Workplace Disability Equality Standard (WDES) report

2024/25

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1. Context

The NHS Workforce Disability Equality Standard (WDES) is published annually and is an essential tool in supporting the Trust to be an accessible, inclusive and fair workplace. It was introduced in 2019 and is built around 10 evidence-based measures (metrics) which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. This 2025 report is the latest version and uses data from March 2024 - March 2025.

Utilising data from the electronic staff record (ESR) and the NHS Staff Survey, this report helps evaluate progress and identify areas where further improvement is needed to recognise and address bias within our processes, tackle unacceptable behaviours, eliminate the disparity of experiences evident between disabled and non-disabled staff, and support disabled staff to thrive at work. This is important because studies show that a motivated and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

Themes that have been identified across the NHS from analysis of all Trust's WDES data show that disabled NHS staff are:
- More likely to go through performance management capability processes.
- More likely to experience harassment, bullying or abuse.
- Less likely to feel that they have equal opportunities for career progress or promotion.
- More likely to feel pressured to attend work.
- Less likely to feel valued for their contribution to the organisation.
- Less likely to feel engaged.
- Less likely to be appointed through shortlisting.

This year's WSFT WDES report unfortunately highlights little progress over the past year and instead signifies the challenges we still face and must strengthen work on.

We know that, to achieve the goals set out for our staff in the 10 Year Health Plan, we must enhance the experience of our workforce, improving retention and attracting new talent to the Trust from the widest possible pool, alongside working to eliminate the disparities in the experiences between staff with a disability or long-term health condition, and those without. With nearly 1 in 4 people working in the NHS having lived experience of a disability or long-term condition, our journey toward achieving equity is ongoing and this report represents an important step in holding the Trust accountable, ensuring transparency, and driving the systemic change needed for a more inclusive future.

The following page highlights a shortened summary of some of the key areas of work and achievements we have undertaken that are contributing towards a more equitable and inclusive organisation.

2. Summary of key areas of work

Creation of the Trust's Workplace Adjustment guidance document

In November 2023, the Trust were successful in securing funding via a WDES EDI Improvement award. This enabled the creation of an assistive technology toolkit. The toolkit outlines some of the digital devices, tools and software that are available as part of wider workplace adjustments needs. The funding also enabled the creation of an informative line manager's guide to communication around neurodivergence.

Trust's first comprehensive 'workplace adjustment package' was launched in June 2024. Within this, a workplace adjustments guidance document was created to support both colleagues and line managers to understand what adjustments could be made, how they can be implemented and documented and if necessary, amended. The document includes support on deciding whether adjustments are deemed as 'reasonable' and explores alternatives if these cannot be achieved. It also includes the Trust's new streamlined process on how to organise and procure any identified adjustments and further signposts to both internal and external resources.

Alongside this, the Trust's first workplace adjustment dashboard was created, allowing colleagues to record and share the impact of their condition at work with colleagues and line managers. The dashboard also acts as an agreement of any adjustments that have been accepted or rejected and can be changed at any time, as their needs and roles develop.

Launch of phase 2 of the Trust Equality Impact Assessment process

Phase one of the Trust's new EIA process was launched in January 2025. This process set out the remit and requirement for the completion of EIAs for activities that are both patient and staff facing. All new change activities within the Trust must have an EIA completed as a part of their development and planning, and existing change activities must have an EIA completed as a part of their monitoring and review cycle. Change activities include (but are not limited to): strategies; projects and plans; organisational consultations; initiatives; events; functions; new policies and amendments to existing policies; new procedures and amendments to existing procedures.

Support is in place to inform and empower managers and colleagues to embed EIAs within their practice. This includes a template form to use, accompanying guidance and a prompt sheet to support the completion of every part of the form, enabling colleagues to review and assess their proposed activity through the lens of inclusion.

Following the launch of phase 2 of the Trust's EIA process in September 2025, the EIA process is now digitalised through an EIA PowerApp. This enables EIAs to be submitted and stored centrally.

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Disability pay gap reporting

The report, run using data as at 31st March 2025, was the first time that this report has been run within the Trust.

The report showed a mean disability pay gap (DPG) of 7.44 and a median DPG of 8.75, meaning the average pay for disabled colleagues is higher than non-disabled colleagues. In addition to the identification of this pay gap, two significant barriers were also recognised that are potentially preventing stronger conclusions being drawn. These are as followed:

1. High 'non-disclosure' rates- a significant percentage (20%) of our colleagues have not shared or updated their EDI information (specifically, regarding any disabilities or long-term health conditions they may or may not have) with the organisation through ESR. This is something that is also highlighted within the WRES report.
2. Multiple, conflicting options on ESR- this is a barrier preventing the streamlining and accurate interpretation of our data.

Actions have been incorporated into the Trust's EDI Priorities plan to address these things over the course of the next year.

Achievements of the Trust's Staff Disability Network

The Disability Network identified the following six priority areas to focus on over the course of the year:

- Supporting and celebrating network members
- Increasing the visibility of the network
- Collating data to understand the need
- Engaging with policies
- Providing or highlighting developmental opportunities
- Increasing collaboration

Aligned with these priorities, the network have:

- Contributed to many projects including contributions to digital accessibility conversations and feedback around the accessibility of the Estate.
- Provided feedback on the refreshed Trust strategy and have been encouraged to take part in engagement events.
- Encouraging network members to take up learning and development opportunities. This has included formal learning – such as the exec mentor programme – and informal learning – like taking part in steering groups.
- At least once a month, the network chair shared a bulletin with the mailing list. These bulletins included information about things going on in the Trust, as well as external events or publications that might be of interest.
- Run a series of 'social weeks' via the Network Teams channel. Each day a question was posted to the channel with the aim for members to get to know each other better and enhance emotional connection and peer support.

