

Workforce Disability Equality Standard (WDES)

Trust Report 2025 & Action Plan for 2025-26



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Executive Summary	Error! Bookmark not defi
1.0 Introduction	Error! Bookmark not defineu.
1.1 Trust WDES 2025 Performance Overview	Error! Bookmark not defined.
2.0 Trust summary performance over time against the 10 WDES Indicators	Error! Bookmark not defined.
Indicator 1: Workforce profile: Trust Workforce Disability Profile.....	Error! Bookmark not defined.
Indicator 2: Recruitment: relative likelihood of disabled applicants being appointed from shortlisting across all posts	Error! Bookmark not defined.
Indicator 3: Capability Process Measure: Relative likelihood of disabled staff entering the formal capability process ...	Error! Bookmark not defined.
Indicator 4a: Harassment Bullying and Abuse (HBA): Service Users and the Public	Error! Bookmark not defined.
Indicator 4b: Harassment, Bullying & Abuse: Manager	Error! Bookmark not defined.
Indicator 4c: Harassment, Bullying & Abuse: Staff	Error! Bookmark not defined.
Indicator 4d: Harassment, Bullying & Abuse: Reporting.....	Error! Bookmark not defined.
Indicator 5: Belief that organisation provides equal opportunities for career progression & promotion	Error! Bookmark not defined.
Indicator 6: Presenteeism (pressure to attend work despite not feeling well enough).....	Error! Bookmark not defined.
Indictor 7: Feeling Valued.....	Error! Bookmark not defined.
Indicator 8: Differently Abled staff saying employer has made reasonable adjustment(s) to enable them to carry out role.....	Error! Bookmark not defined.
Indicator 9a: Staff Engagement.....	Error! Bookmark not defined.
Indicator 9b: Disabled Voices: Measures to hear Disabled Staff Voice.....	Error! Bookmark not defined.
Indicator 10: Trust Board Membership.....	Error! Bookmark not defined.
4.0 What have Combined been doing to advance the WDES over the past 12-18 months?	Error! Bookmark not defined.
4.1 Priorities for Action 2025-26.....	Error! Bookmark not defined.
5.0 WDES Action Planned for 2025-26	Error! Bookmark not defined.
6.0 Conclusions and Recommendations	Error! Bookmark not defined.
APPENDIX 1: Progress Report: WDES Action Plan 2024	Error! Bookmark not defined.

APPENDIX 2 - Inclusion And Belonging Action Plan 2025-26

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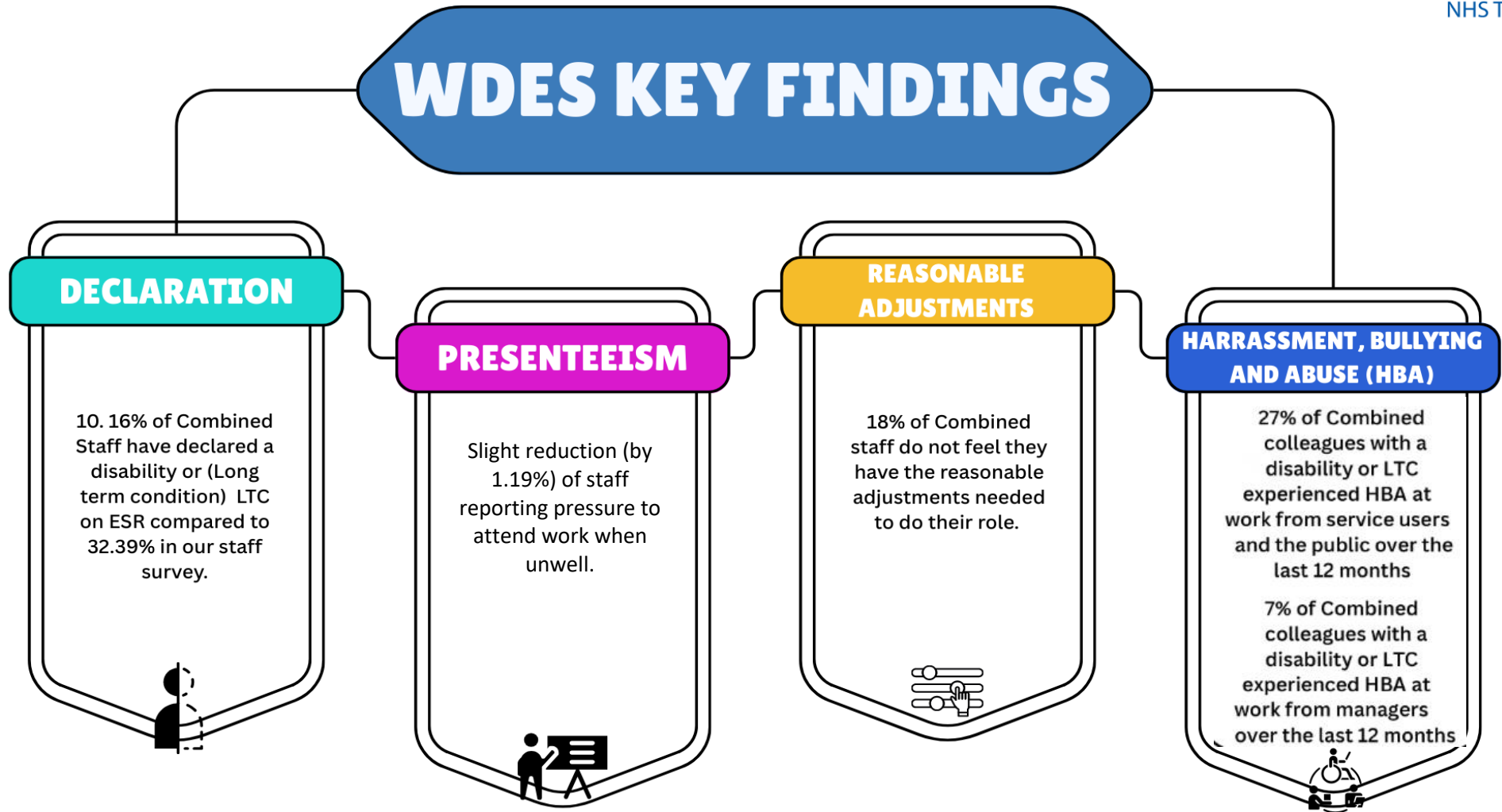


Figure 1: WDES 2025 key findings summary

Executive Summary

This is the Trust's seventh annual **Workforce Disability Equality Standard (WDES)** Report, published in line with NHS Standard Contract requirements and national benchmarking.

Overall Performance

Progress in WDES metrics has slowed this year, with most indicators remaining stable. However, the Trust continues to perform strongly overall at the time of writing this report we are awaiting the national rank position however given our performance expect this to remain high.

Areas of Improvement

- ✓ Increased disability **representation** in the workforce.
- ✓ Reduction in **presenteeism** (staff attending work while unwell).
- ✓ Improved reporting of **fair treatment** in capability processes.
- ✓ Better perceptions of **equal opportunities** for career progression.
- ✓ **Board representation**.

Areas of Concern

- ! **Recruitment** indicates a move away from parity, with non-disabled applicants now more likely to be appointed than their disabled peers.
- ! **Capability** remains a key issue. Although only a few disciplinary cases involve disabled staff (three per year), they continue to impact the score significantly and reflect ongoing challenges.
- ! Disabled staff continue to report **poorer experiences** than non-disabled colleagues, especially around **harassment, bullying and abuse (HBA), career progression and feeling valued**.

These insights underscore the need for renewed focus on inclusion and better support for our differently abled workforce.

Key Actions in 2025 (covering 1 April 2024 to 31 March 2025)

- **Refocused Inclusion and Belonging approach** as part of our strategic plan.
- Continued work on **debiasing people processes**, particularly recruitment and selection to better support neurodiverse individuals.
- Introduced an **accessibility toolbar** on internal and external sites to support a range of disabilities.
- Developed and shared **resources for line managers and staff** around workplace adjustments.
- Strengthened the **Combined Ability Network**, expanding its role and impact.
- Promoted shared responsibility for **EDI and race inclusion**, including encouraging leaders to engage with their EDI data.

Priorities for the period 2025–26 (covering 1 April 2025 to 31 March 2026)

- Continue debiasing work, with a focus on **disability-inclusive recruitment and inclusive talent management**.
- Improve processes for ensuring **timely access to workplace adjustments** for differently abled colleagues.

These efforts will support our goal of creating a more inclusive, equitable and supportive workplace for all.

NSCHT Workforce Disability Equality Standard (WDES) Report 2025

1.0 Introduction

The Workforce Disability Equality Standard (WDES) is mandated annually as part of the NHS Standard Contract since 2019, feeding into NHS England, the Care Quality Commission (CQC) and our local commissioners monitoring processes. The WDES supports us to develop our Trust ambition to provide **outstanding inclusion** for all of our workforce as set out in our [Combined People Plan 2023-28](#) and [Inclusion and Belonging Strategic Plan 2024-28](#) and in line with the national [NHS EDI Improvement Plan](#). This provides a national benchmarking of our performance on disability inclusion (as measured by the 10 indicators of the WDES).

This report contains the Trust's seventh annual WDES performance and our associated action plan. This will be published on our website and shared with NHS England and our local commissioners.

1.1 Trust WDES 2025¹ Performance Overview

While two measures have seen note-worthy continued improvement in 2025, overall the Trust has seen some slowing of pace in progress with its WDES data. A few measures have held their position or changed minimally. This is perhaps to be expected given the significant year-on-year progress made since the WDES was introduced to achieving a rank position of 7th nationally (Top 4%) for overall 2024 WDES performance, at the time of writing the report we are still awaiting the national ranking.

What's Improved:

- ✓ Further improvement in workforce disability representation again to best yet rate (10.16%, against a national average of 5.7% in 2024).
- ✓ Our capability measure score has improved, falling from 11.25 in 2024 to 6.9 in 2025. However, this is based on a small data set, which can lead to noticeable year-on-year fluctuations and may not reflect broader trends.
- ✓ Perceptions of equal opportunities for career development and progression increased from 58.3% (in 2024) to 64.5% for disabled staff
- ✓ Perceptions of feeling valued by disabled staff marginally improved (up 3% to 53.5%).
- ✓ Improved HBA scores from (1) patients / public; (2) managers and staff.
- ✓ Representation of Board members with disabilities or long-term conditions increased to 23.1% in 2025 from 14.29% in 2024. As this is based on a small data set, the figures may be subject to noticeable variation year on year.

