

Workplace Disability Equality Standard (WDES) report

2025/26

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1. Context

The NHS Workforce Disability Equality Standard (WDES) is published annually and is an essential tool in supporting the Trust to be an accessible, inclusive and fair workplace. It was introduced in 2019 and is built around 10 evidence-based measures (metrics) which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. This 2026 report is the latest version and uses data from March 2025 - March 2026.

Utilising data from the electronic staff record (ESR) and the NHS Staff Survey, this report helps evaluate progress and identify areas where further improvement is needed to recognise and address bias within our processes, tackle unacceptable behaviours, eliminate the disparity of experiences evident between disabled and non-disabled staff, and support disabled staff to thrive at work. This is important because studies show that a motivated and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

Themes that have been identified across the NHS from analysis of all Trust's WDES data show that disabled NHS staff are:

- More likely to go through performance management capability processes.
- More likely to experience harassment, bullying or abuse.
- Less likely to feel that they have equal opportunities for career progress or promotion.
- More likely to feel pressured to attend work.
- Less likely to feel valued for their contribution to the organisation.
- Less likely to feel engaged.
- Less likely to be appointed through shortlisting.

This year's WSFT WDES report unfortunately highlights little progress over the past year and instead signifies the challenges we still face and must strengthen work on.

We know that, to achieve the goals set out for our staff in the 10 Year Health Plan, we must enhance the experience of our workforce, improve retention and attract new talent to the Trust from the widest possible pool, alongside working to eliminate the disparities in the experiences between staff with a disability or long-term health condition, and those without. With nearly 1 in 4 people working in the NHS having lived experience of a disability or long-term condition, our journey toward achieving equity is ongoing and this report represents an important step in holding the Trust accountable, ensuring transparency, and driving the systemic change needed for a more inclusive future.

The following page highlights a shortened summary of some of the key areas of work and achievements we have undertaken that are contributing towards a more equitable and inclusive organisation.

2. Summary of key areas of work

Disability pay gap reporting

The report, run using data as at 31st March 2026, showed a mean disability pay gap (DPG) of 6.11 and a median DPG of 7.63, meaning the average pay for disabled colleagues is higher than non-disabled colleagues. Both the mean and median DPG decreased from the previous year (7.44% and 8.75%, respectively).

There continues to be two significant barriers within this area of work:

1. High 'non-disclosure' rates. This means that a large percentage of our colleagues have not shared or updated their EDI information (specifically, in this case, their information regarding any disabilities or long-term health conditions they may or may not have) with the organisation through ESR. Although there have been improvements over the last year, there is further work to be done.
2. The options on ESR are conflicting, and having multiple options is a barrier preventing the streamlining and accurate interpretation of our data. ESR is a national workforce system and amendments to address this barrier cannot be implemented locally.

Make your profile count campaign

The aim of this campaign was to increase the number of staff who had updated their EDI data through their Electronic Staff Record (ESR) profile.

This was identified as a key priority arising from several Trust data sources, particularly in relation to disability as high levels of non-disclosure present a problem as it limits the ability to draw robust conclusions from our data.

The campaign saw an increase of staff disclose and update their disability data through the available categories on ESR.

This can be observed by the data in Table 1, which shows that the number of staff responding 'yes' and 2025-2026 has increased since 2024-25, and the number of staff responding 'no', 'undefined' or 'not declared' has decreased since 2024-25. The number of staff responding 'prefer not to answer' has slightly increased.

The number of staff who have declared a disability is the highest since at least 2022/23, and the number of staff who have not declared a disability or shared any disability information ('not declared' or 'undefined') is also the lowest it has been since at least 2022/23.

The campaign also resulted in an increase in staff sharing their armed forces, socio-economic background and working carer data through ESR.

Whilst this campaign has made an impactful and positive start, there is more work to be done to continue to increase EDI disclosure for disability and other characteristics.

Table 1: The number of staff in post each in 2024/2025 and 2025/2026

Disability	2022/2023	2023/2024	2024/25	2025/26	Comments
No	3,164	3,530	3,815	3,747	
Not declared	332	366	334	286	It should be noted that, whilst these three categories are separate on ESR and we report on these as such internally, within WDES reports, data from these three categories are combined and recorded under the category of ' <i>not disclosed</i> '. This can be seen in Tables 3,4 and 5.
Undefined	1,088	902	851	656	
Prefer not to answer	354	314	217	234	
Yes	280	349	270	406	
Total	5,218	5,461	5,487	5,329	

Source: Electronic Staff Record (as at 1 April 2026)

Launch of the Trust's menopause policy

The policy, launched during International Women's Week 2026, aims to ensure anyone experiencing menopause, perimenopause, or post-menopause feels supported, included, and empowered.

The policy includes:

- Clear guidance for colleagues and managers
- Inclusive support for colleagues who are trans and non-binary and experiencing the menopause
- Support on how to have confidential conversations and make flexible, person-centred adjustments
- Training and resources for all staff
- Access to Menopause Advocates, Occupational Health, and wellbeing support.

Launch of the *Empower U* platform

The platform *Empower U* launched in June 2026 brings together reward, recognition, and health and wellbeing support in one place. It also provides a space to acknowledge, celebrate and share praise for the work staff do every day across all areas of the Trust.

Succession planning within the Staff Disability Network

The Trust's Staff Disability Network took part in a pilot to test the use of a succession planning tool designed to support leadership development, nurture diverse talent, create opportunities for development, and strengthen the long-term sustainability of the network.

Key elements of the pilot included:

- Outlining the important role the network plays in supporting the delivery of the Trust's *Empowered to Improved* strategic ambition
- Developing a candidate brief that outlined the purpose of the network, the role of the co-chair and the skills, knowledge and behaviours required for the position. The brief included a person specification aligned to the Trust's values and outlined both essential and desirable criteria.
- Creating an expression of interest process to enable members to indicate that they were interested in either becoming a co-chair of the network or supporting the network through another leadership role.
- Delivering an information session for network members interested in finding out more about the opportunity.
- Holding informal discussions with applicants to explore their aspirations for the network, understand the skills and experiences they could bring to the role, discuss any support requirements, and ensure they had the support and approval of their line manager.
- Facilitating a structured handover between the outgoing network chair and the incoming co-chairs to support continuity and knowledge transfer.

As a result of the pilot, the Network successfully appointed two new co-chairs in June 2026. The pilot has also provided valuable learning that has since been incorporated within additional pilots testing the succession planning framework in other areas of the workforce.

