

Report to:	Public Board of Directors	Agenda item:	17.0
Date of Meeting:	29 July 2020		

Title of Report:	WRES Submission
Status:	For information
Board Sponsor:	Claire Radley, Director for People
Author:	Gayle Williams, Equality and Diversity Officer
Appendices	Appendix 1: WRES Indicators

1. Executive Summary of the Report

This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcomings have been identified; a number of actions will be undertaken over the next 12 months from 1st August with input from the Fusion Network.

2. Recommendations (Note, Approve, Discuss)

Board of Directors is asked to note & approve the report and following recommendations/actions:

- There are two metrics the Trust has not seen significant improvements against; Metrics 2 and 3; appointments from shortlisting and likelihood of entering into the disciplinary process. It is recommended that the Diversity and Inclusion action plan includes actions to address these.
- The data will be shared with the Trust's BAME staff network group (called the Fusion Network) and widely across the Trust to help shape and form the action plan.
- The WRES metric data to be submitted to NHS England no later than 31st August, Board report and action plan to be published no later than 30th September on the RUH Website in line with the regulatory obligation to publish.
- Diversity and Inclusion Steering Committee will monitor the implementation of the action plan on a quarterly basis as part of a standing agenda item on the committees meeting
- Regular reporting to People Committee

3. Legal / Regulatory Implications

Statutory obligation under the Equality Act 2010 to publish information to demonstrate compliance with the public sector equality duty (PSED) at least annually and is further required to publish the results of the annual WRES data collection and subsequent action plan.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

Workforce risks associated with this report are monitored through the Diversity and Inclusion Steering Committee.

5. Resources Implications (Financial / staffing)

None.

6.	Equality and Diversity
This report supports equal opportunities for all staff.	
7.	References to previous reports
<ul style="list-style-type: none"> • Workforce Race Equality Standard & Draft Action Plan 2019/20 presented 25 July 2019 • Becoming a Model Employer: Increasing black and minority ethnic representation at senior levels across RUH NHS Foundation Trust, Implementing the NHS (WRES) leadership strategy by NHSI & NHSE. 	
8.	Freedom of Information
Public	

1. Introduction

- 1.1 This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcomings have been identified, identifies a number of actions to be undertaken over the next 12 months.

2. Background

- 2.1 Service Condition 13.6 of the 2019/20 NHS Standard Contract states:
The Provider must implement EDS2. The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard. In accordance with the timescale and guidance to be published by NHS England, the Provider must:
- Implement the National Workforce Race Equality Standard; and
 - Report to the Co-ordinating Commissioner on its progress.
- 2.2 The Care Quality Commission also considers the Workforce Race Equality Standard in its assessments of how “well-led” NHS providers are.

3. Workforce Race Equality Standard (WRES)

- 3.1 The WRES comprises nine standards against which the Trust is required to assess its performance:
- Four standards cover the comparison of White and Black, Asian and minority ethnic (BAME) staff metrics held within the Electronic Staff Record (ESR)
 - Four standards cover the comparison of white and BAME staff responses within the annual NHS staff survey results for 2018
 - One standard covers an assessment of whether the Board ethnicity is representative of the local population it serves.
- 3.2 The details of the Trust's performance highlighted in Section 4 forms the basis for the formal submission to NHS England due by 31st August 2020. The WRES standards are contained within **Appendix 1**.
- 3.3 **Definition of BAME and white staff**

The term Black, Asian and minority ethnic (BAME) is used in this report and for the purposes of WRES to refer to people who identify as non-white, be they British or any other nationality. The term White refers to White, White Irish and White Other including the Trust's European white staff.

4. Performance against the Workforce Race Equality Standard (WRES)

- 4.1 Metric 1: Percentage of BAME staff in Bands 8-9, VSM (including executive Board members) compared with the percentage of BAME staff in the overall workforce:

Table 1

Descriptor	2018/2019	2019/2020
Number of BAME staff in Bands 8-9 and Very Senior Managers*	8	9
Total number of staff in Bands 8-9 and Very Senior Managers	225	307
Percentage of BAME staff in Bands 8-9 and Very Senior Managers	3.5%	2.93%
Number of BAME staff in overall workforce	595	708
Total number of staff in overall workforce	5316	5588
Percentage of BAME staff in overall workforce	11.2%	12.67%

*Note: this indicator is based on directly employed workforce data within ESR at 1st April 2019 to 31st March 2020, (excluding bank staff).

