Royal Cornwall Hospitals
NHS Trust

Meeting: Trust Board

Date of Meeting: 11 June 2025

Item Number: 11

Title of Report: Workforce Equality Standards Report 2025

Executive Director Lead: Alison Thorne-Henderson, Dual Chief People Officer

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Purpose of the Report:

Decision ☐ **Discussion** ☐ **Assurance** ☒ **Information** ☐

This report outlines the Trust Workforce Equality Standards data for 31 March 2025 and subsequent actions for 2025/26. There is a legislative requirement to annual report on Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES), and to publish this data and actions.

Consultation:

This report was presented in May to People and Culture Committee in order that the data could be approved or submission via end of May 2025 – a new earlier national deadline for data submission than in previous years with insufficient time for Trust Board approval via internal governance routes.

Consultation is underway currently with the Employee Network Groups and JCNC, which will be completed by the time this report is presented to Trust Board for authorisation to publish on Trust website.

The action plan and report require approval and publication so data and report actions can be included in the Annual Equality Report in September 2025.

Key Risks (please tick one or more):

Clinical ☒ **Financial** ☐ **People** ☒

Reputational ☒ **Legal / Regulatory** ☒

Impact:

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?	X			This paper acknowledges that some definitions and terminology in legislation do not always reflect the identities or lived experience of individuals. Electronic Staff Record (ESR) uses terminology of Black Minority Ethnic (BME) whereas the majority of staff have chosen to be identified at RCHT as Ethnic Minority. Where this report references BME it is talking about our ethnic minority staff.
Quality Impact Assessment completed?		X		
Data Protection Impact Assessment completed?		X		

Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only:

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Health and wellbeing of the population, including inequalities and wellbeing	The actions and recommendations within this report will be considered within the Equality Objectives action plan.
Quality of services provided or arranged by RCHT, including inequalities in benefits from those services	

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Sustainable and efficient use of NHS resources by RCHT	It is expected that actions and recommendations within this report will have a wider impact on the experience of staff and therefore retention of our people, ensuring a better use of resources.

Recommendation(s):

The Board is recommended to:

- **Approve** the Workforce Equality Standards Report 2025 **noting** publication on Trust Website.

Workforce Equality Standards Report 2025

1 Situation / Executive Summary

The Trust has a contractual requirement under the NHS Contract to publish annual data in respect of Workforce Equality Standards. This report sets out the most recent data, collating this findings and actions for the following statutory reports:

- Workforce Disability Equality Standard (WDES).
- Workforce Race Equality Standard (WRES).

Working to address inequalities identified by the workforce data demonstrates our compliance with the Equality Act 2010 and the Public Sector Equality Duty.

Overall headlines for the Workforce Equality Standards report are taken from qualitative intelligence held by the EDI and People Experience teams, and the quantitative data included in this report indicate:

The group is asked to note information contained herein, and the associated action planned ongoing consultation prior to Trust Board submission.

2 Background

2.1 Workforce Disability Equality Standard (WDES)

This report sets out the 2022/23 annual workforce data in relation to disability which the Trust is required to publish. The Trust has a contractual obligation under the NHS Contract to publish annual data in respect of the Workforce Disability Equality Standard (WDES). Working to address inequalities identified by the workforce data demonstrates our compliance with the Equality Act 2010 and the Public Sector Equality Duty.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan, building on high impact actions shared in the first ever EDI improvement plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality to create the cultures of belonging and trust that will improve retention, recruit from the widest possible talent pool, and provide sustainable careers.

The WDES is important, because research shows that a motivated, included, and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES puts data into the hands of people in NHS organisations who best understand the experiences of their disabled staff and how to make positive change. A more inclusive environment for disabled people working and seeking employment in the NHS is better for our people, for teams and for patients.

2.1 Workforce Race Equality Standard (WRES)

WRES was launched in 2016 and aimed to improve the workplace and career experiences of our ethnically diverse workforce (Black and Minority Ethnic - BME) colleagues in the NHS. The Workforce Race Equality Standard is a set of nine specific measures that will enable NHS organisations to compare the experiences of our ethnically diverse and White staff. This report provides an overview of key areas and supports us in identifying direct actions to demonstrate progress against the indicators of Race equality.

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

3 Assessment

3.1 WDES

Raw data for WDES is included in appendix 1 of this report. The below outlines the analysis of this data as per the national requirements.

3.1.1 **Metric 1: Percentage of staff with a disability.** Numbers of staff declaring a disability in ESR has risen steadily, and is now 6.7% for clinical, non-clinical and medical/dental. This is higher than national average, which, according to the Building Disability Inclusive Workplaces guide from NHS Employers, published March 2024, is 4.9%. Across all staff groups, the percentage of 'unknown/null' declarations has reduced. Across overall workforce, the percentage has reduced from 14.4% in 2024 to 11.9% in 2025. Staff survey data shows that 26.37% of respondents have indicated that they have a disability. This is higher than the average percentage of 24.45%.

3.1.2 **Metric 2: The Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff.** The number of non-disabled staff shortlisted for jobs has increased slightly from last year (7356 in 2025 and 7046 in 2024). This is in contrast to the number of disabled staff shortlisted, which has reduced from 715 in 2024 to 303 in 2025. The number of staff who have a declaration of unknown/null has increased from 281 in 2024 to 556 in 2025. This is a significant increase. However, the number of disabled staff appointed from shortlisting has increased from last year, despite fewer disabled staff being shortlisted. We appointed 97 disabled staff in 2025, compared to 58 in 2024. This means that the relative likelihood of a disabled person being appointed from shortlisting is 0.32, which means that they are more likely to be appointed that non-disabled staff. This a significant difference from 2024, which was 1.17 and indicated that non-disabled staff were more likely than Disabled staff to be appointed from shortlisting.

3.1.3 **Metric 3: The Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff** is 7.13 in 2024/25. This is an increase from the previous year's figure of 4.56. The average number of staff entering the formal capability process over the last 2 years for any reason has increased for both disabled and non-disabled staff to 6.5 (disabled) and 20 (non-disabled). This would indicate that disabled staff are more likely to enter the formal capability process.

3.1.4 Metric 4: Percentage of staff experiencing harassment, bullying or abuse from:

- **Patients/Relatives/Public:** This has reduced again for 2024. 24.75% of disabled respondents reported harassment, bullying or abuse from patients/relatives/public, which is a significant reduction from last year and is the lowest this metric has been for at least 5 years. This is also lower than the UK average. We saw an increase in respondents with a disability completing this question this year (889 in 2024 compared to 831 in 2023) but a slight decrease in non-disabled respondents (2490 in 2024 compared to 2554 in 2023).

- **Managers:** This has reduced slightly from last year, 15.48% of respondents reported harassment, bullying or abuse from Managers in 2024, compared to 15.68 in 2023. Whilst still lower than disabled staff, non-disabled respondents reported a slight increase in this metric – 9.52% this year, compared to 8.43% in 2023.

- **Other colleagues:** This metric has also reduced for 2024, albeit very slightly. 24.66% of respondents reported experiencing harassment, bullying or abuse from other colleagues, compared to 24.91 in 2023. This is similar to the national average, but still higher than for non-disabled staff.

  There has been another increase in both disabled and non-disabled staff reporting incidents of bullying and harassment, which has been the pattern for the last 5 years.