3. West Suffolk NHS Foundation Trust WDES 2025-26 report key highlights

Performing well

WDES Metric 2: shortlisting

For the third consecutive year, the relative likelihood score is 1, which indicates that there is equity between disabled and non-disabled applicants appointed from shortlisting.

Maintain focus- improvement required

WDES Metric 5: career progression

Disabled staff are less likely to believe the Trust provides equal opportunities for career progression and promotion than non-disabled staff.

WDES Metric 6: presenteeism

Little improvement over the last five years, although the percentage of both disabled and non-disabled staff feeling pressure from their manager to work despite not feeling well enough to perform their duties is lower than benchmarked Trusts.

WDES Metric 8: workplace adjustments

Year-on-year decline in the percentage of disabled staff reporting that reasonable adjustments have been made. The trust remains below the average percentage of peer Trusts.

Work required- priority areas

WDES Metric 1: representation

Whilst disability disclosure has increased to its highest recorded level (7.6%), 22% large number of the workforce still have no disability information recorded on ESR.

WDES Metric 3: capability

Disabled staff remain more than three times as likely as non-disabled staff to enter a formal capability process.

WDES Metrics 4a: bullying from patients

There has been an increase over the last two years for both disabled and non-disabled staff. Disabled staff continue to report significantly higher levels of harassment, bullying and abuse from patients than non-disabled staff.

WDES Metrics 4b and 4c: bullying from managers and colleagues

Levels of harassment, bullying and abuse remain consistently higher for disabled staff than non-disabled staff. Whilst there have been small improvements over the last year, the disparity in experience remains significant.

WDES Metric 7: feeling valued.

The percentage of disabled staff who feel satisfied with the extent to which the Trust values their work has fallen to its lowest level in the past five years, and the gap between disabled and non-disabled staff has widened over the last year.

WDES Metric 9: staff engagement

Gradual downward trend over the last five years for all staff. The engagement scores for disabled staff are lower than non-disabled staff.

4. West Suffolk NHS Foundation Trust WDES 2024-25: the overall picture

When considering our journey towards disability inclusion and equity, it is important to look at our WDES data over time. This gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance or short-term organisational changes. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline. The table below provides a transparent summary of our progress since initial reporting, which is explained in more detail throughout this report.

Table 2: A five-year overview, further information and work in progress for each WDES metric

Area	5-year view	Further information
Metric 1: Representation	Increasing disability disclosure	As highlighted in table 6, the proportion of staff declaring a disability or long-term health condition has increased steadily from 3.8% in 2021/22, to 7.6% in 2025/26. Whilst this demonstrates progress, 22% of the workforce still have no disability information recorded on ESR. Additionally, there continues to be a significant difference between the percentage of staff who have shared that they have a disability or long-term health condition within the Trust's NHS 2025 staff survey results (24% of respondents) in comparison to Trust ESR data (7.6% of staff).
Metric 2: Shortlisting	Sustained equity between disabled and non-disabled applicants	The relative likelihood score is 1, which suggests equitable appointments of disabled and non-disabled candidates from the shortlisting stage.
Metric 3: Capability	Slight improvement from 2024/25 but inequity remains	The relative likelihood of disabled staff entering the formal capability process decreased from 3.9 to 3.1 during 2025/26. Whilst this represents improvement, disabled staff remain more than 3 times as likely to enter a formal capability process than non-disabled staff.

Metric 4a: Harassment, bullying and abuse from patients	Overall improvement since 2020 but recent deterioration	There has been an increase of staff who have experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months for both staff with and without a disability. Disabled staff continue to report higher levels than non-disabled staff and, for the first time in at least five years, both staff groups have scored slightly worse than benchmarked Trusts.
Metric 4b: Harassment, bullying and abuse from managers	Recent improvement, but disabled staff continue to experience disproportionately higher levels	The percentage of disabled staff experiencing harassment, bullying or abuse from managers has decreased over the last year (16.4% in 2024/25 to 15.3% in 2025/26). However, disabled staff continue to report significantly high levels than non-disabled staff (10.7% in 2024/25 and 8.5% in 2025/26), indicating an ongoing disparity in experience
Metric 4c: Harassment, bullying and abuse from other colleagues	Little improvement for disabled staff and persistent disparity between disabled and non-disabled staff	Although the percentage of disabled staff who have experienced harassment, bullying or abuse from other colleagues has slightly decreased over the last year (from 26.5% in 2024/25 to 25.4% in 2025/26), the percentage remains significantly higher for disabled staff when compared to non-disabled staff (13.6% in 2025/26).
Metric 4d: Reported incident of harassment, bullying or abuse	Declining reporting rates amongst disabled staff	The percentage of staff with a disability reporting an incident of harassment has decreased from 51.1% in 2024 to 48.2% in 2025. It is worth noting that 2025 percentages for disabled staff have increased from where they were in 2021 notably from 2021 and 2022, where they were 45.6% and 47%, respectively. The percentage of non-disabled staff reporting an incident of harassment, bullying or abuse experienced at work has significantly increased since 2021, where it was 42.8%. There has been a +3.8% increase in the percentage of non-disabled staff who have reported their experience of harassment, bullying or abuse (from 47.3% to 51.1%).
Metric 5: Career progression	<i>Due to a change in the wording of the 2025 NHS staff survey question, previous data is not reported as it is not comparable</i>	The percentage of disabled staff who believe that the Trust provides equal opportunities for career progression or promotion is significantly lower than the percentage of non-disabled staff who believe this (43.7% and 53.7%, respectively).

Metric 6: Feeling pressured to come to work when unwell	Negligible movement for disabled staff, very small decrease for non-disabled staff	When looking at the percentage of disabled staff who feel pressure from their manager to come to work despite not feeling well enough to perform their duties, there has been negligible overall change between 2021 (26%) and 2025 (25.9%). Amongst non-disabled staff, there has been a small overall decline between 2021 (19.9%) and 2025 (18.1%). The gap between the two staff groups has widened over the last year.
Metric 7: Feeling valued	Long-term decline with growing disparity	An overall 5-year downward trend for both the percentages of disabled and non-disabled staff feeling satisfied with the extent to which the organisation values their work. For disabled staff, 2025 data highlighted this as the lowest point in at least the last five years (28.6%). Whilst the percentage of non-disabled staff increased marginally, this percentage (39.2%) is still much lower in comparison to the percentage 5 years ago (47.1%).
Metric 8: Workplace adjustments	Decreasing trend for disabled colleagues	The percentage of staff with a disability or long-term condition saying the Trust has made reasonable adjustment(s) has declined for a third consecutive year. The Trust remains below the benchmark average for comparable Trusts.
Metric 9: Staff engagement	Gradual decline, particularly amongst disabled staff	Except for 2023, which saw a percentage increase for both disabled and non-disabled staff, there has been a small, steady decline each year in staff engagement scores for both disabled and non-disabled staff. For the second consecutive year, the percentage score for disabled colleagues has fallen below the average of peer Trusts.
Metric 10: Board representation	Statis, but with ongoing disclosure challenges	Board level representation of disability remains the same. A proportion of Board members continue to have undisclosed disability status, meaning opportunities remain to improve transparency and confidence in disclosure at senior levels of the organisation.

