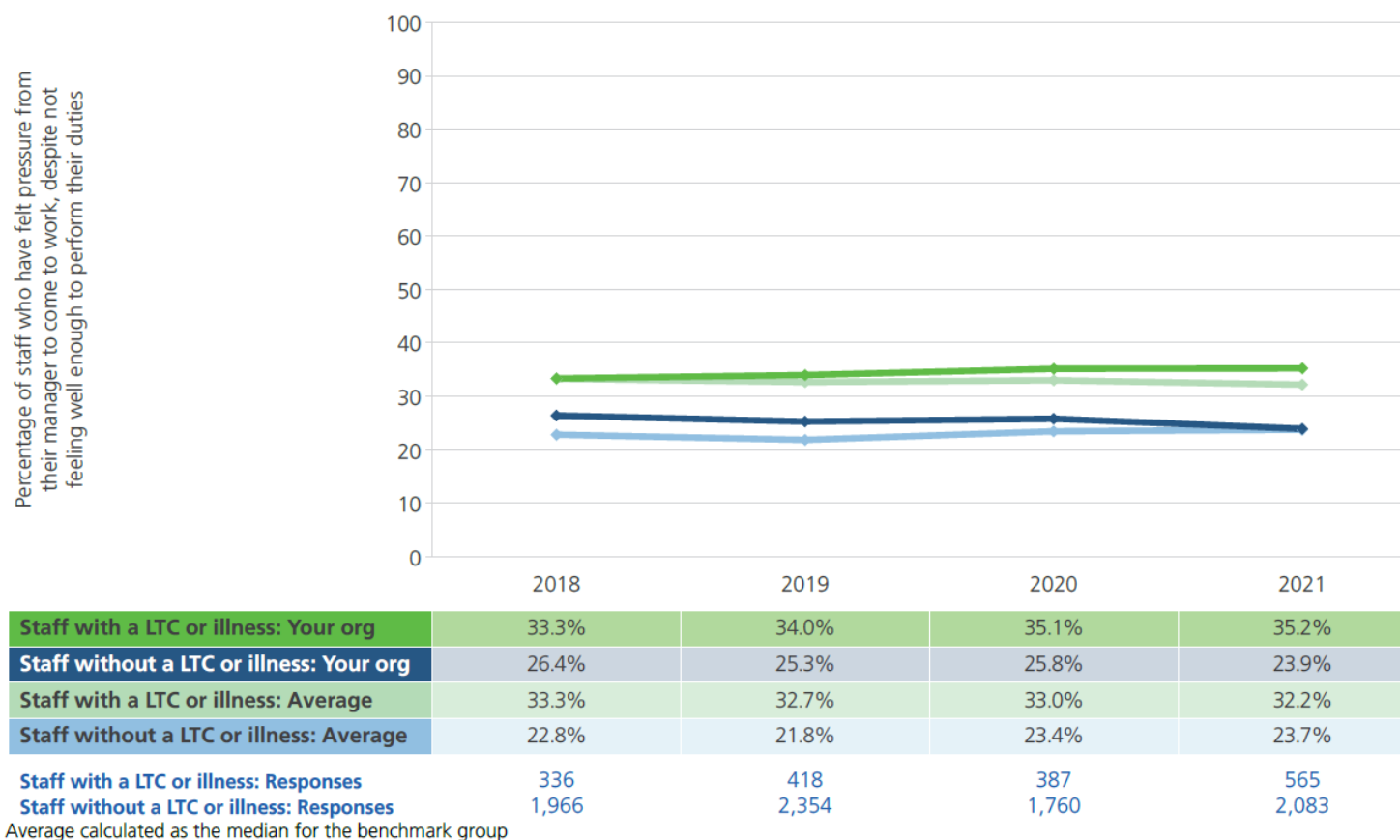
Beliefs about equal opportunities, career progression and promotion

- Compared to last year staff with a disability felt less confident about the Trust providing equal opportunities with regards to career progression and promotion. This dropped from 42.7% in 2020 to 40.1% in 2021.
- As staff without a disability staff confidence in this metric also dropped from 50.1% to 48%, the gap between the experience of staff with a disability and staff without a disability has remained consistent at around 8% for the second year.