3.1.5 **Metric 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.** There has been a reduction in both disabled and non-disabled staff reporting that they believe that the Trust provides equal opportunities for career progression or promotion. In 2023, there was no significant difference between disabled and non-disabled staff for this metric. However, the percentage of disabled staff answering this question has reduced by around 6.5%. This is now close to the national average of 51.30% for disabled staff.

3.1.6 **Metric 6: Percentage of staff with a disability that have felt pressure from their Manager to come to work despite not feeling well enough to perform their duties** compared to staff without a disability, has increased this year to 28.55%, following the downward trend set in previous years. This metric is now similar to the national average of 26.85%, but significantly higher than for non-disabled staff. The percentage for non-disabled respondents, 19.09%, has continued to fall for the last 5 years.

3.1.7 Metric 7: The percentage of staff with a disability that are satisfied with the extent to which the Trust values their work, compared to staff without a disability has decreased from last year to 33.26%. This metric has also seen a decline from non-disabled staff, which has seen a drop to below the average.

3.1.8 **Metric 8: The percentage of staff with a disability that say the Trust has made adequate adjustments to enable them to carry out their work** has remained steady for the previous 2 years but has decreased this year to 72.32% from 74.70% in 2023. This is in contrast with the national average, which has increased significantly from 2022. We are now tracking below the national average for the first time, despite more staff completing this question compared to previous years.

3.1.9 **Metric 9: The staff engagement score** for disabled staff compared to non-disabled staff and the overall engagement score for the Trust is slightly below the Trust average overall at 6.18%.

3.1.10 **Metric 10: Percentage difference between the organisation's board voting membership and its organisation's overall workforce.** We have an increase in Board members this year, from 12 in March 2024, to 14 in March 2025. We now have two Board members who have disclosed a disability but still have a significantly high percentage of board members not declaring if they have a disability or not (7). However, there has been a slight reduction to this percentage with 50% of Board members not declaring, compared to 57.1% last year.

3.2 WRES

Raw data for WRES is included in appendix 2 of this report. The below outlines the analysis of this data as per the national requirements.

3.2.1 **Metric 1: Percentage and number of staff in the Trust by ethnicity.**

The percentage and number of ethnic minority staff has continued to increase year-on-year, now standing at 13.01% of the total workforce, largely driven by a greater increase in clinical staff, suggestive of the impact of increased international recruitment efforts. The percentage increase is also made more profound by the relative stagnation of the percentage of white staff in the overall workforce, which only increased by 1.23 percentage points, and the slight drop in unknown ethnicities (down to 9.08% from 9.6%).

3.2.2 **Metric 2: The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.**

Despite these population changes, the relative likelihood of a white staff member being appointed from shortlisting compared to someone from an ethnic minority background has almost doubled, to 2.55 from 1.31, indicating that despite an increase in ethnic minority staff, white staff are now two and a half times more likely to be appointed from shortlisting.

Despite a marginal increase of 5.83% in the ethnic minority population, the percentage of those who completed the staff survey dropped from 42.3% last year to 37.5% this year, suggesting that staff are less likely to feed back to the Trust, supported by 50.3% of respondents from an ethnic minority background indicating intent to leave the Trust in the next 12 months.

3.2.3 **Metric 3: Relative likelihood of BME staff entering the formal capability process compared to White staff.**

The relatively likelihood of staff from an ethnic minority background entering the formal capability process compared to white staff is 1.084, indicating that both groups are almost equally as likely to enter the process, an improvement on last year's figure of 0.776, which indicated that staff from an ethnic minority background were less likely to enter the formal capability process than white staff. This could be driven by the changes in population sizes from last year but suggests that this process has achieved racial equality this year. However, with 9.08% of staff not declaring an ethnicity, this figure may not be fully representative.

3.2.4 **Metric 4: The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff.**

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 1.00. This is a slight improvement on last year of 1.03, but seems to suggest that for two years running, staff are equally as likely to access non-mandatory training and CPD. This could also, however, be explained by the changes in population, but consideration should still be given to the 9.08% for whom there is no recorded ethnicity.

3.2.5 **Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public**

The percentage of staff from ethnic minority background experiencing harassment, bullying or abuse from patients, relatives or the public has increased significantly from last year, with 32.28% of respondents reporting such experiences. This is more in line with the 2022 position but deviates significantly from national trends which while demonstrating an increase, is not as profound as this (28.27%, up from 27.34%. 2022 figure was 30.82%). Staff from a white background have continued on a downward trend since 2022, with only 20.05% of respondents recording such an experience.

3.2.6 **Metric 6: The percentage of staff experiencing harassment, bullying or abuse from colleagues**

The percentage of staff from an ethnic minority background experiencing harassment, bullying or abuse from colleagues as increased to 34.91% (from 31.75% last year). This is despite the increased number of respondents representing a smaller proportion of the total number of staff in this group, and also bucks the downward trend across all groups since 2022, with white staff at the Trust remaining similar to last years' figure (22.30%, 22.01% last year), and national average for both groups decreasing to 21.53% for white staff and 24.78% for staff from an ethnic minority background (down from 22.12% and 25.16% respectively).

3.2.7 **Metric 7: The percentage of staff that believe the Trust provides equal opportunities for career progression or promotion.**

While the national trend for both groups has stayed the same as last year, results for the Trust have dropped significantly, with only 54.78% of white staff, and 45.81% of staff from an ethnic minority background believing that the Trust provides equal opportunities for career progression or promotion, down from 57.73% and 49.86% respectively. This has bucked the steadily increasing trend across the Trust since 2021.

3.2.8 **Metric 8: Percentage of staff who have experienced discrimination at work from a Manager, Team Leader, or colleague.**

Despite a slight decrease last year, the percentage of staff from an ethnic minority background experiencing discrimination from a Manager / Team Leader has continued the sharply increasing trend, now sitting at 24.93%, up from 19.72% last year, while nationally this has continued to decline at a steady pace since 2022, now sitting at 15.72%. For white colleagues, there was a slight increase from 5.98% to 6.73% across the Trust, while nationally this figure remains stagnant at 6.69% (from 6.73% last year).

3.2.9 **Metric 9: The representation of BME people amongst board members.**

Data for the ethnicity makeup of the Trust Board suggests that the Board is more ethnically diverse than last year, with 14.29% identifying with an ethnic minority background. There still remains 35.71% of Board members for whom an ethnicity has not been recorded, which skews the results to appear proportional to the overall ethnic makeup of the Trust. The total number of Board members has increased by 16.66%, due to the small size of this group, and therefore granular nature of the data, it would not be appropriate to describe these results by headcount.

3.3 Workforce Equality Standards Areas for Consideration

When analysing the data and developing actions it is important to consider the NHS terms and conditions of service handbook contains the national agreements on pay and conditions of service for NHS staff other than very senior Managers and medical staff. Job evaluation enables jobs to be matched to national job profiles or allows trusts to evaluate jobs locally, to determine in which Agenda for Change pay band a post should sit.

3.3.1 WDES Considerations

There is still a high relative likelihood of disabled staff entering the formal capability process, the number of disabled staff that have been put through a capability process has more than doubled since 2023 and has increased again this year. Staff comments through the Disability and Long-Term conditions Employee Network Group have verbally highlighted concerns with colleagues being taken through a formal process or disadvantaged at work due to neurodivergence and lack of awareness of Managers around reasonable adjustments and support to offer to staff.

