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NHS
Gloucestershire Health and Care
NHS Foundation Trust

Workforce Disability and Race Equality Standards

GHC Workforce Report, Data and Action Plans 2026/27

The following sets out Gloucestershire Health and Care NHS Foundation Trust's plans to address Disability and Race inequalities within in its workforce and the provision of its services

Tania Hamilton – Strategic Lead for Inclusion
October 2026

Workforce Disability Equality Standard (WDES) and
Workforce Race Equality Standard (WRES)
Data and Action Plan (October 2026 - October 2027)

Contents (page numbers)

Pages	
2 - 4	Summary WDES and WRES Report 2026
5	Current National WDES / WRES Data Sets
6 - 10	WDES and corresponding Staff Survey Data
11 - 13	WRES and corresponding Staff Survey Data
14	Key and People Strategy Themes/Portfolios and Leads
15 - 19	**WDES 2025/26 Action Plan**
20 – 26	**WRES 2025/26 Action Plan**
26	Owner / Lead / Stakeholder Titles

Executive summary

We strive to be an inclusive employer with fair and equitable policies and practices for all employees regardless of any protected characteristics. This is in keeping with our Trust values, and in alignment to one of our four strategic aims to be "A great place to work",

In line with NHS national requirements, the Trust is required to submit data annually for both the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) and produce updated comprehensive Action Plans to address the data.

It is worth noting that the introduction of the NHS Equality, Diversity and Inclusion (EDI) Improvement Plan, launched in May 2023 advise organisations focus on embedding 6 High Impact Actions (HIAs) and we have linked our WDES/WRES data and actions with those 6 HIAs and our recently launched **People Strategy 2026-2031** with "**A safe, Inclusive and Healthy Workplace"** being the key theme for WDRES.

1.0 INTRODUCTION

1.1 Gloucestershire Health and Care NHS Foundation Trust works across the county, with over 55 sites spread across Gloucestershire and, as of 31st March 2026, with around 5,262 employees, which excludes 1045 bank workers whose have bank-only primary assignments. As an employer we strive to be inclusive, with fair and equitable policies and practices for all employees regardless of any protected characteristics*, as set out in the Equality Act 2010 (**age, disability, gender reassignment and identity, marriage and civil partnership, maternity and pregnancy, race, religion or belief, sexual orientation or sex).*

1.2 Our 2026-2031 People Strategy has 4 themes, with the theme of a safe, inclusive and healthy workplace striving to provide 'create the conditions for every colleague to thrive and do their best work". Whilst the Equality Act 2010 is one of the drivers in becoming an inclusive workplace, it is fundamentally in-keeping with our Trust values and alignment to one of our four Trust strategic aims to be "A great place to work".

1.3 Our Trust's recently refreshed People Strategy with its 7 Portfolios and EDI Implementation Plans, aims to capture, prioritise, align and monitor Disability and Race actions. Monitored through the 7 Portfolios of implementation which are **People Services & Business Partnering** / **Learning & Development** / **Organisational Development & Inclusion** / **Professional Practice Education** / **Recruitment** / **Working Well** / **Workforce, Planning & Temporary Staffing**

2.0 THE NATIONAL NHS WORKFORCE EQUALITY STANDARDS – DISABILITY AND RACE FOR ALL STAFF

2.1 **The Workforce Disability Equality Standard (WDES)** is a set of ten 'metrics' plus 29 disability related survey questions. The data enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The intention is that involvement in the WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

2.2 **The Workforce Race Equality Standard (WRES)** is a set of 9 'indicators' where the Trust, along with the NHS nationally, is mandated to show progress against these indicators.

2.3 We submitted our data for both the WDES and WRES on 28th May 2026, ahead of the 31st May 2026 submission date.

2.4 Work is continuing to align the data with its corresponding Action Plan which is being shared with the relevant Board Committee responsible for workforce matters – the Great Place to Work Committee -- for assurance prior to uploading onto our external facing website by 31st October 2026.

2.5 WDES and WRES submissions rely upon ESR data as of 31st March 2026 and qualitative data from the NHS Staff Survey, undertaken in November 2025, for our 2025-26 data submission and 2026-27 action plans.

2.6 It is worth noting that the NHS EDI Improvement Action Plan 2023 (NHSEDIIP) and the Equality Delivery System (EDS) are considered and embedded actions to improve our approach to disability and race and the links are made between these frameworks, including the Patient and Carer's Race Equality Framework (PCREF) within our EDI Implementation Plan.

3.0 WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

3.1 The Trust's data, taken from ESR as at **31.03.26** shows an improvement in that **8.4%** (previously 7.4%) of GHC colleagues on substantive contracts (i.e., not Bank worker agreements) shared that they have a disability and **84.89%** (previously 85%) have shared that they do not have a disability. However, **6.71%** (previously 7.6%) of our workforce have **not** shared their disability status with us and fall within the category "Disability unknown", which is more likely to be a consequence of not making a choice, and not that staff do not know their disability status. **6.71%** is an improvement by just under **1%** from last year where our unknown disability status was higher at **7.6%**.

3.2 **Board Members** – As of 31st March 2026, the voting Board Members has a total headcount of **14** (15 in 2025) with **14.29%** of the Board Members disabled (previously 6.67%) and **85.71%** not disabled (previously 93.33%). This is a positive increase from last year. We continue to get a **100%** return on Board disability data which is consistent with previous year's 100% return and leading by example.