What's Worse:

- ! Recruitment measure 1.3 (1.00 = equity) a decline from 0.98 in 2024.
- ! Reporting of HBA fell from 65.03% in 2024 to 60.45% in 2025.

No / Marginal Change:

- Fewer staff with disabilities reported presenteeism (reduced to 15.41% from 16.6% in 2024).
- Staff engagement for differently abled staff was 7.16 (7.08 in 2024).
- the proportion of disabled staff who felt they had received the reasonable adjustments needed to carry out their work fell slightly to 82% in 2025, compared with 83% in 2024.

¹ The reporting period for this WDES report runs from 1 April 2024 to 31 March 2025 and will be referred to as 2025.

Key Messages

1. The Trust has seen strong progress in disability inclusion, with record-high workforce representation (10.16%), improved perceptions of career progression (up to 64.5%), reduced presenteeism, and a rise in board-level representation of disabled members.
2. While improvements are evident, challenges remain particularly in recruitment equity, where the score declined to 1.3, and access to workplace adjustments, which saw a slight drop. Some areas, such as staff engagement and experiences of harassment, showed minimal change.

2.0 Trust summary performance over time against the 10 WDES Indicators

Indicators	Years						2025
	2019	2020	2021	2022	2023	2024	
1.Workforce disability profile	2.50%	4.30%	6.60%	6.10%	7.60%	8.70%	10.16% ↑
National	3.10%	3.40%	3.70%	4.20%	4.90%	5.70%	Not avail.
2. Recruitment measure	1.9	1.06	0.85	1.01	0.94	0.98	1.3 ↓
National	1.18	1.2	1.2	1.11	1.09	0.99	Not avail.
3.Capability process measure	n/a	0	0	0	2.96	11.26	6.94 ↑
National	n/a	1.53	1.94	2.01	2.17	2.04	Not avail.
4a. HBA from patients / public	35.60%	34.98%	31.9	34.86%	34.46%	32.49%	27.88% ↑
No LTC or illness	26.50%	28.62%	26.08%	26.69%	23.56%	21.92%	21.09%
4b. HBA from Managers	8.80%	10.40%	9.57	10.68%	12.18%	11.87%	7.95% ↑
No LTC or illness	6.70%	9.40%	7.50%	4.40%	5.29%	4.93%	6.82%
4c. HBA from staff	14%	15.42%	16.09	15.96%	21.08%	19.40%	16.88 ↑
No LTC or illness	9.40%	10.40%	7.30%	8.80%	9.80%	10.33%	11.54%
4d: Reporting of HBA	67.70%	59.74%	64.52	57.27%	66.03%	65.03%	60.45% ↓
No LTC or illness	61.40%	60.90%	66.00%	67.30%	68.10%	71.50%	73.11%
5. Equal opportunities for career progression	50.90%	53.50%	62.23%	63.03%	64.33%	58.27%	64.52% ↑
No LTC or illness	59.20%	61.10%	68.30%	71.60%	69.90%	70.42%	67.12%
6. Presenteeism	15.20%	14.80%	16.20%	17.90%	20.60%	16.60%	15.41% ↑
No LTC or illness	13.10%	14.30%	15.50%	13.50%	11.60%	11.54%	11.18%
7.Valued at work	37.80%	41.20%	50.40%	52.80%	49.60%	50.88%	53.45% ↑
No LTC or illness	48.50%	52.90%	59.30%	61.20%	57.50%	59.88%	60.05%
8. Reasonable adjustments	The wording of this Staff Survey question changed in 2022, so results cannot be directly compared with earlier years				86.20%	83.04%	82.74% ↓
National					78.76%	79.32%	79.60%
9. Staff engagement scores	6.8	7.01	7.2	7.06	7.13	7.08	7.16 ↑
No LTC or illness	6.8	7.01	7.2	7.06	7.13	7.08	7.16
National	6.7	6.71	6.85	6.74	6.74	6.82	6.74
10. Board members representation	0.00%	7.70%	14.30%	20.00%	23.10%	14.29%	15.38 ↑
National	2.00%	3.00%	3.70%	4.60%	5.70%	6.50%	Not avail.

Key			
National		Improved	↑
No Long Term Condition or illness		Declined	↓
NSCHT			



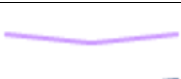

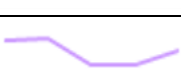


2.1. National WDES results up to 2024 for comparison

The table below is taken from the most recent [NHS England » Workforce Disability Equality Standard: 2024 data analysis report for NHS trusts](#)² (Page 8 & 9, NHS England, published 25th June 2025), depicting average national performance annually since 2016. This provides information on the direction of travel nationally, for comparison against Trust performance. Generally, Trust performance (see section above) is in line with the national trend over time.

WDES metrics based on workforce headcounts		Reporting year						Trend
		2019	2020	2021	2022	2023	2024	
1	Percentage of staff declaring a disability	3.1%	3.5%	3.7%	4.2%	4.9%	5.7%	
	Percentage of staff whose disability status is unknown	25.4%	23.1%	21.3%	19.1%	16.6%	14.3%	
2	Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.18	1.20	1.11	1.09	0.99	0.98	
3	Relative likelihood of disabled staff entering the formal capability proceedings (excluding ill-health) compared to non-disabled staff	1.08	1.53	1.94	2.01	2.17	2.04	
10	Disability representation on the executive board	2.0%	3.0%	3.7%	4.6%	5.7%	6.5%	

WDES metrics based on the NHS Staff Survey			NHS Staff Survey year					Trend
			2019	2020	2021	2022	2023	
4a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Disabled	34.0%	31.6%	33.0%	33.1%	30.0%	
		Non-disabled	27.1%	25.2%	25.8%	25.9%	23.3%	
4b	Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled	18.5%	18.6%	17.2%	16.4%	14.6%	
		Non-disabled	10.8%	10.7%	9.8%	9.4%	8.2%	
4c		Disabled	26.4%	25.7%	25.3%	25.0%	23.8%	

² The 2025 WDES national data, covering 1 April 2024 to 31 March 2025, has not yet been published and is therefore not available for benchmarking.

	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled	17.2%	16.8%	16.6%	16.6%	15.4%	
4d	Percentage of staff who indicated that they or a colleague reported the last incident	Disabled	49.6%	49.6%	49.7%	51.0%	52.5%	
		Non-disabled	48.4%	48.0%	48.3%	49.1%	51.4%	
5	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	Disabled	51.9%	51.5%	51.0%	51.7%	52.2%	
		Non-disabled	58.0%	57.6%	57.0%	57.5%	58.1%	
6	Percentage of staff who felt pressure from their manager to come to work despite not feeling well enough to perform their duties	Disabled	30.7%	31.3%	30.2%	28.0%	26.6%	
		Non-disabled	21.1%	23.0%	22.2%	20.1%	18.5%	
7	Percentage of staff who were satisfied with the extent to which their organisation values their work	Disabled	39.0%	39.2%	34.7%	34.7%	36.9%	
		Non-disabled	50.3%	50.5%	44.6%	44.6%	47.8%	
8	Percentage of disabled staff whose employer had made reasonable adjustments to enable them to carry out their work*					73.4%	74.5%	
9	Staff engagement score	Disabled	6.6	6.7	6.5	6.4	6.5	
		Non-disabled	7.1	7.1	7.0	6.9	7.0	

— Disabled — Non-disabled

3.0 Trust Performance Breakdown by the 10 WDES Indicators

Indicator 1: Workforce profile: Trust Workforce Disability Profile

Our aim at Combined is to be equally representative of our overall workforce reporting disabilities through all bands (clinical and non-clinical), and to have a culture in which all workers feel valued and where colleagues with health conditions, neurodiversity and disability ('differently abled') feel comfortable and supported in sharing this information. The Trust's overall disabled workforce (bank excluded) has increased to 10.16% in 2025. It is anticipated that this will continue to be in line with the top 10% of trusts nationally on this measure (as in 2023, when we were ranked 19th nationally).

The national 2024 WDES disability declaration rate was 5.7%. The Trust's rate was higher at 8.7% in 2024, rising further to 10.16% in 2025. National 2025 data has not yet been published and is therefore unavailable for comparison. It is noted however, this falls significantly short of the self-reported (anonymous) NHS Staff Survey results suggesting 32.39% of Trust staff have a long-term health condition, are neurodiverse or have a disability.

Table 1 below provides a breakdown of our Trust Disability data for 2025 by WDES 'Cluster', compared to the 2024 results (whole workforce, excluding bank only workers). The shows that we are more representative of disability in the lower 2 clusters (bands 5-7, and particularly bands 1-4) than in higher banded clusters and medical roles.

- **Whole Trust Workforce** Disability (excluding bank): **10.16%** (**up** from 8.7% in 2024)
- Trust **Non-Clinical** Disabled Workforce: **12%** (**up** from 9.5% in 2024)
- Trust **Clinical** Disabled Workforce (excluding medical): **9.8%** (**up** from 8.5% in 2024)
- Trust **Medical Workforce** **5.6%** (remain the same at 5.6% in 2024)

Cluster / Grouping	2023			2024			2025		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	Disabled	Non-disabled	Unknown
1: <B1-B4	8.5%	73.6%	17.9%	8.8%	77.4%	13.8%	13.2%	78.4%	12.6%
2: B5-B7	7.8%	83.6%	8.6%	9.5%	83.7%	6.8%	11.1%	75.9%	4.2%
3. B8a-B8b	5.2%	80.7%	14.1%	6.0%	85.9%	8.1%	11.8%	82.4%	6.5%
4:B8c-VSM	4.4%	84.4%	11.1%	4.4%	91.1%	4.4%	3.2%	96.8%	7.7%
Other	4.5%	95.5%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
Medical	4.4%	75.0%	20.6%	5.6%	80.6%	13.9%	5.48%	83.56%	10.96%
TOTAL	7.6%	79.3%	13.0%	8.7%	81.4%	9.9%	10.16%	82.23%	7.61%

Table 1: Whole Workforce WDES Summary data 2025 – by WDES 'cluster' (Green shows improvement vs red showing decline)

Indicator 2: Recruitment: relative likelihood of disabled applicants being appointed from shortlisting across all posts

Between 2024 and 2025, NSCHT’s WDES recruitment score increased from 0.98 to 1.3. In this metric, a score of 1.0 represents parity, where disabled and non-disabled applicants are equally likely to be appointed from shortlisting. In 2024, NSCHT was just below parity, suggesting a slightly more favourable outcome for disabled applicants. However, the increase to 1.3 in 2025 indicates a shift away from parity, with non-disabled applicants becoming more likely to be appointed. In contrast, the national average improved slightly from 0.99 to 1.0, reaching parity. This shift highlights an area of focus for the Trust to ensure recruitment practices remain equitable for disabled applicants. A more complete analysis of our recruitment activities (including applications stage) is included below:

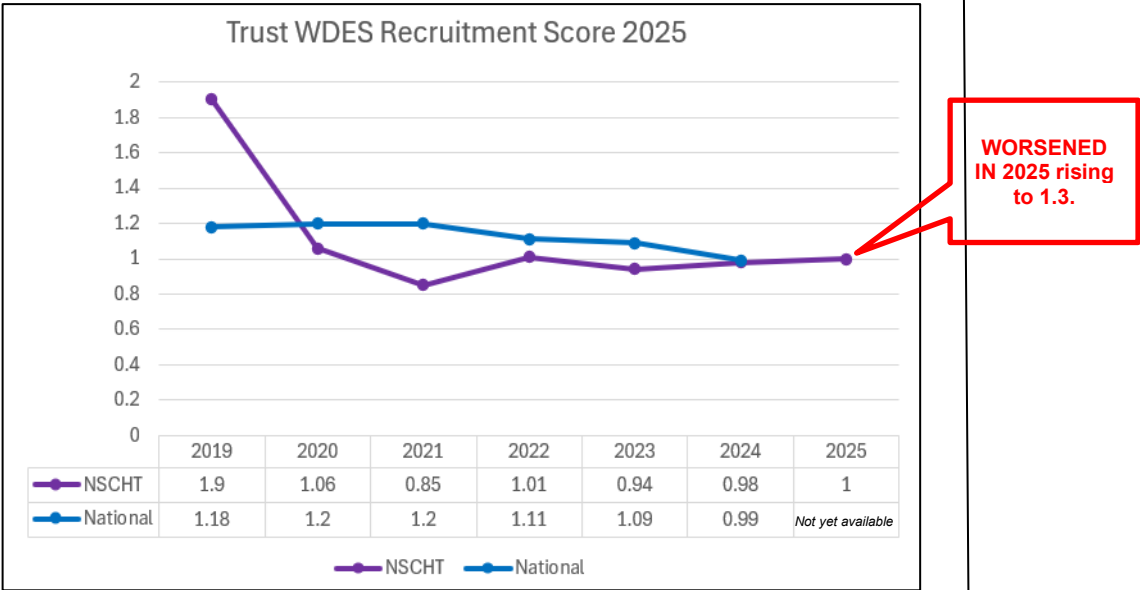


Chart 1: WDES recruitment scores 2019 – 2024 (Trust scores compared with national average).

2024	Applications	Shortlisted	Appointed	2025	Applications	Shortlisted	Appointed
Disabled	469 (6.8%)	196 (9.5%)	55 (9.2%)	Disabled	450 (7.92%)	196 (9.4%)	55 (9.13%)
Non-Disabled	6305 (91.4%)	1829 (88.2%)	504 (83.9%)	Non-Disabled	5136 (90.47%)	1829 (88.2%)	505 (83.9%)
Unknown	124 (1.8%)	49 (2.4%)	42 (7.0%)	Unknown	91 (1.60%)	49 (2.3%)	42 (7%)
Total	6898 (100%)	2074 (100%)	601 (100%)	Total	5677 (100%)	2074 (100%)	602 (100%)

Table 2: Disability through the Trust R&S Process comparing 2024 and 2025.

Indicator 3: Capability Process Measure: Relative likelihood of disabled staff entering the formal capability process

The capability measure remains a key area of concern for the Trust and requires continued improvement. For the first four years of WDES reporting, there were no capability cases involving staff with recorded disabilities, resulting in a score of zero. However, this changed in 2023, with 3 cases leading to a score of 2.96 - affected by the relatively small number of staff declaring a disability. In 2024, the number of cases rose sharply to 11.26, making it an extreme outlier. In 2025, the score reduced to 6.9, which, while an improvement, still indicates the need for focused action. As noted, this measure may be skewed by the Trust's small size, low number of capability cases and few staff declaring disabilities. Nonetheless, the Trust will undertake to review our Improving Performance process with an inclusion lens and specifically, a differently abled focus.

The People Operational Team are actively reviewing and updating equality data in ESR, with consent, for staff involved in disciplinary, performance, sickness, or other employee relations processes.

Capability cases				
	2023	2024	2025	2 year rolling average (for WDES calculation)
Disabled	2	3	3.5	3.25
Non-Disabled	3	3	3	3
Unknown	0	0	0	0
Total	5	6	6.5	6.25

Table 3: Trust Formal Capability Procedure Cases 2022-2025.

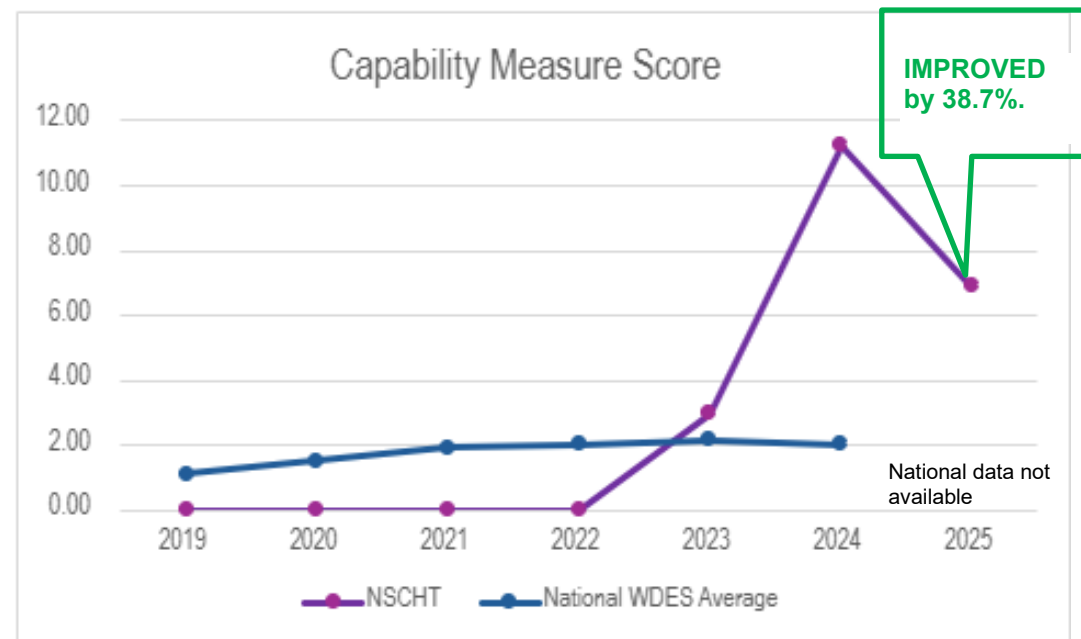


Chart 2: Trust Capability measure score 2019-25.

The Trust is also engaging with peer organisations to identify and adopt best practices in managing performance for staff with disabilities and neurodivergence. Going forward, all new cases will be closely monitored and assessed through the lens of a Just, Fair and Restorative Culture before any formal capability action is taken.

As bank workers are not substantive employees, they are not subject to the formal disciplinary policy. However, there were 5 bank worker cases reviewed in line with just culture / principles of disciplinary policy.

Indicator 4a: Harassment Bullying and Abuse (HBA): Service Users and the Public

BETTER than 2024

HBA decreased for staff with disabilities but remained higher than the national average and unchanged for those without disabilities.

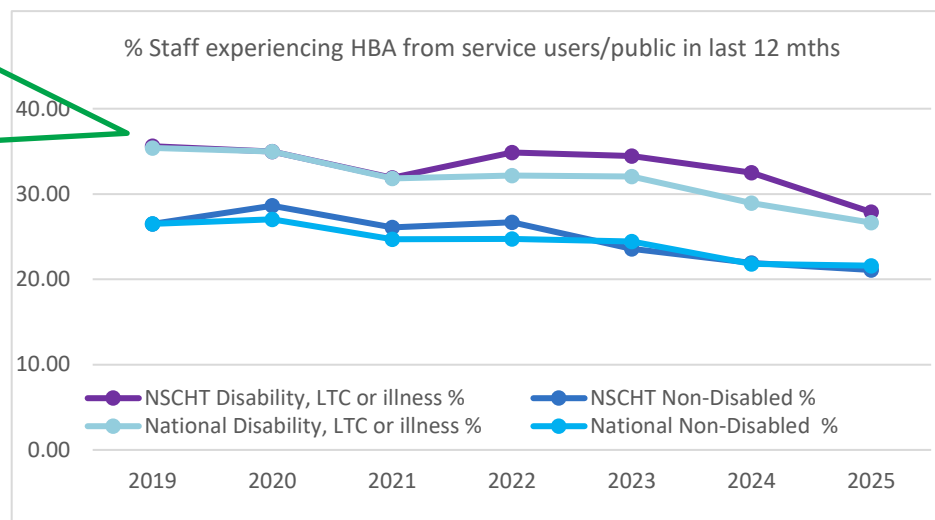


Chart 3: HBA by service users and the public in last 12 months (Trust results, 2024 Staff Survey).

The 2025 WDES (based on the 2024 Staff Survey) shows a 5% improvement in reports of HBA from service users, relatives, and the public among disabled staff. However, the rate for non-disabled staff remained unchanged, with a 6-point gap still present. Despite the improvement, it's concerning that one in four disabled colleagues continue to report experiencing HBA, compared to just over one in five non-disabled staff.

The Trust remains committed to addressing this issue, encouraging all staff to report incidents and continuing efforts through the Just, Fair and Restorative Culture programme to reduce and eliminate violence and abuse in the workplace.

	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	35.6	34.98	31.9	34.86	34.46	32.49	27.88
NSCHT Non-Disabled %	26.5	28.62	26.08	26.69	23.56	21.92	21.09
National Disability, LTC or illness %	35.4	34.98	31.81	32.16	32.04	28.92	26.64
National Non-Disabled %	26.5	27.03	24.69	24.74	24.42	21.82	21.6

Table 4: Percentage of staff experiencing HBA from service users/public 2019-2025.

Indicator 4b: Harassment, Bullying & Abuse: Manager

There was a marginal improvement in the percentage of staff with and without disabilities reporting HBA from Trust managers. Almost 8% of differently abled colleagues (1 in 13) reported HBA from a Trust manager, compared to 6.82% (1 in 15) of non-disabled Trust colleagues.

