

Bundle Trust Board Public 15 October 2025

- 1 OPENING BUSINESS
- 1.3 09:30 - Welcome and Apologies
- 1.4 09:35 - Declaration of Interests, Fit & Proper / Good Character
- 2 PEOPLE AND CULTURE
- 2.1 09:40 - Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2025 Annual Reports and Action Plans
Presented by Ali Layne-Smith/Ian Crowley
For approval
 - 2.1a Cover Sheet - WRES and WDES 2025 AR and AP Trust Board 15 Oct 2025
 - 2.1b WRES 2025 Annual Report and Action Plan Final for Ratification
 - 2.1c WDES 2025 Annual Report and Action Plan Final for Ratification
- 3 CLOSING BUSINESS
- 3.1 Any Other Business
- 3.2 Agreement of Principal Actions and Items for Escalation
- 5.4 Date next Public meeting 6th November 2025

Report to:	Trust Board (Public)	Agenda item:	2.1
Date of meeting:	15 October 2025		

Report title:	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2025 Annual Reports and Action Plans			
Status:	Information	Discussion	Assurance	Approval
			x	x
Approval Process: (where has this paper been reviewed and approved):	<ul style="list-style-type: none"> The reports were presented to OD&P MB on 22 July 2025; however, there was insufficient time for review. Initial comments were received via the People & Culture Committee on 31 July 2025. EDI Steering Group reviewed and approved the reports on 2 Sept 2025 The OD&P MB approved the reports for assurance on 16 Sept 2025 The P&CC assured the reports for Board ratification and publication on the Trust's public website on 25 Sept 2025 			
Prepared by:	Harjinder Bahra – Head of Inclusion, Health and Wellbeing			
Executive Sponsor: (presenting)	Ian Crowley – Deputy Chief People Officer			
Appendices	N/A			
BAF Risk link				

Recommendation:
The Trust Board is asked to: <ul style="list-style-type: none"> Ratify the final 2025 WRES and WDES annual reports and action plans for publication on the Trust's public website by 31 October 2025

Executive Summary:
<p>Workforce Race Equality Standard (WRES)</p> <p>In 2024/25, SFT's WRES data shows overall positive progress with SFT demonstrating both year-on-year improvement and stronger performance when benchmarked against Acute and Acute & Community Trusts, with most metrics matching or exceeding national averages. However, there are some areas where the WRES data shows significant drop in performance that needs focused attention.</p> <p>KEY AREAS OF PROGRESS</p>

Decreased discrimination

The percentage of BME staff experiencing discrimination at work from manager/team leader or other colleagues **decreased** again in 2024 but remains 6.5% higher compared to White staff. SFT is **below** the national average for both groups of staff.

Decreased harassment, bullying or abuse

The percentage of BME staff experiencing harassment, bullying or abuse from other staff significantly **reduced** in 2024 but still 1.2% higher than White staff. SFT is **below** the national average for both groups of staff.

Improved perceptions of equal opportunities

The percentage of BME staff believing that SFT provides equal opportunities for career progression or promotion **increased** again in 2024. This is an 11.9% increase from 2022. However, there is still a gap of 4% compared to White staff who believe the same. SFT is **above** the national average for both groups of staff.

Accessing non-mandatory training and CPD

In 2024/25, the relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was x1.02. This indicates **near par** access for BME and White staff when accessing CPD-funded non-mandatory training. **Note:** At present, the Trust can only access demographic information for CPD-related non-mandatory training. Work is planned on developing a mechanism to enable the extraction of demographic data for all non-mandatory training.

AREAS OF FOCUS 2025/26

Appointment from shortlisting

The purpose of this metric is to achieve equity between BME job applicants and White job applicants. In 2024/25, White applicants were 1.82 times more likely than BME applicants to be appointed from shortlisting. This is an **increase** from 2023/24 (x1.25). A figure below 1.00 means BME applicants are more likely to be appointed.

BME staff entering formal disciplinary process

In 2024/25, BME staff were 1.44 times more likely than White staff to enter the formal disciplinary process. This is an **increase** from 2023/24 (x1.03). A ratio above 1.00 indicates higher likelihood for BME staff entering the formal disciplinary process.

Harassment, bullying or abuse from patients, relatives or the public

BME and White staff experiencing harassment, bullying or abuse from patients, relatives or the public **increased** in 2024. SFT is **below** the national average for both groups of staff.

Discrimination concerns

Whilst there has been some progress on a reduction of BME staff experiencing discrimination at work from manager/team leader or other colleagues, but it is still 6.5% higher compared to White staff.

CONCLUSION

SFT has made progress across most metrics, with year-on-year improvement and performance at or better than acute-sector averages. However, gaps persist—particularly in appointments from shortlisting and entry into formal disciplinary processes—requiring renewed targeted action.

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Workforce Disability Equality Standard (WDES)

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 being valued

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.

Next steps and timeline for both WRES/WDES papers

- Trust Board extraordinary meeting on 15 October 2025 for ratification.
- By 31 October 2025, publish on the Trust’s public website (statutory deadline).

Board Assurance Framework – Strategic Priorities	Select as applicable:
Population: Improving the health and well-being of the population we serve	
Partnerships: Working through partnerships to transform and integrate our services	
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	X
Other (please describe):	



Salisbury
NHS Foundation Trust

Workforce Race Equality Standard (WRES)

2025 Annual Report and Action

Final for Ratification and Publication by 31 Oct 2025

Introduction to the Workforce Race Equality Standard

Introduction and background

The Workforce Race Equality Standard (WRES) is a mandatory NHS framework designed to improve the workplace experiences and career opportunities of Black and Minority Ethnic (BME) staff. Please refer to [Appendix A](#) for definitions of ethnicity and the individuals covered by WRES.

Introduced in 2015, it holds NHS organisations accountable for making progress on race equality. The WRES uses nine metrics to compare the experiences of BME and White staff. These metrics highlight potential inequalities in key areas such as:

- Recruitment and career progression
- Likelihood of appointment from shortlisting
- Representation in senior and board-level roles
- Experiences of bullying, harassment, discrimination and feeling valued
- Fairness of disciplinary processes

The goal is to turn this data into meaningful change. By identifying specific challenges, NHS organisations can develop targeted action plans to foster a more inclusive and equitable culture.

Every year, Trusts must publish their WRES data and action plan on their website by 31st October.

[NHS England's Workforce Race Standard: 2024 data analysis report for NHS trusts](#) was published on 25 June 2025 and highlights ongoing inequalities between BME and White staff across all nine 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 WRES annual report and action plan

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

[Previous SFT's WRES annual reports for 2017, 2018, 2019, 2020, 2021, 2022, 2023 and 2024 can be found here.](#)

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EXECUTIVE SUMMARY

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Summary of Progress Against WRES Action Plan 2024/25

Introduction

This section provides an update on the progress made against the WRES Action Plan for 2024/25. The plan focuses on four key objectives, addressing cultural development, career progression, and network engagement for Black and Minority Ethnic (BME) staff.

OBJECTIVE 1: CULTURAL DEVELOPMENT

To seek a downward trend in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination at work Metric 5, 6 and 8 (staff survey)

Progress overview

Good progress has been made in advancing the cultural development objective of the WRES 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 since 2023.

- **Harassment, bullying or abuse:** The 2024 staff survey shows that the percentage of BME staff experiencing harassment, bullying or abuse from other staff significantly reduced in 2024 but still 1.2% higher than White staff. The data also shows that the percentage of BME staff experiencing discrimination at work from manager/team leader or other colleagues **decreased** in 2024 but still 6.5% higher compared to White staff. BME and White staff experiencing harassment, bullying or abuse from patients, relatives or the public increased in 2024.
- **Leadership behaviours charter rollout:** The OD & Leadership Team has developed a Team 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 behaviours charter. The OD & Leadership Team provides additional support on request, which can include workshops, team building and development of the team charter

- **Piloted an active bystander workshop:** A successful pilot of the 'Nip in the Bud' workshop, designed to help staff confidently address discriminatory behaviours early. However, the subsequent workshops were cancelled due to low take-up and non-attendance (DNAs). The workshops will be offered in late 2025 with a greater lead time and comms campaign.
- **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 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.
- **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 WRES Action Plan 2024/25

OBJECTIVE 2: CULTURAL DEVELOPMENT

To seek an upwards trend in the percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion. **Metric 7 (staff survey)**

Progress overview

Efforts to increase the perception of equal career progression opportunities for BME staff have seen mixed results. The 2024 staff survey shows that the percentage of BME staff believing that SFT provides equal opportunities for career progression or promotion increased (56.10%) However, there is still a gap of 4% compared to White staff who believe the same.(60.16%)

- **Workshops on job application and interview skills:** Workshops were delivered for Internationally Educated Nurses to support job applications and interview preparation. However, participation was low due to competing clinical work commitments.
- **Mentoring Network:** A Mentoring Network focusing on personal effectiveness, leadership, and management skills was launched in Dec 2024 for all staff. However, due to capacity issues the network has not been developed and a specific Mentoring Programme for BME staff (particularly for Internationally Educated Nurses) remains work in progress.
- **Supporting Internationally Educated Nurses:** Held a development day for IENs on 17 March 2025 with 20 attendees and conducted a survey with the IENs (111 responses out of 236) to gather information on career development needs.

