South Central Ambulance Service
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2025

South Central Ambulance Service NHS Foundation Trust
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Contents

1. Introduction 3
2. Executive summary and detailed Metrics 4
3. WDES progress in 2024/2025 19
4. Conclusion and next steps 20
5. WDES Action Implementaion Plan 2025/26 Current plan 22

1. Introduction

In 2019, the Workforce Disability Equality Standards (WDES) were introduced with the primary objective of enhancing the working experiences of individuals with disabilities and those managing long-term health conditions (LTC) who are either currently employed by or seeking employment within the National Health Service (NHS). This initiative entails the systematic collection of evidence-based metrics, which serve as a valuable tool for organisations to gain deeper insights into the experiences of their workforce. Within this framework, there exist ten workforce metrics, as indicated in Table 1 below, facilitating a comparative analysis of data and responses from both disabled and non-disabled personnel.

The WDES report serves as a crucial instrument for pinpointing disparities and barriers encountered by disabled employees in the workplace, as compared to their non-disabled counterparts. The findings extracted from this report play a pivotal role in shaping the organisation's WDES Action Plan. This plan is strategically designed to directly confront and rectify the inequalities that disabled staff members may face.

Within this context, the present report serves to highlight the progress achieved thus far, identify areas requiring improvement, and delineate actionable steps for the forthcoming year. These actions are intended to foster improved outcomes for both disabled staff and those grappling with long-term health conditions, specifically concerning the ten NHS WDES metrics.

To compile the data for the WDES return, information has been sourced from the South Central Ambulance Service's (SCAS) Electronic Staff Records (ESR). Notably, disability-related data is consistently collected through a voluntary self-reporting mechanism among our staff members. This emphasis on staff declaration of disability is of utmost importance, as it enables the South Central Ambulance Service (SCAS) to provide a comprehensive and accurate representation of the disability landscape within the organisation.

2. Executive summary

Metrics	WDES Metric description	Metrics compared with last year
Metric 1	Disabled staffing across the bands	8.2% Total workforce, Last year 6.7%. **Increase of 1.5%**
Metric 2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting	1.14, which is higher than last year when it was 0.87. A figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting
Metric 3	Likelihood of Disabled staff entering the formal capability process	This year was 1.5; it was 5.2 last year
Metric 4 (a)	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public	For Disabled Staff was 47% this this is not as good as last year (43%)
Metric 4 (b)	Percentage of disabled staff experiencing harassment, bullying or abuse from managers	For Disabled Staff was 20% comparably worse than last year (17%)
Metric 4 (c)	Percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues	For Disabled Staff was 24% which is not as good as last year (23%).
Metric 4 (d)	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	For Disabled Staff was 52%. comparably same as last year (53%)
Metric 5	Percentage of disabled staff who believe that their organisation provides equal opportunities for career progression or promotion	For Disabled Staff was 51%, worse than the previous year (53%).
Metric 6	Percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	For Disabled Staff was 32% comparably worse than last year (28%
Metric 7	Percentage of disabled staff satisfied with the extent to which their organisation values their work	For Disabled Staff was 24% worse than the previous year (28%)
Metric 8	Percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	For Disabled Staff was 69% comparably worse than as last year (71%)
Metric 9	Staff engagement score for Disabled staff compared with non-disabled staff (0-10)	6.03, worse than last year (6.27). The Trusts average score is 5.82, worse than last year (6.13).

Last year's action plan aimed to drive targeted improvements across key performance areas; however, it did not deliver the level of progress we were seeking. While some initiatives provided useful insights, the overall impact fell short of expectations due to gaps in implementation consistency, monitoring, and follow-up evaluation.

We have taken these learnings forward and are now developing a revised and strengthened action plan for 2026–27. This new plan will focus on achieving sustainable improvements through clearer accountability, measurable milestones, and regular review

mechanisms. As part of this process, we are conducting a series of deep dives to better understand underlying issues and identify practical, evidence-based solutions.

Metric 1 Disabled staffing across the bands

In 2025 (as of 31st March) there were **4744 staff** on ESR payroll excluding volunteers, students, and any honorary positions. Last year it was 4738 (as of 31st March 2024), (-8) no significant change. **12.1%** of staff declared a disability (on ESR) across all pay bands in both clinical and non-clinical. It was 8.5% last year an increase of 3.6%. The percent of non-disabled staff was 80.6% and non-declaration (Unknown) was 7.2%

Based on the 2021 Census data, the average proportion of disabled individuals (including those with long term conditions) aged 16 to 64 (working population) across Oxfordshire, Buckinghamshire, Berkshire, and Hampshire is approximately 13.7%. Our target was to reach this over the next 5 years, a year-on-year increase of 1.04%, which we have surpassed.

Chart 1Total non/disabled/unknown staff composition

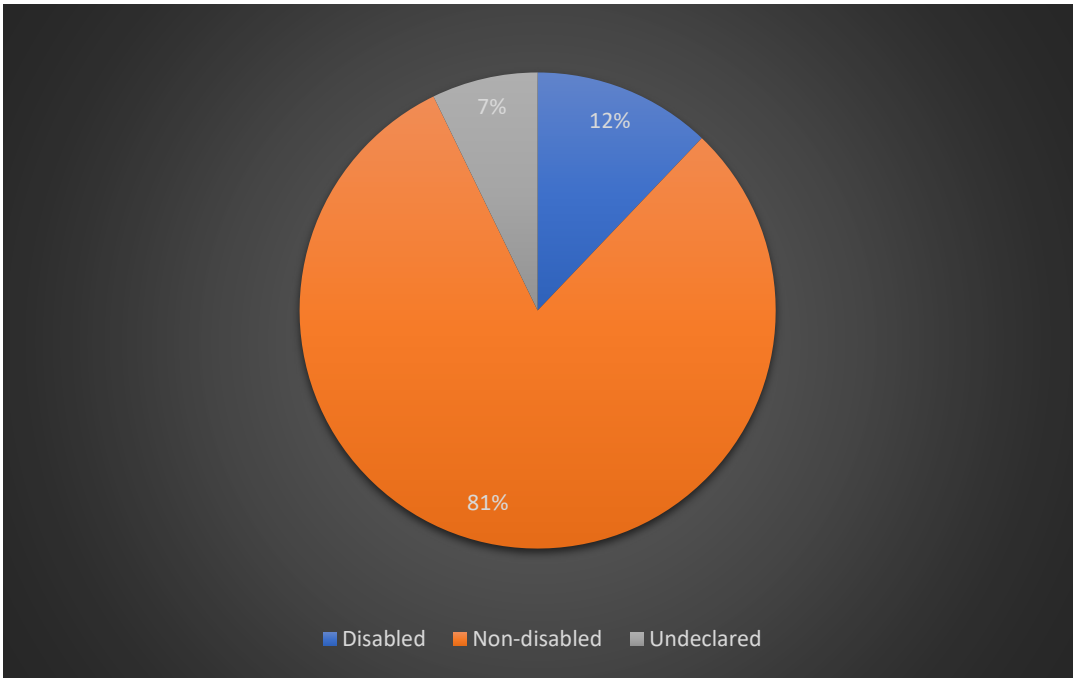
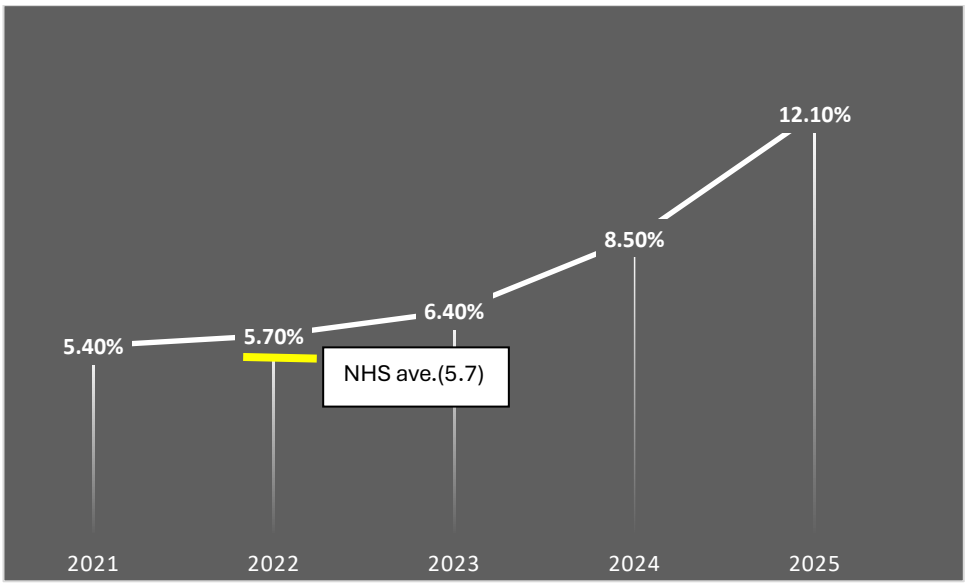


