James Paget University Hospitals NHS Foundation Trust

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2025/26 Year

1. INTRODUCTION

Inequalities in any form are at odds with the values of the NHS and our Trust. The fair treatment of staff is not only the right thing to do but it is directly linked to better clinical outcomes and better experience of care for patients. Developing a more inclusive workplace is therefore a key element of our Staff Experience Plan.

All NHS Trusts are required to report performance against a range of race and disability equality metrics on an annual basis. These are known as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Our submission to NHS England was provided by the end of May 2026. Some of the data is drawn from the 2025 Staff Survey, otherwise it is ESR data as at 31st March 2026. Analysis of this data identified three priority areas:

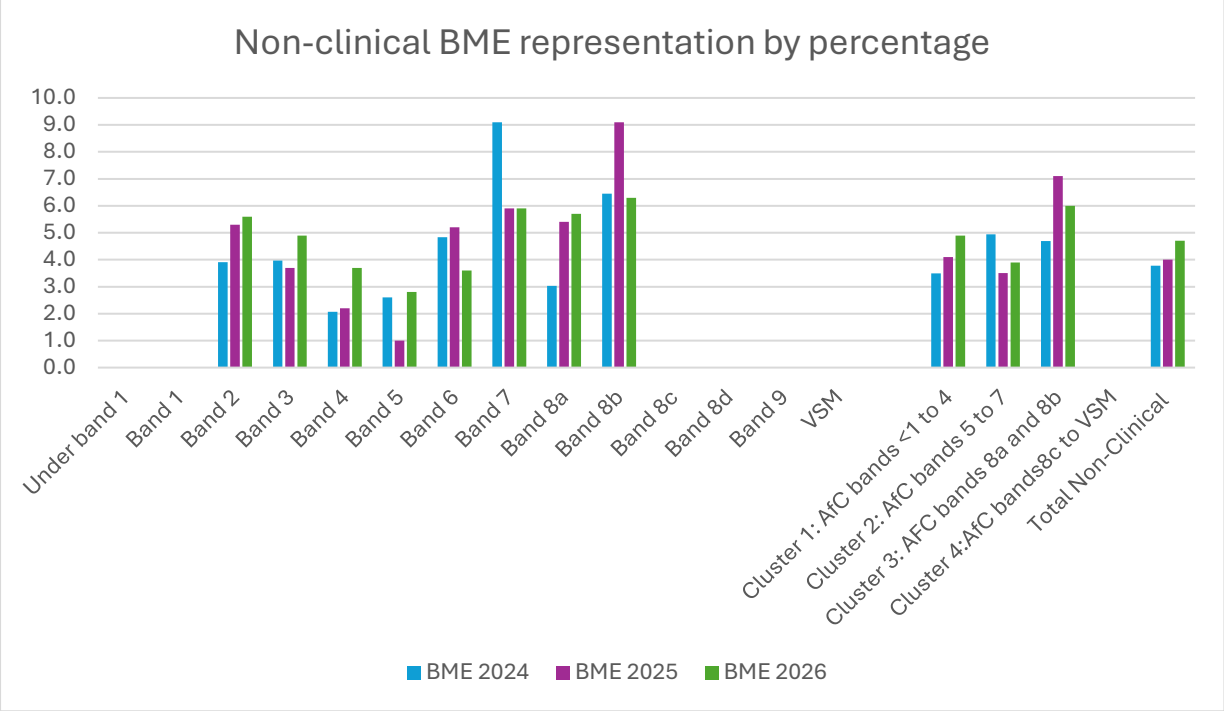
- Improvement in diversity, particularly at higher bands;
- Reduction in staff experiencing any form of abuse; and
- Improvement in engagement and overall experience of disabled staff.

2. WORFORCE RACE EQUALITY STANDARD (WRES)

Indicator 1 - Percentage of BME staff

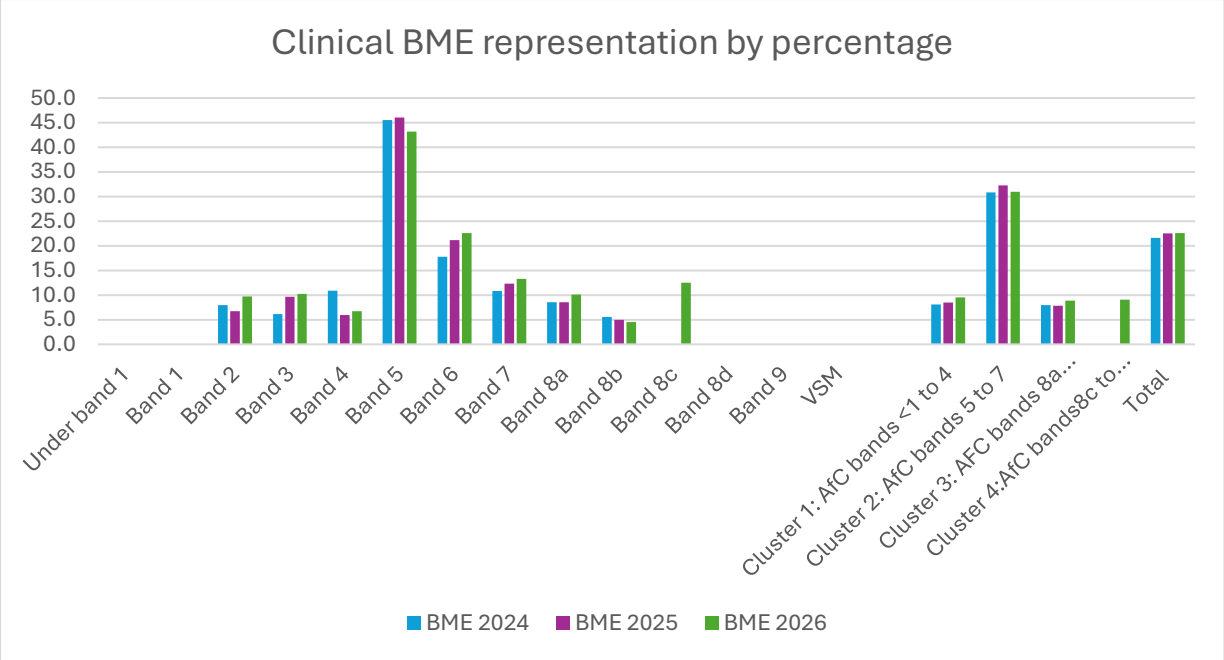
1a) Non-Clinical Workforce						
	WHITE		BME		ETHNICITY UNKNOWN/NULL	
	2025	2026	2025	2026	2025	2026
Under band 1	0	0	0	0	0	0
Band 1	7	7	0	0	0	0
Band 2	365	381	21	23	8	8
Band 3	313	311	12	16	1	1
Band 4	181	179	4	7	0	1
Band 5	102	105	1	3	1	1
Band 6	55	54	3	2	0	0

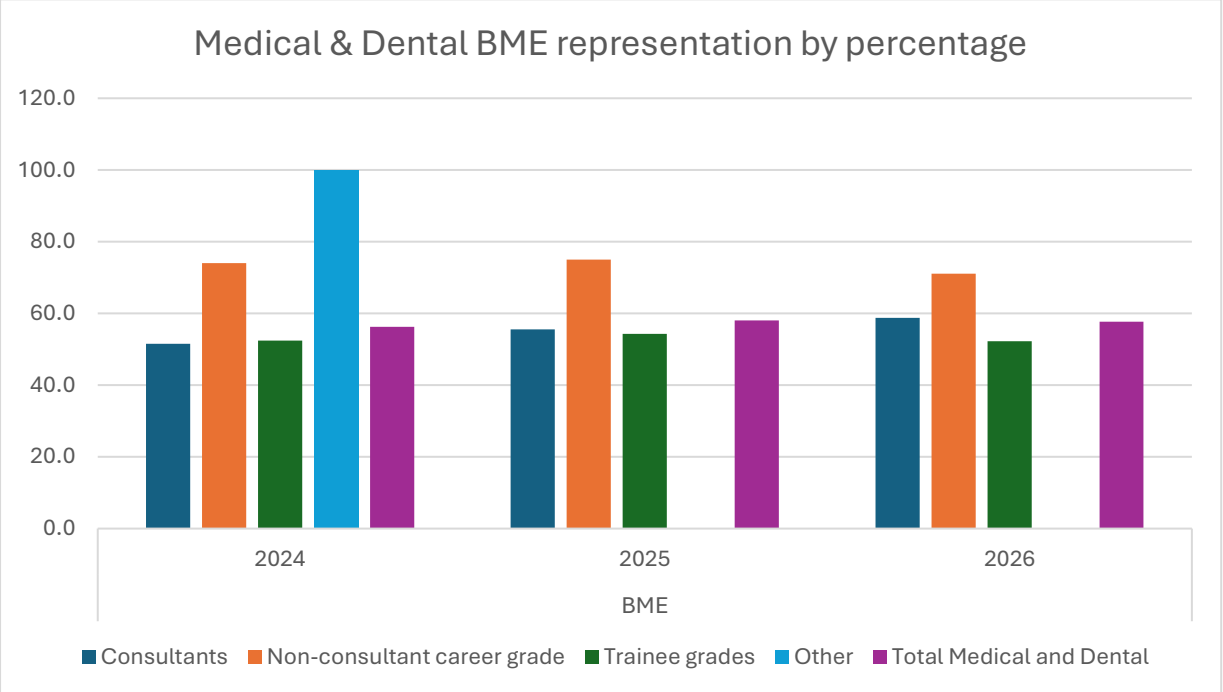
Band 7	64	64	4	4	0	0
Band 8a	35	33	2	2	0	0
Band 8b	30	30	3	2	0	0
Band 8c	12	12	0	0	0	0
Band 8d	6	5	0	0	2	0
Band 9	3	4	0	0	0	2
VSM	6	7	0	0	0	0
Cluster 1: AfC bands <1 to 4	866	878	37	46	9	10
Cluster 2: AfC bands 5 to 7	221	223	8	9	1	1
Cluster 3: AFC bands 8a and 8b	65	63	5	4	0	0
Cluster 4:AfC bands8c to VSM	27	28	0	0	2	2
Total Non-Clinical	**1179**	**1192**	**50**	**59**	**12**	**13**