Next steps:

- Develop and promote the Mentoring Network with a comms campaign and through the Multicultural Staff Network
- Develop an enhanced pastoral care programme for IENs with a focus on career pathways, cultural and language support.

OBJECTIVE 3: NETWORKS AND COMMUNICATION OBJECTIVE

To develop a robust method to measure the relative likelihood of staff accessing non-mandatory training and CPD. **Metric 4 (staff survey)**

Progress overview

In 2024/25, the relative likelihood of White staff accessing **CPD-funded non-mandatory training** compared to BME staff was **1.02** times, indicating near-par access between the two staff groups. A ratio above 1.00 means White staff are more likely than BME staff to access non-mandatory training and CPD. No data is available from previous years to compare the trends. In 2024/25, 565 staff accessed non-mandatory CPD training of which BME (134), White (337) and no ethnicity recorded (94).

Next steps

- Currently, the Trust can only obtain demographic information for CPD-funded non-mandatory training.
- Explore options for extracting demographic data for all non-mandatory training from our reporting systems.

OBJECTIVE 4: NETWORKS AND COMMUNICATION OBJECTIVE

To enhance the reach and impact of the Multicultural Staff Network to improve the experience of all staff, but with a spotlight on BME staff across the divisions/services/teams

Progress overview

The Multicultural Staff Network has seen positive developments, with membership growing from 43 to 80 and several high-visibility events have been successfully organised. A new chair was appointed in February 2025. However, development of the network leadership continues to be a challenge.

Next steps

- Continue to provide support to the network and activities throughout the year using the inclusion and wellbeing calendar.
- Re-imagine all the staff networks using the insights that Cherron Inko-Tariah, a leading expert in this field brought to building this momentum including with the exec sponsors of the networks.

Definitions, data references and timelines for WRES metrics

WRES data reference and timeline

Metrics 1, 4 and 9 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 1 April 2024 to 31 March 2025	Metrics 5 to 8 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 BME 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 BME staff compared to White staff entering the formal disciplinary process during the 2024/25 financial year. The data is sourced from the Trust's employment relations management records.

METRIC 4: Measures the relative likelihood of BME staff accessing non-mandatory training and CPD. The data is sourced from the Trust's LEARN (MLE) system and Electronic Staff Record (ESR)

METRICS 5 to 8 draw on the 2024 NHS Staff Survey, conducted each October with results published the following March.

METRIC 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months out of those who answered the question

METRIC 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months out of those who answered the question

METRIC 7: Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

METRIC 8: Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months out of those who answered the question

Metric 9: Trust Board Membership – snapshot on 31 March 2025 via ESR subdivided into BME, White and Ethnicity unknown

Person Centred & Safe

Professional

Responsive

Friendly

Progressive

METRIC 1: Total SFT workforce snapshot on 31 March 2025

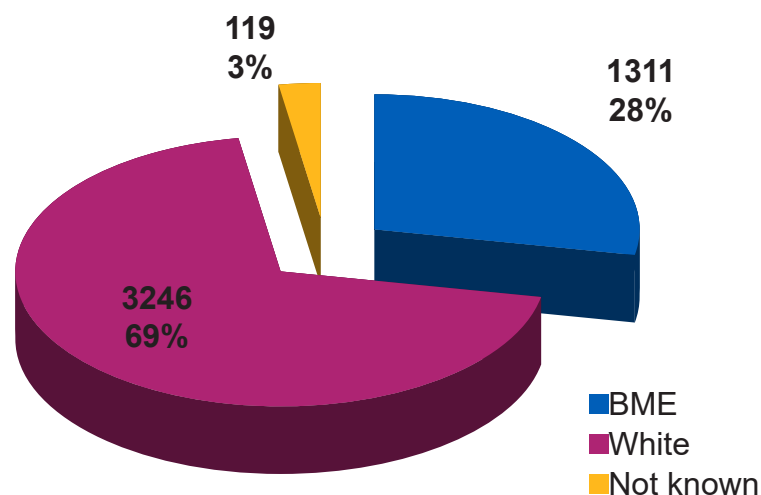
METRIC 1 provides a single-date snapshot of the entire workforce (excluding Bank staff) on 31 March 2025 from ESR. It comprises two layers of breakdown:

1. Ethnicity status (see appendix A for full definitions)

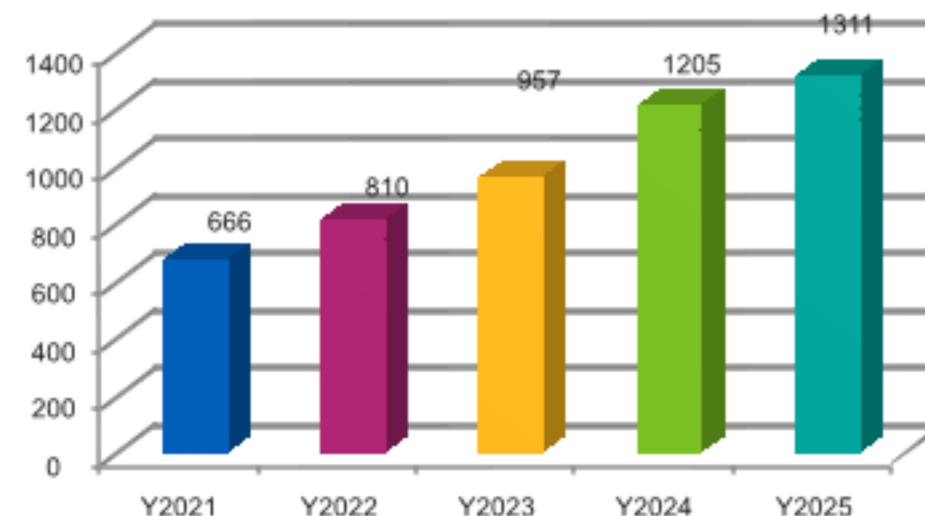
- White
- Black and Minority Ethnic (BME)
- Ethnicity unknown

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)



BME Workforce over last five years



There has been a steady increase in the number of people from a BME background employed by the Trust as can be seen in the graph above. This has been boosted by international recruitment of nurses.

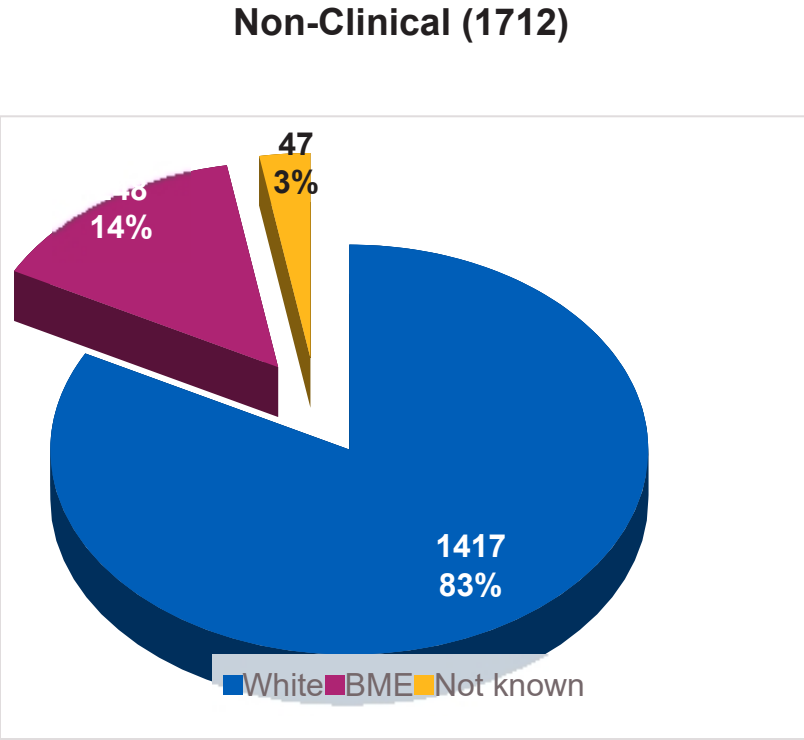
On 31 March 2025, SFT had a total workforce of 4676. This is an increase of 178 staff from 2024. Of these:

- 1311 (28.04%) are BME (1205 in 2023)
- 3246 (69.42%) are White (3195 in 2023)
- 119 (2.45%) have ethnicity unknown (98 in 2023)

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

The non-clinical staff group comprised 1712 marking an increase of 92 BME staff compared with 2024. Non-clinical BME staff had a slightly improved representation at bands 8A to 8D (increase of 6)

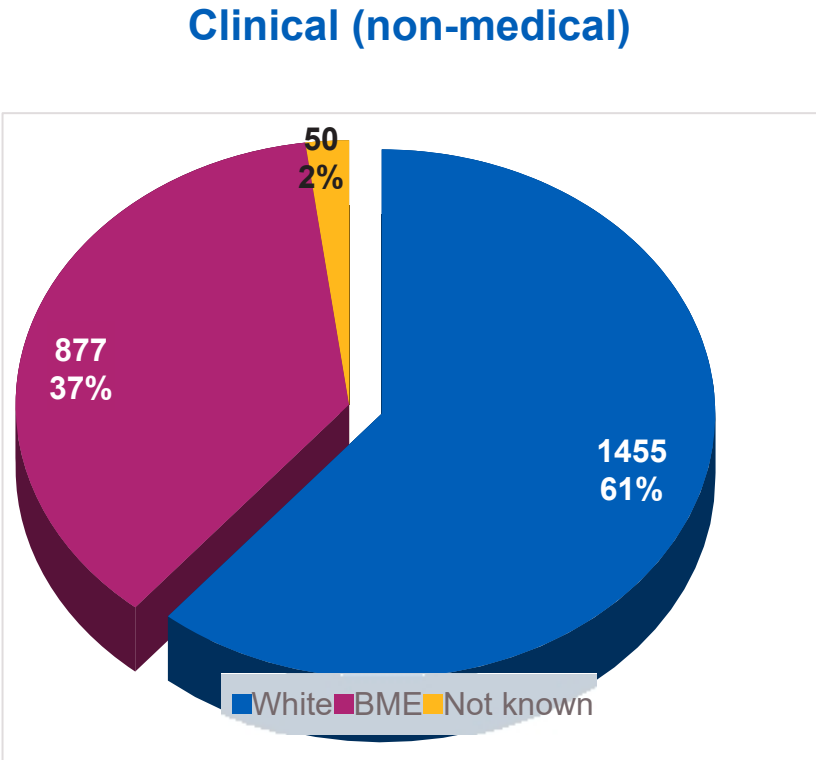
1a) Non-clinical workforce	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Under Band 1	0	0	0	0	0	0
Band 1	1	0	0	0	0	0
Band 2	317	319	63	74	9	10
Band 3	335	315	47	56	13	14
Band 4	165	194	21	28	4	4
Band 5	107	147	9	30	1	5
Band 6	84	165	8	40	1	6
Band 7	72	146	3	9	1	5
Band 8A	39	66	2	5	2	1
Band 8B	24	26	2	4	1	1
Band 8C	10	11	0	1	0	1
Band 8D	9	8	0	0	2	0
Band 9	7	9	0	0	0	0
VSM	11	11	1	1	0	0
Total non-clinical	1181	1471	156	248	34	47



METRIC 1: Clinical (non-medical) staff group on 31 March 2025

The total number of clinical staff is 2,382. While 2025 shows a noticeable re-distribution of clinical BME staff across Bands 2 to 6, the overall increase amounts to only six additional BME clinical staff. **Significantly, BME representation at band 8A to band 8D fell by 5 in 2025.**

1b) Clinical workforce (non-medical)	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity 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	66	22	43	10	2	2
Band 3	375	390	118	165	10	17
Band 4	111	124	67	7	3	4
Band 5	270	249	483	524	14	12
Band 6	423	326	122	131	10	9
Band 7	296	232	27	34	6	3
Band 8A	78	70	7	3	1	2
Band 8B	28	21	3	2	1	1
Band 8C	10	10	1	1	0	0
Band 8D	7	9	0	0	0	0
Band 9	0	2	0	0	0	0
VSM	2	0	0	0	0	0
Total clinical (non-medical)	1666	1455	871	877	47	50

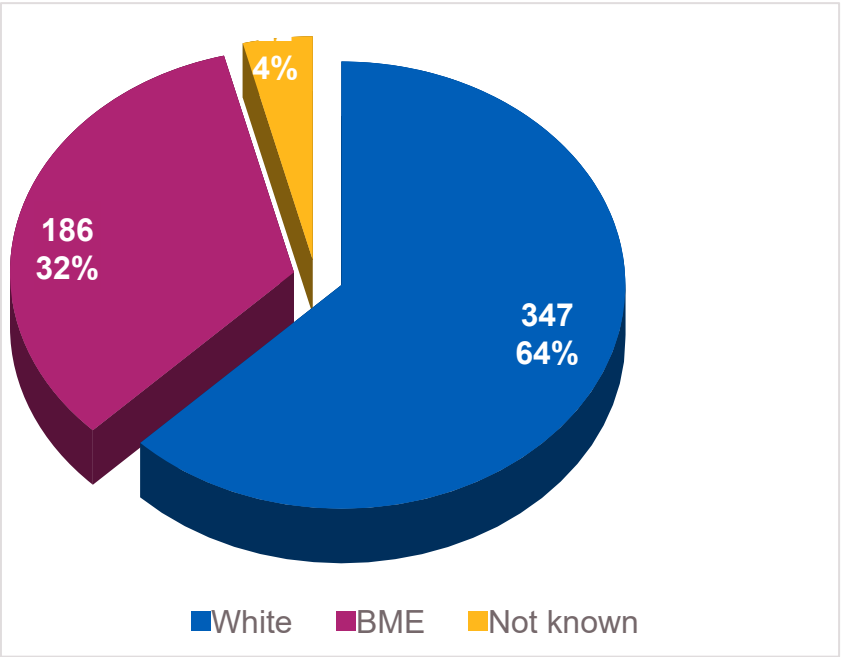


Metric 1: SFT Workforce 31 March 2025 – Medical & Dental

The total medical and dental staff is 582. Medical and dental BME staff increased by 8 in 2025 with a greater increase in the non-consultant career grade.

1b) Medical & Dental	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Consultants	179	184	35	34	13	11
Of which Senior medical manager	5	3	0	0	0	0
Non-consultant career grade	43	58	53	67	1	6
Trainee grades	126	132	90	85	3	5
Other	0	0	0	0	0	0
Medical & Dental	348	374	178	186	17	22

Medical & Dental



Equity in Career Progression – Race Disparity Ratio in 2025

The NHS Race Disparity Ratio is a tool used to measure the difference in career progression between White staff and BME staff. It looks specifically at the Agenda for Change (AfC) pay bands. In simple terms, imagine a ladder representing the different AfC pay bands. The Race Disparity Ratio tells us if there are any differences in how White staff and BME staff are climbing this ladder. A ratio of 1 means both groups are progressing equally. However, a ratio higher than 1 suggests BME staff face barriers in moving up to higher pay bands compared to White staff.

