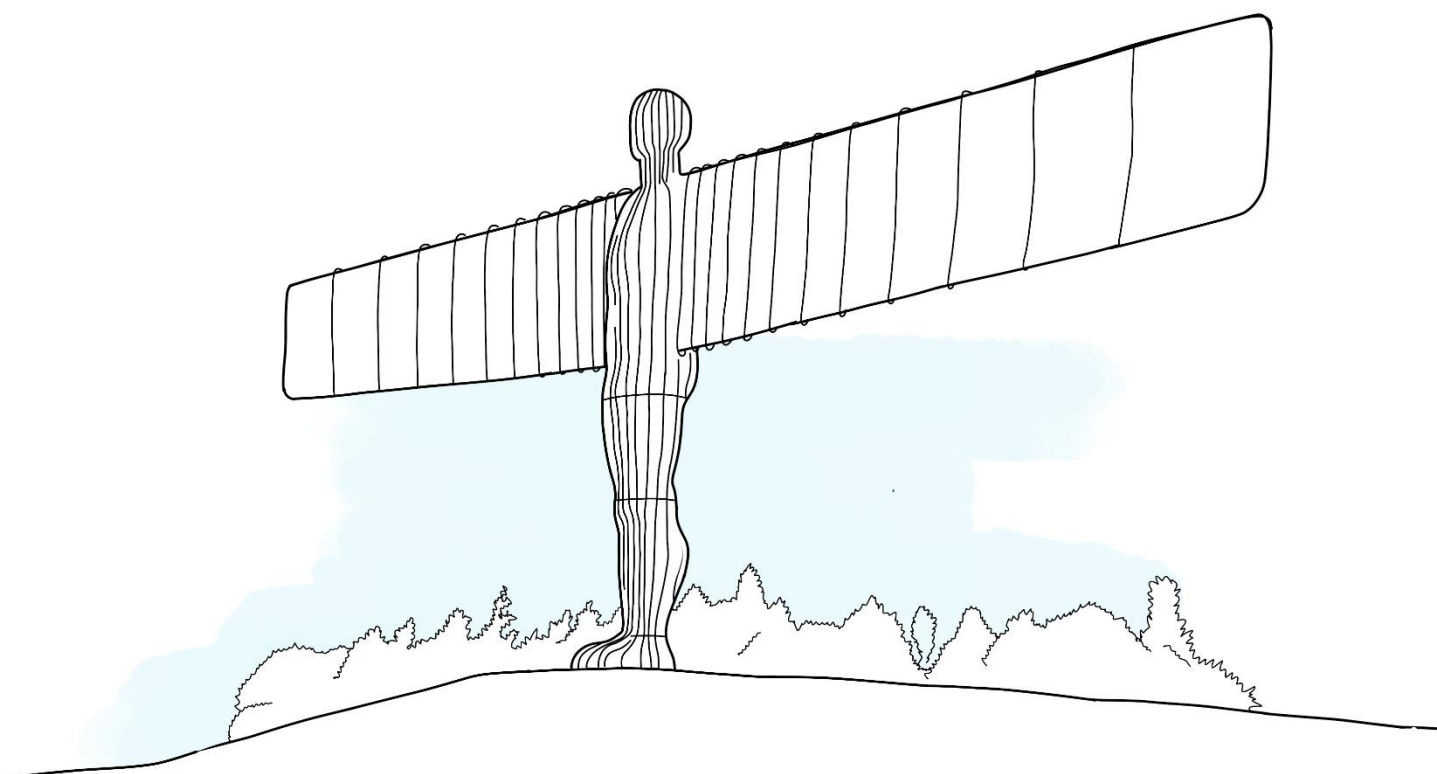# WRES / WDES

Workforce Race / Disability Equality Standards Update following May 2024 paper

May 2024

Introduction

Equality, diversity and inclusion (EDI) is paramount in ensuring that the Trust has a diverse, inclusive and engaged culture that is everyone's responsibility, in order to deliver the mandatory and statutory reporting. It should be the golden thread in all that this Gateshead Health does.

Recognising that we need to improve if we are to achieve our ambitions and become a Trust where diversity is valued and celebrated. To ensure this vision becomes real, we have to take the stance that everyone is treated with dignity and respect, and that discrimination and inequalities are prevented and eradicated from all our services and functions.

Summary and methodology

The WRES and WDES data is extracted from the annual NHS staff survey annually and we submitted our data in May 2024 following the discussions at Executive Management team and POD Committee.

The data was shared with the staff networks and the Trust EDI and Engagement lead met with the network chairs to discuss in detail. Acknowledging that a number of our indicators have deteriorated the discussions were focused on whether the actions from previous years were having the impact that is needed.

The revised high level action plans are in appendices 3 and 5.

Key WRES/WDES indicators

The 2023 WRES / WDES submissions showed the following:

	Improvement required ↘	Improving ↗	No Movement ↔
WRES	6	5	3
WDES	5	13	4

The detailed explanation of these indicators are in Appendices 2 and 4

Refreshing the WRES / WDES action plans

The data collected from the last staff survey, shared with the Networks, EMT and the POD committee in May 2024 shows that there has not been a significant difference in incidences of harassment from previous years, however the response rates have increased. This could be due to staff feeling more comfortable in reporting incidences. Hopefully utilising the momentum of SRTRC, raising the profile of Zero Tolerance, the role of the FTSU Guardian's engagement with the Networks will show a significant difference in our next year's submissions.

Areas identified for further work highlighted bullying and harassment across both the WRES and WDES indicators. A training programme addressing Racial Harassment has been produced for roll out during this year. This will be a follow up from the Z tolerance and the civility work which is happening across the Trust.

Using the 4 key pillars incorporated within our EDI strategy, members of the group had detailed discussions in respect of the milestones that sit under each of the 4 Key Pillars, these being:
- Empowering our people in investing time in engaging with one another through inclusive network, communities and forums
- Holding one another to account in living our values, by incorporating EDI into our core values, challenging unconscious bias and fostering diverse thinking
- Fostering an inclusive culture of belonging where everyone is seen, supported, respected and valued for their unique contributions
- Increasing opportunities for our people to have their voices heard.

