The Dudley Group
NHS Foundation Trust

Workforce Disability Equality Standard Annual Report 2026

Definitions

- NHS – National Health Service
- AfC – Agenda for Change
- LTC – Long-term condition
- WDES – Workforce Disability Equality Standard

Introduction

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of staff with disabilities in the NHS.

The Workforce Disability Equality Standard is a set of ten specific measures (Metrics) that will enable the Trust to compare the experiences of staff with disabilities and staff without. This information will then be used to develop action plans, enabling the organisation to demonstrate progress against disability equality indicators.

The Workforce Disability Equality Standard has been commissioned by the Equality and Diversity Council and mandated through the NHS Standard Contract.

Metrics 2 and 3 are calculated using a 'times more likely' formula. This calculation expresses the strength of the relationship between staff with disabilities and staff without. Metrics 5, 6, 7, 8, and 9a are based on staff survey results. As a Trust, we conduct a full census of all staff; the 2025 staff survey had a 38% response rate.

One of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used in the NHS Electronic Staff Record (ESR), NHS Staff Survey, and NHS Jobs differ. These definitions also vary from the legal definition of disability, as set out in the Equality Act 2010. Work is ongoing to align definitions of disability with the Equality Act's definition and set up cross-system, agreed-upon disability question(s).

At The Dudley Group, we have a workforce of circa 6,700 staff. Our Electronic Staff Record (ESR) data shows that 6.8% of our workforce has declared themselves disabled. However, 24% of the workforce has not declared their disability status.

Data from the 2026 staff survey indicate that 28% of respondents reported having a disability or long-term condition (a 1% increase from 2025). Therefore, the ESR monitoring information is inaccurate, and action is needed to encourage this staff member to update their information. This is also a national issue.

The report provides an overview of key areas and should direct action; it has been used in previous years to focus on development areas.

Executive Summary

At The Dudley Group NHS Foundation Trust, we are committed to fostering an inclusive culture where all staff, regardless of disability or long-term condition, feel valued, supported, and empowered to thrive. This commitment is central to delivering high-quality care and building a resilient, innovative workforce.

The 2026 Workforce Disability Equality Standard (WDES) results reflect progress and areas requiring continued focus. While we have seen improvements in disability declaration rates, board-level representation, and access to reasonable adjustments, disparities persist in staff experience, particularly around harassment, career progression, and feeling valued.

Key Highlights from 2026:

- **Workforce Representation**: Workforce representation has increased to 6.8% in 2026, up from 6.4% in 2025, continuing the gradual upward trend in declaration rates. However, 24% of staff have not disclosed their status, indicating a need for continued awareness and trust-building.
- **Recruitment**: The relative likelihood has increased to 1.33 in 2026 (from 1.14 in 2025), indicating a widening gap, with non-disabled applicants more likely to be appointed following shortlisting than disabled applicants (11% appointment rate for applicants with a disability vs.14% without).
- **Capability Process**: The relative likelihood has increased significantly to 20.46 in 2026 (from 10.62 in 2025), though this continues to be influenced by very small numbers (n<=6 average per year) and should be interpreted with caution. In context, this only represents 0.44% of staff with disabilities and 0.02% of staff without.
- **Harassment and Bullying**: In 2025, experiences of harassment from patients/public and colleagues have decreased for disabled staff, while reports relating to managers have increased slightly; patterns for non-disabled staff remain broadly stable. Reporting rates have remained broadly stable, with a slight increase for disabled staff (50.9%) and a small decrease for non-disabled staff (51.5%), narrowing the gap between groups.
- **Career Progression**: There has been a notable decrease in positive responses from disabled staff (46.1% in 2025, down from 56.1% in 2024), with a similar downward trend for non-disabled staff, indicating a widening concern around perceived fairness.
- **Presenteeism**: Presenteeism has increased for both groups, with disabled staff rising to 30.0% (from 28.5%) and non-disabled staff to 20.7% (from 20.0%).

- **Feeling Valued**: The percentage of disabled staff feeling valued has decreased to 27.7% (from 33.2%), with a similar decline for non-disabled staff, maintaining the gap between the two groups.
- **Reasonable Adjustments**: The proportion of disabled staff reporting adequate adjustments has slightly decreased to 70.6% in 2025 (from 72.4% in 2024).
- **Staff Engagement:** Engagement among disabled staff has decreased to 6.0 (from 6.3), and engagement for non-disabled staff has decreased to 6.6, though the gap between the two groups remains consistent.
- **Board Representation**: 3.6% of board members declared a disability in 2026.

Data for 2026 shows modest improvement in workforce representation for disabled staff, though a significant proportion of staff remain undisclosed, highlighting the need to build trust in disclosure. Despite this progress, inequalities persist, with a widening gap in recruitment outcomes and a continued disparity in staff experience.

While reports of harassment have reduced and reporting rates are now more aligned between groups, key experience indicators have declined across both disabled and non-disabled staff, including career progression, engagement, presenteeism, and feeling valued. Disabled staff continue to report consistently poorer outcomes. There has also been a slight reduction in staff reporting that reasonable adjustments meet their needs.

Board representation remains low, indicating further progress is needed at senior levels. Although capability data shows a marked increase in relative likelihood, this is based on very small numbers and should be interpreted with caution.

These findings emphasise the need for sustained targeted action. Our WDES action plan will focus on inclusive leadership, equitable opportunity, improved staff experience, and strengthening psychological safety to ensure all staff feel valued and supported.

Annual Submission Measures

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

The Workforce Disability Equality Standard provides a high-level view, we have therefore completed a more detailed analysis to inform our conclusions and actions plans.

Workforce Disability Equality Standard Metrics:

1. Workforce Representation

2. Recruitment

3. Capability

4. Harassment, Bullying and Abuse from Patients / Public, Managers and other Colleagues

5. Career Progression

6. Feeling pressure to come to work

7. Value of work

8. Adequate Adjustments

9. Engagement score

10. Board Representation

Workforce Disability Equality Standard Overview

Over the past 5 years, we have undertaken a detailed analysis of our Workforce Disability Equality Standard metrics. The chart below summarises our performance and provides a trend analysis of all ten metrics from 2020 to 2026. Appendix 1 provides this breakdown in an accessible version.

