

# Workforce Disability Equality Standard (WDES)

2025 Annual Report and Action Plan

Final

Ratified by the Trust Board 15 Oct 2025

## **Workforce Disability Equality Standard 2025**

## Introduction and background

The Workforce Disability Equality Standard (WDES) is the NHS's mandatory framework for improving equality for disabled staff. Launched in 2019, it requires organisations to report on the workplace and career experiences of their disabled colleagues. See Appendix A for definition of disability and the individuals covered by WDES.

The WDES uses ten metrics to compare the experiences of disabled and nondisabled staff. These metrics measure potential disparities in areas such as:

- Likelihood of appointment from shortlisting
- Experiences of bullying, harassment, discrimination, and feeling valued
- Fairness of disciplinary processes
- · Whether staff have the 'reasonable adjustments' they need to do their job
- · Representation in the workforce and senior roles

This data provides the evidence for NHS organisations to create effective action plans. The aim is to build a more supportive, accessible, and inclusive culture where disabled staff can thrive.

All NHS trusts must publish their WDES data and action plan online by 31st October each year.

NHS England's Workforce Disability Equality Standard: 2024 data analysis report for NHS trusts was published on 25 June 2025 and highlights ongoing inequalities between disabled and non-disabled staff across all ten metrics. While the data shows some progress, the findings underscore the need for NHS Trusts to take further action to close these experience gaps.

## SFT's 2025 WDES annual report and action plan

This document reviews our progress on the 2024/25 action plan, presents the latest data across all ten WDES metrics, and sets out our proposed action plan for 2025/26.

Previous SFT's WDES annual reports for 2019, 2020, 2021, 2022, 2023 and 2024 can be found here.

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#### **EXECUTIVE SUMMARY**

In 2024/25, SFT's WDES data shows overall positive progress in relation to the metrics 4a–9a, especially for staff with a long-term condition (LTC) or illness. SFT has demonstrated both year-on-year improvement and stronger performance with most metrics matching or exceeding national averages when benchmarked against other Acute and Acute & Community Trusts. However, there are some areas where the WDES data shows a significant drop in performance that needs focused attention.

#### **KEY AREAS OF PROGRESS**

#### Decreased harassment and abuse

**Reductions** were reported in experiences of harassment, bullying or abuse from patients/public (Metric 4a), managers (Metric 4b), and colleagues (Metric 4c) for staff with LTC or illness. SFT **matches or exceeds** the national benchmark in 7/8 indicators indicating positive cultural shifts.

#### Improved perceptions of equal opportunities

Staff with LTC or illness reported **increased** belief that SFT offers equal opportunities for career progression (Metric 5), with scores **above** the national benchmark average despite a continued gap with staff without LTC or illness.

#### Better workplace support and values

There has been a significant **increase** in the proportion of staff with a long-term condition (LTC) or illness who feel that SFT values their work (WDES Metric 7). However, a gap of 11.75% remains when compared with staff who do not have an LTC or illness. SFT's performance remains **above** the national benchmark average.

## Reasonable adjustments

The percentage of staff affirming that reasonable adjustments have been made **increased** to 78.67% (Metric 8), placing SFT **above** the national benchmark average of 73.98%.

## **Engagement and inclusion**

Staff engagement scores (Metric 9) **improved** for those with LTC or illness and now sit **above** the national benchmark average. This reflects a broader positive trend in inclusion and morale.

## **Appointment from shortlisting (metric 2)**

SFT made progress again in achieving near par equity between disabled job applicants and non-disabled job applicants on being appointed from shortlisting. This has **decreased** from x1.17 in 2023/4 to x1.06 in 2024/5. A figure below 1:00 indicates that disabled applicants are more likely than non-disabled applicants to be appointed from shortlisting.

#### AREAS OF FOCUS for 2025/26

#### Disparities between groups

Despite narrowing the gap, differences remain between staff with and without LTC or illness—particularly in feeling valued (11.75% gap), equal opportunities (6.26% gap), and pressure to come to work (3.92% gap), suggesting continued inequalities.