Key highlights of our EDI ongoing work

The summary below highlights the progress that has been made against the equality, diversity and inclusion objectives.
- EDI continues to be the golden thread throughout the Managing Well training programme
- Conscious and unconscious bias within the recruitment and selection process has been added into the existing bite sized recruitment and selection training. This programme of

- work is being refreshed within the E and D supply Group and the development of a new R and S training package.
- Equality and Quality Impact Assessments for all policies and service changes are being used to assess and understand the impact upon all protected characteristics.
- A session around culture and faith and the impact on patient care was delivered by faith leads (chaplaincy) and evaluated well. Further delivery has been planned for October / November 2024. Specific bespoke EDI training has also been agreed for our Pathology Department.
- An EDI KPI metrics dashboard has been developed which collects data relevant to all protected characteristics. This dashboard is being further refined. The metrics capture the detailed recruitment data as well as the data that is required for the WRES and WDES submissions.
- A programme of Zero-tolerance approach to Bullying and Harassment has been undertaken, with 320 managers attending specific training on 'Show racism the red card'. This is underpinned by the Trust having signed up to Anti-Racism Charter earlier in the year. The Freedom to Speak Up Guardian, the EDI manager and Cultural ambassadors are working to ensure there is triangulation of data collected and outcomes. Drawing on their skills will also aid our staff networks which are staff-led, funded and provided protected time to support and guide staff.

Figure 1 - celebrating Black History Month

- Bullying and Harassment cases continue to be reviewed on a monthly basis by the Head of People Services as part of the Employee Relations Case Reviews. The appendix gives a breakdown of the specific areas relevant to the WRES and WDES.
- A variety of support channels are in place for staff with a concern around abuse, harassment, bullying and physical intimidation in the workplace. Amongst these include our Freedom to Speak Up Champion, an on-site Security team, a mediation service.
- Strengthening partnerships and regional cross-working from other Trusts.
- Current EDI objectives and EDI principles are incorporated into corporate induction.
- A one and half hour session on EDI principles are part of the Managing Well Programme and have evaluated well. A number of participants have contacted the EDI manager for further advice and information pertinent to their individual roles and services, and bespoke EDI training has been delivered.
- Senior members of staff undertaking any disciplinary investigations have undertaken EDI E-Learning and some have attended the Managing well programme.
- EDI training is offered to all International Students as part of their corporate induction.
- One session around Neuro divergence has been delivered and further training sessions and dates are planned.

Key Challenges of our EDI ongoing work related to the WRES and WDES

There remain some key challenges and some poor behaviours experienced by our staff from patients, the public and other colleagues. The WRES and WDES metrics highlight some of this very clearly and will help us ensure that we are targeting our actions appropriately:
- Bullying, harassment and abuse
    - 25.6% of our GEM staff experienced this from patients, relatives or the public
    - 40.9% of our disabled staff experienced this from patients, relatives or the public
    - 29.4% of our GEM colleagues experienced this from colleagues
    - 49.5% of our disabled staff experienced this from colleagues
- Discrimination
    - 14.6% of staff have experienced this in the last 12 months

Actions

High level action plans are included in this report for publication, and these have been co-produced with network colleagues.

More detailed action plans underpin these and will be worked through and overseen by the Trust EDI Manager and the relevant stakeholders. Progress will be monitored via a dashboard at the monthly HREDI group, chaired by the Director of People and OD.

Figure 2 - International educated nurses

People and OD committee will receive regular updates in the dashboard to provide assurance on progress and ensure that any issues are escalated appropriately.

Summary

- Overall, for the WRES 6 questions require improvement, 5 are improving and 3 have had no movement. The WDES has 5 questions that require improvement, 13 that are improving and 4 that have had no movement.

- Action plans reflecting the changes required are attached.

Appendix 1 - The summary information below has been taken from the WRES and WDES metrics submissions. Detailed data is in **Appendix 2:**

	Improvement required ↘	Improving ↗	No movement ↔
WRES	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants.	Percentage of BME staff overall in the Trust	No change at a VSM level in BME representation
	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff		Relative likelihood of BME staff entering the formal disciplinary process compared to White staff.
	Percentage of staff experiencing harassment, bullying or abuse from patient's relatives or public in the last 12 months **(BME)**	Percentage of staff experiencing harassment, bullying or abuse from patient's relatives or public **(White Staff)**	BME Board membership
	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months **(BME)**	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months **(White Staff)**	
	Percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues **(BME and White Staff)**	Percentage of staff believing that the trust provides equal opportunities for career progression or promotion **(BME and White Staff)**	

There are 4 WRES indicators which require improvement.
1 is around recruitment and selection and 1 is around non Mandatory and Non mandatory training. There are 3 indicators which are indicative of harassment and bullying. 3 indicators show no movement of which 2 may change depending upon future recruitment.

		Improvement required ↘	Improving ↗	No Movement ↔
WDES			Marginal increase in number of Disabled colleagues in the workforce	No representation of disabled staff at VSM
			Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure
				Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement for
		Percentage of staff experiencing harassment, bullying or abuse from Managers **(Disabled Staff)**	Percentage of staff experiencing harassment, bullying or abuse from Managers **(Non-Disabled Staff)**	
		Percentage of staff experiencing harassment, bullying or abuse from Colleagues **(Non-Disabled Staff)**	Percentage of staff experiencing harassment, bullying or abuse from Colleagues **(Disabled Staff)**	
			Reporting incidents of harassment / bullying	

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. **(Non-Disabled staff)**	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. **(Disabled staff)**	
Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which the organisation values their work. **(Disabled staff)**	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which the organisation values their work. **(Non-Disabled staff)**	
Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. **(Non-Disabled staff)**	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. **(Disabled staff)**	
	Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their role. **(Disabled staff)**	
	Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement for the organisation (out of 10). **(Disabled Staff)**	Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement for the organisation (out of 10). **(Non Disabled staff)**

5 indicators overall that need improving. 3 of these are around Bullying and Harassment. Pressure to come to work, feeling satisfied that there work is valued, and equity in opportunity all require improvement for both Disabled and Non – Disabled staff. The majority of improvements are for non-disabled staff, whilst equity in opportunity in their work being valued, promotion, reasonable adjustments all show an improvement. Further work is required to assess how the non-movement scores can show an improvement.

Appendix 2.

