

Dorset County Hospital
Workforce Disability Equality Standard
Report

2025-26

Executive summary

The Workforce Disability Equality Standard (WDES) is the NHS's nationally mandated framework for measuring disability equality within the workforce. At Dorset County Hospital, we use the WDES alongside workforce information, the NHS Staff Survey and staff voice to understand where Disabled colleagues face barriers and where improvement is required. This year's results contain a clear positive finding: recruitment from shortlisting is close to parity and slightly favours Disabled applicants. Harassment from patients and the public and from managers also reduced, while reporting after harassment increased and is now close to the result for colleagues without a long-term condition or illness.

Those improvements sit alongside persistent inequalities in experience after joining the organisation. Disabled staff were 2.14 times as likely to enter a formal capability process, although this is based on very small numbers. Staff with a long-term condition or illness were more likely to experience harassment from colleagues and pressure to attend work when unwell and were less likely to feel valued or believe that career opportunities are equal. Positive responses on reasonable adjustments fell to 73.33%, and engagement reduced to 6.47 compared with 7.06 for colleagues without a long-term condition or illness.

The proportion of the submitted workforce recorded as Disabled remained broadly stable at 6.59%, representing 256 colleagues. One of 13 Voting Board members was recorded as Disabled, slightly above the workforce proportion. Among six Executive Board members, none was recorded as Disabled and one had an unknown or not-stated disability status. The results show a contrast between broadly equitable recruitment and continuing gaps in workplace support, day-to-day culture, recognition, progression and capability practice.

DCH's response will use the WDES findings to strengthen delivery through relevant DCH work and agreed joint DCH–DHC activity. The emphasis is on removing practical barriers, improving consistency and testing whether existing policies, learning and support make a difference in everyday experience. The accompanying Action Plan brings these commitments together and identifies accountable functions and supporting roles. Agreed joint work with Dorset HealthCare (DHC) and proposals requiring approval are identified separately in the Action Plan, which marks the capability case review as the only new WDES action.

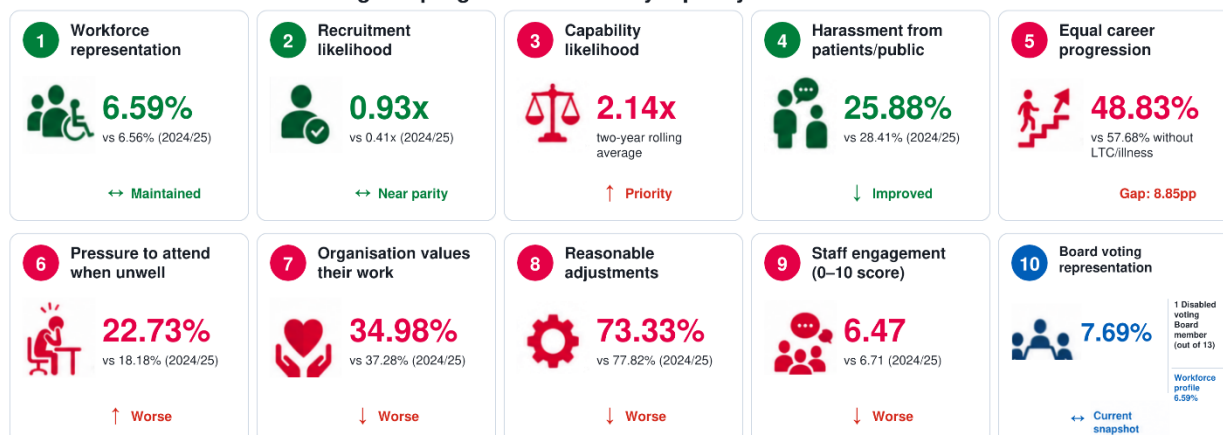
Data sources

- Metrics 1 and 10 are based on workforce and Board data recorded at the snapshot date of 31 March 2026.
- Metric 2 is based on known TRAC recruitment data for the period 1 April 2025 to 31 March 2026.
- Metric 3 is based on HR records and uses a two-year rolling average covering 1 April 2024 to 31 March 2026.
- Metrics 4 to 9a are based on the 2025 NHS Staff Survey.
- Metric 9b is based on Trust information about action taken to facilitate the voices of Disabled staff to be heard.

WDES 2025/26 AT A GLANCE

Workforce Disability Equality Standard

Ten national indicators showing our progress on disability equality



WHAT HAS IMPROVED

- ✓ Recruitment is close to parity and slightly favours Disabled applicants
- ✓ Harassment from patients and the public reduced
- ✓ Harassment from managers reduced
- ✓ Reporting after harassment increased and is now near parity

BIGGEST CHALLENGES

- ! Disabled staff remain more likely to enter capability processes
- ! Harassment from colleagues increased
- ! Pressure to attend work when unwell increased
- ! Reasonable-adjustment result, feeling valued and engagement fell

Arrows indicate direction of change compared with the previous comparable year.

↑ Improved

↓ Worse

↔ Maintained / Near parity

Metric 5: 48.83% with LTC/illness vs 57.68% without; gap 8.85pp. Earlier results are not shown because Q15 wording changed.