Metric 6: Staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

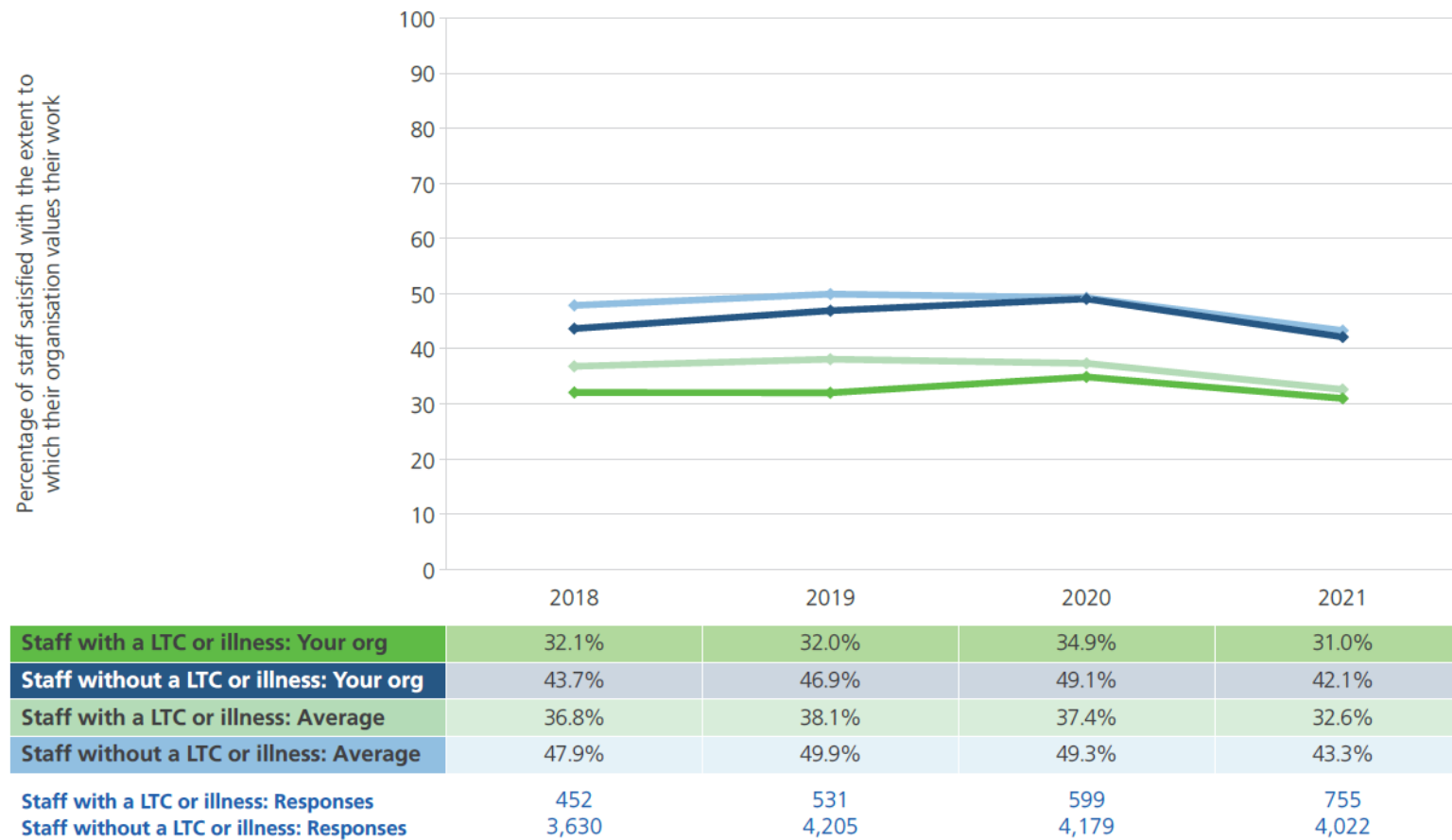
- A higher number of staff with a disability compared to staff without a disability reported feeling pressure to come into work.
- Whilst this was also reported in years 2018, 2019 and 2020, this year the gap between staff with a disability and staff without a disability is at its highest (11.3%).
- Staff without a disability report feeling slightly *less pressured* compared 2020.



