South Central Ambulance Service
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2026

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

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1. Introduction

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from 2015/16. The WRES comprises nine specific metrics to compare the profile and experiences of Black, Asian, and Minority Ethnic (BAME) and White staff within an NHS organisation. The purpose of the indicators is to inform a local action plan that will target specific areas within a given organisation where the treatment or experience of BAME staff is less than good. The WRES indicators will also enable the organisation to demonstrate progress in areas where the treatment of BAME staff needs to improve; and facilitate challenge where progress is not being made. This year we continue to prioritise actions that focus on harassment and bullying, discrimination, and workplace adjustments aligned to the Lord Mann Review, NHS Staff Standards and NHS Race and Health Observatory principles.

2. Executive summary

The latest WRES data presents a mixed picture of progress and continuing inequality for BAME staff. BAME workforce representation has increased to 9.13%, and disciplinary likelihood has improved to 0.6, indicating positive movement in these areas. There has also been a slight improvement in perceptions of equal career opportunities, now at 47%.

However, disparities remain. The recruitment likelihood ratio of 1.86 indicates that BAME applicants remain less likely to be appointed, while access to CPD has worsened to 2.1, highlighting a potential barrier to career development and progression.

Staff experience indicators are of greatest concern. Harassment from the public has increased to 46% and harassment from staff to 28%, alongside an increase in reported discrimination to 16%. These trends raise concerns about psychological safety, organisational culture, and the effectiveness of existing mechanisms for preventing, reporting, and addressing unacceptable behaviour.

Overall, the data demonstrates that representation is improving, but this is not yet translating into equitable experience, opportunity, or progression. The findings reinforce the Trust's three priority areas for action: Harassment, Bullying & Abuse; Discrimination at Work; and Workplace Adjustments.

The focus for the next 12 months should therefore be on measurable organisational change, including strengthening anti-racism, improving recruitment and development outcomes, addressing discrimination and harassment, and strengthening leadership accountability. Progress should be measured through improved staff experience, greater psychological safety, fairer employment outcomes and stronger BAME representation at senior levels.

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

Indicator	Description	2025	2026
Indicator 1	BAME workforce BAME staffing across the bands	8.2% Total workforce, Last year 6.7%. Increase of 1.5%	9.13% an increase of 0.93%
Indicator 2	Likelihood of White staff appointed from shortlist	2.02, a slight progression for BAME staff being appointed from last year (2.77)	1.86 lower than last year when it was 2.02
Indicator 3	Likelihood of BAME Staff entering a formal disciplinary process	2.07 (twice as likely than white). Last year it was 0.	This year it was 0.6 last year it 2.07
Indicator 4	likelihood of white staff accessing non mandatory training/CPD compared with BAME staff	BAME staff 0.99, 1.87 last year. A value above 1 indicates that white staff are more likely to access non-mandatory training or CPD	This year it was 2.1 (twice as likely), last year it was 0.99
Indicator 5	percent of BAME staff experiencing harassment, bullying or abuse from patients or public	33%, this is better than last year when it was 35%.	This year it was 46%, last year it was 33%
Indicator 6	Percentage of BAME staff experiencing harassment, bullying or abuse from staff	22%, this is comparably worse than last year when it was 15%.	This year it was 28%, last year it was 22%
Indicator 7	Percentage of staff believing that Trust provides equal opportunities for career progression or promotion	44%, this is comparably worse than last year when it was 53%.	This year it 47%, last year it was 44%
Indicator 8	Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues	13%, this is comparably worse than last year when it was 11%.	This year it is 16%; it was 13% last year
Indicator 9	BAME (voting) board membership	Board ethnic composition relative to the workforce, a difference (Total board - Overall workforce) from 9.6% last year to 2.9% this year	This year board ethnicity represented 3% of the overall workforce the same as last year (2.9%)

3. Detailed Indicators

Last year's action plan aimed to drive targeted improvements across key performance areas. While initiatives provided useful insights, we acknowledge that for longer term progress we must consider any 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 and reinforced by the Lord Mann review recommendations. This new plan will focus on achieving sustainable improvements, ensuring that our priorities are more sharply focused, actions are clearly defined, and progress is closely tracked throughout the year. The aim is to move from reflection to measurable improvement, with a renewed emphasis on collaboration, data-driven decision-making, and continuous learning.

Indicator 1 BAME 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), (**-13.6%** or a headcount of 649).

