

NSCHT Workforce Disability Equality Standard (WDES) Trust Report 2026 & Action Plan for 2026/27



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Date: 30 June 2026

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Executive summary

This is the Trust's eighth annual Workforce Disability Equality Standard (WDES) Report, published in line with NHS Standard Contract requirements and national benchmarking. The report provides an assessment of the experiences of disabled staff, including those with long-term conditions and neurodivergent colleagues, across the ten WDES indicators. It highlights areas of progress, identifies ongoing inequalities and sets out priorities for improvement during 2026/27.

Aims of this Report

- Assess the Trust's performance against the ten WDES indicators.
- Understand the experiences of disabled staff and identify areas of inequality.
- Benchmark performance against national NHS data where available.
- Demonstrate progress made during the 2025/26 reporting period, referred to as 2026.
- Inform targeted actions to improve disability inclusion, staff experience and organisational culture.

Highlights

- Disability representation increased to 11.43%, the highest level recorded by the Trust to date.
- Recruitment outcomes improved, with disabled applicants more likely to be appointed following shortlisting than non-disabled applicants.
- The capability process measure improved for a second consecutive year.
- Reporting of bullying, harassment and abuse improved among disabled staff in 2026, although disabled staff remained less likely to report incidents than non-disabled staff.
- Board disability representation decreased slightly during 2026 but remained above the national benchmark.
- The Trust continued to outperform national benchmarks across several WDES indicators, including reasonable adjustments, staff engagement and feeling valued at work.

Challenges and risks

- Disabled staff continued to report higher levels of bullying, harassment and abuse from patients, managers and colleagues than non-disabled staff.
- Confidence in equal opportunities for career progression remained lower among disabled staff than non-disabled staff.
- Presenteeism increased and remained significantly higher among disabled staff.
- Fewer disabled staff reported receiving the reasonable adjustments they need.
- Staff engagement and feeling valued at work declined during the reporting period.
- Disability representation at senior leadership levels remained lower than within the wider workforce.
- Board disability representation decreased slightly during 2026 but remained above the national benchmark.

Opportunities

During 2026/27, the Trust will focus on improving the experience of disabled staff by strengthening workplace adjustments, reducing bullying, harassment and discrimination, improving access to career development and progression opportunities, and addressing health and wellbeing inequalities. The Trust will continue to work closely with the Combined Ability Network (CAN), staff networks, Freedom to Speak Up and the Reasonable Adjustments Working Group to ensure staff voice informs improvement activity. Targeted action will also be taken to improve disability representation at senior levels, strengthen inclusive leadership and create an environment where disabled staff feel supported, valued and able to thrive.

NSCHT Workforce Disability Equality Standard (WDES) Report 2026

1.0 Introduction

The Workforce Disability Equality Standard (WDES) has been a mandatory requirement under the NHS Standard Contract since 2019. It supports the Trust's commitment to creating an inclusive workplace where disabled staff are valued, supported and able to thrive, in line with our Combined People Plan 2023–28, Inclusion and Belonging Strategic Plan 2024–28 and the NHS England EDI Improvement Plan.

WDES provides a nationally recognised framework for measuring disability inclusion across ten indicators and enables the Trust to benchmark performance, identify inequalities and target improvement activity where needed. This report presents the Trust's eighth annual WDES submission and associated action plan. It will be published on the Trust's website and shared with NHS England and local commissioners as part of our commitment to transparency, accountability and continuous improvement.

1.1 NSCHT WDES 2026 Key Highlights

The results present a mixed picture, with continued improvements in workforce representation but deterioration across several staff experience indicators.

1. Workforce disability representation continued to increase, with the highest level of disability disclosure recorded by the Trust to date.
2. Recruitment outcomes improved, with disabled applicants experiencing more favourable appointment outcomes than non-disabled applicants.
3. The capability process indicator improved, although disabled staff remain disproportionately more likely to enter formal capability procedures.
4. Bullying, harassment and abuse from patients, relatives and the public increased for disabled staff and remained higher than for staff without a disability or long-term condition.
5. Bullying, harassment and abuse from managers increased, widening the disparity between disabled and non-disabled staff.
6. Reporting of bullying, harassment and abuse improved among disabled staff in 2026, with the gap between disabled and non-disabled staff narrowing.
7. The proportion of disabled staff reporting that reasonable adjustments had been made fell, although performance remained above the national average.
8. Disabled staff were more likely to report presenteeism and less likely to feel valued at work than staff without a disability or long-term condition.
9. Staff engagement among disabled staff declined slightly during the reporting period.
10. Board disability representation decreased slightly during 2026 but remained above the national benchmark.

1.2 What have we been doing to advance the WDES over the past 12 months?

1. Progressed accessibility improvements through partnership with AccessAble, including accessibility audits and the development of site accessibility guides.
2. Published disability pay gap data for the second consecutive year, increasing transparency and understanding of workforce inequalities.
3. Coproduced Reasonable Adjustments Policy and Access to Work Guidance to strengthen support for disabled staff and improve consistency of workplace adjustments.
4. Refreshed the Inclusion Council to strengthen leadership accountability, governance and oversight of inclusion priorities.
5. Continued to support staff networks in influencing policy, co-designing solutions and shaping organisational priorities.

6. Delivered leadership development opportunities to support inclusive leadership and career progression.
7. Delivered staff engagement initiatives, including "You Said, We Did" activity and staff network events to improve staff voice and responsiveness.
8. Developed the Inclusion Photo Campaign, increasing visibility and representation of disabled colleagues across the Trust.
9. Promoted disability inclusion through Disability History Month and wider awareness activities, helping to raise awareness and encourage positive conversations about disability and inclusion.
10. Strengthened wider inclusion infrastructure through OD and Inclusion Team activity, including regular updates to the EDI Dashboard, support for staff networks, delivery of statutory inclusion reporting and provision of diversity, inclusion and belonging learning resources covering allyship, belonging, civility and cultural awareness.
11. Maintained a shared inclusion calendar and awareness programme, supporting visibility of disability, neurodiversity and wider inclusion themes across the Trust and helping to embed disability inclusion within the broader Inclusion and Belonging programme.

1.3 Our priorities

Our WDES priorities for action for 2026-27 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.

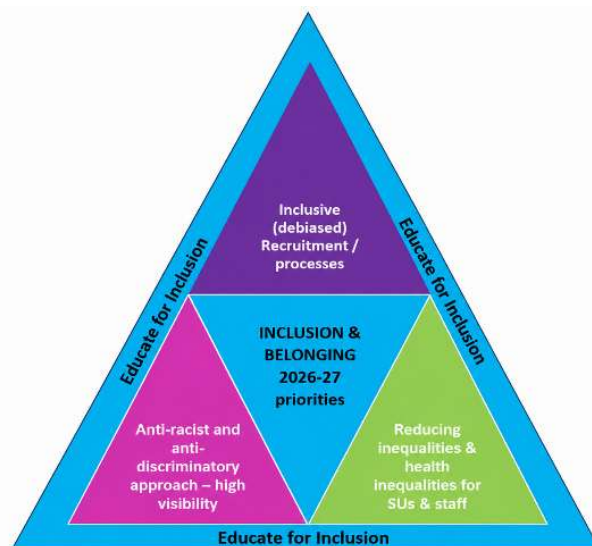


Figure 1: Trust Inclusion and Belonging Priorities, 2026/27.