WORKFORCE RACE EQUALITY STANDARD REPORT

WRES INDICATORS
The Trust submitted the Workforce Race Equality Standard (WRES) as per previous years. The purpose of this document is to identify inequalities and agree actions to ensure that staff from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace

Metric		2022	2023		Comment
Metric 1 - Staff representation Percentage of BME staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	Overall BME Percentage	7.62%	9.97%	⬆	**Non- Clinical areas** - Slight increase across Bands 1 to 8B - No movement across 8C to VSM **Clinical Areas** - Increase by 3.37% in Bands 1 – 4 - Increase by 2.86% in Bands 5 – 7 - A very small percentage decrease at Band 8A - 8B - Medical and Dental Consultants and Medical and Dental Non-Consultants have shown an increase (3.29% and 11.78% respectively) - !3.5% drop in the Medical and Dental Trainees from 2022 - *In March 2023, 26.4% of the workforce across NHS trusts came from a BME background (380,108 people). Across all NHS trusts there were 144,750 more BME staff in 2023 compared to 2018 (equating to a 61.5% increase). Over the same period, the number of white staff increased by 53,279 (equating to a 5.7% increase).*
	Non Clinical				
	Non-clinical Band 1 - 4	1.98%	1.99%	⬆	
	Non-clinical Band 5 - 7	3.88%	4.89%	⬆	
	Non-clinical Band 8A - 8B	2.33%	3.57%	⬆	
	Non-clinical Band 8C - VSM	0%	0%	**No Move**	
	Clinical				
	Clinical Band 1 - 4	3.22%	6.59%	⬆	
	Clinical Band 5 - 7	5.58%	8.44%	⬆	
	Clinical Band 8A - 8B	1.56%	1.55%	⬇	
	Clinical Band 8C - VSM	0%	0%	**No Move**	
	Medical and Dental Consultants	31.34%	34.63%	⬆	

	Medical and Dental Non-Consultants	32.18%	43.96%	⬆	*For our Trust, BME presentation is positive as 3.9% of our population are from the BME communities*
	Medical and Dental Trainees	50.00%	37.50%	⬇	

| Metric 2	2022	2023		Comment
Metric 2 - Recruitment Relative likelihood of White staff being appointed from shortlisting across all posts *(A figure below 1.00 indicates that BME staff are more likely than white staff to be appointed from shortlisting)*	0.69	0.83	⬆	*This figure indicates that the relative likelihood of white staff being appointed from shortlisting compared to BME staff is 0.83 times greater. Detailed analysis of these figures will be examined as this figure seems to have increased significantly However this indicates an improvement.*

Metric 3	2022	2023		Comments
Metric 3 - Disciplinary Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation *Note: This indicator will be based on data from a two-year rolling average of the current year and the previous year.*	0	0	**No Move**	*Data collected is pertinent to a formal cabability process on grounds of ill Health and Performance. These figures may not capture the formal process. Further detailed analysis of the data collected will be undertaken*

Metric 4	2022	2023		Comments
Metric 4 - CPD Relative likelihood of staff accessing non-mandatory training and CPD *(A figure below 1.00 indicates that BME staff are more likely than white staff to be appointed from shortlisting)*	1	1.02	⬇	*Non-mandatory training refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement or mandated by the organisation.* *Accessing non-mandatory training and CPD, in this context refers to courses and developmental opportunities for which places were offered and accepted. The data collected needs*

|				*exploring as there is an expectation that all staff are expected to maintain internal consistency in training year to year, so that changes in uptake trends can be compared over time to assess equity in terms of the total numbers of staff accessing both mandatory and non-mandatory training.*

Detailed analysis of Metrics 5 – 7 (Bullying and Harassment)

| Percentage of staff experiencing harassment, bullying or abuse from **patient's relatives or public** in the last 12 months					
	2019	*2020*	*2021*	*2022*	*2023*
BME	*29.5% (78 responses)*	*16.5% (85 responses)*	*21% (105 responses)*	*20.3% (133 response)*	*25.6% (164 Responses)*
White	*21.2% (1429 responses)*	*22.1% (1394 responses)*	*23.7% (1742 responses)*	*23.9% (1935 responses)*	*21.1% (1961 Responses)*
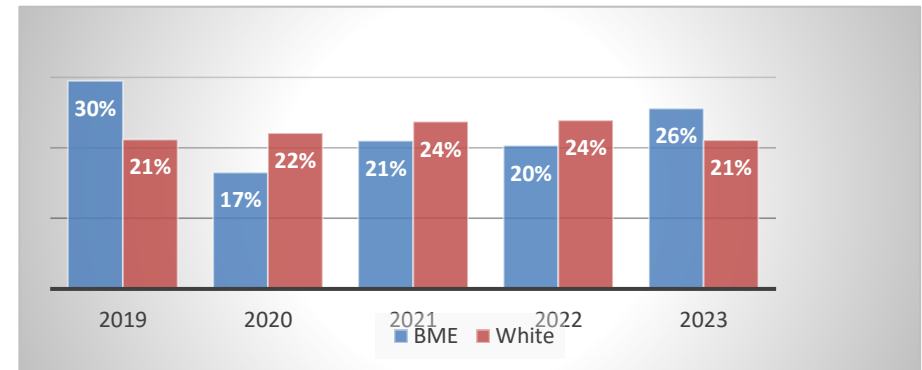
The % of staff overall experiencing harassment, bullying or abuse from patients, service users, relatives, or the public has increased from the previous year for BME staff and a decrease for the White staff. The response rates for both groups has also increased. For BME the % figure has been rising since 2019, (albeit with small dip in 2020), whilst for the White Group the 2023 figure is back to the 2019 figure of 21.2%