Whilst the score for differently abled colleagues was lower than the average this year, it is clear unacceptable that so many staff with disabilities should feel they experience HBA from those in positions of responsibility. We continue to work to reduce and eliminate all forms of harassment, bullying and abuse, particularly those emerging from members of the Trust's own workforce / team or managers.

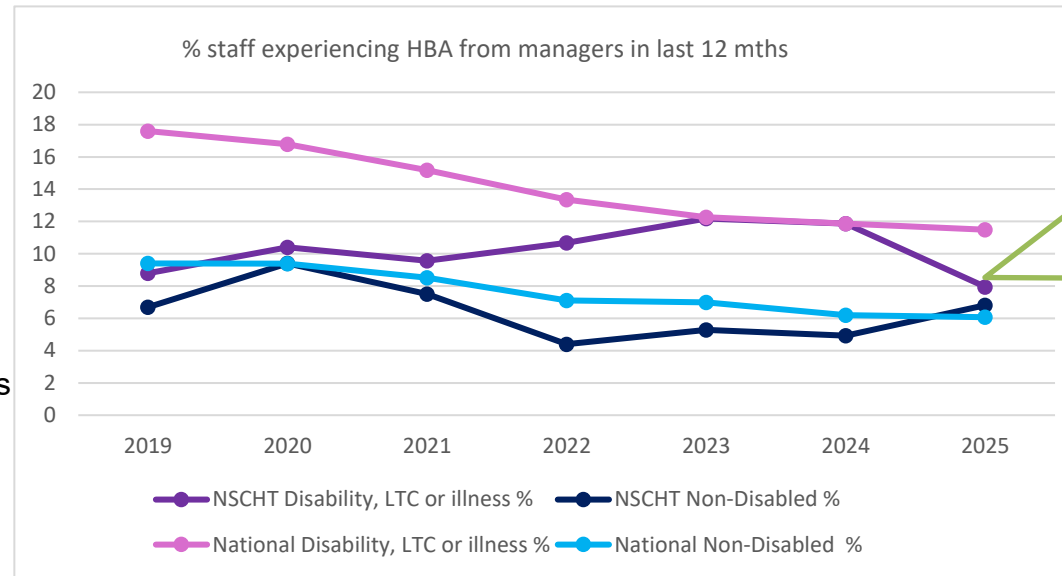


Chart 4: HBA by managers in last 12 months (Trust results, 2024 staff survey).

Improvement in reports of HBA from managers among disabled staff, while rates slightly increased for non-disabled staff. Encouragingly, the rate for disabled staff remains below the national average.

	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	8.8	10.4	9.57	10.68	12.18	11.87	7.95
NSCHT Non-Disabled %	6.7	9.4	7.51	4.4	5.29	4.93	6.82
National Disability, LTC or illness %	17.6	16.78	15.17	13.36	12.27	11.87	11.49
National Non-Disabled %	9.4	9.38	8.52	7.1	6.99	6.19	6.07

Table 5: Percentage of staff experiencing HBA from managers 2019-2025.

Indicator 4c: Harassment, Bullying & Abuse: Staff

There was a slight improvement in HBA reported by staff with disabilities in the 2025 WDES (2024 staff survey).

Almost one in 6 Trust staff with disabilities reported experiencing harassment, bullying or abuse from their colleagues, compared to just above 1 in 10 for non-disabled staff. Despite being highly unsatisfactory, the Trust's score on this measure was equal to the national average.

Preventing and responding better to all forms of bullying and abuse will continue to be a key focus within our anti-discriminatory approach.

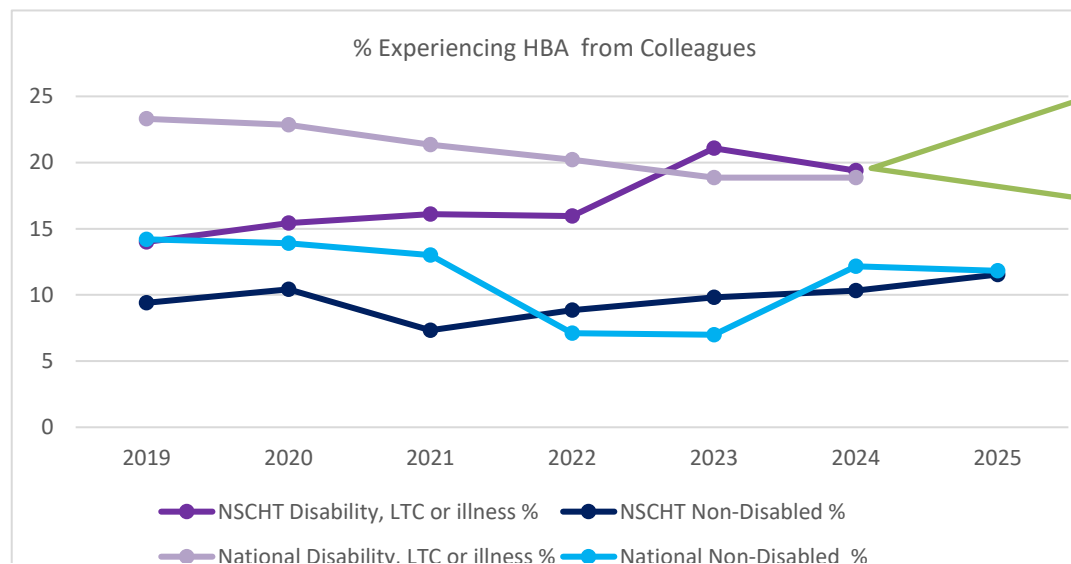


Chart 5 HBA by colleagues in last 12 months (Trust results, 2024 staff survey).

BETTER than 2024. Slight improvement in HBA toward differently abled staff from other Trust colleagues.

- Corresponding slight improvement for non-disabled Trust colleagues.

	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	14.00	15.42	16.09	15.96	21.08	19.40	16.88
NSCHT Non-Disabled %	9.40	10.41	7.33	8.84	9.82	10.33	11.54
National Disability, LTC or illness %	23.30	22.85	21.34	20.21	18.86	18.86	17.96
National Non-Disabled %	14.20	13.89	13.01	7.10	6.99	12.15	11.81
NSCHT Disability, LTC or illness responses	172	201	230	282	351	397	391
NSCHT Non-disabled responses	595	567	682	747	845	813	806

Table 5: Percentage of staff experiencing HBA from managers 2019-2025.

Table 6: Percentage of staff experiencing HBA from colleagues 2019-2025.

Indicator 4d: Harassment, Bullying & Abuse: Reporting

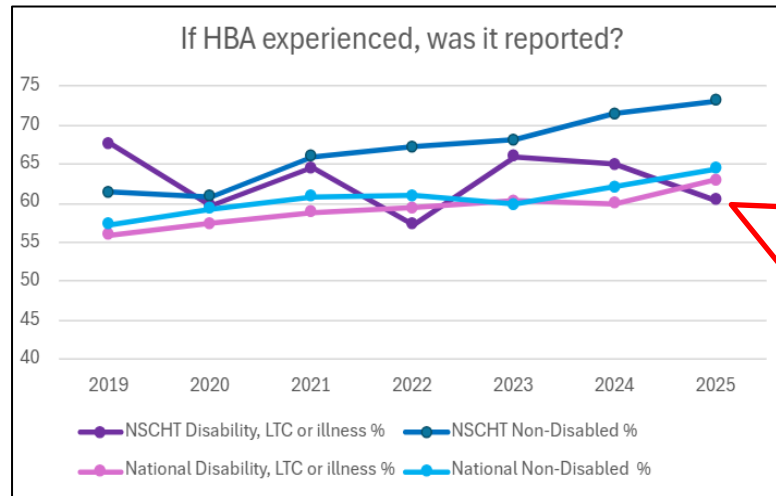


Chart 6: Staff Reporting HBA in last 12 months, (Trust results, 2024 staff survey).

HBA creates a harmful work environment that can impact staff wellbeing, hinder performance, and compromise the quality and safety of care. It also makes recruitment and retention more difficult, increasing pressure on an already stretched workforce.

The Trust continues to report higher-than-average rates of HBA incident reporting, with around two-thirds of affected staff in both groups choosing to report. While reporting among non-disabled colleagues improved in 2025, the rate for disabled staff declined from 65.03% in 2024 to 60.45% in 2025. The Trust remains committed to supporting all staff in reporting abuse and taking meaningful action in response to every report received.

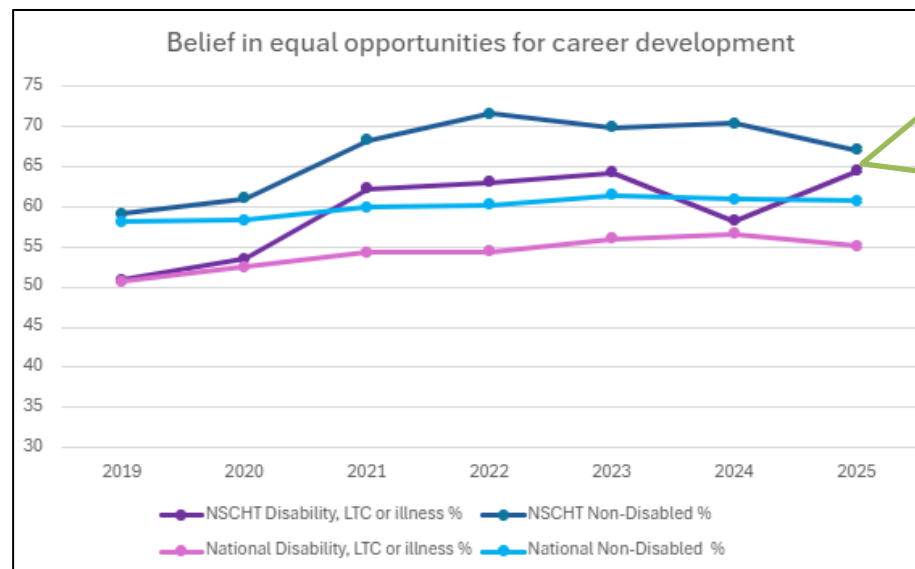
	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	67.70	59.74	64.52	57.27	66.03	65.03	60.45
NSCHT Non-Disabled %	61.40	60.87	66.04	67.28	68.10	71.50	73.11
National Disability, LTC or illness %	55.90	57.37	58.81	59.38	60.32	59.93	62.98
National Non-Disabled %	57.30	59.27	60.81	60.96	59.81	62.07	64.40
NSCHT Disability, LTC or illness responses	62	77	93	110	156	163	134
NSCHT Non-disabled responses	171	184	212	217	210	214	212

Table 7: Percentage of staff reporting HBA 2019-2025.