5. 2025 WDES analysis

WDES Metric 1 - Percentage and number of staff by disability

The WSFT workforce snapshot of 31 March 2026 showed that the Trust had a workforce of 5339 (a decrease from the previous year: 5508), of which 7.6% of staff disclosed a disability or long-term condition (a 1.1% increase of disability disclosure since the previous year). Data also showed that 22% of staff had not shared or disclosed their disability data. This has decreased from 25.1% at March 2025, and 29% at March 2024. Whilst this consistent increase of disclosure has is positive, the percentage of the workforce who have not shared or updated their disability information remains very high at over 20% and highlights a key priority for the Trust.

Table 3 is a snapshot of WSFT staff by disability status as of 31 March 2025/26 compared to 2024/25.

Table 3: number and percentage of all staff by disability status in 2024/25 and 2025/2026

Band	2024/25					2025/2026				
	Disabled	Non - disabled	Disability unknown	Total number of staff at each band	% of disabled staff at band	Disabled	Non-disabled	Disability unknown	Total number of staff at each band	% of disabled staff at band
1	0	5	4	9	0%	0	0	0	0	0%
2	0	366	98	464	0%	38	356	82	476	8%
3	31	672	209	912	3.4%	99	663	162	924	10.7%
4	102	408	126	636	16%	52	386	104	542	9.6%
5	48	676	232	956	5%	70	668	186	944	7.4%
6	54	609	231	894	6%	53	621	210	884	6%
7	48	413	191	652	7.4%	45	412	161	618	7.3%
8a	37	160	58	255	14.5%	15	166	51	232	6.5%
8b	11	53	18	82	13.4%	3	50	12	65	4.6%
8c	4	20	11	35	11.4%	4	26	8	38	10.5%
8d	2	8	3	13	15.4%	2	8	3	13	15.4%
9	2	5	4	11	18.2%	0	7	3	10	0%
VSM	1	3	1	5	0%	1	4	2	7	14.3%
Trainee Grade	7	62	101	170	4.1%	6	66	112	184	3.3%
Non-consultant career grade	1	113	25	139	0.7%	5	110	23	138	3.6%
Consultant	13	190	72	275	4.7%	14	192	58	264	5.3%
Total	361	3763	1384	5508	6.5%	407	3735	1177	5339	7.6%

NB: Appendix A shows the breakdown of clinical v non-clinical staff in 2024/25 and 2025/26, respectively.

Whilst disability disclosure across the Trust increased from 6.5% to 7.6%, this improvement was not reflected consistently across all pay bands. Disability representation at Band 8a decreased from 14.5% to 6.5% over the last year, whilst representation at Band 8b decreased from 13.4% to 4.6%.

This reduction is disproportionate when compared with changes amongst non-disabled staff at these grades. At Band 8a, the number of non-disabled staff increased slightly over the last year (from 160 to 166, respectively), whilst the number of disabled staff reduced by almost 60% (from 37 to 15). Similarly, at Band 8b, the number of disabled staff reduced from 11 in 2024/25 to 3 in 2025/26 despite minimal change to the number of non-disabled staff (-3).

While the relatively small numbers within Bands 8a and 8b mean that year-on-year changes should be interpreted with caution, the data highlights a large reduction in disability representation across these senior leadership roles over the last year. Further exploration is required to understand the factors contributing to this reduction.

WDES Metric 2 - The relative likelihood of non-disabled candidates compared to disabled candidates being appointed from shortlisting across all posts.

Table 4: the number of shortlisted applicants by disability status, the number of appointed applicants from shortlisting by disability status, and the relative likelihood of non-disabled applicants being appointed in comparison to disabled applicants across the following years: 2023/24, 2024/25 and 2025/26.

	2023/24			2024/25			2025/26		
	Disabled	Non Disabled	Disability Unknown	Disabled	Non Disabled	Disability Unknown	Disabled	Non Disabled	Disability Unknown
Number of shortlisted applicants	211	2986	107	194	2436	58	204	2302	121
Number appointed from shortlisting	13	193	24	13	223	22	40	476	14
Relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled Staff	1			1			1		

The score of 1 indicates equity between disabled and non-disabled candidates in relation to appointment from shortlisting.

WDES Metric 3 - The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff.

Table 5: the number of staff entering a formal capability process by disability status, the number of disabled and non-disabled people entering this process due to ill health, and the relative likelihood of disabled staff entering a formal capability process across the following years: 2023/24, 2024/2025 and 2025/2026.

	2023/24			2024/25			2025/2026		
	Disabled	Non-Disabled	Disability Unknown	Disabled	Non-Disabled	Disability Unknown	Disabled	Non-Disabled	Disability Unknown
Average No. of staff entering formal capability process over the last 2 years	2	10	0	7	8	1	1	3	1
Of these, how many were on the grounds of ill-health	0	0	0	4	0	0	0	0	0
Relative likelihood of Disabled Staff entering formal capability	2			3.9			3.1		

Although the figure has slightly decreased over the last year, an overall increasing trend can be seen over the last 3 years. The score remains much higher than 1, which indicates that disabled staff are significantly more likely to enter the formal capability process in comparison to non-disabled staff.

