Stockport
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) Report 2025

Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Disability Equality Standard.

This document reports on the Trust's workforce data and activity between 1 April 2024 and 31 March 2025.

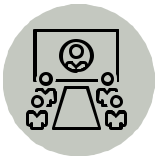
The WDES Indicators

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: • Non-Clinical staff & Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

National NHS staff survey indicators

Indicator	Descriptor
4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues 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.
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
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.
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)



Board representation indicator

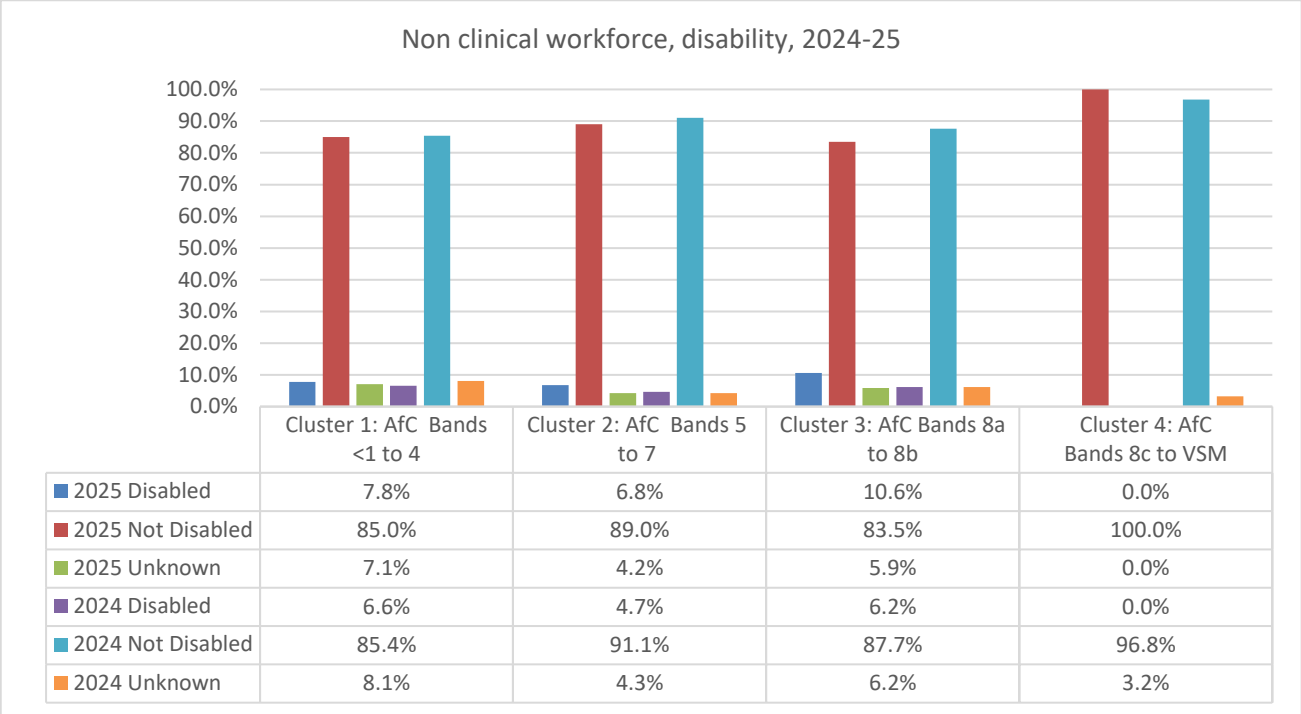
Indicator	Descriptor
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.

Reporting against the WDES indicators

Indicator 1: Percentage of staff in each of the AfC bands 1-9, medical and dental and VSM staff groups compared by: non-clinical staff & clinical staff.

Figure 1 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the non-clinical workforce, for both 2024 and 2025.