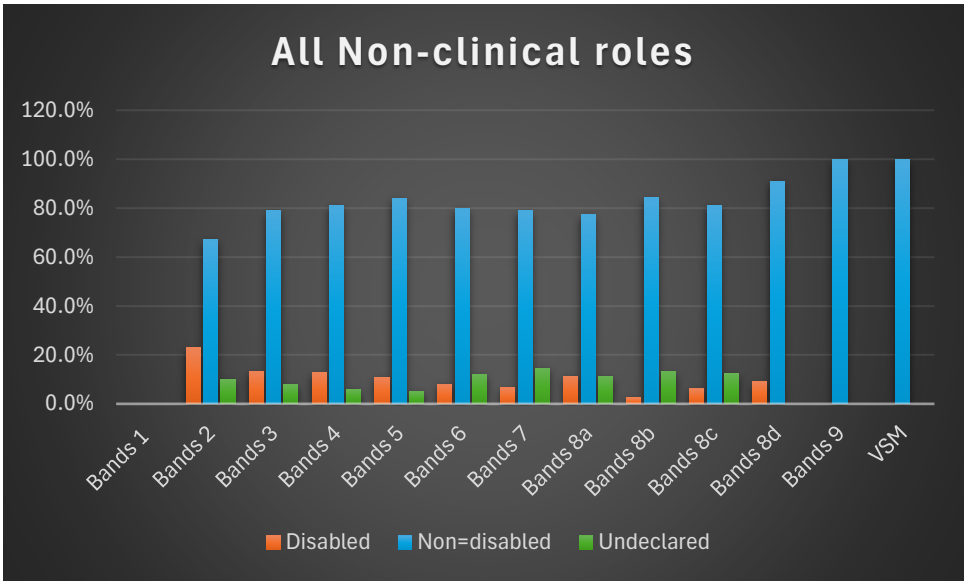
Chart 2 A 5 year view of our Disabled staff with current NHS (all Trusts) Average



The declaration rates of our staff have steadily increased, with a notable increase of 3.6% from last year to 12.1% this year. The NHS all Trust average is 5.7%. The Charts below show a breakdown of staff by their disability status if known with reference to Agenda for Change (AfC) pay bands (grading and pay system for NHS staff)

Non-clinical staff on AfC pay bands

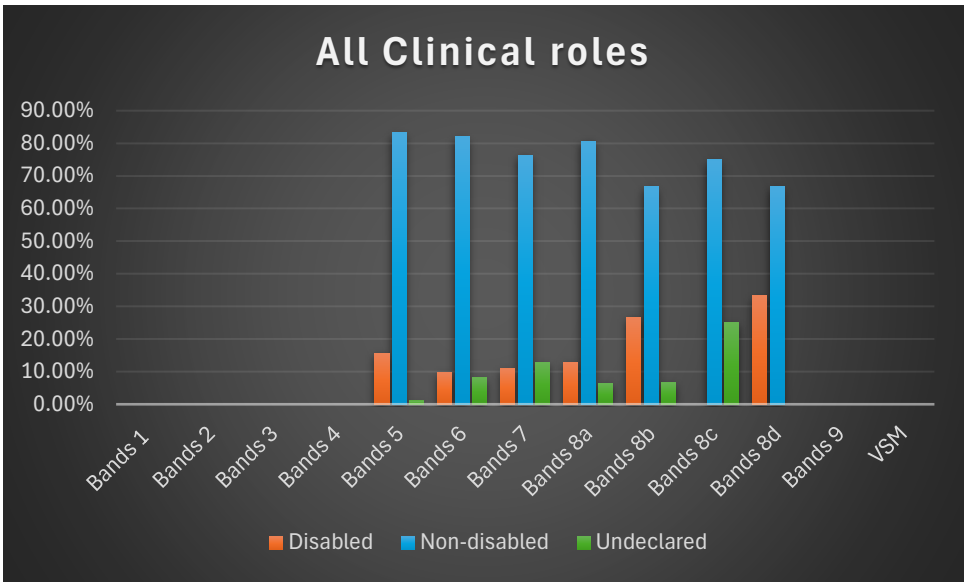
Chart 3 AfC bands: non-clinical (percentage representation)



Disabled staff were represented at 12.3% in all non-clinical AfC roles.
Total Non-Clinical Non-Disabled workforce = 80.3%
Total Non-Clinical Unknown workforce = 7.4%
Total headcount in non-clinical roles =3015

Clinical staff on AfC pay bands

Chart 4 AfC bands: Clinical (percentage representation)