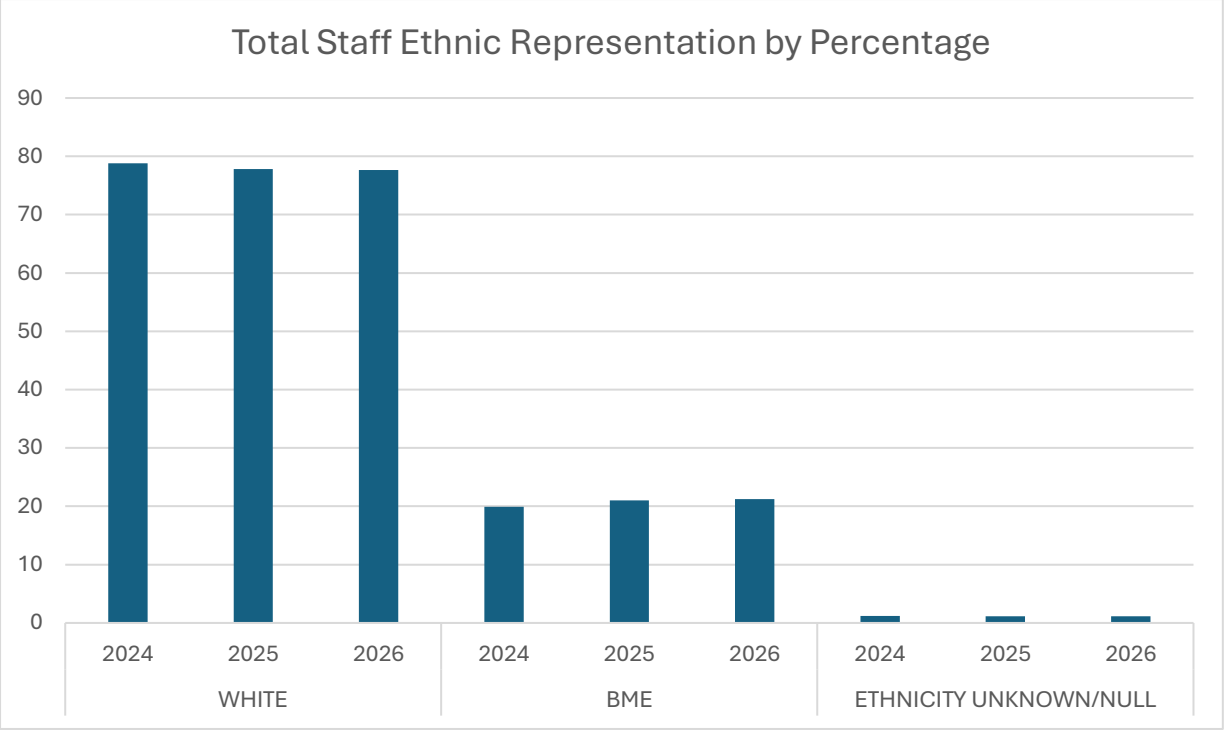
1b) Clinical Workforce						
	WHITE		**BME**		**ETHNICITY UNKNOWN/NULL**	
	2025	**2026**	**2025**	**2026**	**2025**	**2026**
Under band 1	0	0	0	0	0	0
Band 1	2	2	0	0	0	0

Band 2	166	176	12	19	0	0
Band 3	578	495	62	57	2	4
Band 4	156	150	10	11	2	2
Band 5	444	450	381	346	3	5
Band 6	357	365	97	108	4	5
Band 7	274	277	39	43	3	3
Band 8a	75	71	7	8	0	0
Band 8b	19	21	1	1	0	0
Band 8c	9	7	0	1	0	0
Band 8d	1	2	0	0	0	0
Band 9	1	1	0	0	0	0
VSM	3	0	0	0	0	0
Cluster 1: AfC bands <1 to 4	902	823	84	87	4	6
Cluster 2: AfC bands 5 to 7	1075	1092	517	497	10	13
Cluster 3: AFC bands 8a and 8b	94	92	8	9	0	0
Cluster 4:AfC bands8c to VSM	14	10	0	1	0	0
Total	**2085**	**2017**	**609**	**594**	**14**	**19**
Medical & Dental						
Consultants	65	66	95	104	11	7
Non-consultant career grade	17	21	54	54	1	1
Trainee grades	87	98	119	117	13	9
Other	0	0	0	0	0	0
Total Medical and Dental	**169**	**185**	**268**	**275**	**25**	**17**





All Staff						
	WHITE		**BME**		**ETHNICITY UNKNOWN/NULL**	
	2025	**2026**	**2025**	**2026**	**2025**	**2026**
Total (Number)	3433	3394	927	928	51	49
Total (Percentage)	**77.8**	**77.7**	**21.0**	**21.2**	**1.2**	**1.1**



The demographic profile of the Trust by ethnicity is 77.7% White, 21.2% Black and Minority Ethnic (BME), and 1.1% unknown ethnicity. BME representation has increased by 0.2% from 21.0% the previous year.

The data shows that BME staff continue to be over-represented at Band 5 due to international recruitment into clinical roles and there has been some movement in translating this into increasing representation at Band 6 and 7 though improvement has been slow.

There is also limited representation of BME staff within the non-clinical workforce, though we have seen an increase in bands 1-4 there has been a reduction in representation at band 8a and higher.

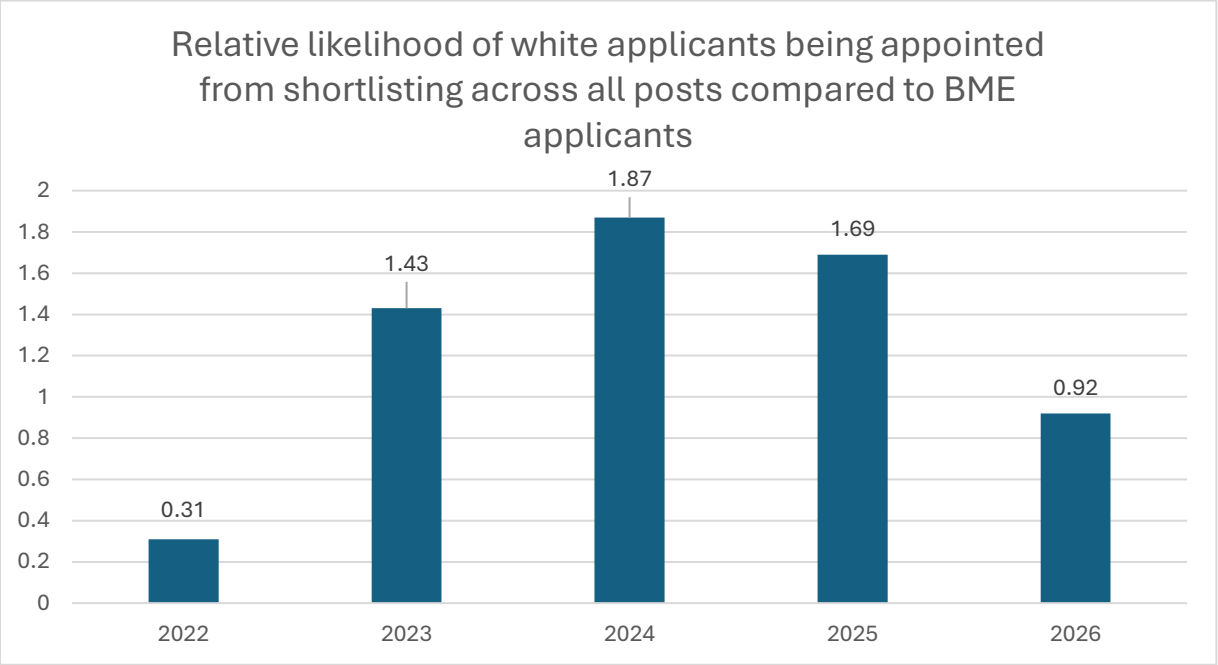
According to the 2021 Census 94.7% of the population of Norfolk and Waveney are White (Office for National Statistics). 94.3% of non-clinical staff are White which is comparative to the local workforce demographics and not unexpected given non-clinical roles are most likely recruited from this population.

