



University Hospitals Birmingham  
NHS Foundation Trust

# Workforce Disability Equality Standard Report 2024

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NHS Foundation Trust



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# Introduction

NHS England oversees and maintains two national workforce equality data collections that promote equality of career opportunities and fairer treatment in the workplace. Providing an annual report for the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers through the NHS standard contract. The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of disabled and non-disabled staff. The WRES is a collection of 9 indicators that aim to ensure our ethnic minority staff have equal access to career opportunities and receive fair treatment in the workplace.

This WDES Annual Report uses data from Electronic Staff Records (ESR), NHS Jobs and National Staff Survey results, focusing on workforce representation and the lived experiences of disabled staff. Baseline data and analysis serve as a measuring tool, enabling the Trust to identify areas of progress and areas requiring improvement. This year, the Trust plans to introduce WDES data on a local level through our site-led structure and collaborate with Hospital Executive Directors and their senior leadership teams to improve performance against the WDES metrics.

This report has been created to provide an update on the Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract. This report details the data the Trust is required to provide for each of the metrics, and shares analysis and actions to be taken. The report describes a targeted series of activities undertaken throughout the year aimed at improving performance against the metrics and sets out the Trust's plan to demonstrate continued commitment and progress in the year ahead.

## Taking an intersectional approach to the WDES and the WRES

This report addresses disability inequalities but recognises that we may face multiple and simultaneous forms of discrimination based on the multiple features that make up our unique identities and that this can intensify our experiences. For this reason, we take an intersectional approach to the way we analyse and respond to the findings of both the WDES and the WRES. Some actions in response to harassment, bullying and abuse for example, which apply to both race and disability, are duplicated in our action plans to encourage greater intersectional thinking and practice. One example is, if an ethnic minority member of staff is dyslexic, then their challenge in relation to career progression may be multifaceted. This requires us to cross-reference some of the metrics and indicators to consider multiples interventions and solutions. For example:

- The WDES metric 1 and WRES indicator 1 both report on workforce representation;
- The WDES metrics 2 and 10 are the equivalent of the WRES indicators 2 and 10 and report on shortlisting and Board representation, respectively;
- The WDES metric 4 is closely related to the two WRES indicators 5 and 6 and report on bullying, harassment, and abuse.

# Summary of findings

## Performing well

### Metric 1: Representation



In August 2024 the number of staff sharing their disability had increased from 3.1% to **5.28%**.

### Metric 3: Disciplinary



Staff with a disability were 5.15 times more likely to be in the capability process last year, this has **reduced to 0** as no staff who have shared a disability are in this process.

### Metric 10: Board



The number of Board members sharing a disability has increased from 4.3% to **8.7%** which is higher than the Trust average.

### Metric 7: Feeling Valued



**28%** of staff with a disability reported feeling valued compared to 27% last year.

### Metric 8: Adjustments



**69%** of staff reported having the adjustments in place they need to complete their roles, an increase from 66%

## Getting there

### Metric 2: Shortlisting



Slight reduction from 1.05 to **1.16** less likely to be appointed from shortlisting.

### Metric 4: Bullying and Harassment

Staff who have shared a disability reported slightly less harassment from the public, but slightly more from colleagues and managers.

## Work required

### Metric 5: Career Progression



Staff who shared a disability feeling that the Trust offer equal access to career progression dropped from 45% to **41%**

### Metric 6: Pressure at Work



Staff with a disability reported higher levels of pressure to work when unwell increasing from 30% to **32%**

### Metric 9: Engagement



Engagement score decreased from 6.08 to **6.00**

A further summary that compares our performance in 2024 with previous years can be found in Appendix 1.

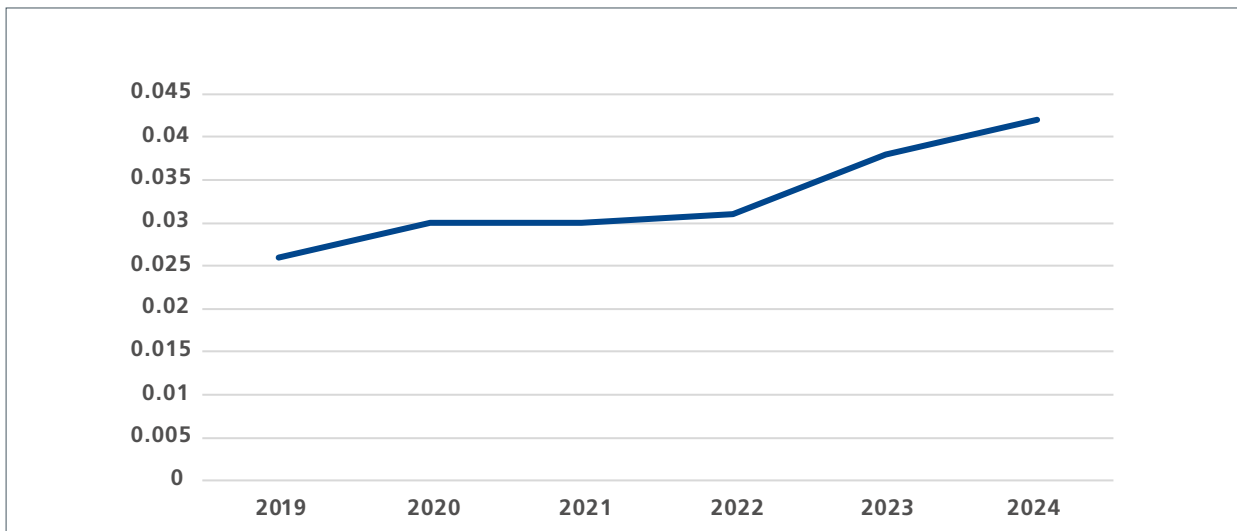
# Findings by Metrics 1-10

Compared to the 2023 report, the new data reveals notable improvements in several areas, while certain disparities remain. The following analysis replaces previous years data, highlighting key findings for 2024. The Trust uses several systems, including Electronic Staff Records (ESR), NHS Jobs, Oleeo, and internal Microsoft databases, to collect and enhance data accuracy.

## Metric 1: Representation

Percentage of staff in Agenda for Change pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