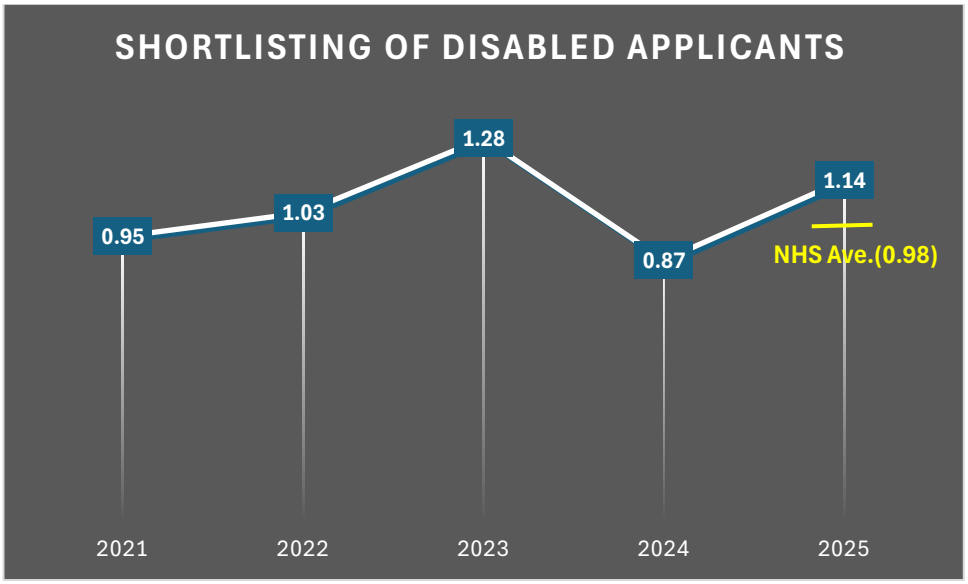
Total Clinical Disabled workforce = 11.8%
Total Clinical Non-Disabled workforce = 81.3%
Total Clinical Unknown workforce = 6.9%
Total headcount =1721

- Despite the increase in the declarations rate this year we should aim to further improve declaration by communicating the purpose and positive benefit of staff updating personal details on the ESR self-service portal (in partnership with DARE). For example, we could also consider removing barriers that prevent the career movement of staff by introducing ‘Empowerment passport’ (or similar), which is portable digital tool that allows health learners to carry their support and adjustment needs.

Metric 2 Appointment of Shortlisted Disabled applicants

The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts (at March 2025) the likelihood ratio was 1.14, which is higher than last year when it was 0.87. A figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting.

Chart 5 likelihood of non-disabled staff compared to Disabled staff being appointed



The Chart above shows the changes over a five-year period, This year the relative likelihood is above 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to Disabled applicants. NHS all trusts average which is at 0.98 almost at point 1, the point of 'equity'.

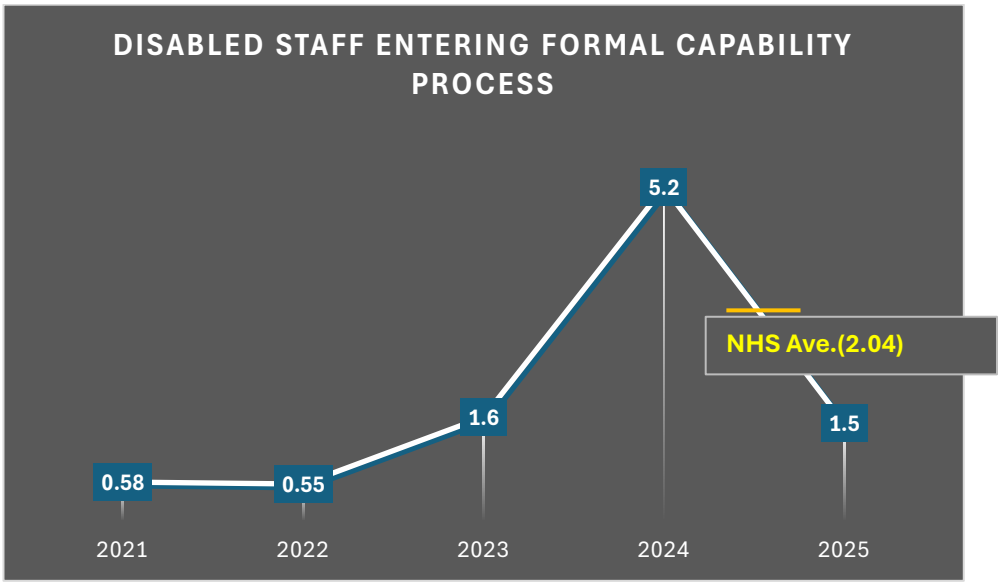
- Appointing disabled staff is not just about meeting quotas or fulfilling legal obligations; it's about fostering an inclusive environment that benefits the Trust and society. It helps to counteract bias, promote diversity, and ensure that everyone has a fair chance to succeed. We should aim to be equitable to enable us to meet our aim of more representation of disabled staff.

Metric 3 Likelihood of Disabled staff entering the formal capability process

The relative likelihood of Disabled staff entering the formal Capability process (on the grounds of performance management) compared to Non-disabled staff (at March 2025 the likelihood ratio) was 1.5; however, it was 5.2 last year.

A relative likelihood above 1 indicates that disabled staff are more likely to enter formal capability processes than non-disabled staff.

Chart 6 Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff



The Chart above shows the changes over a 5-year period, the end column reflects the NHS all trusts average which is at 2.04 which is over twice as likely to enter a formal capability process compared to non-disabled staff.

- We should create a more supportive environment that reduces the likelihood of disabled employees needing to enter the formal capability process, thereby fostering a more inclusive and productive workplace.

- We will add additional guidance to ensure adequate consideration of Equality before implementing disciplinary and capability processes, the Head of ED&I should be consulted on complex cases.

Metrics 4 to 9a relate to the 2023 NHS Staff Survey (March 2024) a year in arrears, The percentage figures are rounded up.

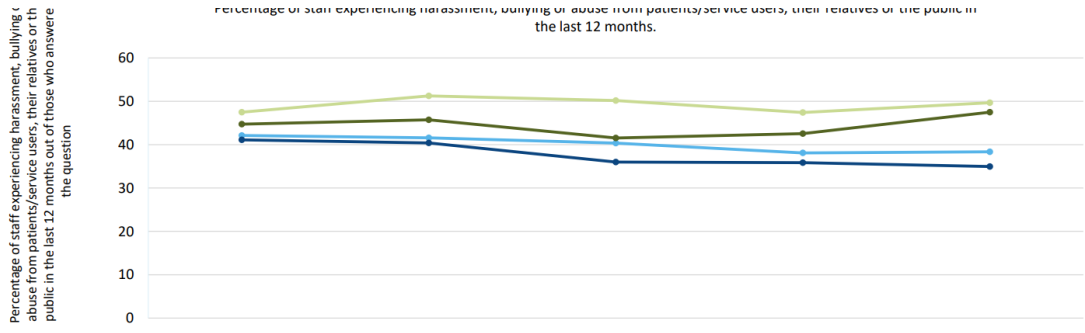
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, managers, and colleagues

Metric 4 (a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public

- The percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives, or the public for during this year's National Staff Survey (NSS) was 47% this this is not as good as last year (43%). For non-disabled staff it was 35%, slightly better than last year (36%)

- Comparable Ambulance Trusts average for disabled/LTC staff is 50%. For non-disabled staff it is 38%

Chart 7 The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	44.75%	45.74%	41.54%	42.56%	47.49%
Staff without a LTC or illness: Your org	41.11%	40.40%	35.98%	35.86%	34.96%
Staff with a LTC or illness: Average	47.50%	51.25%	50.17%	47.42%	49.67%
Staff without a LTC or illness: Average	42.12%	41.58%	40.36%	38.09%	38.35%

- Reducing the incidence of disabled staff experiencing harassment, bullying, and abuse (BHA) from patients and the public is crucial for creating a safe, inclusive workplace. It ensures the well-being and helps foster a respectful environment, improving job satisfaction, retention, and overall sense of 'belonging'.