4.0 THE WORKFORCE RACE EQUALITY STANDARD (WRES)

4.1 The Trust's data, taken from ESR as at **31.03.26** shows that currently **13.06%** of GHC colleagues have shared that they are from a black, Asian or minority ethnic (global majority) background (previously 11.83%) which is an increase of **1.23%.** Furthermore, **85.50%** have shared that they are "White" (previously 86.64%) which has decreased by **1.14%** compared to last year.

4.2 Of our workforce, **1.44%** (previously 1.53%) have not shared their ethnicity data with us. This is a notable reduction on last year's **1.53%**. This is still a better return on data than data shared for Disability.

4.3 The category for WRES data on Bank workers is defined as those who are solely on Bank worker agreements and are excluded from the overall figures, noting that Bank workers are now included in the staff survey.

4.4 **Board Members -** As of 31st March 2026, the voting Board Members has a total headcount of **14** (15 in 2025). **14.3%** are from a black, Asian, minority ethnic background (previously 20%), leaving **85.7%** who are white (previously 80%). This is a decrease of **5.63%** black, Asian and minority ethnic colleagues from last year. We continue to get a **100%** return on Board ethnicity data which is consistent with previous year's 100% return and leading by example.

4.5 **Staff Survey data** – 2025 results show improvements in some areas but highlights the justification for our targeted work to support our black, Asian and minority ethnic colleagues who reported experiencing harassment, bullying and abuse from patients, service users and their relatives.

5.0 COLLABORATION

The action plan remains a live document informed by the People Strategy, ongoing engagement, governance oversight and service-level workforce planning. Equality, Diversity and Inclusion is a regular feature of the People Performance Business Meeting (PPBM), the Trust Networks, Executive Meetings (Execs) and the Board of Director's Great Place to Work Committee (GPTWC).

We've broadened ownership of the action plan by working with PPBM operational service colleagues. They will provide further input and response to ensure actions align with and monitored along the wider workforce priorities and service plans. Examples include embedding Quality Equality Impact Assessments (QEIAs) as part of business-as-usual processes to ensure equality and quality considerations are routinely assessed; actions to co-produce and adopt management training, with a focus on lower-banded roles within areas across the Trust.

Five established staff Networks (**Disability** Awareness Network, **Race and Cultural** Awareness Network, **Rainbow** Network, **Veterans and Forces Families** Working Group, and **Women's Leadership** Network), link to the overarching **Diversity** Network Chaired by a Non-Executive Director and Co-Chaired by the Director of People.

Links with the NHS EDI Improvement Action Plan (NHSEDIIP), the Equality Delivery System (EDS) and the Patient and Carer's Race Equality Framework (PCREF) are made. Emanating from the People Strategy and EDI Implementation Plans with focus areas based on Data and the Trust strategic themes.

Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES)
Data 31st March 2026

Data page numbers

WDES and WRES Metrics and Indicators templates ***(5)***
WDES Data ***(7-11)***
WRES Data ***(12-14)***

CURRENT NATIONAL WDES / WRES DATA SETS

At a glance summary of the current national WDES metrics and WRES indicators and the data required from ESR and the Staff Survey are set below in tables 1 and 2 respectively:

Table 1 – Data Collection Framework "Metrics" and "Indicators" for 2026 set by NHSE

WDES Metric	Disability (excludes Bank Workers) Disabled / Non-Disabled	WRES Indicator	Race – Excludes Bank Workers White / BME / Other
1	Headcount	1	Headcount
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
		4	Relative likelihood of staff accessing non-mandatory training and CPD
4 - 9a	NHS Staff Survey (4a – 9a)	5 – 8	NHS Staff Survey (5 – 8)
9b	Action taken to facilitate the voices of Disabled staff		
10	Board Members - % difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated	9	Board Members - % difference between the organisations' Board voting membership and its overall workforce
WDES Survey	Disability Survey on experiences, action and targets (29 questions)		

WDES Metric	Disability (excludes Bank Workers) Disabled / Non-Disabled	WRES Indicator	Race – Excludes Bank Workers White / BME / Other
4a	Experience bullying / harassment / abuse	5	% Experiencing bullying / harassment / abuse – from public / patients in last 12 months
4b	Reporting bullying and harassment	6	% Experiencing bullying / harassment / abuse – from colleagues in last 12 months
5	Equal opportunities for progression and promotion	7	Equal opportunities for progression and promotion
6	Experiencing pressure to attend work when feeling unwell	8	Personal experience of discrimination from manager / colleagues
7	Staff satisfaction and extent to feeling valued		
8	Adequate adjustments for long-term illness		
9a	Staff Engagement		

WDES Data Submission 2026

Number of Staff included in Workforce = 5262

8.4% of our Workforce are Disabled

As at 31.03.26	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
TOTAL workforce (excluding Bank)	**442**	**8.40%**	**4467**	**84.89%**	**353**	**6.71%**	**5262**

Workforce Disability Metric 2 – Recruitment - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts, internal and external.

Period 01.04.25 – 31.03.26	Disabled	Non-disabled	Disability Unknown	Total
Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts				**1.23**

Workforce Disability Metric 3 – Capability - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. *

This Metric will be based on data from a two-year rolling average of the current year and the previous year. ii. This metric applies to capability on the grounds of performance and not ill health. iii. If a member of staff enters the capability process for reasons of both performance and ill health, they should not be included in the count of “ill health only” cases. iv. For clarification: the data required is the numbers of staff entering the capability process from 1 April 2024 to 31 March 2026, divided by 2.