<u>Indicator 2</u> - Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants

	WHITE		BME		ETHNICITY UNKNOWN/NULL	
	2025	2026	2025	2026	2025	2026
Number of shortlisted applicants	869	1352	464	357	468	153
Number appointed from shortlisting	320	624	101	180	34	72
Relative likelihood of appointment	36.8%	46.2%	21.8%	50.4%	7.26%	47.1%

from shortlisting						
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.69	0.92				

The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 0.92 down from 1.69 last year, meaning that the Trust has greatly improved in this area with BME staff slightly more likely to be appointed from shortlisting than their White counterparts.



<u>Indicator 3</u> – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

	WHITE		BME		ETHNICITY UNKNOWN/NULL	
	2025	2026	2025	2026	2025	2026
Number of staff in workforce	3433	3394	927	928	51	49
Number of staff entering the formal disciplinary process	5	22	1	6	0	0
Likelihood of staff entering the formal disciplinary process	0.15%	0.65%	0.11%	0.65%	0.00%	0.00%

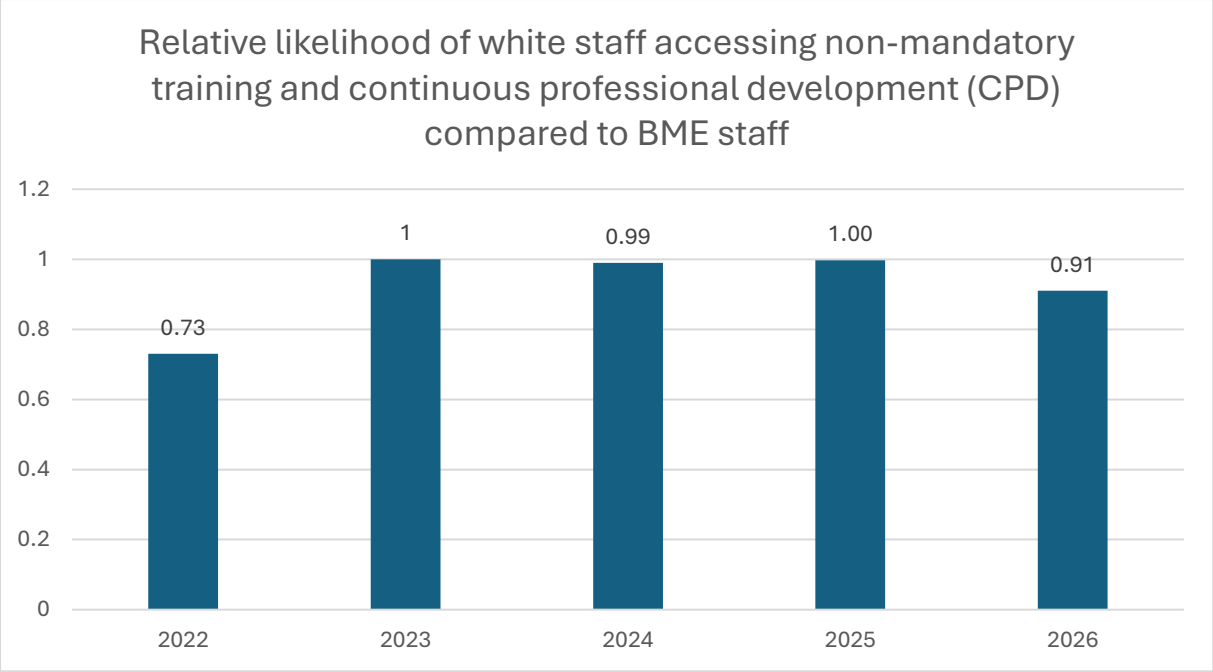
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff			0.74	1		

BME staff are just as likely as white staff to enter formal disciplinary procedures.

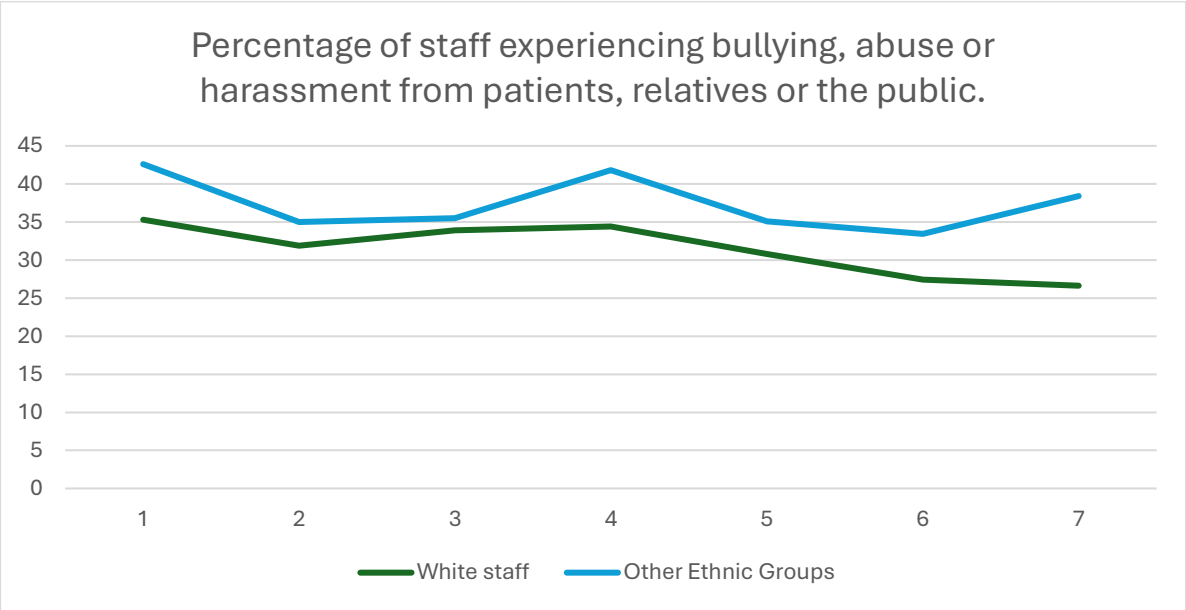
<u>Indicator 4</u> – Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff

	WHITE		BME		ETHNICITY UNKNOWN/NULL	
	2025	**2026**	**2025**	**2026**	**2025**	**2026**
Number of staff in workforce	3433	3394	927	928	51	49
Number of staff accessing non-mandatory training and CPD	3424	3023	926	904	55	45
Likelihood of staff accessing non-mandatory training and CPD	99.7%	89.1%	99.89%	97.4%	100%	91.8%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.00	0.91				

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 0.91, meaning that BME staff are slightly more likely to access non-mandatory training. There has been a decrease across all staff groups in this area which correlates with feedback in the staff survey around ‘We are always learning’.