- Met with senior leaders to share feedback from network members. These communication chains have created good visibility for the network.
- Decided not to mark Disability History Month this year and instead focussed on the UN's International Day of Disabled Persons. Communication pieces include an article for the Green Sheet, posts on the staff Facebook page, and presence at the monthly All Staff Update.

Supporting sexual safety

As a signatory of the NHS Sexual Safety Charter, we have pledged to uphold the highest standards of sexual safety across all areas of care and employment, and to create an organisational culture where sexual violence, harassment, abuse, and inappropriate behaviours are never tolerated.

The Trust has implemented the following things:

- **Sexual misconduct policy:** The policy was developed with a trauma-informed approach. It outlines the Trust's approach to dealing with sexual harassment, describes how to report an incident, provides a summary of support available to staff, patients, and visitors, and explains how reports of sexual misconduct will be investigated.
- **Sexual safety guidelines:** Developed to sit alongside the policy, the guidelines serve as a resource for staff to improve understanding of sexual misconduct, set out clear routes for reporting incidents and concerns, and provide specific guidance for victims, witnesses, and alleged perpetrators throughout the reporting and investigation process.
- **Reporting form:** An online reporting form has been created to make reporting sexual misconduct more accessible. The form is displayed on the intranet and Trust website pages for sexual safety and can also be opened via a QR code on the posters you see around the Trust. The form has an anonymous reporting option for those who feel unsafe or unable to share their name, and every submission will be triaged by the HR team and taken seriously.
- **Highlighting additional ways to speak up:** For staff, this includes line managers, Freedom to Speak Up Guardian, HR business partner and union representative. For patients, family members or visitors, this includes ward or senior managers and the patient advice and liaison (PALS) team.

Affirming our anti-racist commitment

In September 2023, the Trust formally committed to UNISON's Anti-Racism Charter. Since then, whilst there has been progress in nine out of twenty areas of the charter, there is further work that must be done to continue to progress anti-racist commitments within the organisation and to relentlessly eradicate discrimination in our practice and behaviours. In addition to the work already underway to address racial inequity within the Trust, additional areas of focus are:

- Increasing visibility of our anti-racist commitment, and articulating our zero tolerance of racism
- Enhancing literacy and understanding of anti-racism across our organisation

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Actions to progress these areas are embedded within our EDI Priorities plan.

3. West Suffolk NHS Foundation Trust WDES 2024-25 report key highlights

Performing well

<u>WDES Metric 2: shortlisting</u>

Although there has been an increase of 0.4 over the last year, the figure of 1.4 is within the acceptable range of equity between the percentage of disabled and non-disabled applicants appointed from shortlisting.

Maintain focus- improvement required

<u>WDES Metric 4a: bullying from patients</u>

This figure has improved since initial reporting but continues to fluctuate each year for both disabled and non-disabled staff. The percentage of disabled staff reporting bullying from patients remains higher than non-disabled staff.

<u>WDES Metric 5: career progression</u>

Overall decline for both disabled and non-disabled staff in comparison to five years ago.

<u>WDES Metric 6: presenteeism</u>

Little improvement over the last five years, although scores of both disabled and non-disabled staff feeling pressure from their manager to work despite not feeling well enough to perform their duties is better than compared to peer Trusts.

<u>WDES Metric 8: workplace adjustments</u>

Percentage decreases over the last two years. 2024/25 marks the first time the Trust has fallen below the average percentage of peer Trusts in the last three years.

Work required- priority areas

<u>WDES Metric 1: representation</u>

A quarter of the workforce have not disclosure or updated their disability information, which is very high.

<u>WDES Metric 3: capability</u>

For the second year in a row, there has been a significant move away from equity, highlighting that disabled colleagues are more likely to enter into the capability process in comparison to their non-disabled colleagues.

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WDES Metric 4: bullying

Whilst the overall trend of bullying from the public, managers and colleagues has decreased over the past 5 years, percentages have fluctuated and remain high, and the percentage remains higher for disabled staff.

WDES Metric 7: feeling valued.

These figures for both disabled and non-disabled staff are the lowest they have been in the past five years. The figures are lower for disabled staff.

WDES Metric 9: staff engagement

Downward trend over the last five years for all staff, yet disabled staff consistent feel less engaged than non-disabled staff.

4. West Suffolk NHS Foundation Trust WDES 2024-25: the overall picture

Table 1: A five-year overview, further information and work in progress for each WDES metric

Area	5-year view	Further information	Work in progress
Metric 1: Representation	Very small improvement	The percentage of staff who have not updated or shared any disability data/information via ESR remains very high (25%). Additionally, there continues to be a significant difference between the percentage of staff who share they have a disability or long-term health condition within the staff survey (around 22% of respondents) in comparison to Trust ESR data (6.5% of staff). Whilst this is a reported issue across the NHS and is indicative of both systemic barriers and ESR constraints inhibiting disclosure, it is something that the Trust must be proactive in addressing.	All non-medical staff are reminded to update their EDI information on ESR during their annual appraisal.\n\nA campaign is being designed to inform and encourage staff to update their EDI information on ESR. This campaign will address the identified barriers that staff may encounter that may prevent them from disclosing or updating this information.
Metric 2: Shortlisting	Yearly fluctuations, yet **remain close to attaining equity**	The figure has increased slightly over the previous year from 1 (which indicates equity) to 1.4, which just remains in the acceptable range and is the same figure as it was in 2020. 2023 indicated the greatest disparity between the likelihood of being appointed from shortlisting between disabled and non-disabled candidates with a figure of 0.39.	The existing recruitment and selection training is being reviewed to ensure there is greater detail of bias, the impact of this, inclusion of actual Trust data and how to challenge bias in oneself and others.\n\nAn inclusive recruitment guide will also shortly be developed and circulated.
Metric 3: Capability	Yearly fluctuations	After an unacceptable, significant spike in 2022 (14.4) the likelihood of disabled staff entering formal capability process compared to non-disabled staff	A workplace adjustments guidance document was created and launched to support both