5 Year Comparison of WDES Indicators 1-3

The table below is a 5-year comparison of metrics 1-3. Metric 1 shows a slow increase in the number of staff disclosing a disability between March 2022 and March 2026. Whilst this increase is positive, the number of staff who do not have any disability data recorded within ESR remains very large and equates to 22% of our workforce. Reducing this percentage by encouraging staff to update their information strengthens our data and enables us to better understand our workforce. This remains a key priority for the Trust. Metric 2 indicates equity between disabled and non-disabled candidates in relation to the relative likelihood of appointment from shortlisting. Metric 3 has

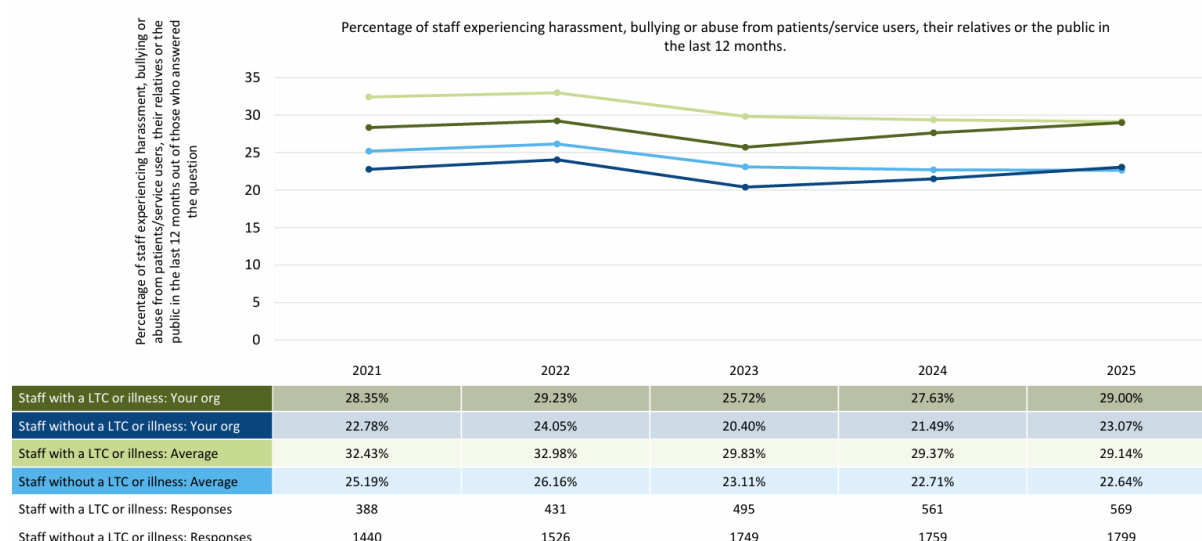
slightly decreased this year by 0.8, although it continues to highlight a greater likelihood that staff with a disability enter a formal capability process in comparison to non-disabled staff. This further action is required to turn the dial towards equity.

Table 6: a five-year comparison of WDES indicators 1-3

		2021/22	2022/23	2023/24	2024/25	2025/2026
Metric 1	No. of staff at the Trust	5631	5214	5409	5507	5339
	No (%) of staff with a disability/LTC at the Trust	212 (3.8%)	278 (5.3%)	354 (6.5%)	364 (6.6%)	407 (7.6%)
Metric 2	Relative likelihood of non-disabled staff appointed from shortlisting compared to disabled staff	0.63	0.39	1.0	1.4	1.0
Metric 3	Relative likelihood of disabled staff entering formal capability process compared to non-disabled staff	14.4	0	2	3.9	3.1

The data for metrics 4-9 have been sourced from the National NHS Staff Survey which provides a comparison of the outcomes of the response for disabled and non-disabled staff: [Local results for every organisation | NHS Staff Survey \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com)

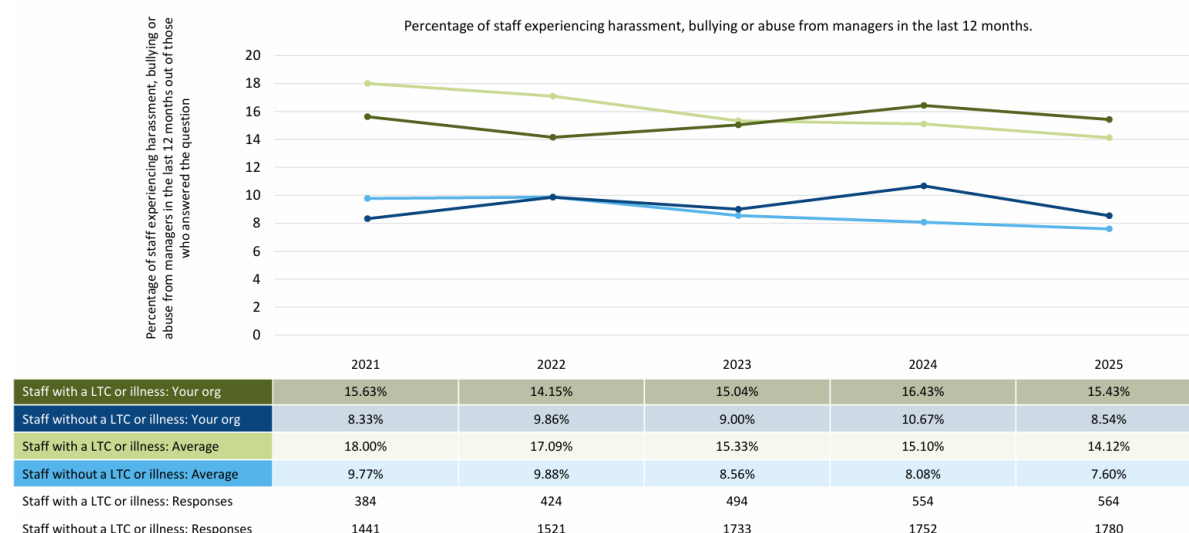
WDES Metric 4a - Percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



Data shows an increase in the percentage of staff who have experienced harassment, bullying or abuse from patients, relatives, or the public for both staff with and without a disability. The percentage remains higher for staff with a disability compared to staff