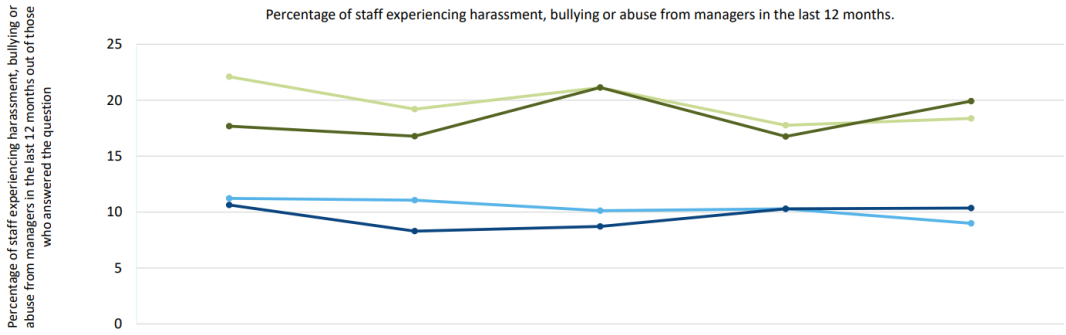
- The Trust will need to develop and deliver communication campaigns around, bullying and harassment, sexual safety, and banter in the workplace - raising awareness, championing positive behaviours, and promoting pathways for reporting unwanted behaviours.

Metric 4 (b) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

- The percentage of disabled staff experiencing harassment, bullying or abuse from managers was 20% comparably worse than last year (17%). For non-disabled staff it was 10%, the same as last year (10%)

- Comparable Ambulance Trusts average for disabled staff is 18%. For non-disabled staff it is 10%.

Chart 8 percentage of disabled staff experiencing harassment, bullying or abuse from managers



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	17.68%	16.78%	21.14%	16.76%	19.92%
Staff without a LTC or illness: Your org	10.63%	8.29%	8.72%	10.29%	10.36%
Staff with a LTC or illness: Average	22.10%	19.20%	21.14%	17.76%	18.37%
Staff without a LTC or illness: Average	11.22%	11.06%	10.12%	10.29%	8.99%

- Harassment, bullying, or abuse of disabled staff by colleagues is unacceptable, and from managers as there is further impact regarding the 'power dynamics', reflecting a failure in upholding basic standards of respect and equality. It creates a hostile work environment, leading to disengagement, and high turnover. Such behaviour not only devalues disabled employees, eroding their confidence and sense of belonging, but also perpetuates systemic racism within the Trust.

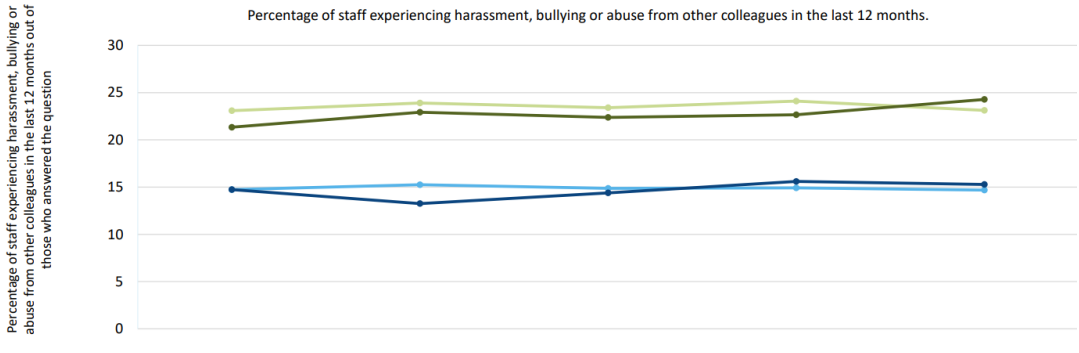
- The Trust will enhance and build on the cultural awareness for all staff and increase awareness of their own impact as a leader at each level of training.

Metric 4 (c)Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

- The percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues was 24% which not as good as last year (23%). For non-disabled staff it was 15%, the near same as last year (16%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 23%. For non-disabled staff it is 15%.

Chart 9 percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	21.34%	22.92%	22.38%	22.66%	24.28%
Staff without a LTC or illness: Your org	14.74%	13.25%	14.38%	15.60%	15.27%
Staff with a LTC or illness: Average	23.09%	23.90%	23.40%	24.10%	23.11%
Staff without a LTC or illness: Average	14.74%	15.25%	14.87%	14.91%	14.68%

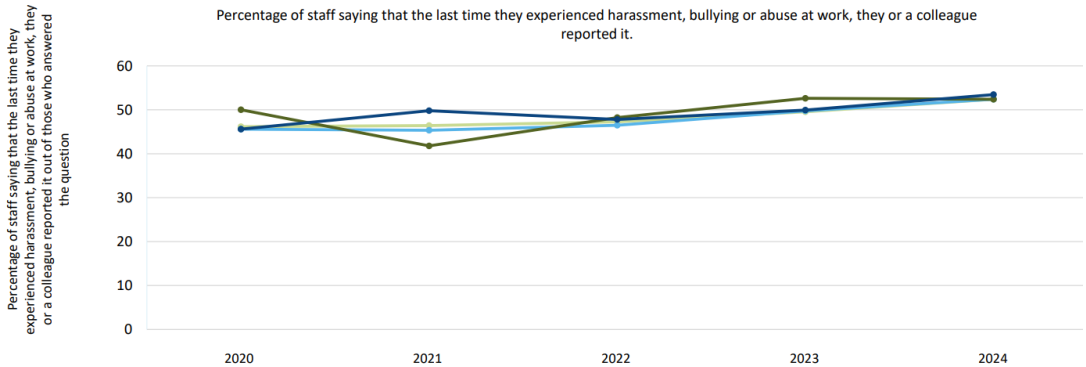
- As mentioned above Harassment, bullying, or abuse of disabled staff by colleagues is unacceptable, even if there was little change from last year. Our Disability Awareness, Representation and Equality Staff Network (DARE) will continue to gain examples and understanding on what staff experience is and be able to look at what can be done to overcome this. Additionally, training that will include micro-aggressions and lived experiences should help staff understand the impact of negative behaviour towards our disabled staff.

Metric 4 (d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- The percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was 52%. comparably same as last year (53%). For non-disabled staff it was 52%, which not as good as last year (50%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 52%. For non-disabled staff it is 52%.

Chart 10 percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	50.00%	41.79%	48.24%	52.62%	52.41%
Staff without a LTC or illness: Your org	45.60%	49.79%	47.80%	49.94%	53.46%
Staff with a LTC or illness: Average	46.17%	46.43%	47.26%	49.56%	52.41%
Staff without a LTC or illness: Average	45.60%	45.34%	46.49%	49.77%	52.41%

- When staff report that they or a colleague acted by reporting harassment, bullying, or abuse, it reflects a positive workplace culture. This demonstrates that employees feel empowered and supported to speak up against inappropriate behaviour, knowing that their concerns will be addressed.

