South Central Ambulance Service
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2026

South Central Ambulance Service NHS Foundation Trust
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1. Introduction

The Workforce Disability Equality Standard (WDES) was introduced to improve the working experiences of disabled people and individuals living with long-term health conditions (LTCs) across the National Health Service (NHS), including those currently employed and those seeking employment. The WDES framework enables organisations to collect and review evidence-based workforce data, providing valuable insight into the experiences of staff and helping to identify areas where inequalities may exist.

The framework is structured around nine workforce metrics (outlined in Table 1 below), which support comparative analysis between disabled and non-disabled staff experiences. Through this process, we are better equipped to understand disparities, monitor progress, and develop targeted actions to create a more inclusive and supportive workplace culture.

The WDES report is a key tool in identifying barriers and challenges experienced by disabled staff and those with long-term health conditions. The findings directly inform the organisation's WDES Action Plan, which is designed to address inequalities, promote equity, and improve staff experience and wellbeing across the organisation.

This report highlights the progress made to date, identifies areas where further improvement is required, and outlines the actions planned for the coming year. These actions aim to strengthen outcomes for disabled staff and colleagues living with long-term health conditions in relation to the ten NHS WDES metrics.

Data for the WDES return has been sourced from the South Central Ambulance Service NHS Foundation Trust's (SCAS) Electronic Staff Record (ESR) system. Disability-related information is collected through voluntary self-reporting by staff members. Encouraging staff to share this information remains essential, as it enables SCAS to build a more accurate understanding of the diversity of its workforce and ensures that appropriate support, policies, and workplace improvements can be developed to meet the needs of all colleagues.

2. Executive summary

The WDES 2026 data present a mixed picture, with some positive indicators alongside significant deterioration in disabled staff experience and inclusion. Disabled workforce representation stands at 12.06%, while the capability process indicator is 0, providing positive evidence in these areas. There has also been an improvement in reported manager pressure to attend work when unwell, now at 30%.

However, several indicators require focused attention. The recruitment likelihood ratio of 1.26 indicates that disabled applicants remain less likely to be appointed. Harassment from the public has increased to 49%, while harassment from colleagues has risen to 26%, with harassment from managers remaining high at 20%. At the same time, reporting of bullying and harassment has fallen to 50%, raising concerns about confidence in speaking up and accessing support.

Staff perceptions of inclusion and opportunity have also declined. Career opportunities/progression has fallen to 47%, staff feeling valued to 21%, and engagement to 5.25. Most significantly, reported access to effective workplace adjustments has fallen to 67%, highlighting a need to improve the timeliness, consistency and experience of the adjustments process.

Overall, the data indicates that while disabled representation and some management indicators are positive, disabled staff continue to experience significant barriers in recruitment, progression, workplace culture, adjustments and overall staff experience. The findings reinforce the Trust's three priority areas for action: Harassment, Bullying & Abuse; Discrimination at Work; and Workplace Adjustments.

The ambition this year is to demonstrate improved staff experience, greater psychological safety, fairer recruitment and progression, stronger confidence in reporting concerns, and timely and effective workplace adjustments.

The Table below provides a summary of the indicators and comparison with last year.

Metrics	Description	2025	2026
Metric 1	Disabled staffing across the bands	12.1% Total workforce, Last year 6.7%. **Increase of 1.5%**	12.06% a drop of 0.4 from last year
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	1.26 higher than last year when it was 1.14

Metric 3	Likelihood of Disabled staff entering the formal capability process	This year was 1.5; it was 5.2 last year	This year it was 0, it was 1.5 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%)	This year it was 49%, it was 47% last year
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%)	This year it was 20%, it was 20% last year
Metric 4 (c)	Percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues	For Disabled Staff was 24% which not as good as last year (23%).	This year it was 26%, last year it was 24%
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%)	This year it was 50%, last it was 52%
Metric 5	Percentage of disabled staff/LTC who believe that their organisation provides equal opportunities for career progression or promotion	For Disabled Staff was 51%, worse than the previous year (53%).	This year it was 47%, last year it was 51%
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%	This year it was 30%, last year it was 32%
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%)	This year it was 21%, last year it was 24%
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%)	This year it was 67%, last year it was 69%
Metric 9	Staff engagement score for Disabled staff compared with non-disabled staff (0-10)	5.41, worse than last year (5.84). The Trusts average score is 5.68, worse than last year (5.69).	This year it was 5.25. last year it was 5.41

3. Detailed Metrics

This year's Action Plan builds on the foundations established last year, with a renewed focus on driving meaningful improvement. Using a deep dive (root cause mapping exercise) of the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES) data identified key disparities in staff experience relating to harassment, discrimination, and access to workplace adjustments.

These issues disproportionately affect colleagues from ethnic minority backgrounds and disabled staff and have implications for staff wellbeing, engagement, retention, and organisational culture.

Three priority action areas have been identified to address these concerns and improve equity across the workforce.

1. **Harassment, Bullying or Abuse (WRES Indicator 6 / WDES Metrics 4b & 4c)**
   Staff from ethnic minority backgrounds and disabled staff report higher levels of harassment or bullying from colleagues and managers compared to the wider workforce. This negatively impacts psychological safety and confidence in reporting concerns.
2. **Discrimination at Work (WRES Indicator 8)**
   Ethnic minority staff report higher experiences of discrimination from managers, team leaders or colleagues, highlighting the need for greater consistency and fairness in workplace processes and decision-making.
3. **Workplace Adjustments (WDES Metric 8)**
   Disabled colleagues report challenges in accessing timely and effective workplace adjustments. Delays or inconsistent processes can create barriers to productivity and inclusion.

Metric 1 Disabled staffing across the bands

In 2026 (as of 31st March) there were **4095 staff** on ESR payroll excluding volunteers, students, and any honorary positions. Last year it was 4744 (as of 31st March 2025), (-13.7%). **12.04%** of staff declared a disability (on ESR) across all pay bands in both clinical and non-clinical. It was 12.1% last year a decrease of 0.06%. The percent of non-disabled staff was 82.2% and non-declaration (Unknown) was 5.8%

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 is to reach this over the next 5 years (by 2030), we fell below our target this year of an increase of 0.4%, this was mainly due to a drop in overall workforce. Nonetheless, we had a 1.4% increase in the disability declaration.