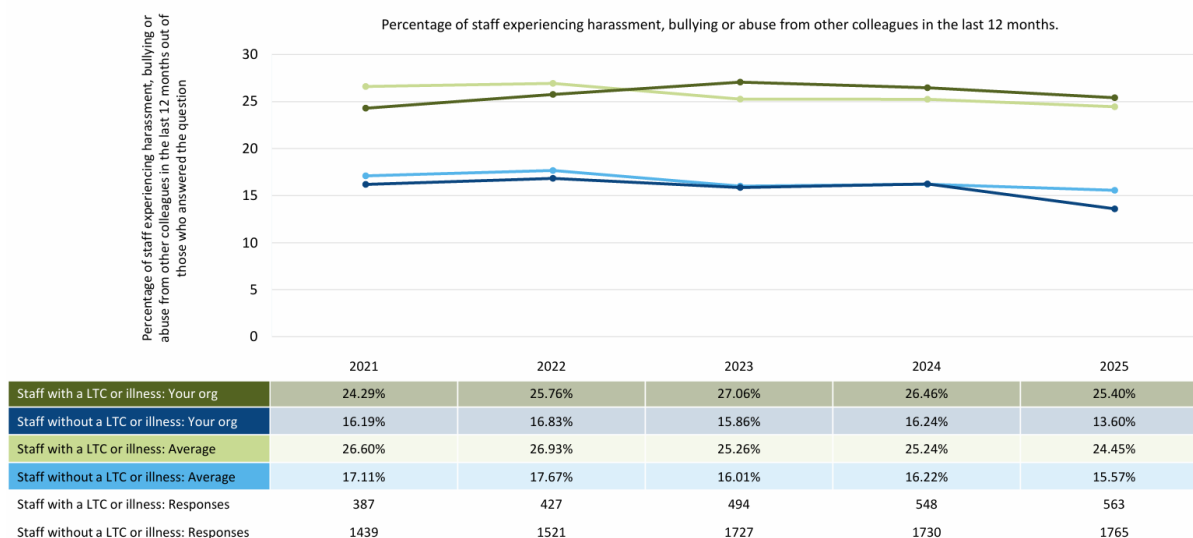
without a disability. For this first time in at least five years, the percentage of both disabled staff and non-disabled staff who have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months is slightly higher than the average when benchmarked against other similar Trusts.

WDES Metric 4b - Percentage of disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months.



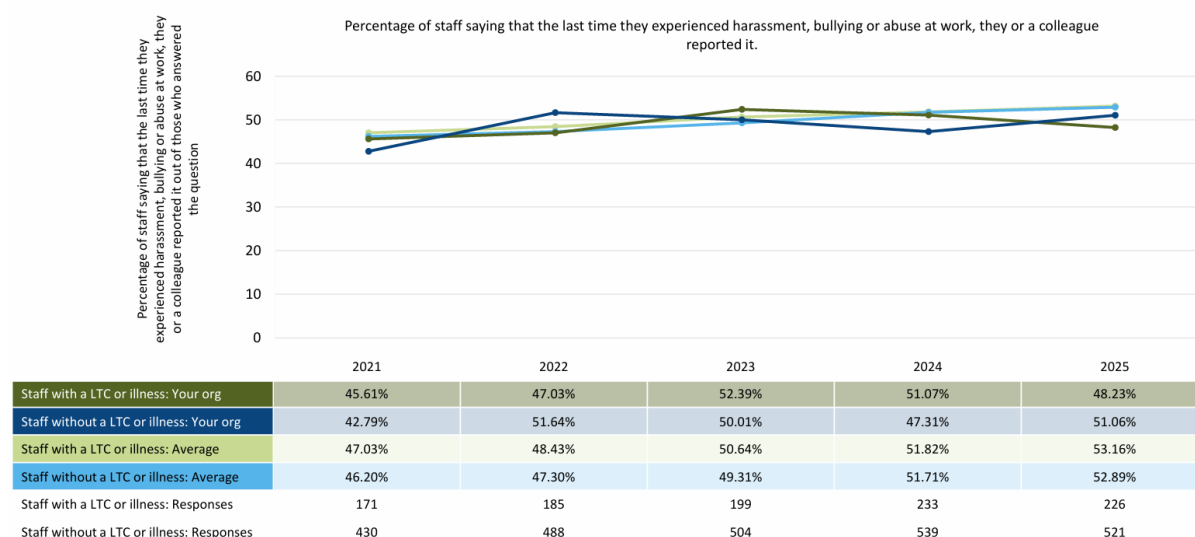
There has been a decrease in the percentage of staff who have experienced harassment, bullying or abuse from managers for staff with and without a disability. The percentage remains higher for staff with a disability compared to staff without a disability.

WDES Metric 4c- Percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



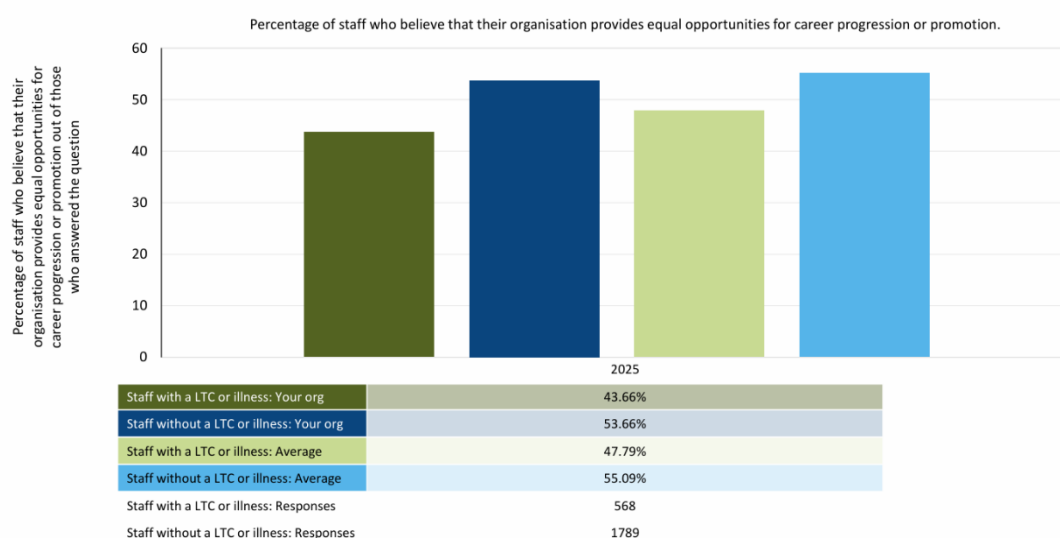
There has been a small decrease in the percentage of staff with a disability who have experienced harassment, bullying or abuse from other colleagues, and a larger decrease amongst non-disabled staff. The percentage remains much higher for staff with a disability compared to staff without a disability.

WDES Metric 4d - Percentage of disabled staff who indicated that they or a colleague reported the last incident of harassment, bullying or abuse experienced at work.



There has been a decrease in the percentage of disabled staff reporting an incident of harassment, bullying or abuse experienced at work and an increase of non-disabled staff reporting these incidences.

