



NHS Workforce Disability Equality Standard

**Barts Health Data Summary and Action Plan
2024 / 2025**

Summary Report using data from April 2024 - March 2025

1. What is WDES?

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. 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. Further information and the full list of metrics can be found on the [NHS England WDES pages](#).

NHS organisations use the metrics to develop and publish an action plan. Comparisons each year enable NHS organisations to demonstrate progress towards disability equality and plan to create change. Creating workplace equality for all staff is a key commitment in the NHS People Plan and one of the overall Trust objectives at Barts Health, to be delivered through our WeBelong inclusion strategy.

Themes that have been identified across the NHS from analysis of all Trust's WDES data show that disabled NHS staff are more likely to:

- Go through performance management capability processes.
- More likely to experience harassment, bullying or abuse.
- Less likely to feel that they have equal opportunities for career progress or promotion.
- More likely to feel pressured to attend work.
- Less likely to feel valued for their contribution to the organisation.
- Less likely to feel engaged.
- Less likely to be appointed through shortlisting.

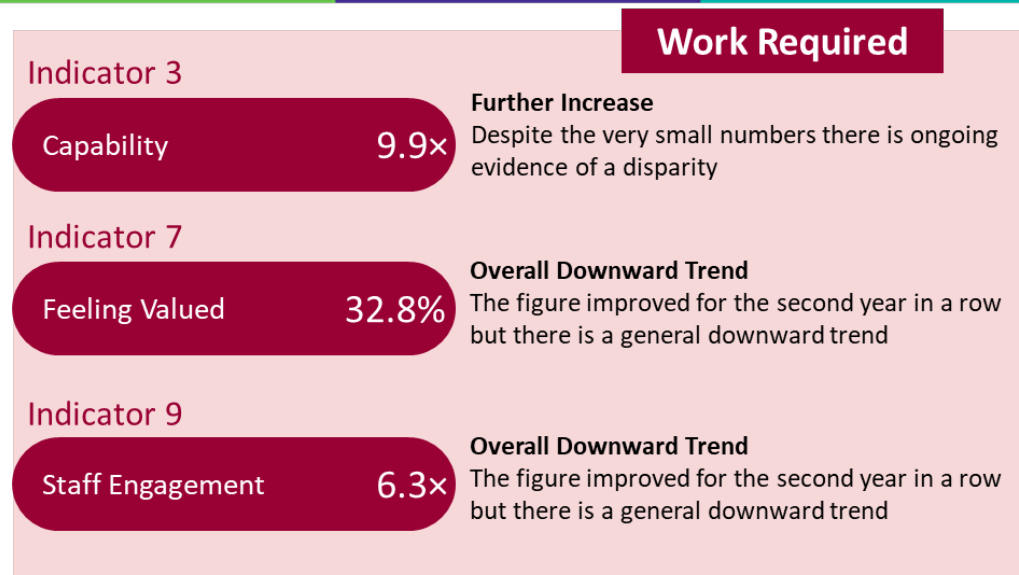
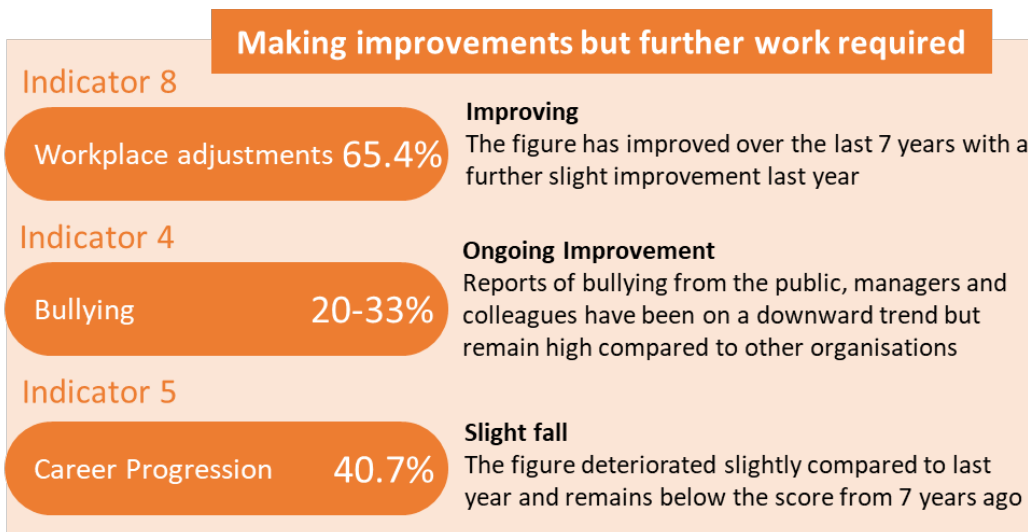
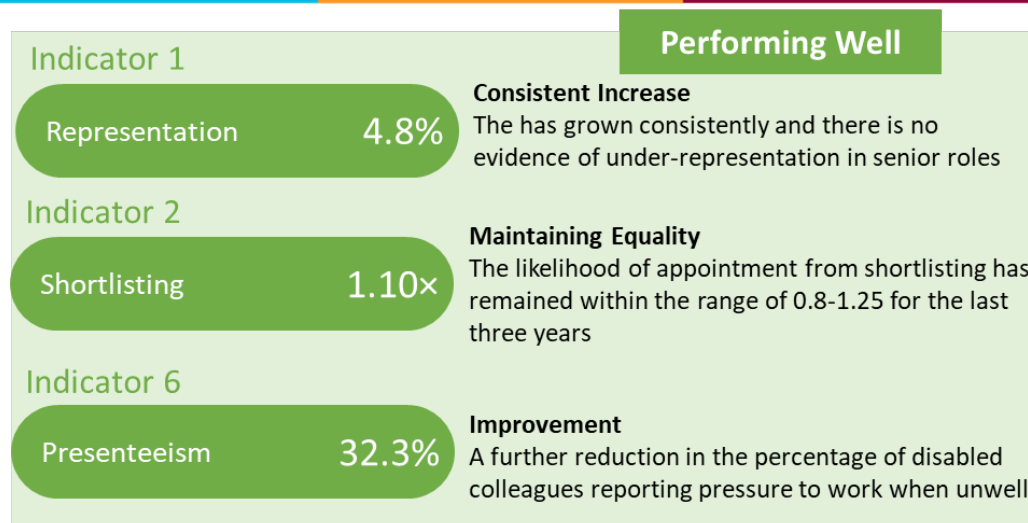
This report contains data for Barts Health NHS Trust to understand the experience of our disabled staff, how we compare to the NHS as a whole and clearly articulate how we are taking steps to create a fairer workplace.

