NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) Report 2025/26

Trust-level data for publication

Norfolk and Norwich University Hospitals NHS Foundation Trust

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PRESENTED TO People and Culture Management Group and Group Board
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Executive Summary

The Workforce Disability Equality Standard (WDES) provides a nationally mandated framework through which NHS organisations assess disability equality, identify areas of disproportionality and support continuous workforce improvement. The Standard forms an important component of the NHS Equality, Diversity and Inclusion Improvement Plan and supports wider commitments to inclusion, belonging and workforce wellbeing.

The 2025/26 submission demonstrates continued progress in several key areas of performance.

Disability declaration increased to **6.33%**, representing the highest recorded declaration rate within the Trust workforce. Recruitment outcomes achieved near parity between disabled and non-disabled applicants, whilst capability process disparities reduced substantially compared with the previous reporting period. Reasonable adjustment provision continues to exceed the Acute Trust benchmark.

2025/26 at a glance: where we are making progress

6.33%
of staff have declared a disability, the highest rate recorded (5.87% in 2025)

1.04
recruitment relative likelihood ratio: near parity from shortlisting

77.31%
of disabled staff report adequate reasonable adjustments (Acute benchmark 73.65%)

1.87
capability relative likelihood ratio, reduced from 5.26 the previous year

0.90
staff engagement equality ratio (5.74 disabled, 6.35 non-disabled)

1.01
reporting culture equality ratio: no material disparity identified

Where we need to improve

1.78
Disabled staff more likely to report harassment, bullying or abuse from managers

1.58
Disabled staff more likely to feel pressure to attend work whilst unwell

24.29%
of disabled staff feel the organisation values their work (34.77% non-disabled)

46.26%
of disabled staff believe there are equal opportunities for progression (52.07% non-disabled)

1.55
Disabled staff more likely to report harassment, bullying or abuse from colleagues

None
Board members with a declared disability recorded in the WDES return

Despite these improvements, significant inequalities remain within several workforce experience indicators.

Disabled staff continue to report:

- Higher levels of harassment, bullying and abuse.
- Greater pressure to attend work whilst unwell.
- Lower satisfaction regarding how their work is valued.
- Lower confidence in career progression opportunities.
- Lower disability declaration rates within parts of the senior workforce profile.

Overall WDES assessment

Indicator Area	Position
Recruitment	**Strong**
Reasonable Adjustments	**Strong**
Capability Improvement	**Improving**
Disability Declaration	**Improving**
Workplace Culture	**Requires Improvement**
Feeling Valued	**Priority Area**
Career Progression	**Priority Area**
Leadership Representation	**Priority Area**

The available evidence suggests that the Trust's strongest performance is now evident within workforce processes including recruitment and reasonable adjustment provision, whilst the most significant opportunities for improvement relate to workplace experience, progression and inclusion.

Board Assurance Statement

BOARD ASSURANCE STATEMENT

The Board can take **reasonable assurance** that this report is based on validated workforce, recruitment and NHS Staff Survey data and provides a fair assessment of the Trust's Workforce Disability Equality Standard position for 2025/26.

The report identifies areas of progress, areas requiring improvement and clear priorities for action, and provides an evidence-informed framework for improving workforce disability equality outcomes between 2026 and 2029.

01 Introduction

Background

The Workforce Disability Equality Standard (WDES) was introduced across the NHS to support organisations in identifying, understanding and addressing workforce inequalities experienced by disabled staff. The Standard provides a nationally consistent framework through which organisations can assess workforce representation, staff experience, progression opportunities and organisational culture.

NNUH has reported against WDES since its introduction and uses the Standard as an important component of its wider Equality, Diversity and Inclusion agenda.

LOCAL CONTEXT

The Trust's approach to disability inclusion supports delivery of:

- NHS People Promise.
- NHS Equality, Diversity and Inclusion Improvement Plan.
- Disability Confident commitments.
- Local workforce equality priorities.
- Workforce wellbeing and inclusion objectives.