	with no clear trend	then reduced to 0 in 2023. In 2024, the number increased to 2 and, over the past year, has increased by (almost) 2 again to reach 3.9. The number 1 signifies equity.	colleagues and line managers to understand what adjustments could be made, and how they can be implemented and documented to ensure that staff are supported to thrive at work.
Metric 4a: Harassment, bullying and abuse from patients	Overall downward trend	Although there has been an increase of staff who have experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months for both staff with and without a disability, there is an overall, albeit fluctuating, downward trend. For staff with a disability, this has reduced from 30.7% in 2020 to 27.6% in 2024. For staff without a disability, this has reduced from 25.4% in 2020 to 21.5% in 2024.	*Management of unacceptable behaviour by patients, service users and members of the public* policy was launched in the summer of 2024. New posters stating "unacceptable and discriminatory behaviours will not be tolerated" were designed and displayed in public facing areas. These posters include examples of unacceptable behaviours such as, but not limited to: racism, homophobia, sexism, transphobia, ableism and verbal or physical assault and sexual harassment.
Metric 4b: Harassment, bullying and abuse from managers	Increase for the second year in a row	An increase for the second year in a row now brings the percentage of disabled staff experiencing harassment bullying or abuse from managers to the highest it has been since 2020 (16.4%). For non-disabled staff, the percentage is the highest it has been in the last five years (10.6%).	Information about harassment, bullying and discrimination has been embedded into management and leadership programmes. Interactive training sessions on implicit bias, active bystander, allyship and microaggressions continue to be delivered to managers and their teams. Expected behaviours of staff and managers are outlined within the

			Trust's values and behaviour framework. The Trust has included 'percentage of staff saying that they have not experienced harassment, bullying or abuse from managers in the last 12 months' as one of the measures for its *Empowered to Improve* ambition within the 2025-2028 strategic plan.
Metric 4c: Harassment, bullying and abuse from other colleagues	Little improvement for disabled staff	Although the percentage of staff with a disability who have experienced harassment, bullying or abuse from other colleagues fluctuates year to year, there has been negligible improvement when comparing the percentages from 2020 (26.9%) and 2024 (26.5%). This is in comparison to the percentage of staff without a disability who have experienced harassment, bullying or abuse from other colleagues, which has decreased from 19.1% in 2020 to 16.2% in 2025, highlighting a growing disparity in experience between disabled and non-disabled staff.	Information about harassment, bullying and discrimination has been embedded into development and leadership programmes. There has been an increase in EDI training incorporating topics such implicit bias, active bystander, allyship and microaggressions both as team interventions and as a part of team away days. Expected behaviours of staff and managers are outlined within the Trust's values and behaviour framework. The Trust has included 'percentage of staff saying that they have not experienced harassment, bullying or abuse from managers in the last 12 months' as one of the measures for its *Empowered to Improve* ambition within the 2025-2028

			strategic plan, reflecting the Trust's strong commitment to reduce harassment, bullying and abuse within the organisation.
Metric 4d: Reported incident of harassment, bullying or abuse	Decrease in percentage of disabled staff reporting incidents, increase of non-disabled staff reporting incidents	The percentage of staff with a disability reporting an incident of harassment has decreased from 56.4% in 2020 to 51.1% in 2024. With this being said, the percentages had increased notably from 2021 and 2022, where they were 45.6% and 47%, respectively. Conversely, the percentages of non-disabled staff reporting an incident of harassment, bullying or abuse experienced at work had overall increased since 2020, where it was 23.3% and it is now 47.3%. However, this has decreased from 2022 and 2023, where the percentages were the highest they have been in the past 5 years at 51.6% and 50%, respectively.	Freedom to Speak Up (FTSU) Guardian has continued engagement activities and outreach, including with colleagues in community settings and colleagues working twilight shifts. FTSU Guardian has also attended meetings of all staff networks to explain the speaking up process and highlight sources of support available. Signposting to reporting mechanisms is included in all EDI related training sessions and regularly included in Trust communications. Specific sessions on being an active bystander have been designed and delivered to staff across the Trust. The first cohort of Wellbeing and Inclusion Champions have been recruited and trained on topics such as: microaggressions, psychological safety, and how to signpost to reporting mechanisms and available support.
Metric 5:	Overall decline for	Significant decline for both staff with and without a disability, although the patterns remain different. For	There has been an increase of development, management and

Career progression	both disabled and non-disabled staff	staff with a disability, there has been a steady, year-on-year decrease in the percentage of staff believing the Trust provides equal opportunities for career progression for promotion. For staff without a disability, the percentages fluctuate each year. For example, the highest percentage in the last 5 years for staff without a disability believing the Trust provides equal opportunities for career progression for promotion was in 2023 (60.1%) and the following year in 2024 is the lowest percentage within the last 5 years (54%).	leadership programmes offered by the learning and development team. Work is underway to collect EDI monitoring data on who is applying for, selected for and completing these sessions and programmes to ensure any inequity is identified and addressed. Additionally, the CEO mentoring programme was launched in January 2025. The programme has been specifically designed to support the professional development of colleagues at band 7 or above who are underrepresented within the Trust and who experience additional systemic issues due to their identities.
Metric 6: Feeling pressured to come to work when unwell	Negligible movement for disabled staff, very small decrease for non-disabled staff	There is a negligible increase from 26.3% in 2020 to 26.4% in the percentage of disabled staff feeling pressure from their manager to come to work despite not feeling well enough to perform their duties. There has been a slight decrease for non-disabled staff, although the trend is different. There was a peak in 2022 where 20.4% of non-disabled staff reported feeling pressure from their manager to come to work despite not feeling well enough to perform their duties. This has reduced over the past two years to where it is now 17.4%. This marks a growing disparity of experience between disabled and non-disabled staff.	Introduction of wellbeing and quarterly check ins in the appraisals of non-medical staff provide additional opportunities for managers to have supportive, compassionate and regular conversations about health.

