NHS
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Workforce Race Equality Standard & Workforce Disability Equality Standard

2024

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Workforce Race Equality Standard (WRES)

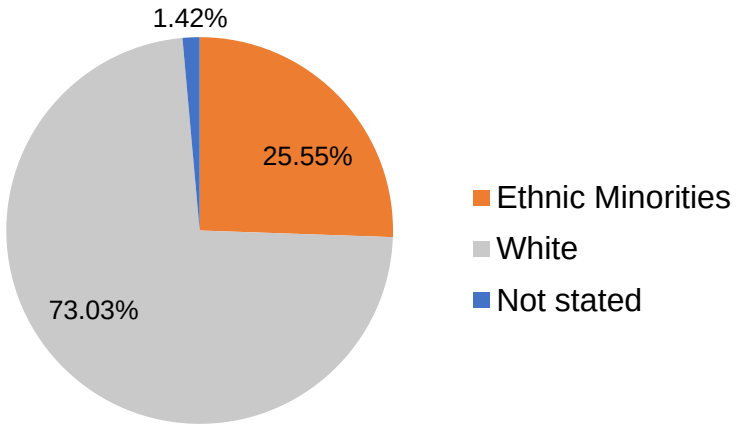
Nine Indicators

Airedale NHS Foundation Trust

Indicator	Descriptor
WRES Indicator 1	Percentage and number of staff in NHS trusts by ethnicity
WRES Indicator 2	The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants
WRES Indicator 3	The relative likelihood of BME staff entering the formal disciplinary process compared to white staff
WRES Indicator 4	The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff
WRES Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months
WRES indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
WRES indicator 7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion
WRES indicator 8	Percentage of staff experiencing discrimination at work from other staff in the last 12 months
WRES indicator 9 -	The representation of BME people among board members

Ethnicity Workforce Profile - March 2024

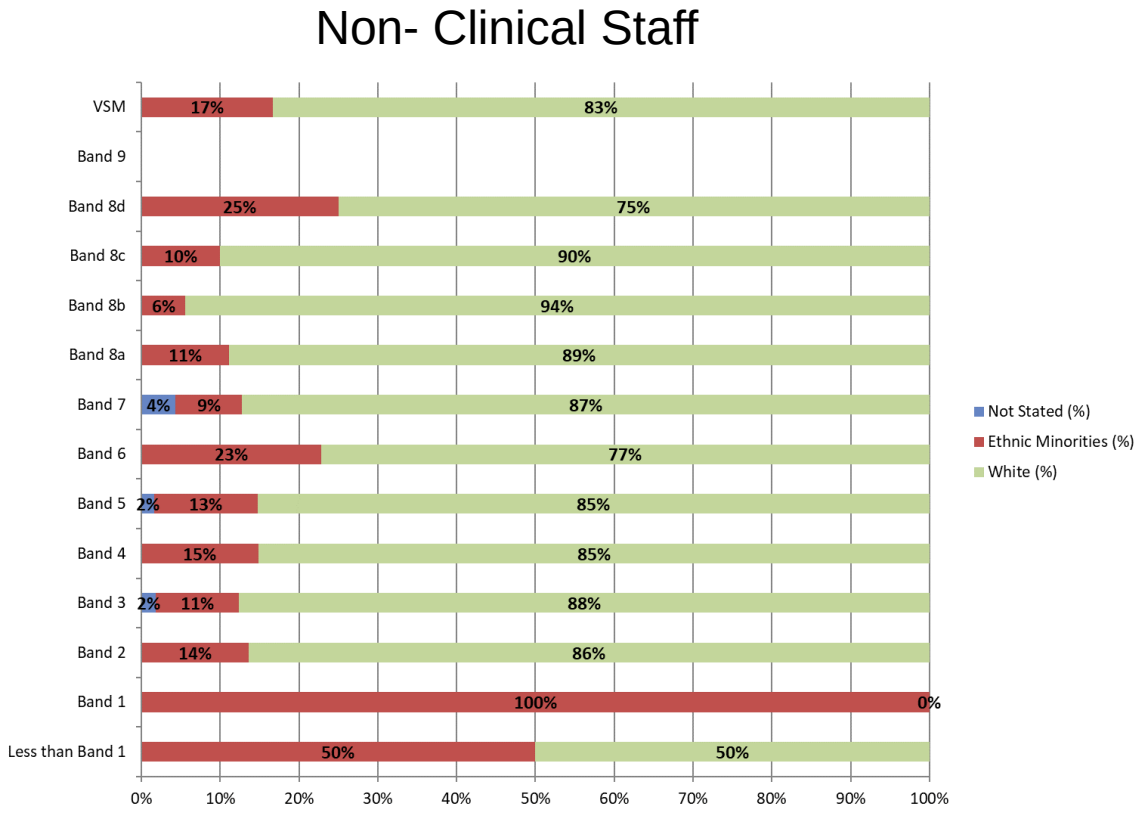
- A total of **3519** colleagues were employed by Airedale NHS Foundation Trust as of 31st March 2024.
- 899 (25.55%) were from an ethnic minority background and 2570 (73.03%) were white. The ethnicity of the remaining 50 (1.42%) colleagues is not recorded.
- When compared to 31st March 2023, the total number of colleagues from an ethnic minority background has increased by 122 (13.6%).