Non-clinical (SFT)

BME progression ratios

Lower to middle	188	/	49	=	3.84
Middle to upper	49	/	11	=	4.45
Lower to upper	188	/	11	=	17.09

White progression ratios

Lower to middle	975	/	311	=	3.14
Middle to upper	311	/	131	=	2.37
Lower to upper	975	/	131	=	7.44

Disparity ratios

	BME		White	
Lower to middle	3.84	/	3.14	= 1.22
Middle to upper	4.45	/	2.37	= 1.88
Lower to upper	17.09	/	7.44	= 2.30

- Lower to middle pay bands: BME staff are **x1.22** times less likely to progress equally from lower pay bands (such as Band 5) to middle pay bands (such as Band 6 or 7). This is a **decrease** from 2024 (x2.15)
- Middle to upper pay bands: BME staff are **x1.88** times less likely to progress from middle pay bands to upper pay bands (such as Band 8a or above). This is an **increase** from 2024 (x1.41)
- Lower to upper pay bands: Taking both steps into account, BME staff are **x2.30** times less likely to progress equally from lower pay bands all the way to upper pay bands compared to white staff. This is a **decrease** from 2024 (x3.03)

Clinical (SFT)

BME progression ratios

Lower to middle	706	/	165	=	4.28
Middle to upper	165	/	6	=	27.50
Lower to upper	706	/	6	=	117.67

White progression ratios

Lower to middle	785	/	558	=	1.41
Middle to upper	558	/	112	=	4.98
Lower to upper	785	/	112	=	7.01

Disparity ratios

	BME		White	
Lower to middle	4.28	/	1.41	= 3.04
Middle to upper	27.50	/	4.98	= 5.52
Lower to upper	117.67	/	7.01	= 16.79

- Lower to middle pay bands: BME staff are **x3.04** times less likely to progress equally from lower pay bands (such as Band 5) to middle pay bands (such as Band 6 or 7). This is a **decrease** from 2024 (x4.17)
- Middle to upper pay bands: BME staff are **x5.52** times less likely to progress equally from middle pay bands to upper pay bands (such as Band 8a or above). This is an **increase** from 2024 (x2.35)
- Lower to upper pay bands: Taking both steps into account, BME staff are **16.79** times less likely to progress equally from lower pay bands all the way to upper pay bands compared to white staff. This is significant **increase** from 2024 (x9.83)

NHS Model Employer BME Representation Target

The NHS Model Employer framework aims for BME representation at senior grades to match their overall workforce share by 2025, with each Trust setting local targets across AfC Bands 6–VSM.

As of 31 March 2025, BME staff comprised 28.04% of the NHS (27.48% excluding medical/dental), up from 27.00% (26.00% excluding) a year earlier.

SFT remains below its Bands 6–VSM targets but has launched three leadership programmes for Bands 2–8, now accessed by over 500 colleagues.

In 2025, SFT was below the NHS Model Employer BME Target all bands (6 to VSM).

The table to the right shows the revised BME representative target for 2025/2026 across AfC Bands 6 to VSM based on the 31 March 2025 snapshot BME workforce of 27.48% (excluding medical and dental grades)

SFT NHS Model Employer BME representation target for 2025/26

2025	Total staff	BME Staff	Actual % against 27.48% target for BME staff representation	Target to increase BME representation to 27.48%.
Band 6	677	171	25.26 %	16
Band 7	429	43	10.02 %	75
Band 8a	147	8	5.44 %	33
Band 8b	55	6	10.91 %	10
Band 8c	24	2	8.33 %	5
Band 8d	17	0	0.00 %	5
Band 9	11	0	0.00 %	4
VSM	12	1	8.33 %	3

Metric 2: Appointment from shortlisting 2024/25

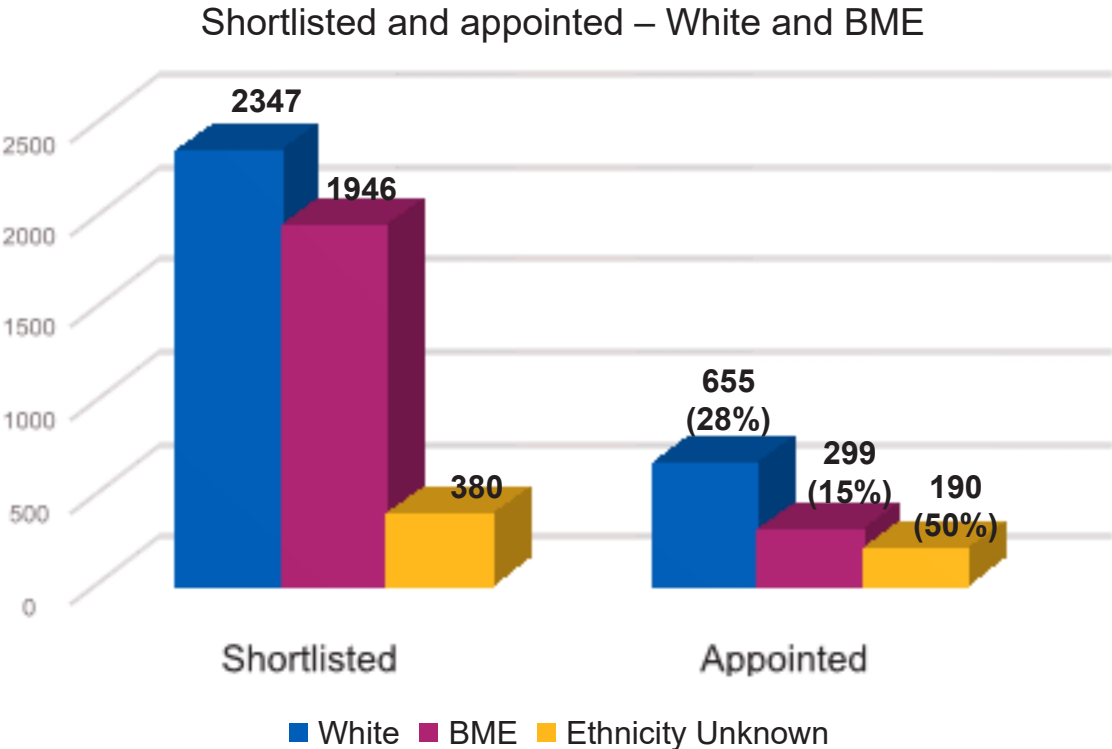
Relative likelihood of BME staff being appointed from shortlisting across all posts.

X1.82

The metric’s aim is to achieve parity between eligible White and BME applicants. A figure below 1.00 means BME applicants are more likely than White applicants to be appointed from shortlisting.

In 2024/25, the relative likelihood of White applicants being appointed from shortlisting compared to BME applicants was **1.82** times. This has **increased** from 1.25 in 2023/24 indicating a widening equity gap for BME 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.*



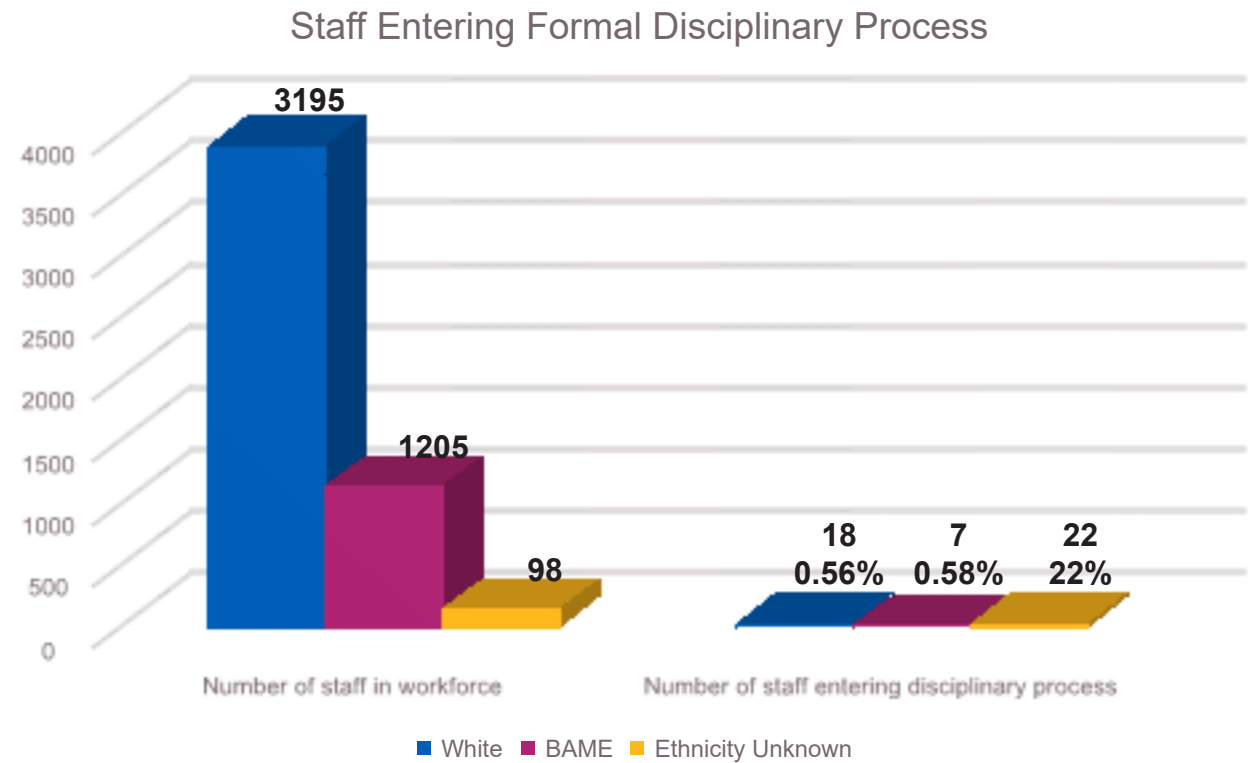
METRIC 3: Entering the formal disciplinary process in 2024/25

METRIC 3 measures the relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

X1.44

In 2024/25, BME staff were **1.44** times more likely than White staff to enter the formal disciplinary process. This represents an **increase** from 1.03 in 2023/24 and 0.98 in 2022/23, indicating a widening equity gap for BME staff.