Metric 7: Staff saying that they are satisfied with the extent to which their organisation values their work.

Feeling that work is undervalued

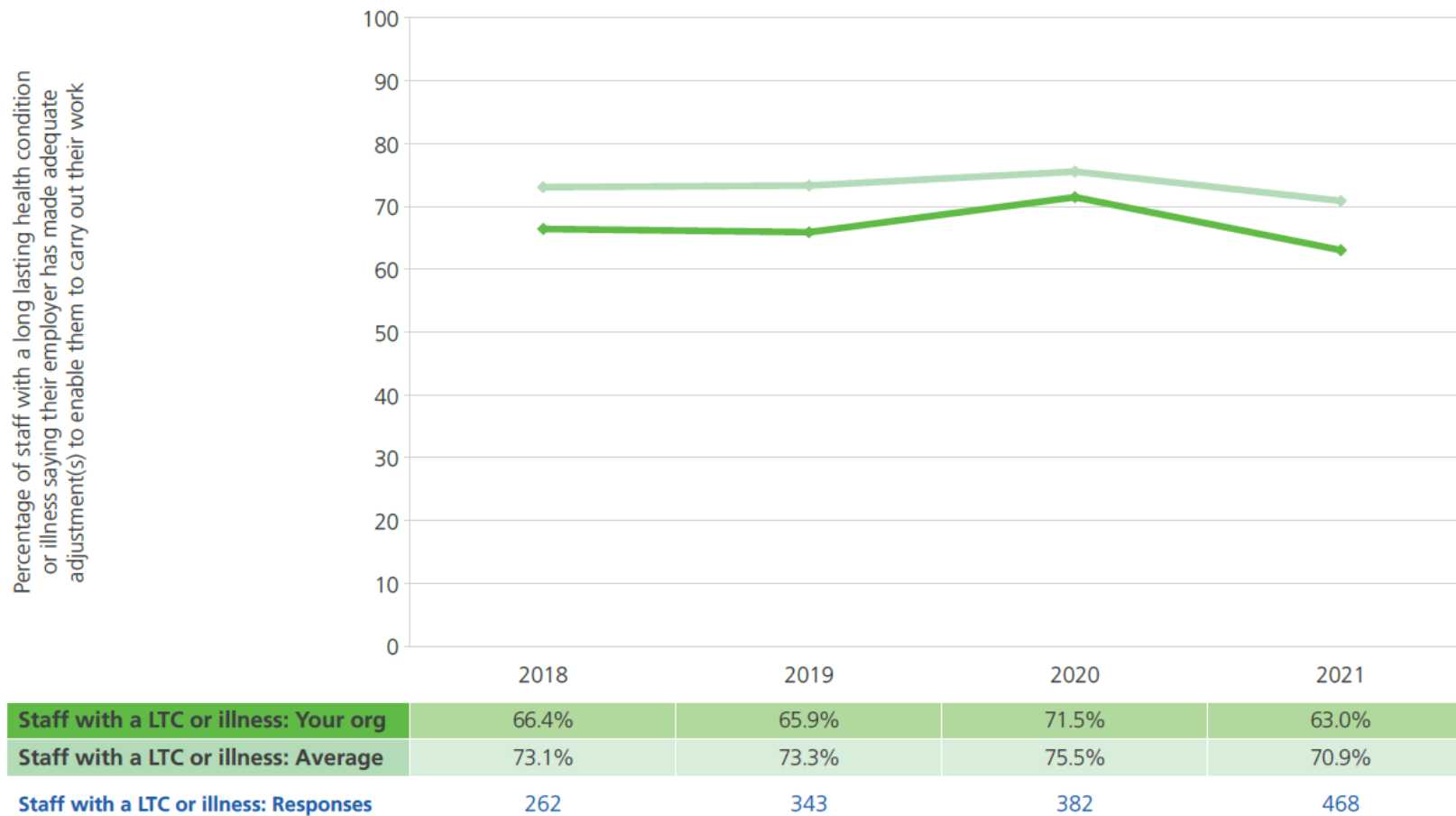
- Whilst both groups report lower rates of feeling valued by the organisation compared to last year, staff with a disability are still much less likely to feel that their work is valued.
- In 2021, 31% of staff with a disability who responded to the Staff Survey said they felt the organisations valued their work - compared to 42.1% of staff without a disability.



