

**Board of Directors**  
**Item number: 22**  
**Date: 30 July 2025**

<b>Confidential / public:</b>	Public
<b>Report Title:</b>	<b>Workforce Race Equality Standard(WRES) and Workforce Disability Equality Standard (WDES) 2025 Reports</b>
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<b>Presented by:</b>	Liz Johnson Head of equality and inclusion
<b>Vision and values:</b>	<p>This paper is relevant to our values:</p> <p><b>We keep improving</b> – The report presents the WRES and WDES reports which are based on sets of metrics defined by NHS England, our aim is to see improvement year on year in these metrics.</p> <p><b>We are inclusive</b> – The report is relevant to inclusion of our ethnically diverse staff and disabled staff in our organisation.</p> <p><b>We work together</b> – The reports highlight work done in collaboration with our staff network groups and other departments in the organisation to progress improvement.</p>
<b>Purpose:</b>	<p>To provide the annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2025 reports to Board prior to publication.</p> <p>To provide assurance of progress in this summary report and alert the Board to areas where progress is limited or areas of concern are highlighted.</p>
<b>Executive summary:</b>	<p>This paper presents our organisation Workforce Race Equality Standard (WRES) Report 2025 and Workforce Disability Equality Standard (WDES) Report 2025. We are expected to complete Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports and publish these on our website and send a copy to commissioner by the 31 of October each year. As a matter of good practice organisationally we aim to progress this by the end of July annually so that the data and action plan progress is as current as possible.</p> <p><b>Alert</b></p> <p><b>For the Workforce Race Equality Standard</b></p> <ul style="list-style-type: none"> <li>• Relevant WRES metrics from the staff survey show a worsening or standstill position after showing some improvement in 2023.</li> <li>• In 2024 we received an organisation specific benchmark report from the national mandated reporting team, they highlighted that based on their benchmarking data (2023 Staff Survey) the organisation should prioritise action on - Harassment from service users/carers/public towards our staff (WRES Metric 5). This continues to be an organisation priority but in 2024 our staff survey results have worsened from 35.89% in 2023 to 38.66% in</li> </ul>

2024. This compares to the mental health median benchmark of 31.38% in 2023 and 31.64% in 2024. (Appendix 1B P.14)

- Although there has been a net increase since 2022 in some senior roles for ethnically diverse staff for Band 8D there was an increase of 9 posts for White staff compared to a net decrease of 1 post for ethnically diverse staff. (Appendix 1B figure 5). Lack of movement of ethnically diverse staff into senior roles therefore remains a concern.

#### For the Workforce Disability Equality Standard

- In the organisation specific report from the NHS national mandated reporting team for the Workforce Disability Equality Standard we were advised to focus on three areas, one was the percentage of disabled staff in clinical roles at band 8c and above vs the workforce overall, at the time this was minus 11%. In 2025 this has not improved and has worsened to minus 13% due to there being 0% disabled staff in clinical bands 8c – 9.(Appendix 1A p. 5 Table 2)
- We were also asked to focus on our staff engagement score for disabled staff. Our 2024 staff survey data indicted a standstill position for this. The 2023 (staff survey) SHSC data was 6.3 (rounded) and in 2024 this remains at 6.3 (rounded). In 2023 the average benchmark score was 6.8 and in 2024 had reduced to 6.7.
- Although the staff survey scores for staff with a disability or long-term health condition have improved for 7 of the 10 relevant metrics (Appendix 1A p.10) in most areas we remain below the national benchmark, in addition in all groups our organisation score is worse than for staff who do not have a disability or long-term health condition (Appendix 1A p.11-12).

#### Assure

#### For the Workforce Race Equality Standard

- The percentage of ethnically diverse substantive staff has increased for the third year rising to 21.06% as of March 2025. (appendix 1B, Figure 1 p.4). A large part of this increase is related to lower banded posts but from 2022 there has been a net increase of 83 post for ethnically diverse staff in Bands 5 – 7 ( compared to 70 for white ethnicity staff) and a net increase of 11 posts in bands 8a and 8b for ethnically diverse staff, however for white ethnicity staff the increase is greater in bands 8a and 8b with a net increase of 17 posts. (see Appendix 1B p.8 Figure 5 )
- 'Not known' ethnicity has reduced for the third year running to 3.5%. (Appendix 1B, page.4 and page 7 )
- The relatively likelihood of substantive ethnically diverse staff entering a formal disciplinary has reduced from 2.76 in 2024 to 0.86 in 2025. This is the lowest level this data has reached since the WRES began in 2017, but application of a statistical significance test indicates this is not a statistically significant reduction (in the same way as the large increase in 2024 was not a statistically significant increase. Appendix 1B, Page.11- 12)

#### For the Workforce Disability Equality Standard

- In 2025 the percentage recorded of people in our organisation who identify as disabled has continued to increase year on year and has moved from 11% in 2024 to 13% in 2025. (Appendix 1A p.4)
- The percentage of staff where disability status is not known has reduced from 14% in 2024 to 12% in 2025 indicating a continued improvement. (Appendix 1A P.4)
- Our 2024 staff survey data indicted an improvement in the percentage of disabled staff saying that the trust provides equal opportunity for career

	<p>progression, in 2023 SHSC score was 46.3% in 2024 SHSC score was 50.47%. This was the second area we had been asked to focus on by the national mandated standards team, although we have improved, we remain below the benchmark, the average benchmark in 2023 was 56.66% and in 2024 = 54.55% (Appendix 1A p.9).</p> <ul style="list-style-type: none"> <li>Our work on improving access to reasonable adjustments has continued to progress and appears to be having a small impact with an improvement in the percentage of staff saying they have received reasonable adjustments for the first time in a number of years, we remain below the benchmark average however and aim to continue to have this area as a main focus for 2024 /2025. (Appendix 1A p.14)</li> <li>In 2025 the percentage of disabled Board members is above the overall percentage for the organisation and the percentage of disabled executive Board members is marginally below the overall percentage for the organisation (i.e. minus 0.57). All these data show a positive position for our organisation. (Appendix 1A p.15 -16)</li> </ul>
	<p><b>Advise</b></p> <ul style="list-style-type: none"> <li>Directorate risk 5167 is ongoing, directorate risk 5159 will be closed, and directorate risk 5160 is to be reviewed (page 6 of this summary).</li> <li>Action plans are required as part of WRES and WDES reporting – these will be updated working with the Ethnically Diverse and Disabled Staff network groups and be included in the equality diversity inclusion (EDI) strategic overview action plan which will be published alongside the reports. Progress on action is reported in detail in the inclusion and equality group reports to the people committee.</li> <li>Metrics from the WRES and WDES are part of the measures used associated with meeting the requirements of the NHS six high impact EDI actions – these will be reported on in detail in the inclusion and equality group reports to people committee.</li> <li>The people committee (July 2025) requested more information on benchmarking nationally; this report has been updated to highlight the process in place via NHS England to provide detailed benchmarking (p.1 – 2). In line with these arrangements Trust specific WRES and WDES benchmarking reports are expected in October/November 2025 that will highlight suggested areas for improvement based on benchmarking data as of 31 March 2025 and staff survey results from the 2024 Survey.</li> </ul> <p><b>Appendices:</b></p> <ul style="list-style-type: none"> <li>Appendix 1A: Workforce Disability Equality Standard Report - 2025</li> <li>Appendix 1B: Workforce Race Equality Standard Report - 2025</li> </ul>

Which strategic objective does the item primarily contribute to:				
Effective Use of Resources	Yes		No	x
Deliver Outstanding Care	Yes		No	x
Great Place to Work	Yes	x	No	
Reduce inequalities	Yes	x	No	
<p><b>What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.</b></p> <p>The Equality Act 2020 and related regulations include legal obligations that apply to SHSC and to wider NHS bodies through the public sector equality duty and duty to identify equality objectives. This report focuses on areas relevant to SHSC meeting these duties directly and on contribution to the response of other NHS organisations through national mandatory requirements.</p>				

<b>Board assurance framework (BAF) and corporate risk(s):</b>	<b>BAF Risk 5385</b> There is a risk that reporting systems do not support an effective response to sexual safety, racism and violence caused by the culture of reporting resulting in low staff morale, wellbeing and quality of care.
<b>Any background papers/ items previously considered:</b>	<ul style="list-style-type: none"> <li>• Inclusion and Equality Assurance Group Reports to the People Committee May 2025</li> <li>• Staff Survey Results papers to the People Committee and Board</li> <li>• WRES and WDES reports to The People Committee and Board 2024</li> </ul>
<b>Recommendation:</b>	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the alters highlighted in this report</li> <li>• gain <b>assurance</b> of progress in key areas</li> <li>• <b>approve</b> the reports for publication</li> </ul>



## **Board of directors**

**30 July 2025**

### **The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2025 Reports**

#### **Background**

The Workforce Race Equality Standard Report (WRES) 2024 (Appendix 1B) and The Workforce Disability Equality Standard Report (WDES) 2024 (Appendix 1A) are presented to Board to support compliance with the requirements of the NHS Standard Contract section 13.6 (as amended), NHS Standard Contract 2024/2025.

*S 13.6 - The Provider (if it is an NHS Trust or an NHS Foundation Trust) must implement the high impact actions set out in the NHS Equality, Diversity and Inclusion Improvement Plan and measure its progress against the success metrics set out in the Plan, as well as the wider metrics under the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard. The Provider must be prepared, if requested to do so by the Co-ordinating Commissioner, to provide a written report on its implementation and progress to its public board meeting and/or to the Co-ordinating Commissioner.*

Requirements relevant to the Disparity Ratio in the Standard Contract, previously reported to Board, are now excluded from the requirements in the contract due to the deadline associated with the Disparity Ratio target being 2025.

Action Plans are required as part of WRES and WDES reporting – these will be updated working with the Ethnically Diverse and Disabled Staff network groups and will be included as part of the Equality Diversity and Inclusion (EDI) Strategic Overview Action Plan which will be published alongside the reports. Progress on action is reported in detail in the Inclusion and Equality group reports to the People Committee.

Metrics from the WRES and WDES are part of the measures used associated with meeting the requirements of the NHS six High Impact EDI Actions – these will be reported on in detail in the Inclusion and Equality group reports to The People Committee.

#### **Benchmarking and Reporting**

The Mandated Standards team at NHS England provide annual tailored WRES and WDES reports to each organisation in October / November. The reports contain



disaggregated metrics with the intention of 'accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being 'diluted' when numbers are looked at as a whole'. The reports are detailed and use quantitative information analysed and interpreted using inferential statistical techniques.

The result is accurate benchmarking (statistically analysed) against data for the region and data from Trusts of similar type, the stated intention of the report is to facilitate benchmarking against relevant comparators.

Data provided from the mandated reporting team is embargoed until publication of the national WRES and WDES report.

Some of the priority areas in today's report to Board reflect the benchmarking data provided to us in December 2024 which is based on workforce data on 31<sup>st</sup> March 2024 and staff survey results from the 2023 staff survey.

We expect a benchmarking report from the national mandated reporting team to be provided around October / November 2025 highlighting suggested areas for improvement based on benchmarking data based on the most current WRES and WDES reports that are the subject of this paper.

## **The Workforce Race and Disability Equality Reports Main Points**

### **1. Workforce Race Equality Standard (WRES) Metric**

Appendix 1B of this report constitutes our 2025 Workforce Race Equality Standard report.

#### **Key points of the WRES report are:**

- 1.1. In 2024 we received an organisation specific benchmark report from the national mandated reporting team who highlighted that based on their benchmarking data (2023 Staff Survey) the organisation should prioritise action on Harassment from Service Users/Carers/Public towards our staff (WRES Metric 5). This continued to be an organisation priority but in 2024 our Staff Survey results have worsened from 35.89% in 2023 to 38.66% in 2024. This compares to the mental health median benchmark of 31.38% in 2023 and 31.64% in 2024.
- 1.2. Although there has been a net increase since 2022 in some senior roles for ethnically diverse staff for posts in band 8d there has been a net increase of 9 posts for white staff compared to a net decrease of minus 1 post for ethnically diverse staff (figure 5).
- 1.3. The percentage of ethnically diverse substantive staff has increased for the third year rising to 21.06% as of March 2025. A large part of this increase is related to lower banded posts however from 2022 there has been a net



increase of 83 post for ethnically diverse staff in Bands 5 – 7 ( compared to 70 for White ethnicity staff) and a net increase in bands 8A and 8b for ethnically diverse staff of 11 posts but for white ethnicity staff the increase is greater at a net increase of 17 posts. (Figure 5)

1.4. Not known ethnicity has reduced for the third year running to 3.5%. (Figure 1)

1.5. The relative likelihood of substantive ethnically diverse staff entering a formal disciplinary has reduced from 2.76 in 2024 to 0.86 in 2025. This is the lowest level this data has reached since the WRES began in 2017, but application of a statistical significance test indicates this is not a statistically significant reduction (in the same way as the large increase in 2024 was not a statistically significant increase). (Figure 9). The data also includes some cases where ethnicity is not known.

## **2. Workforce Disability Equality Standard (WRES) Metric**

Appendix 1A of this report constitutes our 2025 Workforce Disability Equality Standard report.