Figure 1



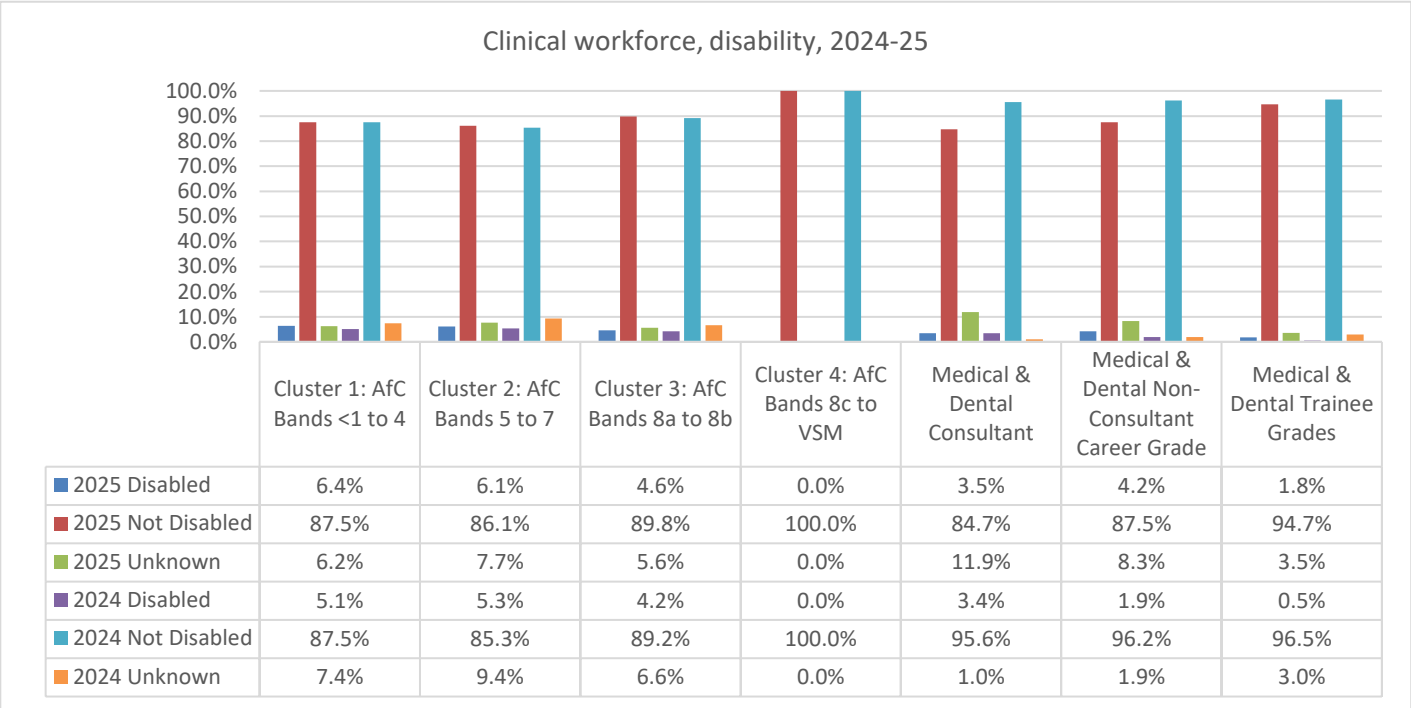
	Cluster 1: AfC Bands <1 to 4	Cluster 2: AfC Bands 5 to 7	Cluster 3: AfC Bands 8a to 8b	Cluster 4: AfC Bands 8c to VSM
2025 Disabled	7.8%	6.8%	10.6%	0.0%
2025 Not Disabled	85.0%	89.0%	83.5%	100.0%
2025 Unknown	7.1%	4.2%	5.9%	0.0%
2024 Disabled	6.6%	4.7%	6.2%	0.0%
2024 Not Disabled	85.4%	91.1%	87.7%	96.8%
2024 Unknown	8.1%	4.3%	6.2%	3.2%

	Change 2024-2025		
	Disabled	**Not Disabled**	**Unknown**
Cluster 1: AfC Bands <1 to 4	1%	0%	-1%
Cluster 2: AfC Bands 5 to 7	2%	-2%	0%
Cluster 3: AfC Bands 8a to 8b	4%	-4%	0%
Cluster 4: AfC Bands 8c to VSM	0%	3%	-3%

Summary analysis shows that:

- There has been an increase in the proportion of staff self-reporting disability across bands 1-4 (1%), bands 5-7 (2%), and bands 8a and 8b (4%).
- There has been an improvement in declaration rates in 2025 in bands 1-4 and bands 8c to VSM, which has shown that there are no staff with a disability in bands 8c to VSM.