Percentage of staff experiencing harassment, bullying or abuse from **staff** in the last 12 months					
	2019	*2020*	*2021*	*2022*	*2023*
BME	*35.9% (78 responses)*	*32.9% (85 responses)*	*29.5% (105 responses)*	*19.1% (131 responses)*	*29.4% (164 Responses)*
White	*19.9% (1431 responses)*	*20.8% (1396 responses)*	*19.4% (1735 responses)*	*18.7% (1935 responses)*	*18.5% (1961 Responses)*
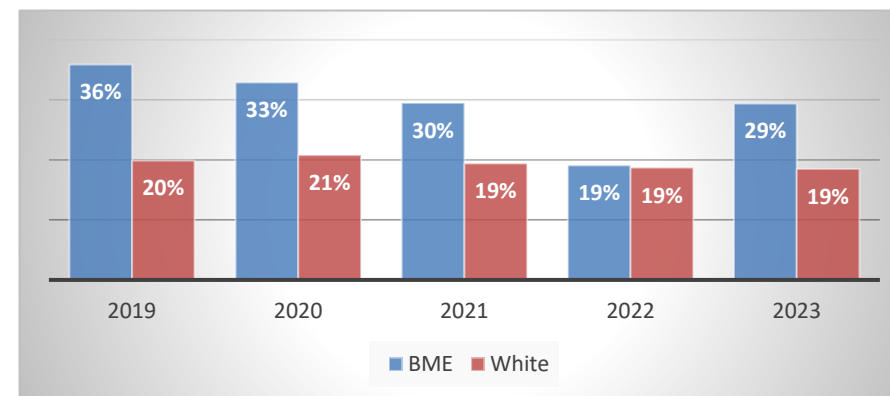
The overall % staff experiencing harassment, bullying or abuse from other staff in the last 12 months has increased for BME staff by nearly 10% and is back to the 2021 % figure. For the White staff there is very small increase. There remains a significant gap between the likelihood of bullying and this figure indicates that BAME staff are still more likely to experience harassment or bullying.

| Percentage of staff experiencing discrimination at work from **a manager / team leader or other colleagues**					
	2019	*2020*	*2021*	*2022*	*2023*
BME	*11.5% (78 responses)*	*17.1% (82 responses)*	*17.1% (105 responses)*	*11.4% (132 responses)*	*14.6% (164 responses)*
White	*4.2% (1418 responses)*	*4.7% (1393 responses)*	*6.2% (1733 responses)*	*4.7% (1937 responses)*	*4.8% (1961 responses)*
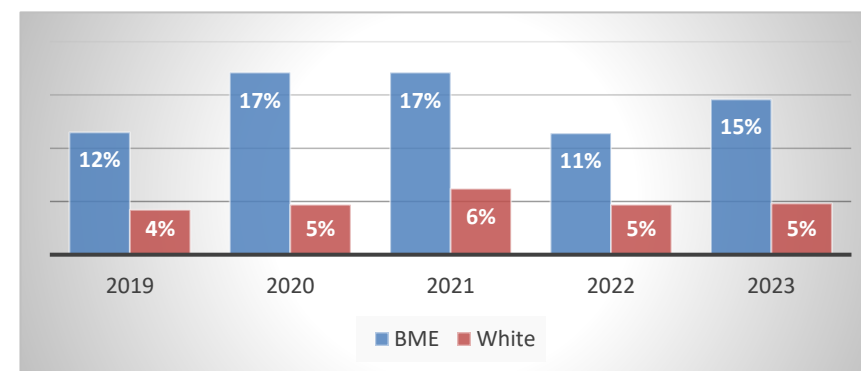
The data shows a large disparity between BAME and White staff personally experiencing discrimination at work from a manager/team leader in the 2023 figures. Data collected over the last 5 years shows that the figures for the BME group has increased from 11.4% to 14.6%. For White staff this figure has remained approximately the

same – apart from 2021 when it rose by 1.5%. However in comparison across all years, BME staff experience significantly more discrimination from a manager/ team leader or other colleague. In 2023, BME staff % difference from their White colleagues stood at 9.8%

Metric 8

Percentage of staff believing that the trust provides equal opportunities for career progression or promotion					
	2019	*2020*	*2021*	*2022*	*2023*
BME	*43.6% (78 responses)*	*44% (84 responses)*	*44.8% (105 responses)*	*47% (129 responses)*	*53% (164 responses)*
White	*62.6% (1427 responses)*	*62.8% (1401 responses)*	*63% (1725 responses)*	*65.2% (1927 responses)*	*66% (1961 responses)*
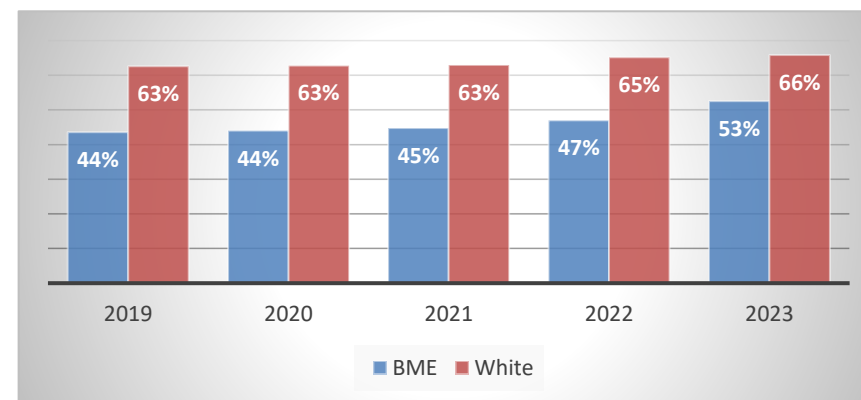
An increasing proportion of staff in both groups indicated that there was equity for career progression and/or promotion understanding whether there is equity in terms of take up of Career Progression or promotion. However a **13 %** gap still remains between White and BME staff

Metric 9

BAME Board membership (difference between the organisations Board voting membership and its overall workforce					
	2019	*2020*	*2021*	*2022*	*2023*
BME	*0*	*0*	*1 Associated NED*	*1 Associated NED*	*0*

There has not been any change in this indicator. However in principle it has been agreed where external agency is undertaking a recruitment exercise at this level, due consideration will be paid in trying to readdress numbers of BME groups applying. As per previous recruitment exercises, the Trust will continue to have an independent external BME representative on the appointment panel.