## **Harassment reporting (metric 4d)**

Reports of bullying or abuse witnessed or experienced that were formally reported **increased** slightly for both staff groups. However, staff without LTC or illness are slightly **below** the national benchmarked average underscoring the need to continue to foster a culture of safety, confidentiality and trust.

## Perceptions of manager and peer behaviour

While improvements were seen in bullying/harassment from managers and colleagues, the percentage **remains significantly higher** for staff with LTC or illness compared to non-disabled staff: 6.4% (from managers) and 10.53% (from colleagues) underscoring the need for further cultural and behavioural change initiatives.

#### Disabled staff entering the formal capability process

During the 2-year rolling period 2023/25, the relative likelihood of disabled staff entering formal capability process compared to non-disabled staff was x6.68. This is a **sharp increase** from 2022/24 (x2.92) underscoring the need for better understanding of the root cause for this sharp increase.

#### **CONCLUSION**

SFT has made good progress in improving the experiences of staff with LTC or illness, with most metrics showing marked year-on-year improvements and exceeding national benchmarks. Nonetheless, the persistence of experience gaps and specific areas of concern highlight the importance of renewed efforts in fostering equity, psychological safety, and inclusive leadership across all levels.

## **Summary of progress against WDES action plan 2024/25**

#### Introduction

This section provides an update on the progress made against the WDES Action Plan for 2024/25 as set out in slides 18 to 19. The plan focused on three key objectives.

#### **OBJECTIVE 1: CULTURAL DEVELOPMENT**

To seek a downward trend in the percentage of disabled staff experiencing harassment, bullying, abuse or discrimination Metric 4 (staff survey).

## **Progress overview**

Progress has been made in advancing the Cultural Development Objective of the WDES Action Plan. A multi-faceted approach, focusing on education, training, and awareness, has been implemented to foster a more inclusive and supportive workplace environment. There is a notable positive trend from 2023. When benchmarked, **SFT exceeded the average score in 7/8 categories across Metric 4a to 4d.** 

**Harassment, bullying or abuse:** The percentage of staff with a LTC or illness experiencing harassment, bullying or abuse from managers and has **decreased** in 2024, but is **6.7% higher** than staff without LTC or illness. In addition, the percentage of staff with a LTC or illness experiencing harassment, bullying or abuse from other colleagues **decreased**, but this is **10.53% higher** than staff without LTC or illness.

Leadership behaviours charter rollout: The OD & Leadership Team has developed a Behaviour Charter as a model for teams to collaboratively create their own specific charters. These locally developed charters should address team dynamics and challenges with the aim of fostering a culture of inclusion and belonging. The Behaviours Charter is business as usual with resources on SALi for managers/teams to co-develop their own team's behaviours charter. The OD & Leadership Team. provides additional support on request, which can include workshops, team building and development of the team charter

**Neurodiversity awareness:** A pilot Neurodiversity Awareness Workshop for managers has been successfully conducted and is now being rolled out on the Managed Learning Environment (MLE). This initiative aims to equip managers with the knowledge and understanding needed to support neurodiverse staff effectively. Although the take-up has been low due to non-attendance (DNAs), to date 21 people have attended the training.

**Inclusion and wellbeing integration:** A dedicated 2-hour module, "Leading for Inclusion and Wellbeing," has been incorporated into the Transformational and Aspiring Leadership Programmes. This module addresses the impact of harassment, bullying, abuse, and discrimination on mental wellbeing, highlighting SFT's commitment to addressing these issues.

**Enhanced induction process:** A new 30-minute induction session focusing on inclusion, wellbeing, and personal/professional boundaries has been launched for all new staff, ensuring that these principles are introduced from the outset. Over 300 have attended to date.

**Refreshed wellbeing champions training:** The Wellbeing Champions training has been refreshed and launched on the MLE, with a specific focus on the link between mental wellbeing and discrimination/exclusion. This initiative empowers champions to provide effective signposting support to colleagues.

#### **Next steps:**

- Capability development: Provide targeted training for staff and managers on early intervention techniques, effective conflict resolution, and inclusive team-building practices (Face to Face, Teams, Breakfast Clubs, bespoke team meeting and bitesize videos)
- **Behaviours Charter rollout:** Support the Trust-wide implementation of the Behaviours Charter to set clear expectations for civil, kind, and compassionate conduct, reinforcing these standards through regular communication and leadership modelling.