The percentage of disabled staff reporting that the Trust has made adequate adjustments to enable them to carry out their work has reduced for the first time since 2022 this year to below the national average at 73.32%. This is disappointing as the Trust was previously tracking well above the average for this metric. This result is despite having a higher response rate to this question compared to last year.

The number of disabled staff appointed from shortlisting has increased from last year, despite fewer disabled staff being shortlisted. This means that our relative likelihood for a disabled person being appointed from shortlisting is 0.32, which means that they are more likely to be appointed that non-disabled staff.

Respondents reported experiencing fewer incidents of harassment, bullying or abuse from Managers, colleagues, and patients/relatives/public this year.

There has been a decrease in disabled staff feeling that they have equal opportunities for career progression, despite a slight increase the previous year.

Disabled staff are also reporting that they have felt pressure from Managers to come to work despite not feeling well enough to perform their duties. This metric has increased significantly from last year, despite a continuing reduction in non-disabled staff reporting this as an issue.

3.3.2 WRES Considerations

Taken as whole, the figures recorded for WRES reporting indicate a significantly worsening experience for staff from an ethnic minority background.

Despite overall percentage of staff from an ethnic background increasing, the relative likelihood of a white staff member being appointed from shortlisting compared to someone from an ethnic minority background is now two and a half times more likely.

The percentage of staff from an ethnic minority background experiencing discrimination from a Manager / Team Leader has continued the sharply increasing trend, now sitting at 24.93%, while nationally this has continued to decline at a steady pace since 2022, now sitting at 15.72%.

It is reported that 50.3% of ethnic minority staff that have indicated they are looking to leave within the next 12 months, it is possible that staff are choosing to leave the organisation as a result of experiences here, despite 47.6% being confident that the Trust would address their concerns (though cultural differences could be an aggravating factor here).

4 Workforce Equality Standards Action Plan 2025

The following action plan is proposed, however still requires consultation with JCNC and the following employee network groups:

- Ethnic Minority Employee Network.
- Disability and Long-Term Conditions Employee Network.

Action	How we will achieve the action	Lead	Deadline
Learn from ethnic minority staffing group how we can improve their working and living lives and reduce the number who are considering leaving the Trust.	Develop a Task Force to listen to our ethnic minority colleagues and take direct action to respond to their needs – action plan to be developed and reported regularly through EDI Assurance report to People and Culture	Associate Director of EDI and OD.	31 July 2025

Action	How we will achieve the action	Lead	Deadline
	Committee.		
Exploring the frequency of stay and thrive conversations in with Ethnic staff and considering potential barriers to these conversations taking place.	Engage the Ethnic Minority Network Chair to explore the best way to engage with staff about Stay and Thrive conversations.	EDI Lead/ People Partners	31 March 2026
Improve disability data disclosure to get a better picture of the data for disability pay gap.	Promotion of 'how to' guide on ESR and communication about the reason data disclosure is important. Also, explanation to staff that 'disability' data on ESR includes Long Term Health Conditions.	EDI Lead	31 March 2026
Review of inclusive recruitment processes.	Review of current recruitment training and ensure inclusive recruitment is a key focus.	EDI Lead/ Recruitment team	01 September 2025
Developing a talent and career progression opportunity for ethnic minority colleagues in agenda for change roles to progress into specialist and leadership roles at senior pay bands (band 8A and above).	Implement Scope for Growth Conversations and Sponsorship for Inclusion process to talent management.	Associate Director of OD and EDI/ People Experience team/ Recruitment team	31 October 2025
Alignment to Staff Survey Action Plan for 2024 results.	Key focus areas for the Trust are: - Inclusive and Compassionate Leadership	EDI Lead (aligning work with Engagement Lead and Network	31 August 2025

Action	How we will achieve the action	Lead	Deadline
	- Raising Concerns. - Development. Ensure that Network Chairs promote the initiatives within the network meetings.	Chairs)	

4. Risk

the People risks of not progressing with the proposed actions in section 4 of this report are that the Trust does not improve the experience for staff from Ethnicity backgrounds and those with a Disability, which is an indication of the Culture of the organisation and how it feels to work at RCHT.

These reports are published on the Trust website and there is a requirement to improve staff experiences for those already employed by the Trust and in turn improve retention of our valued and talented workforce.

In addition to the people risk there is a reputational risk for the Trust if actions are not taken to reduce the pay gaps this could negatively impact on our ability to attract diverse talent.

5. Accountability

Accountability is with Alison Thorne-Henderson as Dual Chief People Officer, Paul Hargreaves, Deputy Director of People and OD, supported by accountable officer Rachel Cowley, Associate Director of OD, and EDI.

This will be an annual report required to be presented to the Committee in 12 months' time. Actions identified within this report will be lifted into the Equality Objectives Delivery Plan and monitored on a quarterly basis at the People and Culture Committee within the EDI Assurance Paper.

6. Recommendations

The Board is recommended to:

- **Approve** the Workforce Equality Standards Report 2025 **noting** publication on Trust Website.

Appendix 1 – Workforce Disability Equality Standard (WDES)

Workforce Indicators.

Metric 1.

Percentage of staff in AfC 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.

Non-Clinical	Disabled count	Disabled %	Non-disabled count	Non-disabled %	Unknown count	Unknown %	Total
Bands 1-4	148	9.2%	1271	79.1%	188	11.7%	1607
Bands 5-7	42	7.5%	474	84.6%	44	7.9%	560
Bands 8a-8b	12	9.8%	106	86.2%	5	4.1%	123
Bands 8c-VSM	5	8.2%	48	78.7%	8	13.1%	61
Total	207	8.8%	1899	80.8%	245	10.4%	2351

Clinical	Disabled count	Disabled %	Non-disabled count	Non-disabled %	Unknown count	Unknown %	Total
Bands 1-4	105	7.0%	1245	83.3%	145	9.7%	1495
Bands 5-7	172	6.4%	2222	82.3%	305	11.3%	2699
Bands 8a-8b	11	6.8%	131	80.9%	20	12.3%	162
Bands 8c-VSM	1	3.4%	25	86.2%	3	10.3%	29
Total	289	6.6%	3623	82.6%	473	10.8%	4385

Medical and Dental Staff	Disabled count	Disabled %	Non-disabled count	Non-disabled %	Unknown count	Unknown %	Total
Consultants	5	1.1%	382	81.8%	80	17.1%	467
Non-Consultants career grade	2	1.5%	110	84.0%	19	14.5%	131
Trainee grades	24	5.0%	341	71.5%	112	23.5%	477
Total	31	2.9%	833	77.5%	211	19.6%	1075

Number of staff in workforce	527	6.7%	6355	81.4%	929	11.9%	7811

HR Indicators.

Metric 2.

Relative likelihood of staff with disabilities compared to staff without disabilities being appointed from shortlisting to both internal and external posts.

	Disabled	Non-disabled	Unknown
Number of shortlisted applicants	303	7356	556
Number appointed from shortlisting	97	752	233
Likelihood of shortlisting/appointed	0.32	0.10	0.42

Metric 3.

Relative likelihood of staff with a disability entering the formal capability process compared to staff without a disability, as measured by entry into the formal capability procedure.