This data is based on the period April 2024 - March 2025 with metrics 4-8 using results from the staff survey carried out in Autumn 2024.

While this report fulfils our statutory requirement to publish our WDES data, it should also be seen in the wider context of our WeBelong strategy. WeBelong sets out our commitment to building a more compassionate, inclusive and equitable culture across Barts Health. The findings within this paper contribute to that broader journey, helping us to understand where progress is being made and where further action is required. A more detailed update on WeBelong, and the impact of our work to date, will be presented to the Board in January for wider discussion and reflection.














Figure 1, WDES 2025 Highlights

Barts Health WDES 2024-25 Highlights



2. Being Accountable: The overall picture

In order to live our values of transparency and accountability, the table below summarises progress between last year, and the picture since first reporting. Compared to the previous year's report eight out of thirteen metrics have improved and five deteriorated. One remained the same.

Metric Area	Improved last year	6-year view	Where are we now?
Metric 1: Representation	 Yes	Consistent year on year increase	Representation has consistently improved and there is no evidence of under-representation in more senior roles. However, a large gap remains in the data held in ESR and data from the Staff Survey 4.8% versus 18.7%.
Metric 2: Shortlisting	 Yes	Improving trend since 2018	We have seen appointment from shortlisting for disabled colleagues become fairer since first reporting. It has stabilised in the range of 0.8-1.2 for the last four years which is considered to represent equity.
Metric 3: Capability	 No	Wide fluctuations in the period	This metric has been an unreliable measure due to the extremely small numbers of capability processed undertaken. Whilst the data is unreliable for Barts as an individual trust the national aggregate picture confirms that disabled colleagues are more likely to enter the formal capability process.
Metric 4a: Bullying or abuse from the public	 No	Improving trend	The levels of abuse from the public are below the rates from 2019, there was a very slight increase over the last year from 33.1% in 2024 to 33.3% in 2025.
Metric 4b: Bullying or abuse from managers	 Yes	Improving trend	Levels of bullying from managers overall has been on a downward trend at the Trust this continued over the last year with the levels falling to the lowest level since the WDES reporting began.
Metric 4c: Bullying or abuse from colleagues	 No	General improvements	The levels of bullying from colleagues are generally trending downward though there are year-to-year fluctuations and levels remain high.
Metric 4d: Reporting harassment if experienced	 Yes	No clear trend	There has not been any sustained trend in the levels of reporting in the period since the WDES reporting began.
Metric 5: Perception of Career Progression	 No	Slight downward trend	There has been a pattern of minor year on year changes with a slight downward trajectory.
Metric 6: Feeling pressured to come to work	 Yes	Recent improvement	The metric has shown a clear improvement over the last three years and is notably below the figure from 6 years ago.
Metric 7: Feeling valued	 Yes	Downward trend	There was an improvement in the metric in the last year however across the NHS the levels feeling valued have been on a downward trend for all staff.
Metric 8: Receiving Reasonable Adjustments	 Yes	Recent improvement	The percentage of staff reporting they received the adjustments they need has increased for the last two years.
Metric 9: Staff Engagement	 Yes	Downward trend	Similar to metric 7, Feeling Valued, there was an improvement in the last year with a pattern across the NHS of a downward trend for all staff.
Metric 10: Board Representation	 No	Mostly statis	For most years of the WDES reporting there have been no Board Members that have declared they have a disability.