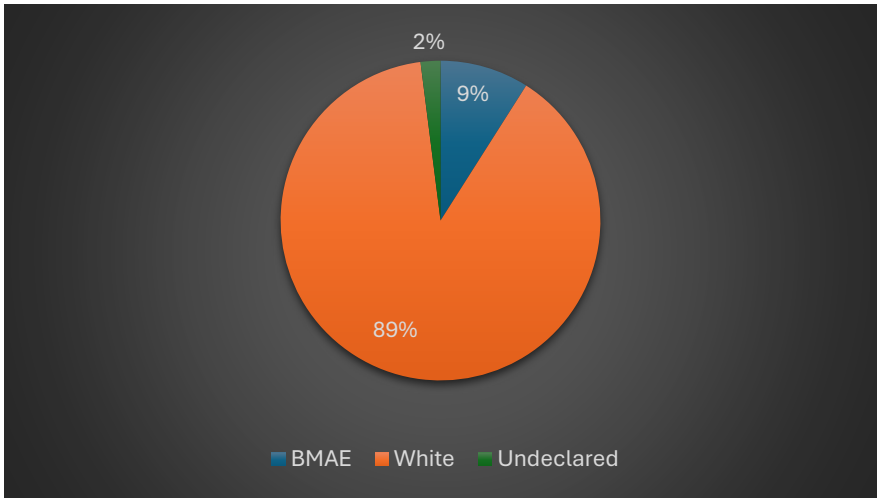
White= 3627= 88.6%. Last year 88.5%

BAME = 374= 9.13% Total workforce, Last year 8.2%. **Proportionate increase of 0.93%**

Not declared = 94 = 2.3%. Last year 3.2%, increase of 0.9% in declaration.

We are on target of a 1% increase every year for the next 3 years. We have implemented via our Trac system (recruitment system) understanding how to use it effectively for monitoring performance at each stage of the recruitment process. In addition, we have implemented the Inclusive Recruitment programme to help attracting a more diverse workforce. We recognise more is required and being more precise in our actions.

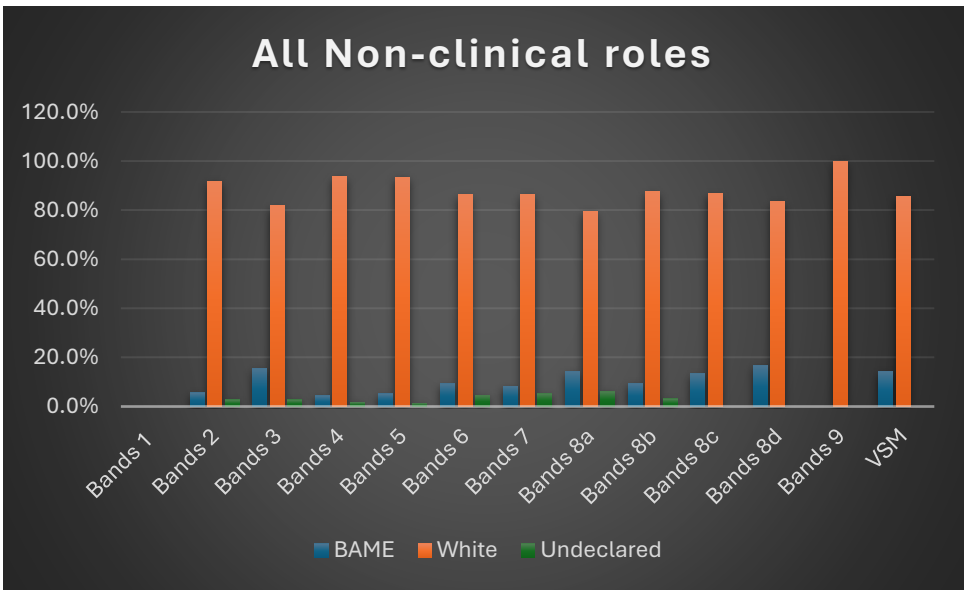
Chart 1 All staff percentage



Most of our staff (88.6%) are white, 9.13% are BAME and 2.3% are undeclared where their ethnicity is unknown. The Ethnic minority population of the geography we serve as an average is 9.7%.