Note: A ratio above 1.00 means BME staff are more likely than White staff to enter the formal disciplinary process.



METRIC 4: Accessing non-mandatory training and CPD in 2024/25

METRIC 4: Measures the relative likelihood of BME staff accessing non-mandatory training and CPD.

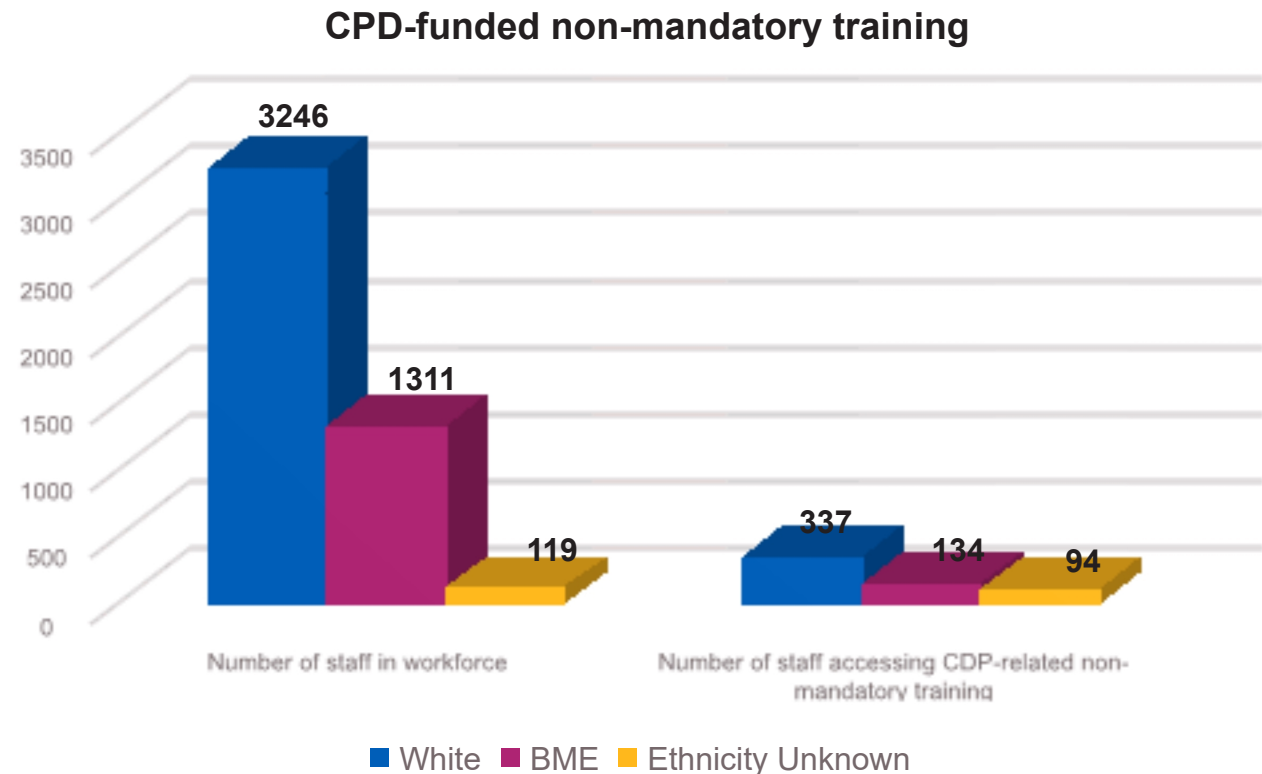
X1.02

In 2024/25, the relative likelihood of White staff accessing **CPD-funded non-mandatory training** compared to BME staff was **1.02** times, indicating near-par access between the two staff groups.

A ratio above 1.00 means White staff are more likely than BME staff to access non-mandatory training and CPD.

Note

- Currently, the Trust can only obtain demographic information for CPD-funded non-mandatory training.
- Work is at a very early stage to scope options for extracting demographic data on all non-mandatory training from our reporting systems.
- No data is available from previous years to compare the trends.



SFT staff survey 2023 and 2024 comparison

METRIC 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months out of those who answered the question

Staff group	2023	2024	Change	National average
White	20.69%	21.82%	▲ 1.13%	▼ 23.21%
All other ethnic groups	21.90%	22.98%	▲ 1.08 pts	▼ 28.27%

METRIC 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months out of those who answered the question

Staff group	2023	2024	Change	National average
White	20.90%	19.59%	▼ 1.31 pts	▼ 21.53%
All other ethnic groups	24.82%	18.39%	▼ 6.43 pts	▼ 24.78%

▼ ▲ Improvement
▲ ▼ Decline

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SFT staff survey 2023 and 2024 comparison

METRIC 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Staff group	2023	2024	Change	SFT compared to the national average
White	56.88%	60.16%	▲ 3.28 pts	▲ 58.82%
All other ethnic groups	51.84%	56.10%	▲ 4.26 pts	▲ 49.70%

METRIC 8: Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months out of those who answered the question

Staff group	2023	2024	Change	SFT compared to the national average
White	7.16%	6.72%	▼ 0.44 pts	▲ 6.69%
All other ethnic groups	16.01%	13.22%	▼ 2.79 pts	▼ 15.72%

▼ ▲ Improvement
▲ ▼ Decline

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Metric 9: Trust Board Membership 2024/25

Metric 9: Trust Board Membership – snapshot on 31 March 2025						
Board voting membership	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity unknown (2025)
Total Board members	11	13	1	1	2	0
of which: Voting Board members	11	13	1	1	2	0
Non-voting Board members	0	0	0	0	0	0
of which: Exec Board members	4	6	0	0	2	0
Non-executive Board members	7	7	1	1	0	0

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Progress against WRES Action Plan 2024/25

	Cultural Development Objective	Action	Progress	Status	Next Steps
1	To seek a downward trend in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination at work Metric 5, 6 and 8 (staff survey)	<ul style="list-style-type: none">Rollout Leadership Behaviours Charter workshops across the Trust	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 aim to address team dynamics and challenges with the aim of fostering a culture of inclusion and belonging.		<ul style="list-style-type: none">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 style="list-style-type: none">Managers' Wellbeing Conversations training will be refreshed to include a stronger focus on the duty of care, equipping managers to support staff mental wellbeing in relation to experiences of discrimination and/or exclusion.	Managers' Wellbeing Conversations now includes duty of care in relation to staff mental health wellbeing. 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) A new 30-minute induction focusing on inclusion, wellbeing, and personal/professional boundaries has been launched for all new staff.		Business-as-usual
		<ul style="list-style-type: none">Pilot and rollout leading for inclusion masterclass training for all staff.	One-day leading for inclusion masterclass successfully piloted. 11 attended the pilot, however subsequent sessions were cancelled due to poor uptake and non-attendance (DNAs).		Relaunch in autumn 2025 with longer lead-time and comms campaign
		<ul style="list-style-type: none">Pilot active bystander 'nip in the bud' workshops to support staff to be confident to address discriminatory behaviours at the outset	Active Bystander (Proactive Behaviour Management) training successfully piloted. 13 attended the pilot, however subsequent sessions were cancelled due to poor uptake and DNAs		Relaunch in autumn 2025 with longer lead-time and comms campaign