2.0 Trust summary performance over time against the 10 WDES Indicators

Indicators	Years							2026
	2019	2020	2021	2022	2023	2024	2025	
1. Workforce disability profile	2.50%	4.30%	6.60%	6.10%	7.60%	8.70%	10.16%	11.43% ↑
National	3.10%	3.40%	3.70%	4.20%	4.90%	5.70%	6.70%	Not avail.
2. Recruitment measure	1.9	1.06	0.85	1.01	0.94	0.98	1.3	0.9 ↓
National	1.18	1.2	1.2	1.11	1.09	0.99	0.95	Not avail.
3. Capability process measure	n/a	0	0	0	2.96	11.26	6.94	4.12 ↓
National	n/a	1.53	1.94	2.01	2.17	2.04	Not avail.	Not avail.
4a. HBA from patients / public	35.60%	34.98%	31.9	34.86%	34.46%	32.49%	27.88%	28.00% ↓
No LTC or illness	26.50%	28.62%	26.08%	26.69%	23.56%	21.92%	21.09%	23.51%
4b. HBA from Managers	8.80%	10.40%	9.57	10.68%	12.18%	11.87%	7.95%	10.02% ↓
No LTC or illness	6.70%	9.40%	7.50%	4.40%	5.29%	4.93%	6.82%	5.64%
4c. HBA from staff / colleague	14%	15.42%	16.09	15.96%	21.08%	19.40%	16.88%	16.63% ↑
No LTC or illness	9.40%	10.40%	7.30%	8.80%	9.80%	10.33%	11.54%	11.45%
4d. Reporting of HBA	67.70%	59.74%	64.52	57.27%	66.03%	65.03%	60.45%	65.82% ↓
No LTC or illness	61.40%	60.90%	66.00%	67.30%	68.10%	71.50%	73.11%	71.82%
5. Equal opportunities for career progression	Due to a change in NHS Staff Survey question wording in 2025, WDES Indicator 5 results are not directly comparable with previous years. 2026 should be treated as a new baseline.							54.85% ↓
No LTC or illness								67.75%
6. Presenteeism	15.20%	14.80%	16.20%	17.90%	20.60%	16.60%	15.41%	15.85% ↓
No LTC or illness	13.10%	14.30%	15.50%	13.50%	11.60%	11.54%	11.18%	7.69%
7. Valued at work	37.80%	41.20%	50.40%	52.80%	49.60%	50.88%	53.45%	50.82% ↓
No LTC or illness	48.50%	52.90%	59.30%	61.20%	57.50%	59.88%	60.05%	63.32%
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%	79.05% ↓
National					78.76%	79.32%	79.60%	75.30%
9. Staff engagement scores	6.8	7.01	7.2	7.06	7.13	7.08	7.16	7.07 ↓
No LTC or illness	7.1	7.26	7.48	7.49	7.55	7.46	7.37	7.48
National	6.7	6.71	6.85	6.74	6.74	6.82	6.74	6.45
10. Board members representation	0.00%	7.70%	14.30%	20.00%	23.10%	14.29%	15.38%	14.29% ↓
National	2.00%	3.00%	3.70%	4.60%	5.70%	6.50%	7.30%	Not avail.

Table 1: WDES indicator trends for NSCHT between 2019 and 2026. The National 2026 WDES data will be published in 2027 and is therefore unavailable for comparison.

The 2026 WDES results show a mixed picture. The Trust continues to make progress in workforce representation and recruitment, with disability disclosure increasing to its highest level to date and recruitment outcomes becoming more equitable for disabled applicants.

However, several staff experience indicators deteriorated during the year. Disabled staff reported higher levels of bullying, harassment and abuse from patients, managers and colleagues than staff without a disability or long-term condition. Confidence in reporting concerns declined, while fewer disabled staff reported receiving the reasonable adjustments they needed.

Disabled staff were also more likely to experience presenteeism, less likely to feel valued at work and reported lower levels of staff engagement than colleagues without a disability or long-term condition. Board representation of disabled people also decreased slightly during the reporting period.

Overall, the data suggests that while progress continues in representation and access to employment, further work is needed to improve the day-to-day experiences of disabled staff and ensure they feel supported, included and able to thrive at work.

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

2.1. Strategic alignment with organisational and national frameworks

This mapping shows that disability equality is central to the Trust's wider workforce strategy, not a standalone compliance exercise. WDES supports the Trust to improve recruitment, retention, workplace adjustments, staff wellbeing, leadership accountability and staff experience. It also provides clear evidence for Board assurance by linking local disability inclusion work to national NHS priorities and the Trust's People priorities.

Strategic priority	Alignment with WDES priorities
NHS Long Term Workforce Plan	Priority 1 supports fair recruitment, retention, career progression and workplace adjustments for disabled staff. Priority 3 supports improved wellbeing and retention by addressing workforce inequalities. Priority 4 develops inclusive leadership and workforce capability to support a diverse workforce.
NHS 10 Year Health Plan ambitions	Priorities 2 and 3 support the ambition to reduce inequalities and improve wellbeing by creating a more inclusive workplace and addressing the poorer experiences often reported by disabled staff. Priority 1 helps ensure the NHS attracts and retains skilled staff through fair and accessible employment practices.
NHS England EDI Improvement Plan	All four priorities align strongly with the EDI Improvement Plan through their focus on reducing discrimination, improving staff experience, strengthening leadership accountability, improving workplace adjustments, addressing inequalities and embedding inclusion within organisational culture and decision-making.
Our People 'Big Moves'	1. Workforce Optimisation: Priority 1 improves recruitment, retention, career development, workplace adjustments and workforce effectiveness. 2. Workforce Transformation: Priorities 1 and 3 use workforce data, staff experience and organisational learning to address inequalities and inform workforce planning. 3. Our Combined CARE Culture: Priorities 2 and 4 support inclusive leadership, anti-discriminatory practice, staff wellbeing, psychological safety and a culture where disabled staff can thrive.
Combined People Plan 2023–28	1. Inclusive and Representative: WDES supports increased disability representation, improved disclosure rates and reducing inequalities experienced by disabled staff. 2. Great Place to Work: WDES supports improvements in staff experience, workplace adjustments, wellbeing, psychological safety and creating an environment where disabled staff feel valued and included. 3. Health and Wellbeing: WDES directly contributes to improving the health, wellbeing and working lives of disabled staff by addressing presenteeism, workplace barriers and access to support. 4. Achieve Potential and Aspirations: WDES supports equitable access to career development, progression opportunities, leadership development and talent management for disabled staff. 5. Outstanding Systems and Processes: WDES helps strengthen organisational processes through improved accessibility, reasonable adjustments, inclusive workforce policies and evidence-based decision-making using workforce equality data.

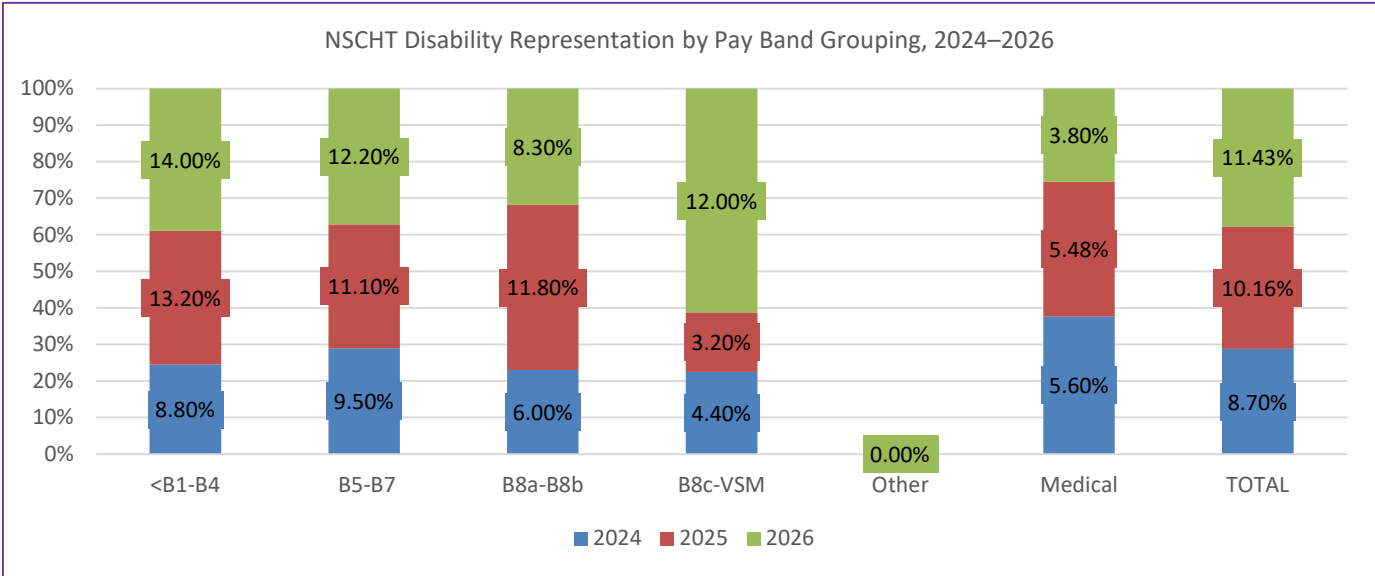
3.0 Trust Performance Breakdown by the 10 WDES Indicators

Indicator 1: Workforce disability profile (Improved)

Disability representation within the Trust continued to improve in 2026, increasing from 10.16% in 2025 to 11.43%, the highest level reported by the Trust to date. This suggests growing confidence in disability disclosure and a workforce that is becoming increasingly representative of people with disabilities, neurodiversity and long-term health conditions.

Representation increased within the non-clinical workforce, rising from 13.2% to 14.0%, while the clinical workforce remained stable at 11.1%. The medical and dental workforce saw a small increase from 3.2% to 3.8%, although this remains significantly lower than the Trust average and may indicate continued under-disclosure or barriers to disclosure within this staff group.

Analysis by pay band shows that disabled staff are represented across all levels of the organisation but are concentrated within lower and middle bands. Within the clinical workforce, disability representation was 12.4% in Bands 1–4, 11.1% in Bands 5–7 but reduced to 6.5% in Bands 8a and above. A similar pattern is seen within the non-clinical workforce, where representation was 14.0% in Bands 1–4, 12.1% in Bands 5–7, and 4.8% in Bands 8a and above, with no disabled staff recorded at VSM level.