Metric 7: Feeling valued	Significant decrease for both disabled and non-disabled staff	Downward trend for both the percentages of disabled and non-disabled staff feeling satisfied with the extent to which the organisation values their work. The overall percentage decrease from 2020 to 2024 for disabled staff is - 12.5% and for non-disabled staff it is -13.5% over the same period. These figures are the lowest they have been in the past five years for both staff groups.	The Trust continues to identify and implement ways to increase and enhance the feeling of value amongst staff during this period of organisational change.
Metric 8: Workplace adjustments	Decreasing trend for disabled colleagues, increasing trend for non-disabled colleagues	The percentage of staff with a disability or long-term condition saying the Trust has made reasonable adjustment(s) has decreased notably over the previous year, marking a percentage decrease for the second year in a row. It is the first time the Trust has fallen below the average percentage of peer Trusts in the last three years.	A workplace adjustments guidance document was launched to support both colleagues and line managers to understand what adjustments could be made, how they can be implemented and documented to ensure that staff are supported to thrive at work. Additional support for managers is also in place via webinars (both live and recorded) and a dedicated toolkit. Organisational Development continue to work closely with the Staff Disability Network to monitor the experiences and feedback of staff and to provide additional support when required. The Trust has included 'percentage of disabled staff saying that their employer has made reasonable

![NHS West Suffolk NHS Foundation Trust logo]

			adjustments to enable them to carry out their work' as one of the measures for its *Empowered to Improve* ambition within the 2025-2028 strategic plan, reflecting the Trust's strong commitment to ensuring staff with a disability or long-term health condition are supported at work.
Metric 9: Staff engagement	Occasional fluctuations but clear, steady, downward trend for both disabled and non-disabled staff	With the exception of 2023, which saw a percentage increase for both disabled and non-disabled staff, there has been a small, steady decline each year in staff engagement scores for both disabled and non-disabled staff. It is the first time in five years that the percentage score for disabled colleagues has fallen below the average of peer Trusts.	Organisational Development and Communications team to continue to identify and implement ways to enhance and improve staff engagement. These are being regularly discussed at within the Trust's Involvement Committee.
Metric 10: Board representation	Statis	Board level representation of members with a disability remains the same, but non-disclosure has increased since last year.	Board members have been asked to update their information by the Chair of the Board.

5. 2025 WDES analysis

WDES Metric 1 - Percentage and number of staff by disability

The WSFT workforce snapshot of 31 March 2025 showed that the Trust had a workforce of 5508 (an increase from previous year: 5409), of which 6.5% of staff disclosed a disability or long-term condition (the same percentage as the previous year). Data also showed that 25.1% of staff had not shared/disclosed their disability data. This has decreased from 29% in the previous year. Whilst this decrease in non-disclosure is positive, the percentage of the workforce who have not shared or updated their disability information is very high and highlights a key priority for the Trust.

Table 2 is a snapshot of WSFT staff by disability status as of 31 March 2024/25 compared to 2023/24.

Table 2: number and percentage of <u>all staff</u> by disability status in 2023/24 and 2024/2025

Band	2023/24				2024/25			
	Disability	No Disability	Not disclosed	% of disabled staff at band	Disability	No Disability	Not disclosed	% of disabled staff at band
1	0	0	0	0%	0	5	4	0%
2	0	5	5	0%	0	366	98	0%
3	99	607	235	10.5%	31	672	209	3.4%
4	51	376	144	8.9%	102	408	126	16%
5	39	394	148	6.7%	48	676	232	5%
6	50	640	274	5.2%	54	609	231	6%
7	47	554	266	5.4%	48	413	191	7.4%
8a	27	401	206	4.3%	37	160	58	14.5%
8b	9	139	69	4.1%	11	53	18	13.4%
8c	3	52	25	3.8%	4	20	11	11.4%
8d	1	17	12	3%	2	8	3	15.4%
9	1	7	5	7.7%	2	5	4	18.2%
VSM	0	5	4	0%	1	3	1	0%
Trainee Grade	7	78	35	5.8%	7	62	101	4.1%
Non-consultant career grade	5	47	70	4.1%	1	113	25	0.7%
Consultant	14	165	71	5.6%	13	190	72	4.7%
Total	353	3487	1569	6.5%	361	3763	1384	6.5%

NB: Appendix A shows the breakdown of clinical v non-clinical staff in 2023/24 and 2024/25, respectively.

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The largest representation of staff declaring a disability is in Bands 9, 4, 8d and 8a. The bands with highest number of non-disclosures are bands 5, 6 and 3. There is a higher ratio of disabled staff compared to non-disabled staff in Bands 9 and 4.

However, the disclosure data indicates staff with a disability are disproportionately underrepresented in Band 2 and at Very Senior Manager. The data also shows that the highest number of staff who have not disclosed their data are staff in bands 2-7 and staff within the trainee grade.

WDES Metric 2 - The relative likelihood of non-disabled candidates compared to disabled candidates being appointed from shortlisting across all posts.

Table 3: the number of shortlisted applicants by disability status, the number of appointed applicants from shortlisting by disability status, and the relative likelihood of non-disabled applicants being being appointed in comparison to disabled applicants across the following years: 2023/24 and 2024/25.