Chart 1Total non/disabled/unknown staff composition

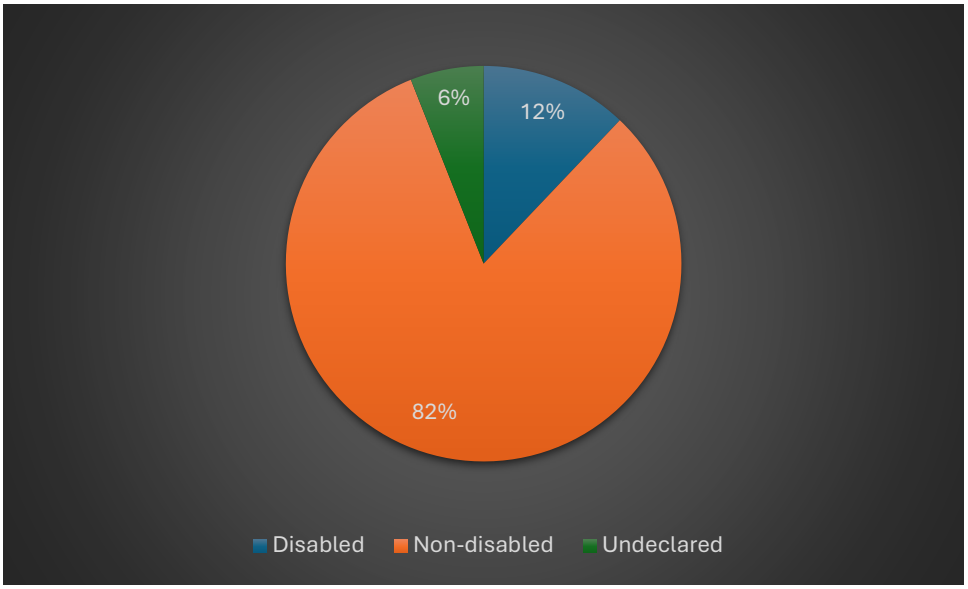
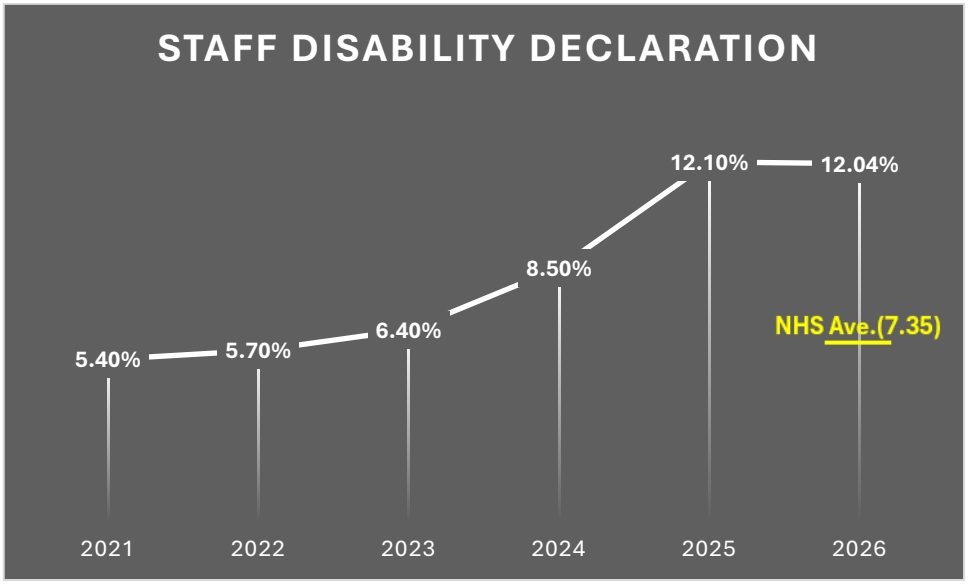


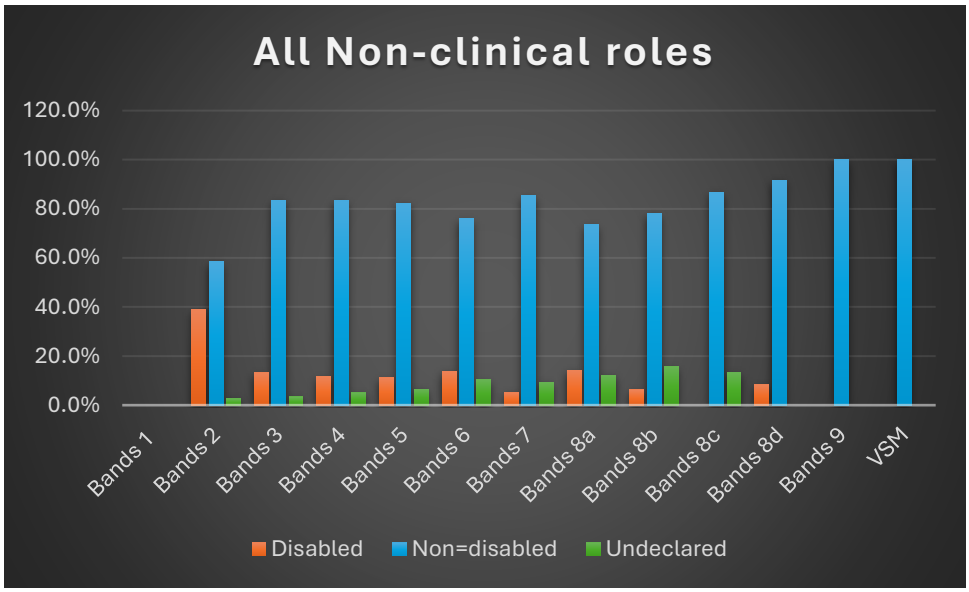
Chart 2 A 5 year view of our Disability declaration rate



The number of staff that declared a disability or Long Term Health Condition (LTH) has seemed to have not changed significantly from last year when there was a notable increase of 3.6% from 2024. The NHS all Trust average is 7.35%. 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

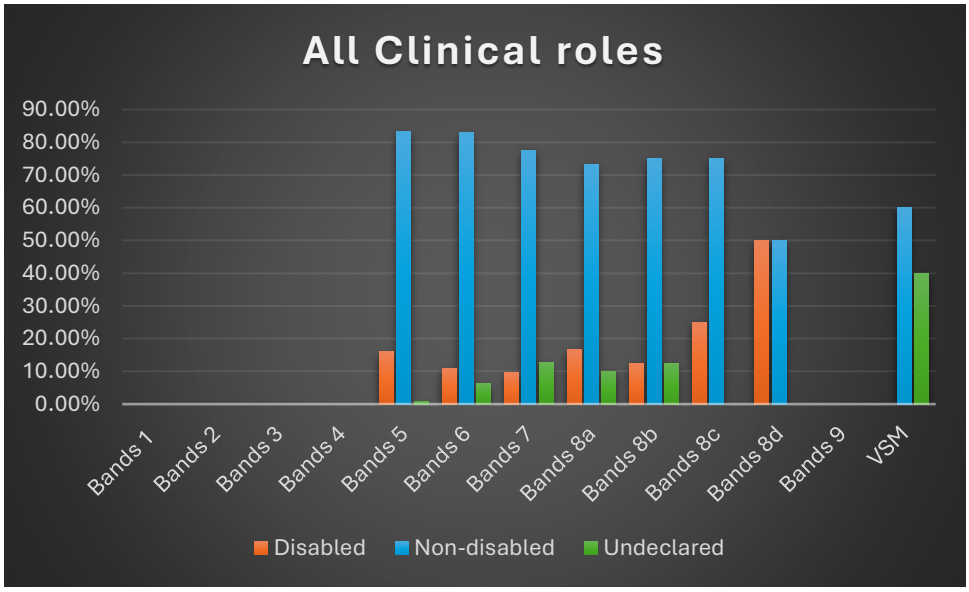
Chart 3 AfC bands: non-clinical (percentage representation)