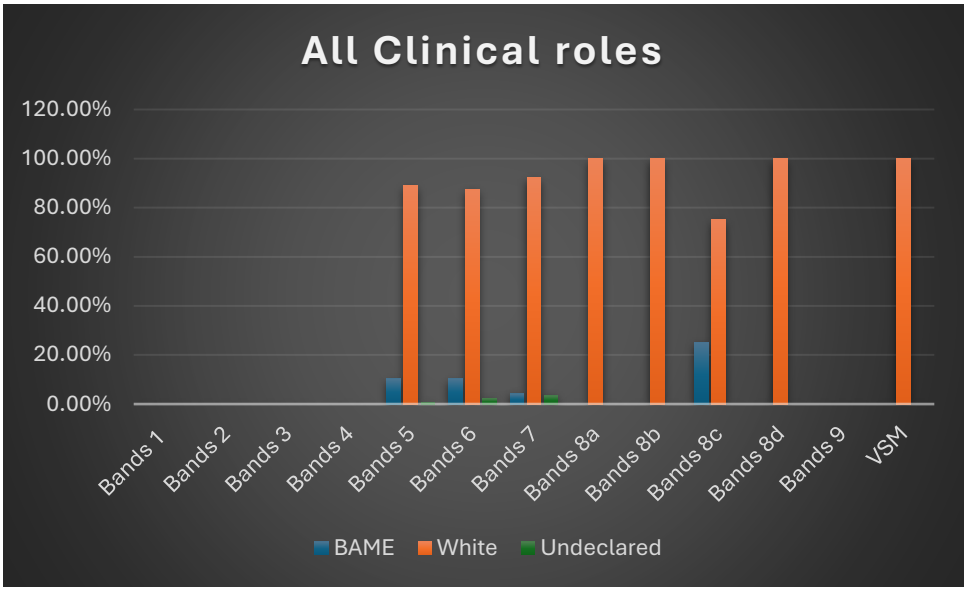
The charts (2 & 3) are a further split of the BAME and white workforce by clinical and non-clinical roles and their bands.

Chart 2 All staff percentage in non-clinical roles



The data shows across all non-clinical roles BAME representation is generally low in senior pay bands, with none in Bands 9, which is 100% White, although in VSM (Very Senior Management) BAME staff represent 14.3%. The highest BAME presence is seen in Bands 3 (15.5%) and 8d (16.7%). The proportion of staff with undeclared ethnicity remains relatively low across all bands.

Chart 3 All staff percentage in Clinical roles



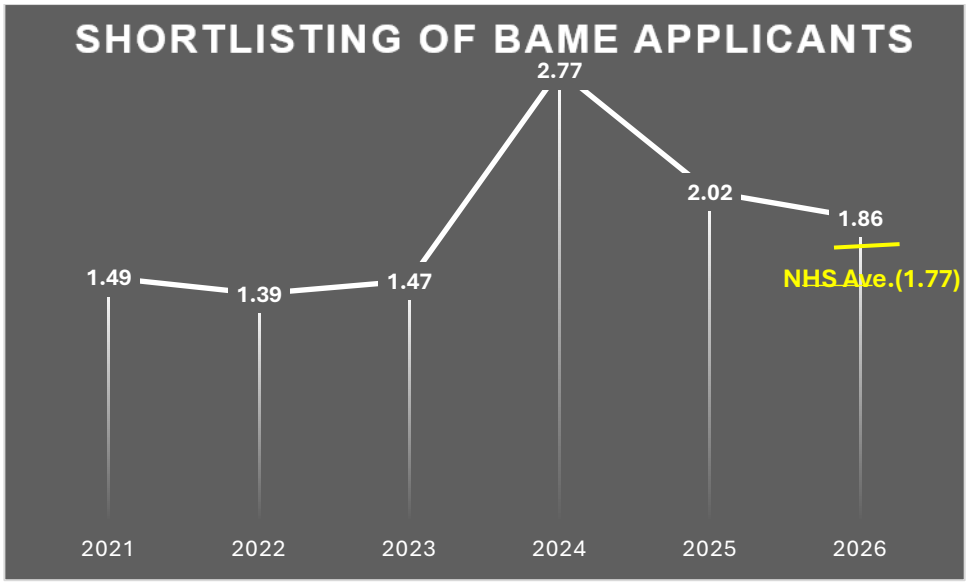
There are no clinical level staff employed between Bands 1 & 4). In all Clinical roles BAME representation is concentrated mainly in mid-level pay bands (5,6 & 7), with the highest presence in Band 8c (25%). There is no BAME representation in Bands 8a, 8b, 8d, 9, or VSM. The proportion of staff with undeclared ethnicity remains relatively low across all bands.