Figure 2 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the clinical workforce, for both 2023 and 2024.



	Cluster 1: AfC Bands <1 to 4	Cluster 2: AfC Bands 5 to 7	Cluster 3: AfC Bands 8a to 8b	Cluster 4: AfC Bands 8c to VSM	Medical & Dental Consultant	Medical & Dental Non-Consultant Career Grade	Medical & Dental Trainee Grades
2025 Disabled	6.4%	6.1%	4.6%	0.0%	3.5%	4.2%	1.8%
2025 Not Disabled	87.5%	86.1%	89.8%	100.0%	84.7%	87.5%	94.7%
2025 Unknown	6.2%	7.7%	5.6%	0.0%	11.9%	8.3%	3.5%
2024 Disabled	5.1%	5.3%	4.2%	0.0%	3.4%	1.9%	0.5%
2024 Not Disabled	87.5%	85.3%	89.2%	100.0%	95.6%	96.2%	96.5%
2024 Unknown	7.4%	9.4%	6.6%	0.0%	1.0%	1.9%	3.0%

The table below shows the changes in the last 12 months:

	Change 2024-25		
	Disabled	**Not Disabled**	**Unknown**
Cluster 1: AfC Bands <1 -4	1%	0%	-1%
Cluster 2: AfC Bands 5 to 7	1%	1%	-2%
Cluster 3: AfC Bands 8a to 8b	0%	1%	-1%
Cluster 4: AfC Bands 8c to VSM	0%	0%	0%
Cluster 5: Med&Den Staff, Consultants	0%	-11%	11%
Cluster 6: Med&Den Staff, Career grade	2%	-9%	6%
Cluster 7: Med&Den Staff, Trainee grade	1%	-2%	1%

Summary analysis shows that:

- There has been a small increase in the proportion of disabled staff in Clusters 1 and 2 and medical clusters 6 and 7 (SAS grade doctors and Trainee Grade).
- There has been small reduction in the proportion of unknown data, in AfC clinical staff (Clusters 1,2 and 3.
- There has been a significant increase in the proportion of unknown data, in medical clusters (particularly clusters 5 and 6).

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

	Relative likelihood in 2024	Relative likelihood in 2025	Difference +/-
Relative likelihood of disabled staff being appointed from shortlisting across all posts	1.03	1.17	+ 0.14

Disabled staff are equally likely to be appointed from shortlisting as non-disabled staff as there is no statistical difference in the likelihood of disabled staff being appointed from a shortlist compared to non-disabled staff. This a small decline on the metric from last year but it is still statistically insignificant.

Indicator 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

	Relative likelihood in 2024	Relative likelihood in 2025	Difference +/-
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	9	13.9	+4.9

There has been a significant increase in the relative ratio of disabled staff entering the capability procedure, compared to the previous 12 months. **It should be noted that the figures represent 1 disabled people and 1 non disabled people entering the process. When numbers are this small, it demonstrates the mathematical limitations of this metric.**

Indicator 4: a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

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.

	2023		2024		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26.03%	20.47%	26.42%	20.44%	+0.39%	-0.03%
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	14.78%	6.60%	16.81%	7.18%	+2.03%	+0.58%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	19.15%	10.77%	23.34%	14.01%	+4.19%	+3.24%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	44.26%	45.72%	49.65%	46.96%	+5.39%	+1.24%

There has been a small increase in the proportion of disabled staff experiencing harassment, bullying or abuse from either patients/relatives (0.39%), but a larger increase in the proportion reporting harassment from managers (2.03%). The largest increase is the proportion of disabled staff experiencing harassment, bullying or abuse from colleagues (4.19%). Similarly, there was an increase in the proportion of non-disabled staff experiencing this treatment from colleagues (3.24%). The increases are larger for disabled staff across all questions.

There has been a large increase in the proportion of disabled staff reporting any abusive treatment when it had occurred (5.39%).

Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

	2023		2024		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	51.10%	60.19%	52.12%	58.79%	+1.02%	-1.40%

Disabled staff are still positive than non-disabled staff in relation to believing that the Trust provides equal opportunities for career progression or promotion. The score for disabled staff has increased slightly in the last 12 months, whereas the score for non-disabled staff has decrease by 1.40%.

