WORKFORCE DISABILITY EQUALITY STANDARD 2025

1 INTRODUCTION

- 1.1 The Workforce Disability Equality Standard (WDES) was created to support staff with disabilities in the NHS and to encourage organisations to improve their performance in this area. The goal is for staff members with disabilities to have equal access to opportunities and receive fair treatment in the workplace. This is measured using both NHS Staff Survey data and workforce data from our Electronic Staff Record (ESR) across ten "WDES Metrics." These metrics cover areas including representation throughout the organisation, recruitment, involvement in formal capability processes, bullying, harassment and career progression.
- 1.2 This report shares the findings of our WDES 2025 data, measuring our performance. It provides a detailed breakdown and comparison of EPUT's Metrics to our previous year with a breakdown of key data in Appendix A. This data has been presented to EPUT Stakeholders to develop an action plan (Appendix B) that will be delivered in EPUT with the goal of improving the experience of working in EPUT for our staff with disabilities (including long-term conditions and neurodiversities).

2 EXECUTIVE SUMMARY

- **2.1** EPUT has seen improvement in three out of the ten WDES Metrics, with the remaining seven being close to national averages.
- 2.2 The latest WDES data states that 8.84% of staff are recorded as declaring a disability on our Electronic Staff Record (ESR). This is an increase of 1.28% from the previous year's report. EPUT data also shows that there continues to be a disparity in the negative experience of staff with disabilities in comparison to their non-disabled counterparts. This inequality is seen in data for discrimination and bullying from colleagues, difficulty accessing accessibility improvements (reasonable adjustments) and beliefs regarding career progression and promotion.

3 PERFORMANCE AGAINST WDES METRICS

- 3.1 This data is taken from the ESR (1 April 2024 31 March 2025) and our 2024 Staff Survey results which has been shared with NHS England's Mandated Standards Team via a Data Collection Framework (DCF). These findings are presented below with progress against these metrics and comparisons against the national averages where available
- 3.2 <u>Metric 1</u>: Percentage of staff in AfC (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.
- 3.3 Performance against this indicator has improved with an additional 119 staff declaring a disability via ESR, an increase of 1.28%. Disabled staff now make up 8.84% of the Trust's workforce, and whilst there has been increases in staff with disabilities in both clinical and non-clinical roles, there were few additional staff joining at senior levels in the Trust (Appendix A).
- 3.4 <u>Metric 2</u>: Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.
- 3.5 This Metric remains close to equal for both groups, only slightly declining from the previous year. With a relative score of 0.91, this shows both were near-equal in the likelihood of being appointed from shortlisting, with the data slightly skewed in favour of disabled staff during this period. There is near-equal likelihoods of being appointed from shortlisting for both staff with disabilities as well as their non-disabled counterparts during this period (Appendix A).

3.6 <u>Metric 3</u>: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.

This Metric shows that staff with disabilities did not disproportionally enter formal capability proceedings during this period. This remains at zero due to all entries (18 non-disabled staff and 4 disabled staff) being listed as entered "...under the grounds of ill health", which is the same for both groups. It should also be noted that there were 8 staff entering this process who have not declared their status via ESR, listed as "Unknown Status". With the potential that some of these staff may have disabilities, effort should be made to encourage all EPUT staff to share this information where possible to ensure these figures are an accurate representation of the Trust.

Symbol	Key
▲ ▼	Improvement
▼ ▲	Decline
-	No Change
	Current data for Disabled staff experience at time of reporting.