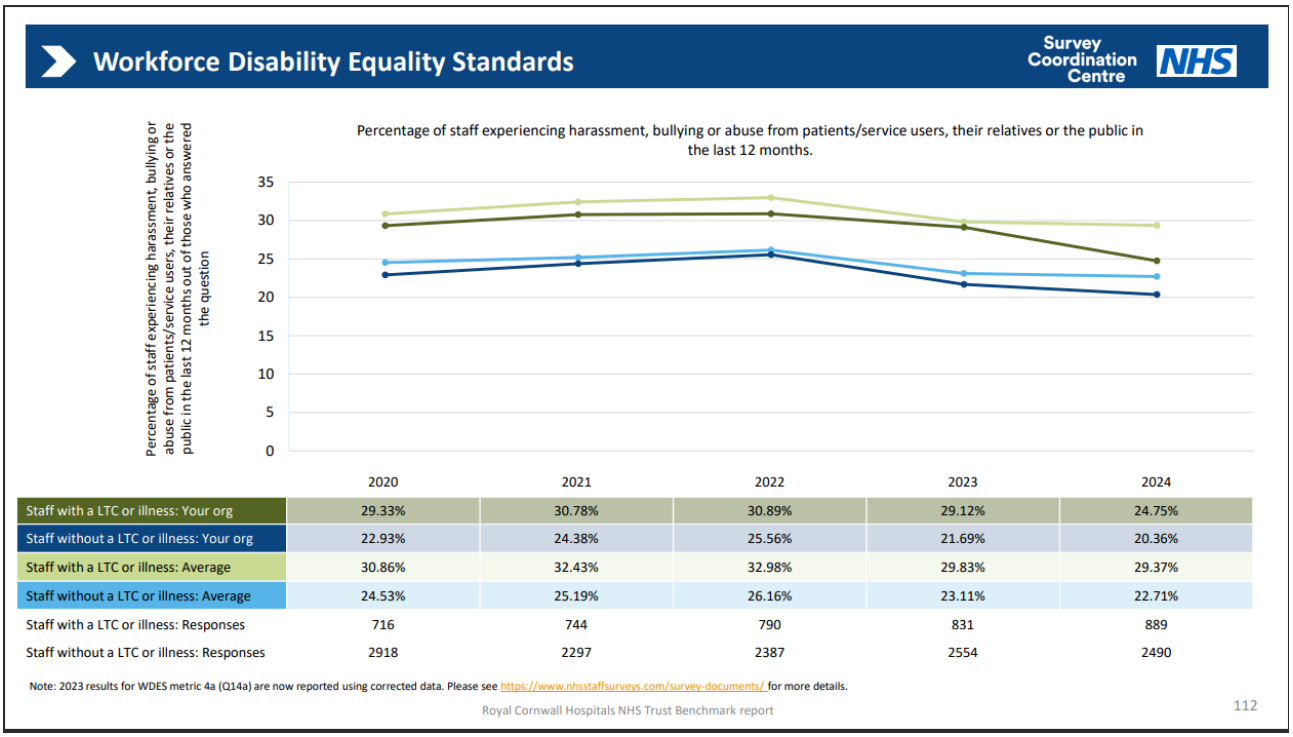
	Disabled	Non-disabled	Unknown
Average number of staff entering the formal capability process over the last 2 years for any reason	6.5	20	4
Of these, how many were on the grounds of ill-health?	0	9	4
Likelihood of staff entering the formal capability process	0.01	0.001	0.00

Staff Survey Indicators.

Metric 4.

Percentage of staff experiencing harassment, bullying or abuse from:

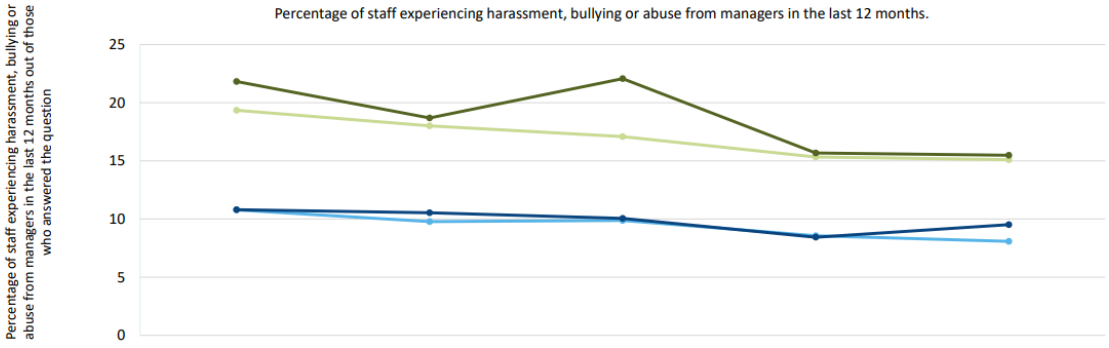
a) Patients/service users, relatives, and the public.



b) Managers.

Workforce Disability Equality Standards

Survey Coordination Centre NHS



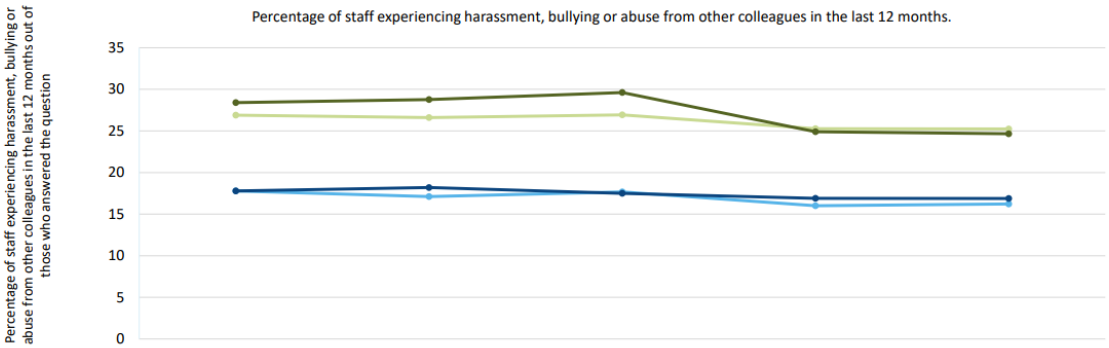
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	21.82%	18.68%	22.07%	15.68%	15.48%
Staff without a LTC or illness: Your org	10.80%	10.54%	10.05%	8.43%	9.52%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	715	744	784	829	885
Staff without a LTC or illness: Responses	2907	2286	2377	2550	2480

Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

c) Other Colleagues.