PURPOSE OF THIS REPORT

This report aims to:

- Present the Trust's WDES position for 2025/26.
- Review performance across all WDES indicators.
- Identify areas of progress and continuing inequality.
- Compare performance with Acute Trust benchmark data.
- Establish priorities for future improvement.
- Provide assurance to People and Culture Management Group and Group Board.

02 Methodology and Data Sources

Data sources

This report draws upon four principal evidence sources.

01
Workforce Disability Equality Standard Return

Used for:

- Disability declaration.
- Workforce representation.
- Capability process metrics.
- Board representation.

02
Recruitment Dataset

Used for:

- Applications.
- Shortlisting.
- Appointment outcomes.
- Relative likelihood calculations.

03
Workforce Profile Dataset

Used for:

- Staff group analysis.
- Occupational analysis.
- Demographic profile information.

04
NHS Staff Survey Benchmark Data

Used for:

- WDES Metrics 4-9.
- Acute Trust benchmarking comparisons.

Interpretation of disability data

For readability, the term **disabled staff** is used throughout this report.

Within Staff Survey-derived metrics, this refers to staff reporting a long-term physical or mental health condition or illness expected to last 12 months or more. Within workforce and ESR-derived metrics, disability refers to staff who have formally declared a disability within workforce systems.

Data caveats

The available datasets identify differences in workforce outcomes and staff experience but do not establish causation. Where commentary extends beyond directly observed findings, evidence-limited wording has been used throughout this report.

How to read the ratings in this report

Equality Ratings assess the degree of disparity between disabled and non-disabled staff, using relative likelihood ratios or equivalent comparison measures. A ratio of 1.00 means equal likelihood.

Green: ratio between 0.80 and 1.25. **Amber:** ratio between 0.60-0.79 or 1.26-1.50. **Red:** ratio below 0.60 or above 1.50.

Strategic Priority Ratings reflect organisational priorities for improvement, taking account of organisational impact, workforce significance, benchmark position, leadership priorities and long-term workforce risk. They may differ from Equality Ratings. Full definitions are set out in Appendix A.

03 Workforce Disability Profile

Workforce overview

6.33%

of staff had formally declared a disability within workforce records as of 31 March 2026, the highest rate recorded by the Trust

28.95%

of respondents to the NHS Staff Survey reported a long-term physical or mental health condition expected to last 12 months or more

The available evidence therefore indicates a substantial difference between self-reported long-term condition prevalence and formal disability declaration rates. The available datasets do not identify the reasons for this difference.

Disability declaration trend

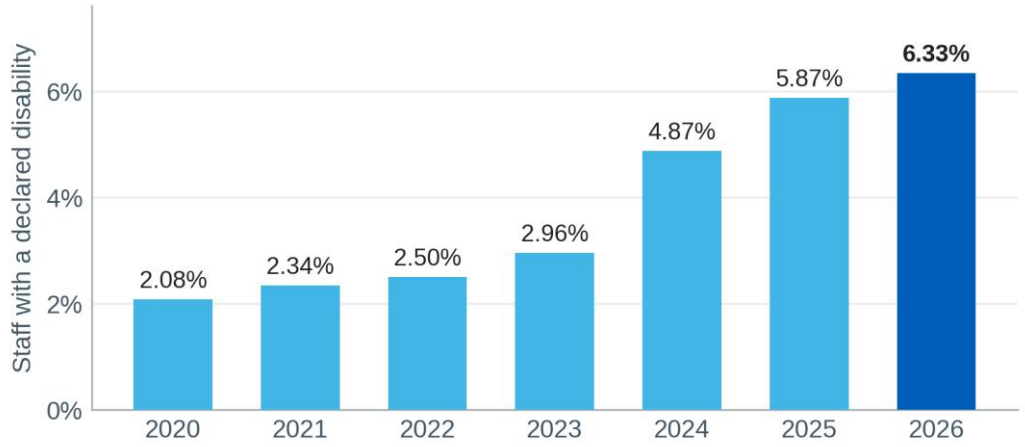


Figure 1. Disability declaration rate, 2020 to 2026.

Source: Workforce Disability Equality Standard workforce return.