Indicator 2 Shortlisting of BAME applicants

- This year the relative likelihood of white staff being appointed from shortlisting compared to BAME staff was 1.86, a slight progression for BAME staff being appointed from last year (2.02). A figure above “1” indicates that white candidates are more likely than BAME candidates to be appointed from shortlisting.

- Nationally across all NHS Trusts White applicants were 1.77 times more likely to be appointed from shortlisting compared to BAME applicants. We are not as good as the “all” NHS Trusts average.

Chart 4 Likelihood of White staff appointed from shortlists



- Shortlisting BAME applicants is not just about meeting quotas or fulfilling legal obligations; it is 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.

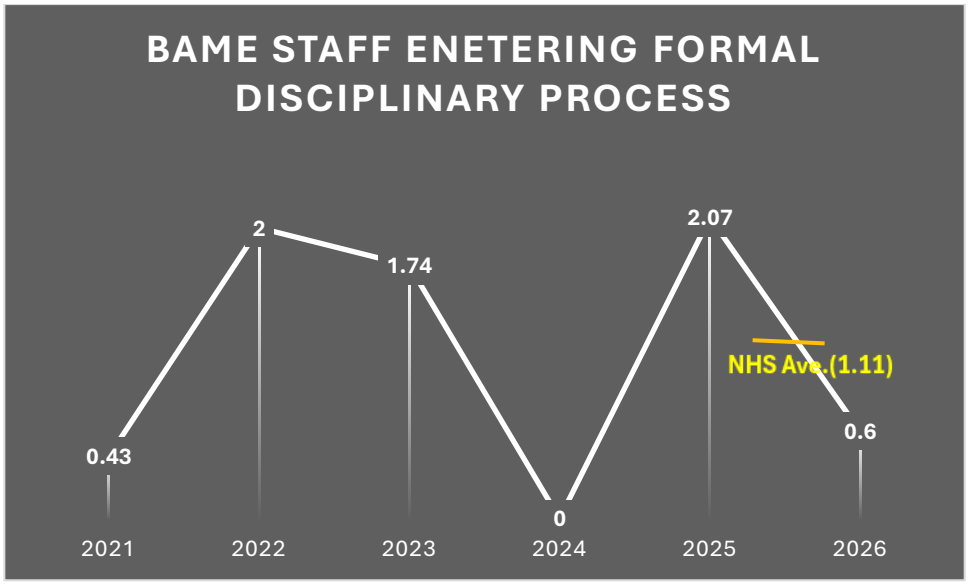
- We will provide and promote career pathways specifically for underrepresented (BAME) groups and ensure adequate consideration of equality within our recruitment process, we will do this by reviewing current interview and recruitment process to promote values and behaviours, ensure that panels include BAME representation particularly for senior roles and ensure equality and inclusion, in collaboration with staff networks.

Indicator 3 Likelihood of BAME Staff entering a formal disciplinary process.

- This year the relative likelihood of BAME entering a formal disciplinary process was 0.6. Last year it was 2.07 (twice as likely than white), a figure below “1” would indicate that BAME staff members are less likely than white staff to enter the formal disciplinary process.

- Nationally across all Trusts BAME staff were 1.11 times more likely to enter the formal disciplinary process compared to white staff. We are not comparatively better than the “all” NHS Trusts average.