	2023/24			2024/25		
	Disabled	Non Disabled	Unknown	Disabled	Non Disabled	Unknown
Number of shortlisted applicants	211	2986	107	194	2436	58
Number appointed from shortlisting	13	193	24	13	223	22
Relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled Staff	**1**			**1.4**		

There has been a slight shift in the data over the past year which indicates the likelihood of non-disabled candidates being appointed from shortlisting across all posts compared to disabled candidates is just over the preferred 1 ratio, which the Trust attained last year. This suggests that disabled candidates may be at a slight disadvantage.

WDES Metric 3 - The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff.

Table 4: the number of staff entering a formal capability process by disability status, the number of disabled and non-disabled people entering this process due to ill health, and the relative likelihood of disabled staff entering a formal capability process across the following years: 2023/24 and 2024/2025.

	2023/24			2024/25		
	Disabled	Non-Disabled	Disability Unknown	Disabled	Non-Disabled	Disability Unknown
Average No. of staff entering formal capability process over the last 2 years (Total divided by 2)	2	10	0	7	8	1
Of these, how may were on the grounds of ill-health	0	0	0	4	0	0
Relative likelihood of Disabled Staff entering formal capability	2			3.9		

This figure has increased significantly from the last year. A figure above 1:00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process. Further work must be done to address this.

5 Year Comparison of WDES Indicators 1-3

The table below is a 5-year comparison of metrics 1-3. Metric 1 shows a slow increase in the number of staff disclosing a disability from 2020-2025. Whilst this increase is positive, the number of staff who do not have any disability data recorded within ESR remains very large and equates to 25% of our workforce. Reducing this percentage by encouraging staff to update their information strengthens our data and enables us to better understand our workforce. This is a key priority for the Trust. Metric 2 indicates a slight disadvantage to candidates with a disability. Metric 3 has increased by 2 this year and the year before, highlighting an increasing likelihood that staff with a disability enter a formal capability process in comparison to non-disabled staff. This highlights that further action is required to turn the dial towards equity.

Table 5: a five-year comparison of WDES indicators 1-3

		2020/21	2021/22	2022/23	2023/24	2024/25
Metric 1	No. of staff at the Trust	5855	5631	5214	5409	5507
	No (%) % of staff with a disability/LTC at the Trust	211 (3.6%)	212 (3.8%)	278 (5.3%)	354 (6.5%)	364 (6.6%)
Metric 2	Relative likelihood of non-disabled staff appointed from shortlisting compared to disabled staff	1.4	0.63	0.39	1	1.4
Metric 3	Relative likelihood of disabled staff entering formal capability process compared to non-disabled staff	0	14.4	0	2	3.9

The data for metrics 4-9 have been sourced from the National NHS Staff Survey which provides a comparison of the outcomes of the response for disabled and non-disabled staff: Local results for every organisation | NHS Staff Survey (nhsstaffsurveys.com)

WDES Metric 4a - Percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
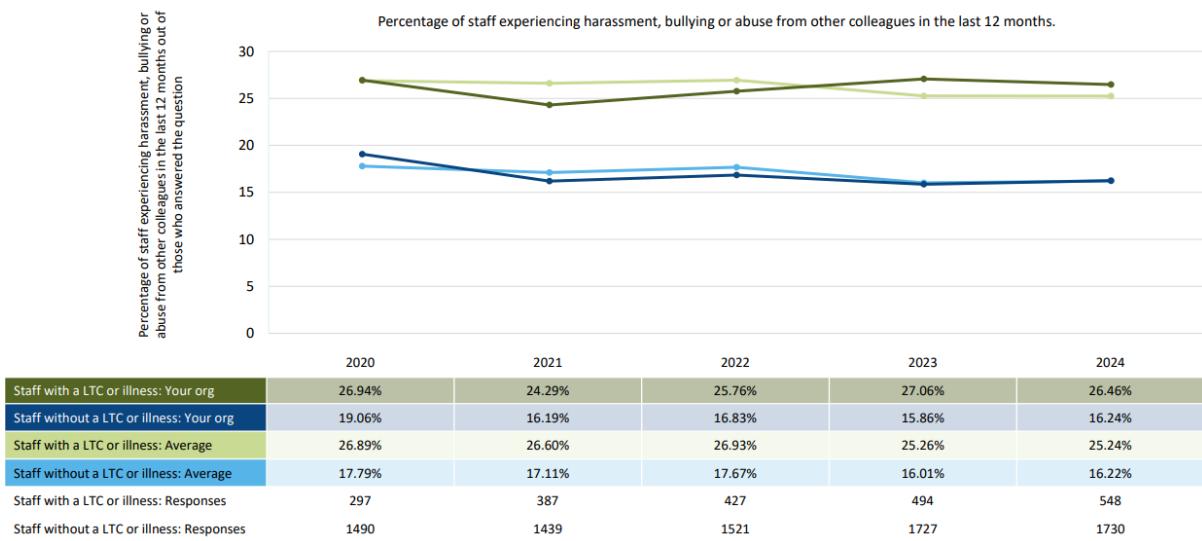

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	30.74%	28.35%	29.23%	25.72%	27.63%
Staff without a LTC or illness: Your org	25.35%	22.78%	24.05%	20.40%	21.49%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	296	388	431	495	561
Staff without a LTC or illness: Responses	1491	1440	1526	1749	1759

Despite improvement in the previous year, 2024 survey data shows an increase in the percentage of staff who have experienced harassment, bullying or abuse from patients, relatives, or the public for both staff with and without a disability. The percentage remains higher for staff with a disability compared to staff without a disability. With this being said, there continues to be an overall downward trend in the percentages for both disabled and non-disabled staff when looking at the data over the last five years. The data continues to be lower than the average of peer Trusts.