Progress against WRES Action Plan 2024/25

	Cultural Development Objective	Action	Progress	Status	Next Steps
2	To seek an upwards trend in the percentage of BME staff believing that the trust provides equal opportunities for career progression or promotion. Metric 7 (staff survey)	<ul style="list-style-type: none">Consolidate job application and interview skills workshops throughout 2024	<ul style="list-style-type: none">Workshops were held for Internationally Educated Nurses on job applications and interview preparation; however, participation was very limited.Conducted a survey with the Internationally Educated Nurses (111 responses out of 236) to gather information on career development needsHeld a development day for IENs on 17 March 2025 with 20 attendees		Redevelop and promote the offer through a comms campaign and the Multicultural Staff Network in autumn 2025
		<ul style="list-style-type: none">Pilot BME Mentoring Programme	<ul style="list-style-type: none">The Mentoring Network (non-clinical) skills development programme, which focuses on general personal effectiveness, leadership, and management skills mentoring, was launched in December 2024 for all staff, however, the network is still in development stage and a specific Mentoring Programme for BME staff, IENs remains work in progress.		<p>Develop and promote the Mentoring Network with a comms campaign and through the Multicultural Staff Network.</p> <p>Scope for the development of a specific BME mentoring programme</p>

Progress against WRES Action Plan 2024/25

	Networks and Communication Objective	Action	Progress	Status	Next Steps
3	To develop a robust method to measure the relative likelihood of staff accessing non-mandatory training and CPD. Metric 4 (staff survey)	<ul style="list-style-type: none">Develop a method for updating LEARN (MLE) via ESR on staff accessing non-mandatory training and CPD by demographics	<ul style="list-style-type: none">Currently the Trust can only extract data on CPD-funded non-mandatory training by demographicsIn 2024, 565 staff accessed non-mandatory CPD training of which BME (134), White (337) and no ethnicity recorded (94).		Explore options for extracting demographic data for all non-mandatory training from our reporting systems.
4	To enhance the reach and impact of the Multicultural Staff Network to improve the experience of all staff, but with a particular focus on BME staff across the divisions/services/teams	<ul style="list-style-type: none">Develop the leadership team with meaningful succession planning	<ul style="list-style-type: none">Membership increased from 43 to 80Challenges remain for staff volunteering for the role of chair/co-chair even with protected timeA new chair was appointed in Feb 2025		Continue to develop leadership team and support events like South Asian Heritage month, Inclusion week and Black History Month
		<ul style="list-style-type: none">Hold high visibility and impactful events (e.g.. Black History Month, Tent Talks Inclusion Day, Staff awards, Inclusion week, South Asian Heritage Month)	<ul style="list-style-type: none">Several high visibility events have taken place over the past six months including a very successful Black History Month celebration on 25 October 2024 attended by over 100 staffExhibitions included Diwali and Race Equality WeekOver 200 people attended the South Asian Heritage month celebration on 25 July 2025		Planning for Inclusion week (Sept 15-21) Planning for Diwali celebration (Oct) Planning for Black History Month (Oct)

WRES Action Plan for 2025/26

	Cultural Development Objective	Key Actions	Outcomes & Measures	Lead	Delivery Partners	Start	End
1	Seek a downward trend in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination from manager/team leader or other colleagues (metric 8)	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.	<ul style="list-style-type: none">BME staff experience a more compassionate, inclusive, and supportive culture, fostering a stronger sense of belonging.Reduction in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination from 2024/25 baseline of 13.2% compared to White staff (6.72%)Quarterly data shows strong take-up of the Licence to Manage Programme by managers across all teams	OD&L Lead	Head of Inclusion & Wellbeing HRBPs	Q3 2025/26	Q2 2026/27
2	<p>Culture of Civility, Kindness and Compassion</p> <p>Seek a downward trend in negative behaviours resulting in team cultures that are neither compassionate nor inclusive.</p>	<ul style="list-style-type: none">Deliver further Compassionate Leadership programmes to build managers' and staff self-awareness, inclusive behaviours, and psychologically safe team practices.Embed and sustain Behaviour Charters within teams, focusing on identifying triggers, ensuring accountability, and reducing behaviours that lead to incivility.	<ul style="list-style-type: none">Staff report experiencing more equitable and inclusive treatment across departments.Increase in the Trust's 2024 staff survey score for "Compassionate & Inclusive" (baseline average = 7.38).Reduction in variation between departments: 21/54 departments currently sit below the Trust average.Target: narrow this gap by raising the departmental scores of these 21 teams closer to, or above, the Trust average.Evidence of consistent lived experience across teams, demonstrated through staff survey results, focus groups, and case studies.	Head of OD&L	OD&L Team HRBPs Head of Inclusion & Wellbeing	Q2 2025/26	Q2 2026/27

WRES Action Plan for 2025/26

	Cultural Development Objective	Key Actions	Outcomes & Measures	Lead	Delivery Partners	Start	End
4	Launch a dedicated support programme for our internationally educated (IENs) nurses so they can thrive personally, culturally, and professionally.	<ul style="list-style-type: none"> Stakeholder analysis of all current development offers, with a focus on how accessible each option is to IENs. A programme of themed listening events specifically for IENs, ensuring their lived experiences shape future support. Targeted interventions – either newly developed or clearly signposted – driven by insights from the IEN survey and listening events. 	<ul style="list-style-type: none"> An inclusive, psychologically safe workplace in which IENs enjoy the same training, development and career-progression opportunities as UK-educated colleagues, supported by line managers and peers who are culturally aware and equipped to champion equity Support programme in place for IENs At least 10% of the IENs using the programme Feedback on impact (before & after) 	Head of Inclusion & Wellbeing	HRBPs Deputy head of nursing (surgery) Staff Networks	Q2 2025/26	Q2 2026/27
5	Enhance the reach and impact of the Trust's seven Staff Networks, improving the intersectional experience of all staff by drawing on the expertise of Cherron Inko-Tariah and maintaining momentum through active support from the networks' executive sponsors.	<ul style="list-style-type: none"> Cascade Cherron's insights to all chairs/co-chairs and exec sponsors and develop a refreshed approach to staff networks and role of exec sponsors. Monthly drop-in listening and support sessions for chairs/co-chairs with the I&WB team Update the Staff Networks Handbook and ToRs Quarterly listening sessions with chairs, head of I&WB and ADODC&L Develop staff networks partnership working within the BSW Group 	<ul style="list-style-type: none"> All staff network have full complement of chair/co-chair and an engaged exec sponsor All networks have an agreed vision and mission based on Cherron's template All staff networks support each other on events and activities Meaningful collaborative support and activities across the BSW Group staff networks Noticeable growth in membership across all staff networks 	Head of Inclusion & Wellbeing	I&WB Officer Network chairs ADODC&L HRBPs	Q3 2025/26	Q2 2026/27

WRES Action Plan for 2025/26

	Cultural Development Objective	Key Action	Outcomes & Measures	Lead	Delivery Partners	Start	End
6	Understand and act on the causes of the disparity in White job applicants being 1.82 times more likely to be appointed from shortlisting than Black and Minority Ethnic (BME) candidates in 2024/25.	Extract the past 12 months of TRAC data and build a one-page recruitment funnel by ethnicity, flagging any stage where the White-to-BME progression ratio exceeds 1.25 for deep-dive review.	<ul style="list-style-type: none">BME candidates are appointed from shortlisting at a rate equal to that of White candidates.Trac data review completeOne-page recruitment funnel to monitor white to BME progression ratio	Head of Resourcing	Head of Inclusion & Wellbeing	Q3 2025/26	Q2 2026/27
7	Assess pathways that reduce detriment when speaking up.	Conduct a full analysis of all speaking up channels to produce an evidence-based action plan on which pathways to promote, redesign, or resource to ensure staff are protected from detriment	<ul style="list-style-type: none">A culture of safety where staff can confidently raise concerns safely, confidentially, and without fear of reprisal.Analysis of speaking up channels completed – actions planned based on analysis	F2SPG	Head of Inclusion & Wellbeing	Q3 2025/26	Q1 2026/27

Appendix A – Definitions of Ethnicity: Workforce Race Equality Standard

	Ethnic Categories 2021 – Definitions of ‘Black and Minority Ethnic’ and ‘White’
1	WHITE
	1 – White –British / Welsh / Scottish / Northern Irish / British 2 – White –Irish 3 – Gypsy or Irish Traveller 4 – Any other White background
2	MIXED/MULTIPLE ETHNIC GROUPS
	5 – White and Black Caribbean 6 – White and Black African 7 – White and Asian 8 – Any other mixed / multiple ethnic background please describe
3	ASIAN / ASIAN BRITISH
	9 – Asian or Asian British –Indian 10 – Asian or Asian British –Pakistani 11 – Asian or Asian British – Bangladeshi 12 – Asian or Asian British – Chinese 13 – Any other Asian background please describe