Disabled staff were represented at 12.1% in all non-clinical AfC roles.
Total Non-Clinical Non-Disabled workforce = 82.5%
Total Non-Clinical Unknown workforce = 5.4%
Total headcount in non-clinical roles =2332

Clinical staff on AfC pay bands

Chart 4 AfC bands: Clinical (percentage representation)



Total Clinical Disabled workforce = 11.9%
Total Clinical Non-Disabled workforce = 81.8%

Total Clinical Unknown workforce = 6.3%
Total headcount =1763

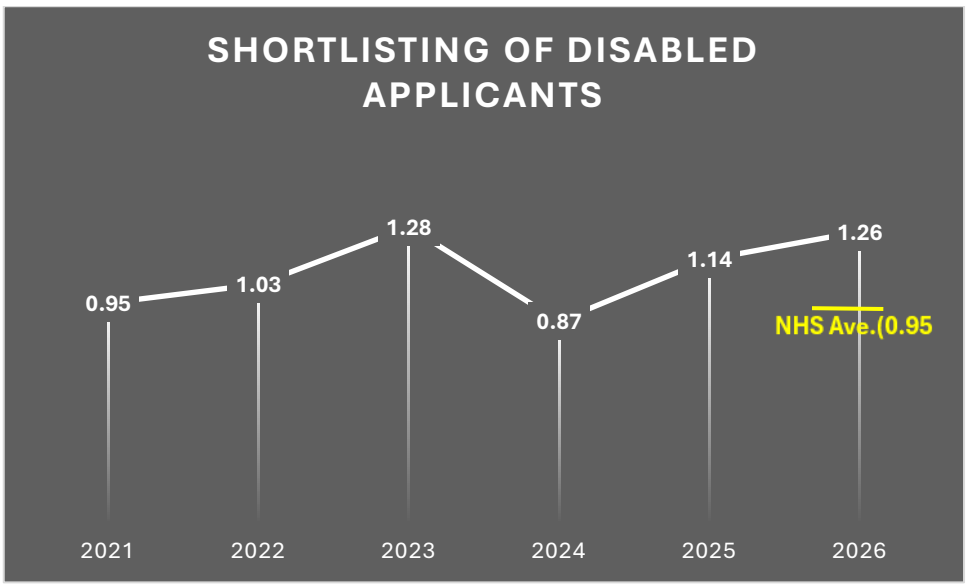
- There has not been much change in the percentage of staff with a disability in either clinical or non-clinical roles from last year. However, there has been improvement in relation to staff declaring a disability. We aim to further improve declaration by communicating the purpose and positive benefit of staff updating personal details on the ESR self-service portal again in partnership with DARE.

- We should hope to see a further improvement in declaration rates through the recent introduction of our Workplace Reasonable Adjustments passport was produced by our Disability Awareness, Representation, Equality Staff Network (DARE). This will help by removing barriers that prevent the career movement of staff) and 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 2026) the likelihood ratio was 1.26, which is higher than last year when it was 1.14. 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’.

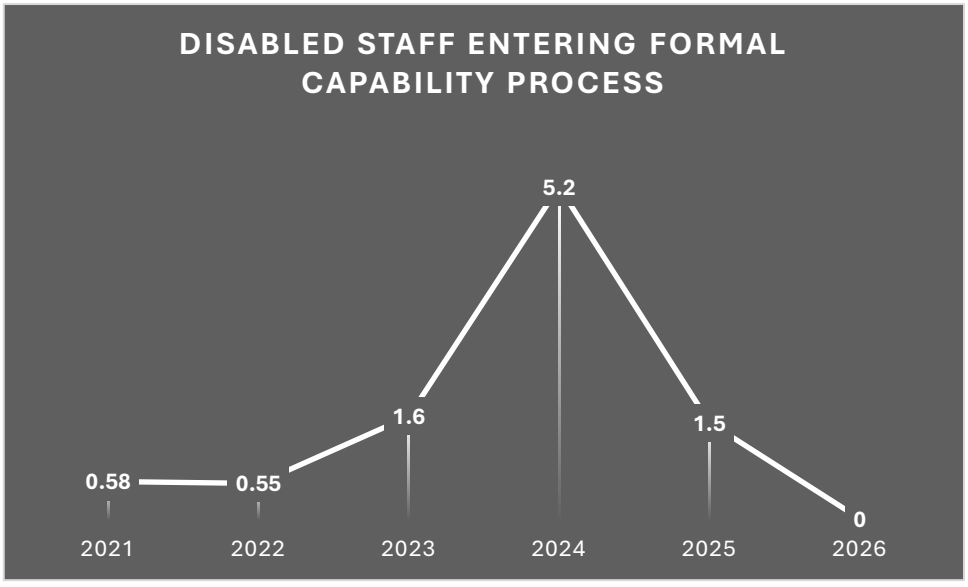
- Our Disability Awareness, Representation and Equality Staff Network (DARE) will work with the recruitment team to actively to promote roles within internal Staff Networks and continue to work with the recruitment team on making interview questions more accessible. We are working to become a Level 3 ‘Disability Confident Leader’, that contains further positive action measures. This joint work will provide confidence for our disabled staff to seek career progression.

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 2026 the likelihood ratio) was 0; however, it was 1.5 last year. There were no Disabled staff that entered the formal capability procedure.

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, NHS England do not publish due to volitivity and small numbers.

- 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 2025 NHS Staff Survey (March 2025) a year in arrears, The percentage figures are rounded up.