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

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	17.91%	15.63%	14.15%	15.04%	16.43%
Staff without a LTC or illness: Your org	10.07%	8.33%	9.86%	9.00%	10.67%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	296	384	424	494	554
Staff without a LTC or illness: Responses	1489	1441	1521	1733	1752

For the second year in a row, there has been an increase in the percentage of staff who have experienced harassment, bullying or abuse from managers for staff with and without a disability. The percentage remains higher for staff with a disability compared to staff without a disability.

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

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

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	26.94%	24.29%	25.76%	27.06%	26.46%
Staff without a LTC or illness: Your org	19.06%	16.19%	16.83%	15.86%	16.24%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	297	387	427	494	548
Staff without a LTC or illness: Responses	1490	1439	1521	1727	1730

There has been a slight decrease in the percentage of staff with a disability who have experienced harassment, bullying or abuse from other colleagues. This is in comparison to non-disabled colleagues, where the percentage has slightly increased. However, it should be noted that the percentage remains much higher for staff with a disability compared to staff without a disability.

WDES Metric 4d - Percentage of disabled staff who indicated that they or a colleague reported the last incident of harassment, bullying or abuse experienced at work.

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

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	56.39%	45.61%	47.03%	52.39%	51.07%
Staff without a LTC or illness: Your org	43.34%	42.79%	51.64%	50.01%	47.31%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	133	171	185	199	233
Staff without a LTC or illness: Responses	503	430	488	504	539

There has been a slight decrease in the percentage of staff reporting an incident of harassment, bullying or abuse experienced at work for both staff with a disability or no disability, and both figures now sit below the average of peer Trusts.

WDES Metric 5 - Percentage of disabled staff believing that their trust provides equal opportunities for career progression or promotion.

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	57.62%	51.77%	49.06%	51.44%	47.96%
Staff without a LTC or illness: Your org	59.23%	60.04%	56.57%	60.11%	53.96%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	302	396	426	521	563
Staff without a LTC or illness: Responses	1523	1484	1522	1805	1753

Despite an increase seen in the previous year, there has been a decrease in the percentage of all staff believing that the Trust provides equal opportunities for career progression or promotion. The percentage remains lower for staff with a disability compared to staff without a disability.

WDES Metric 6 - Percentage of disabled staff who said that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties.

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

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	26.29%	25.98%	25.48%	25.56%	26.37%
Staff without a LTC or illness: Your org	18.81%	19.94%	20.35%	19.75%	17.84%
Staff with a LTC or illness: Average	33.00%	32.18%	29.97%	28.55%	26.85%
Staff without a LTC or illness: Average	23.44%	23.74%	20.80%	19.46%	18.71%
Staff with a LTC or illness: Responses	175	254	310	360	402
Staff without a LTC or illness: Responses	654	712	737	815	925

The data shows a slightly higher percentage of staff with a disability feeling pressure to come to work despite not feeling well enough to perform their duties in comparison to last year. Conversely, the percentage of non-disabled feeling this way has improved. This widens the gap and further highlights the disparity of experience between staff with a disability and staff without.

WDES Metric 7 - Percentage of disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Percentage of staff satisfied with the extent to which their organisation values their work.

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	44.74%	34.66%	34.72%	33.46%	32.15%
Staff without a LTC or illness: Your org	52.38%	47.14%	44.98%	47.17%	38.90%
Staff with a LTC or illness: Average	37.36%	32.62%	32.46%	35.66%	34.73%
Staff without a LTC or illness: Average	49.27%	43.30%	43.56%	47.19%	46.98%
Staff with a LTC or illness: Responses	304	401	432	526	563
Staff without a LTC or illness: Responses	1535	1504	1534	1823	1766

The percentage of staff with a disability feeling satisfied with the extent to which the organisation values their work has decreased in the past year. However, the

percentage for non-disabled staff has decreased significantly. These figures are the lowest they have been in the past five years for both staff groups.

WDES Metric 8 - Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

	2022	2023	2024
Staff with a LTC or illness: Your org	76.33%	75.16%	72.76%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%
Staff with a LTC or illness: Responses	245	310	312
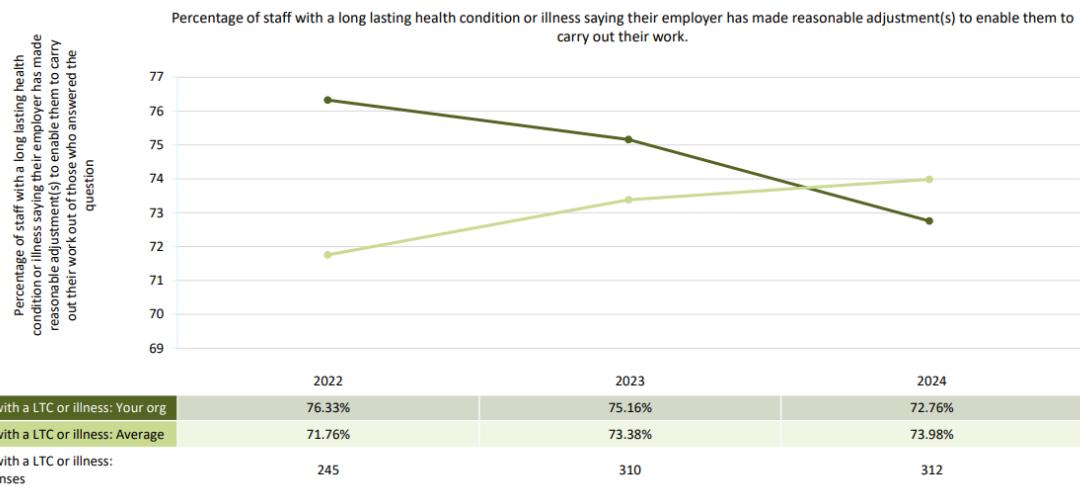
The percentage of staff with a disability or long-term condition saying the Trust has made reasonable adjustment(s) has decreased over the last year, which is the second year in a row. It now sits below the average percentage of peer Trusts.