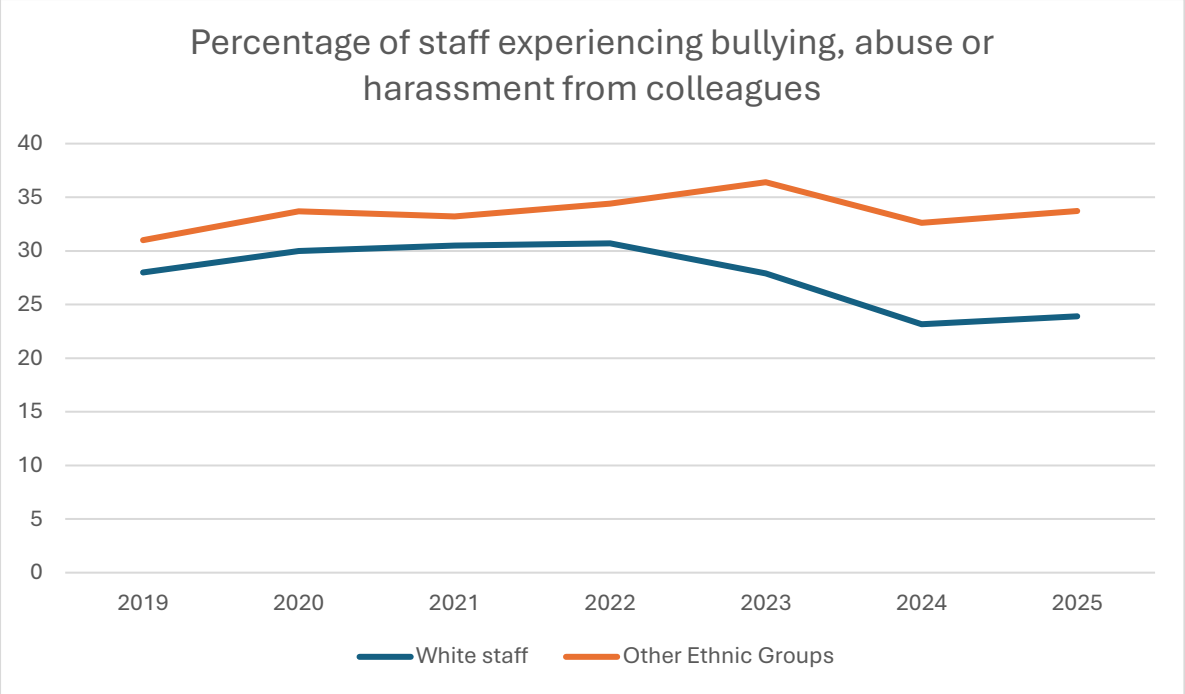


<u>Indicator 5</u> – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public within the last 12 months



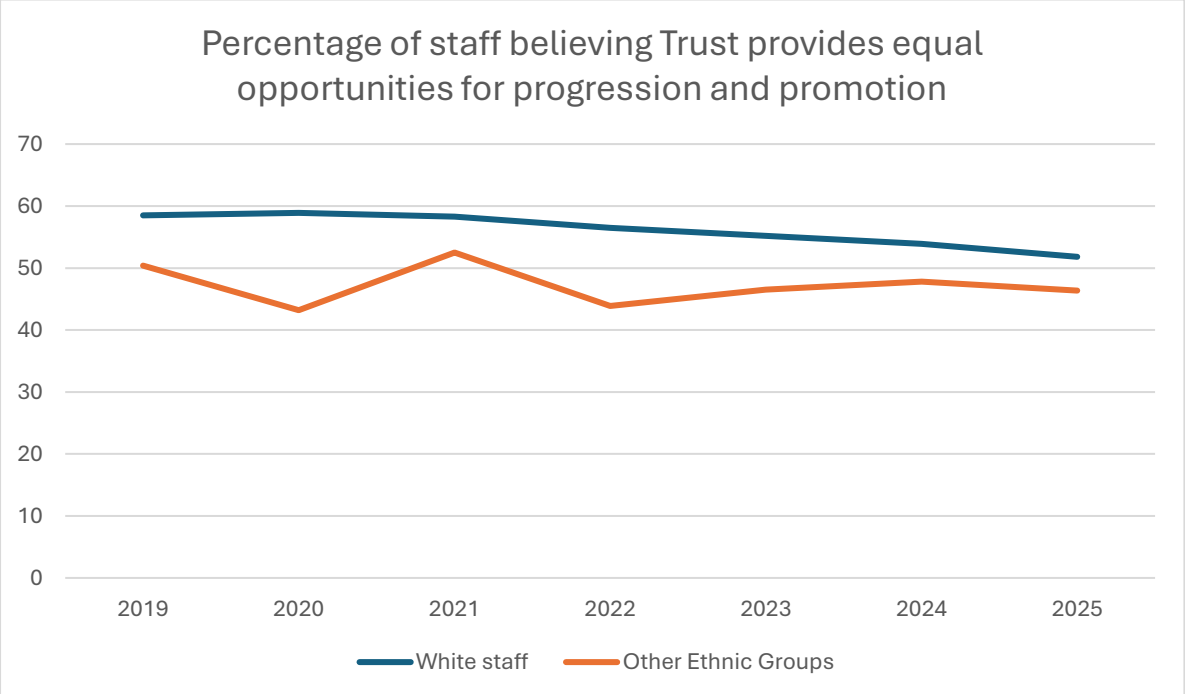
BME staff survey respondents are reporting an increase in incident of abuse in contradiction to their White counterparts who have continued to see a decrease in this area.

<u>Indicator 6</u> – Percentage of staff experiencing harassment, bullying or abuse from staff within the last 12 months (NHS average in brackets)



All staff survey respondents are reporting an increase in abuse from colleagues over the last year with incidents received by BME staff 10% higher than their White counterparts.

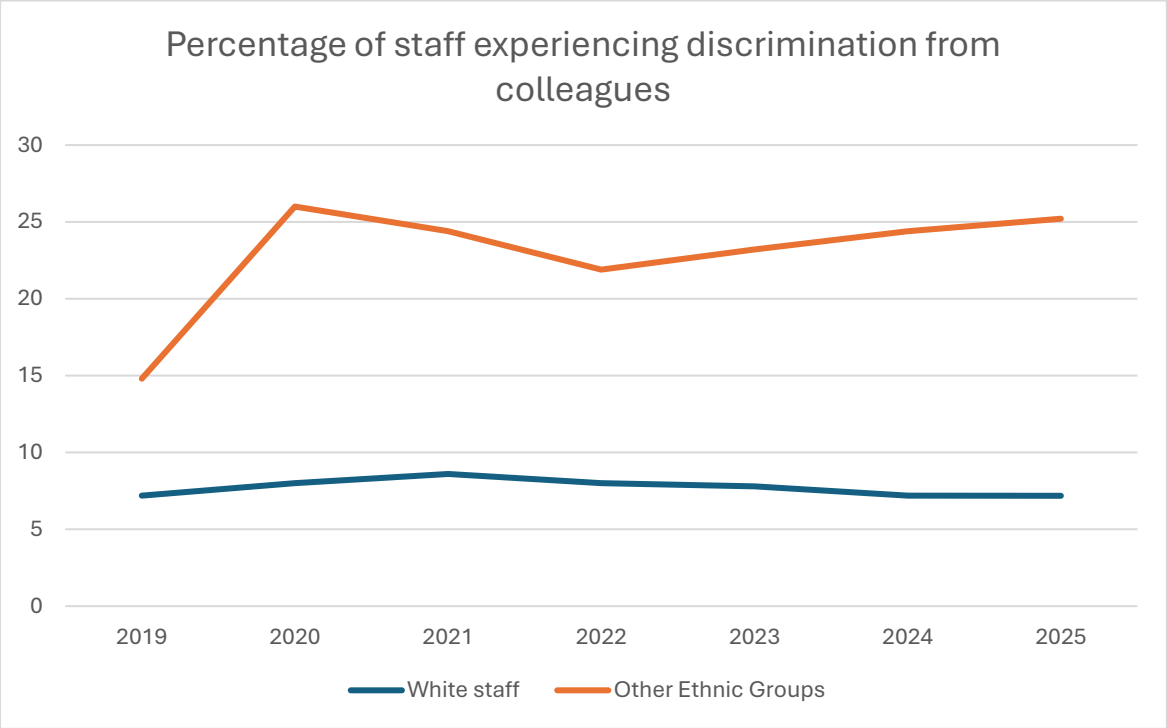
<u>Indicator 7</u> – Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion (NHS average in brackets)



BME staff belief in equal opportunities for career progression has decreased over the last year, a change in trajectory from the previous 2 years of improvement, and inline with feeling amongst non-BME staff.

<u>Indicator 8</u> – Percentage of staff personally experiencing discrimination at work from a manager / team leader or other colleagues (NHS average in brackets)

The number of BME staff experiencing discrimination at work from their colleagues has continued to increase, is more than double the Trust average, and higher than the national acute average.