## **Summary of progress against WDES action plan 2024/25**

# OBJECTIVE 2: DISABILITY CONFIDENT SCHEME LEADER (LEVEL 3) ACCREDITATION

To seek validation for SFT to become a Disability Confident Scheme Leader (Level 3) to support the Trust in becoming an inclusive and equitable employer of choice for disabled staff. This is a government scheme for organisations with over 250 employees.

#### **Progress Overview:**

SFT achieved Level 3 Disability Confident Scheme Leader status on 19 March 2025.

**Task and finish group:** A dedicated Task and Finish group, comprising relevant members, was established to prepare for the Level 3 self-assessment.

**Evidence submission:** All required work was completed and submitted to the Shaw Trust, an independent organisation tasked with reviewing and evaluating the evidence. The Shaw Trust provided feedback on the draft application.

**Self-Assessment submission:** The Trust submitted its Level 3 application and evidence to the government portal on 17 March 2025 and achieved Disability Confident Scheme Leader status on 19 March 2025.

## **Next Steps:**

Attaining Disability Confident Leader Level 3 marks a significant achievement for SFT. However, the Shaw Trust review has identified specific areas requiring further development. These are being addressed through a targeted action plan in the 2025/26 financial year, which looks to:

- Analyse each gap highlighted by the Shaw Trust to understand underlying causes
- · Set clear objectives, success measures and deadlines for each improvement area
- · Assign ownership of actions to named individuals or teams
- Embed regular progress reviews into our governance cycles
- · Provide additional training and resources where needed

#### **OBJECTIVE 3: TO IMPROVE SELF-DECLARED DISABILITY DATA ON ESR.**

#### **Progress Overview:**

Engaging staff to update their ESR data remains a challenge. There is a significant gap between 4.04% ESR self-declaration (209) and 22.76% identification (593) in 2024 staff survey. Achieving a higher ESR declaration will also support understanding the causes of disability pay gap, and higher likelihood of disabled staff entering the formal capability process compared to non-disabled staff.

**Policy:** Updated and ratified the Supporting Disabled Staff policy and launched Health Passports

## **Next Steps:**

- Develop a sustained communications plan to highlight the benefits of registering a disability on ESR, including accessing reasonable adjustments, promoting Health Passports, and referencing the Supporting Disabled Staff policy and reducing disability pay gap.
- Ensure staff are continually encouraged to update their personal status on ESR through communications bulletins, managers' weekly newsletters and at team meetings

## Definitions, data references and timelines for WDES metrics

Metric 1 and 10

**Workforce snapshot from ESR** 

31 March 2025

Metric 2

**Recruitment data from Trac** 

1 April 2024 to 31 March 2025

**Metric 3** 

Employment relations management records

2022/23 to 2024/25 - 2-year rolling data

Metrics 4 to 9

**Staff Survey** 

October 2024

**METRIC 1:** Provides a single-date snapshot of the entire workforce (excluding bank staff) as of 31 March 2025, drawn from ESR and subdivided into non-clinical, clinical, medical and dental staff.

**METRIC 2:** The relative likelihood of disabled job applicants being appointed from those shortlisted across all posts for the 2024/25 financial year based on data from Trac (the online NHS recruitment portal).

**METRIC 3:** Measures the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability procedure, using a two-year rolling average over the 2023/24 and 2024/25 financial years. The data is sourced from the Trust's employment relations management records.

METRICS 4–9a draw on the 2024 NHS Staff Survey, conducted each October with results published the following March.

**METRIC 4a:** Percentage of staff who, in the last 12 months, experienced harassment, bullying or abuse from patients/service users, their relatives or the public, out of those who answered the question.

**METRIC 4b:** Percentage of staff who, in the last 12 months, experienced harassment, bullying or abuse from managers, out of those who answered the question.

**METRIC 4c:** Percentage of staff who, in the last 12 months, experienced harassment, bullying or abuse from other colleagues, out of those who answered the question.