Disability representation by staff group

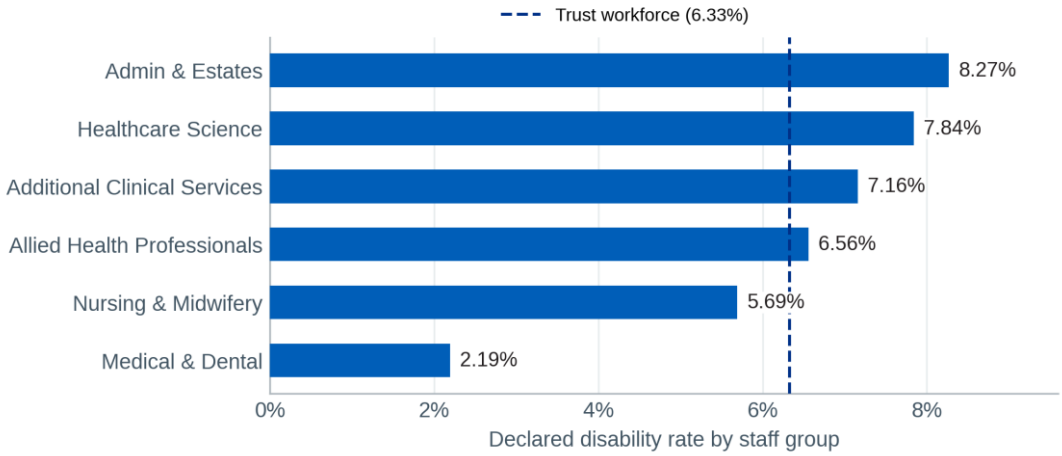


Figure 2. Disability declaration rate by staff group, compared with the Trust workforce.

Source: Workforce profile dataset.

The available evidence identifies lower declaration rates within Medical and Dental staff groups than the wider workforce profile. The available datasets do not determine the reasons for these differences.

04 WDES Performance Dashboard

Indicator	Equality Rating	Strategic Priority
Workforce Representation	Amber	Amber
Recruitment	Green	Green
Capability Processes	Red	Amber
Public Harassment/Bullying	Amber	Amber
Manager Harassment/Bullying	Red	Red
Colleague Harassment/Bullying	Red	Red
Reporting Culture	Green	Amber
Career Progression	Green	Red
Pressure to Attend Work Whilst Unwell	Red	Red
Feeling Valued	Amber	Red
Reasonable Adjustments	Green	Green
Staff Engagement	Green	Amber
Board Representation	Amber	Red

Dashboard caveat: Equality Ratings are based on validated indicator data and the agreed WDES methodology. Strategic Priority Ratings reflect organisational priorities for improvement and may differ from Equality Ratings where an indicator represents a significant workforce concern despite a technically acceptable equality ratio.

05 WDES Indicator 1: Workforce Representation

RAG RATING
AMBER

6.33%
Disability declaration rate, the highest recorded level

HEADLINE POSITION

Disability declaration continues to improve and is now at its highest recorded level. However, a substantial gap remains between formal disability declaration rates and self-reported long-term condition prevalence.

What the data shows

The disability declaration rate increased to **6.33%** and has continued to improve year-on-year. Staff Survey data indicates substantially higher long-term condition prevalence than is reflected within workforce declaration data.

The available evidence also identifies variation in declaration rates between staff groups and lower declaration rates within parts of the senior workforce profile. The available datasets do not determine the reasons for these differences.

Organisational response

The Trust has continued to prioritise disability declaration and workforce inclusion through engagement with staff networks, workforce groups and divisional leadership teams.

The available evidence confirms that declaration rates have improved over time. However, the available datasets do not determine the contribution of individual interventions to that improvement.

Key risks

- Incomplete workforce representation data.
- Reduced visibility of disability across the workforce.
- Reduced understanding of workforce needs.

Assessment

Progress has been achieved, but opportunities remain to improve declaration completeness and representation data quality.