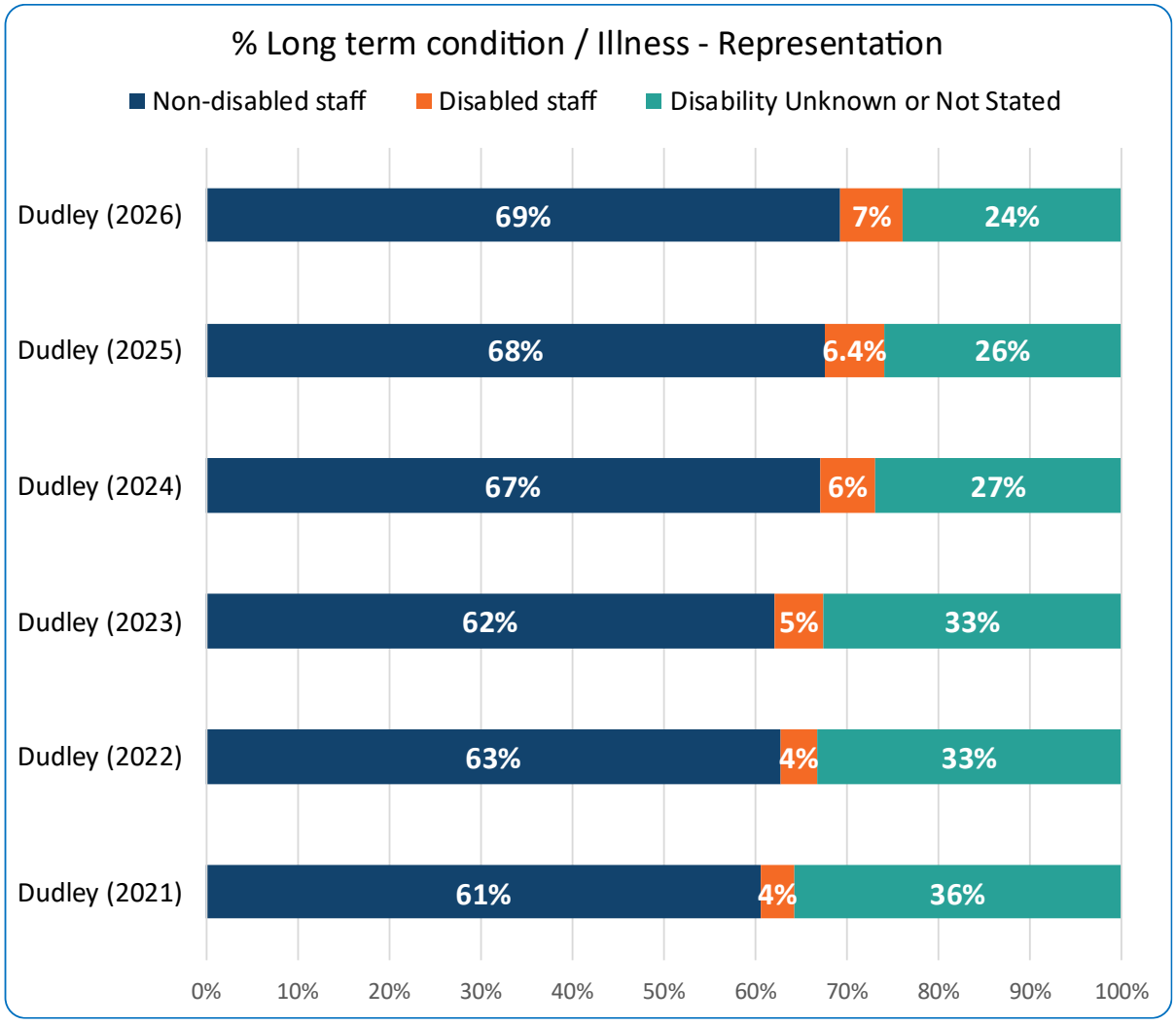
WDES Indicator			Reporting Year 2020	2021	2022	2023	2024	2025	2026	Trend
1 Workforce Representation. Percentage of Disabled staff*		Overall		3.6%	4.0%	5.4%	6.1%	6.4%	6.8%	
2 Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff.			2.15	1.09	0.87	1.34	1.16	1.14	1.33	
3 Relative likelihood of Disabled staff entering the formal capability process (performance management rather than ill health) compared to non-disabled staff.**				1.75	6.34	0	0	10.62	20.457	
4a Percentage of staff experiencing harassment, bullying or abuse in the last 12 months ***	From Managers	Staff with a long lasting health condition or illness	21.7%	21.1%	14.5%	17.2%	15.9%	14.1%	16.4%	
		Staff without a long lasting condition or illness	15.8%	13.0%	8.7%	8.8%	8.6%	8.2%	7.9%	
	From Other Colleagues	Staff with a long lasting health condition or illness	28.0%	29.4%	23.3%	25.3%	25.0%	26.0%	23.0%	
		Staff without a long lasting condition or illness	19.4%	18.4%	14.3%	15.0%	15.1%	15.0%	15.0%	
	From Patients / Public	Staff with a long lasting health condition or illness	37.9%	32.3%	29.7%	33.0%	29.4%	29.9%	25.8%	
		Staff without a long lasting condition or illness	30.3%	24.4%	24.7%	22.6%	22.8%	20.3%	20.9%	
4b Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it ***		Staff with a long lasting health condition or illness		52.9%	50.0%	44.7%	45.0%	50.5%	50.9%	
		Staff without a long lasting condition or illness		49.6%	48.8%	45.9%	49.3%	53.3%	51.5%	
5 Percentage of staff believing that trust provides equal opportunities for career progression or promotion ***		Staff with a long lasting health condition or illness	46.1%	54.8%	51.9%	55.3%	55.5%	56.1%	46.1%	
		Staff without a long lasting condition or illness	56.1%	59.6%	60.3%	61.1%	61.6%	60.5%	54.1%	
6 Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well		Staff with a long lasting health condition or illness	35.8%	33.1%	33.1%	28.3%	32.0%	28.5%	30.0%	
		Staff without a long lasting condition or illness	24.7%	28.7%	26.0%	20.4%	19.4%	20.0%	20.7%	
7 Percentage of staff saying that they are satisfied with the extent to which their organisation values their work ***		Staff with a long lasting health condition or illness	30.0%	35.2%	31.5%	29.3%	36.2%	33.2%	27.7%	
		Staff without a long lasting condition or illness	39.6%	44.2%	39.1%	42.6%	45.5%	43.2%	38.0%	
8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work ***		Staff with a long lasting health condition or illness				66.7%	72.4%	72.4%	70.6%	
9a Staff engagement score (a composite of nine questions) ***		Staff with a long lasting health condition or illness	6.3	6.5	6.4	6.3	6.5	6.3	6.0	
		Staff without a long lasting condition or illness	6.8	6.9	6.8	6.9	7.0	6.9	6.6	
9b Percentage of trusts that facilitate the voices of Disabled staff to be heard within the organisation.				Yes	Yes	Yes	Yes	Yes	Yes	
10 Percentage of Disabled staff on Boards ****		Overall			6%	11%	5%	9.5%	3.6%	

** non-executive directors excluded from data*
*** 2 Years average data*
**** Staff survey from previous year*
*****Total board members, as of 31st March*

Note: staff survey metrics are 1 year behind submission year; 2026 data shown in this table is 2025 staff survey metrics.

Metric 1 & 9 – Overall Disability Representation

Over the last three years, The Dudley Group has actively promoted the importance of declaring disabilities. The chart below illustrates the increasing number of staff who have declared their disability in the electronic staff record, rising from 4% in 2021 to 6.8% in 2026. 3.6% of board members declared a disability in 2026, a decrease from 9.5% in 2025.