The percentage of BAME staff in Bands 8-9 and very senior management posts is 2.93%. This is lower than last year, though the number of people in post has increased.

Progress is being made at increasing numbers of BAME staff at senior levels, (for the first time since WRES reporting began the Trust has BAME staff in 8d and 9 positions). However, this improvement is not keeping pace with the numbers of BAME staff joining the Trust and there remains a significant gap between numbers of staff from a BAME background, (12.67%) being equally represented across all bands, (see Table 2).

Table 2

Banding	BAME as a % of band
Band 1	25%
Band 2	12.8%
Band 3	10.7%
Band 4	12.9%
Band 5	23.8%
Band 6	8.5%
Band 7	5.0%
Band 8, 9 and VSM	2.93%

*Note this excludes bank staff

There has been an increase in band 5 staff from a BAME background, (from 17% to nearly 24%) reflecting the continued targeted recruitment of international nurses. There has also been an increase in BAME staff obtaining band 6 positions, increasing 1.5% on last year's figure.

The results of the WRES are compared against the Model Employer report produced by NHSE and NHSI for the RUH, which outlines a 10-year aspirational target to achieve equality across the senior Agenda for Change bands. The Trust is behind in its target to have equal representation at band 8a, but is ahead in its trajectory for band 8b-d and 9. The modelling is based on 10 year forecasting but assumes the base number of staff remains the same. Given the number of staff is increasing, (both for white and non-white staff), the Trust is considering what measures to put in place to not only maintain its current momentum, but in how to accelerate progress against the aspirational targets.

Medical Workforce Table 3

	2018/2019	2018/2019
Total number of Staff who are medical consultants	270	257
Number of BAME staff who are Consultants	36	34
Percentage of BAME staff who are consultants	13.3%	13.2%
Of which number who are senior medical managers, (Medical Director or report directly into Medical Director/Deputy)	0	0
Percentage of BAME staff in overall medical workforce	15.48%	15.9%

The figures highlight that BAME staff are well represented at consultant level; however none are present in the most senior medical manager positions.

- 4.2 Metric 2: Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts*:

Table 4

Descriptor	White 2019	BAME 2019	White 2020	BAME 2020
Number of shortlisted applicants	3759	828	4129	966
Numbers appointed from shortlisting	455	58	1100	133
Likelihood (shortlisting / appointed)	12.1%	7%	26.64%	13.77%

*Note: this indicator is based on data held in NHS Jobs between 1st April 2018 and 31st March 2019

Statistically there has been little change or progress in equalising the likelihood of being appointed from shortlisting irrespective of ethnic origin. The relative likelihood of White staff being appointed from shortlisting compared to BAME Staff is 1.9 times greater. This is an increase on the 2018/2019 position, where it was reported that shortlisted applicants from white backgrounds were 1.7 times more likely to be appointed.

- 4.3 Metric 3: Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*:

Table 5

Descriptor	White 2019	BAME 2019	White 2020	BAME 2020
Number of staff in workforce	4696	595	4836	708
Number of staff entering the formal disciplinary process	65	16	54	13
% of staff entering the formal disciplinary process	1.3%	1.94%	1.12%	1.84%
Likelihood (entering disciplinary process)		1.94		1.64

*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year for identified White and BAME staff, excluding the 4 unknown.

The relative likelihood of BAME staff entering the formal disciplinary process compared to White staff is 1.6 times greater. This is an improving figure from last year, however whilst the figures for this metric fluctuates every year, the likelihood of staff with BAME heritage entering into the formal disciplinary process continues to remain at, or close to 1.5 times greater than white staff.

4.4 Metric 4: Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff:

Table 6

Descriptor	2018/2019		2019/2020	
	White	BAME	White	BAME
Base number*	4696	595	4836	708
No. of completions of non-mandatory training & CPD**	1773	226	2005	361
% of staff completing non-Mandatory training & CPD	37.76%	37.98%	41.46%	50.99%
Likelihood of white staff accessing non mandatory training compared to BAME staff	0.9		0.8	

*Note: this indicator is based on data within ESR and identified White and BAME staff, excluding the unknowns.

The probability of BAME staff accessing non-mandatory training is slightly higher than their White colleagues with the figures not changing significantly from the previous two years.

It should be noted that information in support of this indicator is currently not collected on the electronic staff record, (ESR). There will be other non-mandatory training being accessed recorded locally, (or not recorded at all) which is not included in the figures above. Furthermore, if a member of staff has attended more than one training course they will be counted each time they attend.