Period 01.04.25 - 31.03.26	Disabled Headcount	Non-disabled Headcount	Disability Unknown Headcount
Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.			**2.282133**

Staff Survey - Workforce Disability Metrics 4 to 9a (Staff Survey) 2025 NHS Staff Survey Breakdown Report

Metrics 4 to 9a
Response

These metrics relate to the 2022/23 NHS Staff Survey and is automatically pulled by the NHS on these themes. The annual report, which should be developed in partnership with the organisation's Disabled Awareness Network and ratified by the Board, must contain data for all 10 metrics along with an action plan that sets out the actions the organisation will deliver over the coming 12 months.

People Promise Theme	Question no. in survey	Question	Organisation Response 2024	Organisation response 2025
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never).	77.9%	**77.7%**
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (Never).	93.2%	**93.5%**
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q11e	Have you felt pressure from your manager to come to work (No).	86.1%	**86.5%**
YOUR JOB	Q4b	The extent to which my organisation values my work (Satisfied/Very satisfied).	52.4%	**52%**
BACKGROUND INFORMATION	Q31b	Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).	85.7%	**84.1%**
STAFF ENGAGEMENT		Staff Engagement score	7.18	**7.12**

Staff Survey - Workforce Disability Metric 4a – Harassment, bullying or abuse (Staff Survey)

Metric 4a	Current 2025 by %	
	Disabled	Not Disabled
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from **Managers**	**9.3%**	**5.4%**
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from **other colleagues**	**16.4%**	**10.7%**
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from **Patients / service users their relatives, or other members of the public**	**26.2%**	**20.7%**
Notes: In 2025, 9.3% of disabled staff reported experiencing harassment, bullying or abuse from managers compared to 5.4% of non-disabled staff, maintaining a clear disparity consistent with previous years despite a slight improvement for non-disabled staff.		

Staff Survey - Workforce Disability Metric 4b – Reporting harassment, bullying or abuse (Staff Survey)

Metric 4b	Current 2025 by %	
	Disabled	Not Disabled
Percentage of staff saying they or a colleague, reported harassment, bullying or abuse	**60.2%**	**63.7%**
Notes: In 2025, reporting of harassment, bullying or abuse was slightly lower among disabled staff (60.2%) compared to non-disabled staff (63.7%), reversing the previous trend and indicating a widening reporting gap.		

Staff Survey - Workforce Disability Metric 5 – Organisation acts fairly with regard to progression / promotion (q15) (Staff Survey)

Metric 5	Current 2025 by %	
	Disabled	Not Disabled
Percentage of staff who believe that their organisation acts fairly with regard to career progression / promotion	**52.2%**	**59.7%**
Notes: In 2025, the proportion of disabled staff who believe their organisation acts fairly in relation to career progression fell to 52.2%, widening the gap with non-disabled staff (59.7%) and reversing the relative improvement seen in 2024.		

Staff Survey - Workforce Disability Metric 6 – Experiencing pressure from your manager to attend work when unwell (q11e) (Staff Survey)

Metric 6	Current 2025 by %	
	Disabled	Not Disabled
Percentage of staff who felt pressure from their manager to come to work despite not feeling well enough to perform duties	**18.2%**	**10.7%**
Notes: In 2025, disabled staff were more likely to report feeling pressure from managers to work when unwell (18.2%) than non-disabled staff (10.7%), widening the gap again after some improvement in 2024.		

Staff Survey - Workforce Disability Metric 7 – Staff satisfaction with extent work is valued by organisation (q4b) (Staff Survey)

Metric 7	Current 2025 by %	
	Disabled	Not Disabled
Percentage of staff that were satisfied with the extent to which their organisation valued their work	**46.3%**	**54.2%**
Notes: In 2025, staff satisfaction with how work is valued increased slightly for disabled staff (46.3%) but remained significantly lower than for non-disabled staff (54.2%), with a persistent gap despite gradual improvement.		

Staff Survey - Workforce Disability Metric 8 – Reasonable adjustments made for staff with a long-term condition or illness (q30b) (Staff Survey)

Metric 8	Current 2025 by %
	Disabled
Percentage of staff with a long-lasting health condition or illness who said their employer has made reasonable adjustments to enable them to carry out their work	**84.1%**

Staff Survey - Workforce Disability Metric 9a – Staff Engagement (Staff Survey)

Metric 9a	Current 2025 by %	
Metric 9a, question b)	Disabled	Not Disabled
Staff engagement score	**6.81**	**7.24**

Staff Survey - Workforce Disability Metric 9b – Staff Engagement (Staff Survey)

Metric 9b, question b)	Response
Has your organisation taken action to facilitate the voices of Disabled staff to be heard? Yes or No	Yes
At least one practical example of current action being taken in the relevant section of your WDES annual report	We have a proactive Disability Awareness Network (DAN) which links into the overarching Diversity Network, chaired by a NED, co-chaired by the Director of People and supported by the EDI Lead of the Trust. The DAN also has an Executive Sponsor who is the Trust's COO. The Chair of the DAN has a designated slot at the Diversity Network to raise issues and share experiences and practice and speaks at the Trust's Great Place To Work Committee.
Notes: Our bi-monthly Disability Awareness Network has a Chair and Co-Chair who are formally invited to update the overarching quarterly Diversity Network chaired by a NED and the Director of People. The DAN reviews the ToR and is given the platform to showcase their work and make requests of senior leaders.	