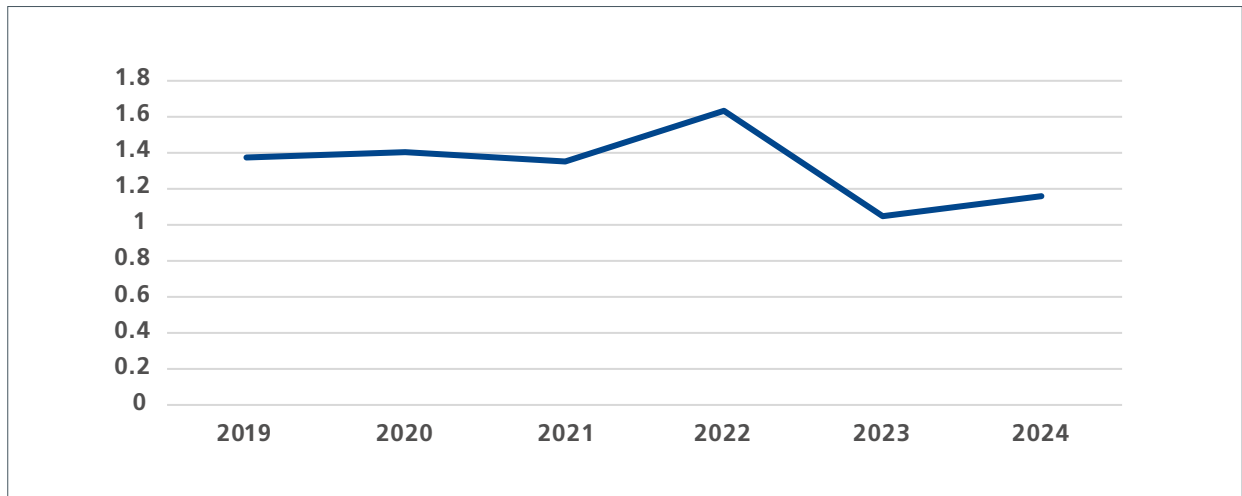
### ■ Disability declaration rate



This metric shows the percentage of disabled staff taken from ESR, in each of the Agenda for Change bands 1 – 9, VSM (including executive board members), medical, dental and other staff, compared with the percentage of non-disabled staff in these categories. There has been consistent growth in the number of staff who have shared their disability via ESR since 2019, increasing from 3.10% in 2022 and 3.76% in 2023. This increases in both clinical (3.70% - 4.29%) and non-clinical (5.00% - 6.07%) staff groups. The aim from the 2023-2024 action plan was to reach 5.00% of staff sharing that they had a disability by the end of 2024. As of August 2024, this was 5.28%. 4.9% of staff across the NHS had shared a disability via ESR in 2023, meaning the Trust is reporting higher rates than the last data set we have for the NHS as a whole. Our aim now is to increase to 10% by the end of 2025.

## Metric 2: Shortlisting

*Relative likelihood of non-disabled staff compared to disabled staff appointed from shortlisting across all posts*

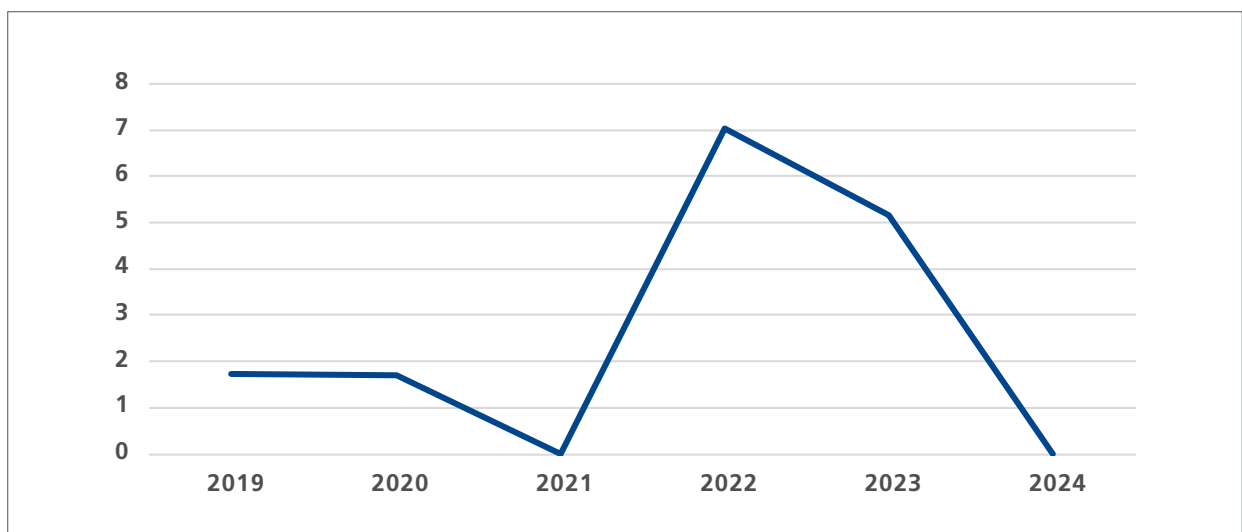


This metric uses data taken from NHS Jobs showing the relative likelihood of non-disabled staff compared to disabled staff appointed from shortlisting across all posts. The data shows the number of shortlisted applicants with a disability to be 1762 (an increase from 1341 in 2023 and 1297 in 2022). For 2023-2024 there has been a slight change from 1.05 to 1.16, indicating that disabled staff are less likely to be appointed from shortlisting when compared with non-disabled staff.

## Metric 3: Capability

Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure.

*Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process*



This metric shows the relative likelihood of non-disabled staff compared to disabled staff entering the formal capability process. In 2023, colleagues with disabilities were 5.15 times more likely to be

in the formal capability process. This has now reduced to 0.00, as no staff who have disclosed a disability are in this process. This is a significant improvement for the Trust and work will continue to ensure that this continues.