Indicator 5: Belief that organisation provides equal opportunities for career progression & promotion

Results show improvement from 58.27% in 2024 to 64.52% in 2025. This upward shift of over six percentage points suggests growing confidence among staff in the fairness of career opportunities. While positive progress is evident, the figures also highlight that more than a third of staff remain unconvinced, indicating continued work is needed to further strengthen equity and transparency in promotion pathways.

One of our Trust inclusion and belonging strategic priorities for 2025-26 is to focus on more equitable and inclusive talent management and career progression for our diverse talent.



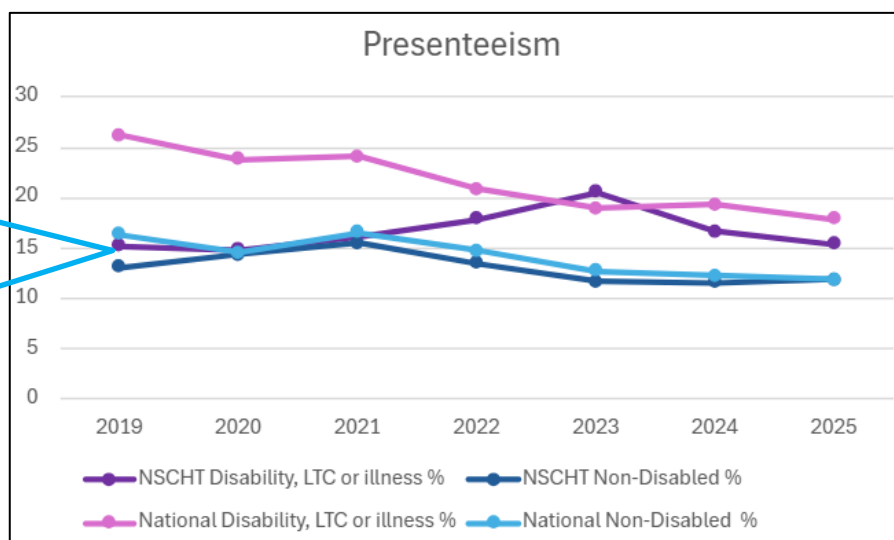
There was a **6.25% IMPROVEMENT** in disabled staff's perceptions of equal career progression opportunities, while non-disabled staff saw a 3.3% decline. Scores for both groups remain above the national average, though only slightly so for disabled staff.

Chart 7: Belief in equal opportunities for career development & progression (Trust results, 2024 staff survey).

	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	50.90	53.50	62.23	63.03	64.33	58.27	64.52
NSCHT Non-Disabled %	59.20	61.08	68.30	71.64	69.91	70.42	67.12
National Disability, LTC or illness %	50.70	52.55	54.31	54.38	55.99	56.66	55.13
National Non-Disabled %	58.10	58.30	59.96	60.23	61.48	61.00	60.75
NSCHT Disability, LTC or illness responses	175	200	233	284	365	393	389
NSCHT Non-disabled responses	598	573	694	751	845	808	806

Table 8: Percentage of experiencing belief in equal opportunities for career development & 2019-2025.

Indicator 6: Presenteeism (pressure to attend work despite not feeling well enough)



There was a 1.19% reduction in disabled staff reporting feeling pressure to work while unwell, marking a positive shift. Although this remains a better-than-average result nationally, a 3.6% gap still exists between disabled and non-disabled staff, with more disabled colleagues reporting presenteeism.

Working while unwell can impact the quality and safety of care, increase the risk of errors, and contribute to staff burnout and turnover. The Trust remains committed to reducing presenteeism through the continued delivery of the 'Health and Wellbeing' strand of Our Combined People Plan.

Chart 8: Presenteeism: Staff feeling pressure to attend when unwell (Trust results, 2024 staff survey).

	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	15.20	14.81	16.20	17.93	20.55	16.60	15.41
NSCHT Non-Disabled %	13.10	14.34	15.46	13.48	11.63	11.54	11.81
National Disability, LTC or illness %	26.20	23.86	24.14	20.85	18.93	19.35	17.91
National Non-Disabled %	16.40	14.52	16.57	14.74	12.67	12.27	11.86
NSCHT Disability, LTC or illness responses	125	135	142	184	253	265	279
NSCHT non-disabled responses	290	265	278	319	387	364	364

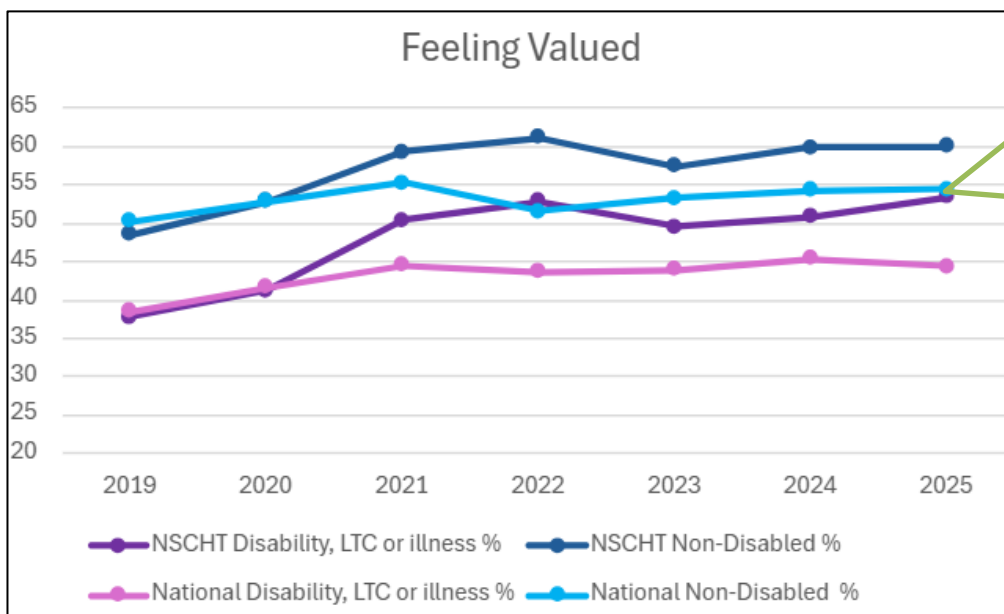
Table 9: Percentage of staff feeling pressure to attend when unwell (2019 – 2025).

Indicator 7: Feeling Valued

Feeling valued is vital to delivering high-quality care, promoting teamwork, and supporting staff wellbeing. It's encouraging that Trust scores in this area remain significantly above the national average for both disabled and non-disabled staff.

Among disabled staff, the percentage feeling valued rose from 50.88% in 2024 to 53.45% in 2025. For non-disabled staff, the rate increased slightly from 59.88% to 60.05% over the same period.

The Trust remains committed to ensuring all colleagues particularly those with disabilities feel supported, recognised and rewarded, as part of creating a 'Great Place to Work' through Strand 2 of Our Combined People Plan.



IMPROVED: Trust staff continue to feel more valued than the national average. However, in 2025, a 6.6% gap remains, with 53.45% of disabled staff feeling valued compared to 60.05% of non-disabled staff.

Chart 9 Feeling valued (Trust results, 2024 staff survey).

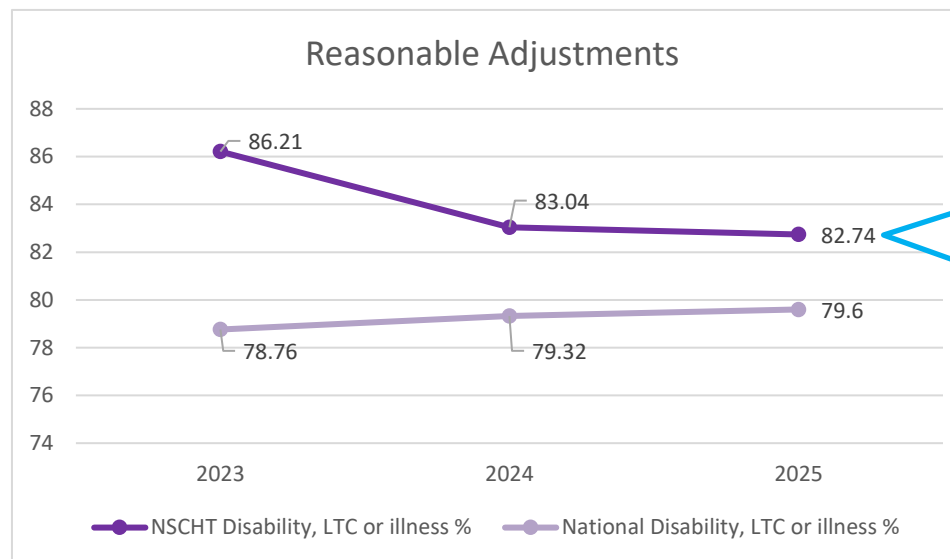
	2019	2020	2021	2022	2023	2024	2025
NSCHT Disability, LTC or illness %	37.80	41.21	50.43	52.82	49.58	50.88	53.45
NSCHT Non-Disabled %	48.50	52.87	59.34	61.22	57.46	59.88	60.05
National Disability, LTC or illness %	38.50	41.62	44.56	43.63	44.02	45.36	44.33
National Non-Disabled %	50.20	52.87	55.25	51.54	53.25	54.35	54.37
NSCHT Disability, LTC or illness responses	172	199	234	284	353	397	391
NSCHT Non-disabled responses	596	575	696	752	851	810	806

Table 10: Percentage of staff feeling pressure to attend when unwell (2019 – 2025).

Indicator 8: Differently Abled staff saying employer has made reasonable adjustment(s) to enable them to carry out role

Providing reasonable adjustments is key to creating an inclusive workplace where staff with disabilities can thrive, feel supported and perform effectively. These adjustments can range from simple, low-cost changes to more complex solutions, often supported by Access to Work funding. The Trust continues to perform above the national average in providing reasonable adjustments. However, this year the gap has narrowed due to a slight decline in Trust performance and an improvement nationally.

With funding for the Differently Abled Buddy Scheme ending in 2024, the CAN Staff Network has taken on some elements of the scheme and continues to buddy up members where support is requested. Alongside this, the network is working with the organisation to review our workplace adjustments process to ensure timely support for all staff, helping them feel valued and able to reach their full potential.



SLIGHT IMPROVEMENT:
82% of differently abled colleagues have reasonable adjustments in place – **better than average.**

Chart 10: Differently Abled colleagues reporting reasonable adjustments (Trust results, 2024 staff survey).