Workforce Disability Equality Standards

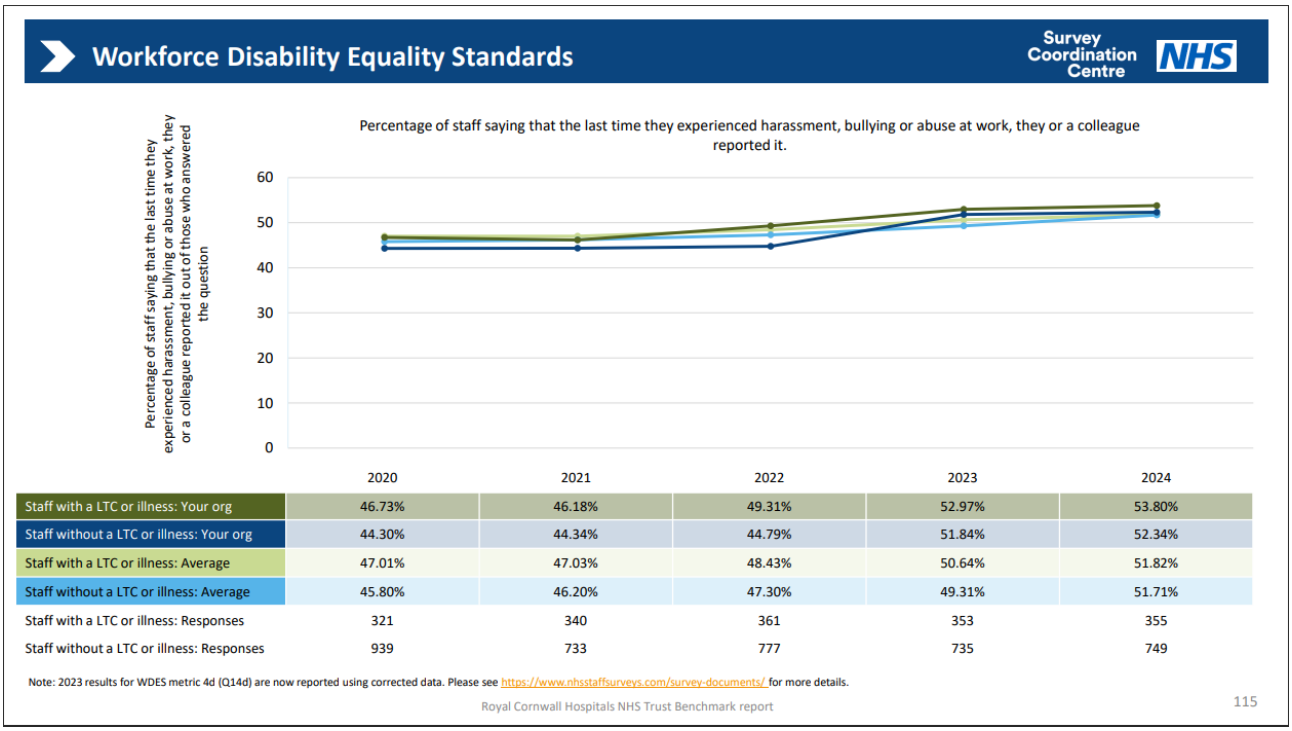
Survey Coordination Centre NHS



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	28.41%	28.76%	29.62%	24.91%	24.66%
Staff without a LTC or illness: Your org	17.79%	18.20%	17.50%	16.90%	16.88%
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	711	744	780	827	888
Staff without a LTC or illness: Responses	2883	2269	2371	2538	2482

Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

d) Percentage of staff that experienced harassment, bullying, or abuse at work and they or a colleague reported it.

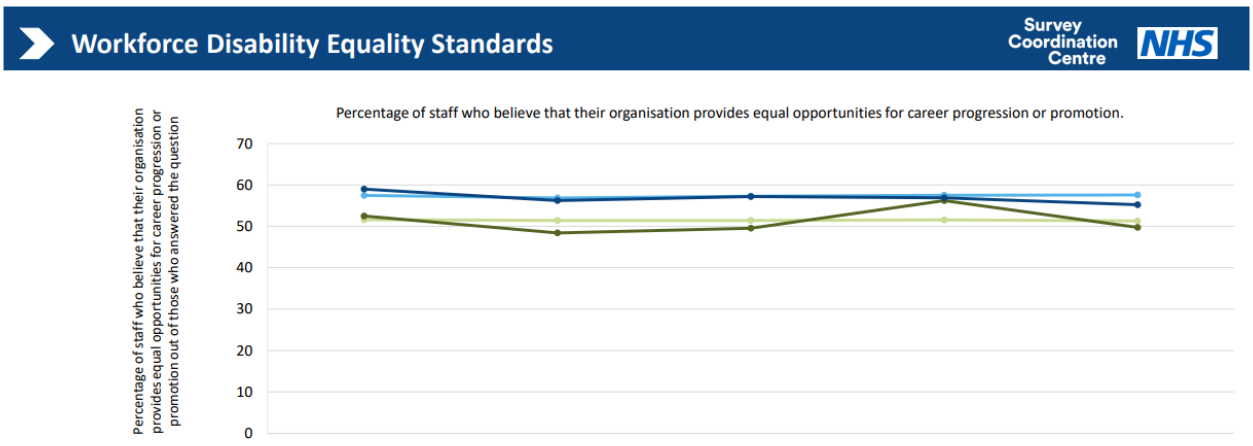


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	46.73%	46.18%	49.31%	52.97%	53.80%
Staff without a LTC or illness: Your org	44.30%	44.34%	44.79%	51.84%	52.34%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	321	340	361	353	355
Staff without a LTC or illness: Responses	939	733	777	735	749

Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Metric 5.

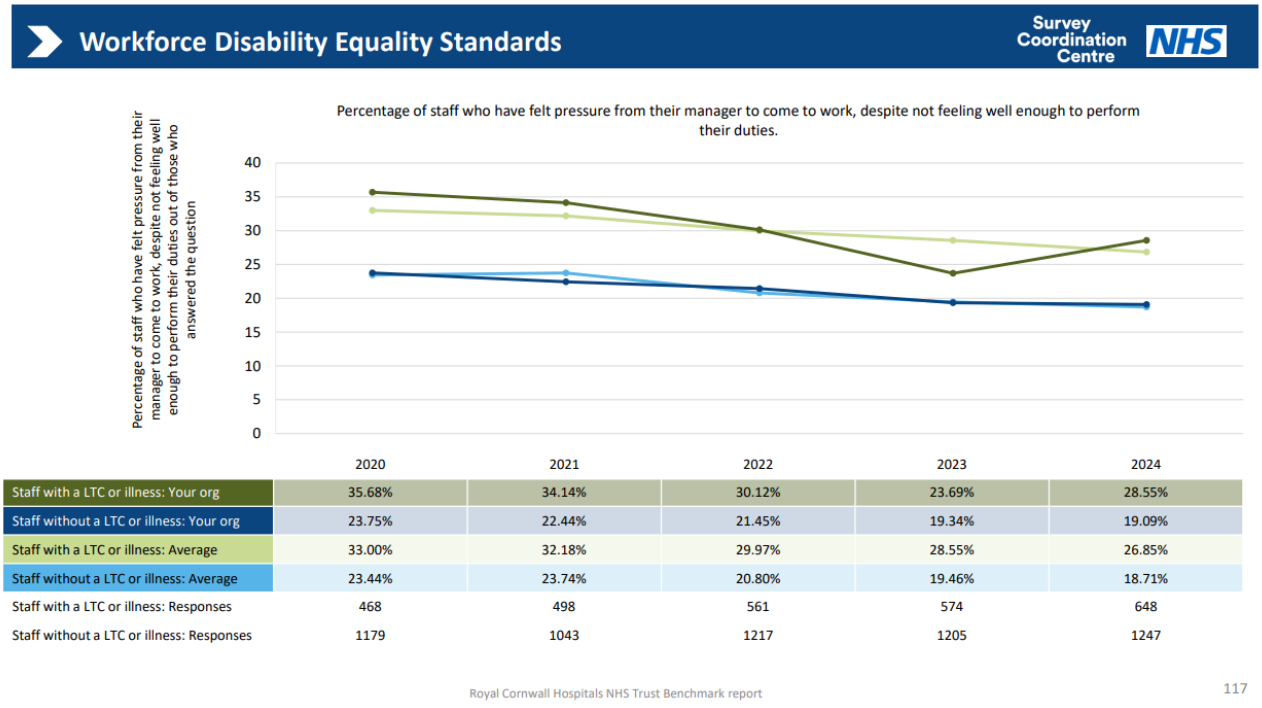
Percentage of staff with a disability that believe the Trust provides equal opportunities for career progression or promotion compared to staff without a disability.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	52.51%	48.40%	49.55%	56.21%	49.72%
Staff without a LTC or illness: Your org	58.99%	56.20%	57.20%	56.90%	55.22%
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	718	748	783	829	889
Staff without a LTC or illness: Responses	2921	2290	2395	2552	2483

Metric 6.