Workforce/Board/HR: to 31 Mar 2026
Staff Survey metrics: 2025 survey

What the data tells us

Representation across the workforce

At 31 March 2026, 256 of 3,882 colleagues in the submitted WDES workforce were recorded as Disabled, representing 6.59%. This is broadly unchanged from 251 colleagues and 6.56% in the previous comparable submission. A further 339 colleagues, or 8.73%, had no disability status recorded or were recorded as unknown. The headline therefore needs to be read both as a measure of representation and as an indication of how confident colleagues feel about recording disability information on ESR.

The submitted workforce profile is not evenly distributed across staff groups. It records 177 Disabled colleagues in the clinical grouping, representing 7.1% of 2,490 colleagues, and 66 in the non-clinical grouping, representing 7.7% of 860. Within clinical AfC bands, recorded representation is 8.9% across Bands 1 to 4 and 6.7% across Bands 5 to 7, falling to 2.7% across Bands 8a and 8b and 0% across Bands 8c to VSM. In the non-clinical grouping, representation is 8.4% across Bands 1 to 4 and 7.1% across Bands 5 to 7. The 13.0% recorded across Bands 8c to VSM represents only three colleagues, illustrating how small denominators can move senior percentages substantially.

Medical and dental data has a different profile. The submitted return records three Disabled consultants out of 216, two Disabled non-consultant career-grade doctors out of 56 and eight Disabled doctors in training out of 260. This gives overall recorded representation of 2.4% across the medical and dental workforce, with 15.0% of records in those groups recorded as unknown. For assurance and action, it is therefore important to look at the underlying headcount, the percentage of unknown records and changes over time, rather than treating a single percentage as a complete account of workforce experience.

One of 13 Voting Board members was recorded as Disabled. This gives a current snapshot of 7.69%, compared with 6.59% across the workforce. Across all 14 Board members, one was recorded as Disabled and one had an unknown disability status. Among the six Executive

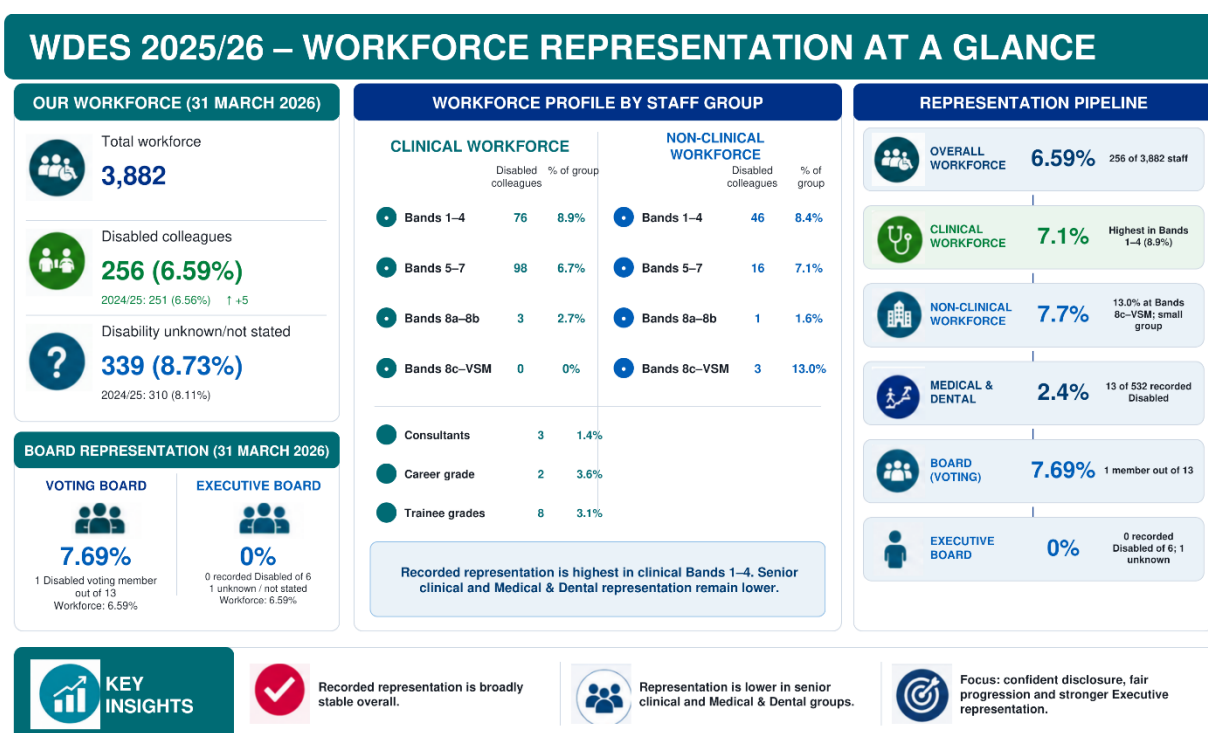
Board members, none was recorded as Disabled and one had an unknown or not-stated disability status. The Voting Board figure should be interpreted cautiously because it represents one person; Executive representation and confident recording remain areas for attention.

Overall, recorded disability representation is stable rather than showing a material increase. The main assurance questions are whether colleagues feel safe to disclose, whether representation is sustained through progression into senior roles, and whether workforce data is being used alongside lived experience. Disclosure will remain voluntary; the organisational task is to make the purpose of recording clear, protect confidentiality and demonstrate that information leads to better support and fairer decisions.