Indicator 1 –

Percentage of Non-Clinical/Clinical staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

As of 31st March 2024, 13% of non-clinical staff were from an ethnic minority background



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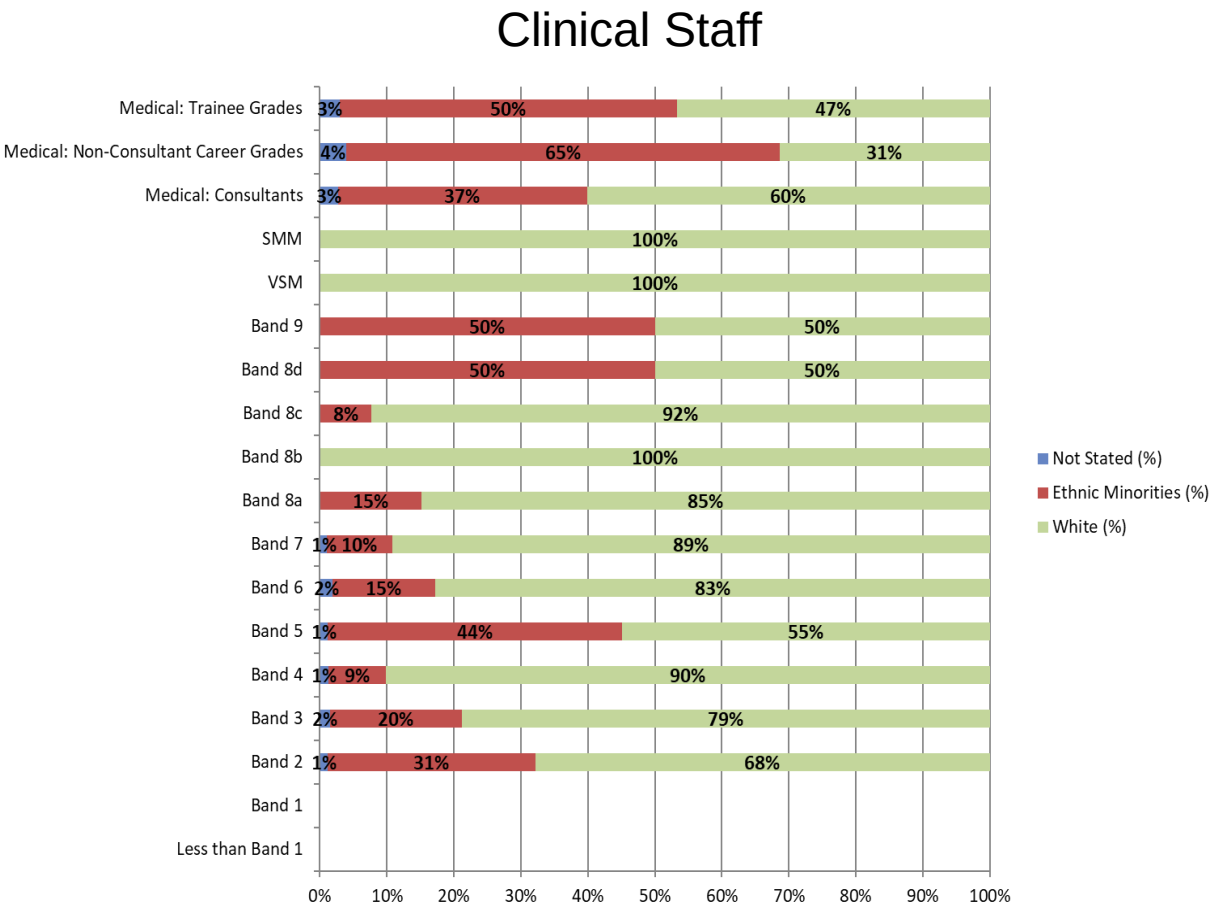
Indicator 1 –