**METRIC 4d:** Percentage of staff who, the last time they experienced harassment, bullying or abuse at work, reported it (themselves or via a colleague), out of those who answered the question.

**METRIC 5**: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion, out of those who answered the question

**METRIC 6:** Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, out of those who answered the question.

**METRIC 7:** Percentage of staff satisfied with the extent to which their organisation values their work, out of those who answered the question.

**METRIC 8:** Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question.

**METRIC 9a:** The staff engagement score (0-10) for disabled staff, compared to non-disabled staff.

**Metric 10:** Trust Board Membership – snapshot on 31 March 2025 via ESR, subdivided into Disabled, Non-disabled and Disability unknown.

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## **METRIC 1: Total SFT workforce snapshot on 31 March 2025**

**METRIC 1** provides a single-date snapshot of the entire workforce (excluding Bank staff) on 31 March 2025 from ESR. It comprises two layers of breakdown:

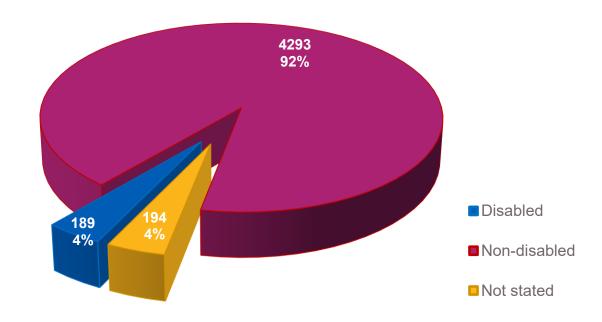
## 1. **Disability status** (see appendix A for a full definition)

- Disabled
- Non-disabled
- · Disability unknown

## 2. Staff group

- Non-clinical (corporate functions like human resources, recruitment, training and development, admin and clerical)
- Clinical (nurses, allied health professionals, and healthcare assistants)
- Medical and dental (consultant, non-consultant career grades and trainee grades)

## **Total Workforce (4676)**



On 31 March 2025, SFT had a total workforce of 4676. This is an increase of 178 staff from 2024. Of these:

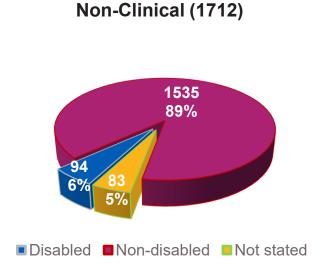
- 189 are disabled (150 in 2024)
- 4293 are non-disabled (4145 in 2024)
- 194 have disability unknown (98 in 2024).

## **METRIC 1: Non-clinical staff group snapshot on 31 March 2025**

The non-clinical staff group comprised 1712 individuals, representing an increase of 29 disabled staff compared with 2024.

Bands 3 to 6 saw the largest increase of disabled staff representation with just one additional disabled staff representation at bands 8A to 8D.

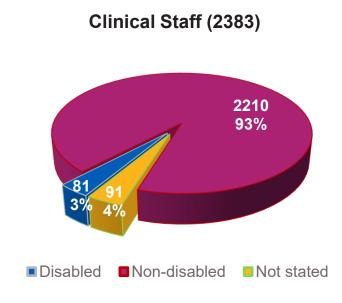
1a) Non-clinical workforce	Disabled (2024)	Disabled (2025)	Non-disabled (2024)	Non-disabled (2025)	Disability unknown (2024)	Disability unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Under Band 1	0	0	0	0	0	0
Band 1	0	0	1	0	0	0
Band 2	23	26	349	362	17	15
Band 3	15	23	358	339	22	23
Band 4	8	12	167	199	15	15
Band 5	5	10	104	166	8	6
Band 6	6	14	84	190	3	7
Band 7	4	4	68	145	4	11
Band 8A	2	3	39	67	2	2
Band 8B	1	1	25	29	1	1
Band 8C	0	0	9	12	1	1
Band 8D	1	1	9	7	1	0
Band 9	0	0	7	9	0	0
VSM	0	0	9	10	3	2
Total non-clinical	65	94	1229	1535	77	83



## **METRIC 1: Clinical staff group snapshot on 31 March 2025**

The clinical staff group was comprised of 2383 individuals, representing an increase of 2 disabled staff compared with 2024