3. Review of 2024/25

In the past year across the Trust, we have stepped up the work to support disabled colleagues. The focus driven by the WDES as well as leadership from the BartsAbility network has enabled the Trust to focus in key areas to address the issues disabled colleagues face. The priorities in the WDES action plan for last year have been delivered and this has contributed to the ongoing improvement seen in the metrics. Key highlights of actions and progress over the last year include:

3.1 Disability policy

The Trust formally adopted a disability policy in April, the purpose of the policy is to make clear to all colleagues across the Trust the expectations of support that disabled colleagues can expect. There is a significant focus in the policy on the entitlements and practical arrangements for workplace adjustments. The policy also makes clear links to other employee relations policies such as sickness and capability. The policy was developed by the Trust Wide Disability Steering Group in close collaboration with the BartsAbility Network and hospital stakeholders.

3.2 Workplace Adjustments

Alongside the Disability Policy a Workplace Adjustments Standard Operating Procedure has been created by the Task and Finish Group. This provides detailed clarity on how people across the Trust can access the workplace adjustments they need, in particular where specialist equipment or software is needed. The SOP includes flow charts outlining the steps to access adjustments quickly based on a number of scenarios such as new joiners to the Trust or identifying a need through the BartsAbility Passport. Collaborative working between finance, procurement, ICT and Employee Wellbeing Services has enabled improvements in the support for people where additional equipment or software is required.

We have also continued our successful collaboration with the Department for Work and Pensions regarding Access to Work. The Trust hosts webinars with the Access to Work team every other month to provide colleagues and managers the opportunity to learn about how to use the Access to Work Scheme.

We have also invested in Training four colleagues across the Trust to be Neurodiversity Assessors. This will support colleagues with neurodivergent conditions such as autism, ADHD, dyslexia, dyspraxia, and others to identify strengths and challenges and recommend specific adjustments in their roles.

3.3 Pave Your Path

Our Project Search project for local young people with learning disabilities to find employment continues to be a success across the Trust with further cohorts of interns graduating at Newham, Royal London, St Barts and Whipps Cross. We also had a successful pilot of the Pave Your Path training programme. This bespoke programme was commissioned by Barts Health to support previous Project Search graduates that have moved into permanent jobs in the Trust. The programme is designed to provide tailored support to the participants to develop their careers further at the Trust. The scheme has

been recommissioned for a further two years with the next one starting in September in Royal London.

The past year also saw a further cohort of colleagues from Barts Health graduate from the Calibre leadership programme. This is a bespoke leadership development programme aimed at disabled people which is commissioned across London by NHS England.

3.4 Podcasts

The BartsAbility Network has launched a podcast series aimed to offer colleagues with long term health conditions and disability, staff who are carers or family with disability in the family, to share their journey, barriers they face, challenges and resources/ support they have accessed, to help other colleagues with their story and to raise the visibility of the BartsAbility Network.

The power of storytelling has long been recognised as a way to connect people on a deeper level and create empathy and understanding. Through the BartsAbility Podcast, individuals will have the opportunity to share their journeys, triumphs, and obstacles faced due to their disabilities or those of their loved ones. By shining a light on these experiences, we hope to foster a sense of community and support within the Barts Health network.

Fourteen episodes have been released so far, the first was timed to coincide with Disability Inclusion Week.

3.5 Disability Confident Scheme

The Trust has successfully applied for the reaccreditation of the Disability Confident Scheme. This process, run through the Department for Work and Pensions uses a set of objective criteria to evaluate the measures we put in place to support disabled colleagues. Barts Health has the highest level of accreditation, Disability Confident Leader.

4. Narrative on WDES Metrics for Barts Health NHS Trust

4.1 Overview:

The metrics of the most recent WDES show a balanced and continued recovery following poor results in the 2022/23 report, building on the progression 2023/24 but presenting continuing evidence of the need to address some long-standing issues that affect disabled colleagues.

There are continued improvements in the representation of people with a disability across the organisation, which is a consistent, though modest slow, trend. There remains no evidence of underrepresentation of people with a disability in more senior roles, however, there remains a persistent and large gap between the number of people who record a disability in ESR slightly below 5% and the number of respondents to the staff survey who say they have a long-lasting health condition or illness which is around 19%. There is a potential for this gap to hide underlying issues in representation.

The metric regarding shortlisting has maintained a score in the range of 0.8-1.2 which suggests there is no significant difference between people that have a disability and colleagues that do not have a disability. This metric isn't affected by the same issues of under-reporting on ESR therefore gives some confidence that the recruitment process isn't

significantly affecting disabled colleagues unfairly though there may be more we can do to ensure fairness and equity.

The score regarding capability has increased significantly compared to the scores from recent years. Whilst this is a concerning indicator there is, so few cases of capability held across the Trust this does not provide much insight into the experiences of our staff. Over the last two years there have been just 18 cases in total, of these four related to disabled colleagues.