4.5 Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

Table 7

Key Finding 25	Yes 2018	Base Number	Yes 2019	Base Number
White	26%	2041	25.7%	1881
BAME	28%	189	29.1%	175

*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents, excluding unknowns.

The RUH scores are marginally better than the organisational average for acute Trusts for both White and BAME staff, the averages being 28.2% and 29.9% respectively. Of concern is the particularly low engagement of BAME staff completing the survey each year.

4.5.1 Metric 6: Percentage of staff experiencing harassment, bullying or abuse *from staff* in last 12 months:

Table 8

Key Finding 26	Yes 2018	Base Number	Yes 2019	Base Number
White	24%	2043	24.8%	1882
BAME	31%	192	28.6%	175

*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The position for both White and BAME staff has not changed significantly, though a marginal, (not statistically significant) improvement is seen within the BAME staff figures. BAME staff are still reporting greater harassment, bullying or abuse than White staff. This is on par with the acute Trust average of 28.8% for BAME staff.

4.5.2 Metric 7: Percentage believing that Trust provides equal opportunities for career progression or promotion:

Table 9

Key Finding 21	Yes 2018	Base Number	Yes 2019	Base Number
White	88%	1352	88.1%	1233
BAME	56%	109	67.7%	115

*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The White data set is slightly above average results for acute trusts at 88% but the BAME figure, whilst positive to see an increase and reversal of the downward trend the Trust has previously reported, still falls short of the average for acute trusts (74.4%).

4.5.3 Metric 8: In the last 12 months have you personally experienced discrimination at work from any of the following?

b) Manager/team leader or other colleagues:

Table 10

Question 17b	Yes 2018	Base Number	Yes 2019	Base Number
White	6%	2041	6.3%	1869
BAME	20%	184	14%	171

*Data obtained from 2019 NHS Staff Survey Results and base numbers are based on total staff survey respondents.

The BAME staff response to this question, at 14% is significantly higher than white colleagues at 6%, although is an improvement on last year's figure.

- 4.6 Metric 9: Boards are expected to be broadly representative of the population they serve:

Table 11

Descriptor	Board**	B&NES*	Wiltshire*	Somerset*
White	93.3%	94.6%	96.6%	98.0%
BAME	6.7%	5.4%	3.4%	2.0%

* Data obtained from the 2011 Population Census for each area.

**Board is defined as voting members irrespective of whether they are Executive or Non - Executive Directors.

The Board is representative of the population and catchment area the hospital serves, but remains unrepresentative of the staff within it, (with 12.67% of staff identifying as BAME versus 6.7% of the Board).

5. Conclusion & Recommendations

- 5.1 Examination of the data currently available in support of the Trust's position against the WRES indicates further work is required in establishing a better understanding what appears to be detrimental treatment of BAME staff across a number of areas.
- 5.2 There are two key areas of opportunity where the Trust must make improvements against the WRES metrics, Metrics 2 and 3; appointments from shortlisting and likelihood of entering into the disciplinary process. It is recommended that any action plan includes actions to address these.
- 5.3 Additionally in order to ensure that meaningful and sustained change is made, the data will be shared with the Trust's Fusion staff network group and widely across the Trust to help shape and form an action plan.

- 5.4 The WRES metric data to be submitted to NHS England no later than 31st August, Board report and action plan to be published no later than 30th September on the RUH Website in line with the regulatory obligation.
- 5.5 The Diversity and Inclusion Steering Committee will monitor the implementation of the action plan on a quarterly basis as part of a standing agenda item on the committees meeting. Updates will be taken through the People Committee.

Appendix 1

The NHS Workforce Race Equality Standard Indicators (April 2016)

	Workforce indicators For each of these four workforce indicators, <u>compare the data for White and BME staff</u>
1.	Percentage of 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 Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u>
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u>
9.	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator

Report to:	Public Board of Directors	Agenda item:	17.1
Date of Meeting:	29 July 2020		

Title of Report:	Update on EDS2 (Equality Delivery System 2)
Status:	For discussion
Board Sponsor:	Claire Radley, Director for People
Author:	Gayle Williams, Equality and Diversity Officer and Victoria Downing-Burn, Deputy Director for People
Appendices:	Appendix 1: EDS2 Objectives for 2019/2021

1. Summary

1.1 Background

The purpose of the EDS2 is to drive up equality performance and embed equality into mainstream NHS business, so achieving demonstrable compliance with both the general and public sector duties within the Equality Act 2010.