The workforce figures provide an important baseline, but they do not by themselves show whether Disabled colleagues can access adjustments, feel valued, progress or raise concerns safely. Those outcomes are better understood by reading the representation data alongside recruitment, capability and Staff Survey results.

Recruitment and career progression

Recruitment is the clearest positive finding in the 2025/26 WDES. Disabled applicants had a 32.87% appointment rate from shortlisting, compared with 30.47% for non-disabled applicants. The relative likelihood of a non-disabled applicant being appointed compared with a Disabled applicant was 0.93. A value close to 1.00 indicates parity; the current result is close to parity and slightly favours Disabled applicants. This is an outcome to sustain through accessible recruitment, timely adjustments and consistent selection practice.

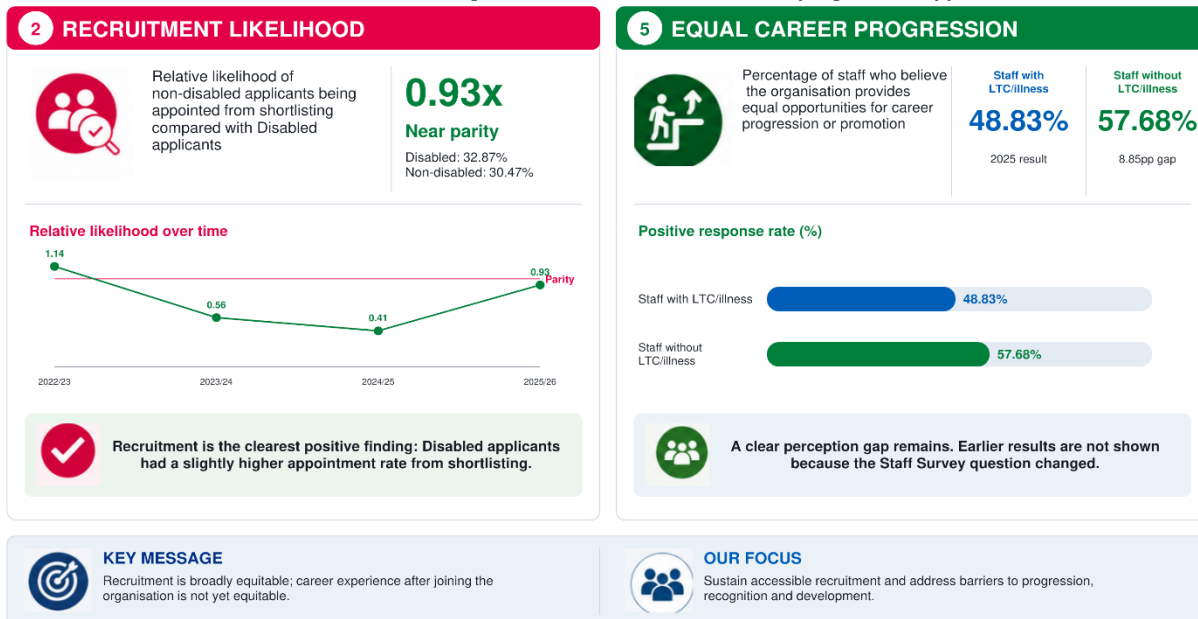


The 2025 Staff Survey presents a less positive picture after people join the organisation. 48.83% of staff with a long-term condition or illness believed the Trust provides equal opportunities for career progression or promotion, compared with 57.68% of staff without one, a gap of 8.85 percentage points. Earlier results are not shown because the wording of Staff Survey Q15 changed in 2025 and the official WDES output therefore does not report a trend.

The contrast between the two results is important: recruitment from shortlisting is close to parity, while staff with a long-term condition or illness report less confidence in equal career opportunity once employed at DCH. The response therefore needs to examine career conversations, access to development, recognition, progression routes and whether workplace adjustments enable people to take up opportunities. Staff voice will help explain the barriers behind the percentage and assess whether existing delivery routes are changing colleagues' experience.

WDES 2025/26 – RECRUITMENT & CAREER PROGRESSION AT A GLANCE

Two national indicators showing recruitment fairness and career progression opportunities



Note: Metric 5 shows the 2025 result only; earlier results are not shown because Q15 wording changed.

Reporting year 2025/26. Recruitment data cover 1 April 2025 to 31 March 2026.

Staff experience

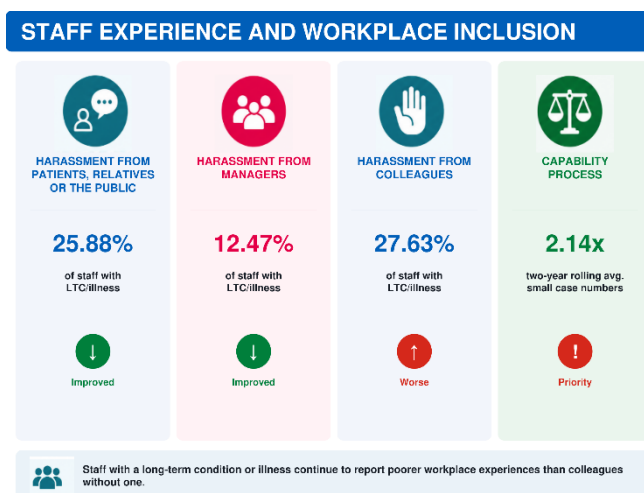
The 2025 Staff Survey shows improvement in some forms of harassment. 25.88% of staff with a long-term condition or illness reported harassment, bullying or abuse from patients, relatives or the public, down from 28.41% in 2024. Harassment from managers reduced from 13.72% to 12.47%. Both results remain higher than for colleagues without a long-term condition or illness, at 21.29% and 6.84% respectively, so the direction is positive but the gaps have not been eliminated.