Indicator 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.

	2023		2024		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
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	25.45%	16.74%	26.15%	17.40%	+0.70%	+0.66%

Disabled staff are less positive than 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. There has been a small increase in this metric for both disabled and non-disabled staff.

Indicator 7: Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

	2023		2024		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	36.19%	47.54%	37.25%	47.96%	+1.06%	+0.42%

Disabled staff are less positive than non-disabled staff when asked if they are satisfied with the extent to which their organisation values their work. There has been an improvement in this score for both disabled staff and non disabled staff in the last 12 months, particularly for disabled staff.

Indicator 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

	2023	2024	Change
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	79.70%	78.05%	-1.65%

78.05% of disabled staff say that the organisation has made adequate adjustments to enable them to carry out their work. This is a decrease of 1.65% in the previous 12 months.

Indicator 9: a) The staff engagement score for disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No)

(a) Staff Engagement Scores of Disabled Staff v Non-Disabled Staff

	Trust Score	**Not disabled staff**	**Disabled staff**
Engagement Score	6.87	7.00	6.50

The engagement score for disabled staff is lower than that of non-disabled staff (7.00 compared to 6.50 respectively).

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? **Yes**

The Trust has an established network for disabled staff (DAWN). The network is represented on the trust Staff Side Partnership Forum (SPF). In the last 12 months, the network and its members have been instrumental in:

(1) Development of a DAWN information Pack.
(2) Launch of a Trust wide Disability Survey.
(3) Delivery of Workplace Adjustment Training for Managers.
(4) Promotion and use of the Reasonable Adjustment Guidance Documents.
(5) Celebration of Disability History Month and International Day of Disabled People.
(6) Celebration of National Day of Staff networks.

Indicator 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**

	Disabled	Not Disabled	Unknown
Board Membership	0	13	0

Of which; Voting Board Members	0	12	0
Non-voting Board Members	0	1	0
Board Membership	0	13	0
Of which; Exec Board Members	0	7	0
Non-Exec Board Members	0	6	0
Number of staff in overall workforce	401	4930	77
Overall Workforce % by disability	6.24%	86.74%	7.03%
Total Board members by disability (%)	0%	100%	0%
Difference Board membership to overall workforce	-6%	13%	-7%

Action Planning

The Trust's EDI Strategy and associated action plan sets out the targets, based upon and monitored against the annual WRES and WDES return.

Progress RAG Rating Key

Blue	Action is complete	Amber	Action mainly on track with some minor issues
Green	Action is on track	Red	Action not on track with major issues

Priority 1: Workforce

Objective 1: Recruitment Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are offered equality of opportunity and fair access.		
Action	**Progress**	**RAG Rating**
Build relationships with local organisations supporting people into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/long term condition (LTC).	Ongoing attendance at recruitment fairs including 'one Stockport' and help to arrange in-house recruitment events; Initial meetings held with Job Centre whom we have shared our role profiles for distribution across our local job seekers and Disability Stockport who have reviewed our new inclusive interview process with positive feedback.	
Routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice.	Adverts and inclusivity statements have been reviewed. Recruitment materials and links available through events such as Stockport Pride.	
Undertake mandatory implicit and association bias awareness training as part of the recruitment training for all managers with responsibility for current and future recruitment and selection.	A cross-site training programme went live across Stockport and Tameside on July 1st to offer• A clear understanding of recruitment policies and compliance.	

Review and draw up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience.	Role profiles have now been created for HCAs, Domestics, Porters and Catering Assistants.	
Work with 'Pure Innovations', those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes.	Working with Pure Innovations, providing info for upcoming vacancies as well as coaching on the application process. We have held initial meetings about how to formalise the recruitment process. We are reviewing other supported internship models across GM and process mapping to enable robust and dedicated supported internship employment pathway and a quantifiable conversion rate from supported intern to employee. Role profiles have now been created for HCAs, Domestics, Porters and Catering Assistants.	
Organisations should encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late-stage careers.	This is included in applicant packs attached to all adverts. The information will be reviewed regularly to ensure it is up to date and relevant.	
Work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning.	The career progression task group is considering number of possible interventions to support staff with their career progression within the Trust. This will include skills workshops, shadowing opportunities, career coaching as well as bespoke support.	
Develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for recruiting managers. E.g. offering maternity / paternity and returner's scheme	Inclusive Recruitment training is currently being rolled out across the site. Both attendance and feedback have been positive to date. This should be concluded by January 2025. An evaluation report was produced by providers Right Track.	