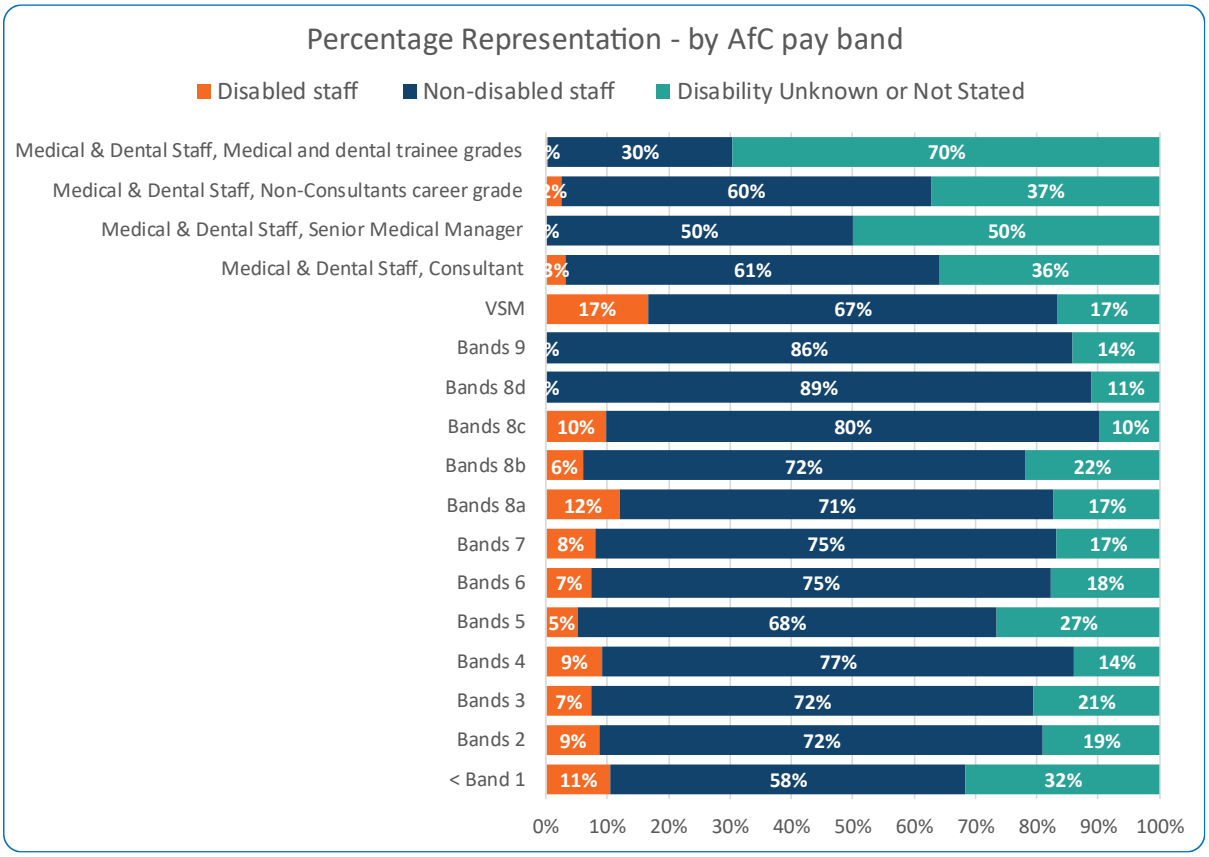


Metric 1 – Disability Representation Across the Workforce

Monitoring disability representation across the workforce remains essential to ensuring equitable access to career progression and opportunities. Recent improvements in declaration rates, alongside a reduction in "unknown" status, indicate growing confidence among staff in sharing disability information. This provides a stronger evidence base for identifying disparities, targeting interventions, and addressing barriers to advancement across all levels of the organisation.

However, with a significant proportion of staff still not disclosing their status, continued focus is needed to build trust, strengthen psychological safety, and ensure that all staff feel confident about self-identifying. This remains critical to creating a truly inclusive and equitable workplace where everyone has the opportunity to thrive.

The graph below highlights the distribution of staff with disabilities across various pay bands within The Dudley Group NHS Foundation Trust (DGFT)



The data reveals a significant disparity in the representation of staff with disabilities across AfC pay bands. While representation is more evident in the lower bands, it declines at senior levels, compounded by a high proportion of 'Not Stated/Unknown' responses at these grades.

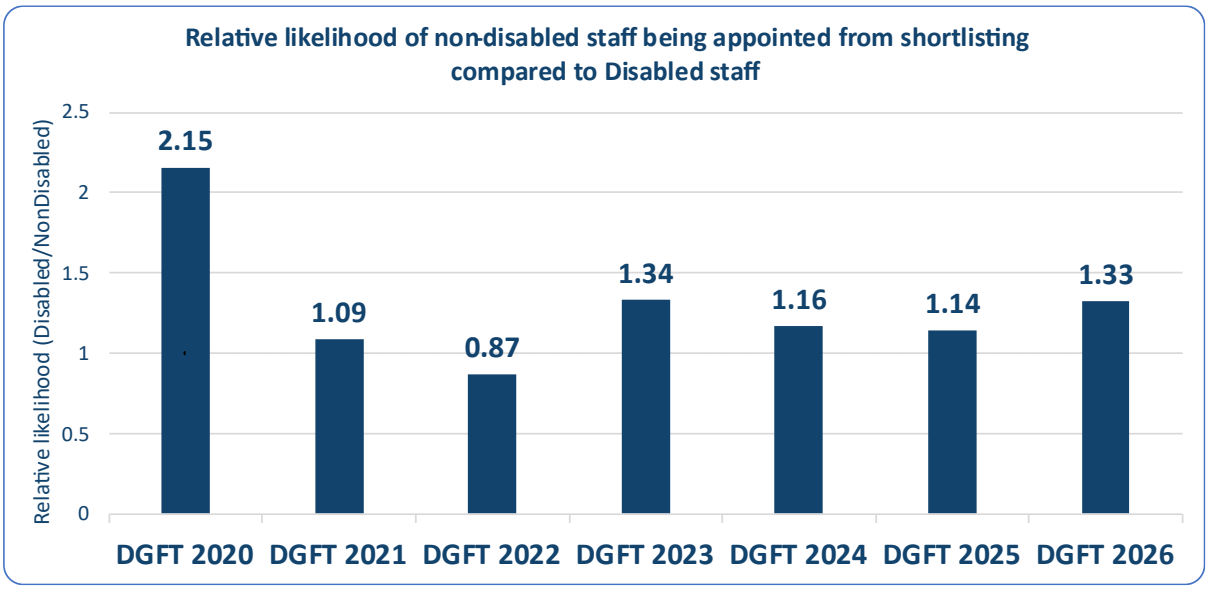
This trend indicates a progression gap for staff with disabilities, or a possible reluctance to disclose disability status as individuals move into more senior roles. It highlights the urgent need for targeted action to improve disclosure rates and equity in career development and leadership progression, ensuring that promotion processes are fully inclusive and talented individuals are supported and retained at every level of the organisation.