### **Key points of the WDES report are:**

- 2.1. In the organisation specific report from the NHS national mandated reporting team for the Workforce Disability Equality Standard we were advised to focus on three areas, one of these was the percentage of Disabled staff in Clinical roles at Band 8c and above, versus the workforce overall which at the time was minus 11%. In 2025 this has not improved and has worsened to minus 13% due to there being 0% disabled staff in clinical band 8c – 9.
- 2.2. We were also asked to focus on our staff engagement score for disabled staff. Our 2024 staff survey data indicted a standstill position for this. The 2023 (staff survey) SHSC data was 6.3 (rounded) and in 2024 this remains at 6.3 (rounded). In 2023 the Average Benchmark score was 6.8 and in 2024 had reduced to 6.7.
- 2.3. Although the Staff Survey Scores for staff with a disability or long-term health condition have improved for seven of the 10 relevant metrics (Appendix A p.10) in most areas we remain below the national benchmark and in all groups our organisation score is worse for staff who do not have a disability or long-term health conditions (Appendix 1A p.11-12).
- 2.4. In 2025 the percentage recorded of people in our organisation who identify as disabled has continued to increase year on year and has moved from 11% in 2024 to 13% in 2025.

2.5. The percentage of staff where disability status is not known has reduced from 14% in 2024 to 12% in 2025 indicating a continued improvement.

2.6. Our 2024 staff survey data indicted an improvement in the percentage of disabled staff saying that the trust provides equal opportunity for career progression, in 2023 SHSC score was 46.3% in 2024 SHSC score was 50.47%. This was the second area we had been asked to focus on by the national mandated standards team, although we have improved, we remain below the benchmark, the Average Benchmark in 2023 was 56.66% and in 2024 = 54.55%. (Appendix 1A p.9)

2.7. Our work on improving access to Reasonable Adjustments has continued to progress and this appears to be having a small impact with an improvement in the percentage of staff saying they have received reasonable adjustments; however, we remain below the benchmark average and aim to continue to have this area as a main focus for 2024 /2025.

2.8. In 2025 the percentage of disabled Board members is above the overall percentage for the organisation and the percentage of disabled Executive Board members is marginally below the overall percentage for the organisation (i.e. minus 0.57). All these data show a positive position for our organisation.

## Risks

The following risks are relevant to this report:

*Directorate Risk 5167 - There is a risk that disabled staff will not receive reasonable adjustments caused by relevant systems, processes and manager knowledge being insufficient resulting in disabled staff being disadvantaged and possible legal or regulatory challenge.*

This risk remains in place

*Directorate Risk 5159 - There is a risk of poor-quality demographic data (Ethnicity and Disability) caused by ESR records not being complete will result in lack of confidence in/accuracy of our Workforce Race Equality Standard reporting and our Workforce Disability Equality Standard Reporting.*

This risk has been addressed, and improvement is evidenced, this risk will be closed.

*Directorate Risk 5160 - There is a risk that we will fail to meet the Model Employer (Disparity ratio) target of 1.25 by 2025 set out in the NHS Standard Contract caused by failure to recruit and retain sufficient staff from ethnically diverse groups in roles in band 8a and above resulting in failure to meet the nationally defined target.*





This risk will be reviewed with a view to amendment and included in the inclusion and equality group report to committee in September 2025.

The Board are asked to:

- **Note** the alters highlighted in this report
- Gain **assurance** of progress in key areas
- The Board are asked to **agree** the reports for publication

**Appendices:**

- Appendix 1A : Workforce Disability Equality Standard Report - 2025
- Appendix 1B: Workforce Race Equality Standard Report - 2025



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Workforce Disability Equality Standard

Report 2025



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## Introduction

The Workforce Disability Equality Standard (WDES) is made up of ten 'Metrics.' These compare the experiences of disabled and non-disabled staff in the NHS. The information from the WDES is used to inform our progress in looking at the experience of disabled staff and act to make improvements.

This report provides information about the WDES metrics in 2025 and what we plan to do to make changes where metrics highlight areas of concern.

## What do we mean by Disability?

The WDES and our organisational Disabled Staff policy uses the term Disability in the context of the Social Model of Disability which is that:

A person is disabled by failure of an organisation or society to make adjustments that remove barriers, for example, changes to the environment, ways of doing things and attitudes.

The Equality Act 2010 provides a legal definition:

A person has a disability if—

- (a) the person has a physical or mental impairment, and
- (b) the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

Our Disability Staff network group have chosen to use Disability in their title because this reflects the 'protected characteristic' of Disability and the protection that the Equality Act 2010 gives against discrimination, and that it is important to move away from a focus on the individual but the barriers they experience.

## Data and Information Used in this Report

The information used in this report comes from our Electronic Staff Record (ESR) system and from our NHS Staff Survey report. The ESR system and the Staff Survey ask about Disability; research has shown that more staff disclose disability when they are completing the NHS Staff Survey than provide this information in the ESR system. The data in this report excludes anyone on a Bank only contract. There is now a Bank only NHS Staff Survey in order to look specifically at the experience of Bank staff.

## The Percentage of Disabled Staff in our Organisation

Disability	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Yes	8%	6%	7%	7%	7%	7%	8%	9%	11%	13%
No	61%	78%	79%	79%	78%	77%	74%	75%	76%	75%
Not Stated	32%	16%	14%	14%	15%	16%	18.3%	16%	14%	12%

*Table 1*

In 2025 the percentage recorded of people in our organisation who identify as disabled has continued to increase year on year and has moved from 11% in 2024 to 13% in 2025. The percentage of staff where disability status is not known has reduced from 14% in 2024 to 12% in 2025 indicating a continued improvement.

## The Percentage of Disabled Staff by Pay Band (WDES Metric 1)

The Workforce Disability Equality Standard asks us to review the percentage of disabled staff in our pay bands compared with the percentage of staff in the overall workforce.

This metric is reported by 'non – clinical' and 'clinical' staffing groups Table 2 highlights the percentage of staff in each pay band /grade that say they are disabled.

The majority of clinical and non-clinical staffing groups show a positive percentage of disabled staff however clinical band 8c – 9 and VSM remains at 0% despite overall there being 24 staff in this group, for the non-clinical staff in this group there has been a reduction from 22% to 15% this represents one person less.

## Disabled Staff by Pay Band/Grade

Non-Clinical	Disabled						Not Disabled					
	20	21	22	23	24	25	20	21	22	23	24	25
Bands 2 - 4	8%	8%	8%	8%	10%	12%	83%	80%	78%	79%	77%	75%
Band 5 - 7	5%	7%	7%	9%	11%	13%	84%	82%	79%	78%	81%	83%
Bands 8a - 8b	6%	6%	7%	10%	9%	11%	85%	80%	75%	78%	83%	79%
Bands 8c - 9 & VSM	11%	11%	10%	6%	22%	15%	74%	73%	70%	77%	67%	75%
Clinical	Disabled						Not Disabled					
	20	21	22	23	24	25	20	21	22	23	24	25
Bands 2 - 4	6%	7%	8%	9%	10%	12%	74%	73%	72%	75%	75%	73%
Band 5 - 7	8%	8%	8%	10%	12%	15%	79%	76%	73%	75%	76%	75%
Bands 8a - 8b	8%	9%	8%	10%	12%	15%	83%	84%	84%	80%	80%	78%
Bands 8c - 9 & VSM	8%	4%	0%	0%	0%	0%	83%	81%	83%	96%	92%	96%
Consultants	7%	8%	6%	8%	8%	11%	75%	78%	72%	68%	69%	67%
Non-Consultants Career Grade	5%	4%	5%	7%	10%	10%	81%	84%	80%	93%	67%	71%
Medical and Dental Trainee Grades	11%	10%	10%	7%	10%	9%	61%	50%	30%	22%	23%	37%

Table 2



## Not Known

The average not stated has continued to decrease in 2025 but remains above our target of 10%. We remain concerned about the high percentage of not known in the medical trainee group, and in staff in bands 2-4 our workforce team are continuing to work with the medical team to improve this data and help us to progress ongoing improvements in this area.

Our interim target was to reduce not known to less than 10% by July 2022, we have not met this target but not known continues to decrease in 2025.

NON - CLINICAL - Not Known		2020	2021	2022	2023	2024	2025
Bands 2 – 4		9%	12%	14%	13%	13%	13%
Band 5 – 7		11%	11%	14%	13%	8%	4%
Bands 8a - 8b		10%	14%	19%	12%	9%	10%
Bands 8c - 9 & VSM		16%	16%	20%	18%	11%	10%
Clinical – Not Known		2020	2021	2022	2023	2024	2025
Bands 2 – 4		20%	20%	20%	16%	15%	15%
Band 5 – 7		13%	16%	19%	15%	13%	11%
Bands 8a - 8b		9%	7%	8%	5%	8%	8%
Bands 8c - 9 & VSM		9%	15%	17%	10%	8%	4%
Consultants		19%	14%	22%	25%	24%	22%
Non-Consultants Career Grade		14%	12%	15%	0%	23%	19%
Medical and Dental Trainee Grades		27%	40%	60%	71%	67%	54.3%

Table 3

Each year we receive an organisation specific report from the NHS national mandated reporting team. In October 2024 they informed us in the report that they would like us to focus on three areas for improvement following their analysis of benchmarking data against other NHS Mental health Organisations. One of these areas related to metric 1

Priority Area 1	Progress Highlighted in our 2025 WDES data
The percentage of Disabled staff in Clinical roles at Band 8c and above vs the workforce overall. (-11%)	Workforce Disability Figure overall 2025 = 13% Workforce Disability Staff in Band 8c and above remains high and is now – 13% due to the increase in the percentage of staff reporting disability in 2025.

## **Likelihood of Disabled People Being Recruited From Shortlisting (WDES Metric 2)**

This question looks at the proportion of disabled people compared to non-disabled people appointed from shortlisting when they have applied for roles in our organisation. Our target is for this to be between 0.80 to 1.25.

In 2025 our recruitment data continues to show a positive score of 1.18

Our recruitment data appears to indicate that disabled applicants continue to fare well in our recruitment procedures, and this appears to be reflected in the percentage of disabled staff we employ.

## **Disabled Staff and Formal Capability Procedures (WDES Metric 3)**

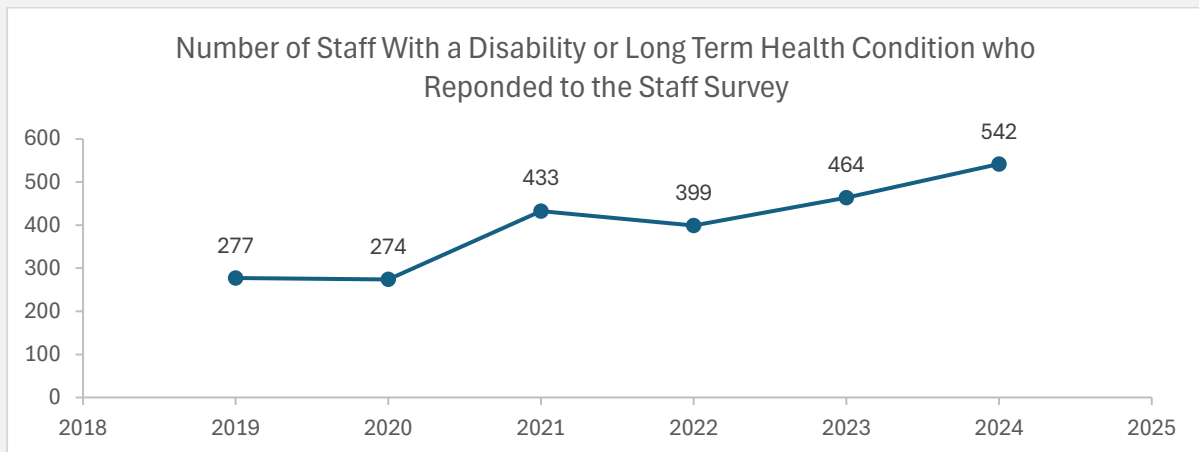
This Metric is based on data from a two-year rolling average of the current year and the previous year and is based on capability on the grounds of performance and not ill health. The data reviewed for this metric is the number of staff entering the capability process from 1 April 2023 to 31 March 2025, divided by 2.

In 2025 our two-year average cases were 0 disabled member of staff and 1.5 not disabled staff our score for this metric is therefore 0.0 for 2025

## **The NHS Staff Experience Survey 2021 (WDES Metrics 4 to 9a)**

Nine of the WDES metrics come from the NHS annual Staff Survey, the last survey took place in 2024 so these WDES metrics are as of 2024 rather than 2025.