WDES Metric 9 - Staff engagement scores

Staff engagement score (0-10)

	2020	2021	2022	2023	2024
Organisation average	7.25	7.01	6.89	6.97	6.50
Staff with a LTC or illness: Your org	7.05	6.69	6.54	6.67	6.24
Staff without a LTC or illness: Your org	7.29	7.15	6.99	7.08	6.58
Staff with a LTC or illness: Average	6.65	6.42	6.35	6.46	6.40
Staff without a LTC or illness: Average	7.14	6.97	6.92	7.04	7.00
Staff with a LTC or illness: Responses	304	401	432	527	566
Staff without a LTC or illness: Responses	1536	1506	1534	1825	1769

The engagement scores have declined slightly since last year for both disabled and non-disabled staff. There has been a small, steady decline since 2020 (with the exception of 2023).

WDES Metric 10 - Disability representation among board members

Table 6: the number of Executive and Non-Executive board members by disability status , and the number of voting and non-voting board members by disability status over the following four years: 2022, 2023, 2024, 2025.

		2022	2023	2024	2025
Executive Board	Disability	0	0	0	1
	No disability	0	5	6	3
	Not disclosed	6	2	0	3
Non-Executive	Disability	0	1	1	1
	No disability	4	4	6	6
	Not disclosed	1	5	0	3
Total		11	17	13	17

		2022	2023	2024	2025
Voting	Disability	0	1	1	2
	No disability	3	7	12	9
	Not disclosed	7	7	0	6
Non-Voting	Disability	0	0	0	0
	No disability	1	1	0	0
	Not disclosed	0	1	0	0
Total		11	17	13	17

Board level representation of members with a disability remains consistent, but non-disclosure has increased since last year.

6. Conclusion and next steps

Based on the data presented throughout this report, the areas of focus over the next year are outlined below. These areas of work have been embedded within the Trust's EDI priority plan, the health and wellbeing workplan, or are key projects within the wider organisational development team:

Increasing disclosure
➢ Launch a campaign to encourage staff to update their EDI information via ESR. The campaign will include information to address the following barriers. These are things that have been identified as inhibiting disclosure within the Trust and NHS organisations more widely:
   o Ensuring the language we use around health, wellbeing and disability is inclusive. For example, the language used on ESR (which cannot be amended at Trust level) refers to 'disabilities' and contains categories that may not be relatable to staff. In comparison, the language used within the staff survey refers to long-term physical or mental health conditions or illnesses, which is broader, more encompassing and, as a result, more inclusive.
   o Awareness that personal EDI information can be captured and updated on ESR, and instructions on how to do this.
   o Providing information on why it is important to share this data, what it contributes to, providing assurance that the data is held securely and that it will not be used in a way that identifies individuals.

Bullying and harassment
➢ Work with the Disability Network to create informative resources around ableism, disability inclusion and allyship for colleagues with a disability or long-term health condition. These must be included and visible within regular, planned communications around anti-bullying, harassment, and discrimination.
➢ Continue to increase awareness and engagement with existing, informative resources designed to enhance manager's confidence and ability to have inclusive, supportive conversations about health, support, and workplace adjustments.
➢ Continue to regularly communicate the reporting mechanisms in place and proactively encouraging staff to report incidents of bullying, harassment, abuse and discrimination through these. This should always be accompanied by the sources of support available, so staff are aware of what sources there are and how to access them, but also to feel assured that they will be support throughout every stage of the reporting process.

Capability
➢ Work is required to strengthen our policies to ensure reasonable adjustments are utilised and explored fully before formal processes like the Trust's *Supporting Performance Improvement* are initiated.
➢ Bias and/or indirect discrimination must be addressed within our policies and processes whenever we see it. HR must challenge managers to evidence the

workplace adjustments that have been explored, implemented, and exhausted before the capability process is initiated.

Increasing feelings of value

➢ Implement and launch the 'Each Person' platform within the Trust in January 2026, enabling the sharing of staff feedback within teams and more widely across the Trust as one way of improving feelings of value amongst staff.

Staff engagement

➢ Organisational Development and Communications team to continue to identify and implement ways to enhance and improve staff engagement. These are being regularly discussed at within the Trust's Involvement Committee.

7. Appendices

Appendix A: number and percentage of <u>non-clinical and clinical staff</u> by disability in <u>2023/24</u>