<u>Indicator 9</u> – BME Board membership

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Total Board members	6	0	1
Of which: Voting Board members	6	0	0
Non-voting Board members	0	0	1
Of which: Exec Board members	6	0	1
Non-Exec Board members	0	0	0
Number of staff in overall workforce	3394	928	49
Total Board members - % by Ethnicity	85.7%	0.0%	14.3%
Voting Board members - % by Ethnicity	100.0%	0.0%	0.0%
Non-voting Board members - % by Ethnicity	0.0%	0.0%	100.0%
Executive Board Member - % by Ethnicity	85.7%	0.0%	14.3%
Non-Executive Board Member - % by Ethnicity	0.0%	0.0%	0.0%
Difference (Total Board – Overall workforce)	8%	-21%	13%

The ethnic diversity of the board has reduced since last year with the loss of the 1 BME representative. High Impact Action 2 to create and implement a talent management plan to improve the diversity of senior leadership would support progress in this area.

3. WORFORCE DISABILITY EQUALITY STANDARD (WDES)

Indicator 1 – Percentage of disabled staff

	# Disabled	% Disabled	# Non-Disabled	% Non-Disabled	# Unknown/ Null	% Unknown/ Null	Total
1a) Non Clinical workforce							
Under Band 1	0	0.0	0	0.0	0	0.0	0
Band 1	1	14.3	6	85.7	0	0.0	7
Band 2	44	10.7	361	87.6	7	1.7	412
Band 3	26	7.9	297	90.5	5	1.5	328
Band 4	10	5.3	174	93.0	3	1.6	187
Band 5	10	9.2	95	87.2	4	3.7	109
Band 6	5	8.9	50	89.3	1	1.8	56
Band 7	3	4.4	64	94.1	1	1.5	68
Band 8a	4	11.4	31	88.6	0	0.0	35
Band 8b	2	6.3	30	93.8	0	0.0	32
Band 8c	0	0.0	12	100.0	0	0.0	12
Band 8d	1	14.3	6	85.7	0	0.0	7
Band 9	0	0.0	4	100.0	0	0.0	4
VSM	0	0.0	7	100.0	0	0.0	7
Other	0	0.0	0	0.0	0	0.0	0
Cluster 1: AfC Bands <1-4	81	8.7	838	89.7	15	1.6	934
Cluster 2: AfC Bands 5 to 7	18	7.7	209	89.7	6	2.6	233
Cluster 3: AfC Bands 8a and 8b	6	9.0	61	91.0	0	0.0	67
Cluster 4: AfC Bands 8c to VSM	1	3.3	29	96.7	0	0.0	30
Total Non-Clinical	**106**	**8.4**	**1137**	**90.0**	**21**	**1.7**	**1264**
1b) Clinical workforce (of which Non Medical)							
Under Band 1	0	0.0	0	0.0	0	0.0	0
Band 1	2	100.0	0	0.0	0	0.0	2
Band 2	10	5.1	185	94.9	0	0.0	195
Band 3	36	6.5	517	93.0	3	0.5	556
Band 4	13	8.0	148	90.8	2	1.2	163
Band 5	58	7.2	730	91.1	13	1.6	801
Band 6	36	7.53	439	91.8	3	0.6	478
Band 7	16	5.0	300	92.9	7	2.2	323
Band 8a	4	5.1	74	93.7	1	1.3	79
Band 8b	1	4.6	20	90.9	1	4.6	22
Band 8c	0	0.0	8	100.0	0	0.0	8
Band 8d	0	0.0	2	100.0	0	0.0	2
Band 9	0	0.0	1	100.0	0	0.0	1
VSM	0	0.0	0	0.0	0	0.0	0
Other	0	0.0	0	0.0	0	0.0	0
Cluster 1: AfC	61	6.7	850	92.8	5	0.5	916

Bands <1-4							
Cluster 2: AfC Bands 5 to 7	110	6.9	1469	91.7	23	1.4	1602
Cluster 3: AfC Bands 8a and 8b	5	5.0	94	93.1	2	2.0	101
Cluster 4: AfC Bands 8c to VSM	0	0.0	11	100.0	0	0.0	11
Total Clinical	**176**	**6.7**	**2424**	**92.2**	**30**	**1.1**	**2630**
(Of which Medical & Dental)							
Consultants	3	1.7	168	94.9	6	3.4	117
Non-consultant career grade	0	0.0	72	94.7	4	5.3	76
Trainee grades	6	2.7	204	91.1	14	6.3	224
Total Medical and Dental	**9**	**1.9**	**444**	**93.1**	**24**	**5.0**	**477**
Number of staff in workforce	**291**	**6.7**	**4005**	**91.6**	**75**	**1.7**	**4371**

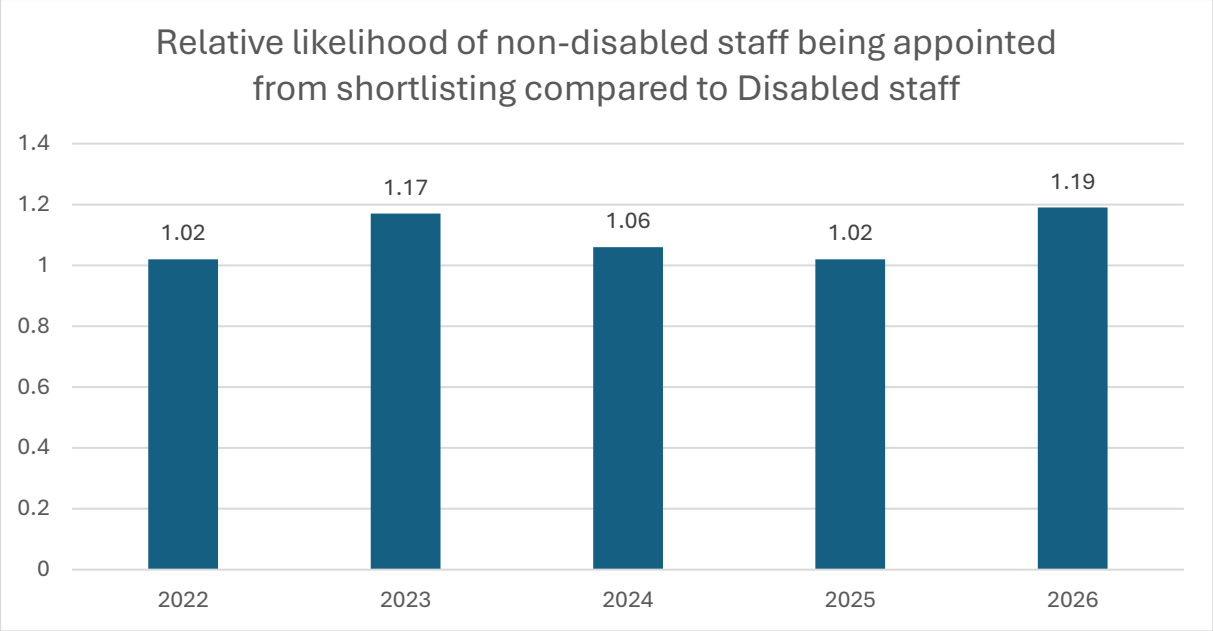
Overall, the Trust has 6.7% of staff within its workforce recorded as disabled on their Electronic Staff Record (ESR), an increase of 0.8% from 5.9% the previous year. There has been a decrease in Disabled staff in non-clinical roles from 8.4% to 7.6%. Clinical representation has conversely seen an increase from 5.9% to 6.7%. Disabled representation at senior levels remains lower than the rest of the workforce.

It is worth noting that whilst only 6.7% of staff on ESR report a disability, 27.3% of staff survey respondents stated they had a long-term health condition. It is likely that declaration rates on ESR are low and this is reflected nationally. Approximately 20% of the working age population have a disability with almost half currently in employment.

<u>Indicator 2</u> - Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff.