Percentage of Non-Clinical/Clinical staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

As of 31st March 29% of clinical staff were from an ethnic minority background.



Indicator 2 –

Relative likelihood of staff being appointed from shortlisting across all posts

- Likelihood of white staff being appointed from shortlisting (428/1756) = 0.244
- Likelihood of applicants from an ethnic minority background being appointed from shortlisting (212/2104) = 0.101
- The relative likelihood of white staff being appointed from shortlisting compared to applicants from an ethnic minority background staff is therefore 0.244/0.101 = **2.42**
- The data submitted for 2022-23 showed the relative likelihood of white staff being appointed from shortlisting compared to applicants from an ethnic minority background was **2.25**
- **A relative likelihood above 1 indicates that white applicants are more likely to be appointed from shortlisting compared to applicants from an ethnic minority background**

Ethnic Group	Number of Shortlisted Applicants (headcount)	Number appointed from shortlisting (headcount)
White	1756	428
Ethnic minorities	2104	212
Not stated	699	373
Total	4559	1013

Indicator 3 –

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

- Likelihood of white staff entering the formal disciplinary process (12/2570)= 0.005
- Likelihood of colleagues from an ethnic minority background entering the formal disciplinary process (8/899)= 0.009
- The relative likelihood of colleagues from an ethnic minority background entering the formal disciplinary process compared to white staff is therefore 0.009/0.005= **1.91**
- The data submitted for 2022-23 showed the relative likelihood of colleagues from an ethnicity background entering the formal disciplinary process compared to white staff was **2.16**
- A relative likelihood above 1 indicates that colleagues from an ethnic minority background are more likely to enter a formal disciplinary process than white staff.

Ethnic Group	Number of Disciplinaries	Number in workforce
White	12	2570
Ethnic minorities	8	899
Not stated	1	50
Total	21	3519

Indicator 4 –

Relative likelihood of staff accessing non-mandatory training and CPD

- Likelihood of white staff accessing non-mandatory training (1093/2570) = 0.43
- Likelihood of colleagues from an ethnicity background accessing non-mandatory training (467/899)= 0.52
- The relative likelihood of white staff accessing non-mandatory training compared to colleagues from an ethnic minority background is therefore 0.43/0.52 = **0.82**
- The data submitted for 2022-23 showed the relative likelihood of white staff accessing nonmandatory training compared to colleagues from an ethnic minority background was **0.98**

White staff are less likely to access non-mandatory training and CPD than colleagues from an ethnic minority background

Ethnic Group	Number of staff accessing non-mandatory training	Number in workforce
White	1093	2570
Ethnic minorities	467	899
Not stated	15	50
Total	1575	3519

Indicators 5 – 8

			31-Mar-23 (2022 Survey)	31-Mar-24 (2023 Survey)
Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	21.9%	20.3%
		BME	28.6%	25.4%
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	19.5%	20.6%
		BME	30.5%	29.0%
Indicator 7	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	60.6%	60.7%
		BME	47.2%	41.0%
Indicator 8	In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	4.7%	5.8%
		BME	22.6%	20.2%

Indicator 9 - Outcome

In March 2024, the Trust had 25.55% colleagues from an ethnic minority background and 2 of its 13 (15.38%), voting members on the Board were from an ethnic minority background. The percentage difference between the organisations' Board voting membership and its overall workforce was -10.17%.