Metric 8: Staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

Adjustments in the workplace

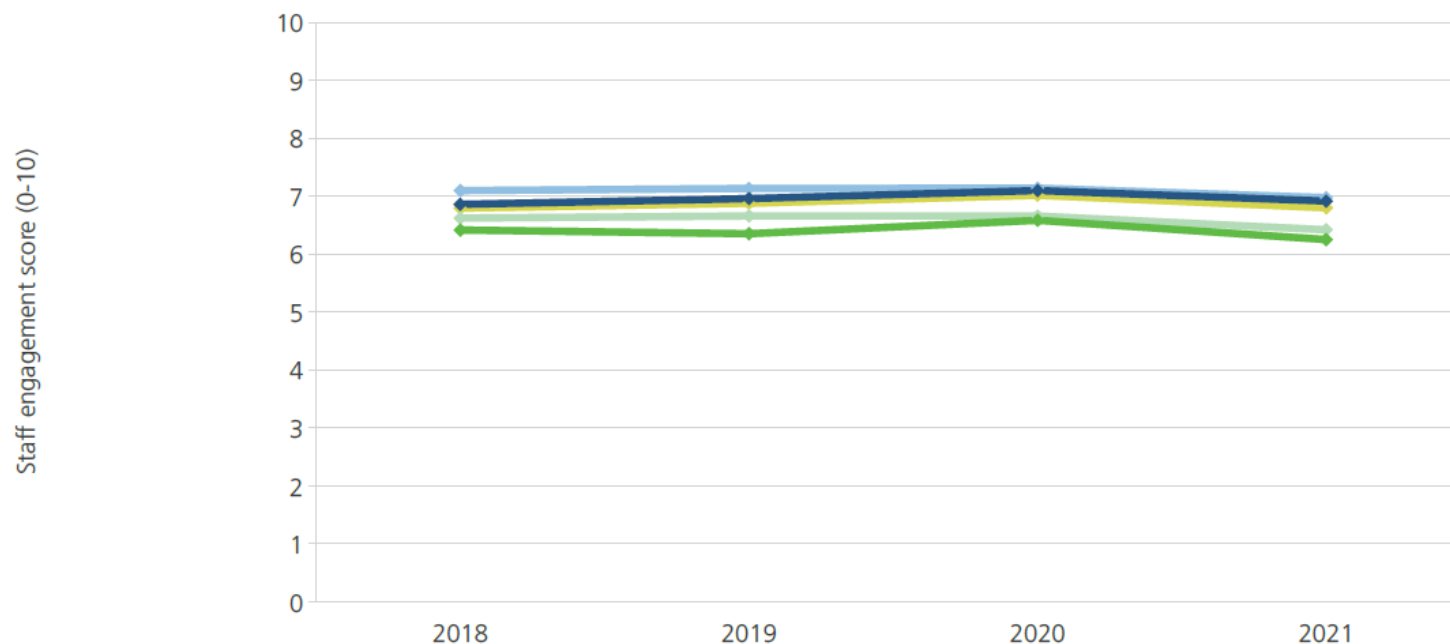
- Only 63% of employees with a disability felt that adequate adjustments had been made to enable them to carry out their work. A notable decrease of 8.5% compared to 71.5% in 2020.