	Disabled	Non-Disabled	UNKNOWN/NULL
Number of shortlisted applicants	154	1561	146
Number appointed from shortlisting	64	751	61
Relative likelihood of appointment from shortlisting	0.41	0.48	0.42
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff		1.19	

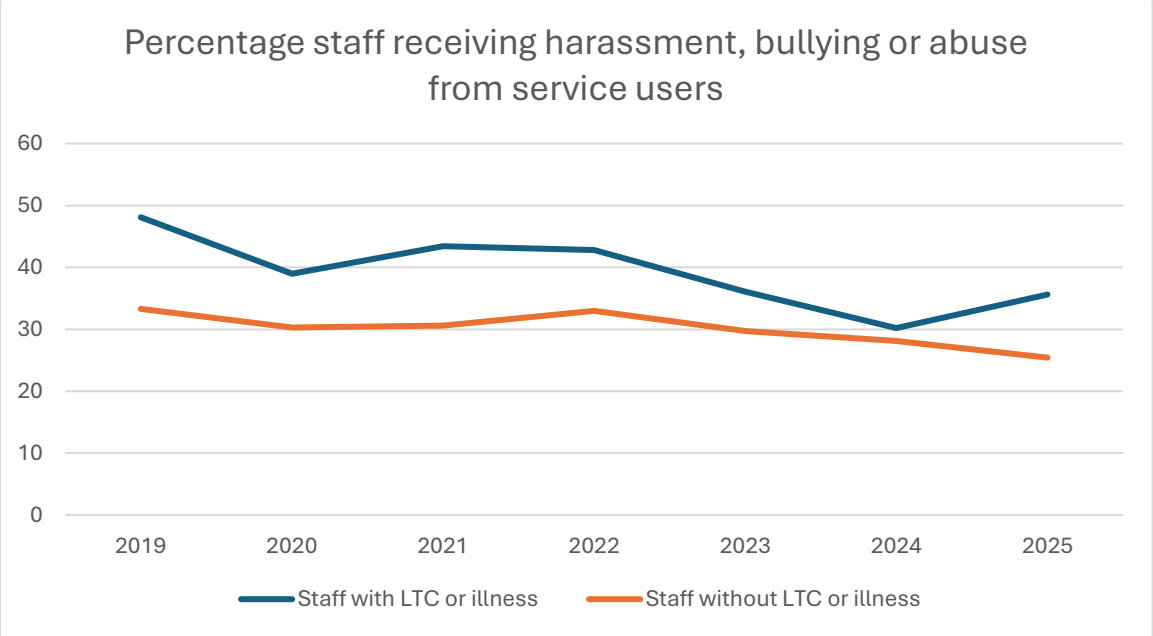
The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.19, an increase of 0.13, which means that non-disabled staff are 20% more likely to be recruited from shortlisting than disabled counterparts.

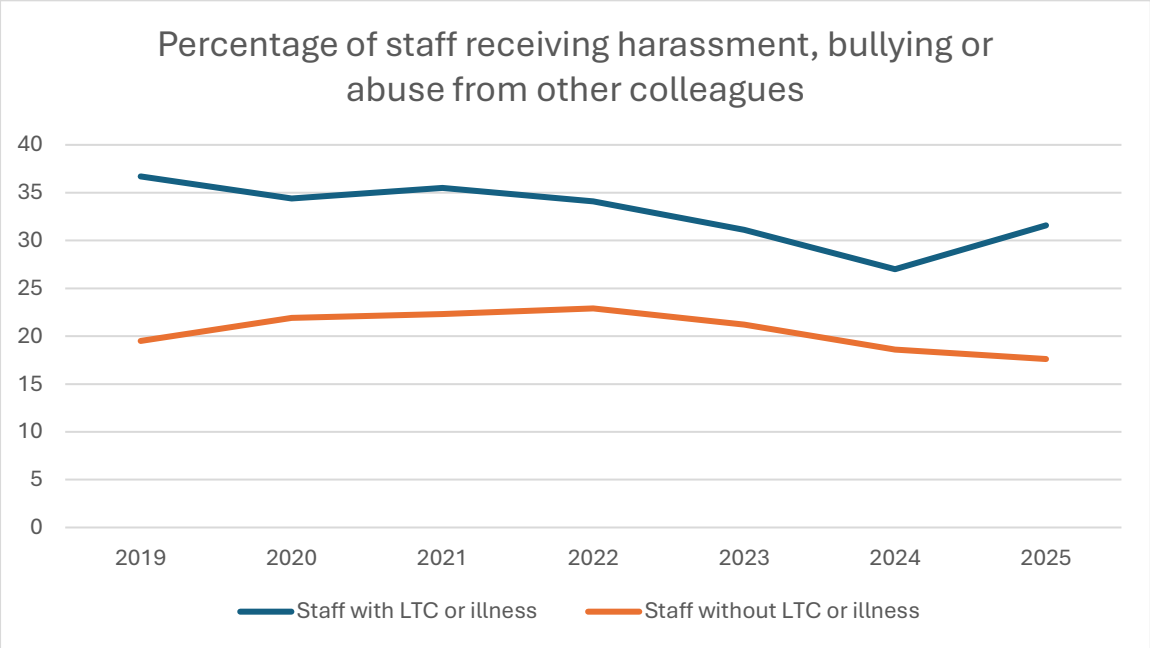


<u>Indicator 3</u> - Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.

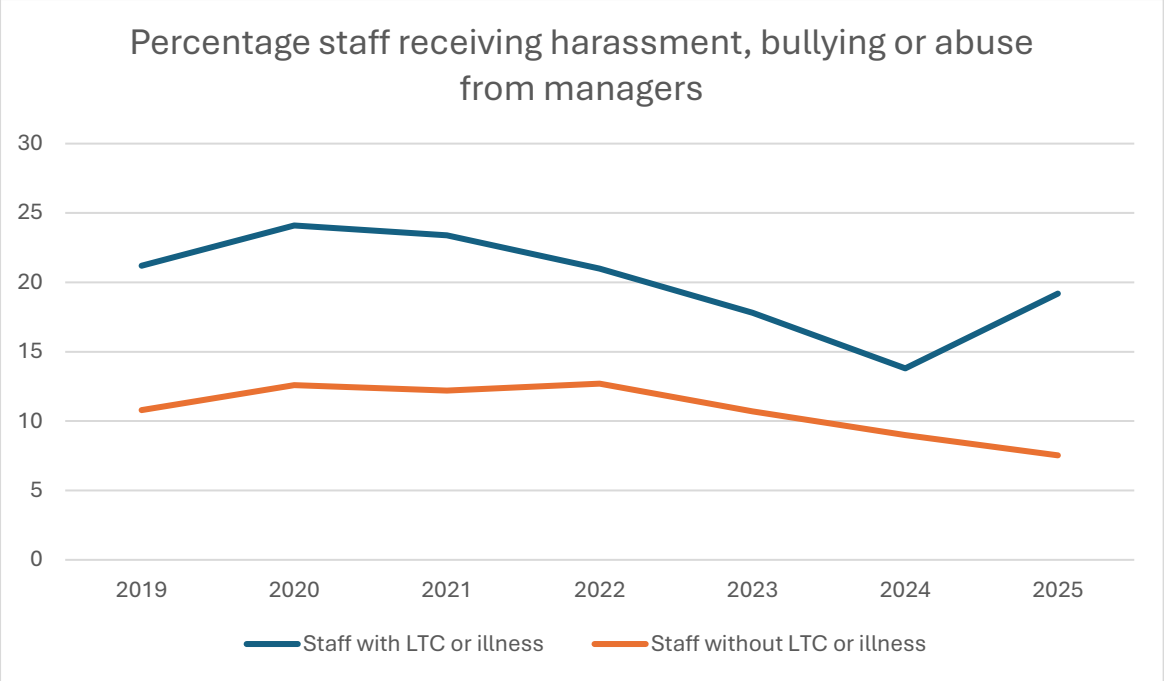
	Disabled	Non-Disabled	UNKNOWN/NULL
Average number of staff entering the formal capability process over the last 2 years for any reason (i.e. total divided by 2)	1	5	0
Of these, how many were on the grounds of ill-health?	0	0	0
Likelihood of staff entering the formal capability process	0.003	0.001	0.000
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	2.75		