In March 2024, the Trust had 25.55% colleagues from an ethnic minority background and 1 of its 8 (12.50%), executive members on the Board was of an ethnic minority background. The percentage difference between the organisations' Board executive membership and its overall workforce was –13.05%.

Conclusion

- The overall ethnic diversity of the Trust workforce has improved, however, when compared to local population a 7% different still exists
- Leadership (including board level roles) ethnic diversity remains a concern, with smaller number of ethnically diverse colleagues in higher bands. Medical roles contribute to the increased diversity of clinical roles
- With regards to systems and processes, improvements can be demonstrated in disciplinary processes and access to non-mandatory training but further work is required with regards to recruitment where appointment from shortlisting remains an area of focus
- Whilst inequalities are still reported between the experience of white colleagues and colleagues from an ethnic minority background, improvements have been seen in staff survey results from 2022 to 2023 with regards to the overall experience of colleagues from an ethnic minority background
- Perception of fair career progression for colleagues from an ethnic minority background has reduced significantly in 2023, when considered alongside the data relating to relative likelihood of appointment following shortlist this is a clear area of focus

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Workforce Disability Equality Standard (WDES)

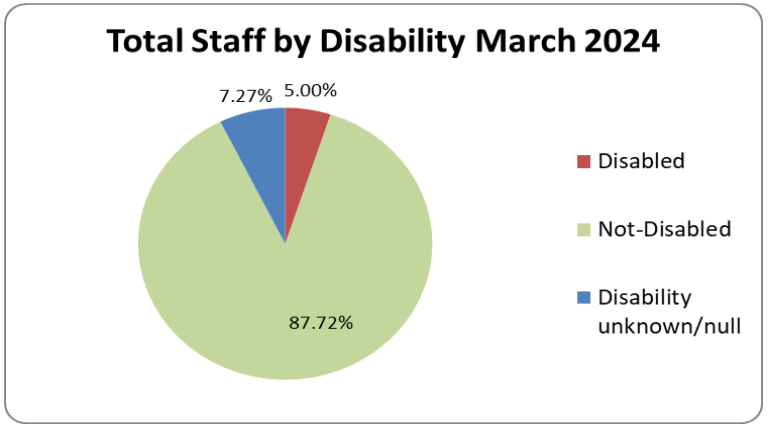
10 Metrics

Metric	Descriptor
WDES Metric 1	Percentage of staff in AfC pay bands or medical and dental subgroups and Very Senior Manager (including Executive Board members) compared with the percentage of staff in the overall workforce
WDES Metric 2	Relative likelihood of Disabled staff compared to non-Disabled staff being appointed from shortlisting across all posts
WDES Metric 3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process
WDES Metric 4a (i)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patient/service users, their relatives, or other members of the public.
WDES Metric 4a(ii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers.
WDES Metric 4a(iii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues.
WDES Metric 4b	Percentage of disabled staff compared to non- disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
WDES Metric 5	Percentage of Disabled Staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
WDES Metric 6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt under pressure from their manager to come to work, despite not feeling well enough to perform their duties
WDES Metric 7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent of which their organisation values their work
WDES Metric 8	Percentage of Disabled saying that their employer has made adequate adjustment(s) to enable them to carry out their work
WDES Metric 9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score of the organisation.
WDES Metric 9b	Has the organisation taken action to facilitate the voices of Disabled staff to be heard?
WDES Metric 10	Percentage difference between the organisation's Board voting membership and the organisation's overall workforce, disaggregated

Disability Workforce Profile

- As at 31st March 2024, a total of 3519 colleagues were employed by the Trust. Of these, 3087 (87.72%) have not declared a disability and 176 (5.00%) have declared a disability through monitoring on ESR. The status of the remaining 256 (7.27%) colleagues is unknown/null

- When compared to 31st March 2023, the total number of colleagues declaring a disability has increased by 47 (26.70%). Colleagues declaring their disability status has been a key focus of the Enable network over the last 12 months.