Workforce Race Equality Action Plan 2024/25					
	Action	**Lead**	**Time frame**	**WRES Metric**	**Rag Rating**
1	FTSU Guardian to report experiences of BME staff who have: - Reported issues pertaining to disciplinary (formal and informal) - Outcomes of who have been through the Disciplinary process to the HREDI Programme Board on a quarterly basis	Freedom to Speak Up Guardian	November 2024	3	
2	Develop a quarterly report monitoring the application of the Flexible working policy for GEM and White colleagues. This would monitoring Themes and Trends.	Head of People services	March 2025	3	
3a	Implement recommendations from the EDI supply group around inclusive recruitment and promotion programme and ensure each stage of the recruitment pathway is equitable by reviewing and updating the recruitment and values based recruitment training, to incorporate workforce planning and improve the length of time to hire	Recruitment Manager, EDI Manager and Head of People Services	December 2024	2, 4, 8	
3b	Ensure that our recruitment adverts have a diversity statement and are fully accessible	Recruitment Manager, EDI Manager and Head of People Services	December 2024	2	
3c	Draft a standard report which will be provided to the HREDI Group regarding recruitment activities across diversity metrics	Recruitment Manager, EDI Manager and Head of People Services	December 2024	2,8	
4	Zero tolerance and its impact on members of staff is part of any discussions – addressing and scoping areas where there may be perceived systemic racism and inequalities take place Draft a standard report which will be provided to the HREDI Group regarding Diversity metrics	Head of People Services	November 2024	5, 6	

5	As part of our EDI Dashboard, capture diversity data for member of staff referred to any capability and performance management procedure, both formal and informal. Data captured will help in the WRES submission for 2025 Draft a standard report which will be provided to the HREDI Group regarding performance and capability cases across diversity metrics.	Head of People Services	November 2024	1	
6	Collect and analyse ethnicity and gender pay gap report	Information team EDI Manager	November 2024	1	
7	Deliver cultural competency learning for all staff and managers	EDI Manager	Awaiting Senior Management decision	5	
8	Supporting Chair and Co-Chair of GEM network to launch monthly webinars for all staff highlighting different aspects of race inequalities	GEM network	November 2024	Across all	
9	Update management guidance and appraisal training for managers to include intersectional approach and unconscious bias in the context of objective setting and career development Diversity metrics captured of staff attending training/accessing CPD funding/Study leave/Managing well/leading well etc. Quarterly report into HREDI Programme Board.	Head of Learning and Development	December 2024	1 and 7	
10	Roll out reverse / reciprocal mentoring	Head of Leadership, OD & Staff Experience and EDI manger	March 2025	3	

Appendix 4

WORKFORCE DISABILITY EQUALITY STANDARD REPORT

Metric 1		2022	2023		Comment
Metric 1 - Staff representation Percentage of Disabled staff in AfC paybands or medical and dental subgroups and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce	**Overall**	**5.24%**	**5.28%**	⬆	
	Non - Clinical				
	Non-clinical Band 1 - 4	7.7%	7.6%	⬇	**Non- Clinical areas** - Virtually equal parity for Bands 1- 7 - Greatest difference is at Bands 8A and 8B (3.1%) - An Increase of 3% at Bands 8C and VSM
	Non-clinical Band 5 - 7	5.8%	5.9%	⬆	
	Non-clinical Band 8A - 8B	5.3%	2.2%	⬇	
	Non-clinical Band 8C - VSM	0%	3%		
	Clinical				
	Clinical Band 1 - 4	5.4%	5.5%	⬆	**Clinical areas** - Virtually equal parity for Bands 1- 7 - Small decrease at Band 8A – 8B (0.7%) - Medical and Dental Consultants have decreased by 0.35%, whilst for both Medical and Dental Non-Consultants and Medical and Dental Trainees the figure shown an improvement (1.8 and 5% respectively)
	Clinical Band 5 - 7	5.5%	5%	⬇	
	Clinical Band 8A - 8B	4.6%	3.9%	⬇	
	Clinical Band 8C - VSM	0%	0%	No Move	
	Medical and Dental Consultants	3.35%	3%	⬇	
	Medical and Dental Non-Consultants	3.30%	5.1%	⬆	
	Medical and Dental Trainees	0%	5%	⬆	

Metric 2	2022	2023		Comment
Metric 2 - Recruitment Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts. A figure of 1.0 represents equity of opportunity	1.09	1	⬆	*Improvement of 0.09% compared to previous year. Reporting figure is less than 1 indicating a greater likelihood of disabled colleagues being appointed.*

Metric 3	2022	2023		Comment
Metric 3 - Recruitment Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	0	0	**No Move**	*Further detailed analysis of the data collected needs to be examined. Data collected is pertinent to formal cabability process on grounds of ill Health and Performance. These figures may not capture the formal process.*

Metric 4 – Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.
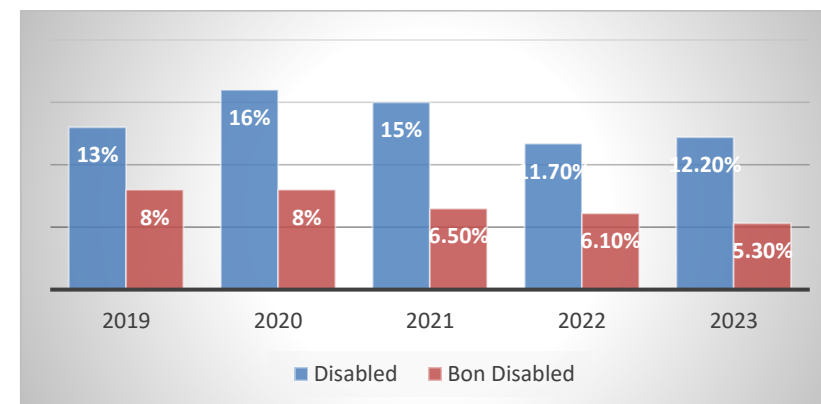
In the last 12 months, percentage of staff experiencing harassment, bullying or abuse from:		2019	2020	2021	2022	2023
a) Patients/ service users, their relatives or other members of the public	Disabled (with LTC)	23% *320 responses*	26% *365 responses*	31% *504 responses*	25.5% *534 responses*	24.8% *603 responses*
	Non Disabled (without LTC)	21% *1195 responses*	21% *1123 responses*	21% *1339 responses*	22.9% *1529 responses*	19.9% *1485 responses*
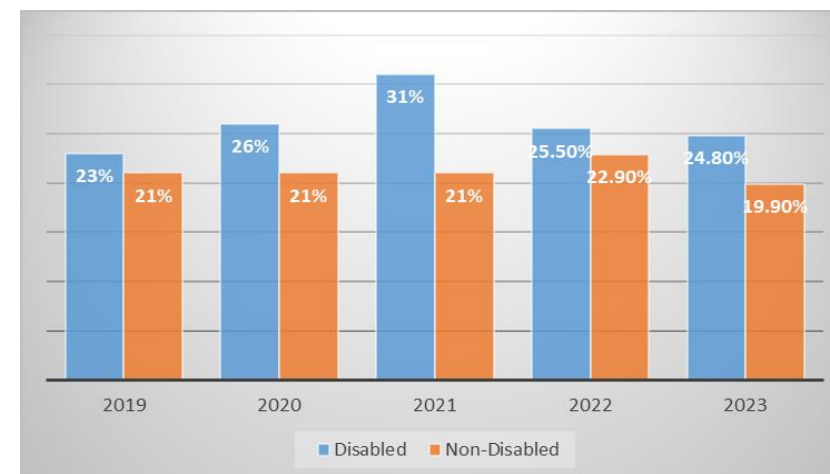
The data indication for this indicator in respect of Disabled staff (LTC) shows a marginal decrease 2022 (down by 0.7%)