Board Disability Metric 10 (Percentage difference between GHC's Board voting membership and our overall workforce, disaggregated by voting members and executive members)

As at 31.03.26	Disabled	Not Disabled	Disability Unknown	Total
Total Board members - % by Disability *Excludes Associates.	**14.29 %**	**85.71 %**	**0**	

WRES Data Submission 2026

Number of Staff included in Workforce = 5262

13.06% of our workforce are black, Asian or of a minority ethnicity

As at 31.03.26	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
TOTAL workforce (excluding Bank)	**687**	**13.06**	**4499**	**85.50**	**76**	**1.44**	**5262**

Workforce Race Indicator 2 – Recruitment - Relative likelihood of White staff compared to black, Asian and minority ethnic staff being appointed from shortlisting across all posts.

As at 31.03.26	BME Headcount	White Headcount	Ethnicity Unknown / Null Headcount	Total Headcount
Relative likelihood of White staff being appointed from shortlisting compared to black, Asian and minority ethnic staff across all posts *(Near to 1 is equal)*				**1.77**
Notes: White applicants are 1.77 times more likely than non-white applicants, to be appointed after shortlisting. Whilst this is a notable improvement on 2024-25 data of 2.56, it is still higher than wanted. The data was taken from "TRAC. Previous years was a blend of TRAC and ESR.				

Workforce Race Indicator 3 – Disciplinary - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. * This indicator will be based on year-end data.

Period 01.04.25 - 31.03.26	BME	White	Ethnicity Unknown / Null
Relative likelihood of black, Asian and minority ethnic staff entering the formal disciplinary process compared to white staff			**2.62**

Workforce Race Indicator 4 – CPD - Relative likelihood of staff accessing non-mandatory training and CPD

Period – 01.04.25 - 31.03.26	BME	White	Ethnicity Unknown / Null
Relative likelihood of White staff accessing non-mandatory training and CPD compared to black, Asian and minority ethnic staff			**0.9**

Staff Survey - Workforce Race Indicators 5 to 8 (Staff Survey) 2025 NHS Staff Survey Breakdown Report

Metrics 5 to 8				
These indicators relate to the NHS Staff Survey.				
People Promise Theme	**Question no. in survey**	**Question**	**Organisation response 2024**	**Organisation response 2025**
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes).	46.04%	**51.8%**
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public (No).	27.96%	**29%**
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues (No).	13.45%	**12.8%**
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (Never).	18.61%	**14.5%**

Staff Survey - Workforce Race Indicator 5 – Harassment, bullying or abuse from patients / service users / their relatives (Staff Survey)

Indicator 5	Current 2025 by %	
	Black, Asian and minority ethnic %	**White %**
Percentage of staff experiencing harassment, bullying or abuse from **Patients / service users their relatives, or other members of the public** in the last 12 months	**29%**	**21.4%**
Notes: In 2025, staff from Black, Asian and minority ethnic backgrounds were significantly more likely to experience harassment, bullying or abuse from patients and the public (29%) than White staff (21.4%), maintaining a substantial disparity despite some fluctuation in previous years.		

Staff Survey - Workforce Race Indicator 6 – Harassment, bullying or abuse from staff (Staff Survey)

Indicator 6	Current 2025 by %	
	Black, Asian and minority ethnic %	White %
Percentage of staff experiencing harassment, bullying or abuse from **staff** in the last 12 months	**14.5%**	**15.2%**

Notes: In 2025, the proportion of staff experiencing harassment, bullying or abuse from colleagues was slightly lower for Black, Asian and minority ethnic staff (14.5%) than for White staff (15.2%), narrowing and reversing the gap seen in earlier years.

Staff Survey - Workforce Race Indicator 7 – Percentage of staff who said their organisation provides equal opportunities for career progression / promotion (Staff Survey)

Indicator 7	Current 2025 by %	
	Black, Asian and minority ethnic %	White %
Percentage of staff who believe that their organisation acts fairly with regard to career progression / promotion	**49.4%**	**58.7%**
Notes: In 2025, staff from Black, Asian and minority ethnic backgrounds were less likely to believe their organisation acts fairly in relation to career progression (49.4%) compared to White staff (58.7%), with a persistent and widening gap.		

Staff Survey - Workforce Race Indicator 8 – In the last 12 months, have you personally experienced discrimination from any of the following: Manager / team leader or other colleagues (Staff Survey)

Indicator 8	Current 2025 by %	
	Black, Asian and minority ethnic	White
Percentage of staff who in the last 12 months, personally experienced **discrimination** from any of the following: **Manager / team leader or other colleagues**	**12.8%**	**4.3%**

Board Race Indicator 9

As at 31.03.26	Black, Asian and minority ethnic	White	Ethnicity Unknown/Null
Total Board members - % by Ethnicity *Excludes Associates.	**14.3 %**	**85.7 %**	**0 %**

Key and People Strategy Themes / Portfolios and Leads

Key

"**DM 1-10**" = "Disability Metrics 1-10"
"**RI 1-9**" = "Race Indicators 1-9"