Average calculated as the median for the benchmark group

Metric 9: Disabled staff engagement

- Staff engagement is higher for staff without a disability compared to staff with a disability.
- Staff engagement has reduced for both groups compared to 2020 and is below the national average.



	2018	2019	2020	2021
Organisation average	6.8	6.9	7.0	6.8
Staff with a LTC or illness: Your org	6.4	6.3	6.6	6.2
Staff without a LTC or illness: Your org	6.9	7.0	7.1	6.9
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0
Organisation Responses	4,445	4,896	5,015	4,964
Staff with a LTC or illness: Responses	459	530	601	757
Staff without a LTC or illness: Responses	3,663	4,211	4,191	4,032

Average calculated as the median for the benchmark group

Metric 10: Percentage difference between the organisation's board voting membership and its organisation's overall workforce

- 3% of the Trust's workforce have declared themselves as having a disability. In contrast, at board level is this 0%. Highlighting an underrepresentation at board level for the last three years.

2020				2021				2022			
Disabled Board members	Non-Disabled Board members	Board members 'Unknown'	Difference	Disabled Board members	Non-Disabled Board members	Board members 'Unknown'	Difference	Disabled Board members	Non-Disabled Board members	Board members 'Unknown'	Difference
(%)	(%)	(%)	(+/- %)	(%)	(%)	(%)	(+/-%)	(%)	(%)	(%)	(+/-%)
Exec = 0	Exec = 100	Exec = 0	Total Board = 0 Overall workforce = 181 Difference = -2%	Exec = 0	Exec = 100	Exec = 0	Total Board = 0 Overall workforce = 209 Difference = -2%	Exec = 0	Exec = 100	Exec = 0	Total Board = 0 Overall workforce = 276 Difference = -3%
Non-exec = 0	Non-exec = 100	Non-exec = 0		Non-exec = 0	Non-exec = 100	Non-exec = 0		Non-exec = 0	Non-exec = 83	Non-exec = 17	
Voting = 0	Voting = 100	Voting = 0		Voting = 0	Voting = 100	Voting = 0		Voting = 0	Voting = 100	Voting = 0	
Non-voting = 0	Non-voting = 100	Non-voting = 0		Non-voting = 0	Non-voting = 100	Non-voting = 0		Non-voting = 0	Non-voting = 100	Non-voting = 0	

(Data source: NHS ESR and/or trust's local data)

APPENDIX B: Project Search

Project SEARCH is an international trademarked and copyrighted programme model, which requires a licensing agreement with their national office based at Cincinnati Children's Hospital Medical Centre. DFN Project Search holds the licence for Europe and the UK.

The model is a supported internship for local young adults with a learning disability and / or autism. It is a collaboration between a host business (St Georges University Hospitals NHS Foundation Trust), an education provider (Cricket Green School in Mitcham), a supported employment provider (Kaleidoscope) and the intern's family. On-site support is provided by the tutors and job coaches and funding for these posts is provided by the intern's home Local Authority and Access to Work funding. Interns must have an existing Education Health and Care Plan for funding to be agreed. Project Search at St Georges has been running for 9 years, in which we have achieved some fantastic employment outcomes both within the hospital and externally.

Our aim is to develop the young people's employability skills through total immersion in the workplace: the internships run from September to August with interns attending the Trust every day, Monday to Friday, for a mix of classroom-based teaching and work experience placements across the trust. As the year progresses the interns spend less time in the classroom and more in the departments hosting the work experience placement (hours in the final term are from 9.30am to 3.30pm).

The interns undertake real work, rather than shadowing and they learn these work skills from staff and managers hosting a placement. These staff are called Project SEARCH mentors and they take on this role on a voluntary basis. Mentors and managers receive practical advice and support from the job coach and tutors. Any 'reasonable adjustments' needed to enable the interns to do the work are developed with the placement mentor/s manager and Project SEARCH job coach and tutors. Systematic instruction is one of the methods used to teach work skills. Placement staff have access to group training sessions and the team deliver training in departments too.