Metric 2 – Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff

A value of 1.0 indicates equal likelihood of appointment. In 2026, the relative likelihood has increased to 1.33 (from 1.14 in 2025), highlighting a widening disparity. This means non-disabled applicants are 33% more likely to be appointed after shortlisting than disabled applicants.

While overall appointment rates remain relatively close (11% for disabled applicants versus 14% for non-disabled applicants), this gap represents a persistent and growing inequity in the recruitment process. This trend suggests that further work is required to understand and address potential barriers within the selection and appointment stages to ensure fair and inclusive recruitment outcomes.

Values	Disabled Staff	Non-Disabled Staff	Not Disclosed / Unknown	Grand Total
Number of Shortlisted Applicants	411	4781	85	5277
Number Appointed from Shortlisting	44	679	15	738
Relative Likelihood of appointment from shortlisting	**11%**	**14%**	**18%**	**14%**
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	**1.33**			

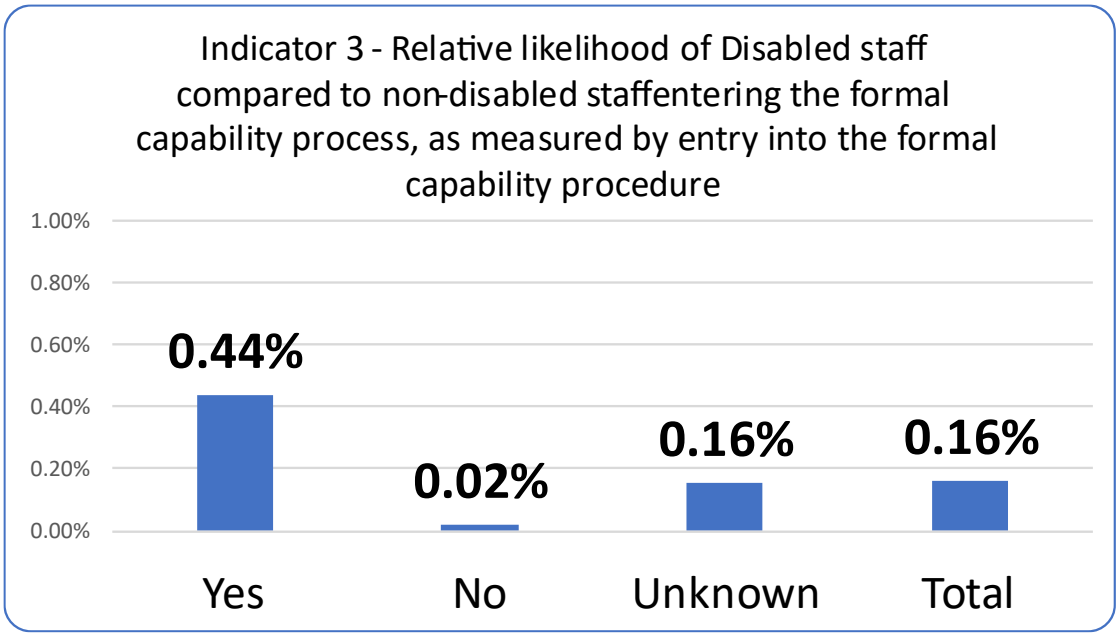


Metric 3 - The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff

Capability data is calculated using a two-year rolling period (2024/25 and 2025/26). This indicator is typically expressed as a “times more likely” measure to assess whether disabled staff are disproportionately entering the formal capability process compared to non-disabled staff.

However, due to the very small number of cases over this period, the relative likelihood figure is highly sensitive to minor changes and should be interpreted with caution. To provide clearer context, this has also been presented as a proportion of the workforce.

Across the two-year period, 0.44% of staff with disabilities entered the formal capability process, compared to 0.02% of staff without disabilities. While this suggests a higher relative likelihood for disabled staff, the overall numbers involved are extremely low and limit the reliability of this comparison.



Metric 4 - Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or the public

In 2025, 25.75% of staff with a long-term condition or illness reported experiencing harassment, bullying or abuse from patients, service users, their relatives or the public. This represents a significant improvement from 2024 (29.86%) and is the lowest recorded level since 2020.

For staff without a long-term condition, 20.88% reported similar experiences, a figure that remained broadly stable compared to 2024. While staff with a long-term condition continue to report higher levels of harassment than non-disabled staff, the gap has narrowed notably in 2025.

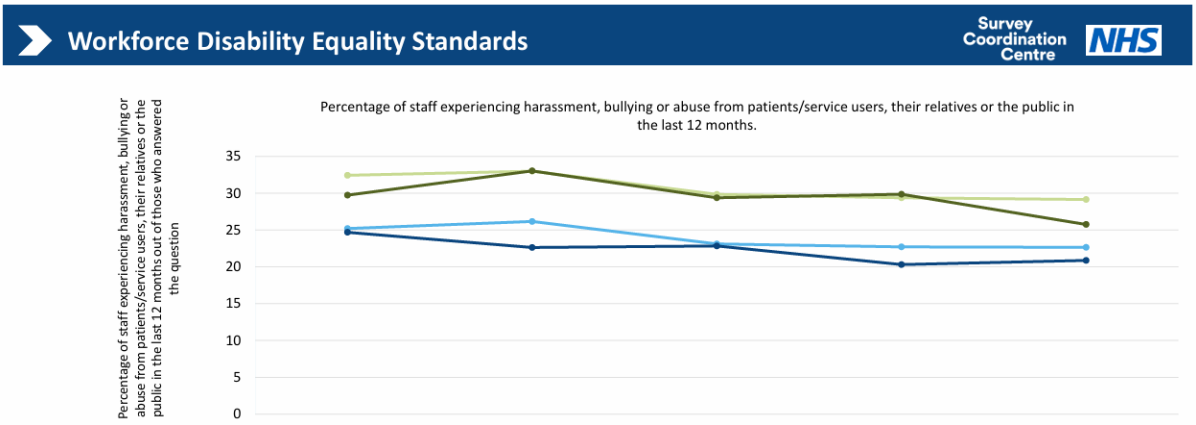


Table 1: Workforce Disability Equality Data for Metric 4 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	32.30%	29.73%	33.02%	29.38%	29.86%	25.75%
Staff without a LTC or illness DGFT	24.39%	24.68%	22.62%	22.83%	20.31%	20.88%
Staff with a LTC or illness average	30.86%	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness average	24.53%	25.19%	21.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness responses	418	676	639	676	777	668
Staff without a LTC or Illness responses	1722	2285	2078	1758	2093	1667

Metric 4 - Percentage of staff experiencing harassment, bullying or abuse from managers

In 2025, 16.42% of staff with a long-term condition or illness reported experiencing harassment, bullying or abuse from managers. This represents an increase of 2.3% compared to 2024 (14.12%), reversing the downward trend seen in previous years.