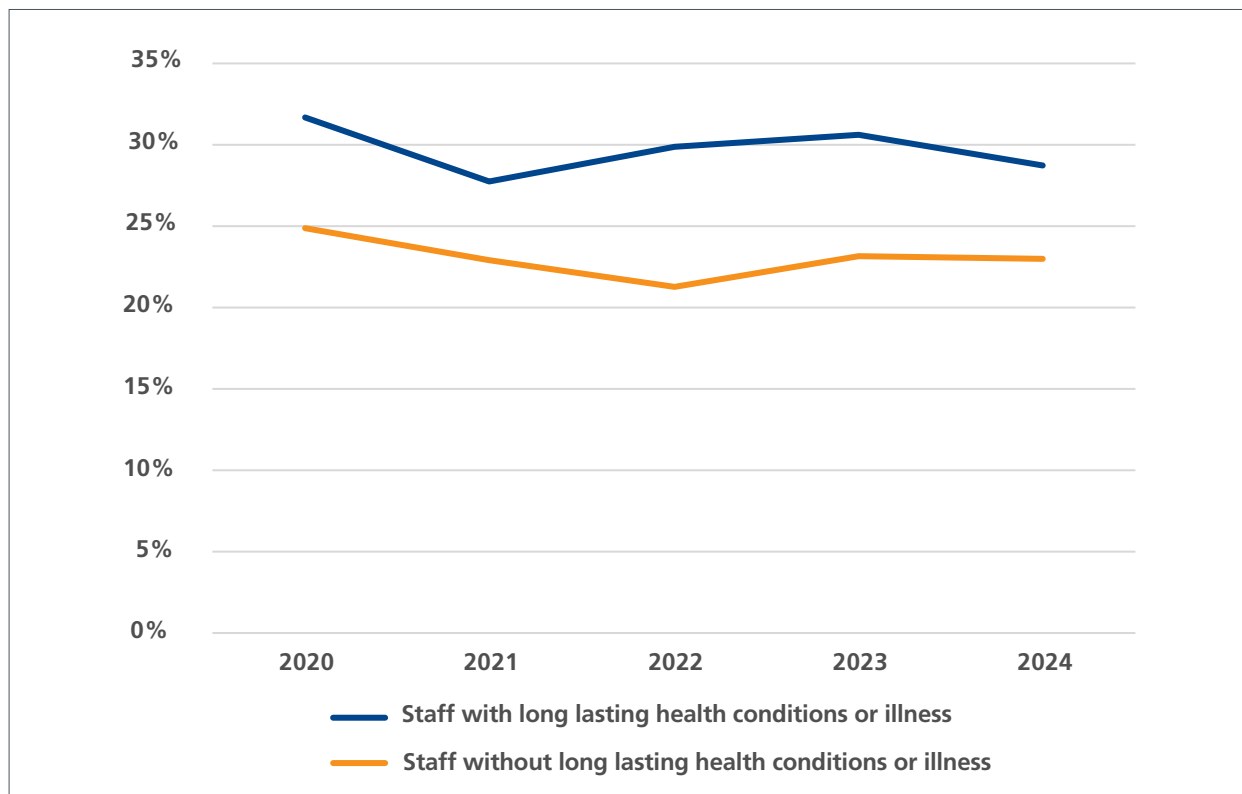
**Metric 4: Harassment and bullying**

Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

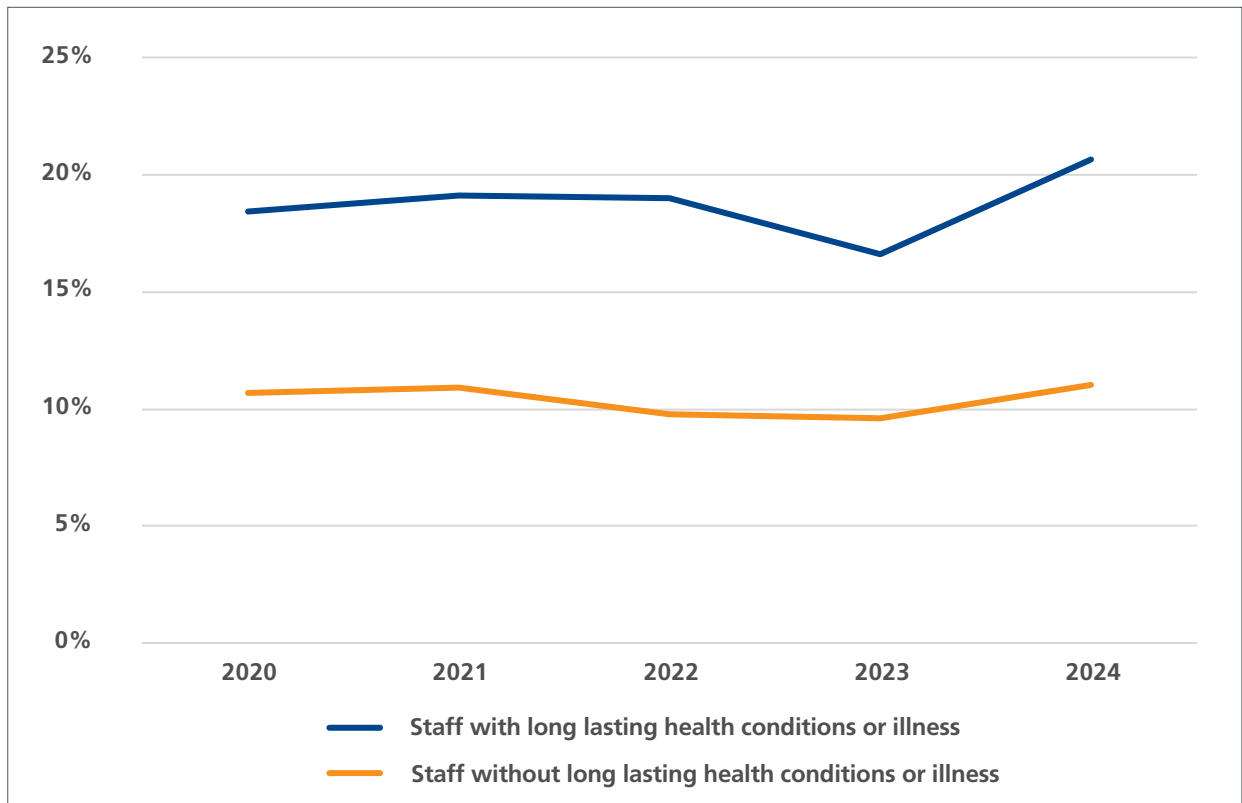
- 1 Patients/Service users, their relatives or other members of the public
- 2 Managers
- 3 Other colleagues
- 4 Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

This metric uses data from the staff survey and covers the percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months.

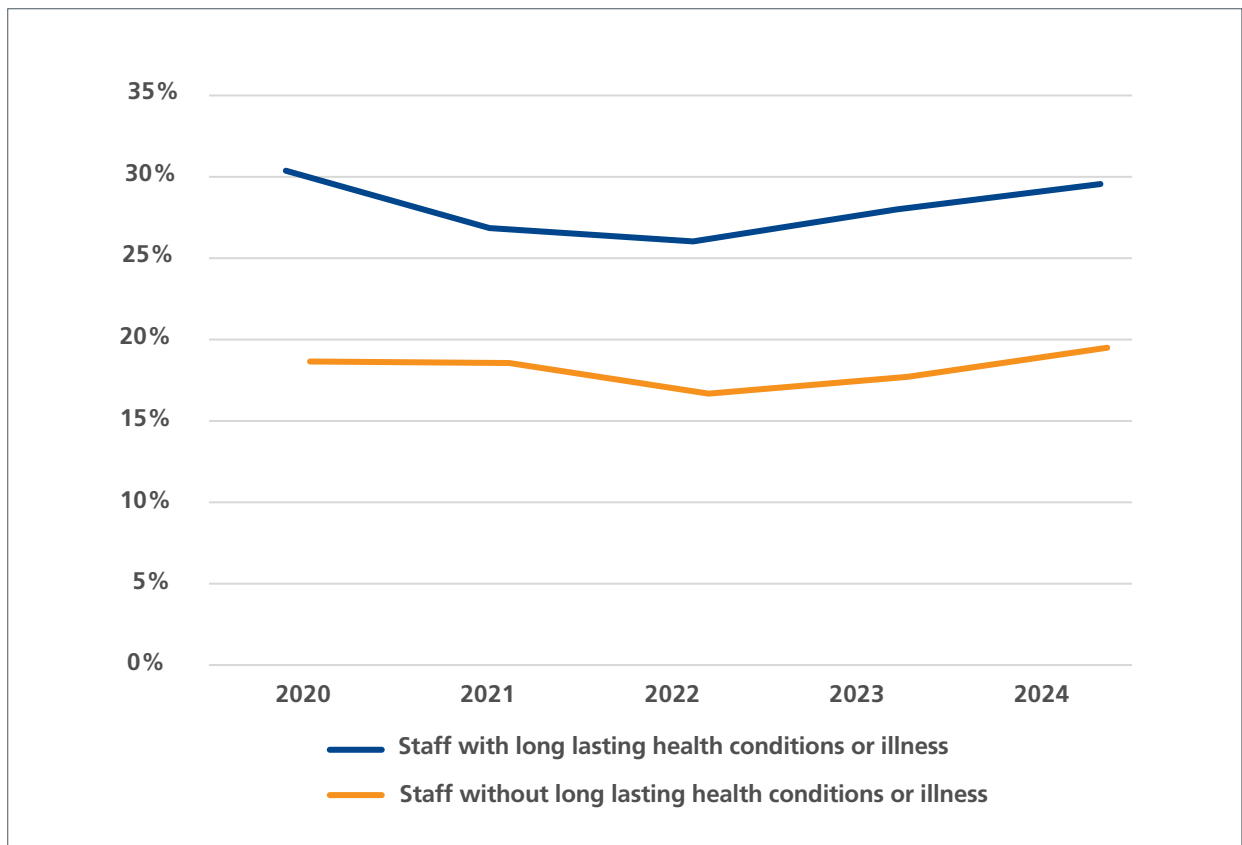
**1. Harassment, bullying or abuse from patients, service users or the public**