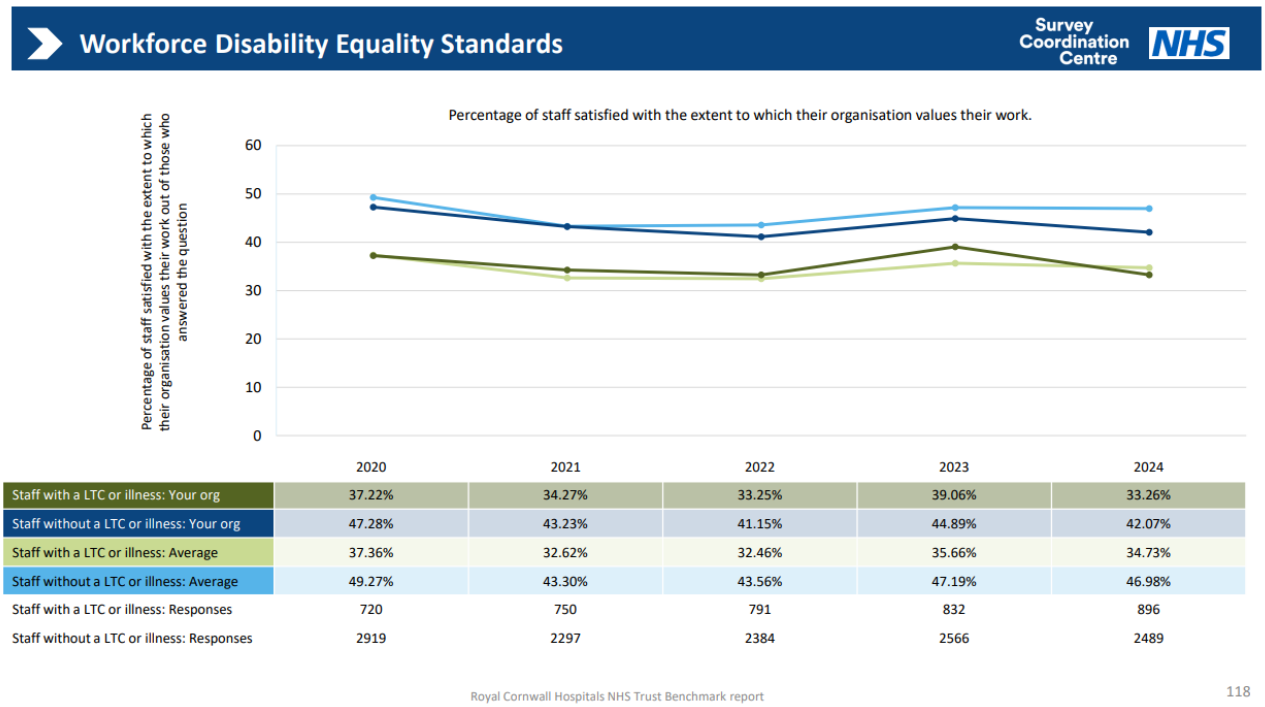
Percentage of staff with a disability that have felt pressure from their Manager to come to work despite not feeling well enough to perform their duties compared to staff without a disability.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	35.68%	34.14%	30.12%	23.69%	28.55%
Staff without a LTC or illness: Your org	23.75%	22.44%	21.45%	19.34%	19.09%
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	468	498	561	574	648
Staff without a LTC or illness: Responses	1179	1043	1217	1205	1247

Metric 7.

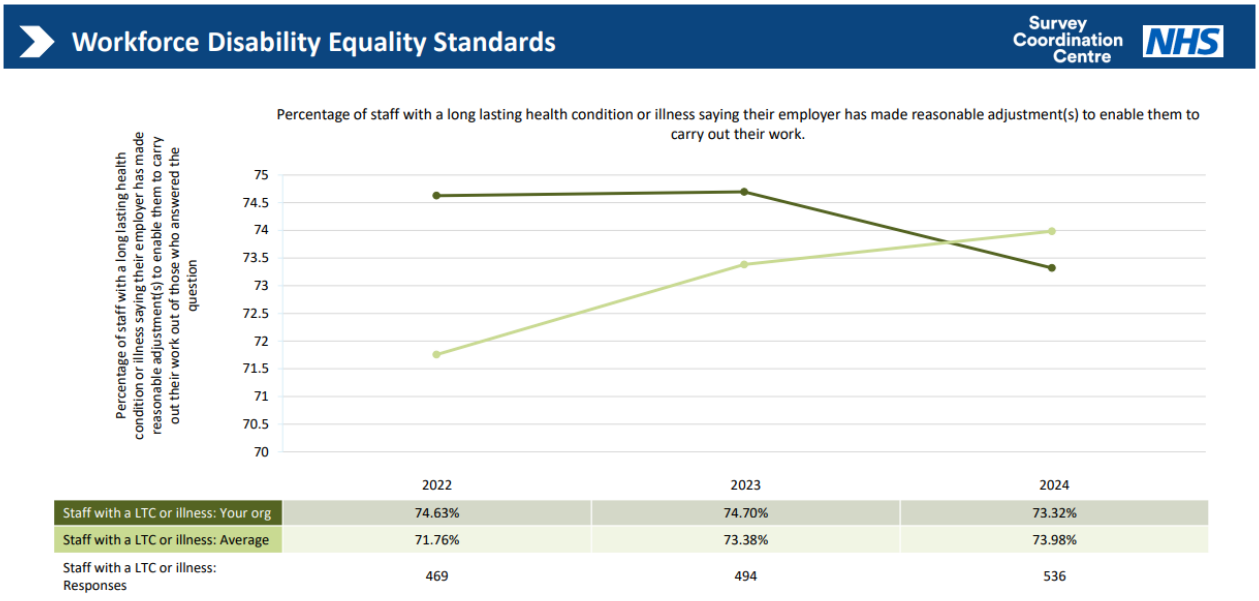
Percentage of staff with a disability that are satisfied with the extent to which the Trust values their work, compared to staff without a disability.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	37.22%	34.27%	33.25%	39.06%	33.26%
Staff without a LTC or illness: Your org	47.28%	43.23%	41.15%	44.89%	42.07%
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	720	750	791	832	896
Staff without a LTC or illness: Responses	2919	2297	2384	2566	2489

Metric 8.