	Disabled (2024)	Disabled (2025)	Non-disabled (2024)	Non-disabled (2025)	Disability unknown (2024)	Disability unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Under Band 1	0	0	0	0	0	0
Band 1	0	0	0	0	0	0
Band 2	9	3	100	100	2	2
Band 3	11	13	461	461	31	31
Band 4	4	6	174	174	3	3
Band 5	10	14	723	723	34	34
Band 6	25	23	512	512	18	18
Band 7	16	18	302	302	11	11
Band 8A	2	1	81	81	3	3
Band 8B	2	2	29	29	1	1
Band 8C	0	1	11	11	0	0
Band 8D	0	0	7	7	0	0
Band 9	0	0	0	0	0	0
VSM	0	0	1	1	1	1
Total Clinical	79	81	2401	2210	104	91

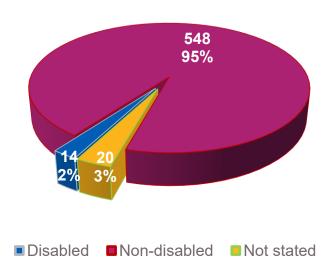


## **METRIC 1: Medical and dental staff group snapshot on 31 March 2025**

The Medical and dental staff group comprised of 582 individuals, representing an increase of 8 disabled staff compared with 2024

1b) Medical & Dental	Disabled (2024)	Disabled (2025)	Non- disabled (2024)	Non- disabled (2025)	Disability unknown (2024)	Disability unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Consultants	3	3	215	218	9	8
Non-consultants career grade	2	2	91	122	4	7
Medical & Dental trainee grade	1	9	209	208	9	5
Total Medical and Dental	6	14	515	548	22	20

## **Medical and Dental (582)**



## **Appointment from shortlisting 2024/25**

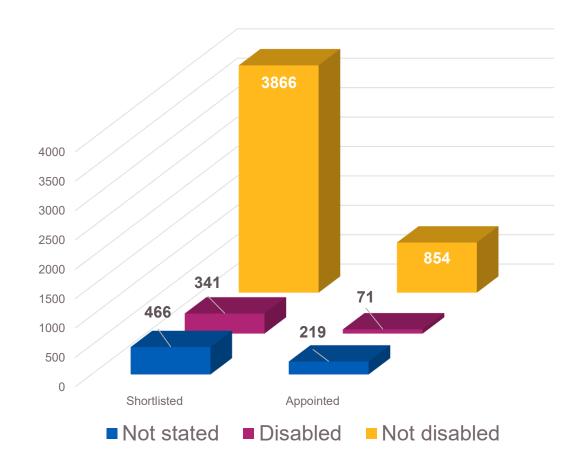
METRIC 2: Relative likelihood of disabled job applicants being appointed from shortlisting across all posts.

## x1.06

The metric's aim is to achieve parity between disabled and non-disabled applicants. A figure below 1.00 means disabled applicants are more likely than non-disabled applicants to be appointed from shortlisting.

In 2024/25, the relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants was **1.06** times. This has **decreased** from 1.17 in 2023/24 indicating near equity for disabled applicants.

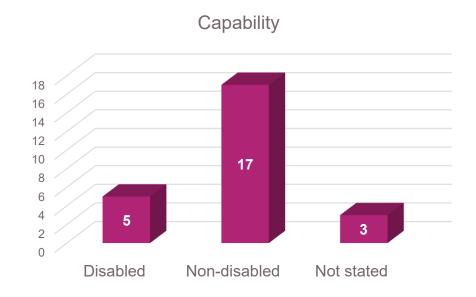
**Note:** The number of international applicants via Trac continues to increase which creates significant challenges for both Recruiting Managers and the Recruitment Team. They are facing increased pressure on time and resources to carefully review and shortlist applicants who are eligible to work in the UK and meet the Home Office sponsorship requirements. This challenge is further intensified by applicants using artificial intelligence that automatically enable them to complete and submit job applications even if they don't meet the minimum requirements of the job role.