For Non-disabled staff there has been virtually no change apart from 2023 a decrease (3%). In comparison for 2023, the figures for this indicator show that disabled staff with LTC were 5.9% times more likely to experience harassment from user, relatives or members of the public.
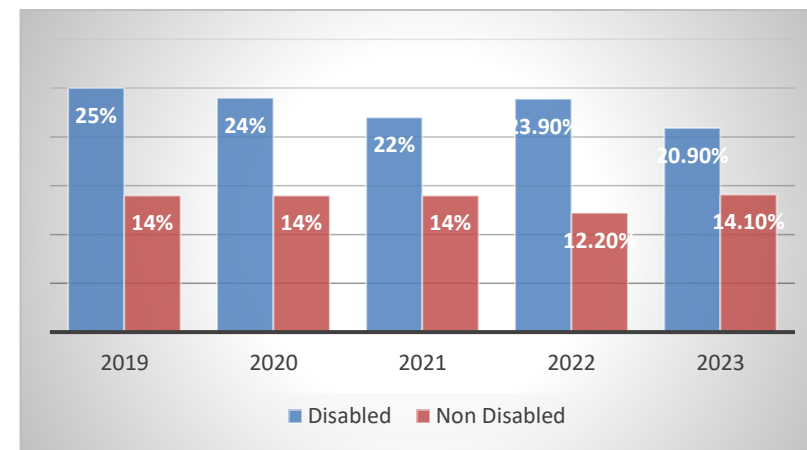
In the last 12 months, percentage of staff experiencing harassment, bullying or abuse from:		2019	2020	2021	2022	2023
b) Managers	Disabled (with LTC)	13% *319 Responses*	16% *367 Responses*	15% *499 responses*	11.7% *532 responses*	12.2% *603 responses*
	Non Disabled (without LTC	8% *1191 Responses*	8% *1120 responses*	6.5% *1330 responses*	6.1% *1519 responses*	5.3% *1485 responses*

The data indication for this indicator in respect of Disabled staff (LTC) shows an increase since 2022 (0.5%)

The figure for Non-disabled is also decrease (from 0.8%). In comparison for 2023, the figures for this measure show that disabled staff with LTC were 6.9% times more to experience harassment from Managers

In the last 12 months, percentage of staff experiencing harassment, bullying or abuse from:		2019	2020	2021	2022	2023
c) Colleagues	Disabled (with LTC)	25% *311 responses*	24% *360 responses*	22% *496 responses*	23.9% *527 responses*	20.9% *603 responses*
	Non Disabled (without LTC)	14% *1184 responses*	14% *1105 responses*	14% *1323 responses*	12.2% *1513 responses*	14.1% *1485 responses*

Disabled staff (LTC) experiencing harassment / abuse from colleagues has decreased (by 3.9%).
Non-disabled shows an increase (1.9%). In comparison for 2023, the figures for this measure show that disabled staff with LTC were 6.8% times more to experience harassment from colleagues.

In the last 12 months, percentage of staff experiencing harassment, bullying or abuse from:		2019	2020	2021	2022	2023
d) They or their colleague reported it	Disabled (with LTC)	43% *126 responses*	41% *148 responses*	45% *195 responses*	43.5% *193 responses*	49.5% *603 responses*
	Non Disabled (without LTC	39% *341 responses*	42% *310 responses*	44% *367 responses*	45.3% *419 responses*	46.2% *1485 responses*
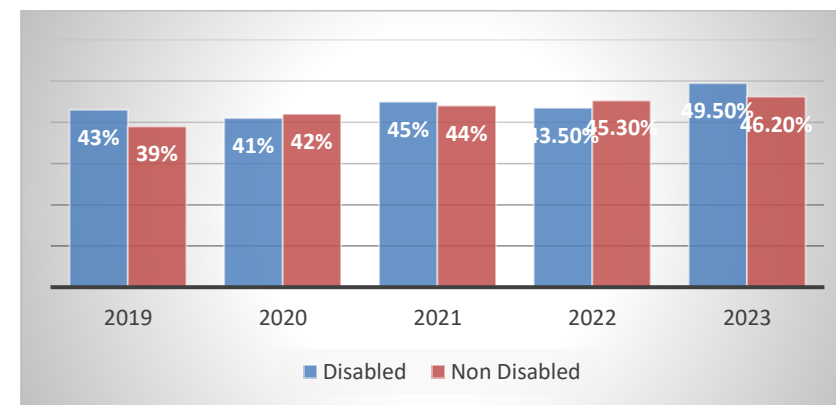
In terms of this measurement it can be seen that the figures for colleagues reporting incidences has increased (from 43% up by 6.5% to 49.5%). This is virtually the same for the Non-Disabled group (from 39% up by 7.2% to 46.2%). In comparison for 2023, the figures for this measure show that colleagues reported any harassment / abuse to disabled staff more than Non-Disabled staff (49.5% v 46.2)