support packages; more flexible work patterns: part-time; job share or compressed hours.		
NHS organisations should work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.	An Inclusive Recruitment Improvement Action Plan has been implemented which covers this specific action. Additionally, the Trust runs a 'Pathways into Employment' Group with representatives for local community organisations. The group's terms of reference & membership is currently being reviewed. Collaborative working with locality partners including SMBC and FEIs is embedded offering T-Levels, Cadets, work experience, pre-employment and alternative routes into NHS roles. We have expanded place-based placements with our social care partners from September 24 to support the cadet and T Level programmes. We are expanding the T level offer by promoting other industry pathways in addition to Health and Social Care which is aligned to the GM MBacc.	
Implement recommendations from the inclusive recruitment and promotion practices programme and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS. This can be tracked via the WDES, using Trac data.	Inclusive interview practices now implemented - providing candidates with details of all stages of interview (venue, equipment, facilities, expectations of day/times etc, interview questions - prior to interview date). Full guidance for managers is now in place to complete template document with info about interview days and questions prior to interview.	

Objective 2: Retention
Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are treated with equability and stay with the organisation as 'a great place to work', as per the 2022-2025 Trust Strategy.

Action	Progress	RAG Rating
Establish a Reverse Mentoring Scheme.	A Reverse Mentoring Scheme has been launched. To date 2 employees have put themselves forward to be a mentor (1 disabled employee & 1 BAME employee). We currently	

	have 2 NEDs that have agreed to be a mentee. The Scheme is advertised, and we are seeking more Board Members and staff to take part in the scheme.	
Reasonable adjustment training.	As part of Disability History Month 2022, new disability guidance documents were launched for staff and managers. Disability Awareness Training rolled out from Jan 2024 onwards.	
The organisation can evidence diverse representation within their disciplinary and grievance processes. Freedom to Speak Up Champions within the organisation to support in incidents involving racial discrimination.	The Trust Board, through the relevant updates from EDI steering group and workforce committee are routinely informed of the diversity of the staff going through formal ER processes. We have a regular wider HR meeting with FTSUG, OD and SPAWS to review any areas of concern and highlight any issues, working together to find resolution.	
NHS organisations should ensure that their reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments at work.	Reasonable adjustment guidance implemented. Workplace adjustments training rolled out. The most improved question score in the 2024 staff survey was in relation to disabled colleagues being given reasonable adjustments to be able to do their job. Reasonable adjustments policy updated and submitted for approval.	

Objective 3: Progression
Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are enabled into senior leadership positions to drive lived experience into the heart of decision-making to ensure services are designed, developed, and delivered with inclusivity.

Action	Progress	RAG Rating
Positive action on development programmes to female, ethnically diverse, and disabled staff.	Due to competing demands & limited capacity we have been focusing on enhancing leadership & management development for all staff. The Career Progression Task Group is currently exploring the feasibility of developing/commissioning a BAME Leadership Programme.	
Actively create development opportunities, leadership courses, secondments,	Due to competing demands & limited capacity we have been focusing on enhancing leadership & management development for all staff. The	

shadowing and work experience for ethnically diverse and disabled staff.	Career Progression Task Group is currently exploring the feasibility of developing/commissioning a BAME Leadership Programme.	
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025).	Due to competing demands and limited capacity this work has been delayed.	
Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.	Gender pay gap and actions published annually. Ethnicity pay gap calculated and published for 2025. Flexible working recommendations implemented through new policy. Career progression actions passed to career progression task group.	
Commissioners and providers of talent management and career development programmes must ensure that these are fully accessible and inclusive. Progress can be measured by tracking the number of disabled people in leadership roles.	All of our leadership development offers are open to all leaders at the appropriate level of the organisation regardless of their sex, disability or ethnicity. Monitoring data required to monitor uptake and conduct necessary positive action for any inequality identified.	
Promote the visibility of leaders with a disability through effective campaigns alongside providing leadership and career development opportunities tailored to disabled staff, such as the Calibre Leadership programme or Disability Rights UK development programmes. Progress can be measured by tracking the number of disabled staff in leadership roles.	DAWN network undertook a variety of events for Disability History Month (Nov 16-Dec 16, 2024), to include profiling of disabled people in leadership roles. Progression data made available in relation to disability for the career progression group, which will inform positive action for disabled colleagues into talent pools.	