	2023	2024	2025
NSCHT Disability, LTC or illness %	86.21	83.04	82.74
National Disability, LTC or illness %	78.76	79.32	79.60
NSCHT Disability, LTC or illness responses	203	224	226

Table 11: Percentage of staff feeling pressure to attend when unwell (2019 – 2025).

Indicator 9a: Staff Engagement

Staff engagement at the Trust has remained strong, consistently ranking in the top 5% nationally, with scores around 7.3–7.4 over the past four years. While engagement among disabled staff has remained slightly lower than their non-disabled colleagues, it is encouraging to see improvement in 2025, returning to 2023 levels after a slight dip.

Improving engagement for disabled staff presents a valuable opportunity to boost overall staff satisfaction and positively impact service user experience. The Trust will continue to strengthen engagement through Our Combined People Plan, with a focus on supporting disabled colleagues via the Combined Ability Network and by reviewing access to workplace adjustments in 2025–26.

Remained STABLE but still better than average.

Engagement scores for disabled and non-disabled staff - but fell for both groups
Trust disabled staff engagement remains lower than non-disabled.

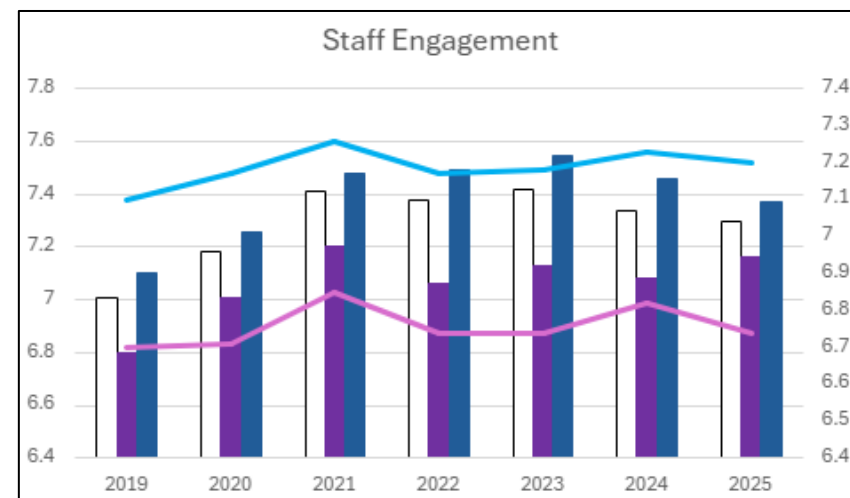


Chart 11: Staff Engagement score (Trust results, 2024 staff survey).

	2019	2020	2021	2022	2023	2024	2025
Organisation Average	7.01	7.18	7.41	7.38	7.42	7.34	7.3
NSCHT Disability, LTC or illness %	6.8	7.01	7.2	7.06	7.13	7.08	7.16
NSCHT Non-Disabled %	7.1	7.26	7.48	7.49	7.55	7.46	7.37
National Disability, LTC or illness %	6.7	6.71	6.85	6.74	6.74	6.82	6.74
National Non-Disabled %	7.1	7.17	7.26	7.17	7.18	7.23	7.2
NSCHT Disability, LTC or illness responses	175	203	234	285	356	398	391
NSCHT non-disabled responses	602	577	698	757	857	815	814

Table 12: Percentage of staff feeling engaged at work (2019 – 2025).

Indicator 9b: Disabled Voices: Measures to hear Disabled Staff Voice

The Trust has continued to work to listen to and engage with differently abled colleagues in a variety of ways through 2025 and beyond. Key to this have been our Combined Ability Staff Network (CAN) and our Differently Abled Buddy Scheme is now operated through the CAN network with the support of trained buddies, enabling the scheme to continue despite a lack of funding.

The CAN network meets at least every two months and maintains an active Teams chat for ongoing member engagement. The CAN Lead sits on the Trust Inclusion Council, chaired by the CEO and supported by the CPO. CAN members are regularly consulted on initiatives to support differently abled colleagues and to provide a disability perspective on broader Trust developments.

Indicator 10: Trust Board Membership

The Trust is proud to have a diverse Trust Board (including ethnicity and LGBT+). It is pleasing to see that 2 of our executive team (both voting members) have declared that they have a disability or long-term condition. No non-executive directors have declared a disability, long term health condition or neurodiversity.

The reduction in the number of board members declaring disability means that, whilst board representation exceeds our overall Trust rate (10.16%) it now falls well below the rate stated in our latest NHS Staff Survey (32.39%) for members of the workforce having a long-term health condition.

2025	Non-Disabled headcount	Disabled headcount	Non-Disabled %	Disabled %
Executive Directors	5	2	71.43%	28.6%
.. Of which: Voting members	10	2	83.33%	16.67%
Non-Executive	6	0	100%	0.0%
..Of which: Voting members	5	0	100%	0.0%
Total board members	11	2	84.6%	15.38%

Table 13: Trust Board Disability Profile 2025.

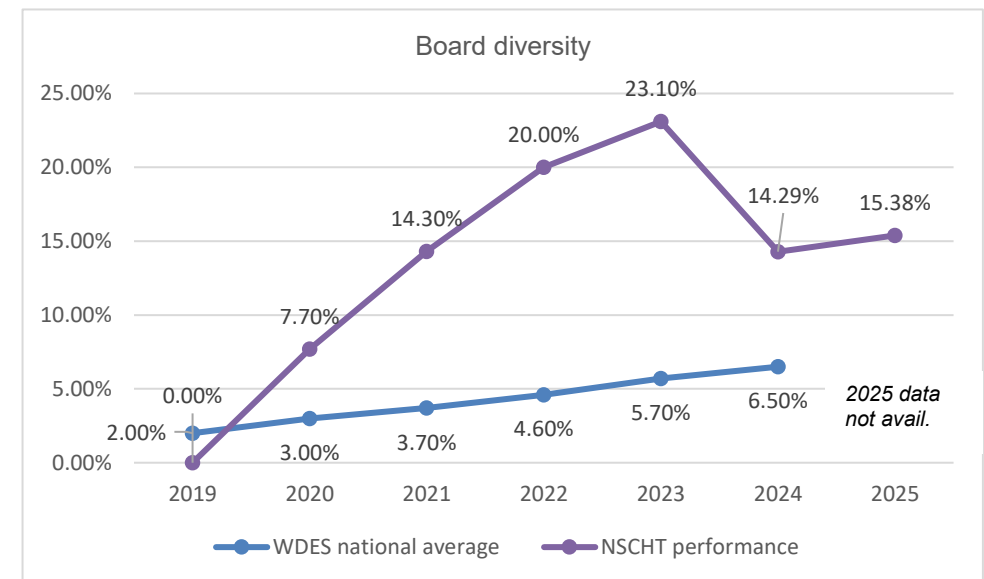


Chart 12: Trust Board Membership Disability, 2019-25.

4.0 What have Combined been doing to advance the WDES over the past 12-18 months?

Inclusion and belonging remain at the heart of the Trust's People approach. The strategy continues to evolve to ensure all staff feel valued, supported, and part of an inclusive workplace. The goal is to foster a culture where every colleague feels they belong and can thrive. Progress is guided by the Combined People Plan, with a strong focus on improving inclusion for all, particularly disabled staff.

Key areas of work include:

- Celebrating & recognising diversity
- Developing a culture of justice, belonging & inclusivity
- Being representative of our diverse communities at every level

Initiatives to advance differently abled inclusion through 2025 included:

- The Recruitment Team, in collaboration with the OD and Inclusion Team, is enhancing Values-Based Recruitment by reviewing assessment materials and ensuring interview and selection processes are consistent and anti-discriminatory. This work involves external experts and the Inclusive Recruitment Network Group, with early drafts already in progress.
- A new course, "Feedback through the Lens of Inclusion", was launched to support inclusive communication, promote psychological safety and value diverse perspectives. While the course focused on inclusion through a race lens, feedback from participants indicated the learning provided a broader approach, focusing on delivering feedback through an inclusive lens across all characteristics.
- The Trust prioritised inclusion and belonging through targeted leadership development, including support for underrepresented groups via Combined Connects, Foundations in Leadership and Management (FLM) and Continual Professional Development (CPD) for alumni of positive action programmes. The Board Development Conversations process now includes inclusion as a key priority and access to coaching and mentoring has been expanded with mentees now having the option to have a mentor with relevant lived experience.
- Other initiatives include a pilot of ward-based stretch opportunities, launch of the Career Development CAT page and Inclusion & Belonging learning hub, and updates to leadership programmes to embed inclusive recruitment and awareness training.
- To support awareness and accessibility, staff are encouraged to use Lexxic resources, TextHelp and access free webinars. Although funding for the Differently Abled Buddy Scheme ended in 2024, the Combined Ability Network continues to offer buddying and other forms of support into 2025.
- The Combined Ability Staff Network has continued to grow in influence, contributing meaningfully to Trust decisions. A key moment this year was the successful Disability Conference, held in collaboration with regional NHS partners, which featured a [story](#) from the Trust's first wheelchair-using colleague and fostered shared learning across the system.
- The Inclusion Trailblazers Project drove further changes to remove equity barriers. While it was mainly focused on supporting anti-racism, it also addressed broader elements of inclusion.
- AccessAble audits of all Trust sites improved accessibility.



Figure 2: Combined People Plan 2023-28 at a glance summary.

- In October 2024, updates to the Flexible Working Policy introduced a new staff toolkit with guidance on conversations with managers, tips for working flexibly, and other key considerations.
- Health, wellbeing and workplace adjustments also remain central to appraisals and supported discussions, helping staff feel heard and enabled for providing advice on having conversations with your manager and things to think about.
- The System Sexual Safety session held in October 2024 was attended by several staff members. While the primary focus was on sexual safety, the session on being an Upstander and Active Bystander was noted for its relevance and applicability to other forms of incivility and discrimination.

4.1 Priorities for Action 2025-26

Looking ahead, the Trust plans to collaborate with ICS partners to offer the Calibre Programme, a leadership development course for disabled staff. Advancing equity and inclusion remains a key priority. In 2024 we launched our [Inclusion and Belonging Strategic Plan \(2024–28\)](#), strengthening our inclusive culture. In 2025–26, we will focus on debiasing people processes, with particular attention to disability-inclusive recruitment, talent management and performance management. Key initiatives include a two-year programme to embed a just and inclusive culture, continued reform of recruitment and talent processes and sustained leadership development to tackle bullying and harassment. We will also review and improve how we support timely, effective workplace adjustments. Further details are available in our WDES Action Plan (Appendix 1) and the Inclusion and Belonging Annual Report 2025 on the Trust's website ((to be published in Q3).