The number of staff with a Disability or Long-Term Health Condition who complete the NHS staff survey in SHSC each year is rising, in 2024 this group continued to represent over 30% of all staff who completed the survey. Table 4 below shows the number of staff with a disability or long terms health condition who completed the survey from 2020 to 2024



*Table 4*

Staff Survey questions included in the Workforce Disability Equality Standard are:

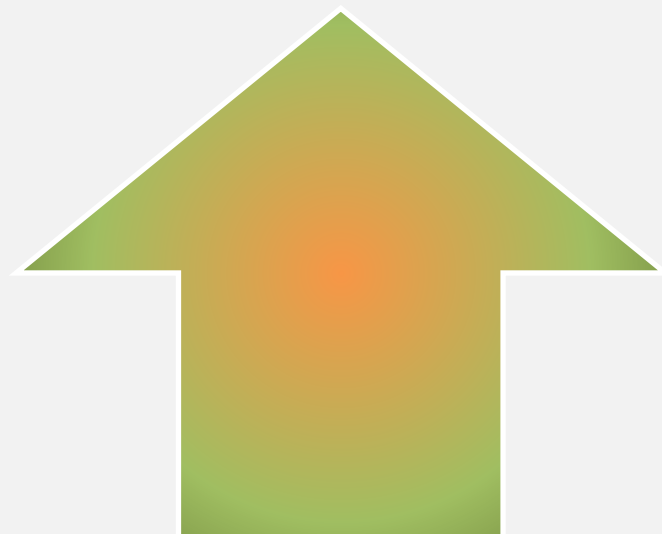
- The Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
  - A. Patients/Service users, their relatives, or other members of the public
  - B. Managers
  - C. Other colleagues
  - D. The Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
- The Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- The Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
- The Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work. (Prior to 2022, the term “adequate adjustments” was used).
- The staff engagement score for Disabled staff, compared to non-disabled staff.

The summary on page 9 below shows changes in the staff survey scores for staff that have a disability or long-term health condition and on the following pages how these scores compare to staff without a disability or long-term health condition.

As noted above we were asked by the national mandated reporting team to look at three priority areas, this included two areas related to staff survey data:

	Progress Highlighted in our 2025 WDES data
Indicator 5 Belief that the organisation provides equal opportunity for career progression or promotion (46.3% vs 56.66% for disabled staff in other mental health organisations)	<p>Our 2024 staff survey data indicted an improvement in this question.</p> <p>2023 (staff survey) SHSC = 46.3%</p> <p>2024 SHSC = 50.47%</p> <p>2023 (staff survey) Average Benchmark = 56.66%</p> <p>2024 = 54.55%</p> <p>Although we remain below the median benchmark our 2024 score has improved and the median score for mental health trusts has decreased.</p>
Indicator 9a the staff engagement score (6.3 vs 6.8 for disabled staff in other mental health organisations)	<p>Our 2024 staff survey data indicted a standstill positions regarding this question.</p> <p>2023 (staff survey) SHSC = 6.3 (rounded)</p> <p>2024 SHSC = 6.3 (rounded)</p> <p>2023 (staff survey) Average Benchmark = 6.8</p> <p>2024 = 6.7</p> <p>We remain below the median benchmark our 2024 with our rounded score remains the same as 2023 however there has been a marginal decrease in the benchmark median score</p>

## Staff Survey Scores 2023 – 2024 Changes



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

**Improved** - From Patients/Service users, their relatives, or other members of the public

26.31% down from 31.68% in 2023 also the same as benchmark average when rounded

**Improved** - From Managers

10.84% down from 11.98% in 2023 less than the benchmark average (11.49%)

**Improved** - From Other colleagues

17.91% down from 19.39% in 2023 also the same as benchmark average when rounded

**Improved - But Below Benchmark Average** - The Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

50.47% up from 46.34% in 2023 but lower than the benchmark average (55.13%)

**Improved - But Below Benchmark Average** - The Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

18.21% down from 19.43% in 2023 but more than benchmark average (17.91%)

**Improved - But Below Benchmark Average** The Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.

75.71% up from 72.63% in 2023 but lower than the benchmark average of 79.60%

**Improved - But Below Benchmark Average** The staff engagement score for Disabled staff, compared to non-disabled staff.

6.71 marginally up from 6.9 in 2023 and marginally less than the benchmark average of 6.74



**Worsened** - The Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

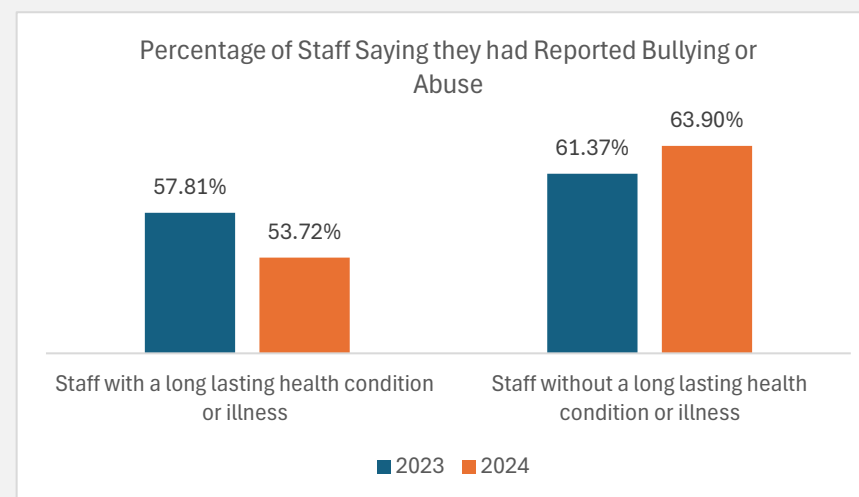
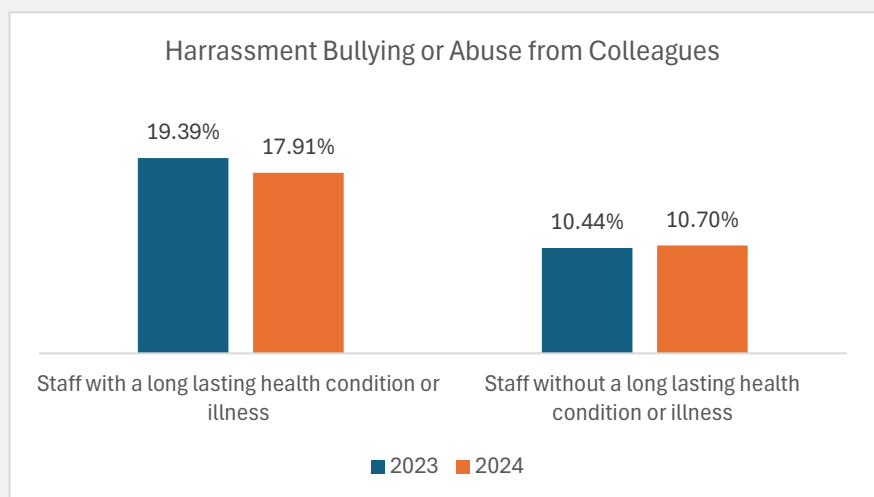
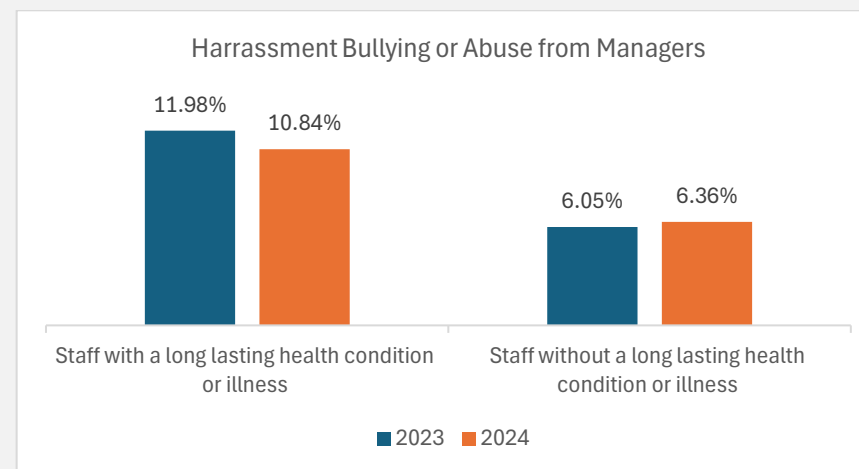
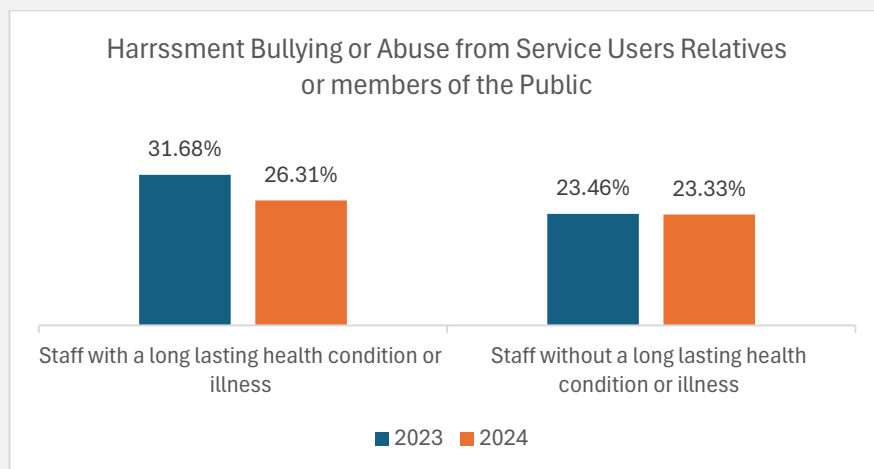
53.72% down from 57.81% in 2023 and less than the benchmark average (62.98%).

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

35.06% down from 36.63% in 2023 lower than the benchmark average (44.33%)

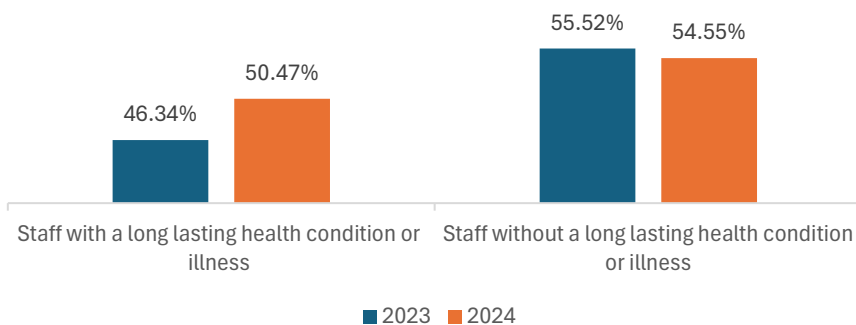
## Difference in the Experience of Disabled and Non-Disabled Staff

The experience of Disabled staff Compared to non-disabled staff across all metrics is worse.

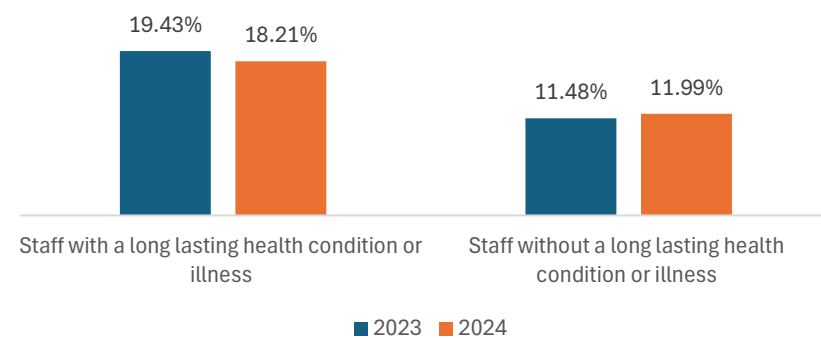




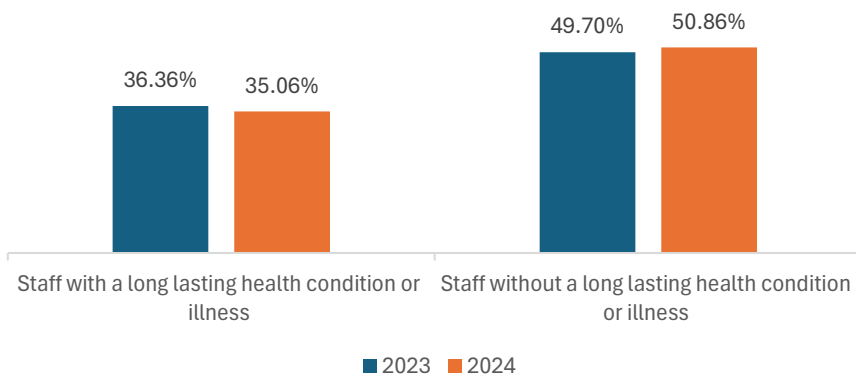
Staff who believe the organisation provided equal opportunities for career progression or promotion



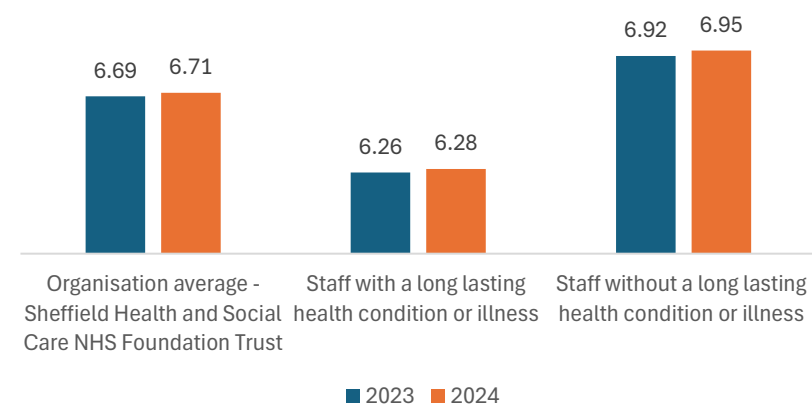
Percentage of staff who felt pressure to come to work despite not feeling well enough to perform their duties



Staff satisfied with the extent to which the organisation values their work



Staff Engagement Score



## **Key Points and Areas for Action 2025/26**

Despite positive improvements highlighted by the Staff Survey results for staff with a disability or long-term health condition (p.9) when these scores are compared to staff who do not have a disability or long-term health condition staff experience is consistently poorer.