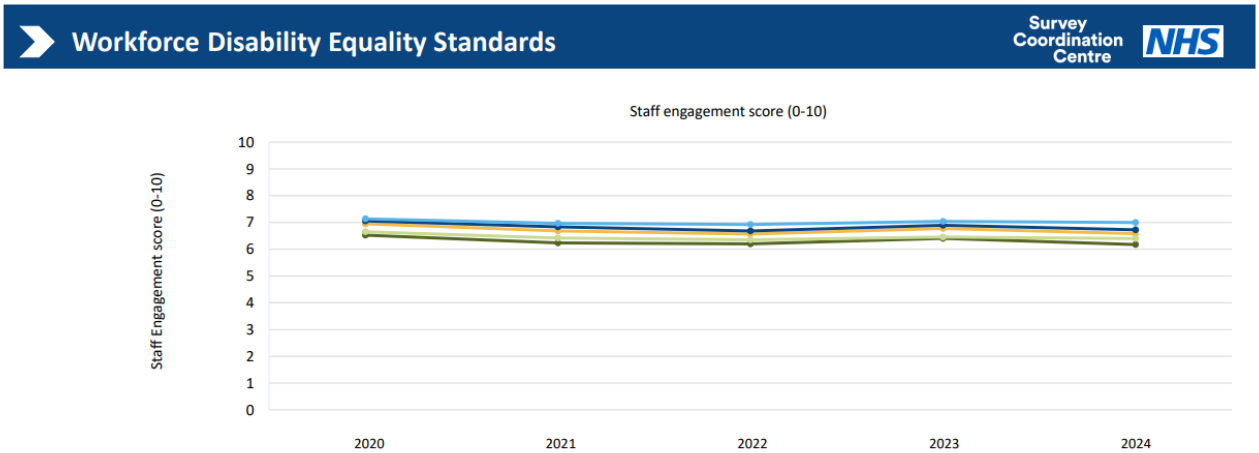
Percentage of staff with a disability that say the Trust has made adequate adjustments to enable them to carry out their work.



	2022	2023	2024
Staff with a LTC or illness: Your org	74.63%	74.70%	73.32%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%
Staff with a LTC or illness: Responses	469	494	536

Metric 9.

The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the Trust.



	2020	2021	2022	2023	2024
Organisation average	6.95	6.68	6.57	6.77	6.58
Staff with a LTC or illness: Your org	6.53	6.23	6.20	6.40	6.18
Staff without a LTC or illness: Your org	7.06	6.84	6.68	6.89	6.73
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	722	753	792	838	896
Staff without a LTC or illness: Responses	2936	2307	2399	2580	2501

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Board Indicators.

Metric 10.

Percentage difference between the Trusts' overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

	Disabled	Disabled %	Non-disabled	Non-disabled %	Unknown	Unknown %	Total
Total Board members	2	14.3%	5	35.7%	7	50.0%	14
Of which: Voting Board members	2	20.0%	4	40.0%	4	40.0%	10
Of which: Non-Voting Board members	0	0.0%	1	25.0%	3	75.0%	4
Of which: Exec Board members	0	0.0%	4	36.4%	7	63.6%	11
Of which: Non-Executive Board members	2	66.7%	1	33.3%	0	0.0%	3

Appendix 2 – Workforce Race Equality Standard (WRES)

Workforce Indicators.

Metric 1.

Percentage of staff in AfC 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.

Non-Clinical	BME Count	BME %	White Count	White %	Unknown Count	Unknown %	Total
Bands 1-4	81	5.04%	1382	86.00%	144	8.96%	1607
Bands 5-7	23	4.11%	517	92.32%	20	3.57%	560

Non-Clinical	BME Count	BME %	White Count	White %	Unknown Count	Unknown %	Total
Bands 8a-8b	2	1.63%	119	96.75%	2	1.63%	123
Bands 8c-VSM	1	1.64%	53	86.89%	7	11.48%	61
Total	107	4.55%	2071	88.09%	173	7.36%	2351

Clinical AfC	BME Count	BME %	White Count	White %	Unknown Count	Unknown %	Total
Bands 1-4	219	14.65%	1168	78.13%	108	7.22%	1495
Bands 5-7	443	16.41%	2042	75.66%	214	7.93%	2699
Bands 8a-8b	5	3.09%	151	93.21%	6	3.70%	162
Bands 8c-VSM	2	6.90%	26	89.66%	1	3.45%	29
Total	909	16.65%	4015	73.53%	536	9.82%	5460

Medical and Dental Staff	BME Count	BME %	White Count	White %	Unknown Count	Unknown %	Total
Consultants	74	15.85%	331	70.88%	62	13.28%	467
Of which, Senior Medical Manager	0	0.00%	18	94.74%	1	5.26%	19
Non-Consultant career Grade	29	22.14%	85	64.89%	17	12.98%	131
Trainee Grades	137	28.72%	212	44.44%	128	26.83%	477
Total	240	22.33%	628	58.42%	207	19.26%	1075

All Staff	BME Count	BME %	White Count	White %	Unknown Count	Unknown %	Total
Total Headcount	1016	13.01%	6086	77.92%	709	9.08%	7811

HR Indicators.

Metric 2.

Relative likelihood of staff being appointed from shortlisting across all posts.

All Staff	BME Count	White Count	Unknown Count
Number of shortlisted applicants	3299	4430	486
Number appointed from shortlisting	195	668	219
Likelihood of shortlisting/appointed	5.91%	15.08%	45.06%

Metric 3.

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

All Staff	BME Count	White Count	Unknown Count
Number of staff entering the formal disciplinary process	10.5	58	19.5
Likelihood of staff entering the formal capability process	1.03%	0.95%	2.75%

Metric 4.

Relatively likelihood of Staff accessing non-mandatory training and CPD.

All Staff	BME Count	White Count	Unknown Count
Number of staff accessing non-mandatory training and CPD	946	5671	652
Likelihood of staff accessing non-mandatory training and CPD	93.11%	93.18%	91.96%

Staff Survey Indicators.

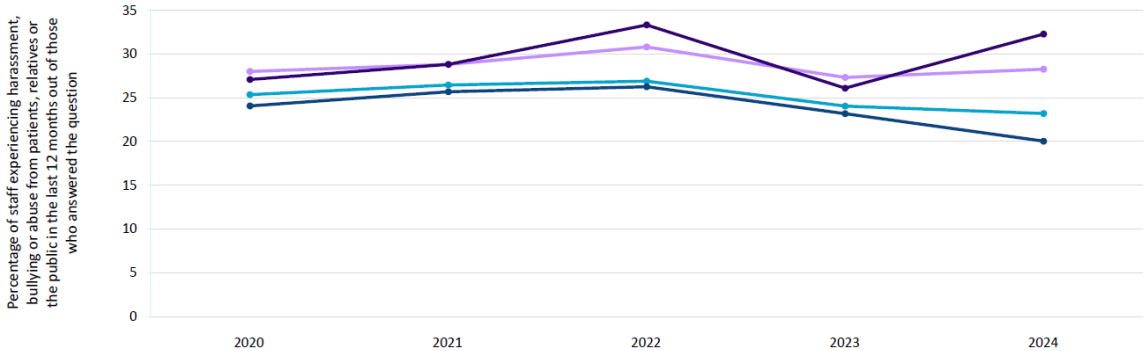
Metric 5.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



	2020	2021	2022	2023	2024
White staff: Your org	24.07%	25.70%	26.27%	23.19%	20.05%
All other ethnic groups*: Your org	27.09%	28.82%	33.33%	26.11%	32.28%
White staff: Average	25.36%	26.47%	26.91%	24.05%	23.21%
All other ethnic groups*: Average	28.01%	28.84%	30.82%	27.34%	28.27%
White staff: Responses	3369	2802	2912	3036	3002
All other ethnic groups*: Responses	251	229	261	360	381