EDS2 requires NHS organisations to assess their equality performance against 18 outcomes grouped under the following 4 goals:

1. Better health outcomes (patient focused)
2. Improved patient access and experience (patient focused)
3. A representative and supported workforce (staff focused)
4. Inclusive leadership (staff focused)

Every three years an action plan is developed by the Diversity and Inclusion Steering Committee, (DISCo) to support an assessment process of Trust performance against these four goals, involving key stakeholders, (both internal and external) against nationally agreed grading criteria.

As a result of this assessment process, undertaken annually as part of the Diversity and Inclusion event, four key equality objectives are identified for the forthcoming year(s).

Executive Leads are identified for each objective, with responsibility for the implementation of the equality objectives sitting with a direct report to ensure that this work becomes core business for that particular year.

Monitoring of the implementation of both EDS2 and the actual progress made against the four equality objectives is undertaken externally by B&NES Clinical Commissioning Group on an annual basis as it forms a core part of the contract.

1.2 Update 2020

The purpose of this paper is to update the Board on progress against the EDS2 objectives. The previous report of 4th Feb 2019 outlines the systems and processes undertaken by the Trust on an annual basis to support the effective implementation of the Equality Delivery System (EDS2).

The Trust holds an annual “Diversity and Inclusion” event, to which members of staff, patients and carers, plus local stakeholders are invited to attend. The event enables the Trust to demonstrate very effectively what work is currently being undertaken in relation to equality and diversity. This has been postponed in light of the developing Covid-19 pandemic and the decision to hold an event will be revisited in the autumn.

Internally, monitoring is undertaken by the DISCo and work stream leads are asked to provide quarterly updates, with a bi-annual update to Management Board and the Board of Directors.

The objectives below were developed as part of the 2019 diversity and inclusion event, in conjunction with local partners and DISCo.

Objective 3, better patient access and experience has been completed and the ongoing implementation of this objective, while delayed due to the coronavirus pandemic, has been incorporated into the daily running of the Trust. A new area of focus for this goal therefore will be explored with the DISCo, within input from the patient and carer experience group in the absence of an inclusion event. In light of new ways of working, which include remote and virtual contact with patients, a key consideration will be to evaluate and conduct robust impact assessments on any changes to clinical practice, (such as the wearing of face masks, holding virtual patient consultations) on all patient groups needing to access the Trust’s services.

Reverse mentoring which is currently the focus of Objective 4, inclusive leadership is likely to become ‘business as usual’ later in 2020 and therefore this objective will also be reviewed as part of the DISCo agenda.

Appendix 1 provides an update on the EDS2 Objectives for 2019/2021 as at April 2020.

2. Summary of Key Issues for Discussion

Internally, monitoring is undertaken by the DISCo and work stream leads are asked to present quarterly updates, with a bi-annual update to Management Board and the Board of Directors.

A full review of progress against these four objectives also takes place annually at each Diversity and Inclusion event as part of the stakeholder engagement process in support of the of the grading assessment process. The inclusion event for this year has been postponed until the Autumn in light of the current Covid-19 pandemic. Consideration to how the objectives may need adjustment in light of new ways of working in the pandemic are included in this report.

3. Recommendations (Note, Approve, Discuss etc)

The Board is asked to note the system in place to support the implementation of EDS2 and be assured that it is robust and fit for purpose.

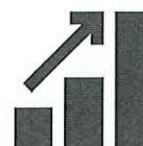
4.	Care Quality Commission Outcomes (which apply)
	Well Led
5.	Legal / Regulatory Implications (NHSLA / ALE etc)
	NHSLA standards 1, 2, 3,5,
6.	Risk (Threats or opportunities link to risk on register etc)
	Risk 1671, Gender Pay Gap (Reputational Risk)
7.	Resources Implications (Financial / staffing)
	EDS2 is free at point of use, there is on-going financial implications in terms of: <ul style="list-style-type: none"> Developing and implementing engagement work, agreeing objectives and performance; Participating in regional clusters of NHS organisations for good practice and peer support.
8.	Equality and Diversity
	The Trust must ensure that it meets the requirements of the statutory public sector equality duty (Equality Act 2010) and the statutory duty to consult and involve patients and empower, engage and include staff (NHS Act 2006) by showing evidence of achievements.
9.	Communication
10.	References to previous reports
	Report to NCGC 04.02.19
11.	Freedom of Information
	Public