WDES Metric 5 - Percentage of disabled staff believing that their trust provides equal opportunities for career progression or promotion.

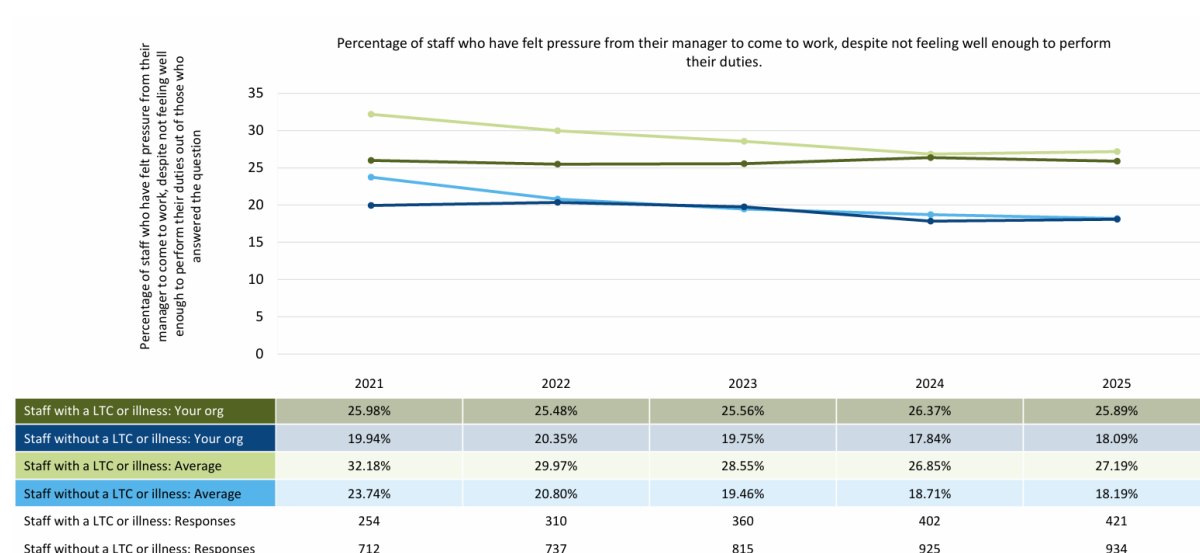


Note: Due to changes in the question wording in 2025, previous years' results for WDES metric 5 (Q15) are not reported. For more information, please refer to the Technical Guide: <https://www.nhsstaffsurveys.com/survey-documents/>

This data highlights that a larger percentage of non-disabled staff believe that the Trust provides equality opportunities for career progression or promotion in comparison to disabled staff. This data for both disabled and non-disabled staff, is lower than the average when benchmarked against other similar Trusts.

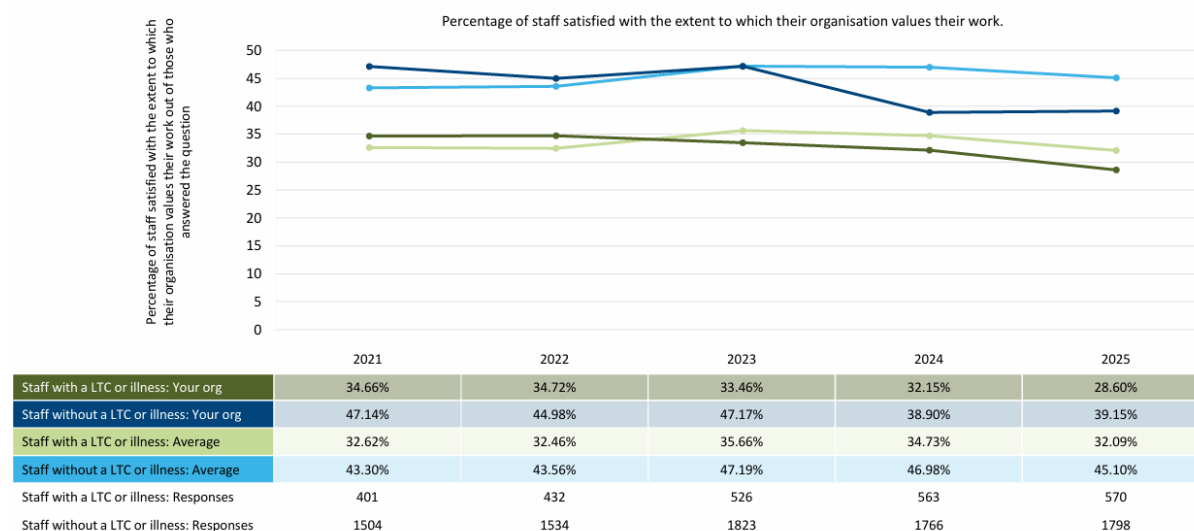
It should be noted that, due to changes in the wording of this question during the 2025 staff survey, previous year's results are not reported as they are not comparable.

WDES Metric 6 - Percentage of disabled staff who said that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties.



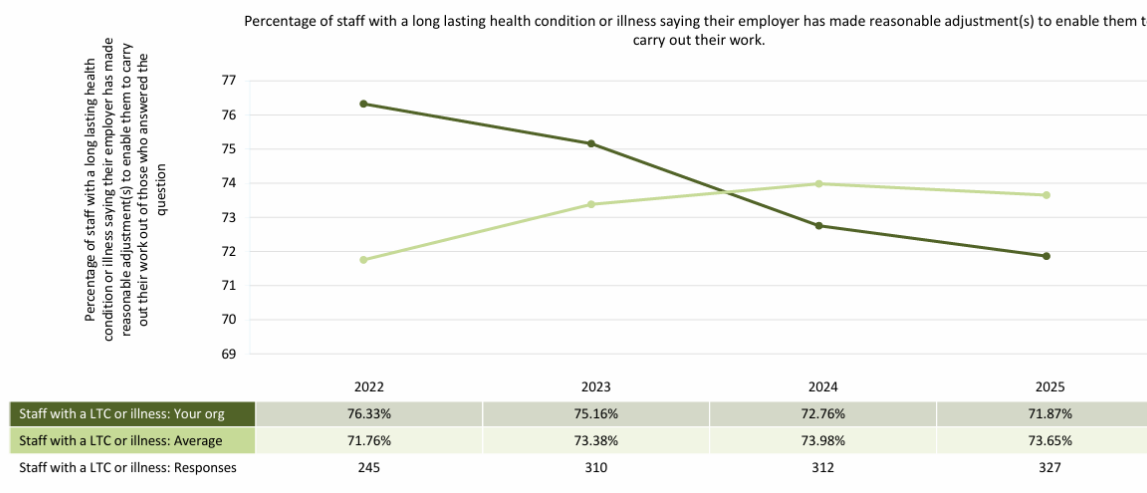
The data shows a slightly lower percentage of staff with a disability feeling pressure to come to work despite not feeling well enough to perform their duties in comparison to last year. Conversely, the percentage of non-disabled staff feeling this way has slightly increased.