The WDES 2025-26 action plan includes several long-term and ongoing priorities focused on culture change, inclusive practices and structural improvements. We will additionally review and improve our process for supporting differently abled colleagues to access appropriate and effective workplace adjustments in a timely manner.

Our WDES priorities for action for 2025-26 are summarised as below:

1. **Debiasing of our people processes**, especially recruitment and selection and career development, disciplinary and capability processes and our workplace / reasonable adjustments approach, to ensure that we recruit, retain and progress our differently abled workforce talent.
2. 'High visibility' focus around **anti-discriminatory approach**, creating a **great place to work** for all and closing the gap in experience between those with and without disabilities, neurodiversity and/or long term conditions.
3. **Reducing inequalities and health inequalities** for our differently abled workforce.
4. **Educating for Inclusion** – developing through education an environment in which diverse colleagues can thrive. Ensuring equitable or positive action access to development and career progression for diverse candidates.

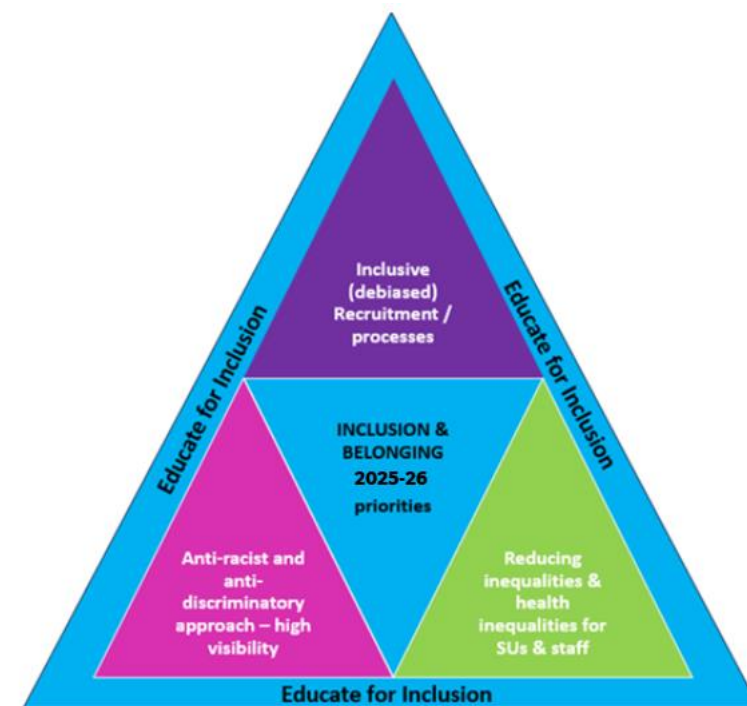


Figure 3: Trust Inclusion and Belonging Priorities, 2025-26

5.0 WDES Action Planned for 2025-26

Our focus in 2025-26 will be concentrating on four key areas of focus which allow us to maximise the measurable impact of change interventions action as well as working to ensure the sustainability of these outcomes, summarised as below [for full detail, see Appendix 2].

1. Delivering key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme, including to:

- Continue Trust-wide rollout and embedding of the Inclusive Recruitment Toolkit and Development Programme.
- Complete and act on the review of Band 8A+ roles to identify barriers to progression.
- Use staff feedback to improve recruitment processes from a disability/neurodiversity perspective.

2. Reducing inequalities and health inequalities for our differently abled workforce, including to:

- Use insights from the embedded HR/EDI Dashboard to drive local accountability and action.
- Promote equitable access to non-mandatory training, addressing the re-emerging gap.
- Ensure wellbeing services are inclusive and accessible to all staff groups.
- Use findings from the Disability Pay Gap Report to shape targeted interventions at service and Directorate levels.

3. Progressing our high-visibility anti-discriminatory approach, delivering against tangible key milestones including to:

- Sustain a targeted high-profile and impactful communications plan around anti-discriminatory practise.
- Continue to de-bias disciplinary, performance, flexible working and retirement processes using a critical disability lens.
- Maintain the practice of reviewing and updating protected characteristics at the start of employee relations cases.
- Respond to increased reports of harassment (patients and staff) with clear prevention and response measures.
- Consult, listen and respond effectively to the voice of our Combined Ability Network on a wide range of workforce matters.

4. Educating for Inclusion: advancing a supporting programme of education to underlie our work in priorities 1, 2 and 3 above:

- Deliver leadership educational intervention that deepens understanding of disability and neurodiversity inclusion and workplace adjustments.
- Provide practical training on responding to discrimination, abuse and incivility.
- Education-based activities to celebrate disability, health and neurodiversity-themed dates in the inclusion calendar.

6.0 Conclusions and Recommendations

The Trust has made meaningful progress in several key areas of the Workforce Disability Equality Standard (WDES), including improved workforce representation of disabled staff, higher perceptions of feeling valued, and increased access to reasonable adjustments—consistently performing above national averages. Staff engagement scores remain strong and stable, and disabled colleagues continue to report better-than-average experiences across many indicators.

However, some areas show signs of concern or slowing progress. These include a decline in the reporting of harassment, bullying, and abuse (HBA) by disabled staff, a widening gap in recruitment equity, and inconsistent perceptions of career progression. Capability scores—while improved—remain high due to the small number of cases and require ongoing attention. The gap between disabled and non-disabled staff persists across multiple indicators, including feeling valued, presenteeism, and experiences of HBA from managers and colleagues.

What we need in 2025-26

We need the **commitment and action of all our leaders** in 2025 to rooting out the causes of unfair differences in the quality of the employment experiences between our differently abled workforce and those without health conditions, disability or neurodiversity.

We ask all leaders to **prioritise work on improving inclusion, debiasing processes and actively becoming anti-discriminatory** as a key means of jointly improving retention, engagement and performance, offering a great place to work for all, and at the same time improving the quality and safety of our service user experiences and outcomes.

Recommendations

Board members, Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:

1. Note the progress made and areas where performance has declined in our 2024–25 WRES outcomes, particularly around staff experience and access to development.
2. Approve the 2025 WDES Report and the 2025–26 WDES Action Plan for publication and implementation.
3. Acknowledge that personal and team-level actions are expected as part of the plan and commit to delivering these within their own areas of responsibility.
4. Continue to act as active ambassadors of disability inclusion, championing an inclusive and anti-discriminatory culture and take action to root out the causes of bias reflected in the WDES outcomes from our Trust processes
5. Take individual personal responsibility for updating personal awareness and deeper understanding on race inclusion, seeking help where required
6. Use the HR/EDI Dashboard and Disability Pay Gap insights to challenge disparities and support targeted actions within their services or directorates.
7. Engage with staff networks, including the CAN Network, to better understand lived experiences and co-create solutions that drive lasting change.

END

APPENDIX 1: Progress Report: WDES Action Plan 2024

WDES Priority Areas	Train	Retain	Reform
1. To further extend our work to debias our employee relations and talent management processes to achieve a position where differently abled workers are as likely to access development and advancement as their non-disabled counterparts	<ul style="list-style-type: none"> ✓ Ongoing leadership development and education in support of our culture of inclusion. 	<ul style="list-style-type: none"> ✓ Debaised Disciplinary and Improving Performance processes (ongoing). ✓ Reviewed protected characteristics in Employee Relations (ER) cases (ongoing). ✓ Fair access to flexible working and retirement (ongoing). 	<ul style="list-style-type: none"> ✓ Recruitment, OD and Inclusion teams are enhancing Values-Based Recruitment assessment and selection materials (ongoing). ✓ External expert engaged to review interview and selection practices for consistency and anti-discrimination. ✓ Inclusive Recruitment Network Group and Recruitment Managers involved, with initial drafts produced.
2. Seek opportunities to understand, engage, develop and progress our differently abled talent at every level (including bank workers) to achieve an equitable workforce profile across levels and staff groups by 2025-26.	<ul style="list-style-type: none"> ✓ Career development workshops and conversations for differently abled colleagues (ongoing). ✓ Inclusive Recruitment Toolkit and Development Programme (ongoing). 	<ul style="list-style-type: none"> ✓ Equitable access to health and wellbeing offers (ongoing). ✓ HR/EDI Dashboard for monitoring workforce demographics (ongoing). ✓ Disability Pay Gap Report analysis to inform retention strategies (ongoing). 	<ul style="list-style-type: none"> ✓ Talent management and progression reforms supported by Executive-led EDI objectives (ongoing). ✓ Disability Pay Gap Report to inform systemic changes (ongoing).
3. End disproportionate harassment, bullying and abuse against our differently abled workforce 4. Project group action delivered through 2024 and ongoing	<ul style="list-style-type: none"> ✓ Disability-themed inclusion calendar activities (ongoing) 	<ul style="list-style-type: none"> ✓ Targeted communications on neurodiversity and disability inclusion (ongoing). ✓ Staff support mechanisms have been strengthened through CAN, with ongoing work to provide peer support, buddying, and tailored guidance to staff who need it (ongoing). ✓ Enhanced our Flexible Working offer with specific focus on staff in minoritised groups, linking with Health Passport. 	<ul style="list-style-type: none"> ✓ Project Working Group was formed to address bullying and abuse (ongoing). ✓ Policy reform based on staff voice via CAN Network (ongoing).
5. Make EDI and disability inclusion everyone's business – and make it demonstrable and sustainable – work in progress with more to do in 2025	<ul style="list-style-type: none"> ✓ EDI development across levels to embed inclusive culture (ongoing). ✓ Participation of leaders in inclusion education programmes (This has been partly achieved through training sessions linked to awareness days) 	<ul style="list-style-type: none"> ✓ Directorates to set EDI objectives. ✓ Embed inclusive practice across all teams (ongoing). 	<ul style="list-style-type: none"> ✓ HR/EDI Dashboard embedded to support accountability (ongoing) ✓ Culture change through inclusive leadership at all levels (ongoing).
6. Directorates and services to work to close the gap between declared disability in ESR and the rate suggested by the NHS Staff Survey	<ul style="list-style-type: none"> ✓ Staff education on importance of self-declaration and how data informs inclusion work. 	<ul style="list-style-type: none"> ✓ Use dashboard insights to engage services with low declaration rates. 	<ul style="list-style-type: none"> ✓ Targeted action plans to close disability declaration gaps in services (ongoing).