Harassment from other colleagues is the strongest culture concern. The result increased from 24.45% to 27.63% for staff with a long-term condition or illness, compared with 16.65% for those without. Reporting after harassment moved in a more encouraging direction: 53.41% said that they or a colleague reported the last incident, up from 47.24% and now close to the 51.51% comparison result. This suggests greater willingness to report, but the increased experience of colleague harassment means prevention, manager response and support still require sustained attention.

Pressure from managers to attend work when not well enough to perform duties increased from 18.18% to 22.73%, compared with 14.90% for staff without a long-term condition or illness. Feeling valued also deteriorated: 34.98% of staff with a long-term condition or illness were satisfied with the extent to which the organisation values their work, down from 37.28% and substantially below the 47.32% comparison result. These measures point to the importance of psychologically safe wellbeing conversations, flexible support and management practice that does not treat health needs as a lack of commitment.

Reasonable adjustments remain positive for almost three quarters of respondents, but the result fell from 77.82% to 73.33% and is just below the 2025 NHS Staff Survey average of 73.65% for the Acute and Acute & Community benchmarking group. The staff engagement score for colleagues with a long-term condition or illness also fell, from 6.71 to 6.47, compared with 7.06 for colleagues without one.

Disabled staff were 2.14 times as likely as non-disabled staff to enter the formal capability process. The calculation uses a two-year rolling average of one Disabled case and six non-disabled cases, so one case materially affects the ratio. The movement from 2.83 in 2023/24 to 0.00 in 2024/25 and 2.14 in 2025/26 should not be read as a stable trend. A proportionate, anonymised case review is therefore the one new WDES action. It will check whether disability was identified, reasonable adjustments and Occupational Health advice were considered, and decisions were applied consistently.



The overall staff-experience picture is therefore mixed. Recruitment, reduced patient/public and manager harassment, and increased reporting are positive. The main priorities are colleague-to-colleague behaviour, pressure to attend work when unwell, feeling valued, consistent reasonable adjustments, lower engagement and the capability disparity. These are connected issues: timely support, confident managers, respectful teams and trusted staff voice all influence whether Disabled colleagues can participate and progress on an equitable basis.

How we're responding

WDES will be used as evidence within existing People, EDIB and workforce delivery rather than as a separate programme. The report brings together Staff Survey findings, workforce and pay-gap data, and staff voice to identify where established work needs to be strengthened.

Making workplace support work consistently

DCH already has a Reasonable Adjustments Policy, manager guidance, a Health Passport and Access to Work support. The WDES result indicates that the main issue is consistency: colleagues need a route that is timely, clear and followed through. A centralised reasonable-adjustment process has been proposed to improve coordination and oversight; this will be scoped further by a Joint Reasonable Adjustments Task and Finish Group. The group will compare practice and identify useful, shared work in this space.

Strengthening day-to-day management

Managers' decisions shape whether disability and health needs are recognised early and whether attendance, capability and career processes are fair. DCH's existing learning and guidance—including Conscious Inclusion, Inclusive Leadership, neurodiversity support, Oliver McGowan training and wellbeing routes—provide the main delivery channels.

Fair opportunity beyond appointment

The 0.93 recruitment result is a strength to sustain through accessible recruitment, timely adjustment offers and structured selection. Existing Inclusion and Belonging actions already cover recruitment learning, career conversations and the promotion of development opportunities.

The more difficult issue begins after appointment. Perceptions of career opportunity, feeling valued and engagement are all lower for colleagues with a long-term condition or illness, while recorded representation is lower in senior clinical and Medical and Dental roles. Where recruitment or career-development work is approved through WRES or Organisational Development, the same work should include disability and accessibility rather than create a parallel WDES audit or pilot.

DCH's Disability Confident commitments provide an external reference point, but the test of progress will be whether recruitment, development and progression are accessible in practice and whether barriers identified through staff voice lead to change.

Safer teams and trusted responses

DCH already has several routes for prevention, early intervention and reporting, including Dignity at Work, the review of the Harassment and Bullying Policy, Respectful Workplace Conversations, Freedom to Speak Up and WorkInConfidence. The rise in colleague harassment means these routes need to produce a more consistent response, clearer follow-up and visible action where themes or hotspots emerge.

The joint Zero Acceptance commitment with DHC provides common expectations on violence, aggression, discrimination and hate. At DCH, manager guidance adapted from DHC practice supports local responses to unacceptable behaviour from patients, relatives and visitors. This is a clear example of shared learning: each Trust applies its own policies, reporting routes and accountable functions.