The key message from this indicator is that while disability representation continues to strengthen across the Trust, disabled staff remain less visible within senior leadership and management roles. Improving disability disclosure, understanding barriers to progression and ensuring equitable access to development opportunities will be important if the Trust is to achieve a more representative leadership profile in future years.

Figure 2: Proportion of staff declaring a disability or long-term condition across workforce pay band groupings between 2024 and 2026

Indicator 2: Recruitment measure (Improved)

The Trust's recruitment measure improved from 1.30 in 2025 to 0.90 in 2026, moving beyond parity (1.0) and indicating that disabled applicants were slightly more likely to be appointed from shortlisting than non-disabled applicants. This compares favourably with the last available national benchmark of 0.95.

Disabled applicants represented 9.9% of applications (346), increasing to 14.7% of shortlisted candidates (130) and 15.5% of appointments (51). In contrast, non-disabled applicants accounted for 87.3% of applications, 82.5% of shortlisted candidates and 78.5% of appointments. This suggests recruitment outcomes became more equitable during 2026, with disabled candidates increasingly represented at each stage of the recruitment process. However, the number of disabled applicants reduced from 450 in 2025 to 346 in 2026, indicating that while appointment outcomes improved, further work is needed to attract more disabled applicants into the recruitment pipeline.

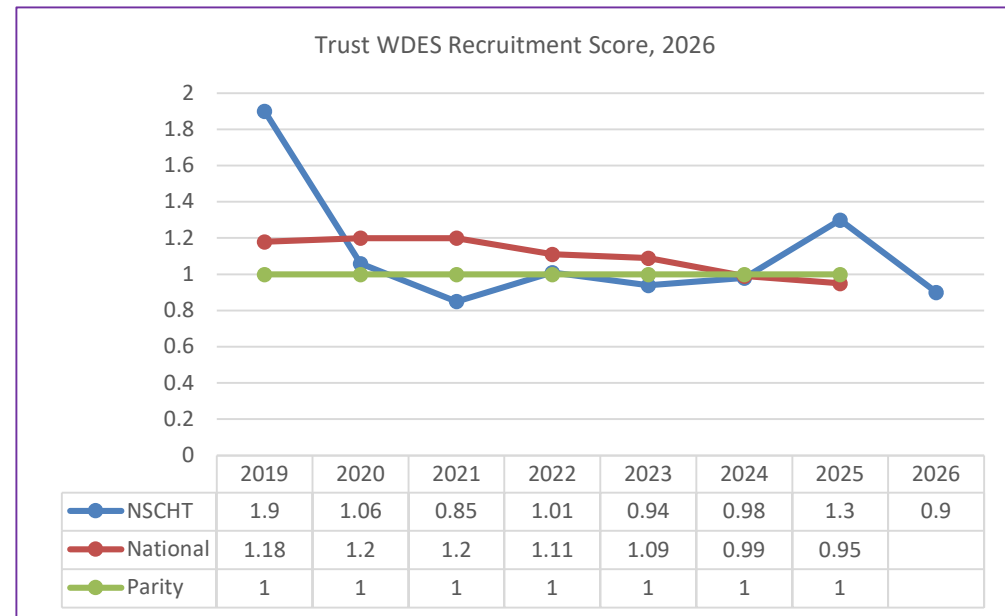


Figure 3: WDES recruitment scores 2019 – 2026 (Trust scores compared with national average).

2025	Applications	Shortlisted	Appointed	2026	Applications	Shortlisted	Appointed
Disabled	450 (7.92%)	196 (9.4%)	55 (9.13%)	Disabled	346 (9.95%)	130 (14.66%)	51 (15.45%)
Non-Disabled	5136 (90.47%)	1829 (88.2%)	505 (83.9%)	Non-Disabled	3037(87.30%)	732 (82.53%)	259 (78.48%)
Unknown	91 (1.60%)	49 (2.3%)	42 (7%)	Unknown	96 (2.76%)	25 (2.82%)	20 (6.06%)
Total	5677 (100%)	2074 (100%)	602 (100%)	Total	3479 (100%)	887 (100%)	330 (100%)

Table 2: Disability through the Trust Recruitment and Selection process comparing 2025 and 2026.

Indicator 3: Capability process measure (Improved)

The Trust's capability process measure improved from 6.94 in 2025 to 4.12 in 2026, indicating a reduction in the disparity between disabled and non-disabled staff entering a formal capability process. While this is a positive improvement, disabled staff remained over four times more likely to enter a capability process than non-disabled colleagues. The measure was 0 between 2019 and 2022, increased to 2.96 in 2023, peaked at 11.26 in 2024, before reducing over the last two years. This volatility reflects the very small number of capability cases occurring each year, where the inclusion or exclusion of a small number of staff can have a significant impact on the overall score.

NHS England no longer publishes a national comparator for this indicator because capability cases are typically low in number across NHS organisations and the resulting rates can fluctuate significantly from year to year, making meaningful comparison between organisations of different sizes difficult.

The overall direction of travel is positive, with the measure reducing for a second consecutive year. However, the continued disparity suggests that further work is needed to understand whether workplace barriers, support arrangements, reasonable adjustments or management practices may be contributing to disabled staff being disproportionately represented within formal capability processes.

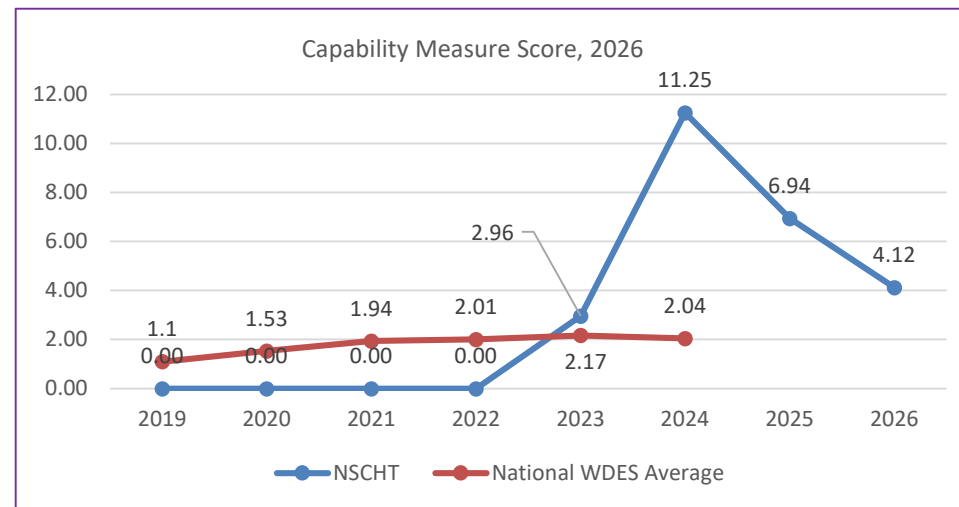


Figure 4: Relative likelihood of disabled staff entering a formal capability process compared with non-disabled staff between 2019 and 2026

Indicator 4a: Harassment bullying and abuse (HBA) - Service users and the public (Worsened very slightly)

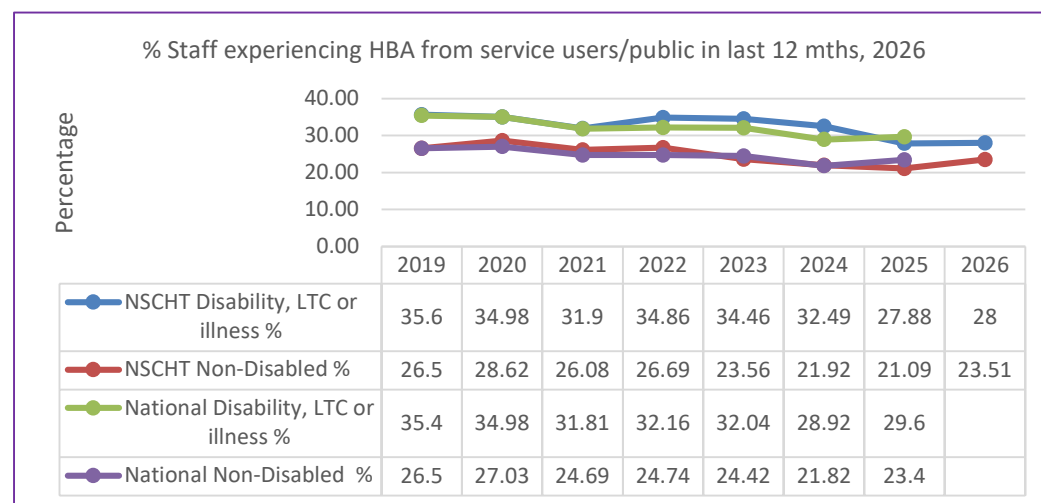


Figure 5: Percentage of staff experiencing HBA from patients, relatives and the public, 2019–2026

28.0% of disabled staff reported experiencing bullying, harassment or abuse (HBA) from patients, relatives or the public, compared with 23.5% of non-disabled staff. While the gap narrowed slightly compared with previous years, disabled staff continued to report poorer experiences than their non-disabled colleagues.