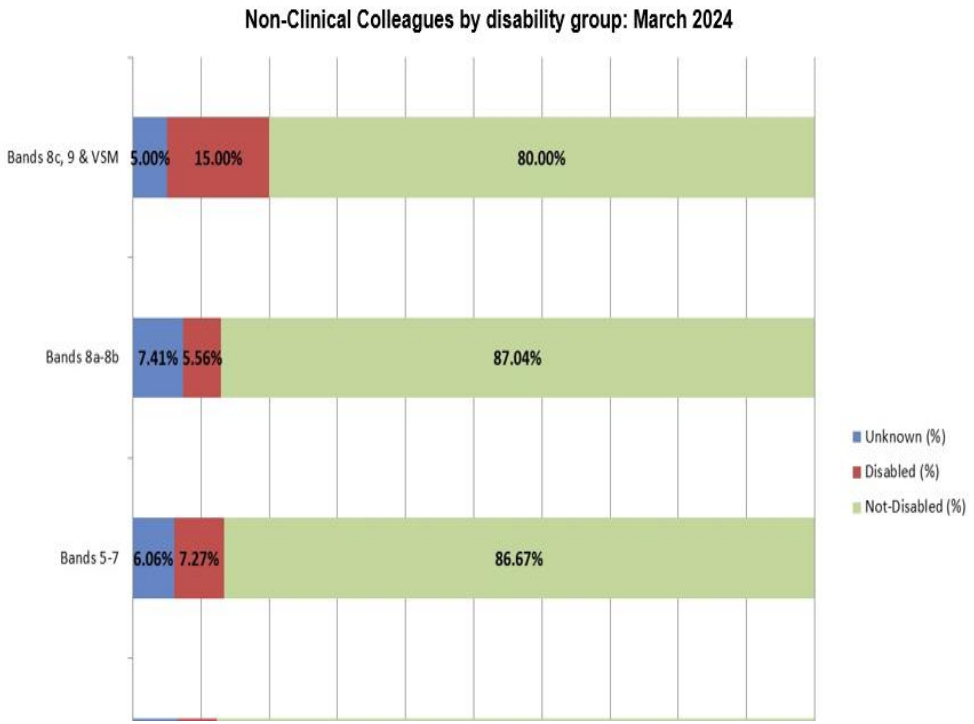


Disability Group	Headcount	%
Not-Disabled	3087	87.72
Disabled	176	5.00
Disability unknown/null	256	7.27
Total	3519	100.00

Metric 1 – Non-clinical

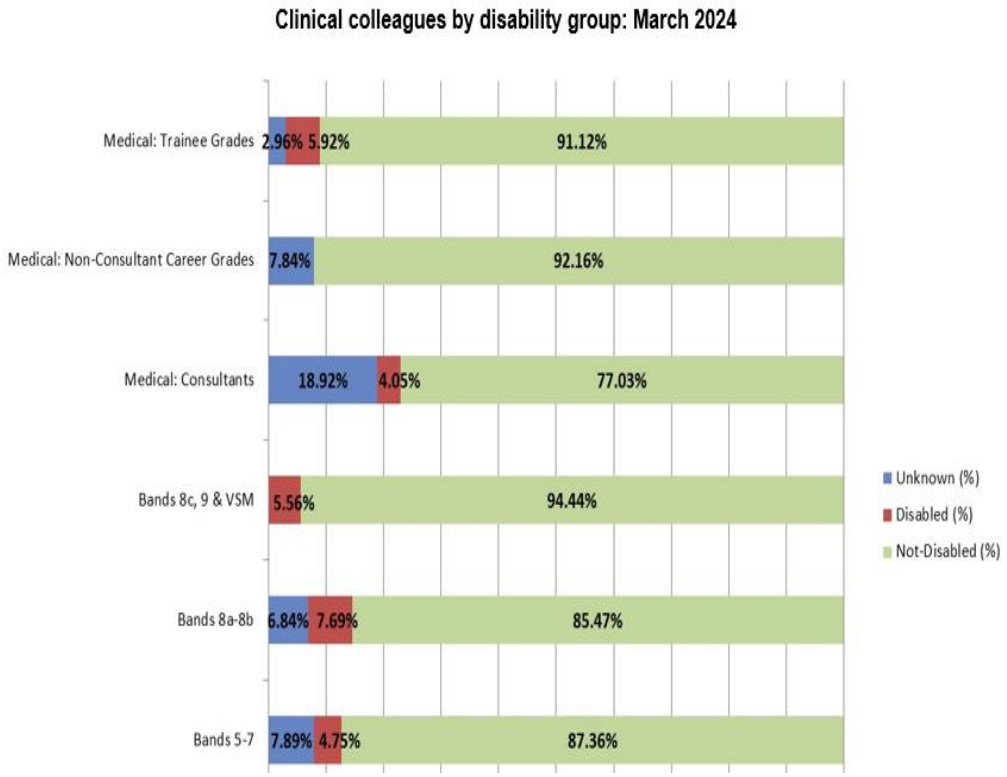
Percentage of staff in AfC pay bands or medical and dental subgroups and Very Senior Manager (including Executive Board members) compared with the percentage of staff in the overall workforce