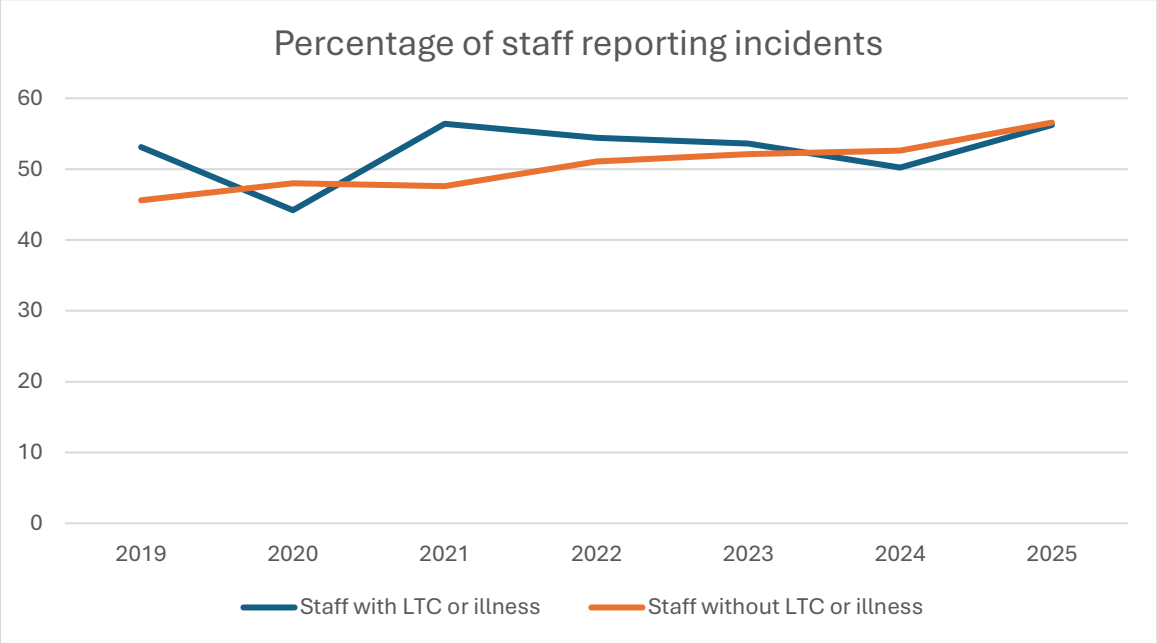
<u>Indicator 4</u> - Percentage of staff experiencing harassment, bullying or abuse in the last 12 months (*LTC = Long Term Health Condition**)**





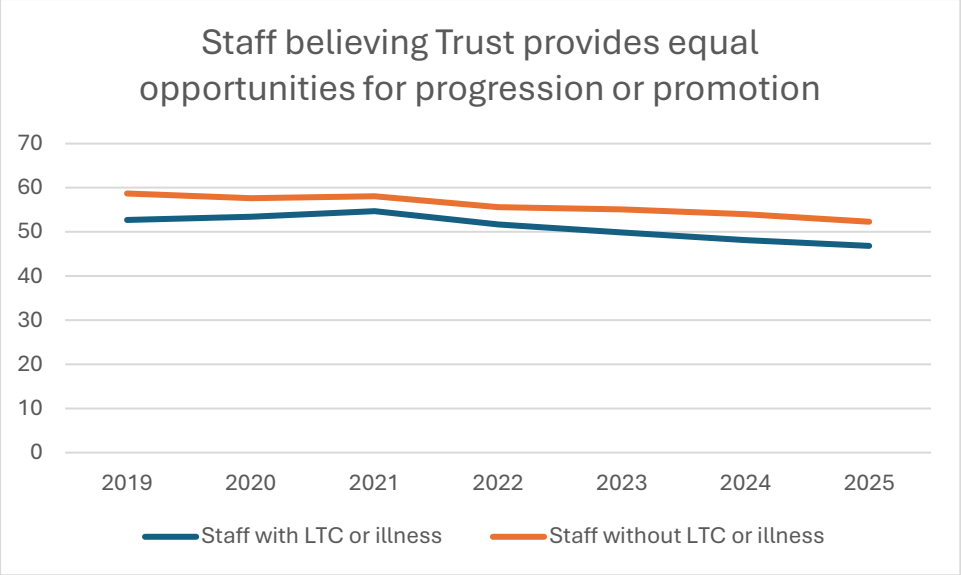
Staff survey respondents with long-term health condition are reporting a rise in harassment, bullying or abuse from service users, colleagues and managers which is in contrast to the experience of those without long-term health conditions and a change from the previous 3 years. Work will be undertaken with this staff group to understand more about the abuse being received in order to inform actions.





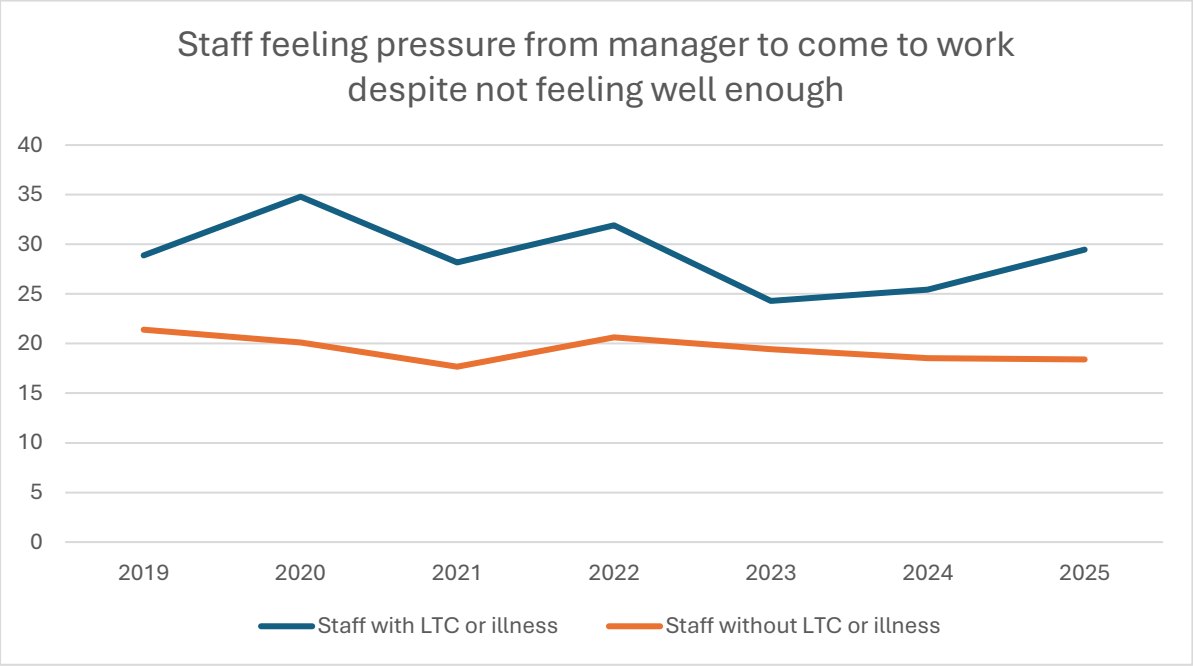
Encouragingly staff with long-term health conditions report being more likely to report an incident of abuse than in the previous year, and as likely as their colleagues who do not have a long-term health condition.

<u>Indicator 5</u> - Percentage of staff believing that trust provides equal opportunities for career progression or promotion (NHS average in brackets)



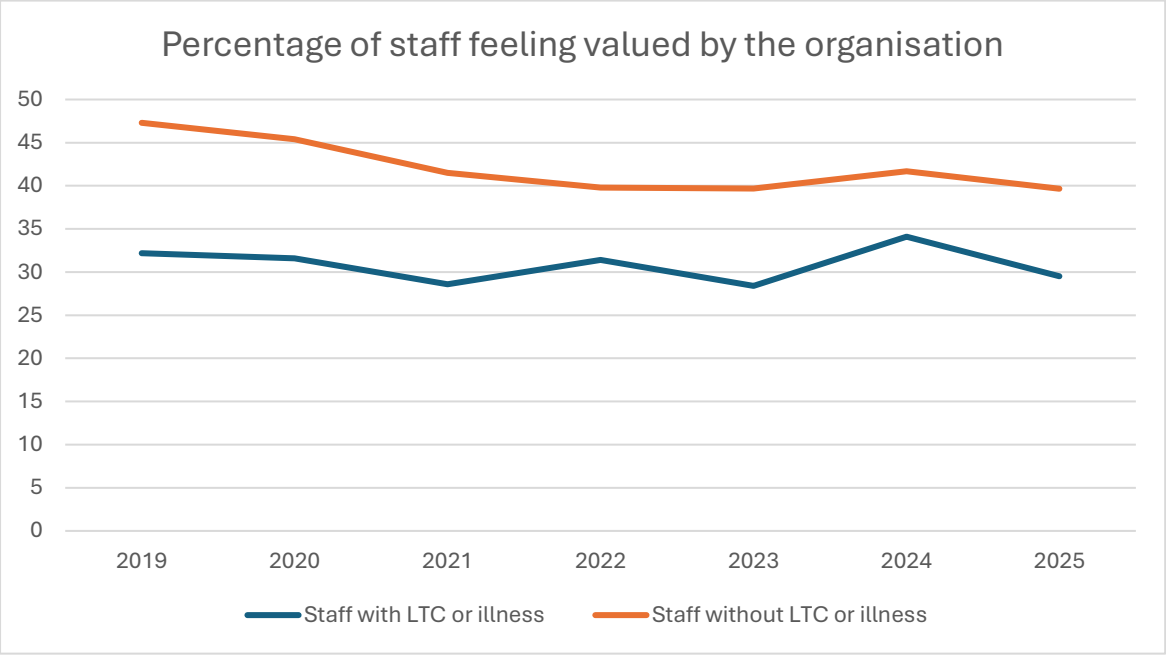
As with all staff, staff with long term health conditions are decreasingly believing there are equal opportunities for career development and progression, though the change over the past year has been small (-1.7%).