## METRIC 3: Entering the formal capability process between 2023 and 2025

**METRIC 3** measures the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into a formal capability procedure. **Note:** This indicator is based on data from a **two-year rolling average** of the previous and current financial years (2023/2024 plus 2024/2025).

Formal capability process	Disabled	Non-disabled	Disability Unknown
	Headcount	Headcount	Headcount
Average number of staff entering the formal capability process over the last 2 years for any reason	5	17	3
Of these how many were on the grounds of ill-health	0	0	0
Relative likelihood of disabled staff entering formal capability compared to non-disabled staff	6.68		



## X6.68

Over the 2023–25 two-year rolling average, disabled staff were **6.68** times more likely than non-disabled staff to enter a formal capability process. In practice, this means that for every one non-disabled employee entering a process, nearly seven disabled employees did so. A ratio below 1.00 would indicate disabled staff are less likely than non-disabled staff to enter such processes. The previous two-year rolling average (2022–24) was 2.92, showing a marked deterioration.

**Caution:** The 6.68 figure should be interpreted with some caution. It is calculated using data from the Electronic Staff Record (ESR), where only 4.04% of employees have declared a disability. This is substantially lower than the 22.76% who identify as disabled in the anonymous staff survey. Due to this very small sample size of officially declared disabled staff (189 individuals vs. 4293 non-disabled staff), the resulting ratio is highly sensitive to small numbers. While the disparity is a serious concern, the headline figure of 6.68 may not be a reliable measure of the true situation.

METRIC 4a: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question.

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	30.0%	24.62%	▼ 5.38%	▼ 29.37%
Staff without a LTC or illness	18.1%	21.46%	<b>▲ 3.36%</b>	<b>▼ 22.71</b> %

METRIC 4b: Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question.

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	14.8%	12.28%	▼ 2.52%	<b>▼15.10%</b>
Staff without a LTC or illness	6.98%	5.88%	▼ 1.1%	▼8.08%

METRIC 4c: Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	27.79%	24.66%	▼ 3.13%	<b>▼ 25.24</b> %
Staff without a LTC or illness	15.50%	14.13%	▼ 1.37%	▼ 16.22%



METRIC 4d: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	50.76%	53.30%	<b>▲ 2.54%</b>	<b>▲ 51.82%</b>
Staff without a LTC or illness	51.04%	51.43%	▲ 0.39%	▼ 51.71%

METRIC 5: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion, out of those who answered the question

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	51.94%	54.14%	<b>▲ 2.2%</b>	<b>▲ 51.30%</b>
Staff without a LTC or illness	56.90%	60.40%	<b>▲ 3.5</b> %	<b>▲</b> 57.57%



METRIC 6: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	31.81%	21.65%	▼ 10.16%	<b>▼ 26.85</b> %
Staff without a LTC or illness	17.90%	17.73%	▼ 0.17%	<b>▲ 17.71%</b>

METRIC 7: Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	31.02%	38.18%	<b>▲ 7.16%</b>	<b>▲ 34.73%</b>
Staff without a LTC or illness	44.49%	49.93%	<b>▲</b> 5.44%	<b>▲ 46.98%</b>



METRIC 8: Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question.

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	74.84%	78.67%	▲ 3.83%	<b>▲ 73.93</b> %

METRIC 9: The staff engagement score (0-10) for disabled staff, compared to non-disabled staff

Staff group	2023	2024	Change	National average
Staff with a LTC or illness	6.51 pts	6.67 pts	▲ 0.16 pts	▲ 6.40 pts
Staff without a LTC or illness	7.07 pts	7.22 pts	▲ 0.15 pts	▲ 7.0 pts



# **Trust Board Membership 2025 (Metric 10)**

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<b>Metric 10:</b> Trust Board Membersh	ip – snapshot on 31 March 2025
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Board	Disabled (2024)	Disabled (2025)	Non-disabled (2024)	Non-disabled (2025)	Disability unknown (2024)	Disability unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Total Board members	0	0	10	12	4	2
Of which: Voting Board members	0	0	10	12	4	2
Non-voting Board members	0	0	0	0	0	0
Of which: Exec Board members	0	0	4	5	2	1
Of which: Non Exec Board members	0	0	6	7	2	1