Workforce Metrics		EPUT Progress				
	(Internal Data, April 2023 – March 2024)		EPUT 2025	23 - 24 Diff.	NHS Avg.	EPUT Vs Avg.
1	Percentage of staff in AfC (Agenda for Change) pay bands and very senior managers (including Executive Board members) with disabilities compared with the percentage of staff in the overall workforce. (full breakdown in Appendix A) Higher % = Improvement	Disabled 7.56%	Disabled 8.84%	▲1.28%	5.7%	Higher
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts. "1" being equal likelihood. Figure below 1 means that Disabled staff are more likely in comparison.	0.92	0.91	▼- 0.02	0.98	Lower
3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process. (excluding entry under the grounds of ill health) "1" being equal likelihood, Data taken as an average across two years.	0	0	-	2.04	Lower

3.7 Metrics 4 – 9: Staff Experience

This data is taken from EPUT's NHS Staff Survey results, published in March 2024. Some figures may show discrepancies in comparison to previous WDES reporting due to a National Staff Survey data collection issue which has since been resolved. To adjust for this, we used the most recent Staff Survey benchmark data throughout this document to ensure this report will line-up with future reporting of this data. This data shows us the following:

- These percentages represent staff who completed the NHS Staff Survey, not the total for EPUT or the NHS.
- Performance against 4aii, 4b, 6 and 7 for staff with disabilities improved during this period.
- Our current results are near average for an NHS organisation, with scores being within 5% of NHS Staff Survey averages.

There was a significant decline in staff with disabilities reporting belief that EPUT offers
equal opportunities for career progression or promotion, with a similar decline for nondisabled staff. EPUT is now close to the average score in this area.

A breakdown of these Metrics is available below with additional data available in Appendix A:

(Staff Survey Metrics data taken from NHS Staff Survey 2024)	EPUT 2023	EPUT 2024	23 / 24 Diff.	Staff Survey Avg. (2024)	EPUT vs Avg.
4ai	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from service users, their relatives or other members of the public in	Non-Dis 22.70%	Non-Dis 22.25%	▼0.40%	Non-Dis 21.60%	Higher
	last 12 months.	Disabled 27.81%	Disabled 28.55%	▲0.74%	Disabled 26.64%	Higher
4aii	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers in last 12	Non-Dis 6.64%	Non-Dis 7.31%	▲0.67%	Non-Dis 6.07%	Higher
	months. Lower % = Improvement	Disabled 13.41%	Disabled 12.87%	▼0.54%	Disabled 11.49%	Higher
4aiii	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues in	Non-Dis 14.10%	Non-Dis 13.81%	▼0.29%	Non-Dis 11.81%	Higher
	last 12 months. Lower % = Improvement	Disabled 20.77%	Disabled 22.75%	▲1.98%	Disabled 17.96%	Higher
4b	Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or	Non-Dis 65.97%	Non-Dis 64.29%	▼1.68%	Non-Dis 64.98%	Higher
	abuse at work, they or a colleague reported it. Higher % = Improvement	Disabled 62.14%	Disabled 63.16%	▲1.02%	Disabled 62.98%	Higher
5	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career	Non-Dis 61.95%	Non-Dis 58.99%	▼ 2.96%	Non-Dis 60.75%	Lower
	progression or promotion. Higher % = Improvement	Disabled 59.18%	Disabled 55.12%	▼ 4.06%	Disabled 55.13%	Lower
6	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work,	Non-Dis 14.79%	Non-Dis 14.43%	▼0.36%	Non-Dis 11.86%	Higher
	despite not feeling well enough to perform their duties.	Disabled 20.00%	Disabled 19.63%	▼0.37%	Disabled 17.91%	Higher
7	Lower % = Improvement Percentage of disabled staff compared to					
,	non-disabled staff saying that they are satisfied with the extent to which their	Non-Dis 54.49%	Non-Dis 53.23%	1.26%	Non-Dis 54.37%	Higher
	organisation values their work. Higher % = Improvement	Disabled 45.37%	Disabled 46.93%	▲1.56%	Disabled 44.33%	Higher

Staff Survey Metrics (data taken from NHS Staff Survey 2024)		EPUT 2023	EPUT 2024	23 / 24 Diff.	Staff Survey Avg. (2024)	EPUT vs Avg.
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. Higher % = Improvement	81.29%	75.39%	▼5.9%	79.60%	Lower
9a	The staff engagement score for disabled staff, compared to non-disabled staff.	Non-Dis 7.32	Non-Dis 7.12	▼0.20	Non-Dis 7.20	Lower
	Higher % = Improvement	Disabled 6.88	Disabled 6.61	▼0.27	Disabled 6.74	Lower

3.8 <u>Metric 9b</u>: What actions have you taken action to facilitate the voices of Disabled staff in your organisation to be heard?