Our results remained broadly unchanged from 27.9% in 2025 to 28.0% in 2026, following a longer-term reduction from 35.6% in 2019. The 2026 result compares favourably with the latest available national figure for disabled staff (29.6% in 2025), suggesting that disabled staff at the Trust experience slightly lower levels of abuse from patients and the public than the national average. Although the overall level of reported abuse has reduced over time, closing the gap between disabled and non-disabled staff remains an important area of focus for the Trust.

Indicator 4b: Harassment, bullying & abuse - Manager (Worsened)

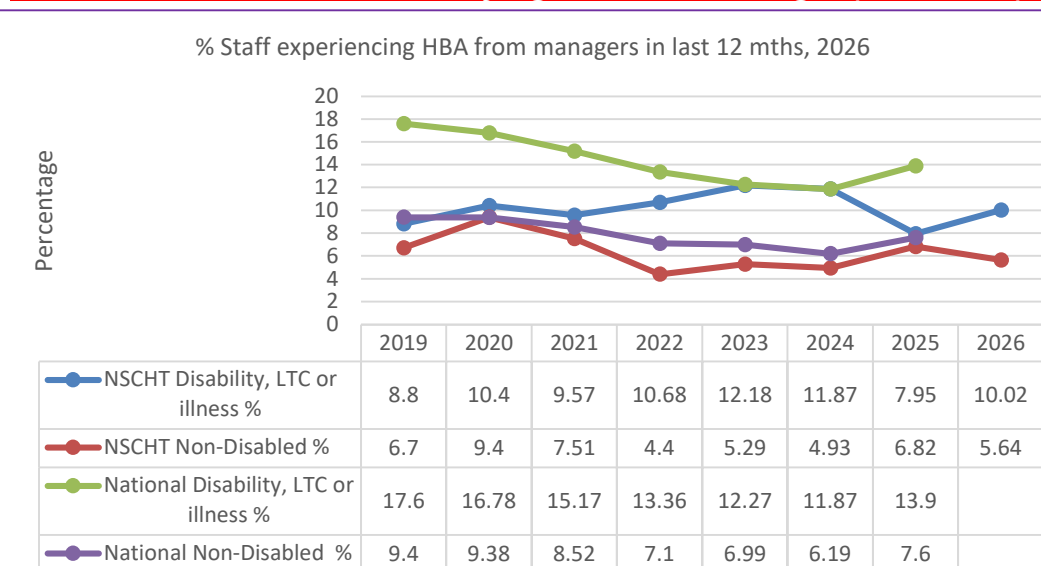


Figure 6: Staff Experiencing Bullying, Harassment or Abuse from Managers, 2019–2026

In 2026, 10.02% of disabled staff reported experiencing bullying, harassment or abuse from managers, compared with 5.64% of non-disabled staff. This indicator worsened from 7.95% in 2025, increasing by 2.07 percentage points and widening the gap between disabled and non-disabled staff from 1.13 to 4.38 percentage points.

Although the Trust remains below the latest national benchmark for disabled staff (13.9%), the longer-term trend has deteriorated, increasing from 8.8% in 2019 to 10.02% in 2026. This suggests disabled staff continue to experience poorer interactions with managers than their non-disabled colleagues, making this an important area for improvement.

Indicator 4c: Harassment, bullying and abuse – Colleagues (Improved slightly)

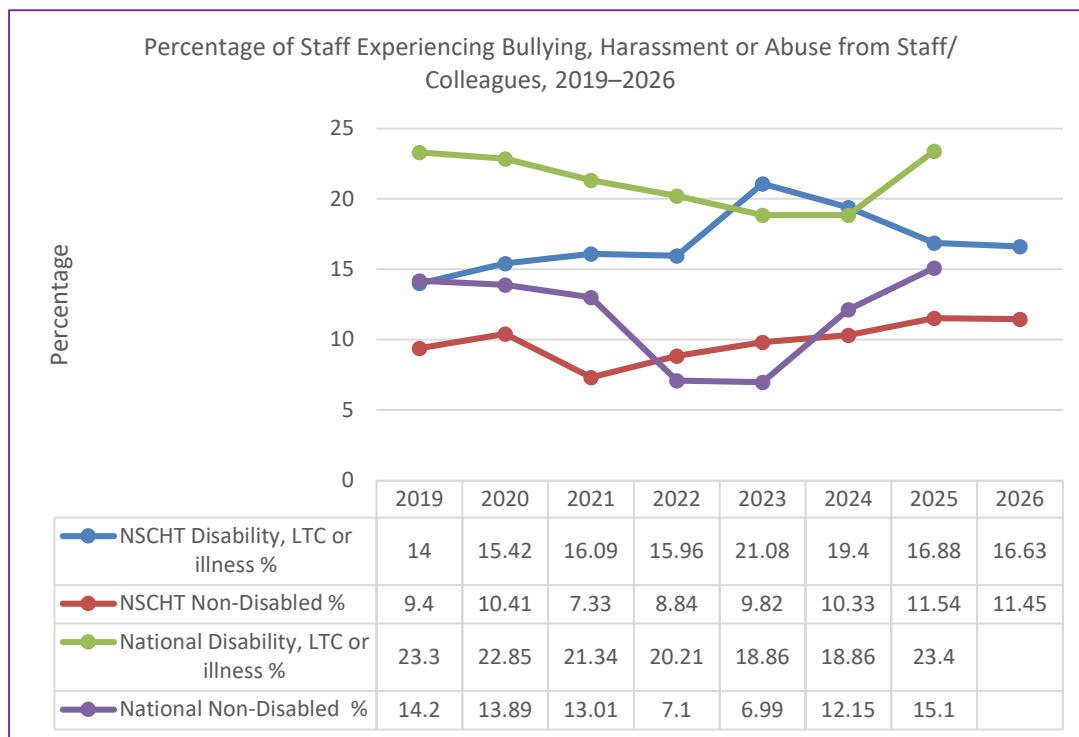


Figure 7: Percentage of disabled and non-disabled staff experiencing bullying, harassment or abuse from colleagues, 2019–2026

In 2026, 16.63% of disabled staff reported experiencing bullying, harassment or abuse from colleagues, compared with 11.45% of non-disabled staff. Disabled staff therefore remained significantly more likely to experience negative behaviours from colleagues. This indicator improved slightly, reducing from 16.88% in 2025 to 16.63%, although the disparity between disabled and non-disabled staff remained substantial at 5.18 percentage points. The Trust's result for disabled staff was also considerably better than the latest available national benchmark (23.4% in 2025). Looking at the longer-term trend, reported experiences increased from 14.0% in 2019 to a peak of 21.08% in 2023, before reducing over the last three years. While this suggests some improvement, almost one in six disabled staff continue to experience bullying, harassment or abuse from colleagues. Overall, this indicator has improved slightly year-on-year, but the persistent gap between disabled and non-disabled staff indicates that further work is needed to create a consistently inclusive and respectful workplace culture.

Indicator 4d: Harassment, bullying & abuse - Reporting (Improved)