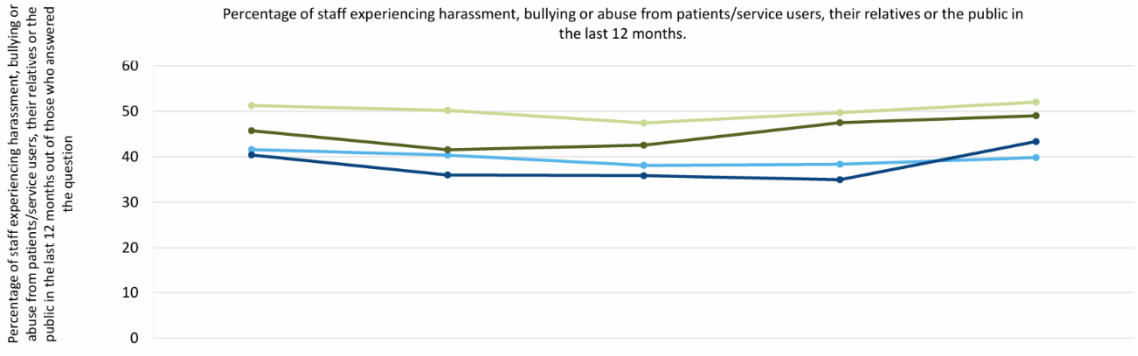
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, managers, and colleagues

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 49% this this is not as good as last year (47%). For non-disabled staff it was 43%, not as good as last year (35%)

- Comparable Ambulance Trusts average for disabled/LTC staff is 52%. For non-disabled staff it is 40%.

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



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	45.74%	41.54%	42.56%	47.49%	49.01%
Staff without a LTC or illness: Your org	40.40%	35.98%	35.86%	34.96%	43.35%
Staff with a LTC or illness: Average	51.25%	50.17%	47.42%	49.67%	51.99%
Staff without a LTC or illness: Average	41.58%	40.36%	38.09%	38.35%	39.83%
Staff with a LTC or illness: Responses	739	638	703	737	708

- This indicates a worrying trend across all Ambulance services. 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'.

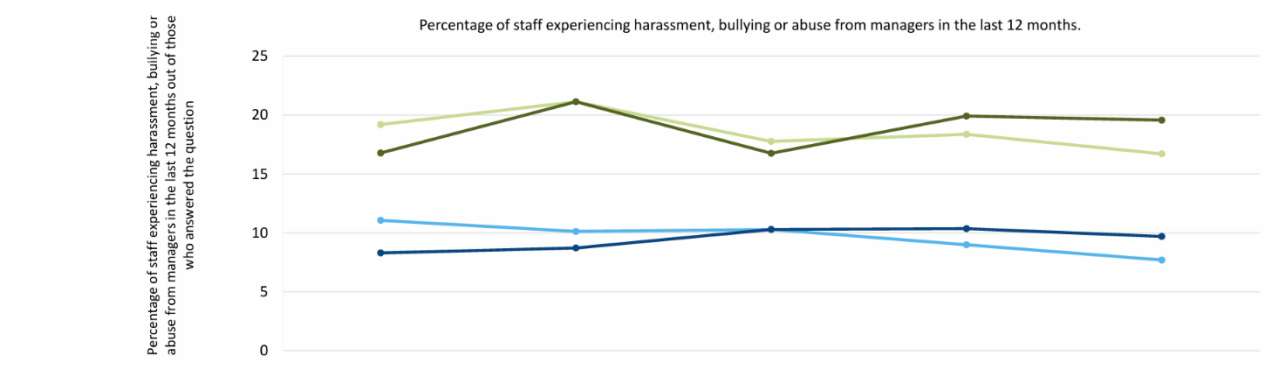
- The action plan addresses the systemic issues identified through the WDES (and WRES), focusing on three priorities: **bullying, harassment and abuse; discrimination at work; and workplace adjustments**. It aims to create a workplace where discrimination and unacceptable behaviour are actively challenged and addressed, while supporting delivery of the **NHS Staff Standards**, particularly Promoting Flexible Working.

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 the same last year (20%). For non-disabled staff it was 10%, the same as last year (10%)

- Comparable Ambulance Trusts average for disabled staff is 17%. For non-disabled staff it is 8%.

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



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	16.78%	21.14%	16.76%	19.92%	19.57%
Staff without a LTC or illness: Your org	8.29%	8.72%	10.29%	10.36%	9.69%
Staff with a LTC or illness: Average	19.20%	21.14%	17.76%	18.37%	16.71%
Staff without a LTC or illness: Average	11.06%	10.12%	10.29%	8.99%	7.70%

- 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.

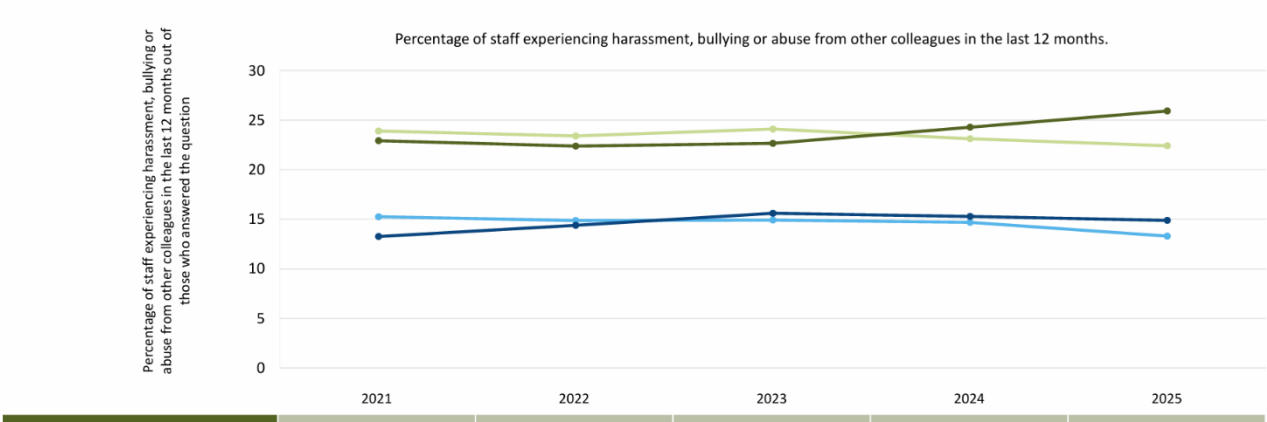
- The action plan addresses the systemic issues identified through the WDES (and WRES), focusing on three priorities: **bullying, harassment and abuse; discrimination at work; and workplace adjustments**. It aims to create a workplace where discrimination and unacceptable behaviour are actively challenged and addressed, while supporting delivery of the **NHS Staff Standards**, particularly Promoting Flexible Working.

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 26% which not as good as last year (24%). For non-disabled staff it was 15%, the same as last year (15%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 22%. For non-disabled staff it is 13%.

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



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	22.92%	22.38%	22.66%	24.28%	25.93%
Staff without a LTC or illness: Your org	13.25%	14.38%	15.60%	15.27%	14.88%
Staff with a LTC or illness: Average	23.90%	23.40%	24.10%	23.11%	22.41%
Staff without a LTC or illness: Average	15.25%	14.87%	14.91%	14.68%	13.29%

- 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.