## 2. Harassment, bullying or abuse from a line manager

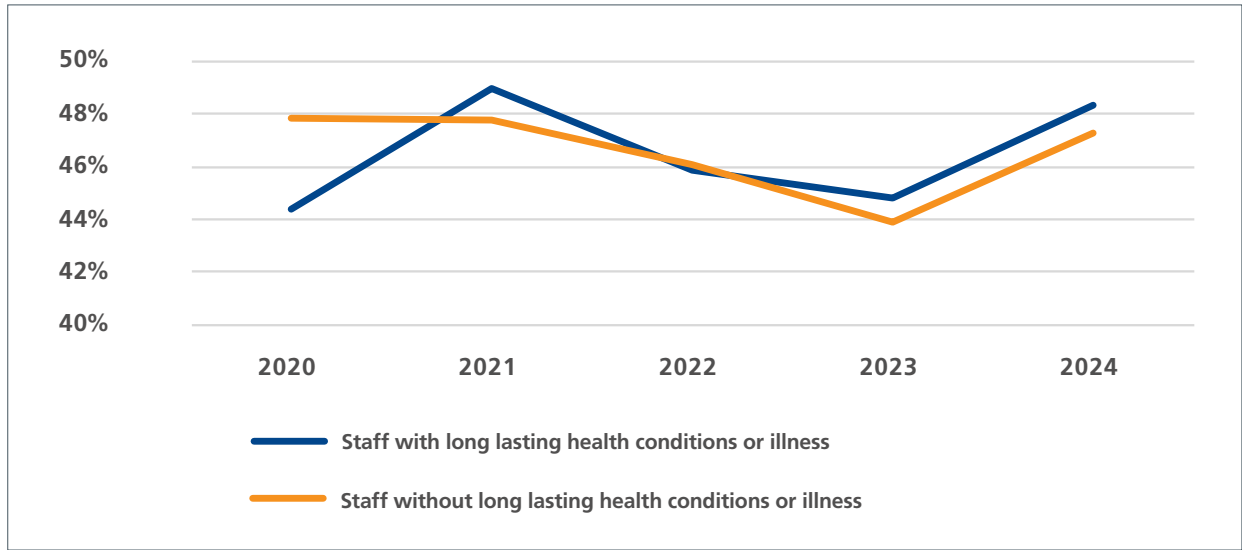


## 3. Harassment, bullying or abuse from other colleagues





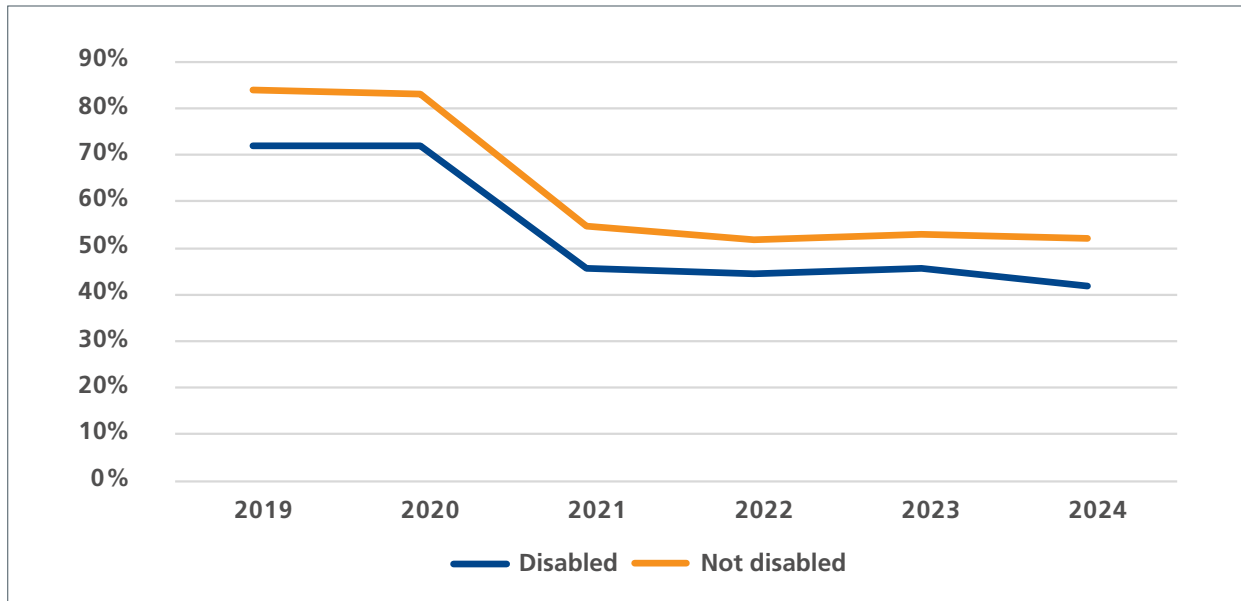
**4. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it**



There has been a mixed picture over the last 12 months. While staff who have disclosed a disability reported slightly less harassment and bullying from the public, they have also reported an increase in harassment and bullying from colleagues and managers. While we are pleased that incidents from the public have reduced, clearly more work needs to be done to understand why there has been a slight increase in harassment from colleagues and managers. We also note the percentage increase of staff indicating that the last time they experienced harassment, bullying, or abuse at work, they or a colleague reported it. While we do not want our staff to experience harassment and bullying, the increase in reporting is a positive outcome of the previous action plan and will enable us to analyse the data better for improved actions. The difference in the level of harassment, bullying, or abuse experienced by disabled staff compared to non-disabled staff has remained consistently higher for disabled staff.

### Metric 5: Career progression

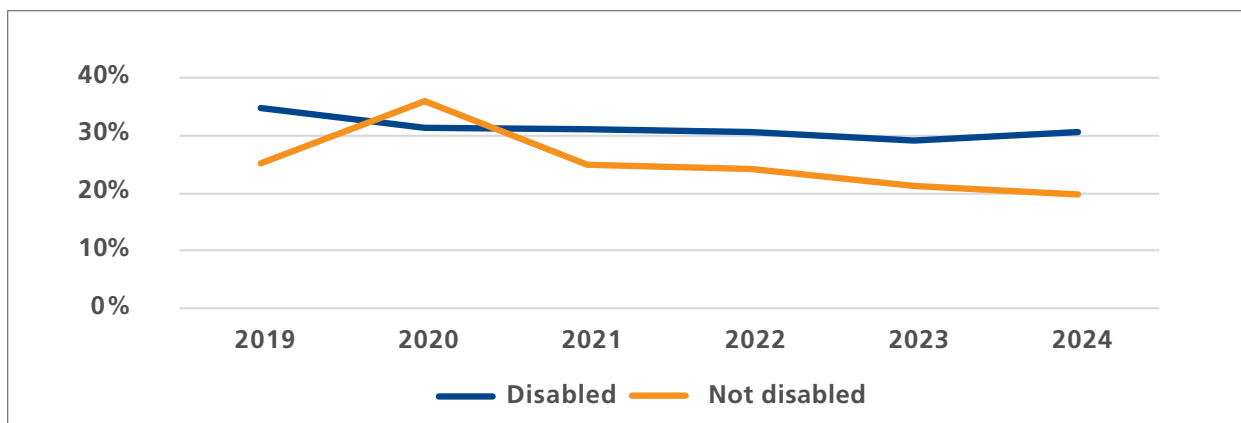
Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion



This metric is the percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. This percentage has dropped from 45.70% in 2023 to 41.90% in 2024 and is still lower when compared to staff who are non-disabled.