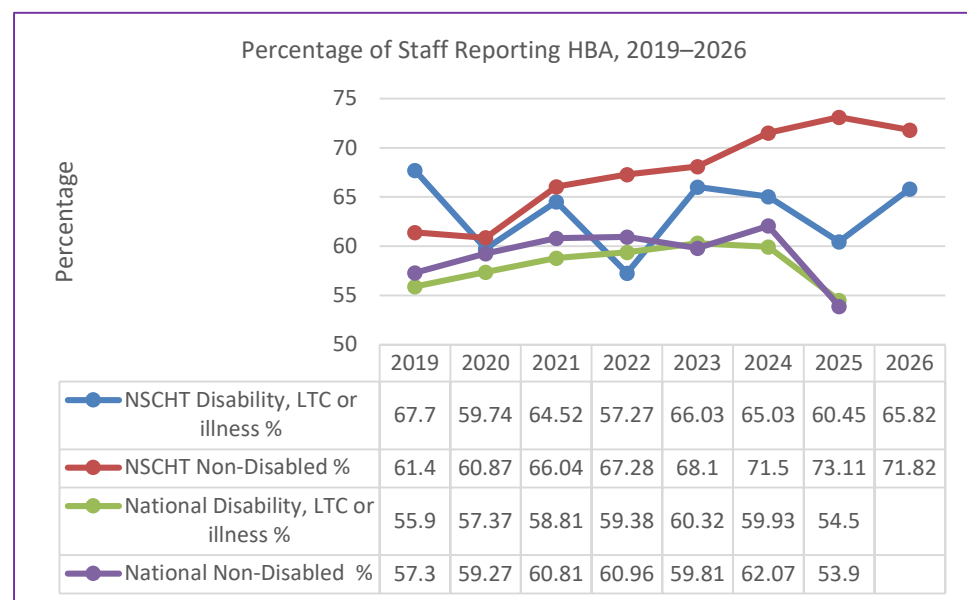
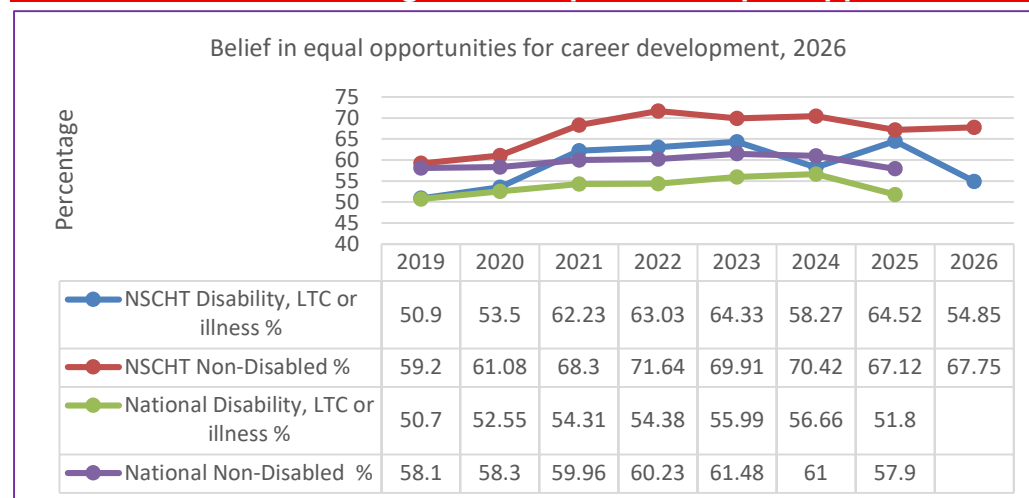


Figure 8: Proportion of disabled and non-disabled staff who reported HBA after experiencing it

In 2026, 65.82% of disabled staff who experienced bullying, harassment or abuse reported it. This represents an improvement from 60.45% in 2025 and is the second highest result recorded by the Trust since 2019. Despite this improvement, disabled staff remained less likely to report incidents than non-disabled staff (71.82%). However, the gap reduced from 12.66 percentage points in 2025 to 6.0 percentage points in 2026, indicating growing confidence among disabled staff to raise concerns.

The increase in reporting may reflect greater awareness of reporting routes, improved visibility of Freedom to Speak Up and staff support mechanisms, and increased confidence that concerns will be taken seriously. While higher reporting rates can initially suggest more incidents are being raised, they are generally viewed as a positive indicator of a more open and psychologically safe culture where staff feel able to speak up. This provides the Trust with better intelligence to identify issues, target interventions and improve staff experience.

Indicator 5: Belief that organisation provides equal opportunities for career progression (Worsened)



In 2026, 54.85% of disabled staff believed the Trust provides equal opportunities for career progression and promotion, compared with 67.75% of non-disabled staff. This represents a gap of 12.9%. Due to changes in the NHS Staff Survey question wording in 2025, 2026 should be treated as a new baseline and cannot be directly compared with previous years. However, the 2026 result remains above the latest available national benchmark for disabled staff (52.0% in 2025).

The data suggests that while a majority of disabled staff believe opportunities are fair, disabled staff remain significantly less positive than non-disabled colleagues about career progression within the Trust.

Figure 9: Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression and Promotion

Indicator 6: Presenteeism (Worsened slightly)

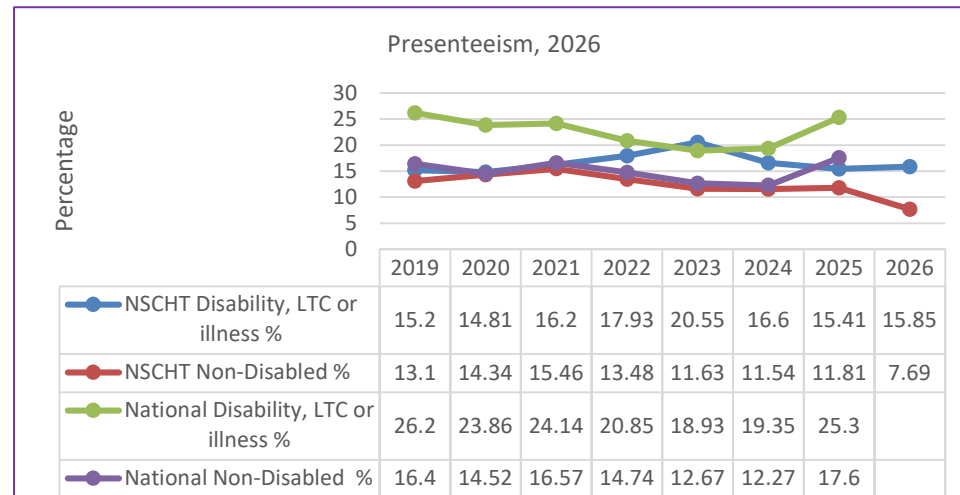


Figure 10: % of Disabled and non-disabled staff reporting pressure to attend work when unwell

In 2026, 15.85% of disabled staff reported feeling pressure to attend work when unwell, compared with 7.69% of non-disabled staff. This represents a gap of 8.16 percentage points, meaning disabled staff were more than twice as likely to experience presenteeism. This indicator worsened slightly in 2026, increasing from 15.41% in 2025 to 15.85%. However, the Trust's result remained substantially better than the latest national benchmark for disabled staff (25.3% in 2025).

Overall, while levels of presenteeism among disabled staff remain lower than the national average, the persistent and widening gap between disabled and non-disabled staff suggests further work is needed to support staff wellbeing and reduce pressure to attend work when unwell.

Indicator 7: Feeling valued (Worsened)

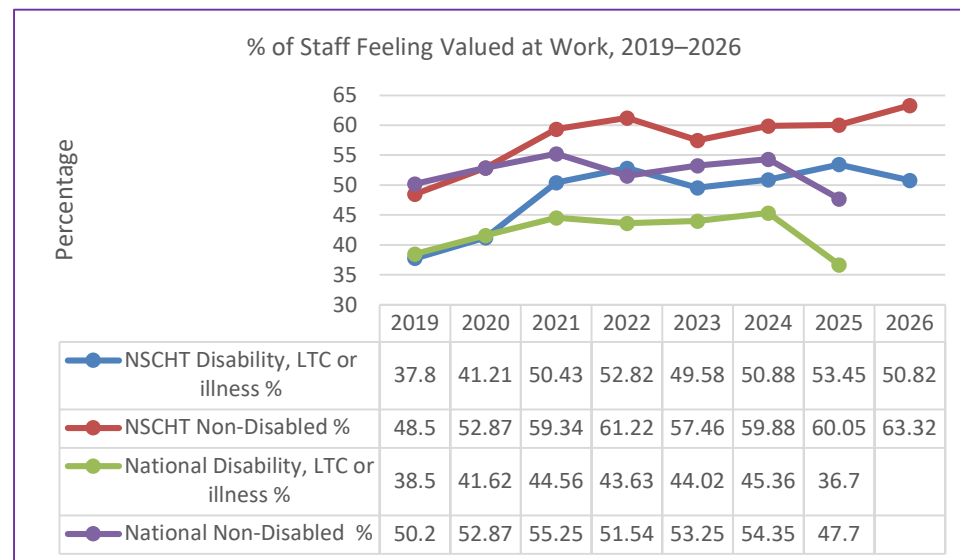


Figure 81: % of disabled and non-disabled staff who feel valued at work

In 2026, 50.82% of disabled staff reported feeling valued at work, compared with 63.32% of non-disabled staff, a gap of 12.5 percentage points. This indicator worsened in 2026, falling from 53.45% in 2025 to 50.82%. While the Trust's result remains considerably above the latest national benchmark for disabled staff (36.7% in 2025), the gap between disabled and non-disabled staff widened slightly.

Overall, although disabled staff report feeling more valued than the national average, only around half feel valued by their organisation, highlighting an ongoing inequality in staff experience and a continued need to strengthen inclusion, recognition and belonging.