APPENDIX 2 - Inclusion And Belonging Action Plan 2025-26

The WDES action plan is part of the Trusts wider 4 year Inclusion and Belonging Strategic plan (2024–2028) aligned with the Trust's Equality Objectives for the same period. Progress is monitored and reported annually.

Action	Links to Equality Objectives 24-28	Links to 25-26 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at 08.25)
1. Deliver key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme					
1.1 Develop Inclusive Recruitment Toolkit and Inclusive Recruitment Development package utilising theory / approach of 'No More Tick-Boxes' and 'If Your Face Fits' (Kline, 2023).	4	1	Must	Ami Stonier	Oct 2025
1.2 Undertake analysis of applications-shortlisting/interview-appointment for posts at band 8A and above to better understand the issues / reasons behind lack of diversity in appointments at this level, and implement action based on findings.	4	1	Should	People Team	Dec 2025
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective.	4	1	Should	Rachel Birks	Oct 2025
1.4 Develop a plan to roll-out of Inclusive Recruitment development (considering the needs of both new recruiting managers and existing recruiting managers).	4	1	Should	Ami Stonier	Dec 2025
2. Reducing inequalities and health inequalities for our service users and staff					
2.1 All services to undertake a review of service user ACCESS analysed with a race lens in 2025-26 and present findings to Directorate committee (3 services to do deeper review via EDS framework – see 2.5 below).	2 & 3	2	Should	All Service Leaders	March 2026
2.2 Equitable access to health and wellbeing offers for all staff (our workforce as a microcosm of our local population). Review take-up by diverse characteristics colleagues.	2	2	Should	Dawn Ainsworth	Dec 2025
2.3 Implement new guidance on recording gender codes in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available. When in place, action needed to analyse the data and identify next steps.	1	2	Must	Vicky Boswell / Lauren Cartwright	Dec 2025
2.4 Launch and embed new guidance and approach to RADF (Reasonable Adjustment Digital Flag) as mandated through ISN re-recording disability/ accessible information needs in Electronic Patient Record.	1	2	Must	TBC	Dec 2025

2.5 Three services to be reviewed and rated under the EDS framework for 2025-26 (detailed review of Access, Experience, Safe from Harm, Outcomes).	1	2	Must	Identified Service Mgrs / Janice Ogonji	March 2026
2.6 Review business case for AccessAble and make decision on potential extension for years 4 and 5 (if approved, commission inclusion of Keele Medical Practice and consider inclusion of Lawton House into surveyed premises).	4	2	Should	Janice Ogonji	Nov 2025
2.7 Support inclusive talent management and career development / progression for all , through promotion of our career development workshops and career conversations - see Career devt link . This offer to be specifically targeted to staff with diverse characteristics (focus on race and disability. Encouraging take-up of coaching and mentoring by diverse characteristics colleagues.	4	1 & 2	Should	Jody Nicholls	Mar 2026
2.8 All executive directors to agree and deliver against personal and Directorate EDI objectives in 2025-26.	1-4	1 - 4	Must	Buki Adeyemo / Execs	Oct 2025
2.9 Introduce and embed an HR / EDI Dashboard for all services and Directorates Monthly, Quarterly and Annual Monitoring and RAG rating of good / poor performance of (minimum by Dec 24), supporting identification of issues, ownership, prioritisation of action and progress monitoring of action in each service:- <ul style="list-style-type: none"> • Workforce ethnicity, LGB+ and disability profile. • Snr leadership representation. (Band 8A,8C upwards) – ethnicity, disability, LGB+, & gender. • Diversity in shortlisted candidates (Global Majority / Differently Abled / LGB+ candidates). • WRES / WDES and LGB+ Recruitment score by service (x2 annually TBC) • Bullying & Harassment (NSS) rates from line mgrs/colleagues. 	2 & 3	2 & 3	Should	Dave Hewitt, CIO with Janice Ogonji	Phase thru' 25-26
2.10 Publish and monitor annual Ethnicity, Disability and Gender Pay Gap reports (data to end March 2025), with targeted action plans to address findings.	1	2	Must	Janice Ogonji	March 2026

3. To progress our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones including:-

3.1 Development and delivery of a targeted high-profile and impactful communications plan around anti-racist and anti-discriminatory approach (including refreshed posters & promotional campaign). To include anti-abuse message in conjunction with work underway in this area.	4	1-4	Should	Comms team with Janice Ogonji	March 2026
3.2 Share outcomes and taking meaningful action from learning emerging from staff speaking up reviews , including FTSU, Dear Buki etc.	4	2 & 3	Must	Pauline Grant	March 2026
3.3 Review application of Trust Disciplinary Procedure and Trust Supporting Staff to Improve Performance Procedure through case review, taking a critical race and disability perspective. Propose and implement changes to debias process based on findings.	4	1 & 3	Should	Laura Reynolds / People Ops Team	March 2026
3.4 Begin work to review and debias access to Flexible Working and Flexible Retirement with an EDI lens.	4	1 & 3	Should	Laura Reynolds/ People Ops Team	March 2026
3.5 Review Workplace Adjustments and Access to Work process to eliminate delays and barriers to support for differently abled colleagues. i. Ensure all job applicants are aware of the Trust's approach to supporting differently abled colleagues and workplace adjustments. ii. Share guidance and awareness raising around 'This is Me' Health Passport. Consider implementing a timeframe whereby all new staff have a discussion with their line manager about the 'This is Me' health passport within x weeks of commencing work.	4	3	Could	Laura Reynolds Laura Ross & Laura Reynolds	Jan 2026
3.6 Continue to embed EDI as everyone's responsibility , core to Trust & NHS Values.	4	1-4	Should	Janice Ogonji	Ongoing
3.7 Continue to encourage and support culture of inclusion, openness, authenticity and psychological safety at work through development of the Trust as a great place to work for all & celebration of diverse talent.	4	3	Should	OD & Inclusion Team	Ongoing
3.8 People Ops Team to proactively seek to review protected characteristics at the outset of all employee relations processes and to gain agreement for these to be updated where applicable.	2	1 & 3	Should	Laura Reynolds, People Ops Team	From Sept 2025

4. Educate for Inclusion

4.1 Shift of focus away from positive action development programmes, & towards:- i. Ensuring equitable access / positive skew for take-up of development and leadership development opportunities for diverse talent ii. Development programmes focussed on creating an inclusive working environment , ie educating wider workforce for deeper understanding of inclusion and the reality of experience for minoritised groups iii. All trust leadership offers to include core inclusion component geared to audience level of responsibility	4	1-4	Should	OD & Inclusion Team / service managers	Ongoing																								
4.2 Programme of education around responding effectively to incidents of abuse, discrimination, incivility, understanding disability , including the need for active bystander/upstander response and the mechanisms available for reporting and addressing such behaviours.	4	1-4	Could	TBC																									
4.3 Deliver an Executive development session on the learning from NHS discrimination cases and setting EDI objectives.	3, 4	1-4	Should	Pauline Grant & Janice Ogonji	Feb 2026																								
4.4 Trust Leadership Academy inclusion-themed session	3, 4	1-4	Should		Ongoing																								
4.5 Programme of activities to celebrate and educate around inclusion, following national/international awareness calendar , particularly (link to Newsround, Exec Exchange, Combined TV, podcasts, Inclusion School, Trust/system conferences and other comms opportunities): <table border="1"><tr><td colspan="2">Race Inclusion:</td></tr><tr><td>18 Jul -17 Aug 2025:</td><td>South Asian Heritage Month</td></tr><tr><td>September 2025</td><td>East and South Asian Heritage Month</td></tr><tr><td>October 2025</td><td>Black History Month</td></tr><tr><td>3-9 February 2026</td><td>Race Equality Week</td></tr><tr><td colspan="2">Disability Inclusion:</td></tr><tr><td>14 Nov – 20 Dec 2025</td><td>Disability History Month</td></tr><tr><td>17 -23 Mar/April 2026</td><td>Neurodiversity Celebration Wk/Awareness Mth</td></tr><tr><td colspan="2">LGBT+ Inclusion:</td></tr><tr><td>February 2026</td><td>LGTB+ History Month</td></tr><tr><td>June 2026</td><td>Pride Month</td></tr><tr><td colspan="2">Gender Equality:</td></tr></table>	Race Inclusion:		18 Jul -17 Aug 2025:	South Asian Heritage Month	September 2025	East and South Asian Heritage Month	October 2025	Black History Month	3-9 February 2026	Race Equality Week	Disability Inclusion:		14 Nov – 20 Dec 2025	Disability History Month	17 -23 Mar/April 2026	Neurodiversity Celebration Wk/Awareness Mth	LGBT+ Inclusion:		February 2026	LGTB+ History Month	June 2026	Pride Month	Gender Equality:		3, 4	1-4	Should	Staff Network Leads with EDI Lead	Ongoing Phase through 2025-26
Race Inclusion:																													
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Gender Equality:																													

8 March 2026	International Women's Day						
4.6 Build on investment in established programmes (HPMA Anti-Racist Leadership Programme, WRES Champions, Reciprocal Mentoring, etc). This might involve enlisting these individuals to support design and delivery of planned interventions.			1-4	1-4	Could	TBC	Mar 2026

Equality Objectives 24-28 and EDI Goals 25-26

The numbers in columns 2 and 3 in the table above relate to the below.

Our Inclusion and Belonging Strategic Plan Equality Objective Priorities 24-28

1. Deliver overall continuous improvement in our actual and benchmarked performance on our Equality, Diversity and Inclusion Core Annual Responsibilities (see Appendix 2) to become and sustain our position as one of the best NHS employers in relation to a range of workforce race, disability, LGBT+ and gender inclusion measures, supported by an effective accountability and monitoring framework for leaders at service level and above.
2. Make demonstrable progress in significantly reducing health inequalities for our local population, including removing barriers to equitable access, experience and outcomes through all our services and demonstrating improved health outcomes, as measured by a range of patient/service user metrics.

Advance our position as a leading inclusive organisation by improving service user and staff experience and outcomes on a wide range of inclusion measures, including across key protected characteristics groups.

4. Deliver on our ambition to truly become an inclusive, anti-racist and anti-discriminatory organisation by 2028.

↑ --- Educate for Inclusion --- ↓

Our Inclusion and Belonging Priorities for 2025-26

1. Debiasing our Trust recruitment processes - leading to greater representation and parity and more inclusive talent management
2. Reducing health inequalities for our service users and staff - leading to measurable reduction in gaps in access (focus on access in year 1, experience yr 2, outcomes yr 3)
3. 'High visibility' focus around anti-discriminatory approach
4. Educating for inclusion