	Ethnic Categories 2021 – Definitions of ‘Black and Minority Ethnic’ and ‘White’
4	BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH
	14 – Black or black British – African 15 – Black or black British – Caribbean 16 – Any other black background please describe
5	ANY OTHER ETHNIC GROUP
	17 – Arab 18 – Any other ethnic group please describe
6	NOT STATED OR UNKNOWN
	19 – Not stated 20 – Do not wish to state 21 – Unknown

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NHS Foundation Trust

Workforce Disability Equality Standard (WDES)

2025 Annual Report and Action Plan

Final Draft

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 non-disabled 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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2	Introduction and background to WDES
3	Executive summary
4-5	Summary of progress against WDES action plan 2024/25
6	Definitions, data reference and timeline for WDES metrics
7-10	Metric 1: SFT workforce snapshot on 31 March 2025 by different staff groups
11	Metric 2: Disabled job applicants' appointment from shortlisting
12	Metric 3: Disabled staff entering the formal capability process
13-14	Metric 4a to 4d: Disabled staff experiencing harassment, bullying or abuse
14	Metric 5: Equal opportunities for career progression or promotion for disabled staff
15	Metric 6: Disabled staff feeling pressure to come to work, despite not feeling well
15	Metric 7: Disabled staff feeling their work is valued
16	Metric 8: Reasonable adjustment being made for disabled staff
16	Metric 9: Disabled staff engagement score
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18-19	Progress against the 2024/25 WDES action plan
20	WDES action plan for 2025/26
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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 benchmark 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.

METRIC 1: Total SFT workforce snapshot on 31 March 2025

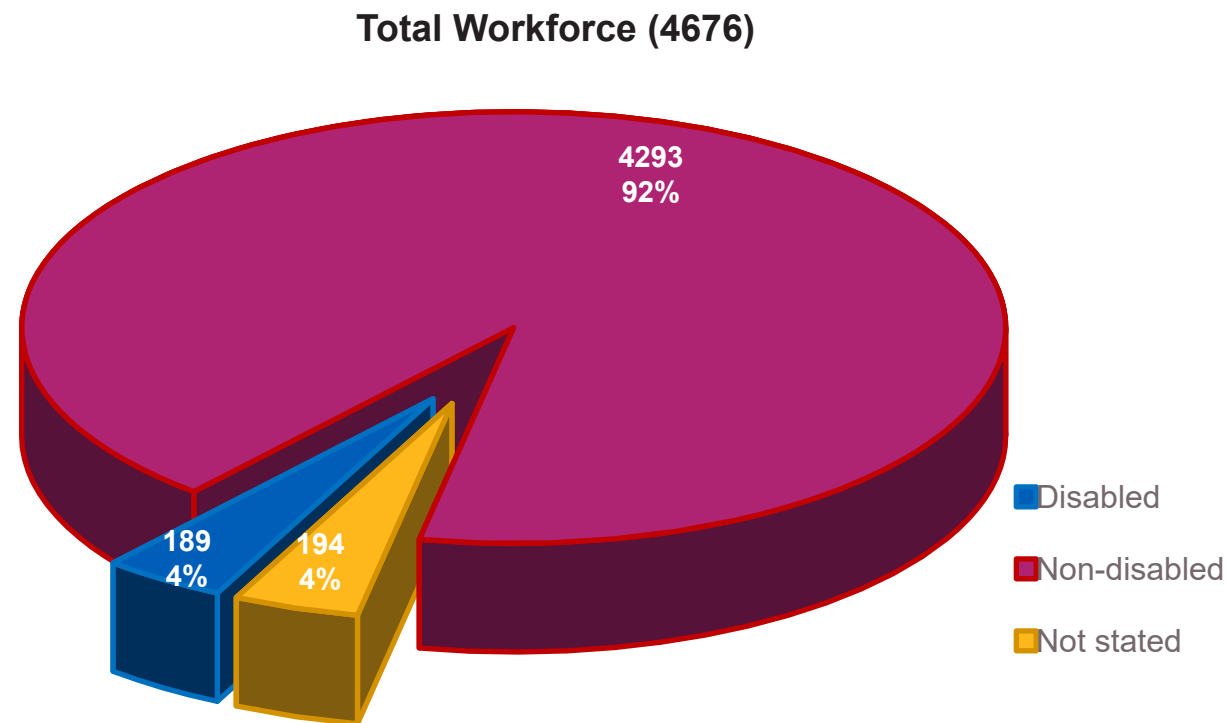
METRIC 1 provides a single-date snapshot of the entire workforce (excluding Bank staff) on 31 March 2025 from ESR. It comprises two layers of breakdown:

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)



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).

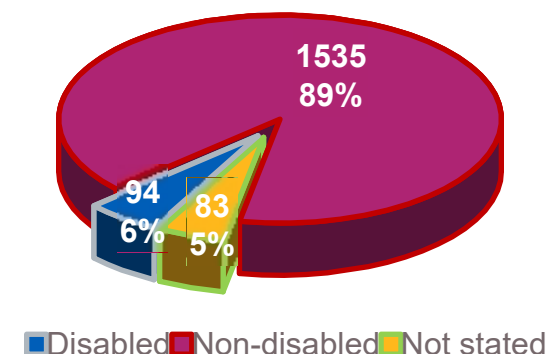
METRIC 1: Non-clinical staff group snapshot on 31 March 2025

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

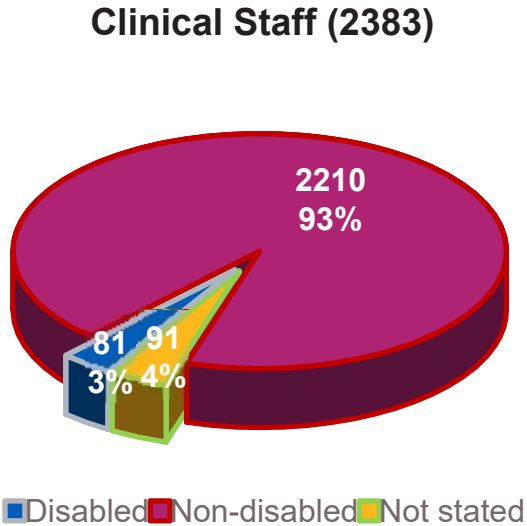
Non-Clinical (1712)