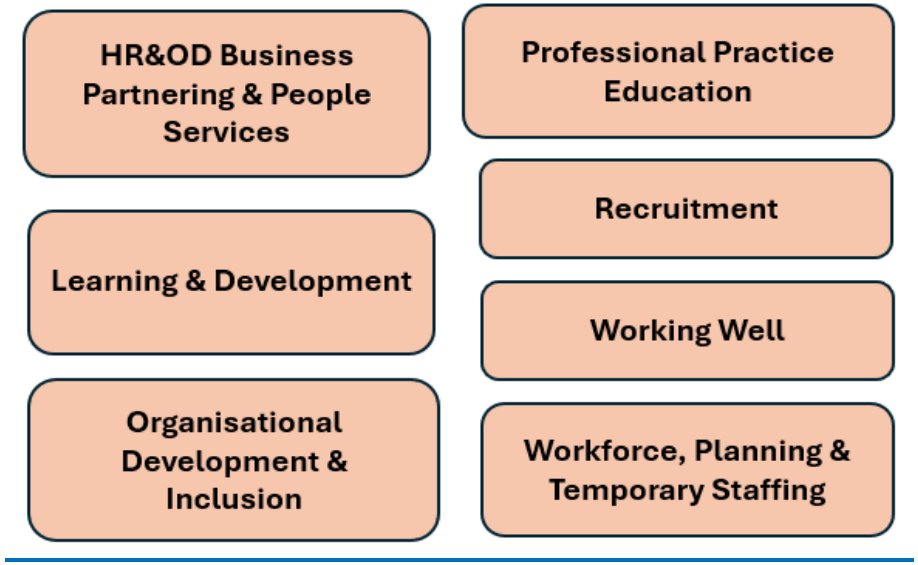
4 People Strategy Themes and 7 Portfolios

Great Leadership and Culture
Continue to develop compassionate, values-led leadership to shape a culture we are all proud of.

A Workforce Fit for the Future
Build a skilled, flexible workforce that delivers high quality care today and is fit for the future.

A Safe, Inclusive and Healthy Workplace
Create the conditions for every colleague to thrive and do their best work.

Working Differently, Working Together
Improve how we work together across the Trust and with our partners to deliver high quality care.



2026-27 WDES / WRES ACTION PLANS

Workforce Disability Equality Standard (WDES) 14-Point ACTION PLAN 2026/27

2026 WDES Data at a glance:

Disability

- **5262** - Number of Staff included in Workforce (includes 1045 Bank)
- **8.4%** of our Workforce are disabled (last year 7.4%) **(+)**
- **1.23** times more likely to be appointed after shortlisting if you are **not** disabled (last year 1.19) **(-)**
- **2.28** times more likely to enter formal capability if you are disabled (last year 0.82) **(-)**
- **14.29%** of 14 voting Board members are disabled (last year 6.67%) **(+)**

Pattern emerging across the WDES Data

WDES Metric	Direction
Disability representation	✅ ↑ Improving
Disability disclosure	✅ ↑ Improving
Board representation	✅ ↑ Improving
Appointment likelihood	❌ ↓ Worse for disabled applicants
Capability likelihood	❌ ↓ Worse for disabled colleagues

Objective	Data Analysis	ACTIVE WDES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
Metric 1 aims to highlight how the disability make-up of the Board and senior managers will align with the overall make up of our overall workforce with disabilities.	**8.4%** of GHC colleagues on substantive contracts (i.e., not Bank contracts) shared that they have a disability and **84.9%** have shared that they do not have a disability. However, **6.71%** of our workforce have not shared their disability status with us and fall within the category "Disability unknown", which is more likely to be a consequence of not making a choice, and not that colleagues do not know their disability status. **8.4%** is an improvement from last year where our Disabled workforce was at **7.4%** and unknown was **7.6%.**	**(1)** **Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks.**	• Assoc Dir. Workforce	Jan 2027	ESR data quality and WDES reporting will significantly improve >50% and mirror the NHS Staff Survey data. >=10% year on year reduction in 'not stated' Increased engagement with the monthly workforce newsletter

Objective	Data Analysis	ACTIVE WDES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
	Electronic Staff Record (ESR) does not currently reflect a true representation, in contrast to the Staff Survey which shows a larger proportion of colleagues voluntarily share data about their disability and is therefore more representative.				
Metric 2 ***Recruitment Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.*** Recruitment Portfolio	The likelihood of non-disabled applicants being appointed after shortlisting is **1.23** times more likely than disabled applicants. This is a negative decline from last year's **1.19** times more likely. The data was taken from "TRAC and previous years was a blend of TRAC and ESR.	(2) **Pilot and embed values-based approaches with recruiting managers, supported by mandatory training for all recruiting managers including values, behaviours and inclusive practices. Ensure we support all involved in recruitment to freely challenge bias and support anti-racism, ensuring we build a workplace where diversity is valued and everyone has equal opportunities. (Q2,3,4)** (3) **Implementation of candidate guidance to support their application process and understanding of Trust processes including values and behaviours throughout. (Q2).**	• Dep. Dir. of People • Rect Strat Lead • PPBM • Dep. Dir. of People • Rect Strat Lead	Oct 2027 Dec 2026	WDES data shows a marked improvement by a reduction in disparity ratios between number of applicants to appointments
Metric 3 ***Capability Relative likelihood of Disabled staff compared to non-disabled staff entering***	Relative likelihood of a Disabled employee entering formal Capability is that they are **2.28** more likely and is an increase from last year's **0.819209** times more likely. The figure of an average of **13.5** cases on the grounds of Ill Health	(4) **Further promote good practice reflected in our data of the Supporting Attendance Policy and the Purple Passport principles and reasonable adjustment decisions.** (5)	• People Svcs Strat Lead • PPBM	On-going	Reduction in the disparity of application of formal procedures