# **Progress against WDES Action Plan 2024/25**

	Cultural Development Objective	Action	Progress	Status	Next Steps
		Rollout Leadership Behaviours Charter workshops across the Trust	<ul> <li>The OD &amp; Leadership Team has developed a Behaviour Charter as a model for teams to collaboratively create their own specific charters. These locally developed charters aim to address team dynamics and challenges with the aim of fostering a culture of inclusion and belonging.</li> </ul>		Support the Trust-wide implementation of the Behaviours Charter to set clear expectations for civil, kind, and compassionate conduct, reinforcing these standards through regular communication and leadership modelling.
		<ul> <li>Develop neurodiversity awareness and support resources to empower staff and managers with knowledge about the impact of neurodiversity, self-awareness, and behaviours, fostering a more inclusive workplace.</li> </ul>	<ul> <li>Neurodiversity Awareness Workshop for managers piloted (Nov 2024) and rolled out quarterly on MLE</li> <li>21 managers have attended to date</li> </ul>		Promote Neurodiversity awareness training
1	To seek a downward trend in the percentage of disabled staff experiencing harassment, bullying, abuse or discrimination (Metric 4 staff survey)	Managers' Wellbeing Conversations training to be refreshed to incorporate duty of care onto support staff on mental wellbeing related to discrimination and/or exclusion.	<ul> <li>A 2-hour "Leading for Inclusion and Wellbeing" module has been integrated into the Transformational and Aspiring Leadership Programmes with a focus on impact of harassment, bullying, abuse or discrimination on mental wellbeing, stress and anxiety (over 500 attendees)</li> <li>A new 30-minute induction focusing on inclusion, wellbeing, and personal/professional boundaries has been launched for all new staff.</li> </ul>		Business-as-usual
		<ul> <li>Wellbeing Champions training and peer network are being refreshed to raise awareness of the link between mental wellbeing and discrimination and/or exclusion.</li> </ul>	<ul> <li>Wellbeing Champions training has been refreshed and launched on MLE with specific focus on mental wellbeing and discrimination/exclusion.</li> <li>However, the take-up of the WB Champions has been low</li> </ul>		Comms campaign on the training offer
		Pilot and rollout 'leading for inclusion' masterclass training for all staff.	<ul> <li>One-day leading for inclusion masterclass successfully piloted and on MLE quarterly</li> <li>11 attended the pilot</li> <li>Subsequent three workshops were cancelled due to DNAs</li> </ul>		Comms campaign on the training offer

**Person Centred & Safe** 

# **Progress against WDES Action Plan 2024/25**

	Cultural Development Objective	Action	Progress	Status	Next Steps
2	To seek validation for SFT to become a Disability Confident Scheme Leader (Level 3) to support the Trust in becoming an inclusive and equitable employer of choice for disabled staff	<ul> <li>A Task and Finish with relevant members to prepare for the L3 self-assessment and eliminate any gaps</li> <li>L3 self-assessment to be submitted for approval</li> </ul>	<ul> <li>All required work was completed and submitted to the Shaw Trust, an independent organisation that reviews and evaluates the evidence</li> <li>Submitted L3 application on 17 March 2025 to the government portal</li> <li>Achieved Level 3 status on 19 March 2025.</li> </ul>		Attaining Disability Confident Leader Level 3 marks a significant achievement for SFT. However, the Shaw Trust review has identified specific areas requiring further development. These are be addressed through a targeted action plan in the 2025/26 financial year, which look to:  • Analyse each gap highlighted by the Shaw Trust to understand underlying causes • Set clear objectives, success measures and deadlines for each improvement area • Assign ownership of actions to named individuals or teams • Embed regular progress reviews into our governance cycles • Provide additional training and resources where needed

	Networks and Communications Objective	Action	Progress	Status	Next Steps
3	To improve self-declared disability data on ESR	<ul> <li>Encourage all staff and board members to update their personal status on ESR via comms bulletin and managers weekly newsletter</li> <li>Staff and Board execs to update their personal status on ESR</li> </ul>	Updated and ratified the Supporting Disabled Staff policy and launched the Health Passports		<ul> <li>Develop a sustained communications plan to highlight the benefits of registering a disability on ESR, including accessing reasonable adjustments, promoting Health Passports, and referencing the Supporting Disabled Staff policy and reducing disability pay gap.</li> <li>Ensure staff are continually encouraged to update their personal status on ESR through communications bulletins, managers' weekly newsletters and at team meetings</li> </ul>