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

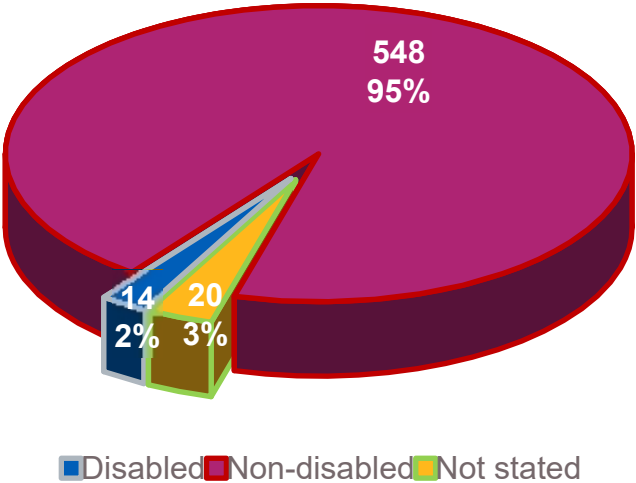


METRIC 1: Medical and dental staff group snapshot on 31 March 2025

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

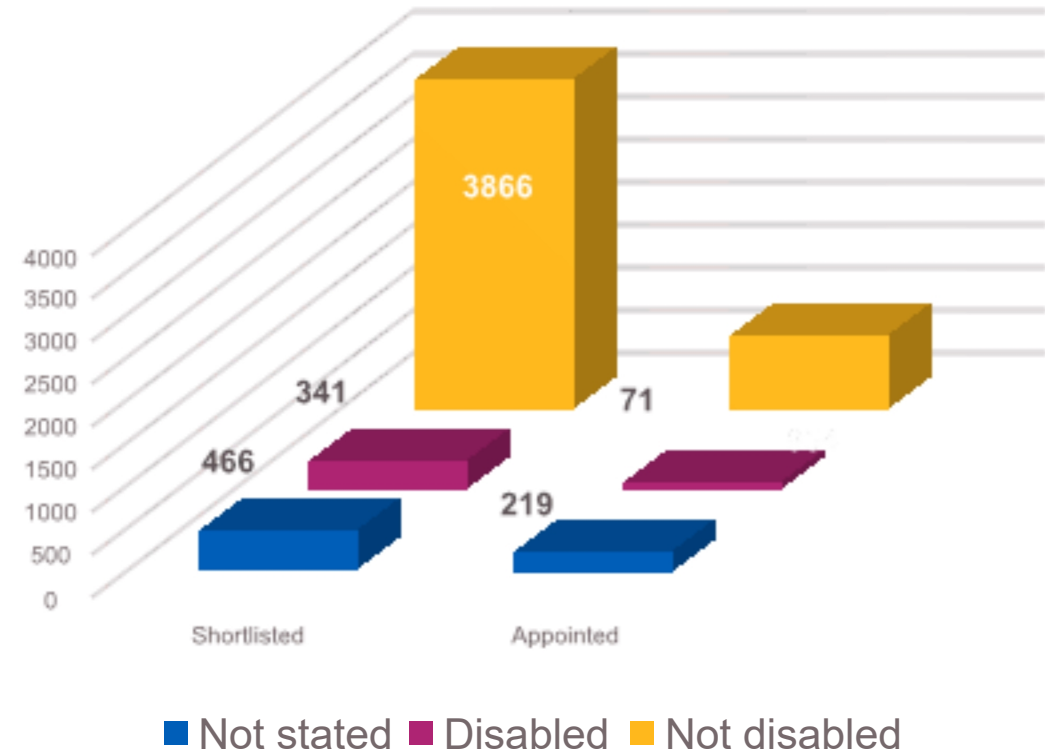
METRIC 2: Relative likelihood of disabled job applicants being appointed from shortlisting across all posts.

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.

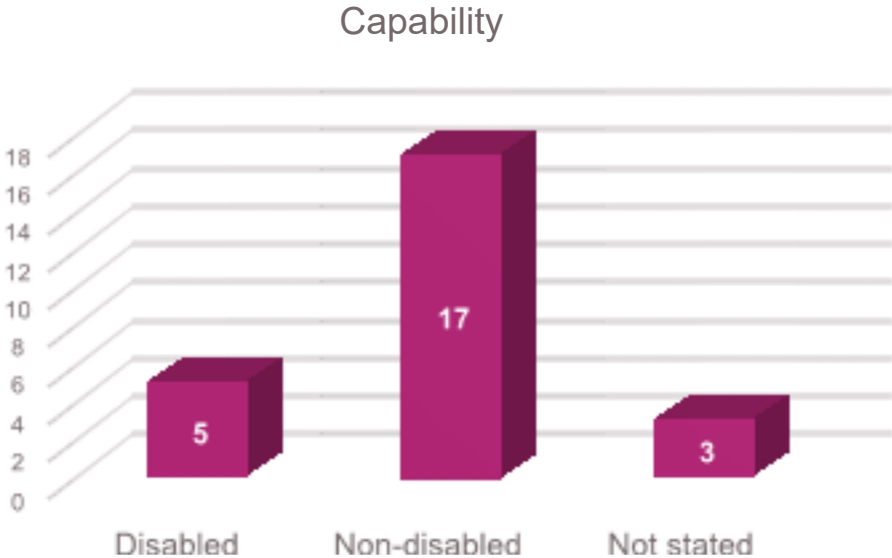
Note: The number of international applicants via Trac continues to increase which creates significant challenges for both Recruiting Managers and the Recruitment Team. They are facing increased pressure on time and resources to carefully review and shortlist applicants who are eligible to work in the 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.

SFT staff survey 2023 and 2024 comparison

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%	▲ 3.36%	▼ 22.71%

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%	▼ 15.10%
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%	▼ 25.24%
Staff without a LTC or illness	15.50%	14.13%	▼ 1.37%	▼ 16.22%



SFT staff survey 2023 and 2024 comparison

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%	▲ 2.54%	▲ 51.82%
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%	▲ 2.2%	▲ 51.30%
Staff without a LTC or illness	56.90%	60.40%	▲ 3.5%	▲ 57.57%

▼ ▲ Improvement
▲ ▼ Decline

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SFT staff survey 2023 and 2024 comparison

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%	▼ 26.85%
Staff without a LTC or illness	17.90%	17.73%	▼ 0.17%	▲ 17.71%

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%	▲ 7.16%	▲ 34.73%
Staff without a LTC or illness	44.49%	49.93%	▲ 5.44%	▲ 46.98%

▼ ▲ Improvement
▲ ▼ Decline

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SFT staff survey 2023 and 2024 comparison

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%	▲ 73.93%

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

▼ ▲ Improvement

▲ ▼ Decline

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Trust Board Membership 2025 (Metric 10)

Metric 10: Trust Board Membership – snapshot on 31 March 2025						
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

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Progress against WDES Action Plan 2024/25

	Cultural Development Objective	Action	Progress	Status	Next Steps
1	To seek a downward trend in the percentage of disabled staff experiencing harassment, bullying, abuse or discrimination (Metric 4 staff survey)	<ul style="list-style-type: none">Rollout Leadership Behaviours Charter workshops across the Trust	<ul style="list-style-type: none">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 aim to address team dynamics and challenges with the aim of fostering a culture of inclusion and belonging.		<ul style="list-style-type: none">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 style="list-style-type: none">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.	<ul style="list-style-type: none">Neurodiversity Awareness Workshop for managers piloted (Nov 2024) and rolled out quarterly on MLE21 managers have attended to date		<ul style="list-style-type: none">Promote Neurodiversity awareness training
		<ul style="list-style-type: none">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 style="list-style-type: none">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)A new 30-minute induction focusing on inclusion, wellbeing, and personal/professional boundaries has been launched for all new staff.		<ul style="list-style-type: none">Business-as-usual
		<ul style="list-style-type: none">Wellbeing Champions training and peer network are being refreshed to raise awareness of the link between mental wellbeing and discrimination and/or exclusion.	<ul style="list-style-type: none">Wellbeing Champions training has been refreshed and launched on MLE with specific focus on mental wellbeing and discrimination/exclusion.However, the take-up of the WB Champions has been low		<ul style="list-style-type: none">Comms campaign on the training offer
		<ul style="list-style-type: none">Pilot and rollout 'leading for inclusion' masterclass training for all staff.	<ul style="list-style-type: none">One-day leading for inclusion masterclass successfully piloted and on MLE quarterly11 attended the pilotSubsequent three workshops were cancelled due to DNAs		<ul style="list-style-type: none">Comms campaign on the training offer

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 style="list-style-type: none"> A Task and Finish with relevant members to prepare for the L3 self-assessment and eliminate any gaps L3 self-assessment to be submitted for approval 	<ul style="list-style-type: none"> All required work was completed and submitted to the Shaw Trust, an independent organisation that reviews and evaluates the evidence Submitted L3 application on 17 March 2025 to the government portal Achieved Level 3 status on 19 March 2025. 		<p>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 to be addressed through a targeted action plan in the 2025/26 financial year, which look to:</p> <ul style="list-style-type: none"> 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 style="list-style-type: none"> Encourage all staff and board members to update their personal status on ESR via comms bulletin and managers weekly newsletter Staff and Board execs to update their personal status on ESR 	<ul style="list-style-type: none"> Updated and ratified the Supporting Disabled Staff policy and launched the Health Passports 		<ul style="list-style-type: none"> 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

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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
	<p>A person (P) has a disability if—</p> <p>(a) P has a physical or mental impairment, and</p> <p>(b) the impairment has a substantial and long-term adverse effect on P’s ability to carry out normal day-to-day activities</p>
B	NHS Staff Survey disability monitoring question
	<p>Q28a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?</p> <p>If YES, please answer part b below; if NO, go to Question 29</p> <p>Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?</p> <p>1 Yes</p> <p>2 No</p> <p>3 No adjustment required</p>

C	NHS Jobs disability monitoring question
	<p>The Equality Act 2010 protects Disabled people – including those with long term health conditions, learning disabilities and so called “hidden” disabilities such as dyslexia.</p> <p>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.</p> <p>* Do you consider yourself to have a disability?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. I do not wish to disclose this information. <p>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’.</p> <ul style="list-style-type: none"> • Physical impairment • Learning Disability/Difficulty • Sensory impairment • Long-standing illness • Mental health condition • Other <p>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?</p> <ol style="list-style-type: none"> 1. Yes 2. No

D	Disability categories on ESR are:
	<ul style="list-style-type: none"> • Learning disability/difficulty • Long-standing illness • Mental Health Condition • No • Not Declared • Other • Physical Impairment • Sensory Impairment • Prefer Not to Answer • Yes – Unspecified