As part of the data supplied to NHS England's Mandated Standards Team, a survey requested details of the ways that staff with disabilities have been supported in EPUT, the following was included.

- Executive Sponsors attend Staff Networks, which allows the Network to share feedback and concerns directly with the Board.
- Staff Network Sessions are held virtually, with access to subtitles / transcribing tools to ensure they are as accessible as possible for attendees.
- Staff can raise concerns anonymously through our Freedom to Speak Up Guardians, as well
 as raise issues about their accessibility via our Employee Relations and Employee Experience
 functions. The Equality Advisor can also provide managers or employees with guidance and
 support in these areas.
- We have worked closely with our Transformation Team to ensure the Disability and Mental Health Network has clear goals for the year and is able to measure their own progress via SMART KPI's.
- Disability and Mental Health Network meetings are attended by senior leads, our NHS People Promise Manager and our Equality Advisor, to ensure feedback is heard and acted upon.

3.9 Metric 10: Percentage difference between the organisation and total Board:

When comparing representation at senior levels in EPUT, the WDES encourages Trusts to compare the percentage of staff with a disability at Board level against the overall workforce. Three comparisons have been made below at Total, Voting and Executive Board membership.

All three of these metrics show that despite the loss of one disabled member on the Executive Board (Appendix A) since the previous year, these gaps have narrowed. Showing improved representation within the organisation at a senior level.

Workforce Metric (ESR Data from April 2023 – March 2024)		Workforce Metric	EPUT Progress			
		EPUT 2024	EPUT 2025	Difference Gap 2024-25		
	10	Percentage difference between the organisation's Total Board membership and its organisation's overall workforce,	Non-Dis 88.9% - 78.3% 10.6%	Non-Dis 86.67% - 79.80% 6.87%	Narrower	

Workforce Metric	EPUT Progress			
(ESR Data from April 2023 – March 2024)	EPUT 2024	EPUT 2025	Difference Gap 2024-25	
A score of 0 = equality of representation. Minus numbers caused by larger percentage in overall workforce	Disabled 11.1% - 7.6% 3.5%	Disabled 13.33% - 8.84% 4.49%	Wider	
Percentage difference between the organisation's voting Board membership and its organisation's overall workforce,	Non-Dis 93.3% - 78.3% 15%	Non-Dis 91.67% - 79.80% 11.87%	Narrower	
A score of 0 = equality of representation. Minus numbers caused by larger percentage in overall workforce	Disabled 6.7% - 7.6% -0.9%	Disabled 8.33% - 8.84% -0.51%	Narrower	
Percentage difference between the organisation's Executive Board membership and its organisation's overall workforce,	Non-Dis 90% - 78.3% 11.7%	Non-Dis 87.50% - 79.80% 7.7%	Narrower	
A score of 0 = equality of representation. Minus numbers caused by larger percentage in overall workforce	Disabled 10% - 7.6% 2.4%	Disabled 12.50% - 8.84% 3.66%	Wider	

4 PEOPLE AND EDUCATION STRATEGY METRICS

- 4.1 The EPUT **People and Education Strategy (2024 2028)** uses the data from Indicators 5 8 (based on 2024 Staff Survey data) to gauge performance as an organisation in achieving race equality and preventing discrimination or disparities. The information below shows our current progress in comparison to the targets set by these indicators.
 - A 0.74% increase in disabled staff reporting harassment, bullying or abuse from patients / service users, their relatives or other members of the public.
 - This is currently at 28.55%, above EPUT's PES target of 28%.
 - A 0.54% decrease in the percentage of disabled staff members reporting harassment, bullying or abuse from Managers.
 - o This is currently at 12.87%, above EPUT's PES target of 10%.
 - A 1.98% increase in the percentage of disabled staff members reporting harassment, bullying or abuse from other colleagues.
 - This is currently at 22.75%, above EPUT's PES target of 20%.
 - A 4.06% decrease in disabled staff reporting that the Trust provides equal opportunities for career progression or promotion.
 - o This is currently at 55.12%, below EPUT's PES target of 62%.