For staff without a long-term condition, reported experiences continued to decline slightly to 7.92% in 2025, down from 8.21% in 2024. As a result, the gap between disabled and non-disabled staff widened in 2025 to 8.5%, following improvements in gap reduction during 2023–24.

Overall, the 2025 results highlight an area of concern, particularly regarding the experiences of staff with long-term conditions, and underscore the need for sustained focus on inclusive leadership, management capability, and accountability.



Table 2: Workforce Disability Equality Data for Metric 4 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	21.10%	14.54%	17.21%	15.87%	14.12%	16.42%
Staff without a LTC or illness DGFT	12.97%	8.72%	8.79%	8.62%	8.21%	7.92%
Staff with a LTC or illness average	19.35%	18%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness average	10.78%	3.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness responses	417	674	639	671	772	664
Staff without a LTC or Illness responses	1720	2281	2071	1740	2071	1655

Metric 4 - Percentage of staff experiencing harassment, bullying or abuse from other colleagues

In 2025, 22.97% of staff with a long-term condition or illness reported experiencing harassment, bullying or abuse from other colleagues. This represents a 3% reduction from 2024 (25.95%) and marks the lowest level reported since 2021, indicating an improvement in colleague-to-colleague experiences for disabled staff.

For staff without a long-term condition, reported experiences remained stable at 15.04% in 2025, broadly unchanged from 2024 (15.03%). As a result of improvements for staff with long-term conditions, the gap between disabled and non-disabled staff narrowed to 7.9% in 2025.

Overall, the 2025 data demonstrates encouraging progress in reducing harassment, bullying and abuse from colleagues for staff with long-term conditions, though a continued focus is required to further reduce prevalence and close the remaining inequality gap.



Table 3: Workforce Disability Equality Data for Metric 4 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	29.43%	23.32%	25.28%	25.04%	25.95%	22.97%
Staff without a LTC or illness DGFT	18.37%	14.29%	14.98%	15.05%	15.03%	15.04%
Staff with a LTC or illness average	26.89%	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness average	17.79%	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness responses	418	669	633	665	763	666
Staff without a LTC or Illness responses	1720	2267	2063	1728	2063	1649

Metric 4 - Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

In 2025, 50.94% of staff with a long-term condition or illness reported that the last incident of harassment, bullying or abuse they experienced at work was reported, either by themselves or a colleague. This represents a small improvement on 2024 (50.46%) and indicates a degree of stabilisation following the recovery seen since 2023.

For staff without a long-term condition, reporting rates were 51.46% in 2025, showing a slight reduction from 2024 (53.32%) but remaining higher than levels recorded prior to 2023. As a result, the difference in reporting rates between disabled and non-disabled staff is minimal, at just 0.5% in 2025.

Overall, while reporting levels remain around the 50% mark and broadly equitable between staff groups, the data indicates scope to improve confidence in reporting mechanisms, particularly to align more closely with national benchmarks.

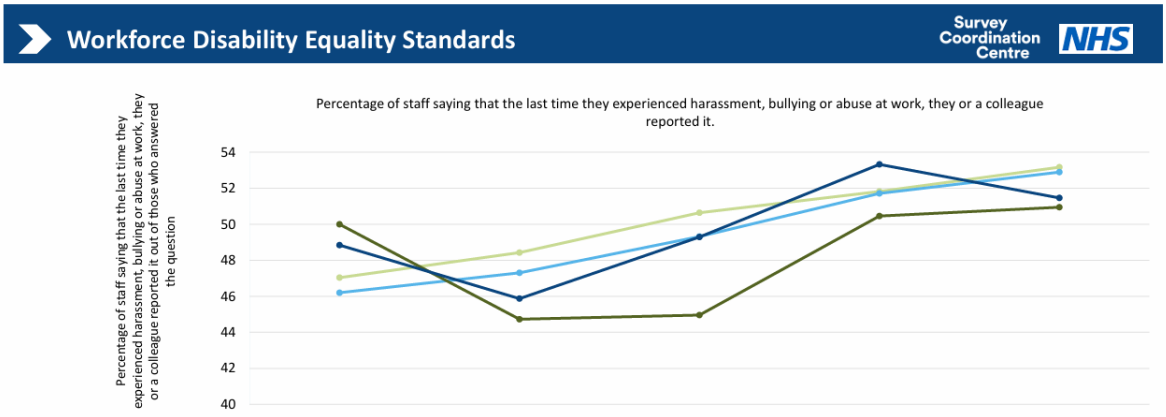


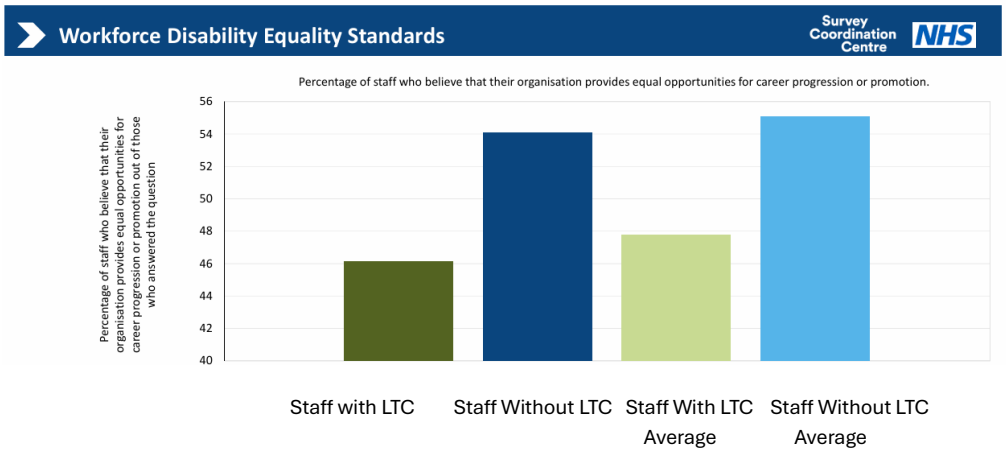
Table 4: Workforce Disability Equality Data for Metric 4 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	52.91%	50%	44.73%	44.96%	50.46%	50.94%
Staff without a LTC or illness DGFT	49.57%	48.84%	45.87%	49.29%	53.32%	51.46%
Staff with a LTC or illness average	47.01%	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness average	45.80%	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness responses	206	274	275	279	327	265
Staff without a LTC or Illness responses	587	692	593	484	557	445

Metric 5 - Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

In 2025, 46.13% of staff with a long-term condition or illness agreed that the organisation provides equal opportunities for career progression or promotion. This compares with 54.10% of staff without a long-term condition. Although both groups show a decline from 2024, it is important to note that 2025 results are not directly comparable with previous years due to a change in the wording of the NHS Staff Survey question, and findings should therefore be interpreted with caution.