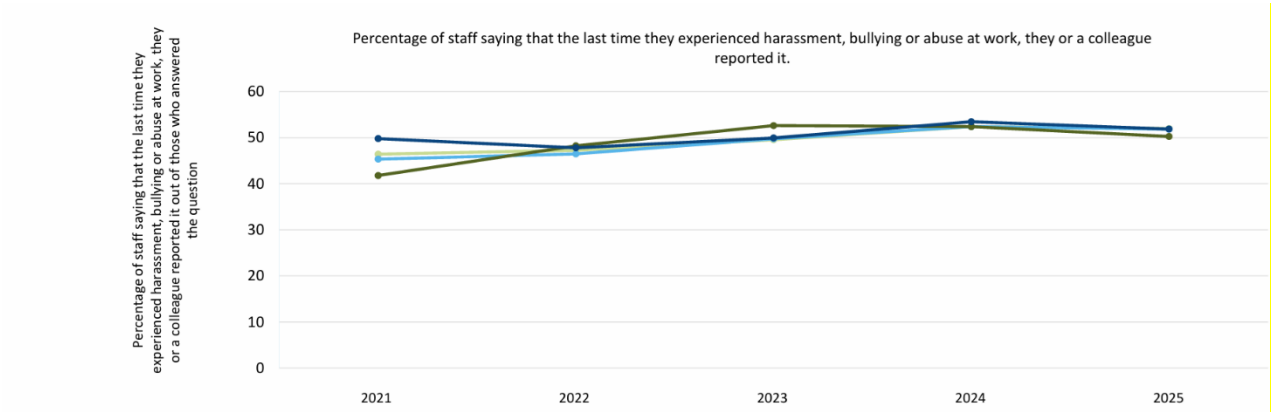
- The action plan addresses the systemic issues identified through the WDES (and WRES), focusing on three priorities: bullying, harassment and abuse; discrimination at work; and workplace adjustments. It aims to create a workplace where discrimination and unacceptable behaviour are actively challenged and addressed, while supporting delivery of the NHS Staff Standards, particularly Promoting Flexible Working.

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 50%. comparably worse than last year (52%). For non-disabled staff it was 52%, which not as good as last year (53%).

- 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



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	41.79%	48.24%	52.62%	52.41%	50.26%
Staff without a LTC or illness: Your org	49.79%	47.80%	49.94%	53.46%	51.86%
Staff with a LTC or illness: Average	46.43%	47.26%	49.56%	52.41%	51.96%
Staff without a LTC or illness: Average	45.34%	46.49%	49.77%	52.41%	51.86%

- 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.

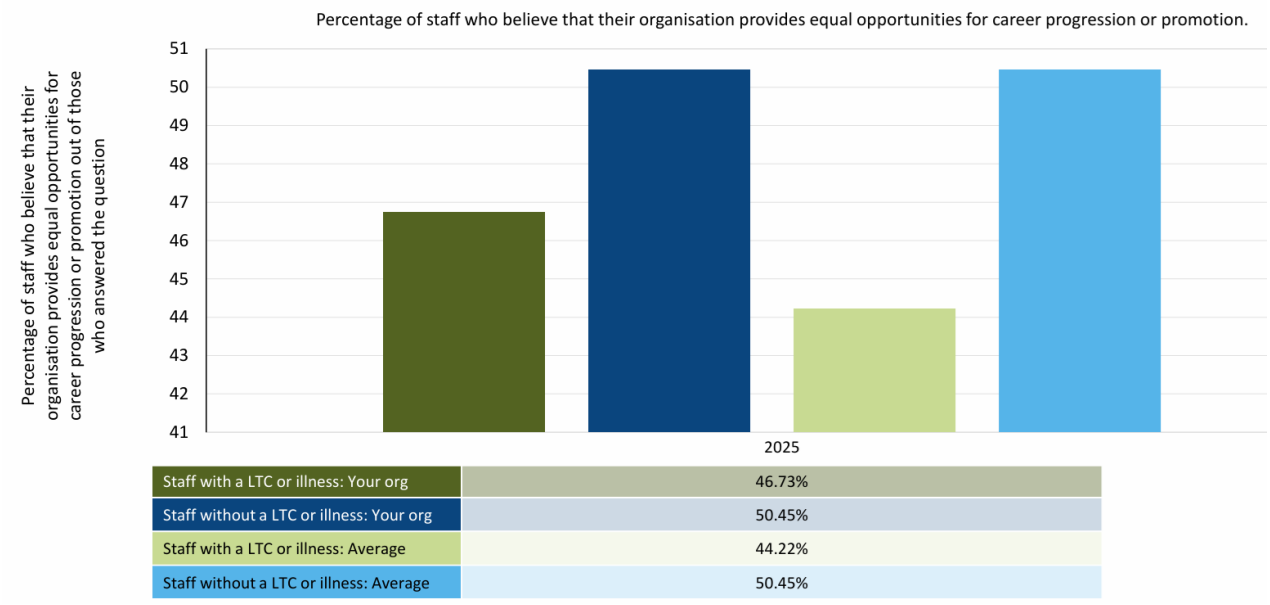
- We aim to support colleagues to ‘speak up’ or report by offering multiple reporting channels, including anonymous options or a ‘safe space’ with the DARE network, to accommodate different comfort levels and ensure confidentiality.

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 47%, not as good as the previous year (51%). For non-disabled staff it was 50%, which not as good as last year (54%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 44%. For non-disabled staff it is 50%.

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



- 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 continue to work with the recruitment team on making interview questions more accessible. We are working to become a Level 3 ‘Disability

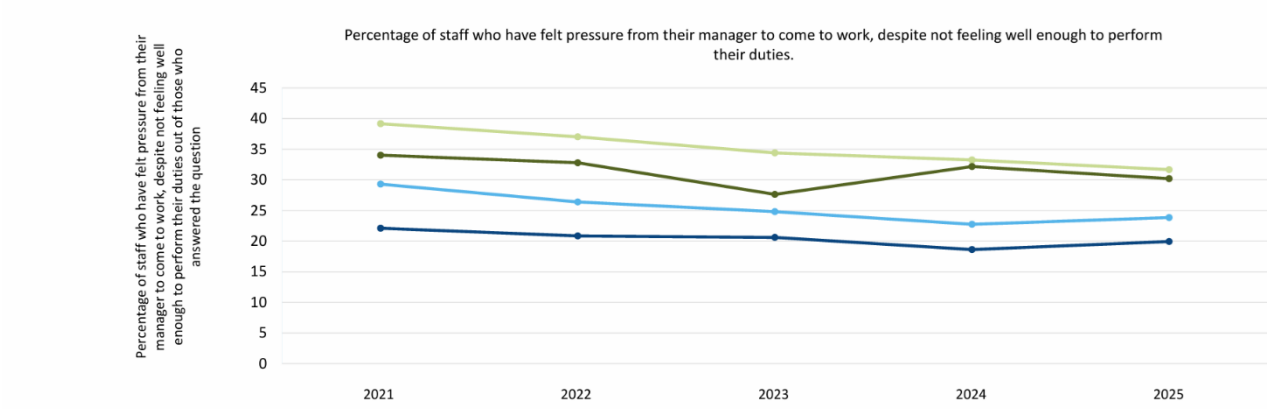
Confident Leader', that contains further positive action measures. This joint work will provide confidence for our disabled staff to seek career progression.