We aim to place interns in 3 different departments over the year, 1 placement per academic term. However, some interns may stay in one department for the

whole year if it is clear they have found their career niche. Increasingly interns may have 2 concurrent placements where a department is unable to accommodate an intern 'full time'.

Together with St Georges, we have developed an employability skills rubric with a grant from the South West London Academic Health and Social Care System. We routinely use this to assess the employability skills of each intern at the start of their year and at the end of each placement. Progress reports are shared with placement mentors and managers and managers are invited to discuss these at the mentor's performance appraisal. The interns and their next of kind also receive the reports and end of year employability skills profiles are given to each intern to assist with the job applications.

Success is achieved when the interns secure paid employment of at least 16 hours a week. This international measure of success is not always relevant or achievable for each of our interns, however we deem it to be as much of a success when an intern secures the hours of employment they are looking for, or voluntary work where they prefer, or another form of personal and professional development programme.

A Team of Teams

Evidence shows that being in employment improves health and wellbeing and is central to individual identity, social roles, and social status. People in work tend to enjoy happier and healthier lives than those who are not in work. Transitioning people from education straight into competitive employment also saves money for health and social care by creating opportunities for people with learning disabilities to become net contributors rather than recipients of adult social care and health services.

DFN Project SEARCH is a partnership between a host business (St George's), and education (Cricket Green School). The goal is to provide on-site internship experiences that allow necessary skill development opportunities for young adults with learning disabilities to compete for employment.

Since 2012 our interns have achieved 70% employment compared to the national average of 5.1%. We have had a total of 14 interns secure employment across many different departments within St Georges Hospital.

Three interns have secured full time employment with Theatre Porters, two interns in Catering and one intern in each of the following: General Porters, Sterile Services, Outpatients, Medical Records, Student Union Shop, Marks, and Spencer's. One intern secured an apprenticeship with the St Georges Advanced Patient Simulation Centre (GAPS).

We have also had interns secure paid employment, by completing Project Search at St Georges, with external companies such as Next, Pret, Starbucks, and local schools and nurseries, leisure centres, hotels and theatres.

Project SEARCH @ St Georges has been assessed by an external inspector twice and at our last assessment in 2017 our 'quality of provision' was rated as 'outstanding'.

Over the years the interns at Project Search have received so much support from various departments in St Georges providing placements within; The Emergency department, Pharmacy Pre-Pack, Medical Staffing, HR-Recruitment, the Education Centre: Haematology Services, Atkinson Morley Reception, the Playroom, the University Library, Macmillan Cancer Support Services and Gardening. The Project Search Team are incredibly grateful for so many departments being involved in our programme and mentoring our interns through their rotations.

Many other NHS sites have now adopted the DFN Project SEARCH Programme and Project SEARCH at St George's has been a pioneer of this model, with over 70 UK sites now set up.

APPENDIX C: Additional Information on the Definition of Disability

The meaning of disability

In order to avoid discrimination, it is recommended that instead of trying to make a judgement as to whether a person falls within the statutory definition of disability, we focus on meeting the needs of each worker and job applicant.

What is a 'person with a Disability'?

A person has a disability if he/she/they have a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

What about people who have recovered from a disability?

In most circumstances, people who have had a disability within the definition in the past are protected from discrimination even if they have since recovered.

What does 'impairment' cover?

It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

Are all mental impairments covered?

The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning disabilities. Hidden impairments such as mental illness, mental health conditions, diabetes and epilepsy may count as disabilities where they meet the definition in the Act.

What is a 'substantial' adverse effect?

A substantial adverse effect is something which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

Account should also be taken of where a person avoids doing things which, for example, cause pain, fatigue or substantial social embarrassment, or because of a loss of energy and motivation. An impairment may not directly prevent someone from carrying out one or more normal day-to-day activities, but it may still have a substantial adverse long-term effect on how they carry out

those activities. For example, where an impairment causes pain or fatigue in performing normal day-to-day activities, the person may have the capacity to do something but suffer pain in doing so; or the impairment might make the activity more than usually fatiguing so that the person might not be able to repeat the task over a sustained period of time.