Objective	Data Analysis	ACTIVE WDES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
the formal capability process, as measured by entry into the formal capability procedure. People Services & Business Partnering Portfolio	only, seems higher than we would like and is an increase from last year's **12** cases. We note the guidance says, "If ill health related issues are dealt with using a separate policy, zero values may be entered for the ill health data." However, we feel "0.82" does not give us a true picture of our employee relations processes that consider ill-health cases. We have a Policy & Procedure for both "Capability" and for "Supporting Attendance". Ill-health cases are supported via our Supporting Attendance - both policies contain capability processes. A Stage 3 Hearing within the Supporting Attendance Policy is considered a 'capability' and could result in dismissal on the grounds of capability'. Equally, if we have to give an employee notice to end their employment using an option / process in the Supporting Attendance Policy it would also be a 'dismissal on the grounds of capability'. With this in mind, we have included only those health-related cases that would be considered 'capability' cases, but for both Capability and Supporting Attendance Policies. If we hadn't applied both policies and relied solely on applying figures for the Capability Policy, we would have a return of "nil" and that does not accurately inform our Disability support strategies.	**Launch examination of our approach to formal ill-health/capability cases and the application of procedures by embedding a coaching-based approach to people management and early intervention.** **(6)** **Increasing the availability and use of mediation and facilitated resolution.** **(7)** **Reviewing and updating key Employee Relations policies, letters and toolkits to align with the Reasonable Adjustments processes, Purple Passports and Restorative Just and Learning Culture (RJLC) principles.** **(8)** **Developing management capability through targeted learning and development programmes, including a bespoke Investigation Officer learning pathway and Community of Practice.** **(9)** **Strengthening organisational understanding of behavioural expectations and restorative approaches.** **(10)**	• People Svcs Strat Lead • PPBM • People Svcs Strat Lead • People Svcs Strat Lead • PPBM • People Svcs Strat Lead • PPBM • People Svcs Strat Lead	Dec 2026 Dec 2026 Feb 2027 Feb 2027 Aug 2027	

Objective	Data Analysis	ACTIVE WDES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
		Improving oversight of case duration and implementing actions to reduce the time colleagues spend within formal processes.	• People Svcs Strat Lead • PPBM	Aug 2027	
Metrics 4 – 9a Staff Survey Organisation Development & Inclusion Portfolio	See Staff Survey and data above, noting a common objective is to increase engagement and making links with the colleague Networks. 2025 results show improvements in some areas but continued work to improve the experiences of our colleagues with long term health conditions and not feeling pressured to come to work must continue.	(11) **Further promote the Incident Roadmap through the Speak Up Champions across the Trust to champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues appropriate to resources.**	• Head of Organisation Development & Inclusion • OD Expert (engagement) • FTSU Guardian • PPBM	On-going	Further development of the Freedom to Speak Up Champion Network in line with Trust Values +/- 1 % variation in staff reporting B&H within the staff survey 1% increase in staff with LTS reporting that we are an inclusive employer within staff survey Continued focus with champions at monthly check-ins to signposting and awareness-raising
Metric 10 ***Percentage difference between the organisation's Board voting membership and its organisation's overall***	The voting Board Members has a total headcount of **14** with **14.29%** of the Board Members disabled, compared to last year's **6.67%.** **85.71%** are not disabled compared to last year's **93.33%** which is a continued improvement. We maintain a **100%** return on Board disability data,	(12) **Every board and executive team member to review and monitor their SMART EDI objectives and be assessed against these as part of their annual appraisal process (by March 2027).** (13) **Commission a recruitment partner to fill the current Chair and Clinical NED vacancies with the**	• Dir. of People • Head of ODI • Dir. of People • Head of ODI	March 2027 and on-going March 2027	Board and Senior Leadership level representation to reflect County disability demographics. Annual review of relevant corporate data by Board to identify EDI areas of concern

Objective	Data Analysis	ACTIVE WDES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
workforce, disaggregated Organisation Development & Inclusion Portfolio	**8.4%** of our workforce are Disabled which is **5.9%** lower than our Board, suggesting that the voice of Disabled colleagues is represented at Board level. Last year the difference was **0.73%** as our disabled workforce was recorded at **7.4%** The main Board objectives derive from the NHS EDI Improvement Plan – High Impact Action 1, and EDI should be embedded into the Board appraisals objectives and linked to the People Strategy and Implementation Plans	**brief to proactively seek to increase the Board's diversity**		and on-going	Increased % of disabled applicants and appointments for Board and directly sub-Board roles. 100% of board members have an EDI objective set within appraisals.
Survey Questions Organisation Development & Inclusion Portfolio	WDES asks 29 Survey Questions which we review each year. Disability Confident Leader Status 2025 - 2028. Much of the qualifying criteria mirrors that of the WDES Survey.	**(14)** **Monitor progress aligned to the PS Implementation plan and RA Task & Finish Group**	• Strat Lead Inclusion • DAN Chair and Disability Awareness Network (DAN)	On-going	2025 – 2028 Disability Confident Leader status monitored "Blueprint" in place for other accreditations we might seek (e.g., sustainable neurodiversity in the workplace)