Chart 5 Likelihood of BAME Staff entering a formal disciplinary process



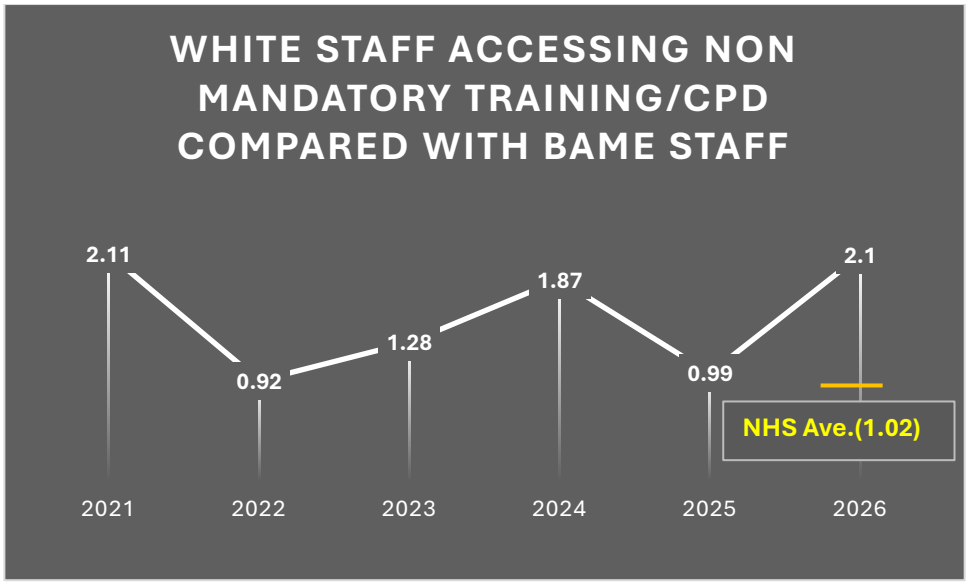
- Between 2021 and 2025, the likelihood of BAME staff entering a formal disciplinary process fluctuated significantly. It started at 0.43 in 2021, rose sharply to 2.00 in 2022, dipped slightly to 1.74 in 2023, fell to 0.00 in 2024, and then increased again to 2.07 in 2025, the highest in the five-year span and this year it has gone back down 0.6.

- However, it is important to note that this indicator is highly sensitive to slight changes in the number of cases, where the involvement of just one or two individuals can significantly impact the data. Overall, the number of formal disciplinary cases has reduced since the introduction of the 'Just and Learning' Culture approach, which has positively affected all staff groups. To ensure any Equality, Diversity and Inclusion (EDI) concerns are appropriately addressed, it is recommended that the Head of ED&I is consulted on complex disciplinary cases going forward.

Indicator 4 likelihood of white staff accessing non mandatory training/CPD compared with BAME staff

- This year relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 2.1 (twice as likely), compared to 0.99 last year. A value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than BAME staff. This indicator has fluctuated over the last 6 years.

Chart 6 likelihood of white staff accessing non-mandatory training



- Increasing the number of BAME staff accessing non-mandatory training and development opportunities is essential for creating a fair, inclusive, and high-performing Trust. It supports career progression, reduces disparities, and builds a diverse leadership pipeline, all of which contribute to the overall success and sustainability of the Trust.

- The 'all' Trusts average was 1.02; the non-adverse range nationally is 0.80 to 1.25. We have dropped significantly from last year in achieving parity in relation to the number of BAME staff to access non mandatory/CPD training. This indicator is sensitive to slight changes in the number of people accessing the training, where the addition of just a few individuals can significantly impact the data. Nevertheless, to understand and learn we will commence CPD strategic meetings to review results and plan accordingly.

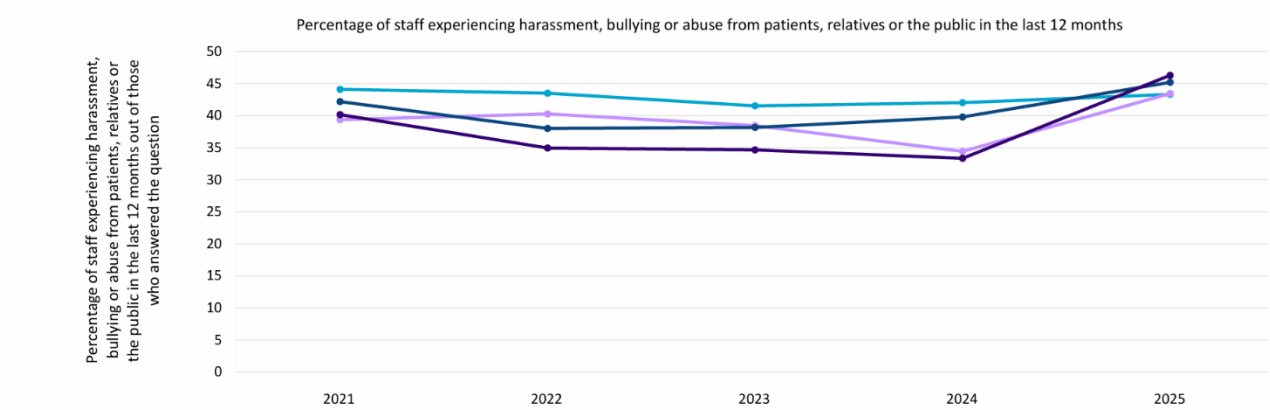
<u>The indicators 5 to 8 are taken from the last Staff survey (published 2025) a year in arrears. The percentage figures are rounded up.</u>

Indicator 5 percentage of staff experiencing harassment, bullying, or abuse from patients or public

- The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is 46%, this is worse than last year when it was 33%. Comparable Ambulance Trusts average of this indicator for BAME staff is 43%.