### Metric 6: Pressure to work

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

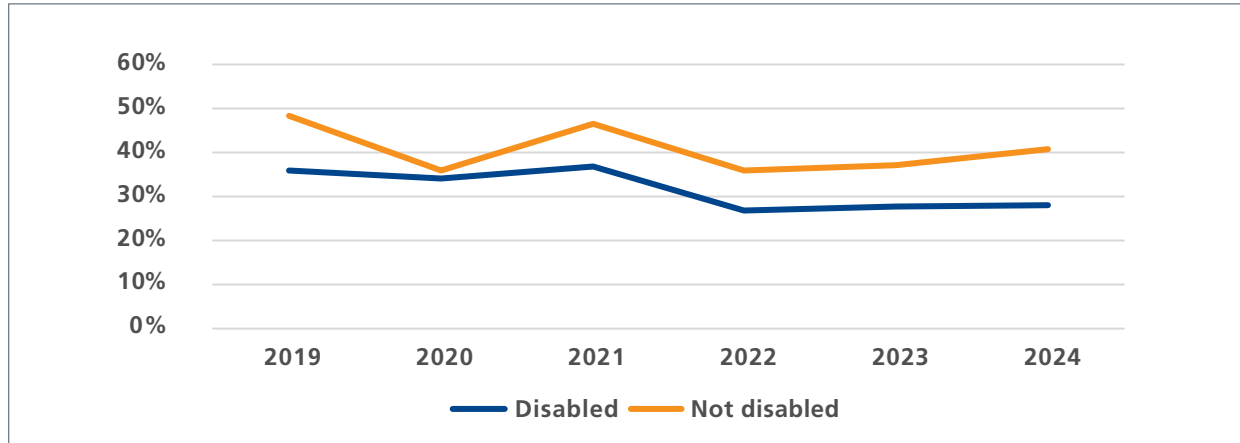


This metric is the percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (presenteeism). Staff with a disability reported higher levels of pressure to work when unwell increasing from 30.90% in 2023 to 32.20% in 2024. This has changed since 2019 compared to non-disabled staff who have continued to reduce. This will need further exploration and action as

feedback has indicated that disabled staff will often come to work whilst not feeling well enough to perform their duties through fear of “triggering” the sickness stages in the sickness absence policy..

### Metric 7: Feeling valued

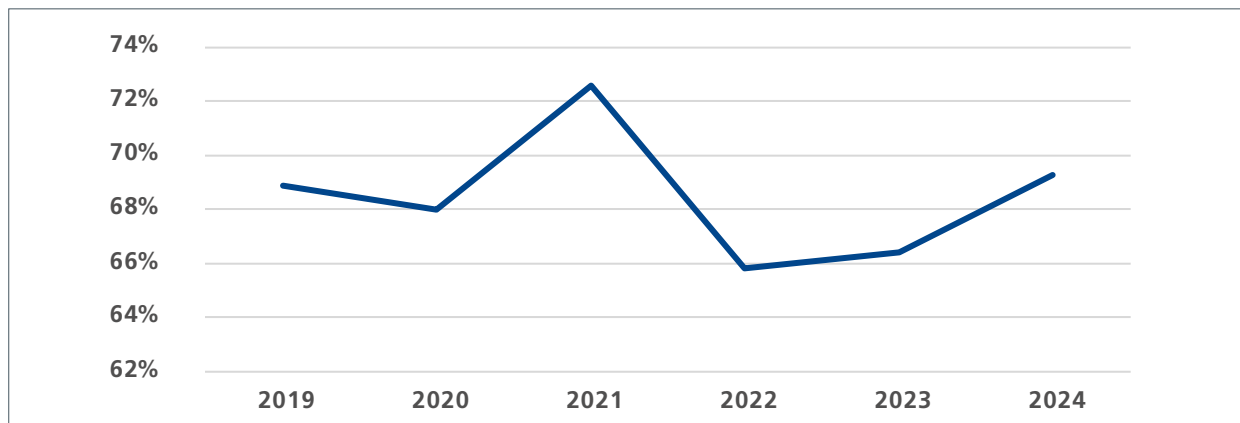
Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work



This metric is the percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. 28.10% of disabled staff reported feeling valued, an increase from 27.70% last year. However, this is still less compared to non-disabled staff, and work needs to be done to better understand the experiences of disabled staff working at the Trust. It is important all individuals at the Trust feel valued as part of our People priority.

### Metric 8: Adjustments

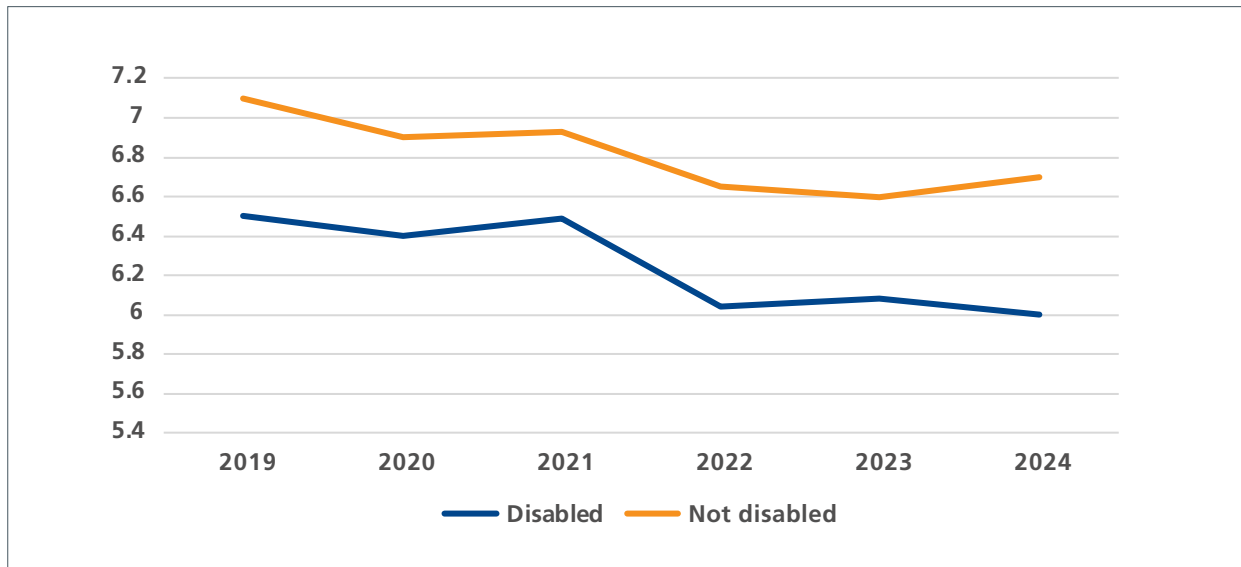
Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work. Note: Prior to 2022, the term “adequate adjustments” was used



This metric is the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. 69.30% of staff reported having the adjustments in place they need to complete their roles, an increase from 66.40% last year. While this is an improvement there is still work to be done in this area through our continuous improvement to workplace adjustments processes and procedures.

## Metric 9: Engagement

### ■ Staff engagement score for Disabled staff compared to non-disabled staff

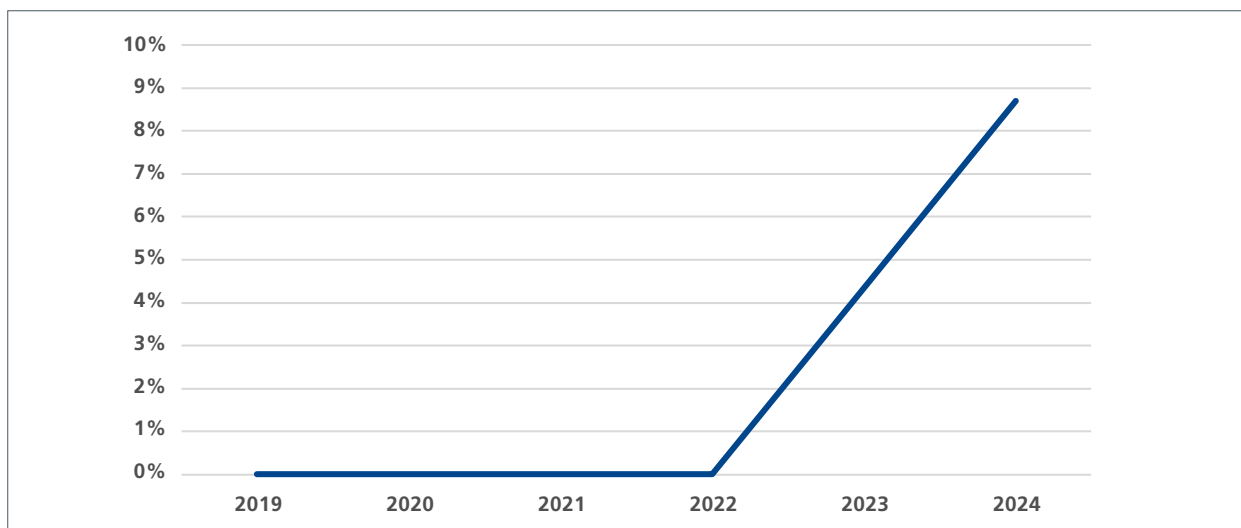


This metric relates to the staff engagement theme of the NHS Staff Survey, made up from Questions: 2a, 2b, 2c, 3c, 3d, 3f, 23a, 23c and 23d in the NHS Staff Survey. The engagement score for disabled staff has decreased from 6.08 in 2023 to 6.00 in 2024 while there has been a slight improvement for non-disabled staff. We recognise the low engagement and overall satisfaction of staff with a disability or long-term health condition is a priority and raising the profile of both visible and invisible disability at the Trust will be one of our areas of focus for 2024-2025.