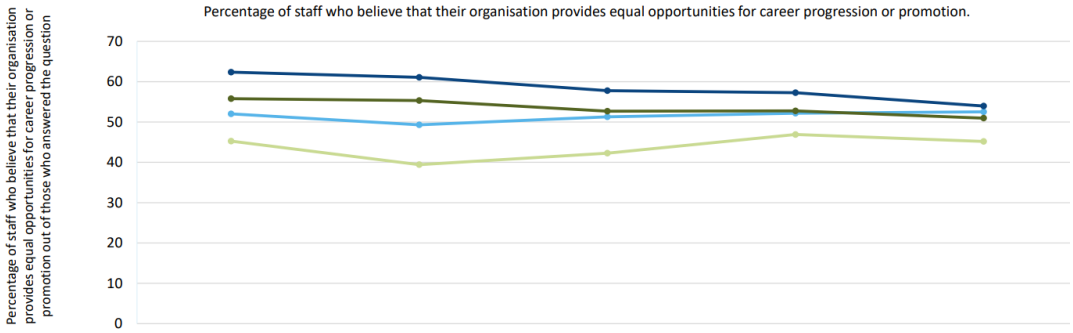
- We aim to further support colleagues to ‘speak up’ or report by offering multiple reporting channels, including anonymous options or a ‘safe space’ with the DARE network, to accommodate different comfort levels and ensure confidentiality.

Metric 5 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

- The percentage of disabled staff/LTC who believe that their organisation provides equal opportunities for career progression or promotion was 51%, not as good as the previous year (53%). For non-disabled staff it was 54%, which not as good as last year (57%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 45%. For non-disabled staff it is 53%.

Chart 11 percentage of disabled staff/LTC who believe that their organisation provides equal opportunities for career progression or promotion



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	55.78%	55.32%	52.68%	52.77%	50.96%
Staff without a LTC or illness: Your org	62.37%	61.07%	57.76%	57.28%	53.96%
Staff with a LTC or illness: Average	45.26%	39.42%	42.27%	46.91%	45.19%
Staff without a LTC or illness: Average	52.04%	49.30%	51.28%	52.16%	52.53%

- When staff believe that everyone has equal chances for career progression or promotion. They are more likely to work hard when they see fair opportunities for advancement. This belief encourages a diverse and inclusive workplace, where talent is recognised equally. It also helps keep skilled employees, as they feel valued and see a future with the organisation, engendering a sense of 'belonging'. Overall, this assurance in fairness creates a positive work environment, improves productivity, and enhances the Trust's reputation as a good place to work.

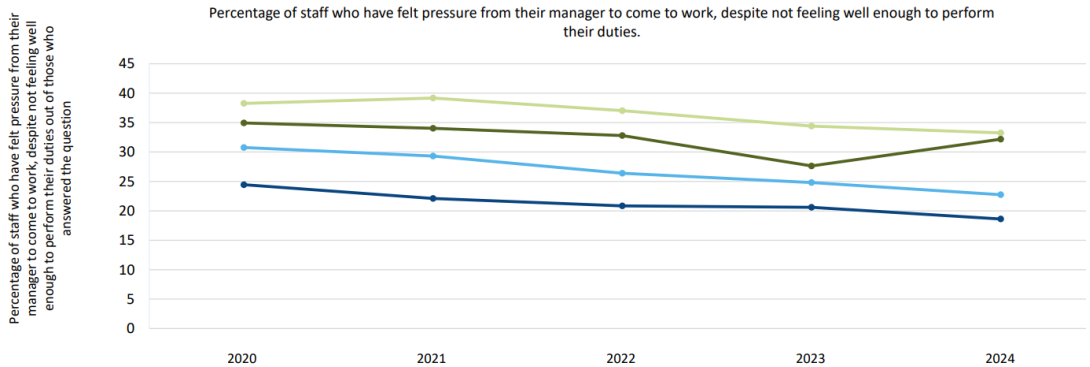
- Our Disability Awareness, Representation and Equality Staff Network (DARE) will work with the recruitment team to actively to promote roles within internal Staff Networks and work with the recruitment team on making interview questions more accessible. This joint work and positive action with the trusted network will provide confidence for our disabled staff to seek career progression.

Metric 6 Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

- The percentage of disabled staff who have felt pressure from their manager to come to work (presenteeism), despite not feeling well enough to perform their duties was 32% comparably worse than last year (28%). For non-disabled staff it was 19%, better than last year (21%).

- Comparable Ambulance Trusts average for disabled/LTC staff was 33%. For non-disabled staff it is 23%.

Chart 12 percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	34.94%	34.04%	32.81%	27.64%	32.19%
Staff without a LTC or illness: Your org	24.45%	22.11%	20.86%	20.62%	18.62%
Staff with a LTC or illness: Average	38.28%	39.17%	37.04%	34.41%	33.26%
Staff without a LTC or illness: Average	30.77%	29.30%	26.39%	24.82%	22.75%

- Presenteeism, where employees work despite being unwell, is a concern for our disabled staff. It can result from fears of being seen as less capable or concerns about job security. This can lead to lower productivity, worsening health, and more stress. For disabled employees, the effects are even greater, as they may struggle without proper support. To address this, we need to create an inclusive culture, encourage open communication, and ensure that reasonable adjustments are made so disabled staff can work effectively without harming their well-being.

- To understand our disabled staff's concerns, we will be looking to investigate whether a 'reasonable adjustment' or flexible working can be applied for a higher absence threshold, to help alleviate the stress and anxiety that disabled staff might feel about needing to take time off despite feeling unwell.

Metric 7 Percentage of staff satisfied with the extent to which their organisation values their work

- The Percentage of disabled/LTC staff satisfied with the extent to which their organisation values their work was 24% was not as good as the previous year (28%). For non-disabled staff it was 29%, worse than last year (33%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 25%. For non-disabled staff it is 34%.

Chart 13 Percentage of disabled/LTC staff satisfied with the extent to which their organisation values their work

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	36.31%	30.96%	28.13%	27.60%	24.42%
Staff without a LTC or illness: Your org	42.86%	36.77%	34.76%	33.14%	28.86%
Staff with a LTC or illness: Average	29.12%	20.78%	23.51%	23.83%	25.34%
Staff without a LTC or illness: Average	37.89%	29.35%	30.15%	33.14%	34.34%

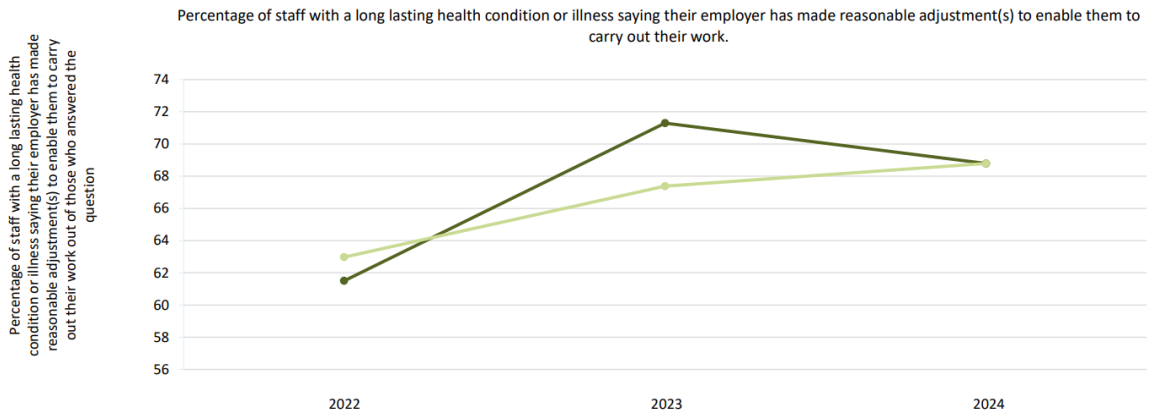
- Being valued is a fundamental human need, when staff have a disability, this need is amplified. This sense of being valued also fosters loyalty, reducing turnover and helping to retain top talent. Moreover, when employees believe their contributions are recognised and appreciated, they are more likely to be engaged, productive, and committed to their roles.