- This compares with the experience of white staff at 45%; this is also not as good as last year when it was 40%. Comparable Ambulance Trusts average of this indicator for white staff is 43%.

Chart 7 percent of staff experiencing harassment, bullying, or abuse from patients or public



	2021	2022	2023	2024	2025
White staff: Your org	42.18%	38.00%	38.17%	39.79%	45.20%
All other ethnic groups*: Your org	40.17%	34.96%	34.67%	33.33%	46.30%
White staff: Average	44.11%	43.50%	41.53%	42.03%	43.31%
All other ethnic groups*: Average	39.36%	40.25%	38.45%	34.42%	43.44%

- Reducing the incidence of BAME 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.’

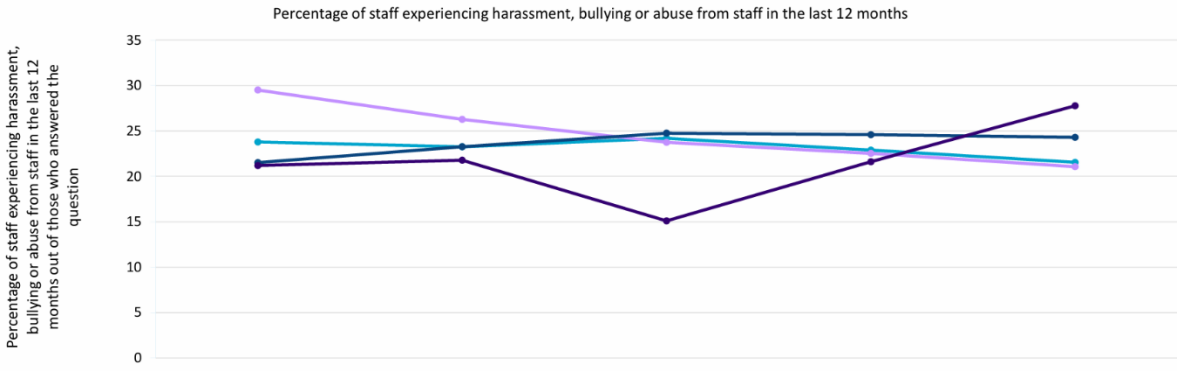
- We also must take into context current issues that may also have an impact. Official (Home office, Police & CPS) reports noted spikes in racial and religious hate incidents linked to periods of public disorder and community tensions during 2025.The experience of bullying and harassment has significantly increased for both our BAME and white staff. The Trust will need to raise awareness and address the safety of our staff. The Trust will continue to focus on this indicator as part of our key actions.

Indicator 6 Percentage of BAME staff experiencing harassment, bullying, or abuse from staff

- The percentage of BAME staff experiencing harassment, bullying or abuse from staff is 28%, this is comparably worse than last year when it was 22%. Comparable Ambulance Trusts average of this indicator for BAME staff is 21%.

- This compares with the white staff experiences at 24%; this is similar to last year when it was 25%. Comparable Ambulance Trusts average for white staff is 23%.

Chart 8 Percentage of BAME staff experiencing harassment, bullying, or abuse from staff



	2021	2022	2023	2024	2025
White staff: Your org	21.52%	23.25%	24.75%	24.60%	24.30%
All other ethnic groups*: Your org	21.19%	21.77%	15.10%	21.62%	27.78%
White staff: Average	23.79%	23.25%	24.19%	22.89%	21.55%
All other ethnic groups*: Average	29.51%	26.27%	23.76%	22.52%	21.06%

- Harassment, bullying, or abuse of BAME and white staff by colleagues is unacceptable, 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 BAME employees, eroding their confidence and a sense of belonging, but also perpetuates systemic racism within the Trust.

- The Trust has adopted the Race & Health Observatory's seven Principles of Race equality from the Lord Mann review and will be implementing them and consider the value of having an additional Anti-racism, Charter.