<u>Indicator 6</u> - Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



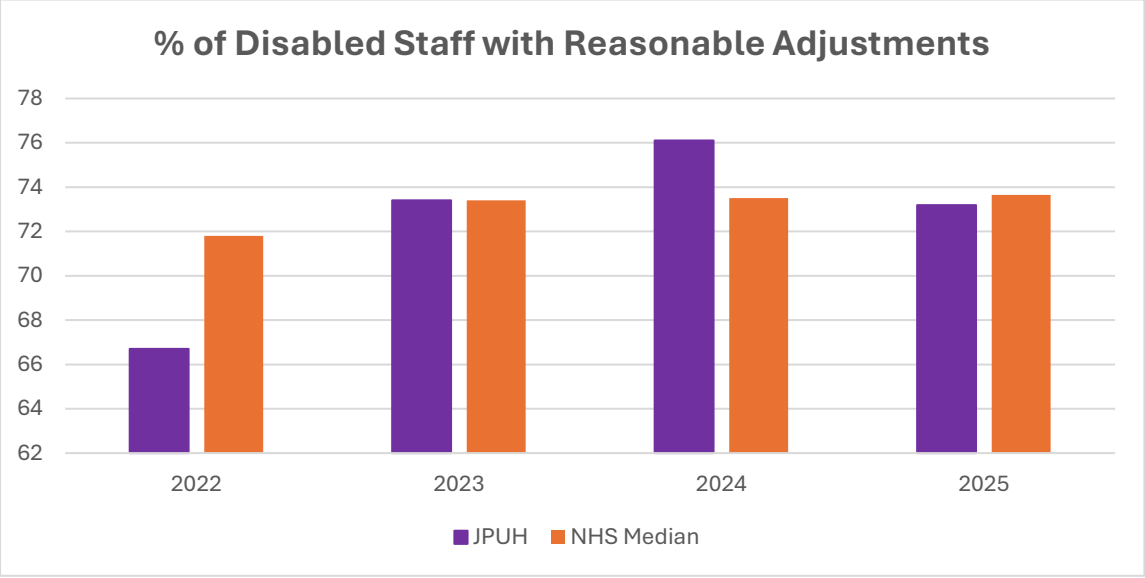
Almost 30% of Disabled staff report feeling pressure to come to work despite being unwell with a greater increase than the previous year. This is converse to staff without long term health conditions who are reporting less pressure.

<u>Indicator 7</u> - Percentage of staff saying that they are satisfied with the extent to which their organisation values their work



Staff with long term illnesses feel less valued by the organisation than both last year and than their non-disabled counterparts.

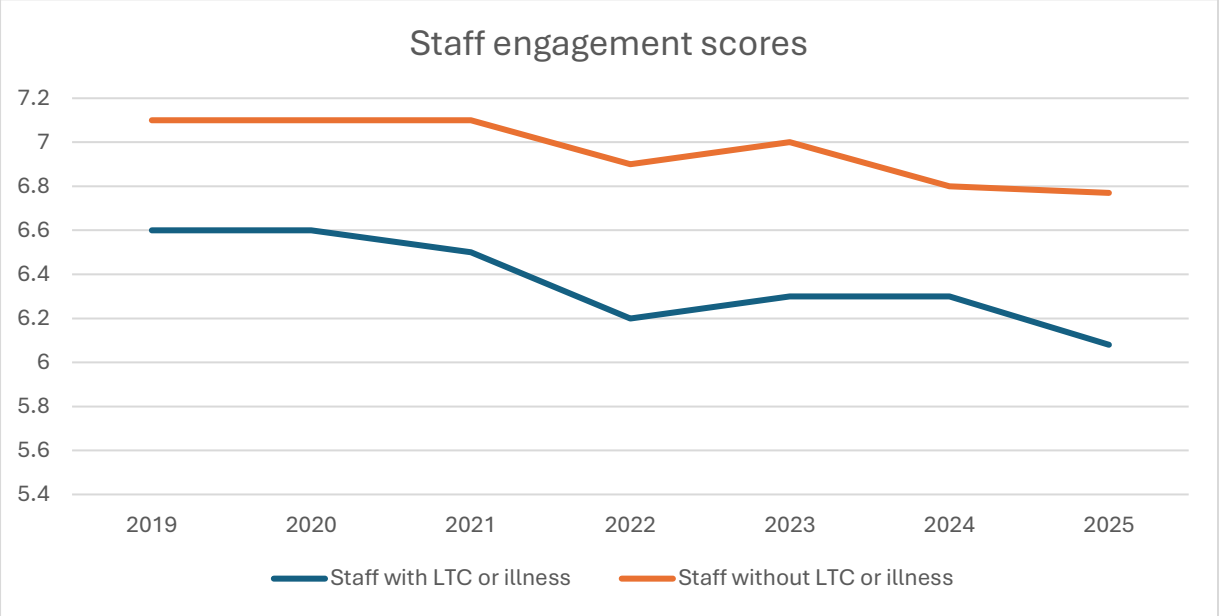
<u>Indicator 8</u> - Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work



73.2% of disabled staff have had adequate adjustments to enable them to carry out their work, this is a decrease of nearly 3% over the last year. The number of staff with adjustment passports continues to increase; neurodiversity training has increased both adjustment awareness and delivery; and more managers are actively seeking out advice or support from HR or the Organisational Development Team. A further survey of disabled staff would be

beneficial to determine the proportion of staff that need reasonable adjustments and whether they have them in place.

<u>Indicator 9</u> – Staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation



The staff engagement score for staff with a long-term health condition has dropped over the last year by 0.22, a change in direction from previous years.

<u>Indicator 10</u> - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

	# Disabled	% Disabled	# Non-Disabled	% Non-Disabled	# Unknown/ Null	% Unknown/ Null	Total
Total Board Members	0	0.0	6	85.71	1	14.29	7
Voting Board Members	0	0.0	6	100.0	0	0.0	6
Non Voting Board Members	0	0.0	0	0.0	1	100.0	1
Exec Board Members	0	0.0	6	85.71	1	14.29	7
Non Exec Board Members	0	0.0	0	0.0	0	0.0	0
Difference (Total Board – Overall Workforce)		-7%		-6%		13%	
Difference (Voting membership – Overall workforce)		-7%		8%		-2%	
Difference (Executive membership – Overall Workforce)		-7%		-6%		13%	

There is no disabled representation at board level, with no change from the previous year. As with BME achieving High Impact Action 2 should support progress in this area.

4. ACTION PLAN

Action	Owner	Target date	Key Performance Indicator
Implement recruitment manager training and toolkit	Recruitment	October 2026	Increase in clinical staff at bands 6 and above Increase in disabled representation across Trust
Campaign to improve declaration rates	EDI Manager	November 2026	Increase in disabled declaration on ESR
Disaggregate Medical Gender Pay Gap	EDI Lead	April 2027	Report provided to People and Culture Management Meeting
Quarterly monitoring of recruitment data	Recruitment	March 2027	Inclusion in monitoring cycle
Implementation of violence and aggression action plan	Violence and Aggression Management Meeting	QSAFE updated July 2026 Data reports from October 2026	Ethnicity and disability data collated on QSAFE reports Data reported at monthly meeting
Establish bullying and harassment (staff on staff) working group and associated action plan	Deputy Director People & Culture	November 2026	WRES Indicator 6 WDES Indicator 4 FTSU Reports Employee relations data
Discourage inappropriate behaviour via public facing communications campaign	EDI Manager & Comms	November 2026	Campaign roll out Reported incidents
Continue to host local policing team to increase visibility	EDI Manager Chief Nurse	Ongoing	Number of visits
Embed adjustment passport into recruitment process	EDI Manager Recruitment	October 2026	Staff survey response to adjustment question
Improve understanding of sickness wellbeing meetings to ensure staff feel supported not penalised	HR Policy Review Working Group	Policy reviewed Qtr 1 2026/7 Processes and information being regularly reviewed	Decrease in staff reporting pressure to come to work when unwell via staff survey
Improve awareness of support for neurodivergent staff via training sessions	EDI Manager	Ongoing annually	Number of training session run and staff attending