- Foster an open culture and promote engagement. Provide and promote career pathways specifically for disabled groups

Metric 8 Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

- Percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustment(s) to enable them to carry out their work was 69% comparably not as good as last year (71%). Comparable Ambulance Trusts average for disabled staff was 69%.

Chart 14 Percentage of disabled staff with a long-lasting health condition saying their employer has made adequate adjustment(s)



	2022	2023	2024
Staff with a LTC or illness: Your org	61.50%	71.30%	68.79%
Staff with a LTC or illness: Average	62.97%	67.39%	68.79%

- When staff with long-term health conditions say their employer has made adequate adjustments to help them work, it shows a supportive and inclusive workplace. These adjustments, like flexible hours or modified duties, help employees do their best despite health challenges. This boosts their productivity, job satisfaction, and
- loyalty while reducing absenteeism.

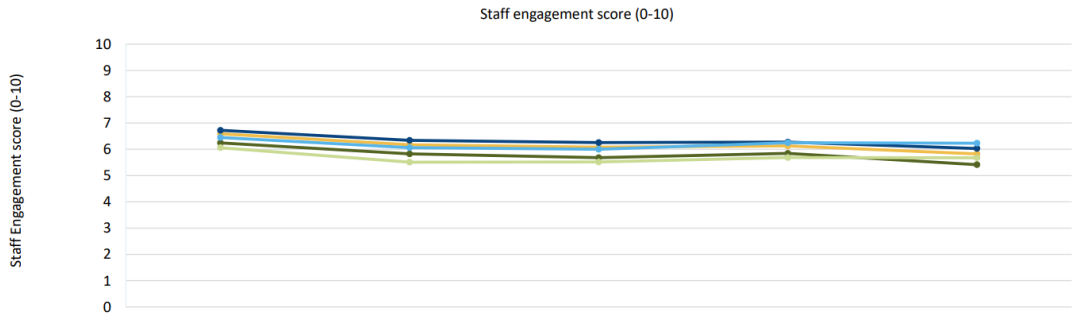
- Promote Workplace (reasonable) adjustments during onboarding. Develop and review data provision around flexible working and Workplace (reasonable) adjustments to understand and meet the needs of disabled colleagues.

Metric 9 Staff engagement score for Disabled staff compared with non-disabled staff (0-10)

- The staff engagement score for Disabled staff is 5.4, worse than last year (6.13). For non-disabled staff it is 6.03, which not as good as last year (6.27). The Trusts average score is 5.82, which not as good as last year (6.13).

- Comparable Ambulance Trusts average score for disabled/LTC staff at 5.68. For non-disabled staff 6.23.

Chart 15 Staff engagement score for Disabled staff compared with non-disabled staff



	2020	2021	2022	2023	2024
Organisation average	6.59	6.17	6.08	6.13	5.82
Staff with a LTC or illness: Your org	6.24	5.83	5.68	5.84	5.41
Staff without a LTC or illness: Your org	6.72	6.34	6.25	6.27	6.03
Staff with a LTC or illness: Average	6.06	5.51	5.52	5.69	5.68
Staff without a LTC or illness: Average	6.45	6.06	6.00	6.25	6.23

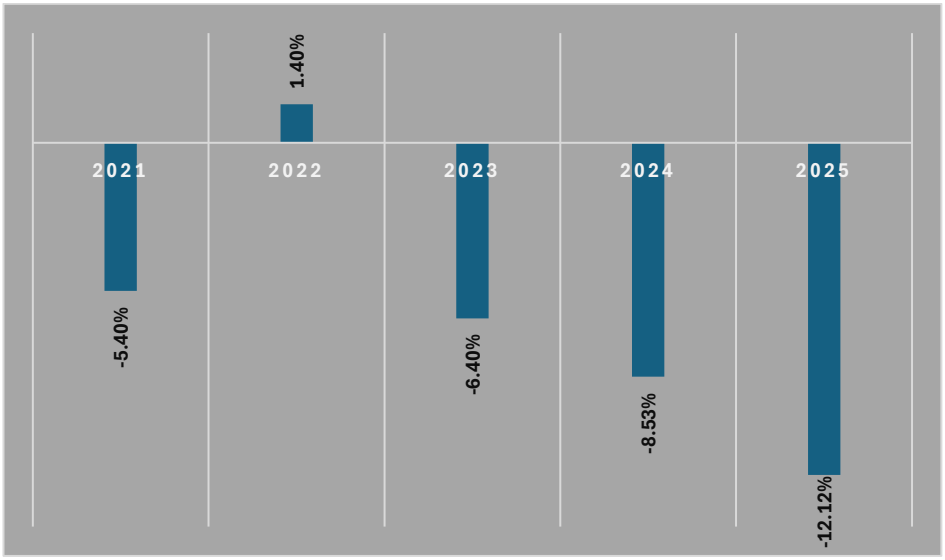
- Engaging with our disabled staff offers many benefits, including diverse perspectives and talents that enrich the workplace. It creates a more inclusive environment where everyone feels valued. By involving disabled employees in decision-making, we can identify and remove barriers, improving accessibility and job satisfaction.

- To genuinely engage we need to acknowledge and appreciate the contributions of disabled employees and to educate all of our staff in the now mandatory Oliver McGowan training.

Metric 10 Disabled (voting) board membership

As of March 2025, the difference between Disabled representation on the board and in the workforce was -12.12%, last year it was -8.53%. No Board members declared a disability.

Chart 16 Difference % (Total Board - Overall workforce)



- Having disabled representation on the Board enhances diversity, brings valuable perspectives, and ensures that the needs of disabled employees are considered in decision-making. It fosters inclusivity and demonstrates a commitment to equal opportunities, ultimately leading to more informed and equitable policies and a stronger organisational culture.

3. Progress in 2024/2025

We continue to implement and monitor the WDES action plans and have implemented our ED&I strategy which includes our statutory required Equality Objectives. We also published our Annual Public Sector Equality Duty (PSED) report.