As of 31st March 2024, 6.5% of non-clinical staff declared a disability



Metric 1 - Clinical

As of 31st March 2024 4.6% of clinical staff declared a disability



Metric 2 –
Relative likelihood of Disabled staff compared to Non-Disabled staff being appointed from shortlisting across all posts

Relative likelihood is calculated as follows

- Likelihood of non-disabled colleagues being appointed from shortlisting (605/3612) = 0.167
- Likelihood of Disabled staff being appointed from shortlisting (373/659) = 0.566
- The relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff is therefore 0.167/0.566 = **0.30**
- The data submitted for 2022-23 showed the relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff was **0.96**

A relative likelihood above 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to Disabled applicants.

For the reporting period 1 April 2023 to 31 March 2024, the results were as follows:

Disability Group	Number of Shortlisted Applicants (headcount)	Number appointed from shortlisting (headcount)
Not-Disabled	3612	605
Disabled	659	373
Not stated	75	16
Total	**4346**	**994**

Metric 3 –

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

- Likelihood of non-disabled staff entering the formal capability process – excluding ill health = 3.0/3087 = 0.000972
- Likelihood of Disabled staff entering the formal capability process – excluding ill health = 0/176=0.000000
- The relative likelihood of Disabled staff entering the formal capability (excluding ill health) process compared to non-disabled staff is therefore 0.000000/0.000972= **0.00**
- The data submitted for 2021-23 showed the relative likelihood of disabled staff entering the formal capability (including ill health) process compared to white staff was **0.00**

A relative likelihood of above 1 indicates that Disabled staff are more likely to enter formal capability processes compared to non-disabled staff

Disability Group	Average Number of staff entering the formal capability process over the last 2 years for any reason	Average Number of staff entering formal capability process on the grounds of ill health over the last 2 years	Number in workforce
Not-Disabled	3.0	0.0	3087
Disabled	0.0	0.0	176
Not stated	0.0	0.0	256
Total	3.0	0.0	3519

Metrics 4 – 9a

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			31-Mar-23 (2022 Survey)	31-Mar-24 (2023 Survey)
Metric 4a (i)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patient/service users, their relatives or other members of the public.	Not-Disabled	21.6%	19.3%
		Disabled	28.4%	26.3%
Metric 4a (ii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers.	Not-Disabled	8.2%	10.0%
		Disabled	15.6%	15.9%
Metric 4a (iii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues.	Not-Disabled	14.5%	14.2%
		Disabled	20.8%	25.9%
Metric 4b	Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Not-Disabled	45.5%	44.7%
		Disabled	40.5%	42.2%
* Metric 5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Not-Disabled	60.5%	57.5%
		Disabled	52.9%	54.7%
Metric 6	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.	Not-Disabled	20.9%	23.3%
		Disabled	28.6%	25.0%
Metric 7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent of which their organisation values their work.	Not-Disabled	46.0%	42.7%
		Disabled	37.7%	40.8%
Metric 8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.			
		Disabled	71.3%	77.5%
Metric 9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score of the organisation.	Not-Disabled	7.1	7.0
		Disabled	6.6	6.7
		Overall Organisation	6.9	6.9

Metric 9b –

Has the organisation taken action to facilitate the voices of Disabled staff to be heard?