In this year's collection all metrics relating to experiencing bullying, feeling pressured to come to work, feeling valued and receiving workplace adjustments, which are taken from the staff survey, have improved since last year. The overall theme from the staff survey results including for the WDES, is an improvement compared to a poor set of scores in the previous year.

4.2 Five Year Trends

4.2.1 Metrics 1 & 10: Representation:

Representation in the workforce overall has consistently grown over the last six years with levels of declaration on ESR increasing from 2.2% to 4.8% and 2.0% to 6.1% for colleagues in 8a+ roles, a noticeably faster pace of growth.

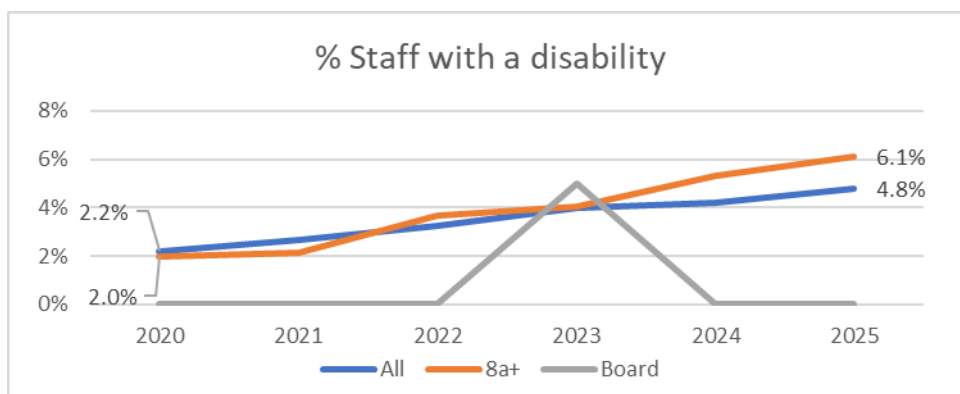
There remain no current Board members that have updated the ESR system to indicate they have a disability.

This metric is based on people's record in the ESR system. Significantly for new joiners this is information now also captured at the appointment stage and therefore declaration rates are higher for people recruited since 2019 than for people recruited before this date.

We know there is a significant gap between the percentages of people that say they have a disability based on their ESR record and the levels of people that complete the staff survey which is around 19%, the staff survey figure is much more likely to be a true reflection of the percentage of people with a disability or long-term health condition at the Trust. The lack of accurate reporting of disability creates challenges for analysis around other issues disabled colleagues might face, such as the disability pay gap. Therefore, enabling and encouraging people to update ESR with a disability is a long-standing priority for the Trust.

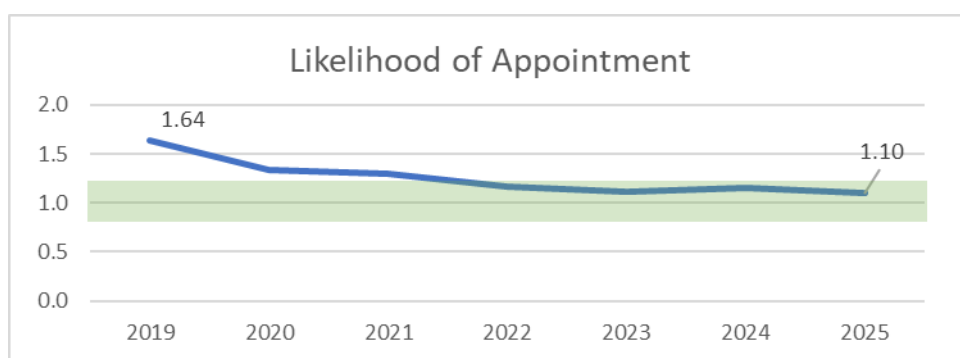
The under-capture of disability data is an issue reported across the NHS and is likely linked to three key issues:

- Disabled people not feeling confident to update their records.
- Issues around language used by ESR to record 'a disability' – on the staff survey the question is broader using the language 'Do you have any physical or mental health conditions or illnesses'.
- The functionality within ESR meaning updating records as health conditions or disabilities change over time is a barrier to accurate records.



4.2.3 Metric 2: Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff.

Shortlisting has become fairer over time for colleagues with a disability, with the current figure showing that people without a disability are 1.1× more likely to be appointed following being shortlisted. This means the figure has remained in the range of 0.8-1.25 for the last four years. This range is understood to mean there is no significant difference between disabled and non-disabled colleagues.