Indicator 8: Employer has made reasonable adjustments (Worsened)

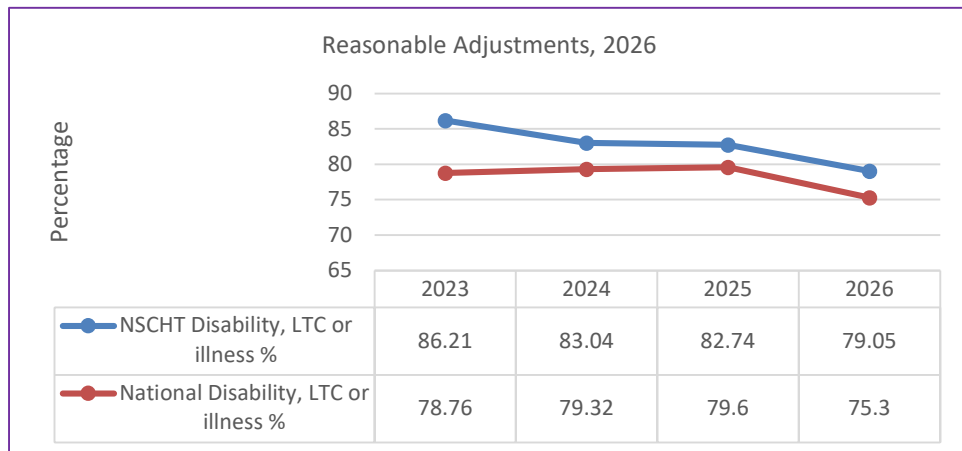


Figure 12: Compares the percentage of disabled staff reporting that the Trust made the reasonable adjustments needed for them to carry out their work against the national benchmark

In 2026, 79.05% of disabled staff reported that the Trust had made the reasonable adjustments they needed to carry out their work. This represents a decline from 82.74% in 2025 and continues the downward trend from 86.21% in 2023. Despite this deterioration, the Trust remained above the latest national benchmark of 75.3%, indicating that disabled staff are still more likely to receive the adjustments they need than the national average.

This suggests that although most disabled staff continue to receive appropriate support, fewer are reporting that their adjustment needs are being fully met. Given the importance of reasonable adjustments in enabling staff to remain well, productive and included at work, this remains a key area of focus. With funding for the Differently Abled Buddy Scheme ending in 2024, the CAN Staff Network has taken on elements of the scheme and continues to provide peer support where requested.

Alongside this, the network is working with the Trust and the Reasonable Adjustments Working Group to review the workplace adjustments processes to improve timeliness, consistency and staff experience, helping disabled colleagues feel supported, valued and able to reach their full potential.

Indicator 9a: Staff engagement (Worsened slightly)

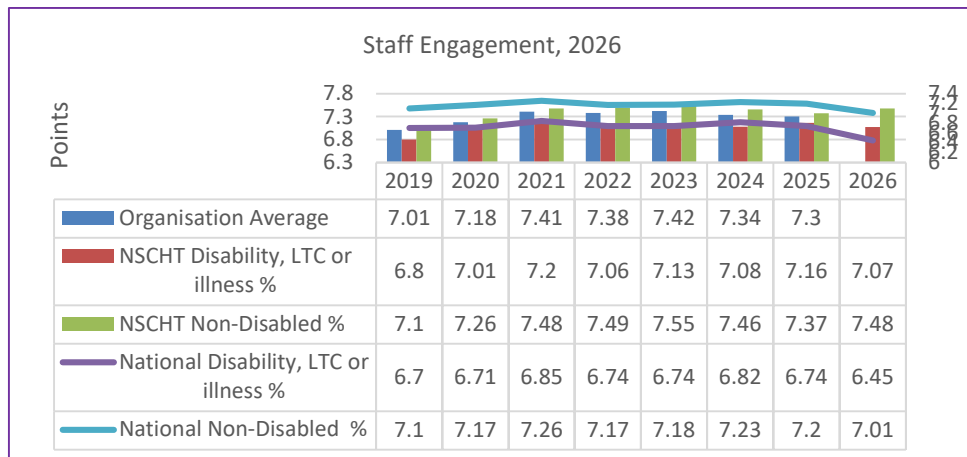


Figure 9: Compares staff engagement scores for disabled and non-disabled staff against Trust and national averages

In 2026, the staff engagement score for disabled staff was 7.07, compared with 7.48 for non-disabled staff and 7.30 for the Trust overall. This represents a slight decline from 7.16 in 2025, while the gap between disabled and non-disabled staff increased from 0.21 to 0.41 points.

Although engagement among disabled staff remains above the national benchmark (6.45), disabled staff continue to report a less positive experience than their non-disabled colleagues.

Staff engagement is included within WDES because it reflects how connected, valued and involved staff feel within their organisation. Higher engagement is associated with improved wellbeing, retention and organisational performance.

Indicator 9b: Measures to hear disabled staff voice

The Trust has continued to strengthen engagement with differently abled colleagues through a range of staff voice and co-production mechanisms during 2026. Central to this has been the Combined Ability Network (CAN), which provides a forum for disabled staff, staff with long-term conditions and neurodivergent colleagues to share experiences, influence decision-making and help shape organisational priorities.

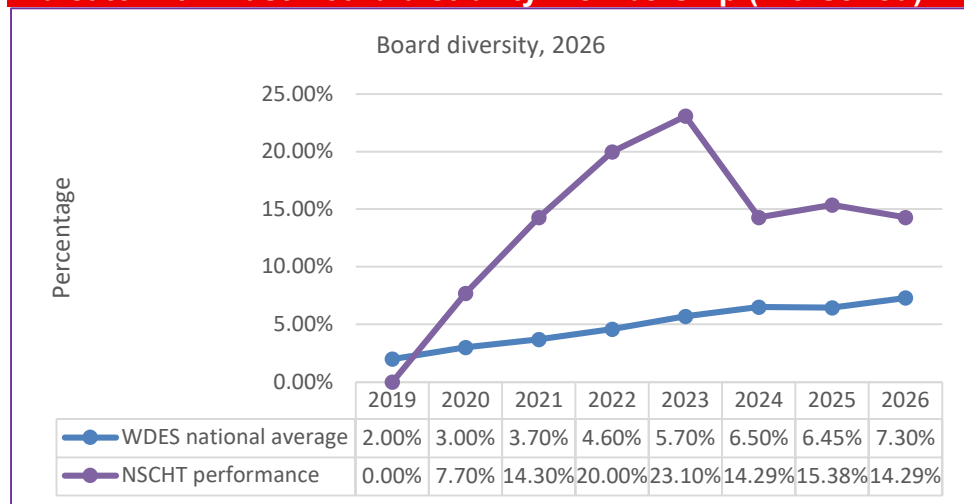
The CAN Network meets regularly and maintains an active Teams community to support ongoing engagement and peer support. The CAN Lead sits on both the Trust Inclusion Council, chaired by the Chief Executive, and the Reasonable Adjustments Working Group, ensuring that the views and experiences of disabled staff directly inform organisational decision-making and improvements to workplace support.

During 2026, (through the CAN Network) disabled staff contributed to the Integrated Learning Review, helped shape the draft Reasonable Adjustments Policy and Access to Work Guidance, and continued to influence Inclusion and Belonging priorities through staff network engagement and consultation activity. The CAN Network also continued to support the Differently Abled Buddy Scheme following the end of external funding, providing peer support where requested.

Additional opportunities for staff voice were provided through staff network events, the Staff Survey "You Said, We Did" programme, the Inclusion Council refresh, and the Inclusion Photo Campaign, which increased the visibility and representation of disabled colleagues across the Trust. These initiatives have helped strengthen engagement, improve understanding of staff experience and ensure that disabled staff voices continue to influence organisational improvement.

In addition, OD and Inclusion Team activity during 2025/26 supported the growth and influence of staff networks, regular updates to the EDI Dashboard and wider learning resources on allyship, belonging, civility and cultural awareness. This has helped strengthen the infrastructure through which disabled staff voice is heard, monitored and translated into organisational priorities.

Indicator 10: Trust Board disability membership (Worsened)



In 2026, 14.29% (2 of 14) Board members identified as disabled, compared with the national benchmark of 7.3%. Both disabled Board members were Voting and Non-Executive Directors, while no Executive Directors declared a disability. Although this represents a slight decrease from 15.38% in 2025, the Trust continues to perform significantly above the national average.

The Board disability profile is broadly reflective of the wider workforce. Disabled staff represent 11.43% of the overall workforce compared with 14.29% of Board members, a positive difference of 2.86 percentage points. Similarly, disabled staff account for 14.29% of Voting Board members. However, the data should be interpreted with caution due to the small size of the Board. With only 14 Board members, changes in the disability status

or membership of one individual can have a significant impact on the reported percentage from year to year.

Figure 104: Board Disability Representation Compared with National WDES Average, 2019–2026

4.0 Priorities, supporting actions and milestones for 2026/27

The table below sets out the Trust's WDES priorities for 2026/27 and shows how each priority will be taken forward. These priorities are based on, and aligned to, the Trust's broader Inclusion and Belonging Strategic Plan priorities for 2024–2028, ensuring that WDES activity supports the organisation's wider inclusion, belonging and equality objectives.