## Metric 10: Board representation

Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting and non-voting membership of the board by executive and non-exec membership of the board. For this metric, compare the difference for Disabled and non-disabled staff.

### ■ Percentage of board sharing a disability



This metric is the percentage difference between the organisation's board voting membership and its organisation's overall workforce. The number of Board members sharing a disability has increased from 4.35% in 2023 to 8.70% in 2024 which is higher than the Trust average. There has been a marked increase in the percentage of the Board sharing that they have a disability over the last 2 years. More work needs to be done to increase the number of staff with a disability in senior roles within the Trust as well as to improve the confidence of those already in the senior roles to share information about their disabilities.

## Work we have delivered and achieved (2023-2024)

This section highlights action that has been undertaken since the publication of the last WDES report in October 2023:

- In June 2024, we launched our Behavioural Framework to build on our Trust Values of Kind, Connected and Bold. This framework was co-designed with colleagues and details the behaviours we want to see, and those which are unacceptable, for each of the values.
- Harassment and bullying is not acceptable under any circumstances or at any level in the Trust. The Trust takes any allegations of harassment and bullying seriously and will be dealt with promptly and confidentially. On Monday 25th March 2024, the Trust's Group Executive Team signed an anti-bullying pledge, to show their commitment to ending all forms of bullying. This was a joint collaborative pledge between senior management at the Trust and Staff Side. The event took place in person at Heartlands hospital and colleagues were able to join online. The event was opened and closed by our Chief Executive Officer. Following the pledge, a range of promotional stands were placed across the Trust where colleagues talked about harassment and bullying and how to stop it. A collection of resources was then made available on the intranet that covered; what is harassment and bullying including definitions and examples; and a Formal Complaint of Bullying or Harassment forms and tips for managers to help prevent experiences of bullying by their staff.
- Recognising that the percentage of staff that had shared their disability on ESR by March 2023 (3.8%) was below the average of all Trusts (4.9%) and the number of staff sharing a disability on the National Staff Survey (26%), it was important to continue to increase this rate and this has been done in collection of ways.

Over the past 12 months there has been a continuous communications campaign encouraging staff to share their disability using online platforms as well as displaying posters across the sites. Our Face-to-face Disability Champion training continues to be rolled out across the Trust having been delivered to 650 line-managers (of which 187 have undergone the training in 2024). The course explores the importance of both sharing a disability and creating safe spaces for teams to do this. It also equips them with the knowledge, skills, and confidence to better support disabled staff in reaching their full potential at work.

Additionally, since June, the appraisal process that staff must complete annually, asks about disability. When managers report that the appraisal has been completed, they must enter details about disability which will automatically update ESR. Some staff will prefer to record this

information themselves via ESR, which they can still do, but this new approach means that all staff will be asked at least once a year about disability without the need for them to log into ESR separately. The Trust plans to move this automated process to a standalone internet page that all staff could access via a QR code, meaning that information about disability can be shared confidentially without the need to log into ESR.

The above efforts have worked well this year. The declaration rate has increased from 3.8% in March 2023, to 4.2% in March 2024 and as of August 2024 has met our end of year ambition, at 5.28% and the rate continues to increase.

- As part of the new Trust structure which includes site specific leadership teams, the Trust has been working to create site data sets for WDES metrics. An inclusion dashboard is being finalised as part of the work of the Culture and Inclusion Board. This dashboard will pull together all relevant inclusion metrics in one place which will support real time data quality. The Inclusion Team have also been working with data teams to ensure that data can be split by sites but also by specific teams. This will allow the Inclusion Team to review the teams with the lowest rates of staff sharing their disability and engage with them in targeted work to provide the tools that teams require to increase the confidence of staff to share their disability.
- Our pilot of a centralised pathway for staff to receive workplace adjustments allowed us to build key relationships with internal teams, external suppliers, and to work with organisation such as Access to Work. We then built new pathways and tested processes. This enabled us to effectively provide disabled staff with their recommended adjustments (within Access to Work timeframes) and to review and respond to feedback from disabled colleagues. 80 colleagues have been supported through this pathway and monthly reports have shown positive feedback from staff on our ability to quickly implement recommendations for physical items, software and training.
- Our Workforce Adjustments Officer has now been recruited and has been in post since May 2024. This means that the centralised pathway to provide staff with their Access to Work recommendations now has a dedicated resource to ensure deadlines are met and any potential barriers can be overcome.
- The Trust's first Workplace Adjustment guidance document has been written and consulted on. It will be launched in October 2024, with an accompanying communication plan and roadshow, which will ensure staff are aware of both the guidance document and the wider central pathway. This will also mean that the pathway expands, to not only include central support for staff receiving recommendations from Access to Work, but also staff receiving expert recommendations from other sources such as Occupational Health or Ergonomics teams. This should ensure that more staff receive their adjustments as quickly as possible. Reviewing this process will enable the Trust to eventually purchase common items in advance, which will again increase the speed at which adjustments are implemented.
- Disability and Long-Term Conditions Network and Neurodiversity Network: Continued collaboration with our network chairs and members has been instrumental in shaping our approach to improving the WDES metrics.
- The Trust is a member organisation of the Business Disability Forum which has agreed that they can guide the organisation through the leader accreditation process and review our final application. A working group was created including stakeholders from procurement, HR, recruitment, OH and the inclusion team to review our current status, identify where there were gaps and where work was required. The working group has now created an action plan detailing the evidence that can be submitted against each criterion. Stakeholders will continue to

work on these areas, delivering evidence required for an application to reach Disability Confident Leader status within the next 12 months.

# Work we will deliver and achieve (2024-2025)

The Trust has set its Inclusion objectives with clear milestones and measures for the next four years which align to the priority ambition and strategic objectives of its People Strategy. The Trust's new Inclusion objectives are aligned to the People Promise; The Trust's Behavioural Framework; Anti-Racist Statement; Sexual Safety Charter; WRES, WDES, and the High Impact Areas of the NHS EDI Improvement Plan.

**We have an inclusive culture where everyone at UHB feels like they belong, can thrive, knows that they add value and feels valued**

Create a welcoming and inclusive workplace that thrives on the diversity of its people, celebrating unity in difference

Develop compassionate and culturally competent leaders who enable high performing and psychologically safe teams

Be values-driven in all we do, championing positive behaviours and tackling unacceptable ones

**Inclusion Objective 1  
Increase Representation**

We will have a workforce that reflects the diversity of the communities we serve. To do this, we will focus on hiring, developing and retaining under represented groups at all levels through targeted initiatives

**Inclusion Objective 2  
Build Capability**

We will develop leaders who understand diversity and equality and can build and nurture inclusive environments. We will do this by providing training, encouraging inclusive practices, and supporting continuous learning

**Inclusion Objective 3  
Improve Access**

We will improve access for all. We will do this by removing barriers, following accessibility standards, and using inclusive practices

**Inclusion Objective 4  
Assess Impact**

We will assess what impact our policies, practices and initiatives have on our people. We will do this by undertaking equality impact assessments and by developing and following a plan to address pay gaps

To embed both sets of standards across the Trust and to instil a sense of responsibility and accountability to all, the Trust will take a business-led approach to delivery against these standards (as well as other contractual obligations) supported by the Inclusion Team which is in the process of being re-defined as an enabling function. The new team structure will enable a more efficient and expert service that supports the whole Trust to deliver through its new operating model.