### **Disabled Staff Experience of Harassment / Abuse**

There has been a continued improvement in Disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public, from managers, and from colleagues. In addition, our organisation is near or better than the benchmark average in these areas. In our 2023/2024 report we highlighted that we aimed to *Improve our Knowledge , Understanding and Attitude in the areas of : Neurodiversity, Reasonable Adjustments, Cultural Humility, Allyship, Microaggression.*

In 2024/2025 we started delivering training on disability and reasonable adjustments as part of our new Manager Programme and also introduced training on Allyship and Microaggressions.

- We have been slow in progressing a plan to develop a 'Living Library' resource but hope to progress this in 2025.

### **Reporting**

Although reported experience of bullying or harassment has reduced, the percentage of disabled staff who say they have reported, this when they have experienced it has decreased from 2023 to 2024. In 2024 we have developed a new portal in our Electronic Staff Record (ESR) system where staff have the option to report harassment abuse or discrimination anonymously or with a view to action being taken.

- In 2025 we will be monitoring take up of this option including by disabled staff.

### **Staff Feeling Pressure to Come to Work When Not Feeling Well Enough**

There has been a small reduction in the percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties however this score is still above

the average benchmark. The percentage is also higher than the percentage for staff responding to the staff survey question without a disability or long terms health condition (11.99% compared to 18.21% for staff with a disability or long-term health condition).

- In 2025 we will continue a focus on staff sickness particularly long term remains a priority for our organisation including how disabled staff are supported to receive reasonable adjustments.

## Opportunities for Career Progression and the way the organisation values Disabled Staff's Work

In 2023/24 we noted that there had been a 2-percentage point worsening in respect to the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

The 2024 Staff Survey data highlighted an improvement in this metric however the gap has not changed between staff with a disability or long-term health condition and staff without.

## Reasonable Adjustments (WDES Metric 8)

Our work on improving access to Reasonable Adjustments has continued to progress and this appears to be having a small impact with an improvement in the percentage of staff saying they have received reasonable adjustments for the first time in a number of years , we remain below the benchmark average however and aim to continue to have this area as a main focus for 2024 /2025.

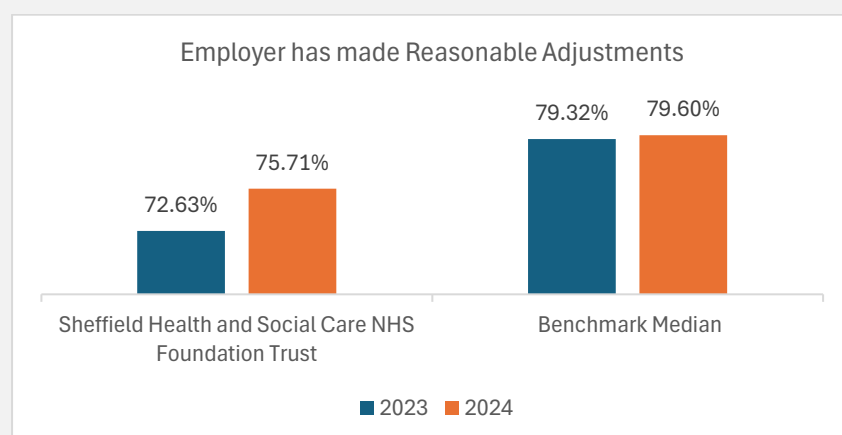


Table 5

## Action to Facilitate the Voices of Disabled Staff in our Organisation (Metric 9b)

In 2024/2025 the chairs of the staff group have been involved in reviewing a number of People Directorate policies.

In 2024 /25 we also completed a project looking at how to improve access to wellbeing offers this involved one to one activity to ensure inclusion of staff whose voices are sometimes not heard as often as staff who have ready access to computers and our intranet.

In May 2025 we held our second staff network event.

Our digital stories are now embedded in our Developing as Leaders programme.

In 2025 our staff network identified that they would like the organisation to focus on Neurodiversity and to take part in the [Neurodiversity Employers Index](#) which will be progressed in 2025.

## The Diversity of Our Board (WDES Metric 10)

The WDES asks us to look at the percentage difference between our Board membership and our workforce in relation to disability. The overall percentage of disabled people in the organisation in 2025 13%. The percentage of disabled Board members in 2025 was 20%.

The charts below show:

- The difference in percentage points between the Board membership and the overall workforce,
- The difference in percentage points between the Board Voting membership and the overall workforce, and
- The difference in percentage points between the Board Executive and the overall Workforce.

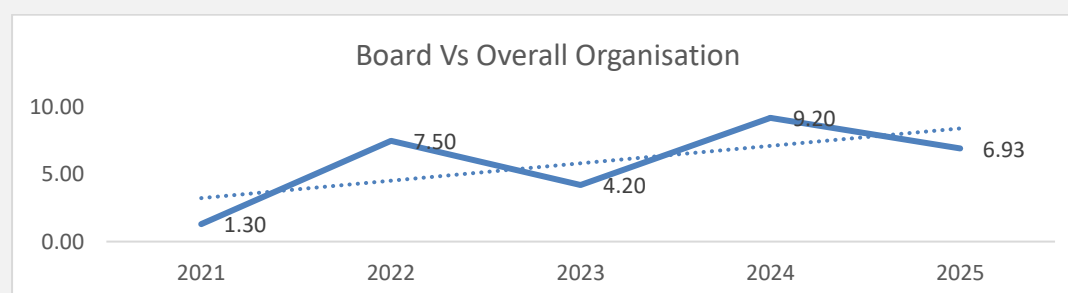


Table 6

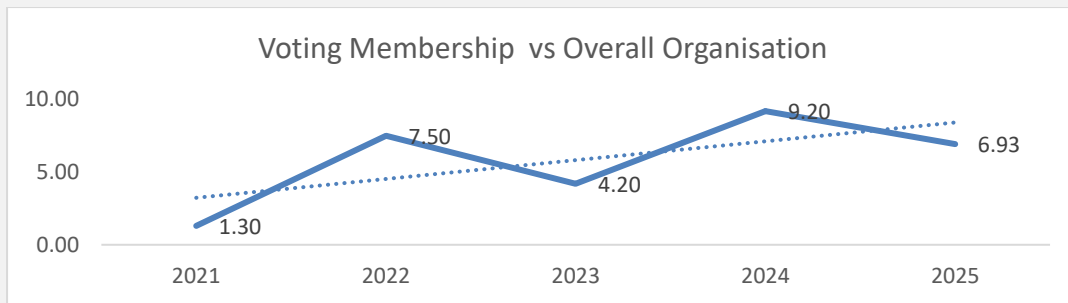


Table 7

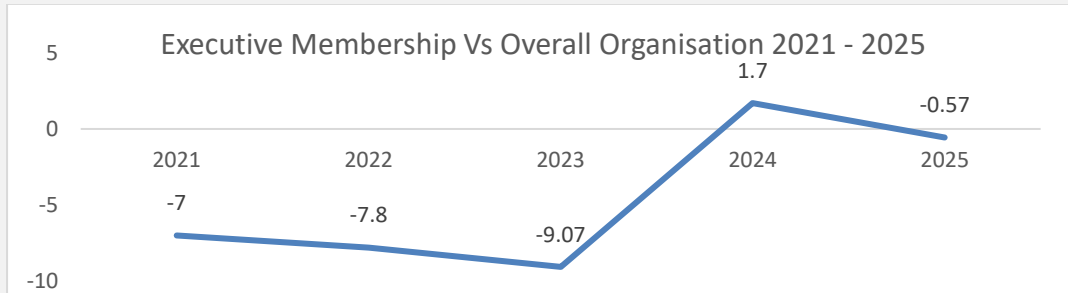


Table 8

In 2025 the percentage of disabled Board members is above the overall percentage for the organisation and the percentage of disabled executive Board members is marginally below the overall percentage for the organisation (i.e. – 0.57). All these data show a positive position for our organisation.

## Progress - Priority Areas identified in 2024

In 2024 we progressed action to support our priority areas

### Priority One - Improving Access to Adjustments

In 2025 we made progress in the following areas:

- We took action to improve access to reasonable adjustments for trainees and agreed access to specific funding for trainee clinical psychologists Reasonable Adjustments through the general funding we receive for this group.
- In 2024 /2025 we continued to focus on improving the processes in place for disabled staff to receive Reasonable Adjustments and to access items to support them generally in accessing and staying in work that are recommended by the 'Access to Work' scheme.

- In the 2024- 2025 financial year we supported the purchase of ninety-six items from fifteen different specialist providers for disabled staff including people working with us who are undertaking training programmes.
- We have included a focus on disability and reasonable adjustments in a new organisation Managers Programme and provided team sessions.
- A number of non-clinical teams have been working together to improve staff access to areas paid for by Access to Work such as taxis to work i.e. Equality Diversity and Inclusion (EDI) , Finance and Procurement team colleagues.
- Our estates transport team and digital teams have been involved over the year working with us to help disabled staff to have equipment at home to support home working and to access software and IT equipment.
- This year we have also provided quicker access to initial scanning for dyslexia and provided immediate access to items to support staff if their scan indicates they may have dyslexia.

## Priority Two - Increasing membership and Involvement in the Disabled Staff Network

- We have continued to focus on increasing the membership of our Disabled Staff Network to look at how to encourage increased membership, between 2024 and 2025 membership increased from 48 members to 52 members.
- In 2025 we experienced an increase in the number of members attending meetings.
- This area remains a priority however because it is clear from our staff survey and metric one data that membership does not reflect the percentage of disabled staff in the organisation.

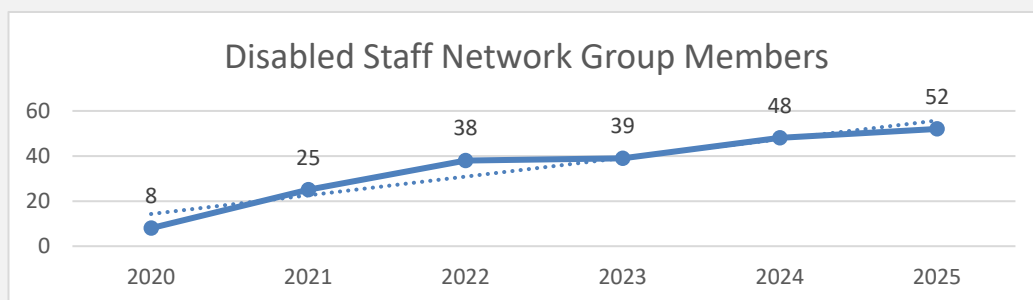


Table 9



### Priority Three - Voice and Influence

- The Disabled Staff Network was involved in planning and delivery of our second Staff Networks Event in May 2025.
- The chairs of our disabled staff network group are members of our Staff Network group Policy group and also attend quarterly meetings with the organisations Board.
- We have completed a project looking at improving access to wellbeing offers for staff who may have less access to these in Bands 2 – 5.

### Priority Four - Improve Disability recording for Staff

- In 2025 the percentage of not known disability has reduced and is nearing our long-term target to 10%

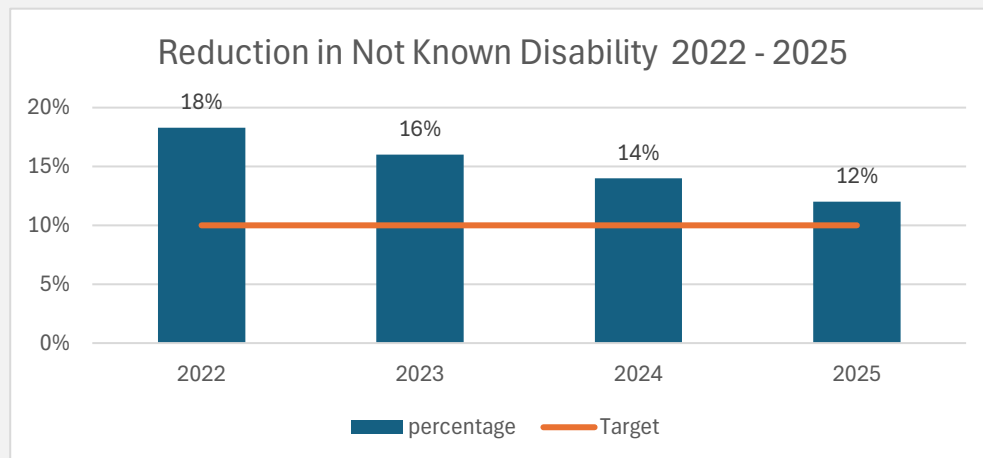


Table 10

Table 3 (p.6) above highlights that there is a higher percentage of not known in Bands 1-4 and in medical groups – these will be targeted for improvement in 2025 – 2026.