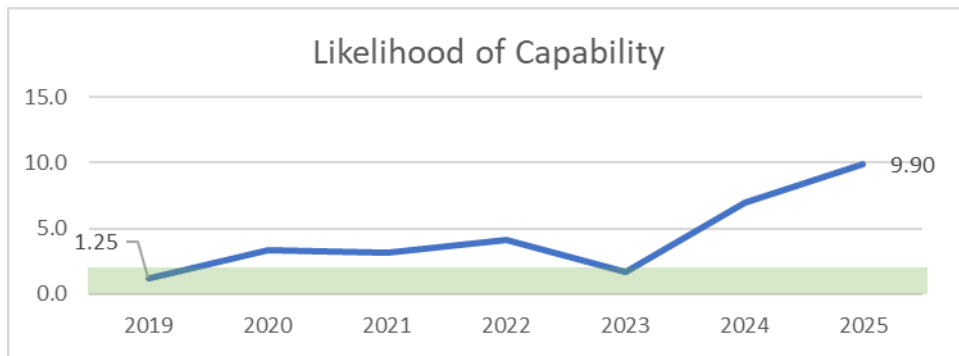


4.2.4 Metric 3: Relative likelihood of disabled staff entering formal capability processes compared to non-disabled staff.

Metric 3 has varied widely over the last five years and increased substantially over the last two to show that disabled colleagues are about nine times more likely to enter a formal capability process than non-disabled colleagues. This is significantly outside the 0.8-1.25 range. This has been the case since the metric was first recorded in the 2020 report.

There is limited insight we can understand from this specific metric, the number of people entering a formal capability is very low, averaging 7.5 people per year in total with 2 having a disability.

Whilst the scores for individual Trusts are unreliable, we do know from the aggregated WDES scores across the country that there is an ongoing disparity related to capability processes for people with a disability.

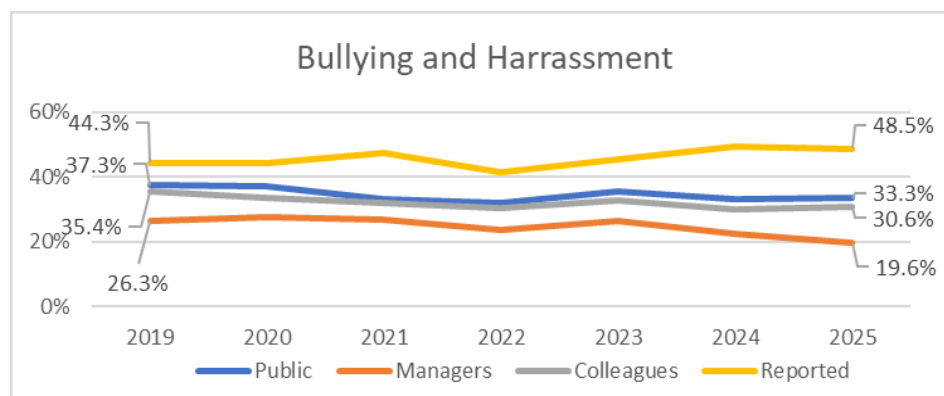


4.2.5 Metric 4: Bullying and Harassment

Overall levels of bullying and harassment have declined at Barts Health since 2019. Levels of bullying have historically been high at the Trust and Barts Health continues to have higher levels of bullying compared to the average. Disabled colleagues are more likely than non-disabled colleagues to experience this abuse.

There has been an improvement compared to the previous year for levels of bullying from managers, falling to 19.6% from 22.4% but levels of bullying from the public (33.3% vs 33.1%) and other colleagues (30.6% vs 30.1%) increased slightly compared to last year.

There was also a slight deterioration in the rates at which the abuse is reported, falling to 48.5% from 49.2%



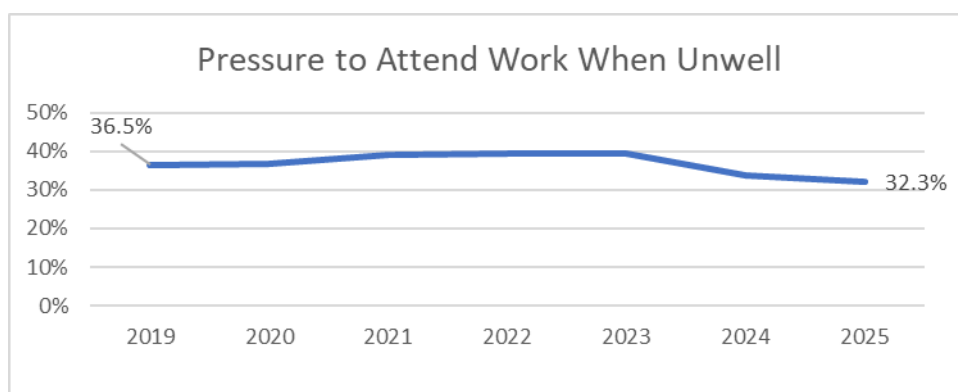
4.2.6 Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.

The percentage of colleagues with a disability that believe the Trust provides equal opportunities for progression has declined compared to last year 40.7% vs 41.1% and remains below the level from the 2019 report.