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 30% comparably better than last year (32%). For non-disabled staff it was 20%, not better than last year (19%).

- Comparable Ambulance Trusts average for disabled/LTC staff was 32%. For non-disabled staff it is 24%.

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



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	34.04%	32.81%	27.64%	32.19%	30.20%
Staff without a LTC or illness: Your org	22.11%	20.86%	20.62%	18.62%	19.95%
Staff with a LTC or illness: Average	39.17%	37.04%	34.41%	33.26%	31.68%
Staff without a LTC or illness: Average	29.30%	26.39%	24.82%	22.75%	23.84%

- 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.

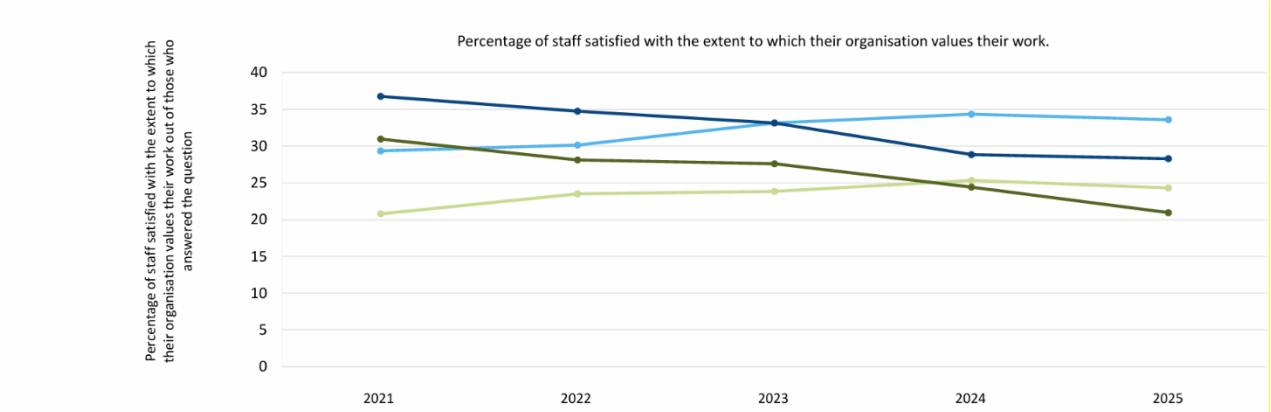
- To understand our disabled staff's concerns, we will be looking to investigate whether a 'reasonable adjustment' or flexible working can be applied for a higher absence threshold, to help alleviate the stress and anxiety that disabled staff might feel about needing to take time off despite feeling unwell. Additionally, we will encourage managers to be more aware of our Flexible working policy and apply it with due regard to a person's disability or long term health condition.

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 21 % was not as good as the previous year (24%). For non-disabled staff it was 28%, not as good as last year (29%).

- Comparable Ambulance Trusts average for disabled/LTC staff at 24%. 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



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	30.96%	28.13%	27.60%	24.42%	20.96%
Staff without a LTC or illness: Your org	36.77%	34.76%	33.14%	28.86%	28.28%
Staff with a LTC or illness: Average	20.78%	23.51%	23.83%	25.34%	24.30%
Staff without a LTC or illness: Average	29.35%	30.15%	33.14%	34.34%	33.59%

- 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.

- We have updated our Values & Behaviours framework with 3 commitments that will improve how we treat one another and how we lead our organisation. Our commitments are:

    1. **Caring**: You are valued for who you are. We will see the person, not just the patient or the colleague. Your feelings and your experiences matter.

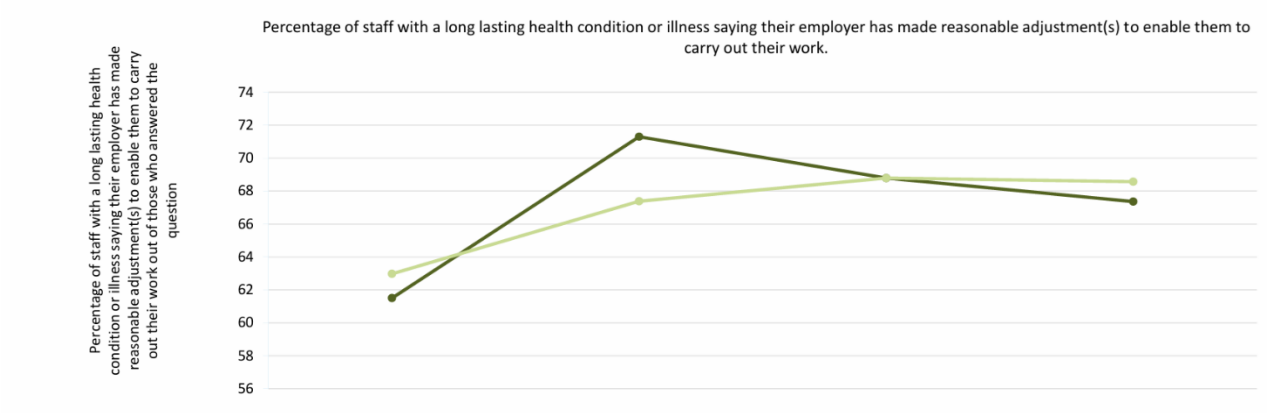
2. **Honest**: You are valued for your integrity and kindness. We are building a culture where you can admit mistakes, ask for help and challenge without fear. Our honesty makes us safer and stronger.

3. **Professional**: You are valued for your skill. We will lead with expertise, stay calm under pressure, and take pride in our standards. You are supported to be the best at what you do.

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 67% comparably not as good as last year (69%). Comparable Ambulance Trusts average for disabled staff was 67%.