5 ENGAGING STAKEHOLDERS AND PRIORITIES

- An all-staff stakeholder session was held on 7 July, 2025, as part of the Disability and Mental Health Network to discuss how these metrics have developed, as well as the Trust's current initiatives, this collaboration was used to develop the WDES action plan (Appendix B) with the following themes:
 - Staff experiencing harassment, bullying or abuse from other colleagues (Metric 4aiiii)
 - Staff believing that the Trust provides equal opportunities for career progression or promotion. (Metric 5)

- Staff who have felt pressure from their manager to come to work, despite not feeling well enough (Metric 6)
- Staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. (Metric 8)
- 5.2 This data has also been used to establish priorities as part of an overarching EDI delivery plan across 2025-27, this will be facilitated by an EDI working group. Support for Disabled and Neurodiverse staff have been agreed as themes following engagement with key stakeholders within the organisation.

6 CONCLUSION

6.2 Whilst the Trust endeavours to improve the experiences of Disabled staff in comparison to their non-disabled counterparts, this report continues to highlight areas for improvement. The Trust will continue to support Disabled staff across the Trust as well as working in collaboration with the Disability and Mental Health Network, their executive sponsor and the People and Culture Directorate to drive improvement and facilitate the voices of our staff from these groups. The WDES action plan and delivery of the EDI Delivery Plan will also facilitate this, with updates provided to the Executive Team as these actions are implemented.

7 WDES NEXT STEPS

Presented to Executive Operational Team for approval Presented to People Committee for assurance Presented to Board of Directors for approval Deadline for Publication

Tuesday 8th August 2025 Thursday 28 August 2025 Tuesday 1 October 2025 Friday 31 October 2025

8 ACTION REQUIRED

The Board of Directors is asked to

- Note the data in Section 4 as well as Appendix A
- Note the proposed actions in Appendix B for delivery in 2025-26.
- Approve the publication of the WDES.

Report prepared by:

Gary Brisco Equality Advisor

Paul Taylor Director of Organisational Development and Culture

On behalf of:

Andrew McMenemy Executive Chief People Officer

APPENDIX A: BREAKDOWN OF WDES DATA

	nmary of Key Figures en from WDES DCF		WDES 2023	WDES 2024	WDES 2025	
Number of Non-	-disabled staff in overall workforce		4894	5366	5747	
	isabled staff in overall workforce		404	518	637	
Number of staff in overa	in overall workforce whose status is recorded as unknown		1066	971	818	
	Total workforce		6364	6855	7202	
Number of sh	ortlisted applicants (Non – dis)		4173	4769	4680	
Numbe	er appointed (Non – dis)		1446	958	958	
	of successful appointments		(35%)	(20%)	(20.5%)	
	ortlisted applicants (disabled)	403	480	488	
	er appointed (disabled)		107	105	110	
	of successful appointments		(27%)	(22%)	(22.5%)	
	isted applicants (unknown status)	us)	212	200	269	
	ppointed (unknown status)		37 (17%)	49 (25%)	29 (10.8%)	
	of successful appointments aff entering formal capability pro	ococc (on	(1770)	(23%)	(10.6%)	
the	grounds of ill health)		8	0	13	
	aff entering formal capability e grounds of ill health)	process	0	2	4	
Number of (unknown	status) staff entering formal ca	pability	0	25	8	
process (d	on the grounds of ill health)		U	25	0	
Non – c	lis Total Board Members		14	16	13	
	Executive Board Members		8	9	7	
Disable	ed Total Board Members		3	2	2	
Disabled	Executive Board Members		1	1	1	
(Unknown s	status) Total Board Members		0	0	0	
(Unknown sta	tus) Executive Board Members		0	0	0	
Cluster (Bandings)			sabled Staff ical Workforce)			
	2023		2024	20	25	
C1 (1-4)	71		96		23	
C2 (5-7)	23		33	4	1 1	
C3 (8a / 8b)	7		4		9	
C4 (8c +)	2		3		3	
Cluster (Bandings)			abled Staff I Workforce)			
(95)	2023	2024		20	25	
C1 (1-4)	92	103			27	
C2 (5-7)	162		225	2	71	
C3 (8a / 8b)	32	36		4	16	
C4 (8c +)	4		5		6	
	1d) Clinical W	orkforce (o	f which Medica	l and Dental)		
C5 (Consultants)	1		2		2	
C6 (Career Grade)	1		4	4		
C7 (Trainees)	8	7			5	

For the WDES, AfC bandings are grouped into "clusters" on the request of the Mandated Standards Team.