## Priority Fiver Collaboration

- We continue to collaborate with internal departments in our work on improving Reasonable Adjustments.
- We have recently started work with our local Access to Work lead on a project to develop a standardised approach to software requests including a database of software that has been approved for use in the NHS.



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Workforce Race Equality Standard

Report 2025



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## The NHS Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a national standard; the aim is to respond to lack of progress in race equality in the NHS. NHS organisations are expected to report on and demonstrate progress against nine workforce 'metrics'.

- Four metrics associated with workforce data
- Four Staff Survey metrics reported by ethnicity, and
- One metric focused on Board diversity

In this report where we use the term BME and White it is in relation to the ethnicity identity codes in those groups defined in the WRES technical guidance.

### Report Content and Our Priorities

This WRES report does not include Bank staff however we will publish a separate report on Bank Staff later in 2025.

This report covers our Workforce Race Equality Standard 2025 data report submitted to NHS digital in May 2025, using workforce data as of the 31<sup>st</sup> of March 2025 and Staff Survey data drawn from the 2024 staff survey.

Our report highlights areas of progress and areas where improvement is still required. Our Workforce Race Equality Standard action plan can now be found within our [Equality Diversity and Inclusion Strategic Overview Action Plan priorities 2025 – 2026](#). (link to be included before publication )

### Our Organisation Workforce Race Equality Standard Priorities Progress 2025 to 2026

Our organisation priorities for 2025 were informed by our organisation Workforce Race Equality Standard report submitted to us by the national Mandated Standards team, the areas they suggested for a particular focus based on the Staff Survey results from 2023:

1. Harassment from Service Users/Carers/Public towards our staff – Metric 5

Our 2024 Staff Survey Results indicates there has been a worsening of this metric, going from 35.89% in 2023 to 38.66% in 2024. This compares to the mental health median benchmark score of 31.38% in 2023 and 31.64% in 2024.

## Our Organisation Workforce Race Equality Standard Progress against all metrics 2024 to 2025

### Metric 1 People Who Work in Our Organisation

**The Percentage of people in our organisation who identify as being in a BME ethnicity group.**

	White	BME	Not Known
2025	74.9%	21.6%	3.5%
2024	74.8%	20.3%	4.9%
2023	75.7%	17.2%	7%
2022	76.2%	14.1%	9.8%

Figure 1

SHSC's substantive staff is now more than one-fifth ethnically diverse, 21.6% is the highest proportion we have ever had and continues to rise year on year since 2022. The rise is amongst clinical staff, from pay bands 2-7 there has been a significant rise in ethnically diverse staff. The highest rise is in Band 6 where ethnically diverse staff have risen from 53 in 2022 to 97 in 2025. The percentage of 'Not Known' ethnicity is now 3.5%, this is the lowest level we have ever had. The 'Not Known' figure has been improving ever since the Workforce team took over the process of transitioning data from TRAC (our recruitment system) to ESR (our workforce system).

### **The Percentage of Staff by Pay Bands Compared With the Percentage in the Overall Workforce (WRES Metric 1)**

WRES Metric 1 looks at the ethnicity split for our staff and includes the pay banding. The purpose of this metric is to see if ethnically diverse staff are proportionally represented in the lower, middle, and upper pay bands. The data is split by non-clinical and clinical staff groups. Bank staff are excluded from this analysis, also excluded are Non-Executive Directors and staff in the Medical and Dental staff groups.



## Ethnicity Split by Pay Band – Non-Clinical Substantive Staff at SHSC

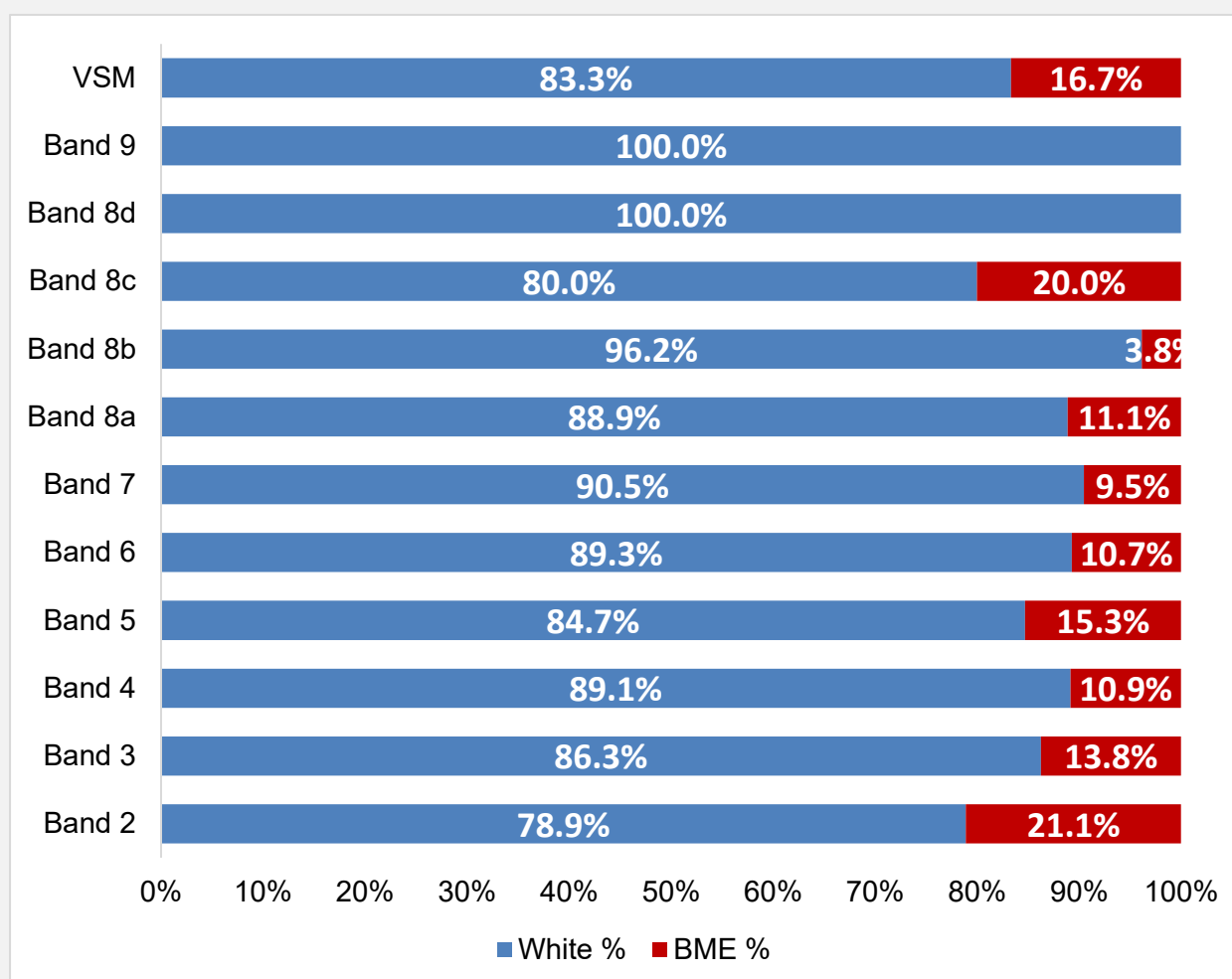


Figure 2

The chart above shows two themes:

1. Ethnically diverse substantive non-clinical staff are below the SHSC ethnicity average of 21.6% across all pay levels
2. Band 2 is where Ethnically Diverse staff have the greatest representation

At senior levels of Band 8B and higher, the numbers are so low that a single ethnically diverse staff member leaving can noticeably impact the percentage. The vacancy freeze for non-clinical staff has also meant that there are fewer opportunities to get new ethnically diverse staff into senior positions.

Band 3 is the most populous pay band for ethnically diverse staff; this is mainly administrative staff. The two areas where ethnically diverse staff differ a lot from their white counterparts is the number of positions above Band 8b and in Band 4.

## Ethnicity split by pay band – Substantive Clinical Staff at SHSC

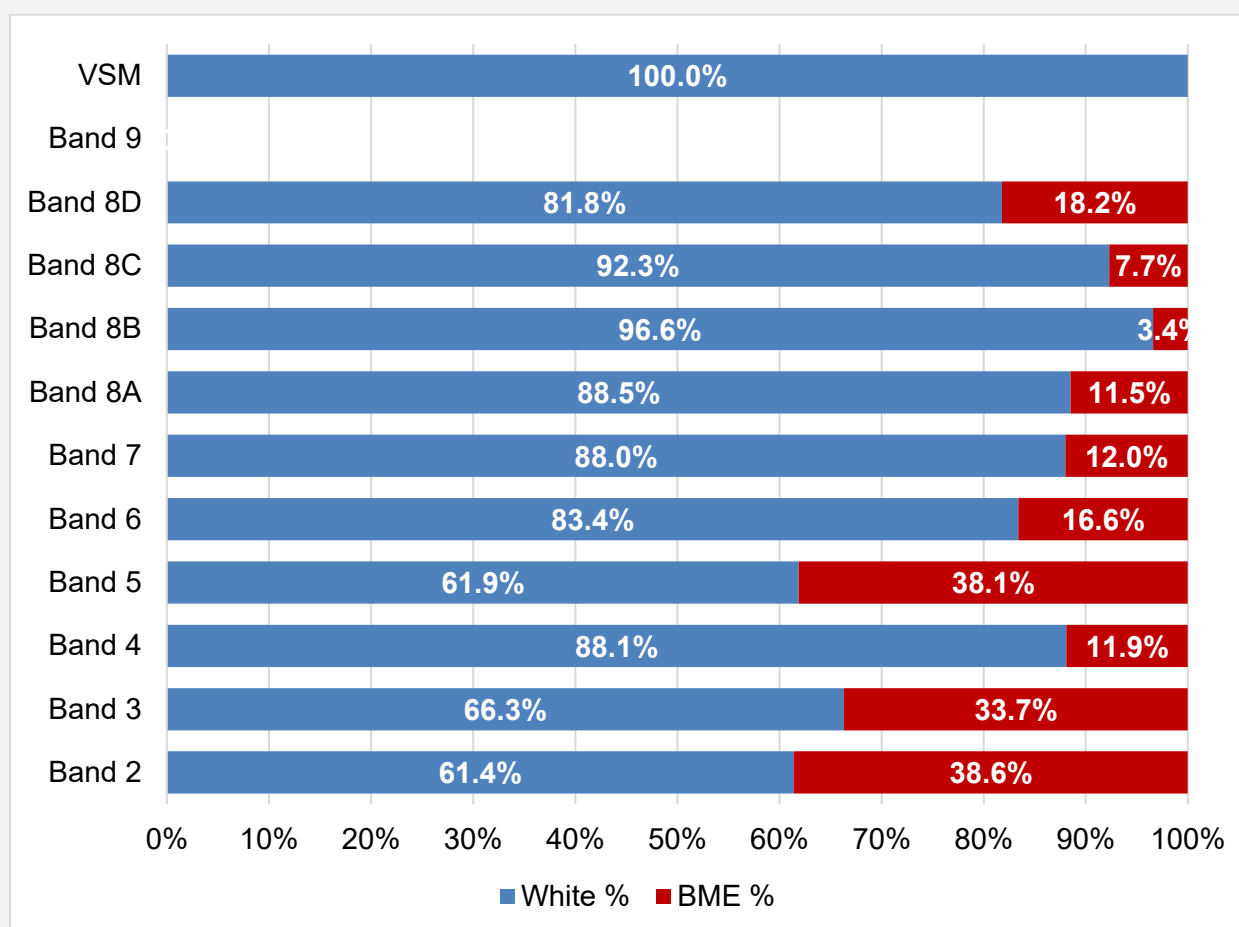


Figure 3

### Comments

In terms of numbers, Band 3 is the most populous pay band for clinical ethnically diverse staff, just ahead of Band 5. Band 6 is the most populous staff group for clinical white staff.

Proportionally, Band 2 and Band 5 is where ethnically diverse clinical staff have the highest representation, Band 8B is the least represented group which has been the case for the last two years. The greatest disparity between White and Ethnically Diverse staff is at Band 6, for White staff this is the most populous group at 399 staff, a jump from 213 staff at Band 5. For Ethnically Diverse staff it is the converse, the Band 6 figure is 91 staff, but the Band 5 figure is significantly higher at 99 staff.

In 2024 a regional project took place on Band 6 ethnically diverse nurses and apparent lack of progression. SHSC have been involved in this project – a report on this work has been published recently and we will be looking at the recommendations as part of our WRES action plan.