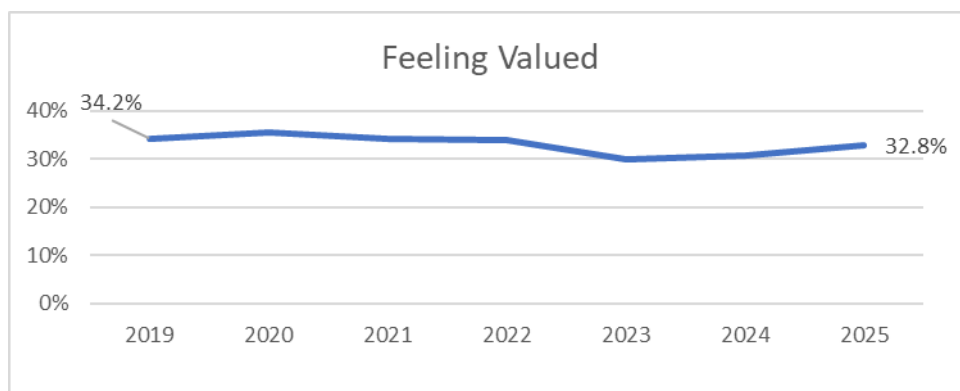
4.2.7 Metric 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

There has been a big improvement with the levels of people that reported they felt pressure to come into work when unwell. This year's figure shows a further slight improvement compared to last year, 32.3% compared with 33.8% and has now fallen notably in the period since the sickness absence policy was updated with the support of the BartsAbility network to address long standing concerns with how sickness absence is supported for disabled colleagues.



4.2.8 Metric 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.

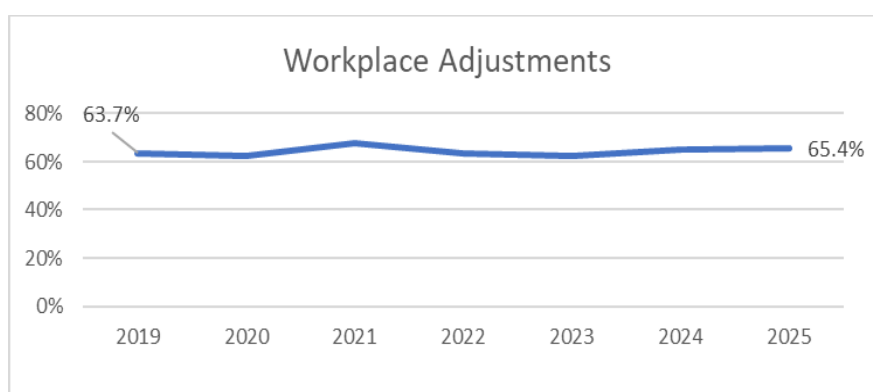
Nationally there has been a downward trend in the percentage of people across the NHS that feel valued by the Trust, overall the NHS average has declined from 47% in 2019 to 44% in 2024 (37% to 35% for disabled staff nationally). This same pattern has generally been the case for disabled staff at Barts Health however the figure has improved slightly over the last two years reaching 32.8% compared to 29.8% in 2023.



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

The percentage of people that reported through the staff survey that they have received the adjustments they need to carry out their improved from 65.1% to 65.4%

This represents a reversal of the downward trend for this figure since the high point of 67.8% in the 2021 WDES report and is notable given the levels of investment in improving the process for adjustments that colleagues across the Trust have put in across the last 18 months.



4.2.10 Metric 9: The staff engagement score for Disabled staff, compared to non-disabled staff.

The staff engagement score shows similar trends to the WDES 7 score regarding feeling valued. Across the country for all staff the metric has declined over the last five years from 7.03 to 6.84 (6.65 to 6.40 for disabled staff). However for colleagues with a disability the number has improved slightly to 6.29 from 6.27 in the previous year. this is the highest the score has been over the last four years.



5. Complete WDES Metrics 2019-24

For transparency our full WDES metrics are included in this section, previous years are included in this table to understand any changes over time. Figures in **green** indicate they improved from the year before, figures in **red** are where they became worse.

5.1 Metric 1: Representation

WDES Metric 1	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1a) Nonclinical Representation							
Cluster 1: AfC Bands <1 to 4	2.3%	2.7%	3.1%	4.0%	4.5%	3.7%	4.6%
Cluster 2: AfC bands 5 to 7	2.3%	2.9%	3.6%	4.1%	4.3%	5.9%	7.7%
Cluster 3: AfC bands 8a and 8b	1.5%	2.3%	2.9%	4.7%	4.9%	5.4%	7.1%
Cluster 4: AfC bands 8c to VSM	1.0%	2.2%	2.5%	3.5%	4.0%	5.7%	5.8%
1b) Clinical Representation							
Cluster 1: AfC Bands <1 to 4	2.1%	2.2%	2.7%	2.5%	3.5%	3.3%	3.9%
Cluster 2: AfC bands 5 to 7	1.7%	2.0%	2.4%	3.1%	4.0%	4.6%	4.9%
Cluster 3: AfC bands 8a and 8b	2.5%	1.6%	1.2%	3.1%	3.4%	4.8%	5.5%
Cluster 4: AfC bands 8c to VSM	2.5%	3.3%	4.4%	4.3%	4.9%	7.4%	7.4%
Medical & Dental Staff, Consultants	0.5%	0.8%	1.1%	1.3%	1.7%	2.0%	2.4%
Medical & Dental Staff, Non-Consultants career grade	0.8%	1.0%	2.8%	3.7%	2.9%	12.0%	6.1%
Medical & Dental Staff, Medical and dental trainee grades	0.9%	1.3%	1.4%	4.0%	4.8%	3.9%	4.2%