APPENDIX B: WDES ACTION PLAN

WDES metrics – 4aiii, 5, 6, 8 People Promise Themes – We are Compassionate and Inclusive, we are Safe and Healthy NHS EDI High Impact Actions – 1, 2, 4, 6						
Priority Area	Actions	Leads	KPI's			
ACCESS TO NON-MANDATORY TRAINING AND CPD Increase the numbers of disabled staff members accessing career development and mentoring.	 Launch internal "speed mentoring" sessions aimed at staff with disabilities and neurodiversities (January 2026) Provide "Career Lounge" sessions for disabled and neurodiverse staff as part of Disability and Mental Health Network. (November 2025) Develop open office hours "Career Clinic" sessions aimed at staff with disabilities and neurodiversities. Supporting staff with advice on their own career progression and development. (December 2025) Develop and promote digital resources for staff with disabilities and neurodiversities wishing to independently develop their careers. (November 2025) 	Nicky Reeves: Organisational Development Lead Gary Brisco Equality Advisor D&MH Network Chairs	NHS Staff Survey Q15 & Q24B: Improvement in scores regarding career progression and development for Disabled Staff WDES 5: Improved perception of equal opportunities for career progression or promotion. Workforce Promotions Data: Increased rate of promotion for Disabled staff (PSED Report 2025)			
BULLYING AND HARASSMENT FROM COLLEAGUES Increase reporting of incidents, Decrease instances of this behaviour against disabled staff.	 Training to be delivered in areas with high rates of incident reporting, encouraging staff to challenge discriminatory behaviour and proper conduct when supporting those with disabilities or neurodiversities. (Ongoing) Develop resources to educate teams and managers on the positive benefits from inclusion. (January 2026) Board and VSM's clearly and regularly communicate the importance of supporting staff with disabilities and neurodiversities in EPUT. (Ongoing) 	Nicky Reeves: Organisational Development Lead Gary Brisco Equality Advisor Kim Russell Communications Lead	WDES 4aiii: Percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues. DATIX: Incidents of discriminatory behaviour against staff where incidents have "Disability / Ableism as a contributing factor. WDES 6: Percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough.			

WDES metrics – 4aiii, 5, 6, 8 People Promise Themes – We are Compassionate and Inclusive, we are Safe and Healthy							
NHS EDI High Impact Actions – 1, 2, 4, 6							
Priority Area	Actions	Leads	KPI's				
ACCESS TO REASONABLE ADJUSTMENTS IN THE WORKPLACE Improve access to reasonable adjustments and support to staff who have a disability or long-term condition in the workplace.	 Improve staff and manager guidance on implementing reasonable adjustments for disabilities and neurodiversities, including access to work processes. (November 2025) Review reasonable adjustments process to remove potential barriers (i.e., Non-Pay Panels). (April 2026) Record funding / spend on reasonable adjustments via E-Procurement, report this to the EDI Working Group. (December 2025) Launch guidance for developing Neuroinclusive Workspaces in EPUT sites, with DDQS's facilitating the launch of low-stimuli spaces in the organisation for staff. (April 2026) Expand reasonable adjustments process to include neurodiverse staff members and provide clear guidance to managers on how to 	Debbie Prentice Operational HR Lead Ama Duryea Retention Lead (TBC) Procurement Lead Fiona Benson (Estates and Facilities Lead)	WDES 8: Improved access to reasonable adjustments (informal or via Access to Work) Number of Successful Reasonable Adjustments				