The tables in figure 4 show the breakdown of staff in the clinical, non – clinical and medical groups and people who are paid on pay grades/bands other than agenda for change or medical pay contracts. Tables include our 'Unknown' figure i.e. these are blank/missing fields or staff

preferring not to declare their ethnicity. The table highlights figures that are 2 percentage points **above** or **below** the previous year as indications of progress or concern (including where a figure is more or less 2 percentage points)

NON-CLINICAL	2024	2025	2024	2025		2024	2025
	White	White	BME	BME		Not Known	Not Known
Band 2	75.4%	72.7%	16.2%	19.4%		8.5%	7.9%
Band 3	82.9%	83.1%	12.5%	13.3%		4.6%	3.6%
Band 4	91.6%	87.1%	6.3%	10.6%		2.1%	2.3%
Band 5	80.2%	84.7%	19.8%	15.3%		0%	0%
Band 6	84.5.1%	84.7%	10.3%	10.2%		5.2%	5.1%
Band 7	82.1%	89.1%	13.4%	9.4%		4.5%	1.6%
Band 8A	85.1%	87.0%	12.8%	10.9%		2.1%	2.2%
Band 8B	100%	96.2%	0%	3.8%		0%	0%
Band 8C	87.5%	80.0%	12.5%	20%		0%	0%
Band 8D	100%	100%	0.0%	0%		0%	0%
Band 9	0.0%	100%	0.0%	0%		0%	0%
VSM	0.0%	83.3%	20.0%	16.7%		0%	0%

CLINICAL	2024	2025	2024	2025		2024	2025
	White	White	BME	BME		Not Known	Not Known
Band 2	58.2%	62.7%	36.6%	33.3%		5.2%	3.9%
Band 3	63.9%	63%	32.4%	34%		3.7%	3%
Band 4	87.3%	87.7%	11.8%	11.3%		0.9%	0.9%
Band 5	57.0%	58.7%	35.2%	35.9%		7.8%	5.4%
Band 6	78.1%	78.5%	15.6%	17.9%		6.3%	3.5%
Band 7	84.5%	84.5%	11.5%	12.3%		4.0%	3.2%
Band 8A	85.2%	88%	11.1%	9.3%		3.7%	2.8%
Band 8B	96.6%	96.2%	3.4%	3.8%		0.0%	0%
Band 8C	92.3%	90.9%	7.7%	9.1%		0.0%	0%
Band 8D	81.8%	81.8%	18.2%	18.2%		0.0%	0%
Band 9	0.0%	0%	0.0%	0%		0.0%	100%
VSM	50.0%	100%	0.0%	0%		50.0%	0%

MEDICAL	2024	2025	2024	2025		2024	2025
	White	White	BME	BME		Not Known	Not Known
Consultant	49.0%	47.8%	41.2%	46.6%		9.8%	6.5%
of which senior medical manager	54.5%	62.5%	45.5%	25%		0.0%	12.5%
non- consultant career grade	52.4%	42.8%	38.1%	52.3%		9.5%	4.7%
trainee grade	40.5%	39.1%	51.4%	54.3%		8.1%	6.5%

OTHER PAY GRADES	2023	2024	2023	2024		2023	2024
	White	White	BME	BME		Not Known	Not Known
Other Pay Grade All	100%	100%	0.0%	0.0%		0%	0.0%

Figure 4

## Change in the Numbers of Ethnically Diverse Staff in Our Organisation Between 31st March 2022 and the 31st of March 2025

The table below shows the change, by ethnicity, in the numbers of staff working in agenda for change pay bands from 2022 to 2025 (see Appendix Two for more detail).

	Increase /Decrease in <b>White Staff</b> by Band 2022/2025	Increase /Decrease in <b>Ethnically Diverse Staff</b> by Band 2022/2025	Increase /Decrease in <b>Not Known</b> by Band 2022/2025
Band 2	-110	-26	-15
Band 3	16	106	-13
Band 4	-8	-2	-23
<b>Cluster 1 Total</b>	-102	78	-51
Band 5	-27	37	-32
Band 6	52	44	-38
Band 7	45	2	-10
<b>Cluster 2 Total</b>	70	83	-80
Band 8A	11	10	-7
Band 8B	6	1	-2
<b>Cluster 3 Total</b>	17	11	-9
Band 8C	-7	0	0
Band 8D	9	-1	0
Band 9	-2	0	0
<b>Cluster 4 Total</b>	0	-1	0

Figure 5

## WRES Disparity Ratio

The WRES Disparity ratio helps us to review how our staff are represented in career progression to more senior roles, it looks at the difference in the proportion of staff in ethnicity groups other than White across Agenda for Change bands compared to the proportion of White staff in those bands in three tiers:

- Bands 5 and below ('lower')
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

The results are split by clinical and non-clinical staff groups as per the official WRES reporting. Disparity Ratio figure of 1.00 would indicate equity in the progression of staff in White ethnicity groups and other ethnicity staff groups. A target of 1.25 has been set nationally for achievement by 2025.

We now review progress towards this target quarterly . The chart below shows the progress we are making to reduce our Disparity Ratio to March 2025. As noted above Bank staff are excluded from the WRES however we have included data with bank and excluding bank to show how this group of staff impact on our disparity ratio data.

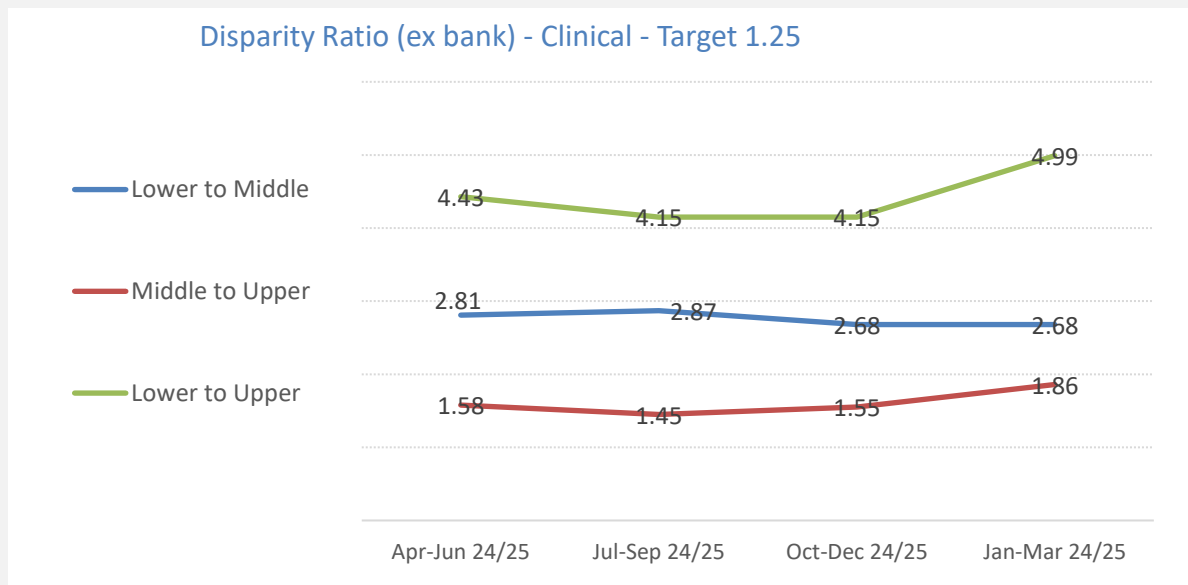


Figure 6

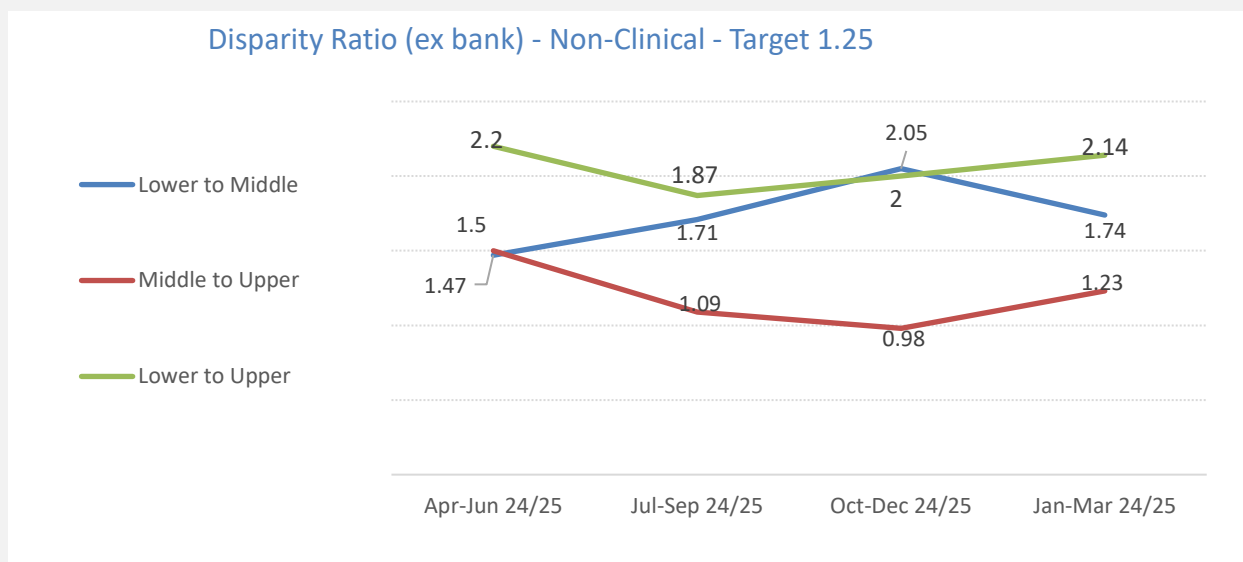


Figure 7

As noted above the disparity ratio target was set for 2025 and is no longer a specific target however we continue to monitor this data to support our oversight of progression.

### **Comments on Clinical Staff**

When looking at the disparity ratio, it's important to remember that if you increase white or ethnically diverse staff in one group such as 'Lower', you will also need a similar representative increase in the 'Middle' and 'Upper' groups, otherwise the disparity ratio will increase. Ethnically diverse clinical staff are more prevalent in Bands 3 and 5 respectively which is the 'Lower' category. Conversely, there has been a reduction of ethnically diverse staff in Bands 7 (Middle) and 8a (Upper). This explains why the 'Lower to Upper' measure has increased. For White staff, their most populous band is 6 which is the 'Middle' category, this also contributes to a high Disparity Ratio because the formula compares White and Ethnically Diverse groups.

### **Comments for Non-Clinical Staff**

For Non-Clinical ethnically diverse staff at SHSC, the numbers of staff are much smaller. This means that for levels like 'Upper', just one or two staff leaving or starting can influence the Disparity Ratio. The introduction of a recruitment freeze for corporate roles has impacted the opportunity to hire more ethnically diverse staff. One ethnically diverse staff member from the 'Upper' category left the organisation and this coincided with a rise in ethnically diverse staff in the 'Lower' pay band (2-5). These factors have caused our key measure of 'Lower to Upper' to increase further away from the target of 1.25, our current measure is 2.14.

### **'Relative Likelihood' WRES Metrics Two Three and Four**

The following three metrics indicate the relative likelihood of ethnically diverse (BME) candidates being appointed from shortlisting, staff entering a formal disciplinary process and staff accessing non mandatory training.

A figure of 1.00 suggests an equal position however the calculation of these data can be affected by changes in the denominator and small numbers. It's beyond the scope of this report to present our data taking account of these factors but where this may be a factor in changes (positive or negative) we have noted this in our report.

The tailored report we received from the national WRES team took account of statistical significance in assessing which areas we should prioritise for action for metrics 2, 3 and 4.

## Likelihood of People Being Appointed From Shortlisting (WRES Metric Two)

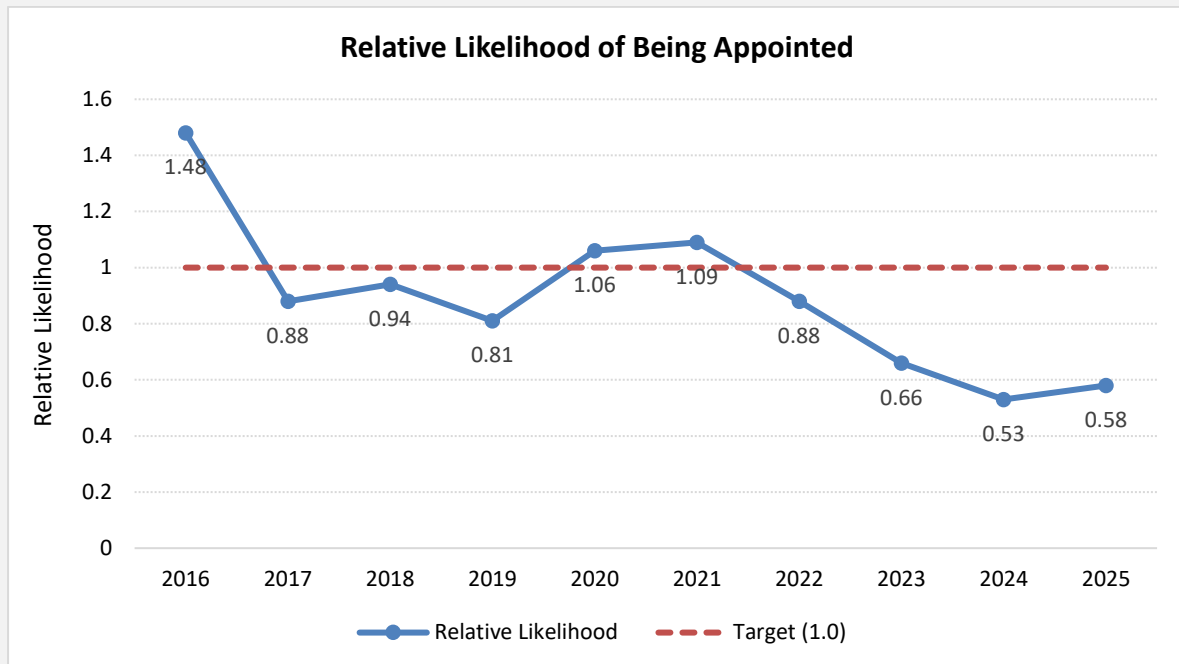


Figure 8

Our data as 31<sup>st</sup> March 2025 calculates a metric of **0.58** indicating that BME applicants are more likely to be recruited from shortlisting. The reason is probably due to the majority of ethnically diverse appointments being made at support worker or nursing roles where there are a high number of applicants from ethnically diverse backgrounds.