5.2 Metrics 2-10: All other metrics

Metric	People with A disability at Barts Health (number in brackets = people without a disability)						
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.64	1.25	1.3	1.17	1.12	1.15	1.10
3. Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	N/A	3.33	3.11	4.11	1.68	7.01	9.90
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives, or other members of the public in the last 12 months	37.3% (33.3%)	37.0% (34.2%)	33.2% (29.8%)	32.1% (27.9%)	35.5% (29.0%)	33.1% (27.4%)	33.3% (27.4%)
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	26.3% (17.5%)	27.4% (16.7%)	26.6% (15.5%)	23.6% (14.2%)	26.3% (13.7%)	22.4% (12.2%)	19.6% (11.5%)
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.4% (24.3%)	33.4% (24.9%)	32.0% (23.2%)	30.3% (21.6%)	32.8% (21.1%)	30.1% (20.9%)	30.6% (21.0%)
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	44.3% (46.9%)	44.3% (49.4%)	47.5% (46.1%)	41.5% (47.1%)	45.4% (47.2%)	49.2% (48.6%)	48.5% (50.5%)
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	42.0% (50.5%)	41.8% (51.1%)	38.7% (48.5%)	40.4% (48.6%)	39.7% (49.1%)	41.2% (50.6%)	40.7% (50.9%)
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.	36.5% (25.8%)	36.9% (27.0%)	39.2% (28.7%)	39.3% (28.5%)	39.5% (26.3%)	33.8% (24.1%)	32.3% (21.0%)
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.	34.2% (50.2%)	35.5% (49.5%)	34.3% (48.7%)	33.8% (41.8%)	29.8% (40.7%)	30.7% (44.3%)	32.8% (45.2%)
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	63.7%	62.3%	67.8%	63.2%	62.2%	65.1%	65.4%
9. The staff engagement score for Disabled staff, compared to non-disabled staff.	6.5 (7.1)	6.5 (7.1)	6.5 (7.0)	6.3 (6.9)	6.2 (6.8)	6.3 (6.9)	6.3 (7.0)
10. Disabled staff on Board (voting and non-voting)	0%	0%	0%	0%	5%	0%	0%

6. Looking Ahead: Our WDES action plan 2025/26

Our plan for 2024/25 builds on the progress made in the 2023/24 which, based on this year's results, show that positive change is happening for disabled colleagues. A review of the progress against last year's actions can be seen in the appendix. The results from this year's WDES metrics show us that we have the right priorities in place, but we need to do more to accelerate the impact we are seeing.

Theme	What actions will we take over the next 12 months?	Target WDES Metrics
Leadership, Governance and Awareness	<ul style="list-style-type: none"> Invest in the BartsAbility Network ensuring that the Network leadership is supported to build and effective network of colleagues across the Trust to represent the voices of disabled colleagues. Launch a Trust-wide awareness campaign to ensure that all staff are aware of the Disability Policy and the Adjustments SOP including through WeShare, Team Leader Webinars, Network meetings and cascaded through the People Teams across each H ospital. Enhance accountability for improving the workplace experience of disabled colleagues by benchmarking the Trust against external frameworks of best practice including the Disability Charter and Disability Confident Leader requirements and address any gaps. We will strengthen our equity and inclusion governance by bolstering the allyship role of our EDI Executive Sponsors, calling on the Group Executive Board and Trust Board to actively lead and role-model this agenda, and driving strategic change through our dedicated Group Equity and Inclusion Board and Hospital EDI Committees. Through our recently refreshed inclusion business partner model, we will continue to strengthen the interface between our Group Inclusion Centre and Hospital EDI leads, ensuring a joined-up and collaborative approach that enables the local embedding and implementation of group-wide strategic inclusion priorities. 	<ul style="list-style-type: none"> All WDES metrics
Supporting Career Development	<ul style="list-style-type: none"> Roll out two additional cohorts of the Pave Your Path development course in 2025-26 and 2026-27 and review the impact to evaluate the benefits of further cohorts. Encourage disabled colleagues to enrol on the Trust's bespoke career development programme and promote the opportunities for career development for disabled colleagues through the Inclusive Career Development offer including mentoring, stretch assignments and career conversations using the 'Scope for Growth' model. Due to current productivity challenges, permanent opportunities may be limited. We will therefore take a more robust and inclusive approach to acting-up and secondment opportunities, using refreshed internal talent management processes to ensure fair and equitable access. This approach will accelerate internal development and build the readiness of our diverse talent pipeline for senior roles when they arise. 	<ul style="list-style-type: none"> WDES1 & 5 WDES5 WDES1 & 5 WDES2 & 5