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



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	61.50%	71.30%	68.79%	67.36%
Staff with a LTC or illness: Average	62.97%	67.39%	68.79%	68.57%

- 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. The Workplace Reasonable Adjustments passport was produced by our Disability Awareness, Representation, Equality Staff Network (DARE), will help by removing barriers that

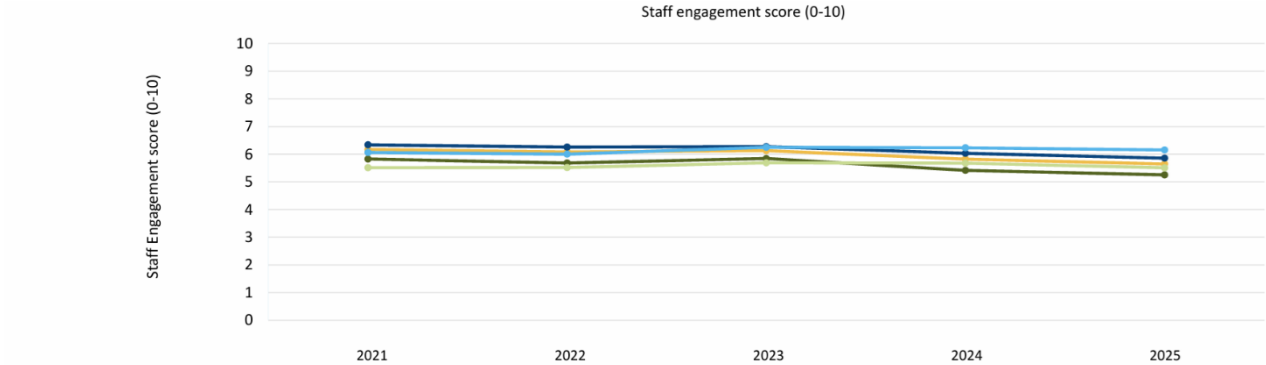
prevent the career movement of staff), and is portable digital tool that allows health learners to carry their support and adjustment needs. Additionally, we will encourage managers to be more aware of our Flexible working policy and apply it with due regard to a person's disability or long term health condition.

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

- The staff engagement score for Disabled staff is 5.25, not as good as last year (5.41). For non-disabled staff it is 5.86, which not as good as last year (6.03). The Trusts average score is 5.65, which not as good as last year (5.82).

- Comparable Ambulance Trusts average score for disabled/LTC staff at 5.51. For non-disabled staff 6.15.

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



	2021	2022	2023	2024	2025
Organisation average	6.17	6.08	6.13	5.82	5.65
Staff with a LTC or illness: Your org	5.83	5.68	5.84	5.41	5.25
Staff without a LTC or illness: Your org	6.34	6.25	6.27	6.03	5.86
Staff with a LTC or illness: Average	5.51	5.52	5.69	5.68	5.51
Staff without a LTC or illness: Average	6.06	6.00	6.25	6.23	6.15

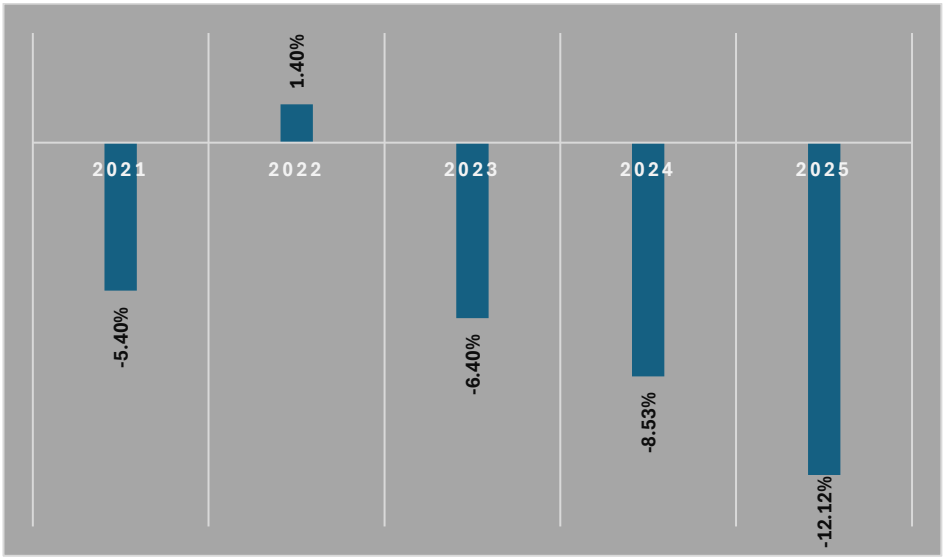
- Engaging with our disabled staff offers many benefits, including diverse perspectives and talents that enrich the workplace. It creates a more inclusive environment where everyone feels valued. By involving disabled employees in decision-making, we can identify and remove barriers, improving accessibility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

- We are expecting the engagement score to improve overall, there have been quite a few engagement events particularly with our consultation around our new 'Values & Behaviours' framework. Additionally, we have also been promoting our See ME First campaign that has gone to our main hubs. This campaign, although focused on Race equality acted as a platform to discuss all forms of discrimination, also allowing engagement with our Staff Networks.

Metric 10 Disabled (voting) board membership

As of March 2026, the difference between Disabled representation on the board and in the workforce was -12.04%, last year it was -12.12%. 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.

4. Progress in 2025/2026

Last year we conducted a Deep dive' and root mapping of issues within both the WDES & WRES to drive actions that will have more of a targeted approach to ensure consistent improvements and alignment with positive culture change. The table below identifies the three key actions, the difference it made and how visible the impact was.

Key Actions	Actions taken	Difference made to Trust ED&I journey	Visible change
1. Harassment, Bullying & Abuse	• Organisation-wide campaigns (Culture, Values & Behaviours) featuring ED&I programmes on bullying, harassment, sexual safety and respect.	•Shift from awareness to culture change, with ED&I becoming part of organisational culture rather than a	• Staff see regular Trust communications and reports on behaviour and inclusion and sexual safety

	• Empowerment of the Staff Networks as reporting route and 'safe space' • SEE ME FIRST campaign promoting allyship and inclusion. • Life stories shared (through webinars) by staff highlighting unacceptable behaviours. • Promotion of Freedom to Speak Up and reporting routes. • Executive Sponsors actively supporting Staff Networks. • Unity & Diversity Conference creating opportunities for dialogue and learning.	standalone programme. • Increased awareness of respectful workplace expectations. • Greater leadership ownership of behavioural standards. • Better engagement with staff through campaigns and lived experience. • Greater involvement of FTSU with ED&I • Increased strategic awareness of issues • Our first ever conference with ED&I & staff Networks. Very strong engagement event and well received Trust wide	• Increased visibility of Executive Sponsors and Staff Networks. For example, podcasts, for the REIN and Men's Health Network that featured Executive sponsors • SEE ME FIRST pledges displayed across the Trust. • Greater opportunities to challenge inappropriate behaviour safely. • More conversations around psychological safety and belonging. • Responsiveness of leadership to world events (e.g. Terrorist attacks) as well as celebration/Awareness days • Measurable positive impact through feedback
2. Discrimination at Work	• Annual publication of WRES, WDES and Pay Gap reports (our first Ethnicity & Disability reports)	• Increased transparency through publication of workforce equality data.	• Staff can see equality data being openly reported. • Improved understanding of structural inequalities affecting staff.