In taking an evidence-led approach to our work, race, disability, and gender are priority areas of work and a golden thread through delivery of our inclusion objectives. Key projects and programmes to enable improvement of metrics include:

## Recruitment & Progression

FRE's will continue to play a critical role in our strategic ambition to improve the representation of our workforce. We have approximately 30 FREs across the Trust but we have recognised a need to grow the programme to be able to accommodate the recruitment activity across the Trust. FREs are provided training around the selection process, which includes enhancing knowledge around EDI and bias and being able to confidently challenge peers as appropriate. Next steps include recruiting more FREs, linking into different networks across the Trust as well as other groups including the Wise council. Another area of priority is identifying and mapping out further training needs to give the skills to the FREs to accomplish the intended impact of this role.

'Possibilities Beyond Limits' (PBL) is a development programme designed by the Integrated Care System (ICB) and is open to colleagues at bands 6 and 7 who are wishing to progress to more senior roles. The programme is particularly keen to receive applications from our ethnic minority staff and those who identify as disabled or neurodiverse. This CPD-certified programme provides participants with the skills, confidence, and networks believed to advance their careers. Online and in-person workshops were made available to support colleagues with their applications. For those colleagues who do not successfully secure a place, the Trust will ensure that they receive constructive feedback, and the Chief People Officer has committed to support all of our unsuccessful candidates with other resources available to support their career development.

## Employee relations

We have revised letter templates that deliver the outcomes to complainants and respondents following dignity at work investigations. The revision includes removal of the term 'no case to answer' and a more in-depth explanation as to how the investigating teams have reached their conclusions, where the findings do not uphold the complaints. We have also introduced feedback meetings directly with the complainant to deliver the findings, rationale, and next steps. This is in response to feedback that the term 'no case to answer' can leave colleagues feeling as if their experiences of discrimination, harassment and bullying are not believed.

We have reviewed our suspension process at the Trust. Prior to 8th October 2024, considerations for suspensions were discussed at a roundtable panel, attended by relevant stakeholders. This has now been replaced with a process that will be owned at site by respective Associate Directors of People and authorised by their relevant Executive lead, or by the Chief People Officer. The guidance has been further refined to emphasise that suspension is very much the last resort and should be considered as a never event. We hold a log of all cases with their risk assessments and outcomes. As part of this, we record the employee's ethnicity, and this information will be used to analyse any trends, themes and hotspots which will be reported monthly through the respective People and Culture Committees at site level. We will develop a specialist trained advance-skilled unit of investigators for race-related cases as well as Resolution Coaches to support resolution and restoration.



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## Continuous Learning from each other

The Reciprocal Mentoring Programme is available for colleagues as part of our cultural improvement work and is now recruiting for its 14th cohort. The programme has seen more than 400 colleagues go through the programme to date, with excellent feedback. The programme remains open to all, with a specific focus on ensuring our ethnic minority colleagues are encouraged to participate. Fostering more opportunities to develop a deeper, mutual understanding of our diverse experiences and needs will help us to grow a more inclusive culture at the Trust. This programme is fully endorsed by our Chief Executive Officer and the Executive Board.

A coaching programme is currently being scoped to provide one-to-one support for the Executive and People sponsors to staff networks on a quarterly basis. We are also refining and developing the Trust's cultural calendar which raises awareness, mark and commemorate key days, weeks and months of the year, and will have an associated evaluation strategy measured against our Inclusion objective to build culturally intelligent leaders.

## Continuous Engagement: Staff Networks & Wise Council

The Trust continues to benefit greatly from its staff networks which work hard to enable our people to bring their whole selves to work, which in turn will improve their sense of identity and belonging at the Trust. The Trust needs to invest further in the continued professional development of its Staff network chairs in order that they feel empowered to make decisions and to fully own their agenda and that of their members. We have met consistently with chairs over the past few months to explore improvements to the ways they work, both separately and collaboratively as a team which reflects and epitomises intersectional qualities and complexities.

To support the work of the Culture and Inclusion Oversight Group, the Trust has established a successful scrutiny and support group known as the Wise Council which is made up entirely of staff across the Trust which includes a variety of roles, responsibilities, and bands. There is also a continuous focus on its demographic representation including disability. As of this time of writing, the Council has 727 members, and the number of members continues to grow month on month.

The Wise Council offers every single member of staff the opportunity to participate in this seismic shift in how it feels to work at the Trust, bringing about the positive change to our culture. By joining the Wise Council members play an active role in holding the Culture and Inclusion work to account, acting as a sounding board and advisers, as well as getting assurance that we are progressing the right work and taking evidence-based action to improve the culture of the organisation.

## Change-makers programme

The original changemakers programme was piloted on the 14 August 2024. The course was co-designed to raise awareness privilege, bias and how to identity and address inequity and prejudice and how to become an active ally. These were discussed within the realm of three priority areas: racism, misogyny and bullying and harassment. Training the trainers session took place 24th September 2024 for Wise Council members who will deliver training across the Trust. The final programme is now ready to be delivered to its first cohort of wider Wise Council members on 15th October 2024.

In summary, the analysis and critical findings from this year’s data, demands that further work must be undertaken to develop and deliver on each of the metrics. Improving our scores against the WDES metrics will enable us to progress our inclusion and people objectives and move us closer to achieving our strategic people priority and vice-versa. The initiatives, programmes and partnership work described above will enable success against the specific, targeted (and interdependent) actions, milestones and events presented below.

## Action Plan 2024-2025

METRIC	Aim	Action	Timescale
1	We will continue to improve the declaration rate of colleagues who have a disability or long-term condition. Aim for 10% by the end of 2025 reduce number of staff who are recorded as 'unknown'.	<ul style="list-style-type: none"> <li>We will produce and promote materials to Increase the confidence of disabled staff to share their disability by addressing confidentiality concerns and the reasons why the data is important to the Trust.</li> <li>We will regularly monitor declaration rates and focus on staff groups and departments with the highest levels of 'unknown' data.</li> </ul>	<p>Mar 25</p> <p>Ongoing</p>
2	We will improve the relative likelihood of non-disabled staff compared to disabled staff appointed from shortlisting across all posts by the end of 2025.	<ul style="list-style-type: none"> <li>We will deliver an action plan to move the Trust from 'Employer' to 'Leader' status as part of the Disability Confident Scheme and submit application by April 2025.</li> <li>We will review how reasonable adjustments are managed within the recruitment and interview processes and identify actions for improvement. This will also help to increase the percentage of disabled staff saying their employer has made reasonable adjustments to enable them to carry out their role from 69.30% to 80.00%.</li> <li>We will review the inclusion component of the recruitment training to enable better decision-making and identify bias in the recruitment process.</li> <li>As a joint Inclusion and Talent initiative, we will grow and enable the Fair Recruitment Experts (FRE) to identify and address biases in recruitment and promotion processes. We will increase the number of FRE's from 30 to 100.</li> </ul>	<p>Apr 25</p> <p>Apr 25</p> <p>Mar 25</p> <p>Apr 25</p>