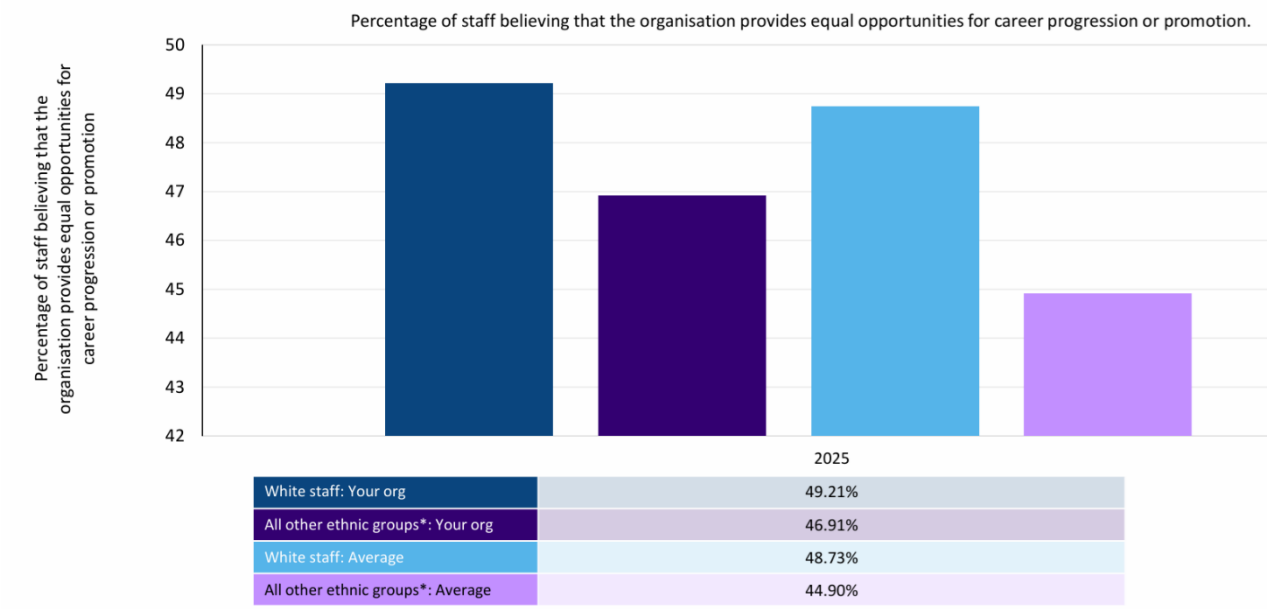
- The Trust will be ensuring processes are transparent and set out the key routes to reporting incidents including options for anonymous reporting. The Trust will continue to focus on this indicator as part of our Key actions. We will be rolling out Training will be developed to address 'microaggression' and promote allyship. The Trust has also developed a 'Culture change programme' and is embedding our new Values and Behaviours framework to demonstrate that we are Caring, Honest & Professional.

Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

- The percentage of BAME staff that believed that the Trust provides equal opportunities for career progression is 47%. This is better than last year when it was 44%. Comparable Ambulance Trusts average of this indicator for BAME staff is 45%.

- This compares with 49% of white staff who believed that the Trust provides equal opportunities for career progression, this is comparable not as good as last year when it was 54%. Comparable Ambulance Trusts average for white staff is 51%.

Chart 9 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion



- When staff believe that everyone has equal chances for career progression or promotion, it boosts their motivation and commitment. 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.

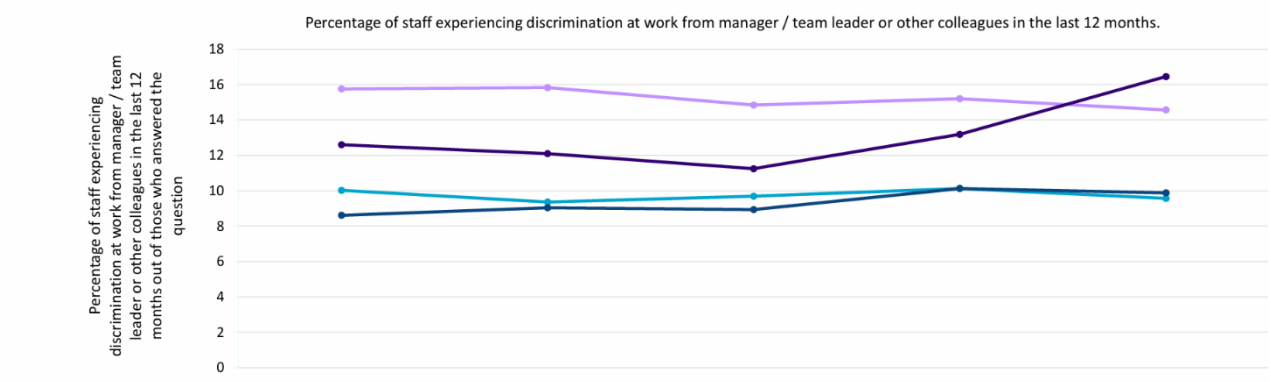
- We will provide and promote career pathways specifically for underrepresented (BAME) groups and ensure adequate consideration of equality within our recruitment process, we will do this by reviewing current interview and recruitment process to promote values and behaviours, ensure that panels include BAME representation particularly for senior roles and ensure equality and inclusion, in collaboration with staff networks.