WDES Metric 7 - Percentage of disabled staff saying that they are satisfied with the extent to which their organisation values their work.



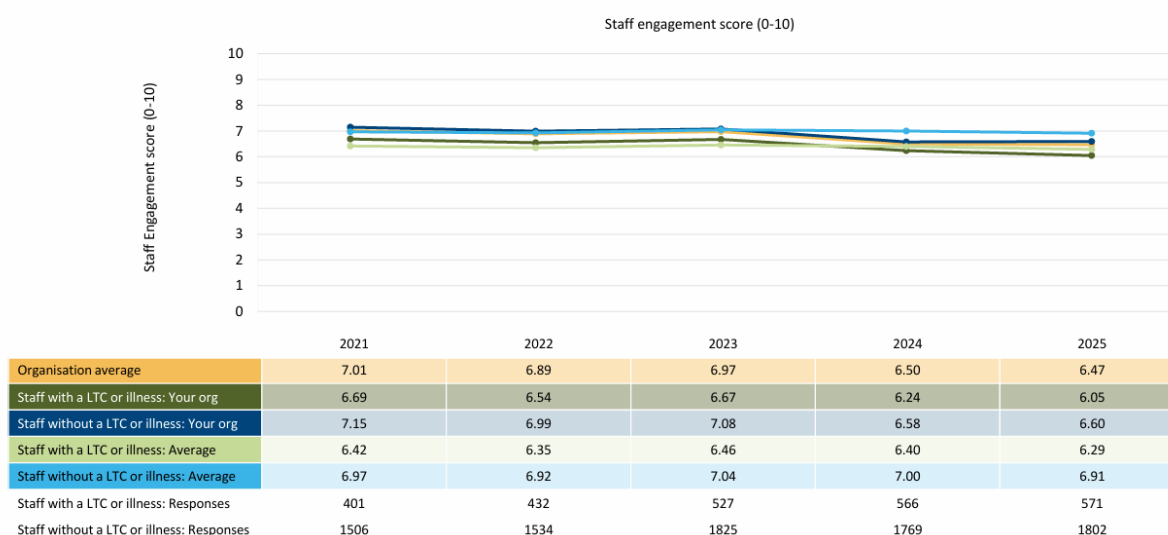
The percentage of staff with a disability feeling satisfied with the extent to which the organisation values their work has decreased in the past year by -3.6%, and it is now the lowest it has been since at least 2021. Although the percentage for non-disabled staff has increased marginally in the past year (+0.3%), the current percentage remain significantly lower than the percentages in 2021, 2022 and 2022. The percentage difference between disabled staff and non-disabled staff has widened in the last year (10.6% in comparison to 6.75%, respectively).

WDES Metric 8 - Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.



The percentage of staff with a disability or long-term condition saying the Trust has made reasonable adjustment(s) has decreased slightly in the last year but reflects a trend where this percentage is decreasing year-on-year.

WDES Metric 9 - Staff engagement scores



The engagement score has declined slightly for disabled staff and remained the same for non-disabled staff. There has been a small, steady decline since 2020 (except for 2023).

WDES Metric 10 - Disability representation among board members

Table 7: the number of Executive and Non-Executive board members by disability status , and the number of voting and non-voting board members by disability status over the following four years: 2023, 2024, 2025 and 2026.

		2023	2024	2025	2026
Executive Board	Disability	0	0	1	1
	No disability	5	6	3	4
	Not disclosed	2	0	3	2
Non-Executive	Disability	1	1	1	1
	No disability	4	6	6	4
	Not disclosed	5	0	3	2
Total		17	13	17	14

		2023	2024	2025	2026
Voting	Disability	1	1	2	2
	No disability	7	12	9	8
	Not disclosed	7	0	6	4
Non-Voting	Disability	0	0	0	0
	No disability	1	0	0	0
	Not disclosed	1	0	0	0
Total		17	13	17	14

Board level representation of members with a disability remains consistent.

6. Conclusion and next steps

This report demonstrates areas of positive progress, both in terms of sustained improvement over time and progress achieved during the last year. However, persistent disparities remain between the experiences of disabled and non-disabled staff, particularly in relation to capability processes, harassment and bullying, feelings of value, workplace adjustments and staff engagement.

The Trust's approach to advancing disability inclusion is not limited to the annual WDES reporting process. Key priorities are embedded within the *Empowered to Improve* ambition of the Trust's 2025-2028 Strategic Plan and supported through delivery of the Trust's workforce inclusion plan, the workforce health and wellbeing plan, and wider people and culture programmes.

Progress is monitored through a combination of WDES metrics, NHS Staff Survey results, workforce data and staff network feedback and regular reporting to Trust committees and groups, ensuring ongoing oversight and accountability. This work is further supported by the NHS Staff Standards, which provides a framework for creating compassionate, inclusive and psychologically safe workplaces where all staff feel valued, respected, have equitable opportunities to succeed and are supported to thrive.

It must be recognised that achieving disability equity is a long-term commitment. While improvements are expected over time, some of the disparities identified within this report may take several years to address and reduce fully. The focus during 2026/27 will therefore be on sustaining progress, embedding inclusive practices, and ensuring that improvement activity is targeted towards the areas of greatest need. Success will be measured through trends over time rather than year-on-year fluctuations alone.