4	<p>We will continue to reduce the percentage of staff experiencing harassment, bullying or abuse from patients, service users, their relatives or the public.</p> <p>We will reduce the percentage of staff experiencing harassment, bullying or abuse from managers or colleagues.</p> <p>We will continue to improve the reporting mechanisms.</p>	<ul style="list-style-type: none"> <li>• We will deliver a series of sessions as part of our employee relations developmental programme that will run from November 2024 to February 2025. Feedback from these sessions will inform the content of ongoing CPD for the employee relations team moving forward.</li> <li>• In real time, we will better understand the experiences by disabled staff of harassment, bullying and abuse. We will encourage more disabled staff to report their experiences by reviewing the accessibility of ways in which disabled staff report incidents of bullying, harassment and abuse. We will do this by engaging staff network members in the periodic testing of existing reporting mechanisms. We will identify potential barriers and co-design ways to overcome them working with disabled staff and system owners.</li> <li>• We will co-design an annual CPD planner for Staff Network Chairs and Identity Representatives.</li> <li>• We will work with staff networks and members to better understand the nature of those experiences of harassment, bullying and abuse as recorded in the national staff survey data.</li> <li>• We will deliver our 'Change Maker' Train-the-Trainer program to 20% of our Wise Council (April 2025) this will be a rolling programme given our aspiration is to grow membership of our Wise Council to 1500 members. The programme will develop 'Change Makers' across the Trust to role-model the Trust's values, to become active allies and to help drive our actions to address racism, misogyny, bullying and harassment. Wise Council members will deliver training to 120 members of staff between Oct 24 – Mar 25.</li> </ul>	<p>Feb 25</p> <p>Ongoing</p> <p>Jan 25</p> <p>Ongoing</p> <p>Mar 25</p>
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<p><b>5</b></p>	<p>We will improve the percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion</p>	<ul style="list-style-type: none"> <li>• We will work with the Organisational Development team to review the Talent Management Framework. Incorporate focussed advice for leaders on how they develop the talent of their disabled staff.</li> <li>• We will develop a skills profile for disabled staff to assess their levels of competency and to identify training needs.</li> <li>• We will establish a steering group designed to collate and analyse pay gaps by disability, ethnicity and gender to identify intersectional objectives and methodologies to strengthen pay gap action plans.</li> <li>• We will identify key workforce health inequalities as part of our wider health inequalities strategy and produce a plan with measurable actions aimed at reducing those inequalities.</li> <li>• We will rewrite, test, and launch a new mandatory inclusion module as part of the corporate induction for new starters.</li> <li>• We will write, test and launch the Trusts first mandated inclusion training for existing staff.</li> </ul>	<p>Jul 25</p> <p>Feb 25</p> <p>Nov 24</p> <p>Jan 25</p> <p>Apr 25</p> <p>Apr 25</p>
<p><b>6</b></p>	<p>We will reduce the 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</p>	<ul style="list-style-type: none"> <li>• We will produce a support pack for hospital senior leadership teams to embed the disability passport, workplace adjustments guidance and online training. We will measure the uptake of online training, and the number of reports received by the workplace adjustments officer. We will monitor progress through monthly reports which feed into our Inclusion objectives around improved access and building capability of our leaders.</li> </ul>	<p>Mar 25</p>
<p><b>9</b></p>	<p>We will create stronger engagement mechanisms for our disabled staff.</p>	<ul style="list-style-type: none"> <li>• We will review the break-down of membership of the Wise Council by protected characteristics to identify gaps in representation – encourage more disabled staff to join the Wise Council.</li> <li>• We will encourage more disabled staff to participate in change-maker programme designed to roll-out culture and Inclusion training across sites.</li> </ul>	<p>Feb 25</p> <p>Ongoing</p>

# Conclusion

The Trust is continuously striving to improve the metrics set out by the Workforce Disability Equality Standard (WDES). Such metrics are critical in achieving our strategic objectives set out in the report. In response to our latest findings, the report has described examples of work achieved; in progress; and work that is planned to address discrimination, bullying and abuse and to advance equality of opportunity and equality of access to career progression for our staff.

Progress against our WDES metrics and performance against our strategic People objectives is overseen by the Chief Executive Officer who chairs our Culture and Inclusion Oversight Group where initiatives and ideas to progress this agenda are continually discussed by its diverse membership. All of the progress against our cultural transformation programmes is then reported up by our Chief People Officer to the People and Culture Committee. The growing members of our Wise Council together with our staff networks, play a critical role in providing ongoing critique and scrutiny.

In pursuit of achieving our strategic ambition, we are striving to make the Trust a centre of national excellence for inclusion where our practices and behaviours are recognised as exemplary in healthcare. We are in the process of subscribing to Inclusive Employers to benchmark ourselves with organisations with a reputation for the highest standards in equality, diversity and inclusion and are working at pace to position the Trust within the Top 50 Inclusive Employers.

## Appendix 1

	WDES Metric		2019	2020	2021	2022	2023	2024
1	Percentage of disabled staff in the workforce	Overall	2.60%	3.00%	3.00%	3.10%	3.76%	4.29%
		VSM	0.00%	1.19%	3.23%	2.67%	2.99%	5.80%
2	The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	Relative likelihood	1.37	1.40	1.35	1.63	1.05	1.16
3	The relative likelihood of disabled staff entering the formal disciplinary process compared to non-disabled staff	Relative likelihood	1.73	1.70	0.00	7.04	5.15	0.00
4a	Percentage of staff experiencing bullying harassment or abuse from patients or service users	Disabled	30.2%	31.66%	27.70%	29.85%	30.59%	28.72%
		Non-disabled	24.2%	24.85%	22.88%	21.25%	23.10%	23.00%
4b	Percentage of staff experiencing bullying harassment or abuse from managers	Disabled	20.3%	18.43%	19.11%	18.99%	16.60%	20.68%
		Non-disabled	12.0%	10.67%	10.95%	9.81%	9.61%	11.02%
4c	Percentage of staff experiencing bullying, harassment or abuse from other colleagues	Disabled	28.9%	30.51%	26.40%	25.42%	27.71%	29.60%
		Non-disabled	17.4%	18.27%	18.17%	16.24%	17.35%	19.19%
4d	Percentage of staff that reported bullying, harassment or abuse when they last experienced it	Disabled	42.7%	44.38%	48.95%	45.85%	44.81%	48.35%
		Non-disabled	43.8%	47.87%	47.74%	46.09%	43.92%	47.25%
5	Percentage staff believing the Trust provides equal opportunities for career progression	Disabled	71.9%	72.00%	45.60%	44.50%	45.70%	41.90%
		Non-disabled	83.8%	83.00%	54.70%	51.90%	53.00%	52.20%
6	Percentage of staff saying they have felt pressure to come to work when not well enough to do so	Disabled	36.4%	33.00%	32.80%	32.30%	30.90%	32.20%
		Non-disabled	25.1%	36.00%	24.90%	24.20%	21.30%	19.90%
7	Percentage of staff saying they are satisfied with the extend the organisation values their work	Disabled	35.8%	34.00%	36.70%	26.80%	27.70%	28.10%
		Non-disabled	48.4%	36.00%	46.50%	36.00%	37.00%	40.80%
8	Percentage of disabled staff saying their employers has made reasonable adjustments to enable them to carry out their role	Disabled	68.9%	68.00%	72.60%	65.80%	66.40%	69.30%
9	Staff engagement score	Disabled	6.5	6.4	6.49	6.04	6.08	6
		Non-disabled	7.1	6.9	6.93	6.65	6.6	6.7
10	Percentage difference between the Trust's Board Membership and overall disabled workforce	Overall Board	-2.6%	-3%	-3%	-3.1%	+0.54%	-4.5%
		Voting Board	-2.6%	-3%	-3%	-3.1%	-3.8%	+6.91%
		Exec Board	-2.6%	-3%	-3%	-3.1%	-3.8%	-4.2%