	• Adoption of NHS England Six High Impact Actions. • Audit (BDO) of disciplinary/capability processes involving protected characteristics to have ED&I for complex cases • Roll out of Equality Delivery System (EDS). • Development of Anti-Racism Charter through consultation	• Better governance and accountability for equality outcomes. • Stronger focus on fair decision-making and reducing inequity. • ED&I embedded into organisational assurance through EDS	• More inclusive leadership conversations and development opportunities (Objectives) • Managers receiving additional support to improve fairness and consistency. • Identified gap of knowledge in service provision (Translation/interpreting services)
3. Workplace Adjustment	• Introduction of the Workplace Adjustment Passports • Disability Confident Employer Level 2 retained. • Disability Confident Working Group established with ambition for Level 3. • Strengthened focus on disability declaration and accessibility.	• Supports colleagues who require workplace adjustments by providing a clear, consistent record of agreed support • Disability inclusion now recognised as a strategic workforce priority. • Better understanding of barriers affecting disabled colleagues. • Greater declaration rate on ESR. Flexible working	• Reduce the need for individuals to repeatedly explain their needs when roles or managers change • Ensures fairness and consistency • Greater awareness of workplace adjustment processes. • Increased discussion of disability inclusion across the organisation. • Measurable increase in staff declaration rates. • Improved visibility of disability support and accessibility initiatives.

		promoted more consistently.	

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.

5. 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. This year we are sharpening our focus on the 3 Key priorities inclusive and supportive of the **NHS Staff Standards**, particularly those relating to Tackling Racism and Promoting Flexible Working Lord Mann recommendations in reducing discrimination across the protected characteristics.

6. WDES Action Implementation Plan 2026/27

This implementation action plan aims to be pragmatic and aligns the deeper rooted issues within the WRES & WDES that we mapped last year with the additional recommendations of the **Lord Mann Review**, to create workplaces where racism, discrimination and all forms of unacceptable behaviour are actively challenged, reported and addressed. This implementation action plan focuses on the overarching systemic issues to related to 1) Bullying, harassment and abuse, 2) discrimination at work and 3) workplace adjustments.

It also delivers the **NHS Staff Standards**, particularly those relating to Tackling Racism and Promoting Flexible Working. Together with the **NHS Race and Health Observatory Anti-Racism Principles**, this plan underpins SCAS's development and support of our Values of being Caring, Honest and Professional.

Priority Area	Action	Key Deliverables / Assurance Measures	Lead Accountability	Timeline
1. Harassment, Bullying & Abuse (WRES Indicator 6 / WDES Metrics 4b & 4c)	**1.1 Launch and embed Microaggression/Allyship awareness Campaign**	Campaign launched (inaugurally at Unity in Diversity conference) and communicated Trust-wide; incorporated into CPPD training; visible communications and staff engagement activity; progress monitored through staff feedback and reporting data.	Head of ED&I	**Sept '26 – Sept '27** Offer training bi-monthly
	1.2 Develop and implement the 7 Principles of Anti-racism consult on Anti-Racism Charter **Implement NHS Staff Standards**	7 Principles adopted by Board, published; Consultation for Charter with staff networks and wider engagement evidenced; charter (if agreed) integrated into governance and organisational communications; implementation updates reported Particularly those relating to Promoting Flexible Working with recommendations mapped to priorities, with clear actions, owners and milestones.	Head of ED&I Staff Networks, Executive Sponsors Communications Culture & Leadership	**Sept '26:** 7 Principles adopted **Jan-Mar '27:** Development and consultation for Charter **Jul '27**

	1.3 Strengthen speaking up, improve data reporting, investigation (hotspots) and support pathways	Set up Working group to Review of all Race discrimination/violence & aggression recorded data/incidents and investigation processes; enhanced reporting routes introduced; themes, outcomes and lessons reported through governance structures.	Datix, WRES, Patient Experience, FTSU, Employee Relations, People Partners and Health & Well-being.	**Sept '26:** review baseline data **Oct '26:** Set up working group
Priority Area	**Action**	**Key Deliverables**	**Accountability**	**Timeline**
2. Discrimination at Work (WRES Indicator 8)	**2.1 Incorporate Lord Mann recommendations into WRES/WDES action plan**	Recommendations mapped to WRES/WDES priorities, actions, owners and milestones; incorporated into this reporting;	Head of ED&I Board (agree) to implementation plan	**Sept '26 -Oct '26** WRES/WDES published 31 Oct
	2.2 Strengthen recruitment, progression and development processes	Recruitment and progression data reviewed by ethnicity; barriers addressed; actions implemented to improve fairness and transparency by ensuring diverse Panels	Recruitment	**Jan-Mar '27:** Analysis and planning **Apr-Jun '27:** Improvements implemented
	2.3 Establish Board/Executive ED&I and anti-racism objectives with quarterly assurance	ED&I and anti-racism objectives incorporated into leadership performance frameworks; evidence of leadership accountability and action	Governance, Executive Management Group, Board	**Jan '27:** Objectives agreed **Apr-Jun '27:** Embedded and monitored
Priority Area	**Action**	**Key Deliverables**	**Accountability**	**Timeline**
3. Workplace Adjustments (WDES Metric 8)	**3.1 Progress Disability Confident Leader ambition**	Evidence of enhanced disability-inclusive recruitment, retention and development; progress reported through ED&I governance.	Health & Well-being, DARE network, Head of ED&I	**Oct-Dec '26:** Re-establish working group review current processes

				Apr-Jun '27: Map findings to meet Level 3
	3.2 Improve information on workplace adjustments	Updated guidance and communications introduced across recruitment, onboarding and employment lifecycle; staff awareness improved.	Health & Well-being, DARE network, Communications	**Apr-Jun '27**
	3.3 Strengthen manager capability for disability inclusion and adjustments	Develop Manager guidance to increased confidence and consistency in supporting disabled colleagues.	Health & Well-being, DARE network, Head of ED&I, Communication	**Jan-Mar '27:** Develop **Apr-Jun '27:** Delivery and Communication
	3.4 Improve access to flexible working and adjustment considerations	Flexible working and adjustment processes aligned; decisions monitored for timeliness, transparency and consistency.	Health & Well-being, DARE network, Head of ED&I, Strategic Leadership Group	**Apr-Jun '27**