Despite this caveat, the data indicate a continued disparity in perceived access to career progression, with staff with long-term conditions 8% less likely than non-disabled staff to report equal opportunities. The 2025 results are slightly below the national average for both staff groups, highlighting a potential risk area for inclusion and workforce culture. This underscores the need for ongoing focus on inclusive talent management, transparent progression pathways, and confidence in promotion processes, particularly for staff with long-term conditions.



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

Table 5: Workforce Disability Equality Data for Metric 5 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	54.78%	51.95%	55.26%	55.48%	56.10%	46.13%
Staff without a LTC or illness DGFT	59.59%	60.25%	61.10%	61.62%	60.46%	54.10%
Staff with a LTC or illness average	51.61%	51.41%	51.39%	51.54%	51.30%	47.79%
Staff without a LTC or illness average	57.45%	56.84%	57.25%	57.52%	57.57%	55.09%
Staff with a LTC or illness responses	429	693	637	721	770	672
Staff without a LTC or Illness responses	1762	2355	2077	1910	2084	1660

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.

In 2025, 30.04% of staff with a long-term condition or illness reported feeling pressure from their manager to come to work despite not feeling well enough to perform their duties. This represents an increase from 2024 (28.55%), reversing the improvement seen in the previous year. For staff without a long-term condition, 20.74% reported experiencing this pressure in 2025, a small increase from 2024 (20.04%), with levels remaining broadly stable over recent years.

A significant gap persists between staff with and without long-term conditions, with disabled staff 9.3% more likely to experience manager-driven presenteeism in 2025. When compared with the national average, DGFT reports higher levels of presenteeism for both staff groups, particularly for staff with a long-term condition (30.04% vs 27.19%). These findings highlight a continued risk area for staff wellbeing and inclusive management practice, underscoring the importance of strengthening compassionate leadership, reasonable adjustments, and psychologically safe conversations about health and attendance.



Table 6: Workforce Disability Equality Data for Metric 6 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	33.11%	33.13%	28.30%	31.98%	28.55%	30.04%
Staff without a LTC or illness DGFT	28.74%	26.03%	20.45%	19.44%	20.04%	20.74%
Staff with a LTC or illness average	33%	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness average	23.44%	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness responses	305	504	470	494	571	486
Staff without a LTC or Illness responses	842	1218	1076	962	1058	897

Metric 7 - Percentage of staff satisfied with the extent to which their organisation values their work.

In 2025, 27.74% of staff with a long-term condition or illness reported being satisfied with the extent to which the organisation values their work, compared to 37.97% of staff without a long-term condition. This represents a further decline for both staff groups from 2024, with the reduction more pronounced for staff with long-term conditions, reaching the lowest level recorded since 2020.

The data highlights a persistent and widening disparity, with staff with long-term conditions 10.2% less likely than non-disabled staff to feel valued by the organisation in 2025. When compared with the national average, DGFT performs below average for both groups, particularly for staff without a long-term condition. These findings indicate a risk area for staff engagement, morale and inclusion, and reinforce the importance of consistent recognition, inclusive leadership behaviours and organisational culture initiatives that ensure all staff, particularly those with long-term conditions, feel visible, valued and supported.

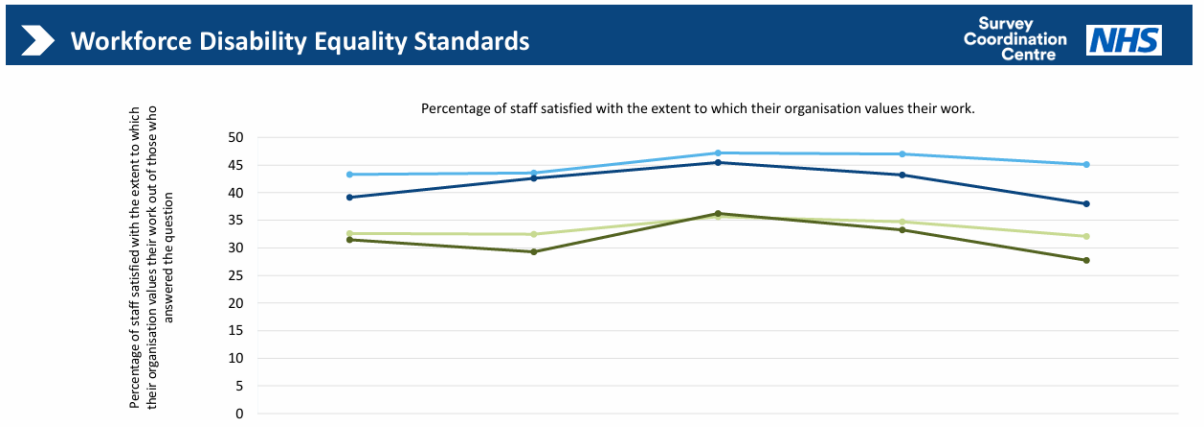


Table 7: Workforce Disability Equality Data for Metric 7 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Staff with a LTC or illness DGFT	35.19%	31.47%	29.26%	36.24%	33.25%	27.74%
Staff without a LTC or illness DGFT	44.24%	39.15%	42.60%	45.47%	43.23%	37.97%
Staff with a LTC or illness average	37.36%	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness average	49.27%	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness responses	432	699	639	723	776	674
Staff without a LTC or Illness responses	1781	2373	2087	1920	2096	1667

Metric 8 - Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustments to enable them to carry out work.

In 2025, 70.64% of staff with a long-term condition or illness reported that their employer had made reasonable adjustments to enable them to carry out their work. This represents a small decrease from 2024 (72.45%), following a period of sustained improvement since 2022, when reported access to reasonable adjustments increased markedly.

When benchmarked against the national average, DGFT's 2025 figure is slightly below the national position (73.65%). While most staff with long-term conditions continue to report that reasonable adjustments are being made, the reduction in 2025 suggests a potential risk to the consistency and sustainability of these adjustments over time. This highlights the need to maintain focus on timely adjustment processes, manager confidence, and ongoing review to ensure adjustments remain effective, preventative, and responsive to changing staff needs.



Table 8: Workforce Disability Equality Data for Metric 8 from 2020 to 2025.

Staff group	2022	2023	2024	2025
Staff with a LTC or illness DGFT	66.67%	72.40%	72.45%	70.64%
Staff with a LTC or illness average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness responses	381	442	490	436

Metric 9a – Staff engagement score (0-10)

In 2025, staff engagement scores declined across all staff groups at DGFT. Engagement among staff with a long-term condition or illness fell to 6.01, down from 6.32 in 2024, while engagement for staff without a long-term condition decreased to 6.63 from 6.87. The overall organisational average also reduced to 6.46, indicating a broader downward trend in staff engagement rather than a change isolated to a single group.