Our key actions and achievements of note over the year have been:

- Developed our 'Disability in Employment' policy to define a pathway/flowchart and provide specific guidance on reasonable adjustments
- Continued with regular meetings of the ED&I Steering Group to endorse reports and programmes and enable feedback and guidance from the membership including Staff Networks and Unions
- Achieving over 95% compliance with the ED&I mandatory training
- Refreshed and continue with the 'Good start' Induction training
- Sexual safety Toolkit has been developed and includes a Harassment and Sexual safety Disclosure checklist for managers developed that can be applied to any discrimination disclosure
- The SCAS Sexual Safety Campaign continues to be publicised and to identify measurable impacts
- The Sexual Safety training has been developed and mandated for all managers
- Completed EQIA's for functions, policy, and procedures and uploaded onto the (ED&I) intranet page.
- Provided evidence and successfully passed the BDO (external) Audit for ED&I
- Rolled out the Equality Delivery System (EDS) in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review, score and develop our approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement, and insight.
- Continued to develop collaborative partnerships to reduce Health inequalities and use the Core20PLUS5 approach (national NHS England approach) to inform action to reduce healthcare inequalities at both national and system level. We have 2 Core20Plus Ambassadors.
- We have met all the NHS statutory and mandatory obligations (WRES, WDRES, EDS, Equality Objectives & Gender Pay Analysis) have completed and published on the website
- We continue to use social media and highlight the good work that SCAS has done to attract more candidates with a disability to SCAS. In addition, we link with the themed weeks/days (International Women's Day, Race Equality Week, LGBT+ history month, etc)

- We advertised most of our roles having flexible working options, such as part-time work, remote working, job sharing or compressed hours
- Where possible flexible working for corporate employees is accommodated. Operations have a working group whose purpose is to consider how to incorporate more flexible working options into rotas.
- We have highlighted reasonable adjustment requests at Capability hearings
- Staff Networks as all have Executive level sponsors and will be undergoing specific induction as to their supportive roles
- Reported on our 'Accessible Information Standard requirements and published documents meet the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

4. Conclusion and next steps

SCAS is committed to driving a culture change, and we recognise that this journey is ongoing. As we move into the new year, we remain focused on addressing inappropriate and unacceptable behaviours while fostering a truly inclusive environment. The actions and interventions highlighted in this report, both behavioural and structural, are vital steps in our transformation.

We understand that meaningful change takes time, energy, and consistency. Last year's action plan produced limited impact, highlighting the need for a more focused and evidence-driven approach. Building on lessons learned, we are developing a revised plan for 2026–27 that targets key areas for improvement with greater precision. Through structured deep dives and enhanced monitoring, the new plan will strengthen accountability, sharpen priorities, and drive measurable progress over the coming year.

Next steps:

Over next twelve months, will focus on the following key actions:

- 'Deep dive' and root mapping of issues to drive actions within this report to ensure consistent improvements and alignment with positive culture change
- Develop our new 'Culture' programme for the Trust.
- Update our ED&I strategy for the next 4-year period (2026-2030)
- To adopt and work to meet the NHS England 6 High Impact Actions (HIA)
- Feature the experiences and share life stories from staff highlighting and educating inappropriate and unacceptable behaviours and support an inclusive culture
- To develop a 'sexual misconduct' policy
- Staff Network Executive sponsors to fully engage and work with their Networks on a regular basis
- Continue to support and celebrate diversity events (e.g. Black history & Pride)
- Further provision of developmental support for staff networks
- Roll out of Equality Delivery System including identifying SCAS service provisions that will be graded internally and externally

- To start to publish the Disability Pay analysis report
- To publish the Workforce Disability Equality Standard report (WDES)
- Support Flexible working options available particularly for disabled staff
- Continue to seek to improve advertising our campaigns for diversity and challenge ourselves to do better.

This (WDES) report has also given us the opportunity to self-reflect and go beyond ‘business as usual’. From this year the Trust will be delivering a significant ‘Culture’ programme and will include ongoing reviews of actions mentioned in this report.

WDES Action Implementation Plan 2025/26 (Current plan)

Last year's action plan did not deliver the level of improvement expected. While some progress was made, outcomes were limited by inconsistent implementation and insufficient impact monitoring.

We are now replacing it with a revised plan for 2026–27, informed by a series of deep dives to identify root causes and refine priorities. The new plan will set clearer objectives, stronger accountability measures, and a more robust review framework to ensure sustained improvement and measurable outcomes.

Metric	Objective	Action/s	Timescales	Lead/s
1	**To improve disability declaration rates by a 2% improvement over three years, showing a 0.7% improvement in 24/25, reaching 9.2% by the end of the Financial year.**	• Communicate purpose and positive benefit of staff updating personal details on the ESR self-service portal. Through 'Good Start' session, ESPM, HWB conversations, Disability Awareness month.	On-going	Head of ED&I
		• DARE network to champion ESR declarations through communications via Viva and Intranet, including video instructions. • Extra promotion during UK Disability History Month 16/11/24 – 16/12/24	March 2025	DARE
Metric	**Objective**	**Action/s**	**Timescales**	**Lead/s**
2	**To ensure equitable number of disabled candidates to be successfully recruited**	At least one member of the panel should have undertaken Recruitment Skills Training within the previous 3 year period.	Quarterly reviews	Recruitment
		For any role that involves management, evidence of understanding and behaving inclusively should be an essential competency within the job's person specification.	Continually	Recruitment
		EDI Recruitment Champions from our Networking Groups to be trained on recruitment best practice and positive action to then assist on panels ensuring interviews questions are fair and balanced.	December 2024	Recruitment

		Targeted Recruitment: Partner with organisations, universities, and professional networks that support Disabled communities to actively promote job openings. Work with local job centres to promote our roles to those who struggle to gain employment due to their disability. Promote celebrated days and ask staff to be our case studies for these celebrations. 5 members of the DARE network to have completed the Recruitment Skills Training to be able to support at interviews to help promote diversity and support interview panel. Work with recruitment on process for how this will happen and renumeration for staff who support this process. DARE to work with recruitment team on making interview questions more accessible.	Ongoing When recruiting in the local areas As per attraction planner March 2025 March 2025	Recruitment Digital and Engagement Team DARE Recruitment DARE Recruitment

Metric	Objective	Action/s	Timescales	Lead/s
3	**To monitor the number disabled staff in the capability process**	• HR should be consulted during the capability hearing and dismissal process to ensure that EDI concerns have been identified and addressed and to provide guidance and expertise on EDI matters, including reasonable adjustments that could be made to retain the staff member if relevant. The Head of ED&I should be consulted on complex cases only. (BDO Audit)	September 2024	HR
		• Create a flow chart similar to the decision tree which reminds us (HR), to check ESR to see if there is potentially a disability being behind capability issues and how to follow on once that information is checked.	September 2024	HR
		• Ensure employee's needs are discussed prior to reaching formal capability stage and implement reasonable adjustments in informal stage prior to progressing to formal stage.	August 2024	HR
		• Development of a reasonable adjustments passport for staff to support with understanding and implementation of reasonable adjustments before reaching capability stage.	March 2025	HR EDI DARE

Metrics 4– 9 taken from Staff Survey 2023 (published March 2024)