## Likelihood of Staff Entering the Formal Disciplinary Process, Measured By Entry Into a Formal Disciplinary Investigation (WRES Metric Three)

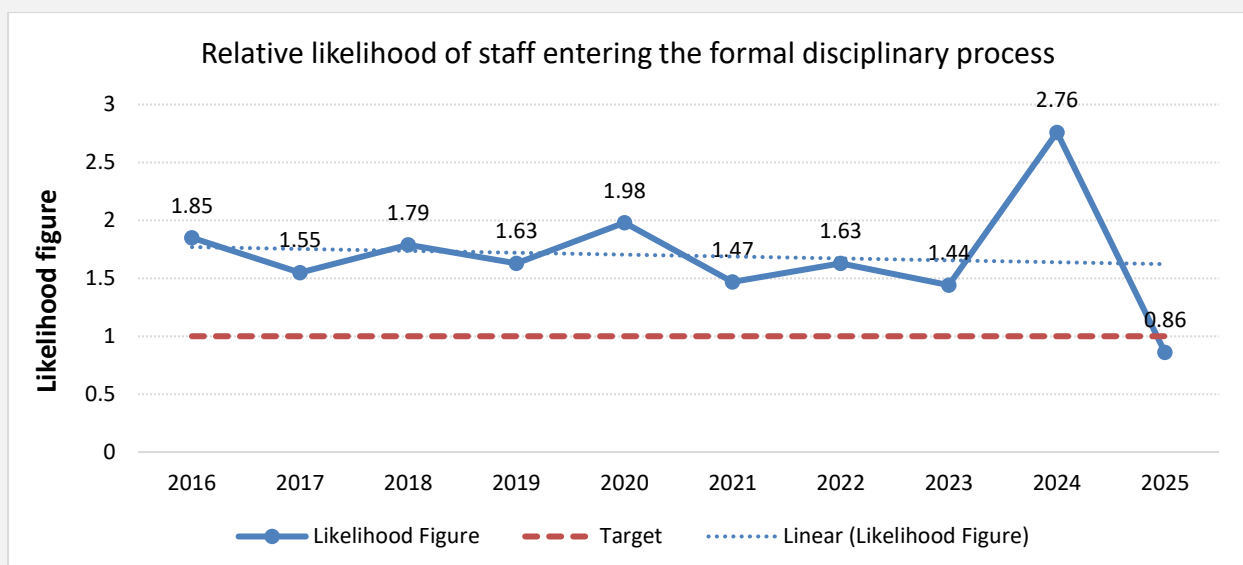


Figure 9

Our data as 31<sup>st</sup> March 2025 calculates a metric of **0.86**, indicating that ethnically diverse staff are less likely to enter the formal disciplinary procedure than White staff. The chart above shows the variance in this metric from 2016 onwards. This is a dramatic reduction from last year's figure of 2.76 which was the highest since we started using this measure in 2016. In terms of numbers, twelve white staff were subject to a formal disciplinary process, as opposed to three ethnically diverse staff. More cases are being dealt with informally, sixty-seven percent of ethnically diverse cases were dealt with informally (3/9), fifty percent for white staff (12/24).

WRES define a 'formal' process as anyone reaching the stage of a formal investigation. The Just and Learning Culture which has been adopted by SHSC aims to reduce the requirement for a formal process by exploring and exhausting all possibilities for dealing with the matter informally. Further action is planned, we will:

- Recruit a diverse range of investigators for formal investigations including training.
- Ensure that the panel which decides on cases progressing to a formal investigation is sufficiently diverse
- Continue to monitor cases at our Joint Consultative Committee and People Committee on a bi-monthly basis.
- EDI input into disciplinary hearings and checkpoints

### Likelihood of Staff Accessing Non-Mandatory Training and CPD. (WRES Metric Four)

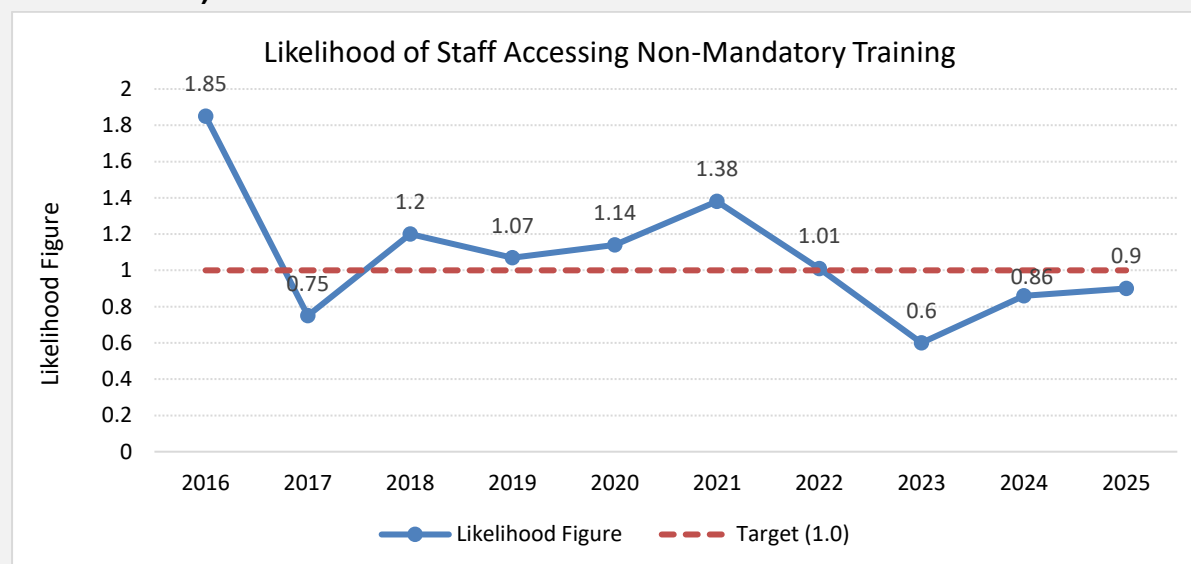


Figure 10

Our data as 31<sup>st</sup> March 2025 calculates a metric of **0.9** indicating that ethnically diverse staff are more likely to access non-mandatory training than White staff. The chart above shows the variance in this metric from 2016 onwards. The data comes with a health warning, not all non-mandatory training is recorded on ESR, those cases will not be included in the calculation.



## **The NHS Staff Experience Survey 2024 (WRES Metrics Five, Six, Seven and Eight)**

WRES Metrics Five, Six, Seven and Eight are taken from the NHS staff experience annual survey, they compare the outcomes of the responses for White and BME staff. In this 2025 WRES report the 2024 staff survey results are referred to and are part of our 2024 WRES return.

## **The Percentage of Staff Experiencing Harassment, Bullying or Abuse From Patients, Relatives, or The Public in Last 12 Months (WRES Metric 5)**

SHSC has put a lot of effort into addressing this topic. The Equality, Diversity, and Inclusion team in conjunction with the Zero Tolerance group produced a standard operating procedure (SOP) on Dealing with Hate Incidents, this was launched in June 2022. The SOP introduced mandatory staff support following a hate incident, there was also an expectation that the police should be informed of all hate incidents. The Equality and Engagement Lead routinely intervenes when it is felt that a hate/racism has not been dealt with appropriately. We work closely with South Yorkshire Police (SYP) on this issue and there is now a new process where SHSC staff can contact the SYP Mental Health Liaison if the police response has not been satisfactory. This new procedure is working well, there have been several instances where the police have had to reopen a case they had closed prematurely.

The chart below shows that SHSC's ethnically diverse staff (orange line) responded to the survey by saying that 38.66% suffered harassment, bullying or abuse during the last twelve months. This is a rise from last year's figure of 35.89%. We are above the national average for mental health providers. Both at SHSC and nationally we can see that ethnically diverse staff are more likely to be abused by service users, relatives, or the public.

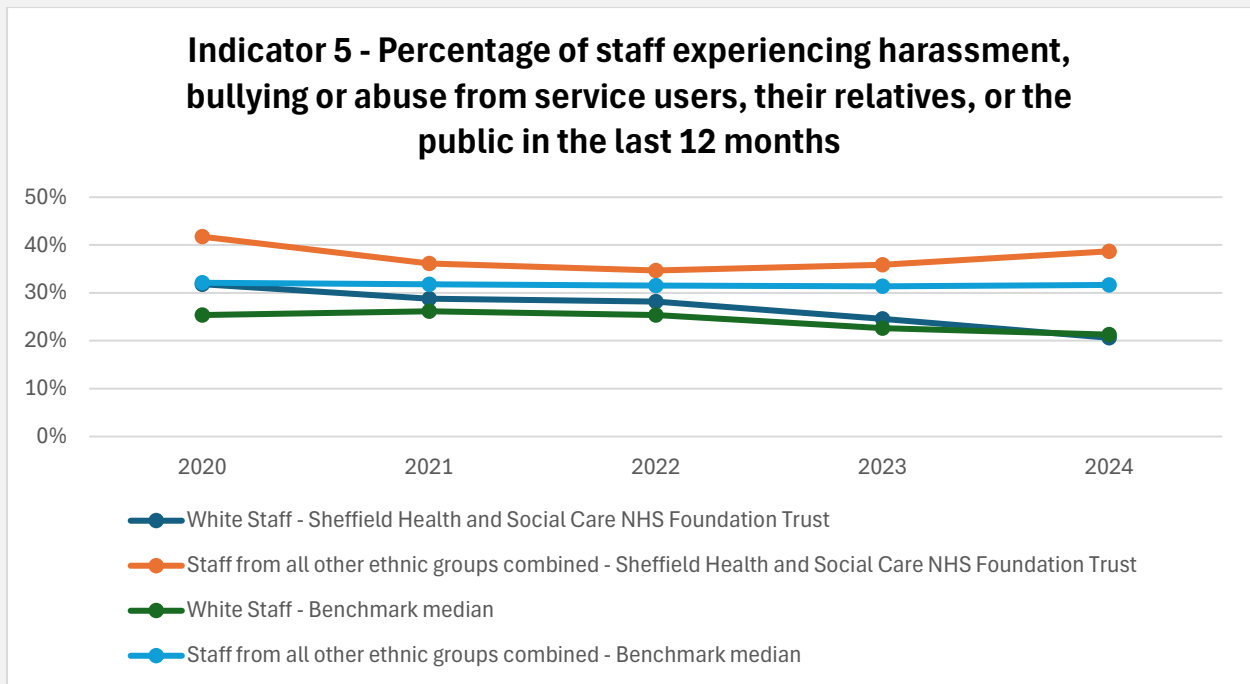


Figure 11

We know that abuse towards ethnically diverse staff is often dependent on a few service users, a ward can go from dozens of incidents per day to zero incidents in a week purely because a service user was discharged.