WDES priority	Supporting actions	Milestones / evidence of progress
1. Debiasing people processes	• Embed the Inclusive Recruitment Toolkit • Band 8a+ recruitment and progression review. • Review recruitment, capability, disciplinary and workplace adjustments processes through a disability inclusion lens. • Coaching, mentoring and leadership development opportunities for under-represented staff.	• Toolkit launched and uptake reviewed. • Band 8a+ findings and actions agreed. • Process improvements implemented and monitored. • Disability pay gap actions reported through governance.
2. High-visibility anti-discriminatory approach	• Anti-discrimination and anti-abuse campaigns and communications. • Staff Survey "You Said, We Did" activity. • Freedom to Speak Up learning. • CAN staff network engagement. • Inclusion Council oversight	• Campaigns delivered and reviewed. • HBA themes analysed and actions agreed. • Staff voice informs improvement activity. • Progress reported through governance and inclusion routes.
3. Reducing inequalities and health inequalities for our differently abled workforce.	• WDES, Staff Survey and EDI Dashboard analysis. • Health and wellbeing reviews. • AccessAble audits and accessibility guides. • Reasonable Adjustments Policy, Access to Work Guidance and Reasonable Adjustments Working Group. • Reasonable Adjustment Digital Flag implementation.	• Disability inequality hotspots identified and monitored. • Accessibility improvements implemented. • Workplace adjustment processes reviewed and improved. • Disability representation and wellbeing indicators monitored.
4. Educating for Inclusion	• Inclusive leadership and management development. • Disability and neurodiversity awareness activity. • Disability History Month and inclusion events. • Allyship, belonging and civility resources.	• Leadership learning offer updated and delivered. • Leadership Academy inclusion sessions completed. • Leadership and management programme participation monitored. • Inclusion learning evaluated and embedded within leadership development programmes.

- Leadership and management development programmes.

- Disability and neurodiversity awareness activity delivered and reviewed.

5.0 Conclusions and Recommendations

The 2026 WDES results present a mixed picture. The Trust has continued to make progress in improving disability representation and recruitment outcomes, with disability disclosure reaching its highest level to date. Reporting of bullying, harassment and abuse by disabled staff also improved, although disabled staff remained less likely to report incidents than non-disabled staff. Board disability representation decreased slightly during 2026 but remained above the national benchmark. Performance also remains above national benchmarks across several indicators. However, disabled staff continue to report poorer workplace experiences than non-disabled colleagues. Bullying, harassment and abuse, career progression, presenteeism, feeling valued, staff engagement and access to reasonable adjustments all remain areas of inequality. While some indicators have improved, the overall findings suggest that improvements in representation have not yet translated into consistently equitable experiences across the organisation. The Trust's focus during 2026/27 must therefore move beyond representation alone and place greater emphasis on improving the day-to-day experience of disabled staff, ensuring they feel supported, included, valued and able to thrive.

The wider OD and Inclusion Team programme provides important supporting evidence for continued progress, including delivery of statutory inclusion reporting, EDI Dashboard updates, staff network support, learning resources and awareness activity. These activities strengthen accountability, improve visibility of disabled staff experience and support the Trust to embed disability inclusion within its broader Inclusion and Belonging priorities.

What we need in 2026-27

- Improve the timeliness, consistency and effectiveness of workplace adjustments.
- Reduce bullying, harassment and abuse experienced by disabled staff.
- Improve disabled staff experiences of career development and progression.
- Address the causes of higher levels of presenteeism among disabled staff.
- Increase disability representation within senior leadership and management roles.
- Strengthen inclusive leadership capability and management practice.
- Continue to improve staff engagement, belonging and feeling valued.
- Use staff voice, lived experience and workforce data to drive targeted improvement.

Recommendations

- Support delivery of the 2026/27 WDES Action Plan, ensuring disability equality remains a strategic organisational priority.
- Strengthen accountability for improving disabled staff experience, particularly in relation to HBA, staff engagement and feeling valued.
- Improve the timeliness, consistency and effectiveness of workplace adjustments, informed by feedback from disabled staff and the Reasonable Adjustments Working Group.

- Increase disability representation within leadership and management roles by promoting equitable access to development, talent management and career progression opportunities.
- Embed inclusive leadership and management practice across the organisation, ensuring managers are equipped to support disabled staff effectively and create psychologically safe working environments.
- Use workforce equality data, staff survey findings and staff voice mechanisms to identify inequalities, monitor progress and target improvement activity.
- Continue to engage with the CAN Network, staff networks and lived experience groups to ensure the voices of disabled staff inform organisational decision-making and service improvement.

APPENDIX 1: Aligned to NSCHT People Priority Areas and the NHS 10 Year Plan

Our WDES Priorities	Key 2026 Achievements	NHS 10 Year Health Plan Alignment	Our People Big Move Alignment
1. Further extend our work to debias employee relations and talent management processes to ensure differently abled staff have equitable access to development and advancement	• Staff and leadership development programmes • Learning and development opportunities • Inclusive recruitment practices • Revised Reasonable Adjustments Policy and Access to Work Guidance • Disability Pay Gap reporting (second year)	Supports delivery of a modern NHS workforce by improving fairness, retention, career progression and workforce productivity.	Workforce Optimisation through fair recruitment, progression and retention. Workforce Transformation through improved workforce processes and data-driven improvement.
2. Understand, engage, develop and progress differently abled talent at every level to achieve a more equitable workforce profile	• Workforce disability disclosure increased to 11.43% • Coaching, mentoring and leadership development • CAN Network engagement and peer support • Inclusion Council refresh • Inclusive recruitment activity	Supports attracting, developing and retaining a diverse workforce that reflects the communities served.	Workforce Optimisation through talent development and retention. Our Combined CARE Culture through inclusion and representation.
3. End disproportionate harassment, bullying and abuse against our differently abled workforce	• Integrated Learning Review • Staff Survey "You Said, We Did" • Staff network engagement and co-production • Inclusion Council oversight • Inclusive leadership awareness activity • Disability History Month and wider inclusion campaigns	Supports creating safe, compassionate workplaces where staff can thrive and deliver high-quality care.	Our Combined CARE Culture through psychological safety, inclusion and belonging. Workforce Transformation through organisational learning and culture change.
4. Deliver actions through the Disability Inclusion Project Group and related improvement programmes	• Reasonable Adjustments Working Group • Progress on Reasonable Adjustments Policy • Access to Work Guidance • Accessibility improvement programme with AccessAble • CAN Network involvement in improvement activity	Supports removing barriers to employment and creating accessible workplaces.	Workforce Transformation through system improvement and accessibility. Workforce Optimisation through improved workplace support.
5. Make EDI and disability inclusion everyone's business and embed sustainable change	• Inclusion Council refresh • People Plan refresh • Leadership podcasts and awareness activity • Disability History Month and inclusion events • Staff network influence on organisational priorities • Inclusion Photo Campaign	Supports creating inclusive organisational cultures and improving staff experience across the NHS.	Our Combined CARE Culture through leadership accountability, visibility and inclusion. Workforce Transformation through embedding inclusion within everyday practice.
6. Close the gap between disability disclosure in ESR and NHS Staff Survey data	• Continued promotion of disability inclusion and visibility • CAN Network engagement activity • Inclusion Photo Campaign featuring disabled colleagues • Accessibility audits and accessibility guides • Staff voice and lived experience initiatives	Supports better workforce data quality and understanding of workforce needs to inform planning and support.	Workforce Transformation through improved workforce intelligence. Workforce Optimisation through better understanding of workforce needs and barriers.