	<ul style="list-style-type: none"> • Ensure that inclusion and equity is embedded within recruitment by rolling out refreshed Inclusive Recruitment training focusing on the specific issues facing disabled people and working with the recruitment team to ensure that the process is equitable. 	
Targeted Support for Disabled Staff	<ul style="list-style-type: none"> • Improve awareness of self-service functionality to update disability status through ESR. • Enhanced wellbeing support for disabled staff experiencing violence and aggression from patients with debriefs and psychological support. • Promote the access to reasonable adjustments including promoting the adjustments SOP, working across EWS, ICT and Procurement teams to identify and resolve bottlenecks in the adjustment process and promote the support from Access to Work with regular webinars. • Ensure that all staff have an annual appraisal which includes a wellbeing conversation. Work with Wellbeing Leads at each hospital to make sure that the Wellbeing support offers are effectively supporting the wellbeing of disabled colleagues. • Roll out the neurodiversity assessment support to colleagues across the Trust. 	<ul style="list-style-type: none"> • WDES1 • WDES4 & 7 • WDES5 & 7 • WDES6 & 7 • WDES5, 6, 7, 8 & 9
Creating a Fair and Just Culture	<ul style="list-style-type: none"> • Promote visible role models with a disability across Barts. • Take targeted actions in hot spot areas with high level of bullying, abuse and discrimination for disabled colleagues, working with the Hospital Inclusion Site Leads. • Roll out CQ and Active Bystander training programmes. • Work through Hospital Executive Boards to embed the restorative just and learning culture approach on hospital sites to ensure compassionate and inclusive leadership behaviours at all levels in the organisation and build the awareness for all colleagues across the Trust including developing a local just and learning culture training programme. • Deliver Disability Fundamentals training for colleagues including targeting the training for line managers in areas where we have identified higher levels of challenges and issues. 	<ul style="list-style-type: none"> • WDES1, 7 & 9 • WDES4, 7 & 9 • WDES4 • WDES3 & 7 • WDES2, 3, 4, 5 & 8

7. Closing Statement:

The overarching message of the 2024-25 WDES measures that we have built on the progress seen in last year's report and have seen improvements in key areas such as access to workplace adjustments and levels of presenteeism. Despite this however the metrics continue to demonstrate the additional challenges disabled colleagues face at work compared to their non-disabled peers.

There is clear evidence that where we work collectively to prioritise improvements in particular areas, we can make rapid progress to improve the issues that clearly emerge from the WDES. We need to use the updated data to reinforce the role everyone has to ensuring that we reach the ambition set out in WeBelong of becoming a truly inclusive organisation.

This document provides just a snapshot of our work towards inclusion. To find out more about how we are supporting our staff with a disability, or to learn about our overarching inclusion strategy, please contact diversityninclusion.bartshealth@nhs.net

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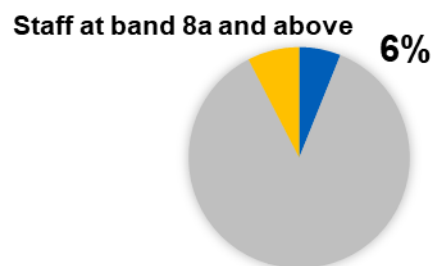
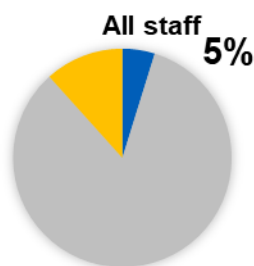
2025 Metrics | Barts Health Trust



The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

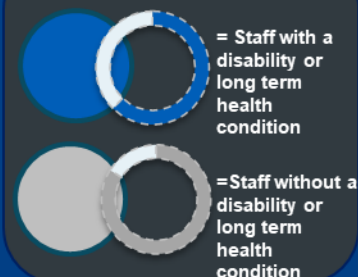
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:



2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting** compared to non-disabled staff

1.10x

This means non-disabled staff are 1.10 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering a **formal capability** process compared to non-disabled staff:

9.93x

Disabled staff are 9 times more likely to enter formal capability. Numbers are very so small this is not statistically significant.

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**



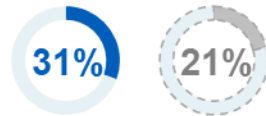
4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**



4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**



4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**



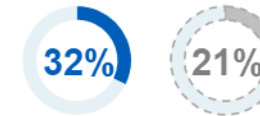
5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion:**



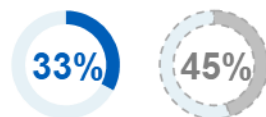
6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**



7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work



9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.3 6.8

10: Trust Board

Percentage disabled staff on the Trust Board