	Measure	Snapshot of data as at 31st MARCH 2024						
		Disabled staff		Non-disabled staff		Disability Unknown or Null		Overall
		# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
1a) Non Clinical Staff								
Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Bands 1	Headcount	0	0.0%	5	50.0%	5	50.0%	10
Bands 2	Headcount	31	8.3%	244	65.4%	98	26.3%	373
Bands 3	Headcount	27	9.1%	185	62.5%	84	28.4%	296
Bands 4	Headcount	24	6.6%	246	67.4%	95	26.0%	365
Bands 5	Headcount	10	6.3%	111	70.3%	37	23.4%	158
Bands 6	Headcount	5	5.0%	63	63.0%	32	32.0%	100
Bands 7	Headcount	5	5.3%	61	64.2%	29	30.5%	95
Bands 8a	Headcount	3	3.6%	61	72.6%	20	23.8%	84
Bands 8b	Headcount	3	6.7%	28	62.2%	14	31.1%	45
Bands 8c	Headcount	1	5.3%	10	52.6%	8	42.1%	19
Bands 8d	Headcount	1	9.1%	6	54.5%	4	36.4%	11
Bands 9	Headcount	0	0.0%	4	57.1%	3	42.9%	7
VSM	Headcount	0	0.0%	3	75.0%	1	25.0%	4
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	82	7.9%	680	65.1%	282	27.0%	1044
Cluster 2: AfC bands 5 to 7	Auto-Calculated	20	5.7%	235	66.6%	98	27.8%	353
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	6	4.7%	89	69.0%	34	26.4%	129
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	2	4.9%	23	56.1%	16	39.0%	41
Total Non-Clinical	Auto-Calculated	110	7.0%	1027	65.5%	430	27.4%	1567
1b) Clinical Staff								
Under Band 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 2	Headcount	68	11.97%	363	63.91%	137	24.12%	568
Bands 3	Headcount	24	8.73%	191	69.45%	60	21.82%	275
Bands 4	Headcount	15	6.94%	148	68.52%	53	24.54%	216
Bands 5	Headcount	40	4.96%	529	65.63%	237	29.40%	806
Bands 6	Headcount	42	5.48%	491	64.02%	234	30.51%	767
Bands 7	Headcount	22	4.08%	340	63.08%	177	32.84%	539
Bands 8a	Headcount	6	4.51%	78	58.65%	49	36.84%	133
Bands 8b	Headcount	0	0.00%	24	68.57%	11	31.43%	35
Bands 8c	Headcount	0	0.00%	7	63.64%	4	36.36%	11
Bands 8d	Headcount	0	0.00%	1	50.00%	1	50.00%	2
Bands 9	Headcount	0	0.00%	1	50.00%	1	50.00%	2
VSM	Headcount	0	0.00%	1	50.00%	1	50.00%	2
Other. Please specify in notes.	Headcount	1	1.6%	49	76.6%	14	21.9%	64
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	107	10.1%	702	66.3%	250	23.6%	1059
Cluster 2: AfC bands 5 to 7	Auto-Calculated	104	4.9%	1360	64.4%	648	30.7%	2112
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	6	3.6%	102	60.7%	60	35.7%	168
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	0	0.0%	10	58.8%	7	41.2%	17
Total Clinical	Auto-Calculated	218	6.4%	2223	65.0%	979	28.6%	3420

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Appendix B: number and percentage of <u>non-clinical and clinical staff</u> by disability in <u>2024/25</u>

| | | Snapshot of data as at 31st MARCH 2025 | | | | | | |
| | | Disabled staff | | Non-disabled staff | | Disability Unknown or Null | | Overall |
	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
1b) Clinical Staff								
Under Band 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 2	Headcount	5	4.24%	98	83.05%	15	12.71%	118
Bands 3	Headcount	71	10.52%	467	69.19%	137	20.30%	675
Bands 4	Headcount	16	7.21%	159	71.62%	47	21.17%	222
Bands 5	Headcount	40	4.97%	561	69.69%	204	25.34%	805
Bands 6	Headcount	44	5.51%	549	68.71%	206	25.78%	799
Bands 7	Headcount	26	4.79%	356	65.56%	161	29.65%	543
Bands 8a	Headcount	6	4.29%	89	63.57%	45	32.14%	140
Bands 8b	Headcount	1	3.03%	25	75.76%	7	21.21%	33
Bands 8c	Headcount	0	0.00%	7	53.85%	6	46.15%	13
Bands 8d	Headcount	0	0.00%	2	100.00%	0	0.00%	2
Bands 9	Headcount	0	0.00%	1	50.00%	1	50.00%	2
VSM	Headcount	0	0.00%	1	100.00%	0	0.00%	1
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	92	9.1%	724	71.3%	199	19.6%	1015
Cluster 2: AfC bands 5 to 7	Auto-Calculated	110	5.1%	1466	68.3%	571	26.6%	2147
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	7	4.0%	114	65.9%	52	30.1%	173
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	0	0.0%	11	61.1%	7	38.9%	18
Total Clinical	Auto-Calculated	209	6.2%	2315	69.0%	829	24.7%	3353
1a) Non Clinical Staff								
Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Bands 1	Headcount	0	0.0%	5	55.6%	4	44.4%	9
Bands 2	Headcount	26	6.9%	268	71.1%	83	22.0%	377
Bands 3	Headcount	31	10.1%	205	66.6%	72	23.4%	308
Bands 4	Headcount	32	8.9%	249	69.2%	79	21.9%	360
Bands 5	Headcount	14	8.9%	115	73.2%	28	17.8%	157
Bands 6	Headcount	4	4.5%	60	67.4%	25	28.1%	89
Bands 7	Headcount	11	11.2%	57	58.2%	30	30.6%	98
Bands 8a	Headcount	5	5.6%	71	79.8%	13	14.6%	89
Bands 8b	Headcount	3	7.1%	28	66.7%	11	26.2%	42
Bands 8c	Headcount	2	10.0%	13	65.0%	5	25.0%	20
Bands 8d	Headcount	2	18.2%	6	54.5%	3	27.3%	11
Bands 9	Headcount	0	0.0%	4	57.1%	3	42.9%	7
VSM	Headcount	1	25.0%	2	50.0%	1	25.0%	4
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	89	8.4%	727	69.0%	238	22.6%	1054
Cluster 2: AfC bands 5 to 7	Auto-Calculated	29	8.4%	232	67.4%	83	24.1%	344
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	8	6.1%	99	75.6%	24	18.3%	131
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	5	11.9%	25	59.5%	12	28.6%	42
Total Non-Clinical	Auto-Calculated	131	8.3%	1083	68.9%	357	22.7%	1571

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