**Professional** 

**Person Centred & Safe** 

Responsive

Friendly

**Progressive** 

## **WDES Action Plan for 2025/26**

	Cultural Development Objective	Actions	Outcomes & Measures	Lead	Delivery Partners	Start	End
1	Promote awareness of Health Passports to create a more inclusive and supportive work environment, improving staff wellbeing and retention.	Launch a focused and sustained comms and engagement campaign (inc. induction) to drive awareness of and how to use Health Passports to make meaningful reasonable adjustments for staff with a long-term condition (LTC) or illness	By Q4, the Health Passport campaign will have increased uptake, led to a measurable rise in reasonable adjustments, and improved staff feedback on proactive support for those with long-term conditions or illness.	Head of Inclusion & Wellbeing	Head of ER Heard of OH Comms Team HRBPs	Q3 2025/26	Q4 2025/26
2	Close gaps identified in the Disability Confident Leader Level 3 framework	Develop and implement a time-bound action plan to address the gaps identified in the framework with milestones and measurable outcomes	By Q1 (2026/27), identified L3 gaps will be reduced or eliminated, with measurable progress evidenced against agreed milestones and outcomes to ensure sustainability of SFT L3 accreditation	Head of Inclusion & Wellbeing	I&WB Officer	Q3 2025/26	Q1 2026/27
3	To seek a downward trend in the relative likelihood of disabled staff entering formal capability process compared to non-disabled staff in Metric 3	Undertake a case review audit to identify the underlying drivers of this disparity and recommend practical measures to support disabled staff before they enter the formal capability process.	By Q1 2026/27, a case review audit will have been completed, actions implemented, and the relative likelihood of disabled staff entering the formal capability process reduced to below the current baseline of 6.68 times more likely compared with non-disabled staff.	Head of ER	Head of Inclusion & Wellbeing	Q3 2025/26	Q1 2026/27
4	To seek a downward trend in the percentage of disabled staff experiencing harassment, bullying, abuse or discrimination (Metric 4 staff survey)	Provide targeted training for staff and managers through the launch and promotion of the Licence to Manage Programme. The programme will equip managers with essential skills in people management, making reasonable adjustments, early intervention techniques, effective conflict resolution, and inclusive team-building. It aims to strengthen compassionate leadership, ensure compliance, and improve the overall staff experience.	Reduce the percentage of staff with LTC or illness reporting harassment, bullying, abuse or discrimination (baseline: 6.4% from managers, 10.53% from colleagues)  Monitor uptake of the Licence to Manage Programme.	OD&L Lead	HRBPs	Q3 2025/26	Q2 2026/27

## Appendix A - Definitions of disability – Equality Act 2010, NHS Staff Survey, NHS Jobs & ESR

# A Equality Act 2010 – Legal definition of disability

A person (P) has a disability if—

- (a) P has a physical or mental impairment, and
- (b) the impairment has a substantial and longterm adverse effect on P's ability to carry out normal day-to-day activities

# B NHS Staff Survey disability monitoring guestion

Q28a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

If YES, please answer part b below; if NO, go to Question 29

Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?

- 1 Yes
- 2 No
- 3 No adjustment required

## C NHS Jobs disability monitoring question

The Equality Act 2010 protects Disabled people – including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia.

If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes – including the interview – are fair and equitable.

- \* Do you consider yourself to have a disability?
- 1. Yes
- 2. No
- 3. I do not wish to disclose this information.

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- Physical impairment
- Learning Disability/Difficulty
- Sensory impairment
- Long-standing illness
- Mental health condition
- Other

If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?

- 1. Yes
- 2. No

## D Disability categories on ESR are:

- Learning disability/difficulty
- Long-standing illness
- Mental Health Condition
- No
- Not Declared
- Other
- Physical Impairment
- Sensory Impairment
- Prefer Not to Answer
- Yes Unspecified