Metric 5

Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	2019	2020	2021	2022	2023
Disabled (with LTC)	54% 322 responses	55% 367 responses	57% 500 responses	58.5% 537 responses	61% 603 responses
Non Disabled (without LTC)	64% 1191 responses	64% 1127 responses	64% 1328 responses	66.1% 1515 responses	66% 1485 responses
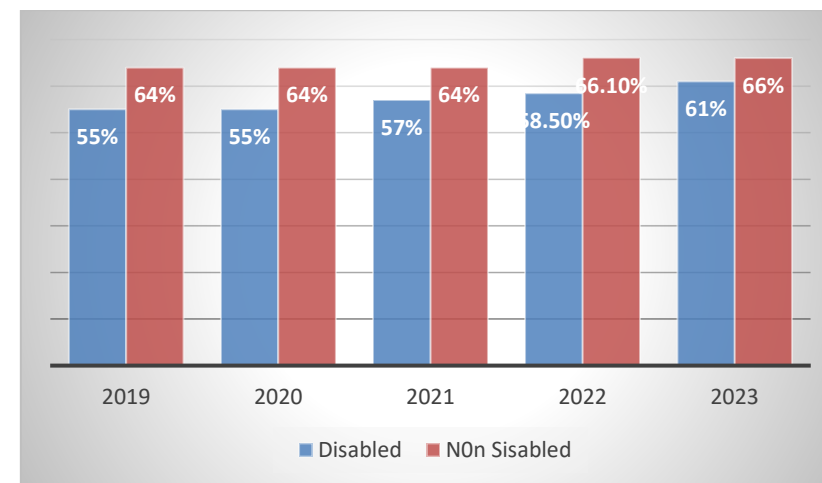
For Disabled groups (LTC) the figure has increased – up by **2.5%** whilst for Non-Disabled staff this increase is small (up by **0.9%**).
In comparison for 2023, the figures for this measure show that disabled staff with LTC were **5%** less likely to have the same opportunities for career progression.

Metric 6

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	2019	2020	2021	2022	2023
Disabled (with LTC)	34% *219 responses*	34% *228 responses*	33% *343 responses*	28.2% *397 responses*	21.4% *603 responses*
Non Disabled (without LTC)	19% *610 responses*	22% *420 responses*	21% *633 responses*	15% *824 responses*	16% *1485 responses*
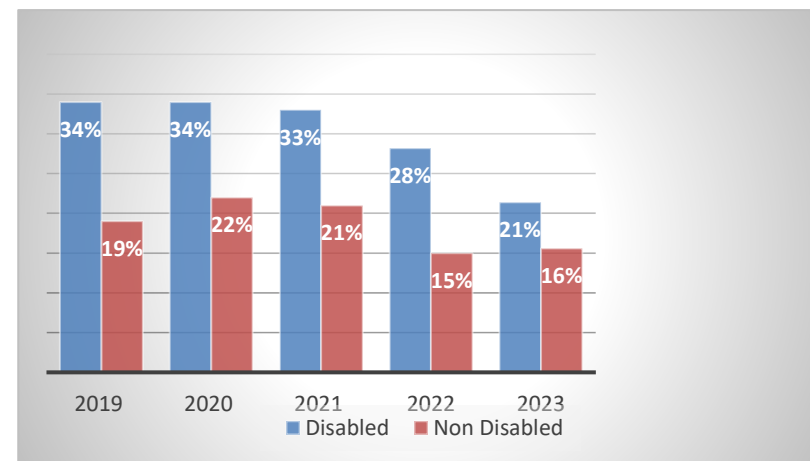
The pressure to come to work for Disabled (LTC) staff has fallen by 6.8%, but it should be noted that the response rate has virtually doubled. For Non-Disabled staff there has been an increase of 1%. In comparison for 2023, the figures for this measure show that disabled staff with LTC were 5.4% more likely to be pressured to come to work.

Metric 7

Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which the organisation values their work.	2019	2020	2021	2022	2023
Disabled (with LTC)	42% *323 responses*	38% *364 responses*	36% *506 responses*	39.1% *537 responses*	38.8% *603 responses*
Non Disabled (without LTC)	54 % *1191 responses*	51% *1120 responses*	45% *1333 responses*	45% *1528 responses*	47.5% *1485 responses*
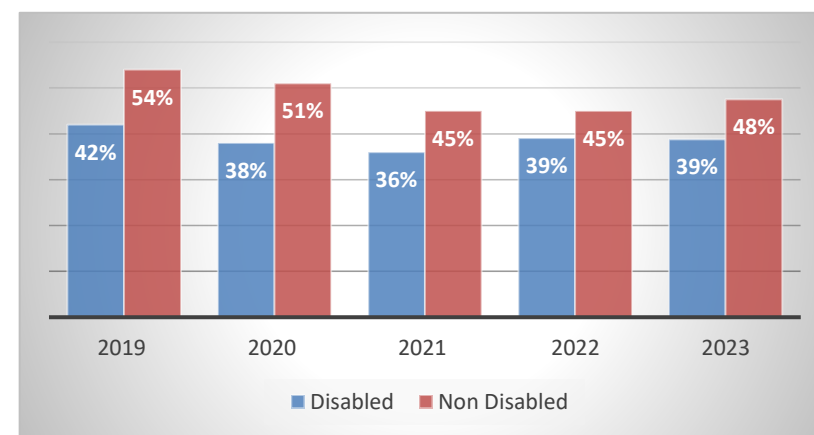
There has been little change in the proportion of Disabled staff who do not feel that the organisation values their work. This figure has decreased slightly (0.3%). Non Disabled staff figures indicate that satisfaction satisfied with the extent to which their work is valued has increased by 2.5%

Metric 8

Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their role.	2019	2020	2021	2022	2023
Disabled (with LTC)	85% *179 responses*	75% *221 responses*	78% *290 responses*	78.8% *824 responses*	82.8% *603 responses*
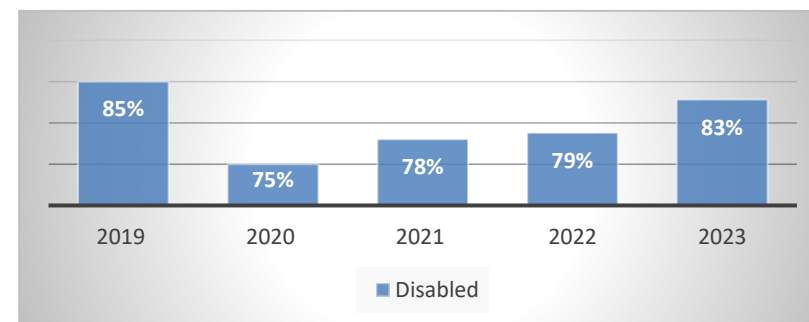
Whilst there was a slight increase from 2020 till 2023, it is clear that the figure around reasonable adjustments is not at the 2019 % point. The response rate has also gone down significantly in 2023. However in comparison with the 2022 figure there is a 4% rise in respect of this metric.