The increase in pressure to attend work when unwell will be considered through the agreed joint scoping of sickness-absence policy work and through existing DCH wellbeing and manager-support routes. Staff Survey, absence, Occupational Health, Employee Relations and staff-voice evidence will be considered together so that the response is based on patterns of experience rather than a single indicator.

Staff voice that changes decisions

Disabled and neurodivergent colleagues have already shaped DCH's reasonable-adjustment guidance, Health Passport and wider inclusion work. The revised Staff Network Policy provides a stronger basis for renewing Without Limits after a period without a Chair, including clearer sponsorship, protected time and a route into organisational governance.

The Joint Staff Networks Conference provides an opportunity for shared learning across DCH and DHC. Any longer-term links between networks should be shaped by members and retain local identity and accountability. DCH's established staff-voice routes will inform implementation and review of the WDES response.

The difference between disability recorded in ESR and disability reported through the Staff Survey remains significant. Declaration is voluntary. The task for DCH is to explain why the information is collected, how it is protected and how colleagues can update their record, without creating pressure to disclose.

One line of sight for delivery

WDES will be reported through established People and Board assurance alongside the Equality Delivery System, disability pay-gap reporting and Inclusion and Belonging work. It will not create a separate WDES tracker or governance route. National requirements will be used as assurance criteria within those arrangements rather than turned into additional local plans.

Work to develop the successor to the current Joint Inclusion and Belonging Strategy 2024–26 will consider how shared oversight and delivery assurance should operate across DCH and DHC. Until then, accountability remains within current Trust arrangements.

Our focus 2026/27

During 2026/27, the focus is on closing the widest gaps in day-to-day experience while sustaining the positive recruitment outcome. Five outcomes will guide delivery:

- **Support that works in practice:** Disabled and neurodivergent colleagues can obtain timely, effective adjustments and do not have to renegotiate support unnecessarily.
- **Fair and informed management:** Health and disability are recognised early, and attendance, capability and career decisions reflect adjustments, Occupational Health advice and individual circumstances.
- **Equity after appointment:** Accessible recruitment is matched by fair access to development, progression, recognition and senior opportunities.
- **Safe and respectful teams:** Harassment and pressure to work when unwell reduce, reporting is followed by support and feedback, and emerging hotspots lead to accountable action.
- **Staff voice and accountable evidence:** Disabled and neurodivergent colleagues influence decisions, workforce data is used responsibly, and progress is reviewed through one clear governance route.

The Action Plan translates these outcomes into named actions, evidence, owners and timescales. It builds on work already under way within DCH and through agreed joint DCH–DHC delivery routes, with progress reported through People and Board assurance.

The agreed areas of work with DHC are: staff-network learning, convening the Reasonable Adjustments Task and Finish Group, joint scoping of sickness-absence policy work, the common leadership-learning foundation, and Zero Acceptance and shared learning on unacceptable-behaviour guidance.

Conclusion

The 2025/26 WDES gives DCH a clear and balanced picture. Recruitment is close to parity, patient/public and manager harassment reduced, reporting improved. One of 13 Voting Board members was recorded as Disabled, giving a current snapshot of 7.69%. These positives sit alongside substantial inequalities in colleague harassment, pressure to work when unwell, feeling valued, career opportunity, engagement and the consistency of reasonable adjustments. The capability result also warrants a proportionate review, while its small-number volatility must remain visible. DCH's response is therefore to connect and sharpen work already under way, add focused assurance where the evidence requires it and use staff voice to judge whether change is felt in everyday working life.

OUR JOURNEY TO DISABILITY INCLUSION



LISTENING

- Without Limits Staff Network
- Disabled and neurodivergent staff voice
- Speaking-up routes
- Joint Staff Networks Conference



LEARNING

- Understanding our data
- WDES and Staff Survey
- Lived experience
- External guidance



TAKING ACTION

- Health Passport
- Centralised adjustments process (subject to approval)
- Access to Work support
- Joint DCH–DHC adjustments group
- Capability case review



EMBEDDING

- Inclusive leadership
- Dignity at Work
- Respectful Workplace Conversations
- Oliver McGowan training
- Policy and guidance



MEASURING IMPACT

- WDES
- Disability pay gap
- EDS
- Board assurance
- Staff voice and evaluation



We will listen to Disabled and neurodivergent colleagues, remove practical barriers and measure whether action improves everyday experience.

WDES AT A GLANCE

Key trends across the 10 WDES indicators

Trend window where comparable
2022/23 – 2025/26

Key trends across the
10 WDES indicators

M1 WORKFORCE REPRESENTATION

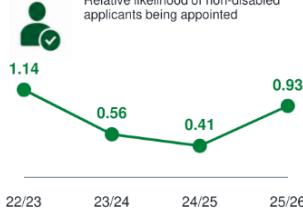
% of staff recorded as Disabled



Continue focus
Recorded representation is broadly stable.

M2 RECRUITMENT

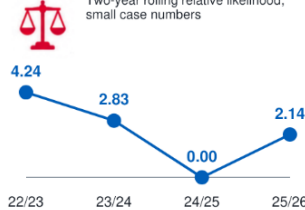
Relative likelihood of non-disabled applicants being appointed



Good progress
Current outcome is close to parity.