A consistent disparity remains between staff with and without long-term conditions, with disabled staff reporting engagement scores 0.62 points lower than non-disabled staff in 2025. DGFT performs below the national average for both staff groups, particularly for staff with long-term conditions (6.01 vs 6.29). These findings suggest a continued risk to staff experience and retention, reinforcing the importance of targeted action to improve engagement, wellbeing and inclusion, particularly for staff with long-term conditions, alongside wider organisational efforts to rebuild engagement levels.

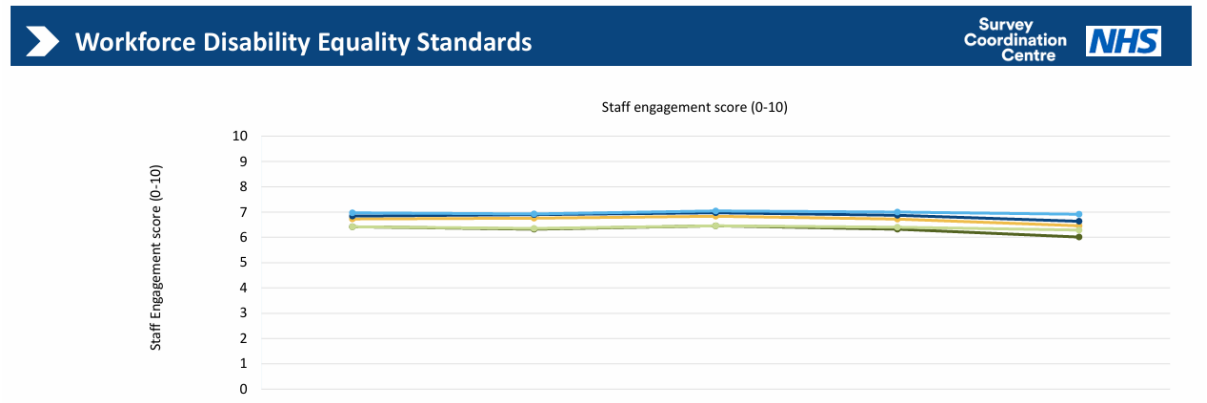


Table 9: Workforce Disability Equality Data for Metric 9a from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
Organisation average	6.81	6.73	6.76	6.83	6.72	6.46
Staff with a LTC or illness DGFT	6.46	6.42	6.32	6.46	6.32	6.01
Staff without a LTC or illness DGFT	6.90	6.84	6.90	6.97	6.87	6.63
Staff with a LTC or illness average	6.65	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness average	7.14	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness responses	432	699	641	726	781	676
Staff without a LTC or Illness responses	1785	2378	2094	1932	2100	1674

Metric 9b – How the organisation facilitates the voices of staff with disabilities

Over the past year, The Dudley Group NHS Foundation Trust has continued to strengthen its approach to listening to and amplifying the voices of staff with disabilities and long-term conditions. We have retained our Gold TIDE Mark (2025), reaffirming our commitment to inclusive employment practices, and have continued to embed a centralised reasonable adjustments process, supported by Access to Work, to improve the timeliness, consistency and sustainability of support.

The visibility and influence of our Disability and Carers Staff Networks have continued to grow, providing important platforms for engagement, feedback and co-production. Our "This Is Who I Am" campaign remains a key enabler of disclosure, contributing to a continued increase in disability declaration rates to 6.8%, alongside a reduction in undeclared status to 23.8%. This improved data strengthens our ability to understand staff needs and target support more effectively.

We have also taken steps to increase awareness and embed staff voice within organisational decision-making. This has included recognising Disability History Month, sharing lived experiences, and promoting greater understanding of disability and long-term conditions. We have actively engaged staff in the refresh of Flexible Working arrangements, ensuring the needs of disabled staff are reflected, and have worked in partnership with staff networks to inform the development and review of key workforce and clinical policies.

In support of inclusive recruitment and progression, the Trust has maintained its Disability Confident Leader status and continues to expand inclusive pathways into employment, including work experience and apprenticeship opportunities for individuals who may face barriers to work.

While these actions demonstrate ongoing progress in strengthening staff voice and inclusion, wider staff survey findings indicate that further work is required to ensure these initiatives consistently translate into improved experience. In particular, improving engagement, feeling valued, and confidence in speaking up for staff with disabilities will remain key priorities moving forward.

Conclusion

The 2026 Workforce Disability Equality Standard (WDES) data reflects a mixed picture of progress and emerging challenges across The Dudley Group NHS Foundation Trust. There have been positive developments, including improved disability declaration rates, reductions in some forms of harassment, and broadly equitable reporting levels. These improvements strengthen the organisation's understanding of staff experience and demonstrate the impact of targeted inclusion initiatives.

However, the data also highlights areas of concern. While experiences of harassment from patients, the public, and colleagues have reduced for staff with long-term conditions, reports of harassment from managers have increased, widening the gap between disabled and non-disabled staff. Alongside this, there has been a decline in several key experience indicators across all staff groups, including career progression, feeling valued, engagement, and presenteeism. Disabled staff continue to report consistently poorer outcomes, with gaps persisting or widening in several areas.

Although most staff with long-term conditions report receiving reasonable adjustments, there has been a slight decline, and overall satisfaction and engagement levels have reduced, indicating potential pressures on staff experience and organisational culture. These findings suggest that, while progress has been made, it has not yet translated into consistently equitable outcomes or sustained improvements in lived experience.

Looking ahead, there is a clear need to deepen the focus on inclusive leadership, management capability, and organisational culture. Strengthening psychological safety, improving confidence in reporting, and ensuring equitable access to opportunities and support will be critical. By building on areas of progress and addressing systemic barriers, the Trust can continue to move towards a more inclusive environment where all staff feel valued, supported, and able to thrive.

Action Planning

The WDES Action Plan has been developed in response to the findings from the 2026 Workforce Disability Equality Standard (WDES) data and is aligned with the Group EDI Delivery Plan 2026/27. The plan sets out targeted actions to address systemic barriers and create more equitable opportunities for all colleagues, with a particular focus on staff with disabilities and long-term health conditions.

The action plan is structured around the WDES indicators, the NHS England, Disability High Impact Actions, and relevant national guidance and best practice, ensuring a coherent and evidence based approach to driving meaningful and sustainable change.