Metric 9

Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement for the organisation (out of 10).	2019	2020	2021	2022	2023
Disabled (with LTC)	6.9% *324 responses*	6.9% *367 responses*	7% *508 response*	6.5% *539 rersponses*	6.7% *603 rersponses*
Non Disabled (without LTC)	7.3 % *1201 responses*	7.3% *1130 responses*	7% *1341 responses*	7.1% *1532 responses*	7.1% *1485 responses*
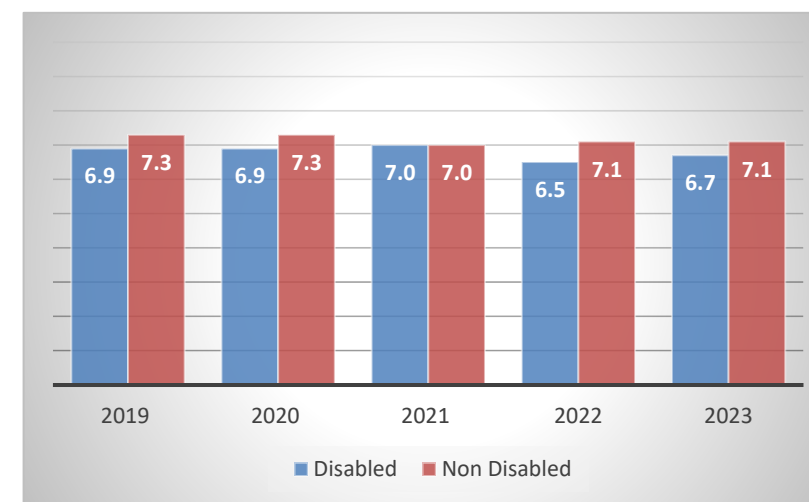
This measurement is a reflection of practical examples being used to provide equity for Disabled people. The national figure is around 7.1. Our figures show that our score has nearly always been on par across the years across Disabled and Non – disabled staff.

Appendix 5

	Action	Lead	Time frame	WDES Metric	Rag Rating
Workforce Disability Equality Action Plan 2024/25					
1	Review and develop guidance to ensure that reasonable adjustments are in place for our patients and are fit for purpose. Review current guidance around providing reasonable adjustments for our staff.	EDI Manager, PALS	March 2025	8	
2	Refresh the Accessible Information Standard and Learning Passport for the Trust	EDI Manager, Learning Disabilities Nurse	December 2024	8	
3a	Implement recommendations from the EDI supply group around inclusive recruitment and values based recruitment training to incorporate workforce planning, improve length of time to hire.	Recruitment Manager, EDI Manager and Head of People Services	December 2024	1,2 and 8	
3b	Ensure that our recruitment adverts have a diversity statement and are fully accessible by offering candidates the opportunity to request reasonable adjustments	Recruitment Manager, EDI Manager and Head of People Services	December 2024	2,5,8	
3c	Draft a standard report which will be provided to the HREDI Group regarding Diversity metrics specifically around Disability.	Recruitment Manager, EDI Manager and Head of People Services	December 2024	2,5,8	
4	As part of our EDI Dashboard, capture diversity data for member of staff referred to any capability and performance management procedure, both formal and informal. Data captured will help in the WRES submission for 2025	Head of People Services	November 2024	3	

	Draft a standard report which will be provided to the HREDI Group regarding Diversity metrics captured in Employee relations in respect of Disabled v Non-Disabled staff				
5	Draft a standard report which will be provided to the HREDI Group regarding Employee relations activities across diversity metrics specifically in relation to EDI Metrics around bullying, and harassment	Head of People Services	January 2025	4	
6	Collect and analyse disability pay gap data	Information team EDI Manager	December 2024	8	
7	Working in collaboration with the FTSU Guardian, create and launch EDI feedback form specifically for staff to raise concerns	FTSU Guardian, EDI Manager	November 2024	4	
8	Working with the Chair and Co-Chair of D-ability launch monthly webinars for all staff highlighting different aspects of disability.	D-ability network	Ongoing	4	
9	Promotion leadership and career development opportunities, specifically tailored to disabled staff. Link in with regional and national Disability rights programme of work	Learning and Development	January 2025	5	
10	**Metric 9 is around Staff engagement** • creating multiple channels to allow staff to speak up and raise concerns • utilising Schwartz Rounds to facilitate conversations on lived experience • training all line managers to hold supportive conversations with disabled staff • inviting staff networks to present at board meetings • ensuring staff networks have executive sponsors who meet with the networks regularly • providing training sessions to raise awareness and discussion on such as neurodivergence	Learning and Development	Ongoing	9	

Appendix 6

Key Finding – Benchmarked across all Trusts the WDES national team report indicates the following:

Workforce representation
4.9% of the workforce declared a disability through the NHS electronic staff record (ESR) in 2023, an increase of 0.7 percentage points since 2022. The number of people declaring a long-term condition or illness anonymously in the NHS Staff Survey has also increased, from 22.4% in 2021 to 23.4% in 2022.

Capability
The relative likelihood of a disabled colleague being in capability is 2.17. This means that disabled staff are more than twice as likely to be in the capability process on the grounds of performance.

Career progression
52.1% of disabled staff believed they had equal opportunities for career progression or promotion. This is an increase from 51.3% in 2022.

Feeling valued
35.2% of disabled staff reported that they felt valued for their contribution.

Staff engagement
The staff engagement score for disabled staff was 6.4, the third consecutive year it has fallen. 100% of trusts said that they had facilitated the voices of disabled staff to be heard.

Recruitment
The relative likelihood of a disabled job applicant being appointed through shortlisting has improved from 1.18 in 2019 to 0.99 in 2022. This national average suggests disabled and non-disabled applicants are equally likely to be recruited, but experience varies at trust level.

Harassment, bullying or abuse
33.2% of disabled staff reported having experienced bullying, harassment or abuse from patients, service users or the public, 16.1% from managers and 24.8% from other colleagues.

Presenteeism
27.7% of disabled staff experienced presenteeism. We continue to observe steady improvements in this metric since 2020.

Workplace adjustments
73.4% of disabled staff reported they had the reasonable adjustment(s) required to perform their duties.

Board representation
5.7% of board members declared a disability through ESR in 2023, an increase of 1.1 percentage points since 2022.