Appendix 1: EDS2 Objectives for 2019/2021

Goals	Objective	Progress	Lead Director	RAG Rating
Better Health Outcomes	To improve the experience of patients accessing treatment who have learning disabilities and/ or autism	<ul style="list-style-type: none"> Learning Disability and Autism steering group set up in January 2020 to review NHSI Standards for people with learning disabilities and / or autism. The group will review recommendations and actions for implementation, ensuring that there is wide consultation across the Trust on the implementation of initiatives and that feedback on proposed changes are discussed. The group includes community learning disability teams and patients/carers in addition to relevant RUH staff. See it my way event held in Spring of 2019 'living with a learning disability' Bid for a changing places facility is on course, with funding being sought from the Friends of the RUH charity alongside match funding from the government. The digital strategy incorporates the need to provide easy read and multiple communication methods for all patients. 	Director of Nursing & Midwifery	Blue
Improved Patient Access and Experience	Proceed with maternity services redesign consultation with a focus on patient and stakeholder engagement	<ul style="list-style-type: none"> The public and staff consultation has now concluded and the feedback reviewed. The redesign of maternity services will commence from May 2020, with the planned alongside birthing unit at the RUH currently scheduled for 2022/2023. The remaining changes will be incorporated into the daily operational running of the Trust. 	Director of Nursing & Midwifery	Green

Representative & Supported Workforce	Improve the lived experience of staff with sensory loss at work and be proactive in providing accessible information to those seeking employment with the Trust	<ul style="list-style-type: none"> Moved from disability 'committed' to disability 'confident' employer, the nationally recognised disability confident scheme, (replaced the two ticks); signalling to potential applicants our ability to provide reasonable adjustments during the selection process. Online induction platform developed which now includes information for new staff who have a disability and where they can seek assistance for reasonable adjustments etc. Reasonable adjustment guidance being developed for managers and all staff with disabilities on how to access and get reasonable adjustments. Development of sensory loss champions and awareness raising amongst the staff population has not started. 	Chief Operating Officer	Amber
Inclusive Leadership	Develop mentoring opportunities for BAME staff who are considering career progression within the Trust and scope opportunities for reverse mentoring to progress BAME agenda	<ul style="list-style-type: none"> The first cohort of reverse mentoring between staff and the Executive Team started in November 2019 and is due to complete in April/May. A midway review was held and the feedback has been extremely positive. The programme will be fully evaluated at the end, however going forward the programme is likely to include further support for mentors in the form of formal mentoring/coaching training and expansion of the programme to include senior managers and including testimonials in further advertising. 	Director for People	Blue

Status tracking				
Complete	Green	G	Risks Slippage	Amber
On plan	Blue	B	Barriers – not achieved	Red



WDES Metrics

Workforce Metrics

For the following three workforce metrics, compare the data for both Disabled and non-disabled staff.

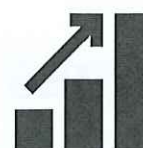
Metric 1	<p>Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades</p> <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.</p>
Metric 2	<p>Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.</p> <p>Note:</p> <ul style="list-style-type: none"> i) This refers to both external and internal posts ii) If your trust implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.
Metric 3	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Note:</p> <ul style="list-style-type: none"> i) This metric will be based on data from a two-year rolling average of the current year and the previous year ii) This metric is mandatory from 2020. This metric applies to capability on the grounds of performance and not ill health.

National NHS Staff Survey Metrics

For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff

Metric 4 Staff Survey Q13	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <ul style="list-style-type: none"> i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues <p>b) 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.</p>
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WDES Metrics

Metric 5 Staff Survey Q14	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
Metric 6 Staff Survey Q11	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.
Metric 7 Staff Survey Q5	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 following NHS Staff Survey metric only includes the responses of Disabled staff	
Metric 8 Staff Survey Q28b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
NHS Staff Survey and the engagement of Disabled staff For part a) of the following metric, compare the staff engagement scores for Disabled and non-disabled staff For part b) add evidence to the Trust's WDES Annual Report	
Metric 9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</p> <p>Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the national WDES 2019 Annual Report.</p>
Board representation metric For this Metric, compare the difference for Disabled and non-disabled staff.	
Metric 10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board. • By Executive membership of the Board.