The Trust has a dedicated inclusion network for colleagues living with disabilities, the Enable network. It has the key focus of driving actions associated with the Workforce Disability Equality Standard (WDES) with a view to ensuring the ongoing development of policies relating to disabled employees.

Key achievements of the group from 2022/23 include:

- Adjustments and support for an inclusive recruitment and selection process. Review of TRAC recruitment system to directly integrate with ESR for those who declare a disability on application.
- Ongoing promotion of physical and hidden disabilities in addition to neurodiverse conditions.
- Encouraging colleagues to update their disability status on their Electronic Staff Record.

Metric 10 –

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By Voting membership of the Board
- By Executive membership of the Board

As at 31st March 2024, the Trust had 5.00% Disabled workforce and 1 of its 15 (6.67%), voting members on the Board had a declared disability. The percentage difference between the organisations' Board voting membership and its overall workforce was 1.67%.

As at 31st March 2024, the Trust had 5.00% Disabled workforce and 1 of its 8 (12.5%), Executive members on the Board had a declared disability. The percentage difference between the organisations' Board Executive membership and its overall workforce was 7.50%.

Conclusion

- Positive progress continues with increases in the number of colleagues declaring a disability. There are significantly more colleagues in non-clinical roles declaring a disability indicating a potential barrier to declaring in clinical roles.
- A key focus of the Enable network has been to review recruitment practices, this supports the positive position with regards to candidates declaring a disability being more likely to be appointed from shortlisting
- Inequalities continue between the experience and overall engagement of colleagues declaring a disability when compared to those not declaring a disability
- Improvements have been seen in staff survey questions relating to reports of abuse and harassment from patients, however, there has been a deterioration in disabled colleagues reporting experiences of harassment and abuse from managers and colleagues which triangulates with themes in the staff survey results linked to kindness and civility
- Positive assurance can be provided relating to colleagues being supported with reasonable adjustments, the Trust performed above the national average in this area and also saw an improvement from 2022.
- The Enable network continues to provide a valuable role in championing the voice of colleagues with a disability, with a balance of identified priorities between physical and hidden disabilities

Action plan – Trust Wide

Action	Lead	Date
As part of the refresh the Trusts People Strategy, identify strategic ambition linked to creating a sense of belonging	People and Organisational Development Senior Team	April 2025
To continue to build on reciprocal mentoring and to ensure continual evaluation to measure impact.	OLI Team	Ongoing
Continue to develop case studies and stories to share learning from colleague experience.	People and Organisational Development Senior Team	Ongoing
To continue to develop People Champions in teams to support the inclusion agenda	Head of Health and Wellbeing	Ongoing
Develop and embed an approach to allyship across the Trust	Deputy Director of People & OD	September 2024
To set up regular review mechanism to ensure there is regular learning from casework within the People and OD directorate	Interim Associate Director of People	September 2024
Progress business case for EDI specialist resource, including Place based opportunities for collaboration	Deputy Director of People and Organisational Development	September 2024

Action plan - WRES

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Action	Lead	Date
Redesign the cultural competency training to roll out across the organisation	OLI Team	October 2024
Evaluate attendees of Trust leadership programme to consider diversity.	OLI Team	October 2024
Publicise and support external BAME leadership programmes	Communications Team	Ongoing
To implement a comply or explain approach to shortlisting and appointment processes	Interim Associate Director of People	September 2024
To evaluate ‘Stay and Thrive’ programme, aimed at improving the experience of our internationally educated colleagues across all professions	Deputy Chief Nurse, Deputy Director of People and OD	November 2024

Action plan - WDES

Action	Lead	Date
Engage with Enable network as part of New Hospital Programme	Securing the Future Team	Ongoing
To continue to embed the menopause guidance and evaluate impact	Head of Health & Wellbeing	November 2024
Evaluate the neurodiversity manager guides, following pilot within Therapy Services	Interim Associate Director of People	September 2024
To evaluate the Trust's Managing Performance Policy, including the use of advocates for disabled colleagues who move into a formal capability process	Interim Associate Director of People	September 2024

Recommendations

People Committee are asked to:

- Consider and approve the WRES and WDES data for external publication
- Approve the action plan with progress to be monitored through the Inclusion Network
- Identify additional actions to be considered as part of the Trustwide action plan