M3 CAPABILITY

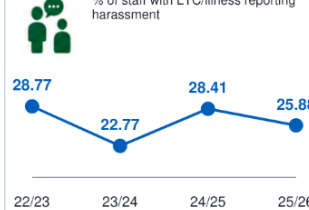
Two-year rolling relative likelihood; small case numbers



Priority
Current ratio needs proportionate review.

M4a(i) HARASSMENT FROM PATIENTS/PUBLIC

% of staff with LTC/illness reporting harassment



Good progress
Reduced in the latest year.

M4a(ii) HARASSMENT FROM MANAGERS

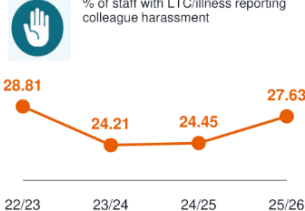
% of staff with LTC/illness reporting manager harassment



Good progress
Manager harassment reduced again.

M4a(iii) HARASSMENT FROM COLLEAGUES

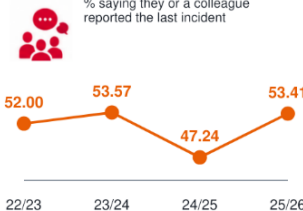
% of staff with LTC/illness reporting colleague harassment



Priority
Colleague harassment increased.

M4b REPORTED HARASSMENT

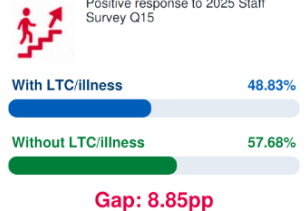
% saying they or a colleague reported the last incident



Good progress
Reporting increased and is near parity.

M5 CAREER PROGRESSION

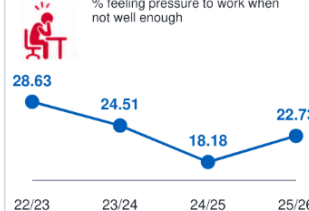
Positive response to 2025 Staff Survey Q15



2025 result
Q15 changed; earlier results not shown.

M6 PRESSURE TO WORK WHEN UNWELL

% feeling pressure to work when not well enough



Priority
Pressure increased in the latest year.

M7 ORGANISATION VALUES MY WORK

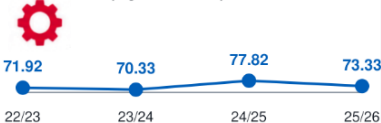
% saying the organisation values their work



Priority
Feeling valued fell and the gap widened.

M8 REASONABLE ADJUSTMENTS

% saying reasonable adjustments were made



Continue focus
Positive response fell.

M9a STAFF ENGAGEMENT SCORE (0–10)

Engagement score for staff with LTC/illness



Priority
Score fell and remains below 7.06.

M9b STAFF VOICE



YES

DCH has taken action to facilitate Disabled staff voice. Renewal of Without Limits will strengthen this route.

M10 BOARD REPRESENTATION



VOTING BOARD

7.69%

1 recorded Disabled of 13



EXECUTIVE BOARD

0%

0 recorded Disabled of 6
1 unknown / not stated

Disabled workforce representation: 6.59%

BOARD ASSURANCE KEY

- Good progress**
Positive improvement
- Continue focus**
Further improvement required
- Priority**
Significant gap – continued focus needed

KEY MESSAGES

- Recruitment is close to parity.**
- Patient/public and manager harassment reduced.**
- Colleague harassment and presenteeism increased.**
- Capability disparity requires focused review.**
- Adjustments, feeling valued and engagement fell.**
- Voting Board representation is slightly above the workforce profile.**

Where comparable, trends cover 2022/23–2025/26. Metric 5 shows the 2025 result only; earlier results are not shown because Q15 wording changed.

The actions below combine targeted interventions with ongoing monitoring and evaluation. Where monitoring is identified as an action, its purpose is to assess the impact of activity already underway, identify emerging or persistent inequalities and inform further targeted intervention where required.

Trust	Dorset County Hospital NHS Foundation Trust		
Year	2026/27		
Primary author of the action plan	Jan Wagner (Equity, Diversity, Inclusion & Belonging Lead)		
Sources of information underpinning the plan	WDES 2025/26 submission; 2025 NHS Staff Survey and benchmark report; workforce and Board data; DCH disability pay-gap analysis; DCH Inclusion and Belonging Action Plan; Joint Inclusion and Belonging Strategy 2024–26; proposed Joint Inclusion Strategy 2026–29; DCH reasonable-adjustment policy, guidance and Health Passport; proposal for a centralised reasonable-adjustment process; DCH Staff Network Policy; documented DCH–DHC reasonable-adjustments and sickness-absence planning; DCH WRES 2025/26 report (for alignment); NHS WDES and NHS EDI Improvement Plan; 10 Year Health Plan for England.		
WDES metric	Actions 2026/27	Measures / evidence	Owner(s)
Cross-cutting Governance and staff voice	• Use established DCH staff-voice routes to inform WDES delivery. • Use the Joint Staff Networks Conference as a shared-learning opportunity with DHC and feed relevant learning into formal governance and delivery. • Review WDES delivery through People and Board assurance. Work to develop the successor to the current Joint Inclusion and Belonging Strategy 2024–26 will consider how shared oversight and delivery assurance should operate across DCH and DHC.	• Relevant feedback and resulting delivery changes are recorded through the assurance cycle. • Each metric has an accountable function, support roles, a measure and a current status. • Progress is reported through People and Board assurance and annual WDES reporting.	EDIB Support: Staff Network leads People Services DHC EDI relevant executive sponsor / Board SRO