Priority 2 Culture

Objective 1: Staff Experience Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'foster good relations between people who share a protected characteristic and those who do not'. We will ensure employees with protected characteristics are able to work, free from discrimination, bullying and harassment in an inclusive work culture that embraces diversity. To address the disparity evident in the poorer experience of staff with protected characteristics as evidenced above, there needs to be a renewed leadership focus to ensure all managers and team leaders are trained and aware of their responsibilities to create the necessary conditions for a more diverse and inclusive place of work for all staff with protected characteristics.		
Action	**Progress**	**RAG Rating**
Review staff networks, identify improvements, refresh process, brief managers, and relaunch.	Review of staff networks undertaken. Network dates to be rolled out using thematic approach, promoted through staff EDI newsletter, and reminder comms throughout the year through social media, and all established comms channels.	
All leaders at Band 8A and above must have an appraisal/ personal development plan goal agreed around equality, diversity and inclusion, and a process to report annually the percentage of these goals that have been met.	Divisional Directors were asked to set leaders an EDI-related performance objectives as part of their 2025 appraisal. We intend to audit the process in Oct/Nov'25 to assess the effectiveness of performance objectives setting. The audit findings will be reported to the JEMT and recommendations will inform next year's appraisal process.	
Chief Executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).	EDI specific objectives are incorporated into the new Board appraisal framework.	
Create an inclusion calendar of events and awareness days/months.	Calendar in place and promoted.	
Define system and process for all EDI grievances and or concerns raised to ensure reported	The EDI details are collated for all staff going through a formal ER process. The details are reported through PPC to Trust Board and to ET. A peer review process has been established	

appropriately either informally or formally e.g., equality champion network are logged; for the purposes of identifying trends throughout the organisation.	with T&GICFT where cases are reviewed to establish joint learning and good practice. The last review had a focus on staff from an ethnic minority. From these reviews actions are agreed and where applicable processes changed.	
Develop an EDI dashboard, including relevant WRES/WDES metrics for managers to use in their areas, and for the Board to review progress.	EDI dashboard developed and approved by EDI steering group. Data requirements shared with People analytics for dashboard build. It is anticipated the standard dashboard will be prepared by Q3, in readiness for new metrics identified in the EDI strategy development.	
Further education for leaders, including inclusive recruitment, cultural awareness / competency, inclusive leadership, equality strategy and direction. 75% of Executive and Non-Executive Directors and their direct reports have been part of a racial equality reverse mentoring programme over the past three years.	Inclusive recruitment training undertaken with managers. Implicit bias session incorporated into the Leading with Impact Leadership Development Programme.	
Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.	Explicit targets for reduction in bullying/harassment by protected characteristic are included in the Trust EDI strategy. Data is reviewed within the annual staff survey. Improvements in data triangulation to be used to identify potential areas of focus throughout the year.	
Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.	The EDI details are collated for all staff going through a formal ER process. The details are reported through PPC to Trust Board and to ET.	

Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff.	Year-round promotion of FTSU as a mechanism to raise concerns. FTSU Guardian has attended staff network meetings to promote the services. 13 FTSU champions appointed. Significant promotion activity throughout FTSU month (Oct 2024).	
Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence.	All individuals who raise concerns formally are signposted to SPAWS. Ensure that FTSU Guardian, HRBMs and teams are signposting to effective psychological programs where an individual has made an allegation of bullying/harassment.	
NHS organisations should take steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured by the annual NHS staff survey results.	The findings of the Trust's 2023 staff survey results have been utilised to identify areas to focus. Data identified shows divisions and services where the Trust shows a higher score for the bullying and harassment for disabled staff. Divisions are aware of the resources available such as FTSU, Civility Saves Lives, HR etc. Joint work currently underway with Tameside and Glossop IC NHS FT regarding unwanted behaviours and anonymous reporting process.	
Demonstrate year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.	Current data shows increasing trend in disability declarations. The appointment of our Disability Advisor will promote this work.	