WDES Action Plan 2026/27

Priority Area	Key Actions (2026–2027)	Intended Impact	Aligned to Disability High Impact Actions	Timescale
Inclusive Leadership & Management	Strengthen manager capability through PDR quality improvements, wellbeing conversations, and leadership development programmes. Embed expectations of compassionate, inclusive, and accountable leadership behaviours.	Improved staff experience, reduced presenteeism, increased engagement, and staff feeling valued.	**Collective leadership across all levels to drive sustainable disability inclusion:** • Support all leaders to complete ARC Leadership (SWB) and Manager Essentials (DGFT). • Embed disability inclusion within every leader's objectives and performance expectations.	Q3
Equitable Recruitment & Career Progression	Increase disability disclosure and transparency through PDR processes. Strengthen inclusive recruitment practices and reduce appointment disparities. Develop inclusive talent pipelines, coaching, mentoring, and progression pathways.	Improved representation, fairer recruitment outcomes, and increased confidence in career progression.	**Inclusive Recruitment and Talent Management:** • Embed a values-based recruitment and talent management approach through the newly developed Group Inclusive Talent Management Framework. • Increase representation, inclusion, and career progression of disabled staff. **Improving Disability Workforce Data and Disclosure:**	Q4

Priority Area	Key Actions (2026–2027)	Intended Impact	Aligned to Disability High Impact Actions	Timescale
			• Strengthen the quality and consistency of disability workforce data. • Work with Staff Networks to increase disclosure through trust-building, awareness, and clear communication of the benefits of disclosure.	
Safe, Respectful & Open Culture	Reinforce zero tolerance to bullying, harassment, and discrimination. Increase awareness and trust in Freedom to Speak Up (FTSU). Introduce post-incident support and strengthen accountability for behaviours.	Reduction in harassment, increased reporting confidence, and improved psychological safety.	**Group-wide Communications and Allyship Campaign:** • Co-design and deliver a Group-wide communications campaign with Staff Networks. • Raise awareness, reduce stigma, and improve the day-to-day experience of disabled staff. • Introduce a Disability Allyship Programme across the Group.	Q2 with ongoing monitoring
Staff Experience, Wellbeing & Adjustments	Improve access to psychological support (EAP, guidance, and training). Strengthen consistency and timeliness of reasonable adjustments. Promote flexible working, burnout	Improved wellbeing, reduced presenteeism, increased satisfaction, and staff feeling valued.	**Embedding the Reasonable Adjustments Framework:** • Build on the SWB Reasonable Adjustments Framework and existing DGFT provisions.	Q3

Priority Area	Key Actions (2026–2027)	Intended Impact	Aligned to Disability High Impact Actions	Timescale
	awareness, and recognition approaches.		• Deliver practical, scenario-based focus sessions led by EDI and HR teams across both Trusts. • Equip managers to consistently apply the framework and effectively support staff. • Introduce a clear escalation route for delays or non-compliance with implementing reasonable adjustments.	
Staff Voice, Insight & Accountability	Strengthen engagement with Disability Staff Networks and co-produce solutions with staff. Use workforce data to identify and address inequalities. Embed accountability through regular reporting, leadership oversight, and monitoring of progress.	Improved confidence in speaking up, better targeted interventions, and stronger alignment between staff experience and organisational action.	**Cross-cutting oversight and accountability:** • Work in partnership with Disability Staff Networks to co-produce solutions. • Use disability workforce data and lived experience to monitor progress and reduce inequalities. • Provide regular reporting to leadership and ensure accountability for delivery of disability inclusion priorities.	Ongoing throughout 2026–2027 (quarterly review)

Commitment to Continuous Improvement

These actions are designed to drive meaningful and sustained improvement in the experiences of staff with disabilities and long-term conditions, addressing areas where inequality persists while building on progress made. While improvements have been seen in areas such as disclosure and aspects of staff experience, gaps between disabled and non-disabled staff remain across several key indicators, and progress is not yet consistently embedded.

We remain committed to strengthening staff voice, acting on insight, and ensuring that the lived experience of disabled staff informs our approach. A continued focus on inclusive leadership, psychological safety, and equitable opportunity will be critical to achieving lasting change.

Progress will be monitored through robust governance arrangements, with clear accountability and regular reporting to ensure transparency and sustained focus as part of our ongoing disability equality journey.

Appendix 1 – Workforce Disability Equality Standard Metrics summary 2020-2026

Workforce Disability Equality Standard Metrics				Reporting Year						
				2020	2021	2022	2023	2024	2025	2026
1	Workforce Representation. Percentage of Disabled staff*		Overall		3.6%	4.0%	5.4%	6.1%	6.4%	6.8%
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff.			2.15	1.09	0.87	1.34	1.16	1.14	1.33
3	Relative likelihood of Disabled staff entering the formal capability process (performance management rather than ill health) compared to non-disabled staff.**				1.75	6.34	0	0	10.63	20.457
4a	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months ***	From Managers	Staff with a long lasting health condition or illness	21.7%	21.1%	14.5%	17.2%	15.9%	14.1%	16.4%
			Staff without a long lasting condition or illness	15.8%	13.0%	8.7%	8.8%	8.6%	8.2%	7.9%
		From Other Colleagues	Staff with a long lasting health condition or illness	28.0%	29.4%	23.3%	25.3%	25.0%	26.0%	23.0%
			Staff without a long lasting condition or illness	19.4%	18.4%	14.3%	15.0%	15.1%	15.0%	15.0%
		From Patients / Public	Staff with a long lasting health condition or illness	37.9%	32.3%	29.7%	33.0%	29.4%	29.9%	25.8%
			Staff without a long lasting condition or illness	30.3%	24.4%	24.7%	22.6%	22.8%	20.3%	20.9%
4b	Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying		Staff with a long lasting health condition or illness		52.9%	50.0%	44.7%	45.0%	50.5%	50.9%
			Staff without a long lasting condition or illness		49.6%	48.8%	45.9%	49.3%	53.3%	51.5%

	or abuse at work, they or a colleague reported it ***									
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion ***		Staff with a long lasting health condition or illness	46.1%	54.8%	51.9%	55.3%	55.5%	56.1%	46.1%
			Staff without a long lasting condition or illness	56.1%	59.6%	60.3%	61.1%	61.6%	60.5%	54.1%
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties ***		Staff with a long lasting health condition or illness	35.8%	33.1%	33.1%	28.3%	32.0%	28.5%	30.0%
			Staff without a long lasting condition or illness	24.7%	28.7%	26.0%	20.4%	19.4%	20.0%	20.7%
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work ***		Staff with a long lasting health condition or illness	30.0%	35.2%	31.5%	29.3%	36.2%	33.2%	27.7%
			Staff without a long lasting condition or illness	39.6%	44.2%	39.1%	42.6%	45.5%	43.2%	38.0%
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work ***		Staff with a long lasting health condition or illness				66.7%	72.4%	72.4%	70.6%
9a	Staff engagement score (a composite of nine questions) ***	`	Staff with a long lasting health condition or illness	6.3	6.5	6.4	6.3	6.5	6.3	6.0
			Staff without a long lasting condition or illness	6.8	6.9	6.8	6.9	7.0	6.9	6.6
9b	Percentage of trusts that facilitate the voices of Disabled staff to be heard within the organisation.				Yes	Yes	Yes	Yes	Yes	Yes
10	Percentage of Disabled staff on Boards ****		Overall			6%	11%	5%	9.5%	3.6%

Note: staff survey metrics are 1 year behind submission year; 2026 data shown in this table is 2025 staff survey metrics.

This table is an accessible version of the chart on page 8.