WDES metric	Actions 2026/27	Measures / evidence	Owner(s)
Metric 1 Workforce representation	- Use existing workforce reporting and disability pay-gap assurance to review representation by AfC band, Medical and Dental and non-clinical groups, senior roles and Board, applying safe small-number rules. - Use existing staff-information routes to explain voluntary ESR disability declaration, confidentiality and how to update a record, clearly distinguishing workforce recording from the anonymous NHS Staff Survey. - Use WDES evidence within the proposed Joint Inclusion Strategy 2026–29; any further response should be assigned through an existing approved plan or governance route.	2025/26 result: 6.59% of the workforce recorded as Disabled; 8.73% unknown or not stated. - Band, staff-group, senior and Board profiles and unknown-status rates are monitored through established workforce and pay-gap reporting. - Any further action is assigned to an accountable function and recorded through the relevant approved delivery route.	People Services / Workforce Support: Workforce Reporting EDIB Communications Staff Networks
Metric 2 Appointment from shortlisting	- Maintain accessible recruitment, timely adjustment offers, inclusive recruitment learning and structured selection through existing recruitment and Inclusion and Belonging work. - If recruitment recommendations in the WRES plan are approved, include disability and accessibility within the same review and use that route for any related candidate feedback. - Maintain current Disability Confident requirements and review the next step through the normal accreditation route.	2025/26 relative likelihood: 0.93; monitor material movement away from 1.00 and identify where further action is required.. - Recruitment assurance records adjustment offers and any identified accessibility barriers through existing processes. - Any approved WRES recruitment review includes disability evidence; the Disability Confident status and next step are recorded through the normal route.	Recruitment / People Services Support: EDIB OD and Education Hiring managers Staff Networks
Metric 3 Formal capability process	NEW WDES ACTION: Complete a proportionate, anonymised review of the small number of capability cases, checking disability identification, reasonable adjustments, Occupational Health input, attendance or capability routes, key decisions and outcomes. - Implement any learning through established Employee Relations and manager-development routes. Repeat a focused review only if the disparity persists, worsens or staff voice identifies concern.	2025/26 relative likelihood: 2.14, interpreted with the small-number and two-year rolling-average caveats. - The accountable functions agree and record the review timetable through People governance; findings and resulting learning are documented. - Annual monitoring reports case numbers as well as the ratio.	People Services / Employee Relations Support: Occupational Health EDIB Staff-side Line managers

WDES metric	Actions 2026/27	Measures / evidence	Owner(s)
Metric 4a(i) Harassment from patients / public	- Embed DCH manager guidance adapted from DHC practice alongside the joint Zero Acceptance commitment, covering immediate support, reporting, follow-up and escalation. - Use existing Staff Survey, incident, Security, Risk, Freedom to Speak Up, WorkInConfidence and staff-network evidence to identify themes and feed accountable responses into established violence-prevention work.	2025 result: 25.88% of staff with a long-term condition or illness, compared with 21.29% of staff without one. - Use of the guidance, identified themes and resulting actions are evidenced through existing risk and violence-prevention governance. - Existing processes evidence support and follow-up for affected staff.	Clinical Leads Support: Security and Risk Safeguarding People Services EDIB Health and Wellbeing
Metrics 4a(ii–iii) and 4b Harassment at work and reporting	- Continue the Harassment and Bullying Policy review and embed Respectful Workplace Conversations, Dignity at Work and Conscious Inclusion or Inclusive Leadership learning through their agreed delivery routes. - Use Employee Relations, NHS Staff Survey, Freedom to Speak Up, WorkInConfidence and staff-network evidence to identify themes, explain what happens after reporting and assign action where concerns emerge. - Compare learning and materials with DHC to identify useful shared practice.	2025 results: manager harassment 12.47% versus 6.84%; colleague harassment 27.63% versus 16.65%; reporting after the last incident 53.41% versus 51.51%. - Policy, guidance and learning progress are reported to their agreed timetables. - Identified themes and accountable responses are recorded through existing governance.	People Services / Employee Relations Support: Freedom to Speak Up EDIB OD and Education Staff Networks Staff-side
Metric 5 Equal career progression	- Use existing career-conversation, appraisal and development-opportunity work to improve accessibility and involve Disabled and neurodivergent colleagues in understanding barriers. - Where a mentoring, sponsorship or other career-development route is approved through WRES or Organisational Development, include disability and accessibility in its scope and evaluation. - Use representation, disability pay-gap and staff-voice evidence to inform established progression and talent work.	2025 result: 48.83% of staff with a long-term condition or illness, compared with 57.68% of staff without one; current gap 8.85 percentage points. - Earlier results are not reported because Staff Survey Q15 wording changed in 2025. - Approved career and development work records how disability and accessibility are considered; participation and outcomes are reviewed by disability status where safe and available.	OD / Talent Support: People Services EDIB Staff Network leads Senior sponsors