What is a 'long-term' effect?

A long-term effect of an impairment is one: (i) which has lasted at least 12 months, or (ii) where the total period for which it lasts is likely to be at least 12 months, or (iii) which is likely to last for the rest of the life of the person affected.

Effects which are not long-term would therefore include loss of mobility due to a broken limb which is likely to heal within 12 months, and the effects of temporary infections, from which a person would be likely to recover within 12 months.

What if a person has no medical diagnosis?

There is no need for a person to establish a medically diagnosed cause for their impairment. What it is important to consider is the effect of the impairment, not the cause.

What if the effects come and go over a period of time?

If an impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur; that is if it is more probable than not that the effect will recur.

What are 'normal day-to-day activities'?

They are activities which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument or a sport to a professional standard or performing a skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition. Day-to-day activities thus include – but are not limited to – activities such as walking, driving, using public transport, cooking, eating, lifting and carrying everyday objects, typing, writing (and taking exams), going to the toilet, talking, listening to conversations or music, reading, taking part in normal social interaction or forming social relationships, nourishing and caring for oneself. Normal day-to-day activities also encompass the activities which are relevant to working life.

What about treatment?

Someone with an impairment may be receiving medical or other treatment which alleviates or removes the effects (though not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops (i.e. the impairment has been cured).

Members of staff requiring treatment for an impairment must be allowed time off work to attend. This must be recorded as disability related absence and not counted as sickness absence. For more information, see absence management policy.

Does this include people who wear spectacles?

No. The sole exception to the rule about ignoring the effects of treatment is the wearing of spectacles or contact lenses. In this case, the effect while the person is wearing spectacles or contact lenses should be considered.

Are people who have disfigurements covered?

People with severe disfigurements are covered by the Act and are automatically treated as this having a substantial adverse effect on their ability to carry out normal day-to-day activities. However, they do need to meet the long-term requirement.

Are there any other people who are automatically treated as Disabled under the Act?

Anyone who has HIV infection, cancer or Multiple Sclerosis is automatically treated as Disabled under the Act. In addition, people who are registered as blind or partially sighted, or who are certified as being blind or partially sighted by a consultant ophthalmologist, are automatically treated under the Act as being Disabled. People who are not registered or certified as blind or partially sighted will be covered by the Act if they can establish that they meet the Act's definition of disability.

What about people who know their condition is going to get worse over time?

Progressive conditions are conditions which are likely to change and develop over time. Where a person has a progressive condition, he/she/they will be covered by the Act from the moment the condition leads to an impairment which has some effect on ability to carry out normal day-to-day activities, even though not a substantial effect, if that impairment is likely eventually to have a substantial adverse effect on such ability in the future. This applies provided that the effect meets the long-term requirement of the definition.

Are people with genetic conditions covered?

If a genetic condition has no effect on ability to carry out normal day-to-day activities, the person is not covered. Diagnosis does not in itself bring someone within the definition. If the condition is progressive, then the rule about progressive conditions applies.

Are any conditions specifically excluded from the coverage of the Act?

Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of the Act. These are:

- addiction to or dependency on alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed)
- seasonal allergic rhinitis (e.g. hay fever), except where it aggravates the effect of another condition
- tendency to set fires
- tendency to steal
- tendency to physical or sexual abuse of other persons
- exhibitionism
- voyeurism.

Also, disfigurements which consist of a tattoo (which has not been removed), non-medical body piercing, or something attached through such piercing, are to be treated as not having a substantial adverse effect on the person's ability to carry out normal day-to-day activities (from The Equality Act 2010, Employment statutory code of practice).

This information is not definitive. [Further guidance on matters to be taken into account in determining questions relating to the definition of disability](#) is also available from the Office for Disability Issues.