In the last twelve months we have carried out the following actions:

- Escalating cases of persistent abusers to senior Operations staff who have visited the individuals to discuss their behaviour.
- The Equality, Diversity and Inclusion team led a six month project which involved two ethnically diverse support workers directly working on tackling racism in our services.
- In October 2024, sixty-five staff from our highest reporting teams on racism, gathered at St Mary's Church for a dedicated session on reporting racism and supporting the victims effectively
- Support for staff victims remains a top priority, both immediate support at the time of the incident and follow-up support.
- Workplace Wellbeing actively contact staff in certain circumstances to offer support
- The Culture of Care team, EDI and the Engagement and Experience team now work together on tackling racism and improving our response to racism incidents

## Percentage of Staff Experiencing Harassment, Bullying or Abuse From Other Staff in Last 12 Months (WRES Metric 6)

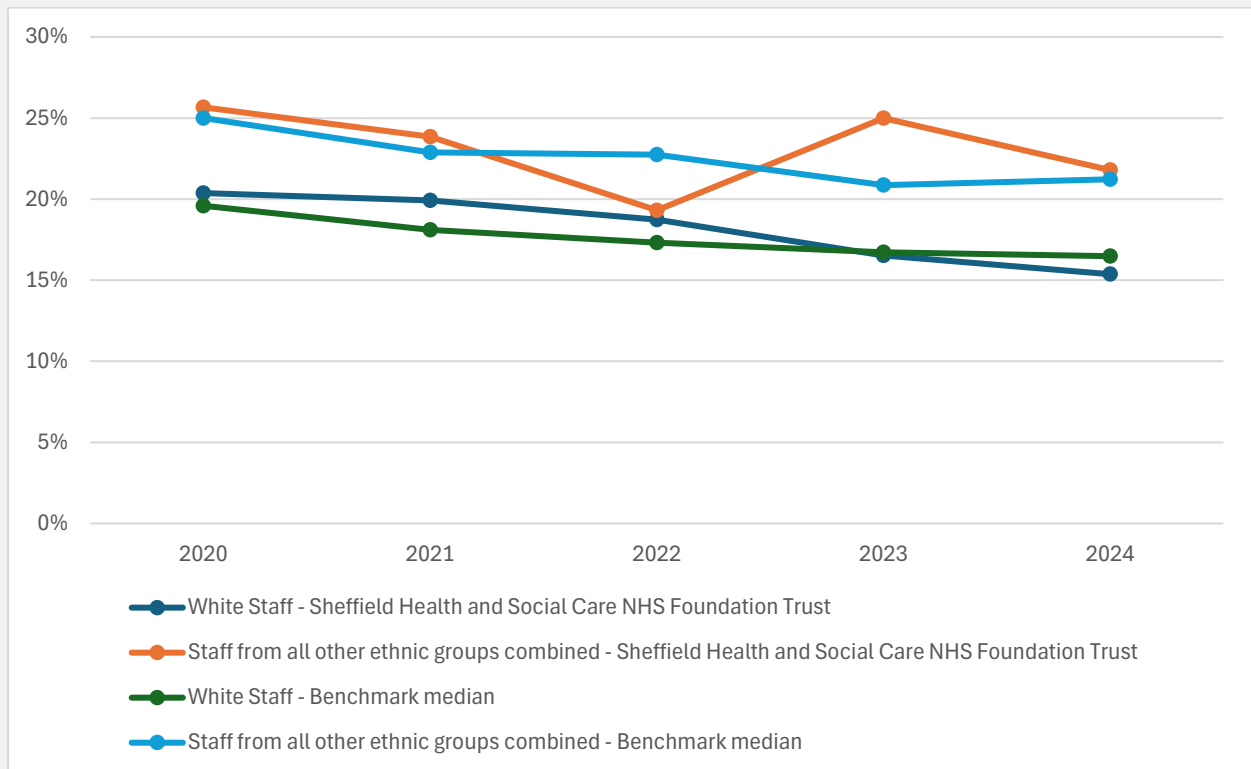


Figure 12

Our 2024 survey results show that ethnically diverse staff at SHSC have reported a reduction in these types of incidents since the previous year. Last year the SHSC Ethnically Diverse figure was four percent higher than the national median, this year we are one percent above the national median. White staff at SHSC are one percent below the national median for white staff.

### Percentage of People Believing That Trust Provides Equal Opportunities For Career Progression or Promotion (WRES Metric 7)

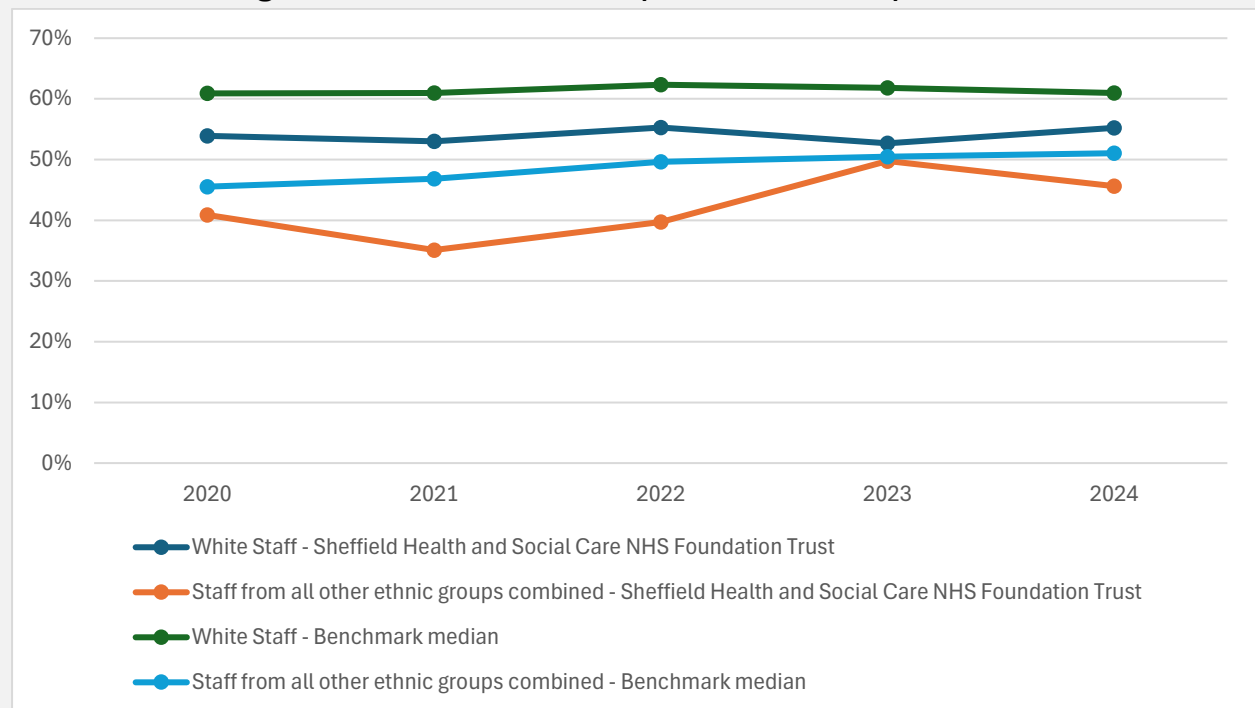


Figure 13

Our result for the 2024 Staff Survey shows that our ethnically diverse staff have reported a deterioration for this question, the figure was 49.76% last year but this year it is 45.60. For our white staff there is a slight improvement, going from 53% last year to 55% in 2024. Both our white staff and our ethnically diverse staff are below the national median figures.

### Percentage of People Who Say They Have Personally Experienced Discrimination at Work From a Manager/Team Leader or Other Colleagues in the Last 12 Months (WRES Metric 8)

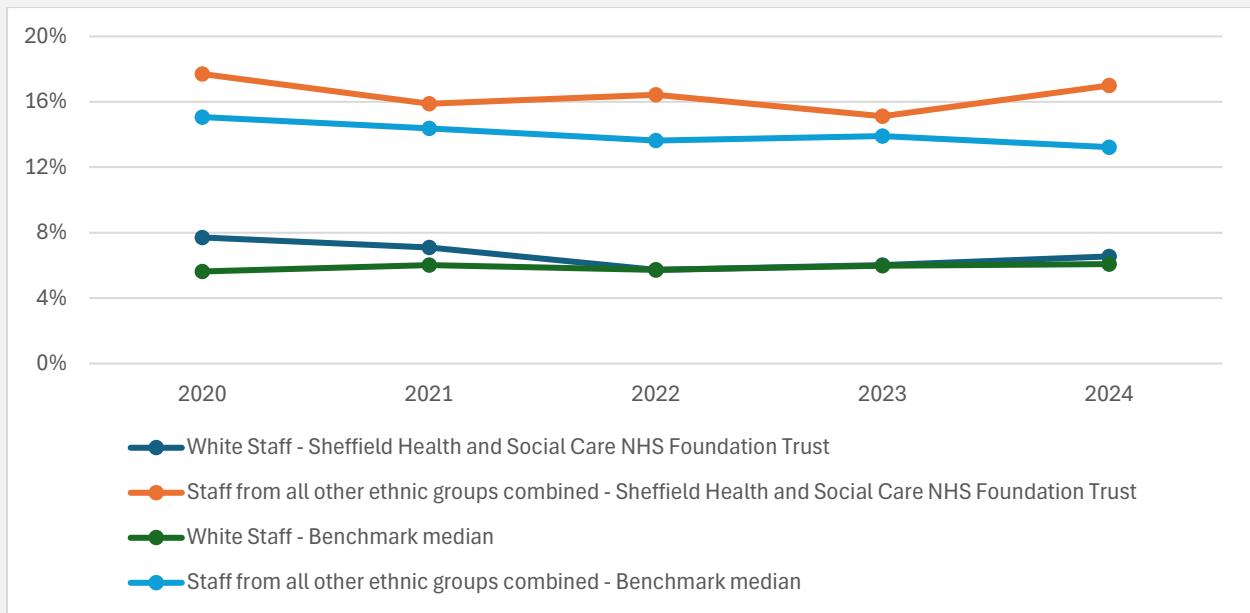


Figure 14

Last year our SHSC ethnically diverse staff responses to this question showed that 15.1% said their manager/team leader had been discriminatory towards them. This year the figure has risen slightly to 16.99%. White staff at SHSC reported 6.55% of discrimination in the last 12 months, this is broadly in line with white staff nationally. Since the beginning of 2025, the Trust has launched SHSC Manager and relaunched our values. These two workstreams aim to improve the interactions between staff and reduce discrimination/harassment.

For this indicator, the question asks about discrimination generally, not specifically around race so could be related to one or more other characteristics, for example, disability, sexual orientation, gender, age etc.

### Percentage Difference Between the Organisations' Board Voting Membership and Its Overall Workforce (WRES Metric Nine)

Trusts are required to look at the percentage difference between the organisations' Board membership and its overall workforce and the data reported is disaggregated:

- By voting membership of the Board
- By executive membership of the Board

For SHSC in 2025, our overall ethnically diverse figure is 21.6% which is an increase from 20.3 in 2024.

The Percentage of Board members that are ethnically diverse as of 31<sup>st</sup> March 2025 was 13%, this is the same result as last year. The percentage of ethnically diverse voting Board members was 20%, an increase of 16% the year before. The percentage of ethnically diverse staff on the Board that are Executive Board members is 12%, the same as last year.

## Progress against our Priorities and Action planned in 2024 – 2025

As noted in the introduction our priorities for 2025/2026 will be informed by one area:

1. Harassment ,bullying or abuse from patients , relatives, or the public in the previous 12 months against ethnically diverse staff. (Metric 5)

Our full action plan however takes account of our Equality Objectives, the results of the 2024 Staff survey and the NHS High Impact Equality Diversity and Inclusion Actions, we plan to discuss these areas with our Ethnically Diverse Staff network group before completing review of our current action plan – this will be available at [Equality, diversity and inclusion | Sheffield Health and Social Care \(shsc.nhs.uk\)](https://www.shsc.nhs.uk/equality-diversity-and-inclusion)

## Appendix 1B annex a - Workforce Race Equality Standard Priorities Action 2024\_2025

1. Appoint a medical lead for medical Workforce Race Equality
2. Working together conference themed around a key area and to support networking and collaboration
3. Deliver learning and sharing forum programme aligned to hot spot areas identified in the staff survey
4. Professional leads to take part in Anti racism programme
5. Plan and deliver focused sessions for stakeholder groups at all levels to respond to racism from service users sponsored by the executive chief nurse
6. Report on case work to JCF
7. Implement learning from national profile employment cases
8. Complete case reviews with HRBP's
9. Review Staff Survey data to identify hot spots for further focus
10. Review the potential of a local or regional Active Bystander programme
11. Develop and implement a module on Microaggressions as part of the Managers programme
12. Maintain focus and links with values into behaviours ensuring that specific experience of groups is reviewed
13. Review the check point process in place to ensure its effectiveness in supporting reduction in disciplinary inequity
14. Review detail of reporting on case work to JCF
15. Review the impact of the two Reciprocal mentoring Programmes in place on career progression
16. Work to ensure career development pathways for support workers take account of and respond to the ethnicity diversity of the workforce
17. Implement project to review current policies and process co-producing with support workers from clinical areas

Done

Done

Done

Done

Done

Done

Done

Done

Done

Done

Done

Done

Done

Done

Delayed

Done

Done

## Appendix 1B annex b – Change in Agenda for Change staff in Post 2022 to 2025

	2022			2023			2024			2025		
	White	BME	Not Known	White	BME	Not Known	White	BME	Not Known	White	BME	Not Known
Band 2	243	70	28	245	112	24	185	72	19	133	44	13
Band 3	322	50	29	332	59	23	333	124	19	338	156	16
Band 4	216	28	27	244	34	14	227	22	4	208	26	4
Cluster 1 Total	781	148	84	821	205	61	745	218	42	679	226	33
Band 5	261	75	47	271	74	39	240	121	23	234	112	15
Band 6	397	53	59	413	79	46	435	83	34	449	97	21
Band 7	225	30	19	252	35	13	268	38	13	270	32	9
Cluster 2 Total	883	158	125	936	188	98	943	242	70	953	241	45
Band 8A	124	5	11	125	14	10	132	18	5	135	15	4
Band 8B	44	1	2	45	2	1	52	1	0	50	2	0
Cluster 3 Total	168	6	13	170	16	11	184	19	5	185	17	4
Band 8C	21	2	0	19	1	0	19	2	0	14	2	0
Band 8D	8	3	0	10	2	0	14	2	0	17	2	0
Band 9	3	0	1	2	0	0	0	0	1	1	0	1
Cluster 4 Total	32	5	1	31	3	0	33	4	1	32	4	1