Indicator 8 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues

- The percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues is 16%. This is comparably worse than last year when it was 13%. Comparable Ambulance Trusts average for BAME staff at 15%.

- The percentage of white staff personally experiencing discrimination at work from a manager / team leader, or other colleagues is 10%. This is comparably the same as last year when it was 10%. Comparable Ambulance Trusts average for white staff at 10%.

Chart 10 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues



	2021	2022	2023	2024	2025
White staff: Your org	8.61%	9.04%	8.94%	10.13%	9.88%
All other ethnic groups*: Your org	12.61%	12.10%	11.25%	13.19%	16.46%
White staff: Average	10.03%	9.36%	9.69%	10.13%	9.57%
All other ethnic groups*: Average	15.75%	15.83%	14.85%	15.21%	14.57%

- When BAME staff experience discrimination at work from a manager, team leader, or colleagues. Such discrimination not only undermines their professional confidence but also perpetuates a culture of exclusion and inequality.

- The Trust will continue to focus on this indicator as part of our Key actions. We will be rolling out Training will be developed to address ‘microaggression’ and promote allyship. The Trust has also developed a ‘Culture change programme’ and is embedding our new Values and Behaviours framework to demonstrate that we are Caring, Honest & Professional.
- The Trust has adopted the Race & Health Observatory’s seven Principles of Race equality from the Lord Mann review and will be implementing them and consider the value of having an additional Anti-racism, Charter.

Indicator 9 BAME (voting) board membership

As of 31March 2026, 15.3% of voting Board members declared their ethnicity as BAME. There has been a decrease in Board ethnic composition relative to the workforce, a difference (Total board - Overall workforce) from 2.9% last year to 8% this year.

4. Progress in 2025/2026

Last year we conducted a 'Deep dive' and root mapping of issues within both the WRES & WDES 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. • 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.	•Shift from awareness to culture change, with ED&I becoming part of organisational culture rather than a 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	• Staff see regular Trust communications and reports on behaviour and inclusion and sexual safety • Increased visibility of Executive Sponsors and Staff Networks. For example, 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.

	• Executive Sponsors actively supporting Staff Networks. • Unity & Diversity Conference creating opportunities for dialogue and learning.	of FTSU with ED&I • Increased strategic awareness of issues. • Our first ever conference with ED&I & staff Networks. Strong engagement event and well received Trust wide	• 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) • 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	• Increased transparency through publication of workforce equality data. • Better governance and accountability for equality outcomes. • Stronger focus on fair decision-making and reducing inequity. • ED&I embedded into organisational assurance through EDS	• Staff can see equality data being openly reported. • Improved understanding of structural inequalities affecting staff. • 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 promoted more consistently.	• Reduces 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.

We continue to implement and monitor the WRES 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).

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 Lord Mann recommendations.

6. WRES 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 seven Principles of Anti-racism consult on Anti-Racism Charter	Seven 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	Head of ED&I Staff Networks, Executive Sponsors Communications	**Sept '26:** Seven Principles adopted **Jan-Mar '27:** Development and consultation for Charter
	1.3 Strengthen speaking up, improve data reporting,	Set up Working group to Review of all Race discrimination/violence & aggression recorded data/incidents and investigation processes; enhanced reporting	Datix, WRES, Patient Experience, FTSU, Employee	**Sept '26:** review baseline data

	investigation (hotspots), and support pathways	routes introduced; themes, outcomes and lessons reported through governance structures.	Relations, People Partners, and Health & Well-being.	**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

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				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**

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