APPENDIX 2 - Inclusion and Belonging Action Plan 2026/27

The WDES action plan is part of the Trust's wider four-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 2026/27 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at June 2026)
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). 1.1.1 Audit Toolkit use across all recruitment panels by service, role type and band, and report whether Global Majority and disabled applicant outcomes have improved.	4	1	Must	Recruitment Lead	Oct 2026
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. 1.2.1 Complete Band 8A+ recruitment analysis by ethnicity, disability, gender and LGB+ status at shortlisting, interview and appointment, with actions for each identified disparity.	4	1	Should	People Team	Dec 2026
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective. 1.3.1 Collect candidate and recruiting manager feedback on fairness, accessibility, adjustments and inclusion, and report themes quarterly through the HR / EDI Dashboard.	4	1	Should	HR Lead	Oct 2026
1.4 Develop a plan to roll out Inclusive Recruitment development, considering the needs of both new recruiting managers and existing recruiting managers.	4	1	Should	Recruitment Lead	Dec 2026

1.4.1 Prioritise rollout to services with poorer recruitment equity indicators, lower senior representation or repeated recruitment feedback, and require completion before managers chair panels.					
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 2026/27 and present findings to Directorate committee. Three services to do deeper review via EDS framework – see 2.5 below. 2.1.1 Each Directorate to complete one service-user access review using race and disability data, agree two local actions, and report progress through Directorate governance.	2 & 3	2	Should	All Service Leaders	Mar 2027
2.2 Equitable access to health and wellbeing offers for all staff. Review take-up by colleagues with diverse characteristics. 2.2.1 Analyse health and wellbeing offer take-up by ethnicity, disability, staff group, band and service, and agree targeted actions for any under-represented groups.	2	2	Should	Health and Wellbeing Lead	Dec 2026
2.3 Implement new guidance on recording gender codes in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available. When in place, analyse the data and identify next steps. 2.3.1 Deliver guidance for staff recording demographic information in Lorenzo and ESR, and complete one data quality review with improvement actions.	1	2	Must	Performance Lead / Head of Clinical Systems	Dec 2026
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. 2.4.1 Implement RADF guidance with a named operational owner, track adoption across services, and escalate barriers through governance.	1	2	Must	TBC	Dec 2026
2.5 Three services to be reviewed and rated under the EDS framework for 2026/27, including detailed review of access, experience, safe from harm and outcomes. 2.5.1 Select three EDS review services using WRES/WDES risk indicators, complete ratings, and agree improvement plans for access, experience, safety and outcomes.	1	2	Must	Identified Service Managers / Inclusion and Belonging Lead	Mar 2027

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. 2.6.1 Complete the AccessAble surveys and re-surveys.	4	2	Should	Inclusion and Belonging Lead	Nov 2026
2.7 Support inclusive talent management and career development / progression for all through promotion of career development workshops and career conversations. This offer to be specifically targeted to staff with diverse characteristics, with a focus on race and disability, and encouraging take-up of coaching and mentoring by colleagues with diverse characteristics. 2.7.1 Monitor career workshop, mentoring and coaching participation by ethnicity, disability, band and service, and agree actions where take-up is low.	4	1 & 2	Should	OD Talent Lead	Mar 2027
2.8 All executive directors to agree and deliver against personal and Directorate EDI objectives in 2025–26. 2.8.1 Each Executive Director to set one measurable Directorate EDI objective linked to WRES/WDES disparities and report progress quarterly.	1–4	1–4	Must	CEO/ Execs	Oct 2026
2.9 ~~Introduce and~~ Embed an HR / EDI dashboard for all services and Directorates, with monthly, quarterly and annual monitoring and RAG rating of good / poor performance. The dashboard should support identification of issues, ownership, prioritisation of action and progress monitoring in each service, including workforce ethnicity, LGB+ and disability profile, senior leadership representation, diversity in shortlisted candidates, WRES / WDES and LGBT+ recruitment scores by service, and bullying and harassment rates from line managers and colleagues. 2.9.1 From Q3 2026/27, use the HR / EDI Dashboard quarterly to identify each Directorate's top three inequality risks, assign owners and track actions to closure.	2 & 3	2 & 3	Should	CIO with Inclusion and Belonging Lead	Ongoing
2.10 Publish and monitor annual Ethnicity, Disability and Gender Pay Gap reports, with data to end March 2026 and targeted action plans to address findings.	1	2	Must	Inclusion and Belonging Lead	Ongoing

2.10.1 Publish Ethnicity, Disability and Gender Pay Gap reports with separate action plans linked to recruitment, progression, development and retention.					
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 and promotional campaign. To include anti-abuse messaging in conjunction with Craig Stone work. 3.1.1 Deliver a campaign on racism, disability discrimination, HBA and reporting routes, and evaluate reach and engagement by staff group.	4	1–4	Should	Comms Team with Inclusion and Belonging Lead	Mar 2027
3.2 Share outcomes and take meaningful action from learning emerging from staff speaking up reviews, including FTSU and Dear Buki. 3.2.1 Triangulate FTSU, Dear Buki, Integrated Learning Review and WRES/WDES themes quarterly, publish learning themes, and assign owners for agreed actions.	4	2 & 3	Must	AD OD	Mar 2027
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. 3.3.1 Complete quarterly equality reviews of disciplinary, capability and performance cases by ethnicity, disability, band, staff group and service.	4	1 & 3	Should	People Ops Lead / People Ops Team	Mar 2027
3.4 Begin work to review and debias access to Flexible Working and Flexible Retirement with an EDI lens. 3.4.1 Review flexible working and retirement requests, approvals and refusals by ethnicity, disability, gender, band and service, and address identified barriers.	4	1 & 3	Should	People Ops Lead	Mar 2027
3.5 Review Workplace Adjustments and Access to Work process to eliminate delays and barriers to support for differently abled colleagues. Ensure all job applicants are aware of the Trust's approach to supporting differently abled colleagues and workplace adjustments. Share guidance and raise awareness of the 'This is Me' Health Passport. Consider implementing a timeframe for all	4	3	Could	People Ops Lead and HRBPs	Jan 2027

new staff to discuss the 'This is Me' Health Passport with their line manager within an agreed number of weeks of commencing work. 3.5.1 Implement a reasonable adjustments standard with target response times, escalation routes and a follow-up check to confirm effectiveness.					
3.6 Continue to embed EDI as everyone's responsibility, core to Trust and NHS values. 3.6.1 Include WRES/WDES data in team conversations and leadership reviews, with managers agreeing one local action where disparities are identified.	4	1–4	Should	Inclusion and Belonging Lead	Mar 2027
3.7 Continue to encourage and support a culture of inclusion, openness, authenticity and psychological safety at work through development of the Trust as a great place to work for all and celebration of diverse talent. 3.7.1 From Q3 2026/27, identify teams with higher HBA, discrimination, presenteeism or lower feeling-valued scores, and provide targeted culture improvement support.	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 gain agreement for these to be updated where applicable. 3.8.1 Add mandatory equality prompts at the start and closure of each employee relations case to check protected characteristics, adjustments and support needs.	2	1 & 3	Should	People Ops Lead / People Ops Team	Jan 2027
Educate for Inclusion					
4.1 Shift focus away from positive action development programmes and towards ensuring equitable access / positive skew for take-up of development and leadership development opportunities for diverse talent. Development programmes should focus on creating an inclusive working environment, educating the wider workforce for deeper understanding of inclusion and the lived experience of minoritised groups. All Trust leadership offers should include a core inclusion component geared to the audience level of responsibility.	4	1–4	Should	OD & Inclusion Team / Service Managers	Ongoing

4.1.1 From Q3 2026/27, include inclusive recruitment, reasonable adjustments, anti-racism, disability inclusion and psychological safety in all relevant leadership offers.					
4.2 Programme of education around responding effectively to incidents of abuse, discrimination and incivility, understanding race and racism, including the need for active bystander / upstander response and the mechanisms available for reporting and addressing such behaviours. 4.2.1 Develop scenario-based learning on racism, disability discrimination, HBA, incivility, reasonable adjustments and speaking up, using WRES/WDES themes.	4	1–4	Could	TBC	TBC
4.3 Deliver an Executive development session on learning from NHS discrimination cases and setting EDI objectives. 4.3.1 Include 2026 WRES/WDES findings in the Executive development session and agree Directorate-level actions for priority disparities.	3–4	1–4	Should	AD OD & Inclusion and Belonging Lead	Feb 2027
4.4 Trust Leadership Academy inclusion-themed session. 4.4.1 Use Leadership Academy sessions to build capability in interpreting WRES/WDES data and converting insight into measurable local action.	3–4	1–4	Should	TBC	Ongoing
4.5 Programme of activities to celebrate and educate around inclusion, following the national / international awareness calendar, and linking to Newsround, Exec Exchange, Combined TV, podcasts, Inclusion School, Trust / system conferences and other communications opportunities.	3–4	1–4	Should	Staff Network Leads with Inclusion and Belonging Lead	Ongoing
Race Inclusion:					
18 July – 17 August 2026					
September 2026					
October 2026					
1–7 February 2027					
Disability Inclusion:					
12 Nov – 18 Dec 2026					
16–22 March 2027					

LGBT+ Inclusion:						
February 2027	LGBT+ History Month					
June 2026	Pride Month					
Gender Equality:						
8 March 2027	International Women's Day					
4.5.1 From Q3 2026/27, link each inclusion awareness campaign to one practical improvement ask, such as disclosure, adjustments, reporting or staff network engagement.						
4.6 Build on investment in established programmes, including the HPMA Anti-Racist Leadership Programme, WRES Champions and Reciprocal Mentoring. This may involve enlisting these individuals to support the design and delivery of planned interventions. 4.6.1 Establish a delivery group with WRES Champions, Reciprocal Mentoring alumni, staff network representatives and disabled staff voices to co-design interventions.		1–4	1–4	Could	TBC	Mar 2027

Inclusion and Belonging Objectives 24-28 and EDI Goals 2026-27

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 the action plan above) 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.

Our Inclusion and Belonging Priorities for 2026-27

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