Metric	Objective	Action/s	Timescales	Lead/s
4a	**To reduce the incidence of harassment, bullying or abuse from patients,**	• Promote harassment checklist/sexual safety toolkit to managers & team leads	December 2024 On-going	FTSU FTSU

	relatives, or the public	• Ensuring processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting	December 2024	HR
		• Promotion of the harassment checklist/sexual safety checklist by HRAs at level 1 meetings – for harassment on any grounds.	December 2024	HR
		• Build in relevant figures in the analysis into our training sessions so they are shared with and educate managers attending training.	December 2024	HR
		• Present the figures at level 1 meetings in context alongside the checklist to create awareness and to recognise and challenge inappropriate behaviour.	December 2024	Head of Risk and Security
		• Devise incident reporting campaign to encourage staff to report all incidents, near misses or issues of concern placing an emphasis on the reporting of harassment, bullying, discrimination. Staff should also be able to report these anonymously.	On-going	Head of Risk and Security
		• Publicise the importance of reporting incidents by having articles in Staff Matters related to the various 'Awareness months' e.g. Black History month; LGBTQ+ month; Disability Awareness month, etc.	On-going	Head of Risk and Security
		• We include a section in the Incidents report to the HSRG on incidents involving staff with protective characteristics – this is being developed to include the category of incidents (such	August 2024	Head of Risk and Security

		as bullying, harassment, etc.,) so that we can identify how many of these incidents involve staff who have protected characteristics • Ensure the information in this report is also provided to the Violence, Prevention and Reduction group (from August 2024) onwards; and the Health & Wellbeing Group; and Equality Diversity & Inclusion (ED&I) Steering Group. • Report a dashboard for the identification of staff with protected characteristics reporting incidents to the ED&I Steering group • DARE to explore public campaign with SCAS communications team and AACE Disability Network to look at decreasing abuse.	Qrtly November 2024	Head of Risk and Security DARE Communications team

Metric	Objective	Action/s	Timescales	Lead/s
b	**To reduce the incidence of harassment, bullying or abuse from Managers**	• We will continue to roll out conscious bias as a section with the collation of facts training (delivering since January 2023) • Promotion of the harassment checklist/sexual safety checklist by HRAs at level 1 meetings – for harassment on any grounds. • Promotion of reasonable adjustments at level 1 meetings. • Implement the work from our People Promise and bring managers, FTSU and HR together to discuss roles within processes and how we can use the various routes to highlight issues to benefit all staff. • Training for the HR Operations Team regarding micro-aggressions with lived experiences from people who have been on the receiving end of this. • Look to Coproduce ESPM module with on reasonable adjustments (following from disability in the workplace policy and learning disability and neurodiversity policy)	On-going December 2024 December 2024 December 2024 December 2024 January 2025	HR HR HR HR FTSU Team/ Head of ED&I OD EDI DARE

Metric	Objective	Action/s	Timescales	Lead/s
4c	**To reduce the incidence of harassment, bullying or abuse from other colleagues**	• We will continue to roll out conscious bias as a section with the collation of facts training (delivering since January 2023) • Promotion of the harassment checklist/sexual safety checklist by HRAs at level 1 meetings – for harassment on any grounds. • Promotion of reasonable adjustments at level 1 meetings. • Implement the work from our People Promise and bring managers, FTSU and HR together to discuss roles within processes and how we can use the various routes to highlight issues to benefit all staff. • Training for the HR Operations Team regarding micro-aggressions with lived experiences from people who have been on the receiving end of this. Build in some of the figures in the analysis into the training • DARE to continue to gain examples and understanding on what staff experience to be able to look at what can overcome this. • All level 1 team meetings to have had a talk on reasonable adjustments.	On-going December 2024 December 2024 December 2024 December 2024 Ongoing March 2025	HR HR HR HR FTSU Team/ Head of ED&I DARE HR Head of ED&I DARE Learning Disability Specialist

Metric	Objective	Action/s	Timescales	Lead/s
4d	**To increase confidence to report harassment, bullying or abuse at work**	• To Offer multiple reporting channels, including anonymous options, to accommodate different comfort levels and ensure confidentiality.	January 2025	FTSU HR DARE
		• DARE network to work with FTSU to look at training options for network members, to upskill and promote the FTSU reporting mechanisms	Dec 2024	DARE FTSU

Metric	Objective	Action/s	Timescales	Lead/s
5	**To maintain in providing equal opportunities**	At least one member of the panel should have undertaken Recruitment Skills Training within the previous 3 year period.	Quarterly reviews	Recruitment
		For any role that involves management, evidence of understanding and behaving inclusively should be an essential competency within the job's person specification.	Continually	Recruitment
		EDI Recruitment Champions from our Networking Groups to be trained on recruitment best practice and positive action to then assist on panels ensuring interviews questions are fair and balanced.	December 2024	Recruitment
		Targeted Recruitment: Partner with organisations, universities, and professional networks that support Disabled communities to actively promote job openings.	Ongoing	
		Work with local job centres to promote our roles to those who struggle to gain employment due to their disability.	When recruiting in the local areas	Recruitment Digital and Engagement Team
		• Promote celebrated days and ask staff to be our case studies for these celebrations.	As per attraction planner	
		• DARE to continue to gain examples and understanding on why staff feel there is an issue with career progression for those with disabilities and what might help overcome this.	Ongoing	DARE

Metric	Objective	Action/s	Timescales	Lead/s
6	**To reduce disabled staff 'presenteeism'**	• Investigate whether a 'reasonable adjustment' can be applied for a higher absence threshold, to help alleviate the stress and anxiety that disabled staff might feel about needing to take time off despite feeling unwell • Initiate discussions around use of the sickness policy for staff with disabilities and whether fit for purpose.	February 2025 March 2025	HR EDI HR DARE
Metric	**Objective**	**Action/s**	**Timescales**	**Lead/s**
7	**To improve disabled staff satisfaction rates and their work**	• Continue with well-being programs that address the holistic needs of disabled employees, including physical, mental, and emotional well-being. • Provide access to mental health resources, counselling services, and employee assistance programs to support the mental health of disabled staff. • DARE to launch a process of recognition for staff	On-going On-going December 2024	HWB HWB DARE

Metric	Objective	Action/s	Timescales	Lead/s
8	**To embed our responsibility to making reasonable adjustment**	• Implement the 'Disability in Employment 'policy • Implement the Learning Disability and Neurodiversity Policy • Development of a reasonable adjustments passport for staff to support with understanding and implementation of reasonable adjustments. • Raise awareness about the importance of reasonable adjustments and the benefits they bring to both disabled employees and the organisation as a whole. • Educate managers to move away from people needing a diagnosis especially for neuro diverse conditions where it is very difficult to gain a diagnosis, if people are presenting with a disability, we need to explore adjustments regardless - working groups with HR, OH, Disability Specialist and Management leads to discuss and agree best approach.	December 2024 September 2025 March 2025 On-going Feb 2025	Head of ED&I DARE HR Head of EDI DARE Head of EDI DARE Learning Disabilities Specialist (LDS) HR, OH, Head of EDI Learning Disabilities Specialist
Metric	**Objective**	**Action/s**	**Timescales**	**Lead/s**
9	**To better engage with Disabled staff**	• Employee Involvement: Involve disabled staff in decision-making and forums. • Training and all staff undergo Oliver Mcgowan training. • Recognition: Acknowledge and appreciate the contributions of disabled employees	February 2025 On-going December 2024	HR DARE Education DARE