The following areas have been identified as priorities for 2026/27. Actions to progress these areas are embedded within the Trust's workforce inclusion plan and the workforce health and wellbeing plan:

- Increasing disability disclosure and improving data quality
- Reducing inequity within formal capability processes
- Reducing experiences of harassment, bullying and abuse
- Improving access to and experiences of workplace adjustments
- Increasing feelings of value amongst disabled staff
- Improving staff engagement and experience
- Improving disability representation within senior leadership roles
- Strengthening inclusion, belonging and psychological safety in line with the NHS Staff Standards

7. Appendices

Appendix A: number and percentage of non-clinical and clinical staff by disability in 2024/2025

		Snapshot of data as at 31st MARCH 2025						
		Disabled staff		Non-disabled staff		Disability Unknown or Null		Overall
	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
1b) Clinical Staff								
Under Band 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 2	Headcount	5	4.24%	98	83.05%	15	12.71%	118
Bands 3	Headcount	71	10.52%	467	69.19%	137	20.30%	675
Bands 4	Headcount	16	7.21%	159	71.62%	47	21.17%	222
Bands 5	Headcount	40	4.97%	561	69.69%	204	25.34%	805
Bands 6	Headcount	44	5.51%	549	68.71%	206	25.78%	799
Bands 7	Headcount	26	4.79%	356	65.56%	161	29.65%	543
Bands 8a	Headcount	6	4.29%	89	63.57%	45	32.14%	140
Bands 8b	Headcount	1	3.03%	25	75.76%	7	21.21%	33
Bands 8c	Headcount	0	0.00%	7	53.85%	6	46.15%	13
Bands 8d	Headcount	0	0.00%	2	100.00%	0	0.00%	2
Bands 9	Headcount	0	0.00%	1	50.00%	1	50.00%	2
VSM	Headcount	0	0.00%	1	100.00%	0	0.00%	1
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	92	9.1%	724	71.3%	199	19.6%	1015
Cluster 2: AfC bands 5 to 7	Auto-Calculated	110	5.1%	1466	68.3%	571	26.6%	2147
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	7	4.0%	114	65.9%	52	30.1%	173
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	0	0.0%	11	61.1%	7	38.9%	18
Total Clinical	Auto-Calculated	209	6.2%	2315	69.0%	829	24.7%	3353
1a) Non Clinical Staff								
Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Bands 1	Headcount	0	0.0%	5	55.6%	4	44.4%	9
Bands 2	Headcount	26	6.9%	268	71.1%	83	22.0%	377
Bands 3	Headcount	31	10.1%	205	66.6%	72	23.4%	308
Bands 4	Headcount	32	8.9%	249	69.2%	79	21.9%	360
Bands 5	Headcount	14	8.9%	115	73.2%	28	17.8%	157
Bands 6	Headcount	4	4.5%	60	67.4%	25	28.1%	89
Bands 7	Headcount	11	11.2%	57	58.2%	30	30.6%	98
Bands 8a	Headcount	5	5.6%	71	79.8%	13	14.6%	89
Bands 8b	Headcount	3	7.1%	28	66.7%	11	26.2%	42
Bands 8c	Headcount	2	10.0%	13	65.0%	5	25.0%	20
Bands 8d	Headcount	2	18.2%	6	54.5%	3	27.3%	11
Bands 9	Headcount	0	0.0%	4	57.1%	3	42.9%	7
VSM	Headcount	1	25.0%	2	50.0%	1	25.0%	4
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	89	8.4%	727	69.0%	238	22.6%	1054
Cluster 2: AfC bands 5 to 7	Auto-Calculated	29	8.4%	232	67.4%	83	24.1%	344
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	8	6.1%	99	75.6%	24	18.3%	131
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	5	11.9%	25	59.5%	12	28.6%	42
Total Non-Clinical	Auto-Calculated	131	8.3%	1083	68.9%	357	22.7%	1571

Appendix B: number and percentage of non-clinical and clinical staff by disability in 2025/26

		Snapshot of data as at 31st MARCH 2026						
		Disabled staff		Non-disabled staff		Disability Unknown or Null		Overall
	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
1a) Non Clinical Staff								
Bands 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Bands 2	Headcount	26	7.4%	257	73.6%	66	18.9%	349
Bands 3	Headcount	31	12.6%	165	66.8%	51	20.6%	247
Bands 4	Headcount	32	9.7%	238	71.9%	61	18.4%	331
Bands 5	Headcount	18	11.8%	107	70.4%	27	17.8%	152
Bands 6	Headcount	6	7.1%	56	66.7%	22	26.2%	84
Bands 7	Headcount	13	14.3%	54	59.3%	24	26.4%	91
Bands 8a	Headcount	5	6.4%	62	79.5%	11	14.1%	78
Bands 8b	Headcount	2	5.7%	27	77.1%	6	17.1%	35
Bands 8c	Headcount	3	13.6%	16	72.7%	3	13.6%	22
Bands 8d	Headcount	2	18.2%	7	63.6%	2	18.2%	11
Bands 9	Headcount	0	0.0%	5	62.5%	3	37.5%	8
VSM	Headcount	1	20.0%	2	40.0%	2	40.0%	5
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	89	9.6%	660	71.2%	178	19.2%	927
Cluster 2: AfC bands 5 to 7	Auto-Calculated	37	11.3%	217	66.4%	73	22.3%	327
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	7	6.2%	89	78.8%	17	15.0%	113
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	6	13.0%	30	65.2%	10	21.7%	46
Total Non-Clinical	Auto-Calculated	139	9.8%	996	70.5%	278	19.7%	1413
1b) Clinical Staff								
Bands 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 2	Headcount	12	9.45%	99	77.95%	16	12.60%	127
Bands 3	Headcount	68	10.04%	498	73.56%	111	16.40%	677
Bands 4	Headcount	20	9.48%	148	70.14%	43	20.38%	211
Bands 5	Headcount	52	6.57%	581	73.36%	159	20.08%	792
Bands 6	Headcount	47	5.88%	565	70.63%	188	23.50%	800
Bands 7	Headcount	32	6.07%	358	67.93%	137	26.00%	527
Bands 8a	Headcount	10	6.49%	104	67.53%	40	25.97%	154
Bands 8b	Headcount	1	3.33%	23	76.67%	6	20.00%	30
Bands 8c	Headcount	1	6.25%	10	62.50%	5	31.25%	16
Bands 8d	Headcount	0	0.00%	1	50.00%	1	50.00%	2
Bands 9	Headcount	0	0.00%	2	100.00%	0	0.00%	2
VSM	Headcount	0	0.00%	2	100.00%	0	0.00%	2
Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	100	9.9%	745	73.4%	170	16.7%	1015
Cluster 2: AfC bands 5 to 7	Auto-Calculated	131	6.2%	1504	71.0%	484	22.8%	2119
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	11	6.0%	127	69.0%	46	25.0%	184
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	1	4.5%	15	68.2%	6	27.3%	22
Total Clinical	Auto-Calculated	243	7.3%	2391	71.6%	706	21.1%	3340