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

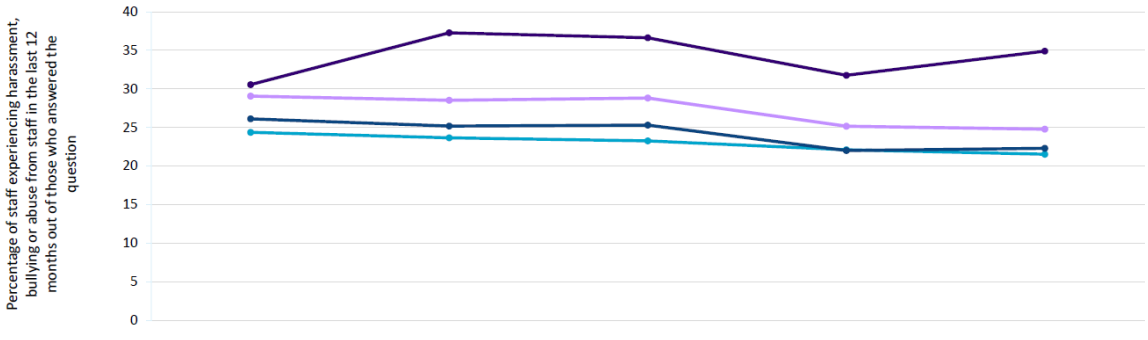
Metric 6.

Percentage of staff experiencing harassment, bullying or abuse from colleagues.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



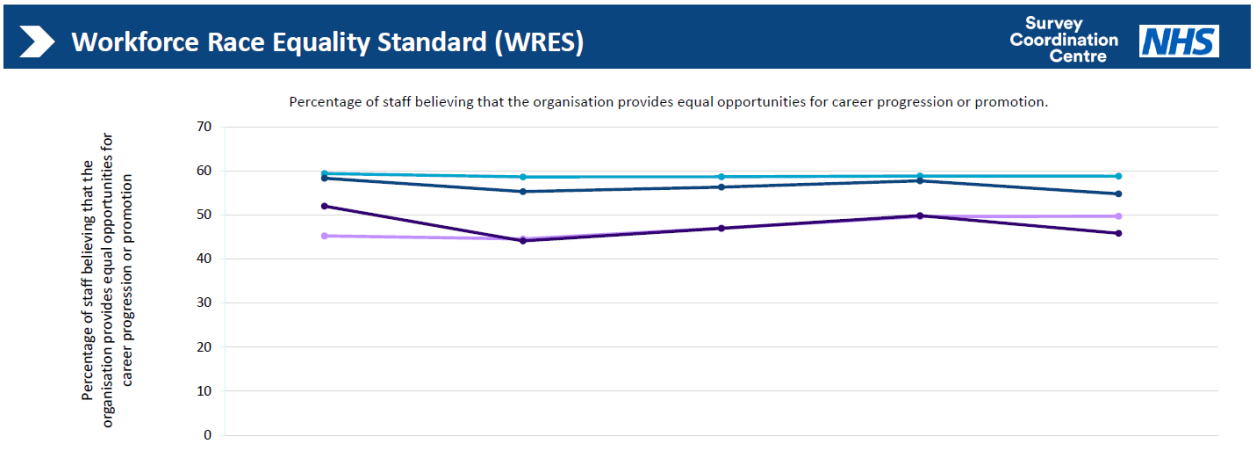
	2020	2021	2022	2023	2024
White staff: Your org	26.12%	25.19%	25.31%	22.01%	22.30%
All other ethnic groups*: Your org	30.56%	37.28%	36.64%	31.75%	34.91%
White staff: Average	24.37%	23.65%	23.25%	22.12%	21.53%
All other ethnic groups*: Average	29.07%	28.53%	28.81%	25.16%	24.78%
White staff: Responses	3373	2811	2912	3040	3004
All other ethnic groups*: Responses	252	228	262	359	381

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Metric 7.

Percentage of staff that believe the Trust provides equal opportunities for career progression or promotion.

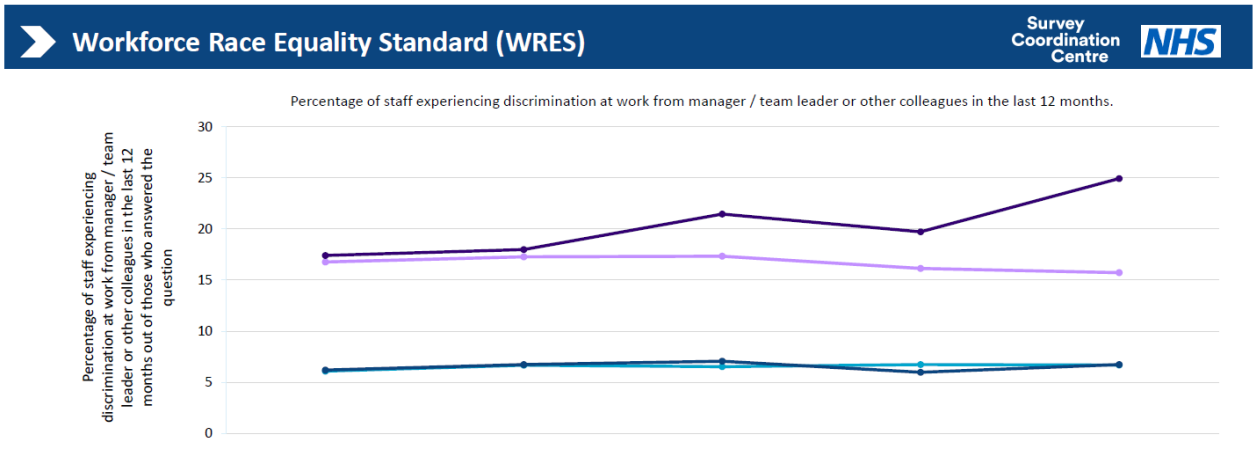


	2020	2021	2022	2023	2024
White staff: Your org	58.33%	55.31%	56.31%	57.73%	54.78%
All other ethnic groups*: Your org	52.00%	44.10%	46.97%	49.86%	45.81%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	3372	2799	2909	3033	2992
All other ethnic groups*: Responses	250	229	264	359	382

*Staff from all other ethnic groups combined

Metric 8.

Percentage of staff who have experienced discrimination at work from a Manager, Team Leader, or colleague.



	2020	2021	2022	2023	2024
White staff: Your org	6.20%	6.74%	7.06%	5.98%	6.73%
All other ethnic groups*: Your org	17.41%	17.98%	21.46%	19.72%	24.93%
White staff: Average	6.09%	6.67%	6.52%	6.73%	6.69%
All other ethnic groups*: Average	16.77%	17.28%	17.33%	16.14%	15.72%
White staff: Responses	3355	2804	2904	3028	2985
All other ethnic groups*: Responses	247	228	261	360	377

*Staff from all other ethnic groups combined

Board Indicators.

Metric 9.

The number of Ethnic Minority Board Members.

	BME Count	BME %	White Count	White %	Unknown Count	Unknown %	Total
Total Board members	2	14.3%	7	50.00%	5	35.71%	14
Voting Board members	2	20.0%	5	50.00%	3	30.00%	10
Non-Voting Board members	0	0.0%	2	50.00%	2	50.00%	4
Exec Board members	0	0.0%	6	85.71%	1	14.29%	7
Non-Executive Board members	2	66.7%	1	14.29%	4	57.14%	7