Workforce Race Equality Standard (WRES) 19-Point ACTION PLAN 2025/26

2026 WRES Data at a glance:

Ethnicity

- **5262** - Number of Staff included in Workforce (includes 1045 Bank)
- **13.06%** of our Workforce are not white (last year 11.83%) **(+)**
- **1.77** times more likely to be appointed after shortlisting if you are white (last year 2.56) **(+)**
- **2.62** times more likely to enter formal disciplinary if you are **not** white (last year 0.4) **(-)**
- **0.9** is the relative likelihood of white staff accessing non mandatory training/CPD than non-white staff (last year 0.76) **(+)**
- **14.3%** of 14 voting Board members are not white (last year 20%) **(-)**

Summary of pattern emerging across the WRES Data

WRES Indicator	Direction
Workforce ethnicity representation	✅ ↑ Improving
Ethnicity disclosure rates	✅ ↑ Improving
Recruitment inequality	✅ ↑ Improving but remains unequal
Access to CPD/training	✅ ↑ Improving
Board ethnicity representation	❌ ↑ Worsening
Formal disciplinary likelihood	❌ ↑ Significantly worsening

Objective	Data Analysis	ACTIVE WRES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
Indicator 1 ***Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.***	**13.06%** of GHC colleagues have shared that they are from a black, Asian or minority ethnic background which is an increase of **1.23%** from last year's **11.83%.** Furthermore, **85.5%** have shared that they are "White" which has decreased by **0.14%** compared to last year's **86.64%.** Just **1.44%** of our workforce who have <u>not</u> shared their ethnicity with us. This has improved from last year's **1.53%** and is considerably a better data collection rate than that of Disability status.	**(1)** **Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks.**	• Assoc Dir. Workforce	Jan 2027	ESR data quality and WDES reporting will significantly improve >50% and mirror the NHS Staff Survey data. >=10% year on year reduction in 'not stated'

Objective	Data Analysis	ACTIVE WRES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
Workforce Planning and Temporary Staffing Portfolio	Electronic Staff Record (ESR) does not currently reflect a true representation, in contrast to the Staff Survey which shows a larger proportion of colleagues voluntarily share data about their disability and is therefore more representative.				
Indicator 2 ***Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants*** Recruitment Portfolio	The likelihood of white applicants being appointed after shortlisting compared to black, Asian and minority-ethnic applicants is **1.77** times more likely than last year's **2.56** times. Whilst this is a notable improvement on 2024-25 data of 2.56, it is still higher than wanted. The data was taken from "TRAC. Previous years was a blend of TRAC and ESR.	**(2)** **Ensure we support all involved in recruitment to freely challenge bias and support anti-racism, ensuring we build a workplace where diversity is valued and everyone has equal opportunities (Q2,3,4)** **(3)** **Embed organisational values in recruitment campaigns, events, advertising and Trust branding** **(4)** **Embedding pre-employment programmes, work placements and volunteer work experience, targeted work with ethnic minorities, disabled people, LGBTQ+.** **(5)** **Ensuring our recruitment approach is rooted in anti-racism, equity, and inclusion at every stage**	• Dep. Dir. of People • Rect Strat Lead • Strat Lead Inclusion • PPBM • Rect Strat Lead • Rect Strat Lead • Rect Strat Lead • PPBM	Oct 2027 Oct 2027 Oct 2027 Oct 2027	WRES data shows a marked improvement by a reduction in disparity ratios between number of applicants to appointments

Objective	Data Analysis	ACTIVE WRES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
		Recruit in ways that provide equality of opportunity and maximise scope for local people to secure great jobs. **(6)** **Continued development of widening participation approaches.** **(7)** **Provide guidance, support to the Trust on immigration regulations and effectively monitoring impacts on current colleagues and candidates (e.g., inclusive accessible language)**	• Rect Strat Lead • Rect Strat Lead	Oct 2027 Oct 2027	
Indicator 3 ***Relative likelihood of BME staff entering the formal disciplinary process compared to white staff*** People Services & Business Partnering Portfolio	Data shows the likelihood on non-white staff entering the formal disciplinary process is **2.62** times more likely than white staff as opposed to last year's **0.4** times more likely. This is a notable negative increase from last year's **0.4** times more likely if you were not white and we should be aiming for a score of **1** to be equal.	**(8)** **Launch examination of our approach to formal cases and the application of procedures by embedding a coaching-based approach to people management and early intervention.** **(9)** **Increasing the availability and use of mediation and facilitated resolution.** **(10)** **Reviewing and updating key Employee Relations policies, letters and toolkits to align with Restorative Just and Learning Culture (RJLC) principles.** **(11)**	• People Svcs Strat Lead • PPBM • People Svcs Strat Lead • People Svcs Strat Lead	Oct 2027 Oct 2027 Oct 2027	Reduction in the disparity of application in the use of formal procedures Lessons learnt and process developed from cases set out in the Too Hot To Handle Report RJL embedded Managers upskilled to adopt a coaching approach