WDES metric	Actions 2026/27	Measures / evidence	Owner(s)
Metric 6 Pressure to work when unwell	- HR, EDIB, Staff Side and Occupational Health will agree the scope, roles and timing for joint sickness-absence policy work. Delivery dates will be set once those arrangements are agreed. - Use existing DCH reasonable-adjustment, Occupational Health, wellbeing and manager-learning routes to reinforce early support before formal escalation. - Consider NHS Staff Survey, absence, Occupational Health, Employee Relations and staff-voice evidence together to identify pressure points through existing People governance.	2025 result: 22.73% of staff with a long-term condition or illness, compared with 14.90% of staff without one. - The joint scoping records agreed roles, scope and timetable once confirmed. - Relevant DCH themes and responses are recorded through existing People governance; the annual WDES trend is reviewed.	People Services / Health and Wellbeing Support: Occupational Health OD and Education EDIB Line managers Staff-side DHC counterparts (joint policy scoping)
Metric 7 Organisation values their work	- Address the result through coordinated work on manager behaviour, recognition, appraisal and career conversations, workplace adjustments and staff voice. - Use established Staff Survey, directorate engagement and staff-network routes to understand relevant themes and assign responses through existing delivery arrangements.	2025 result: 34.98% of staff with a long-term condition or illness, compared with 47.32% of staff without one. - Relevant actions and staff feedback are tracked through existing delivery and engagement routes. - The annual WDES trend is reported.	OD / Engagement Support: People Services EDIB Staff Networks Line managers
Metric 8 Reasonable adjustments	- Seek a decision through the normal governance route on the proposed pilot for a centralised reasonable-adjustment process. The approved decision must define scope, duration, implementation and evaluation; if it is not approved, record the alternative route. - Participate in the Reasonable Adjustments Task and Finish Group meeting on 29 September 2026. The group will agree its scope and next steps after reconvening. - Continue to use the existing policy, Health Passport, guidance and Access to Work support. Any policy or process change will follow DCH approval and implementation arrangements.	2025 result: 73.33% of staff with a long-term condition or illness said their employer had made reasonable adjustment(s) to enable them to carry out their work. - The governance decision and any approved pilot scope, timing, reporting and evaluation arrangements are recorded. - The joint group reconvenes on 29 September 2026; agreed scope and actions are recorded after the meeting.	EDIB Support: People Services Occupational Health Finance Procurement and IT DCH / DHC Task & Finish Group

WDES metric	Actions 2026/27	Measures / evidence	Owner(s)
Metric 9a Staff engagement score	- Improve engagement through coordinated action on progression, pressure to work when unwell, feeling valued, reasonable adjustments and staff voice. - Review engagement alongside related WDES metrics and qualitative staff voice, with the findings informing agreed delivery priorities and development of the successor to the current Joint Inclusion and Belonging Strategy 2024–26.	2025 engagement score: 6.47 for staff with a long-term condition or illness, compared with 7.06 for staff without one. - The next NHS Staff Survey result and relevant qualitative staff voice are considered together through existing reporting.	OD / Engagement Support: EDIB People Services Staff Networks
Metric 9b Disabled staff voice	- Renew Without Limits in line with the Staff Network Policy, including agreed leadership, executive sponsorship, terms of reference, protected time and a route into governance. - Use the Joint Staff Networks Conference as a shared-learning opportunity. Any continuing links with DHC disability or neurodiversity networks should be member-led and retain each organisation's local identity. - Use existing staff-voice and co-production routes to inform DCH work affecting Disabled and neurodivergent colleagues.	- DCH's response to Metric 9b remains "Yes"; effectiveness is evidenced as well as existence. - Agreed network leadership, terms of reference and meeting arrangements are recorded when confirmed. - Evidence of staff voice influencing a decision, process or communication is captured through the Staff Network Policy and annual EDIB review routes.	EDIB Support: Executive Sponsor Without Limits members OD and Education DHC EDI

WDES metric	Actions 2026/27	Measures / evidence	Owner(s)
Metric 10 Board representation	• Apply an explicit disability and accessibility lens to senior and Board recruitment, representation and pay-gap assurance, including any approved WRES recommendations relevant to this work. • Assure accessible senior and Board recruitment, adjustment offers and stage outcomes and review senior workforce and Board data using safe small-number reporting. • Where senior or Board recruitment is undertaken jointly with DHC, apply common accessibility and adjustment expectations through the agreed recruitment route. • Progress the Non-Executive Director Succession Plan, which recognises WRES and WDES findings and the need to improve Board diversity, including exploring engagement of a NExT Director through the NHS England programme and developing links with the Mary Seacole Group.	• 2025/26 result: one of 13 Voting Board members was recorded as Disabled (7.69%), compared with 6.59% of the workforce. Among six Executive Board members, none was recorded as Disabled and one status was unknown or not stated. • Existing recruitment assurance records accessibility and adjustment evidence for relevant campaigns. • Senior and Board representation is reviewed through established annual reporting, with identified barriers and resulting actions assigned through an approved delivery route. • Progress against the Non-Executive Director Succession Plan monitored, including exploration of the NExT Director programme and engagement with the Mary Seacole Group.	Chair / Nominations / Trust Secretary Support: Chief People Officer Recruitment EDIB OD / Talent