Objective	Data Analysis	ACTIVE WRES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
		Developing management capability through targeted learning and development programmes, including a bespoke Investigation Officer learning pathway and Community of Practice. **(12)** **Strengthening organisational understanding of behavioural expectations and restorative approaches.** **(13)** **Improving oversight of case duration and implementing actions to reduce the time colleagues spend within formal processes.**	• People Svcs Strat Lead • PPBM • People Svcs Strat Lead • PPBM • People Svcs Strat Lead	Oct 2027 Oct 2027 Oct 2027	
Indicator 4 ***Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff***	The relative likelihood of White staff accessing non-mandatory training and CPD compared to black, Asian and minority ethnic staff is **0.9** and last year it was **0.76** with equity being **1.** Our White colleagues are slightly less likely to access non-mandatory training / CPD than our non-white colleagues. The current definition does not explicitly include access to acting up, shadowing, leading projects, secondments, coaching etc. which may be the most important	**(14)** **Define what we include as "non-mandatory training and CPD" and keep a record of what we include as non-mandatory training.** **(15)** **Expand the generalist learning offer across GHC, including line management training to mitigate issues of inequity: defunding of level 7 apprenticeships and level 3,5,6 management and leadership apprenticeships. (Q4) [GL1; WF3]** **(16)** **Raise the profile of apprentices, T-levels, work experience,**	• L&D Strat Lead • L&D Strat Lead • PPBM • L&D Strat Lead	Oct 2027 Oct 2027 Oct 2027	Wider pool of promotion opportunities Monitored through the generalist L&D Plan and the Apprenticeships and Widening Participation (AWP)

Objective	Data Analysis	ACTIVE WRES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
Learning & Development Portfolio	aspects of staff development and which we may consider including.	**volunteers, functional skills and HDA, by targeting communication to relevant staff groups, attending career and targeted events, providing awareness sessions and guides. (Q2 to Q4) [WF2,3, 4+5]**	• PPBM		
Indicators 5 - 8 Staff Survey Organisation Development & Inclusion Portfolio	See Staff Survey and data above, noting a common objective is increase engagement and making links with the thematic colleague Networks. 2024 results show improvements in some areas but highlights the justification for our targeted work to support our black, Asian and minority ethnic colleagues who reported experiencing harassment, bullying and abuse from patients, service users and their relatives.	**(17)** **Further promote the Incident Roadmap through the Speak Up Champions across the Trust to champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues appropriate to resources.**	• Ambass. FTSU • Strat Lead Inclusion • Head of ODI • PPBM	On-going	Further development of the Freedom to Speak Up Champion Network in line with Trust Values +/- 2 % variation in staff reporting B&H within the staff survey 1% increase in staff black and ethnic minority staff reporting that we are an inclusive employer within staff survey Continued focus with champions at monthly check-ins to signposting and awareness-raising
Indicator 9 ***Board Membership*** ***Percentage difference between the organisation's board voting membership***	The voting Board Members have a total headcount of **14**. **14.38%** are from a black, Asian and minority ethnic background, leaving **85.7%** who are white. This appears to be a reduction of non-white voting Board members, however the reduction remains as it was last year as it is still a gap of 5.7% where our board split was **20/80%.**	**(18)** **Every board and executive team member to review and monitor their SMART EDI objectives and be assessed against these as part of their annual appraisal process (by March 2025).** **(19)** **Commission a recruitment partner to fill the current Chair and Clinical NED vacancies with the**	• Dir. of People • Head of ODI • Dir. of People • Head of ODI	March 2027 and on-going March 2027 and on-going	Board and Senior Leadership level representation to reflect County ethnicity demographics. Annual review of relevant corporate data by Board to identify EDI areas of concern Increased % of disabled applicants and

Objective	Data Analysis	ACTIVE WRES Actions 2026-27	Owner / Lead / Stakeholder	Target Date	KPIs for monitoring actions and sustainability
and its overall workforce Organisation Development & Inclusion Portfolio	**13.06%** of our workforce are from back, Asian and minority ethnic backgrounds which is **1.32%** lower than our Board, suggesting that the voice of our black, Asian and minority ethnic colleagues is represented at Board level. There was and remains a **100%** return on ethnicity data for this indicator. The main Board objectives derive from the NHS EDI Improvement Plan – High Impact Action 1, and EDI should be embedded into the Board appraisals objectives and linked to the People Strategy and Implementation Plans.	**brief to proactively seek to increase the Board's diversity**			appointments for Board and directly sub-Board roles. 100% of board members have an EDI objective set within appraisals.

Owner / Lead / Stakeholder Key

Ambassador for Cultural Change / Freedom to Speak Up Guardian	*Ambass. FTSU*
Associate Director of People - Organisation People & Inclusion, Learning and Development, Human Resources	*Assoc Dir. People*
Associate Director Workforce Systems, Planning and Temporary Staffing	*Assoc Dir. Workforce*
Chief Executive	*Chief Executive*
Deputy Director of People	*Dep. Dir. People*
Director of People	*Dir. of People*
Head of Communications	*Head of Comms*
Head of Organisation Development and Inclusion	*Head of ODI*
Learning and Development Strategic Lead	*L&D Strat Lead*
Organisation Development Expert (Engagement)	*OD Expert (Engagement)*
People Performance Business Management Group (operational)	*PPBM*
Recruitment Strategic Lead	*Rect Strat Lead*
Service Director, Working Well Occupational Health	*Svc Dir. OH*
Strategic Lead for Inclusion	*Strat Lead Inclusion*
Strategic Lead for Organisation Development	*Strat Lead OD*
Trust Chair	*Trust Chair*