06 WDES Indicator 2: Recruitment

EQUALITY RATING	STRATEGIC PRIORITY	1.04	HEADLINE POSITION
GREEN	GREEN	Relative likelihood ratio	Near parity has been achieved between disabled and non-disabled applicants appointed from shortlist, representing one of the strongest areas of WDES performance within the Trust.

Recruitment outcomes 2025/26

Measure (2025/26)	Result
Disabled applicants shortlisted	602
Non-disabled applicants shortlisted	5,357
Disabled applicants appointed	114
Non-disabled applicants appointed	1,059
Relative likelihood ratio	1.04

Source: Applicant Success Rates, 12 months to 31 March 2026 (Trac Recruitment system).

What the data shows

The relative likelihood of a non-disabled applicant being appointed from shortlist compared with a disabled applicant was **1.04**. This falls within the agreed green threshold and indicates that disabled and non-disabled applicants experienced broadly comparable appointment outcomes following shortlisting.

The Trust has maintained positive recruitment performance despite a large volume of recruitment activity during the reporting period. The data indicates that recruitment processes are not generating material disparities in appointment outcomes for disabled applicants.

Comparison with previous years demonstrates sustained improvement from earlier WDES submissions, where higher levels of disproportionality were identified. The current position represents the strongest recruitment outcome recorded within the available reporting period.

Organisational context

NNUH has continued to maintain inclusive recruitment processes through Disability Confident commitments (although this expired in August 2025 with its reintroduction forming part of the WDES improvement plan), equality monitoring arrangements and recruitment governance processes. The available data confirms positive recruitment outcomes but does not determine the contribution made by individual initiatives or interventions.

Key strengths

- Recruitment outcomes are close to parity.
- No material recruitment disparity identified.
- Positive improvement compared with earlier reporting periods.
- Supports workforce representation objectives.

Assessment

Recruitment remains one of the Trust's strongest performing WDES indicators. The available evidence supports a Green Equality Rating and demonstrates that disabled applicants are experiencing broadly comparable appointment outcomes to non-disabled applicants following shortlisting.

07 WDES Indicator 3: Formal Capability Processes

EQUALITY RATING	STRATEGIC PRIORITY	1.87
RED	AMBER	Relative likelihood ratio (previous year 5.26)

HEADLINE POSITION

Significant improvement has been achieved in formal capability outcomes; however, disabled staff remain more likely than non-disabled staff to enter formal capability processes.

Measure (2025/26)	Result
Relative likelihood ratio	**1.87**
Previous year ratio	5.26
Average entering capability - disabled	**6**
Average entering capability - non-disabled	**33**
Average entering capability - unknown	**1**

Source: NNUH WDES data 2020-26.

What the data shows

Disabled staff were approximately **1.87 times more likely** than non-disabled staff to enter a formal capability process. Whilst this remains above parity, the result represents substantial improvement when compared with the previous year's ratio of **5.26**.

The reduction in disparity demonstrates movement in a positive direction and represents one of the most notable areas of improvement within the WDES dataset. Nevertheless, the indicator remains above parity and therefore continues to require monitoring and focused improvement activity.

Organisational context

The Trust previously reported implementation of a revised Performance Improvement Policy which emphasises informal resolution, supportive performance management and consideration of reasonable adjustments where relevant.

The timing of improvement coincides with implementation of these revised arrangements; however, the available datasets do not determine whether these changes caused the improvement in indicator performance.

Key risks

- Continued disproportionality within formal management processes.
- Reduced confidence in workforce processes.
- Potential adverse impacts on disabled staff experience.

Assessment

The available evidence supports a Red Equality Rating under the report methodology (>1.50). Substantial progress has been achieved, but meaningful disparity remains and further improvement is required to achieve parity.

08 WDES Indicator 4: Harassment, Bullying and Abuse

RAG RATING
RED

Overall

Overall assessment across Indicators 4a to 4d

HEADLINE POSITION

Whilst performance varies across the three measures, the overall assessment remains Red because significant disparities persist in experiences involving managers and colleagues.

Indicator 4 examines staff experiences of harassment, bullying and abuse from three sources:

- Patients, service users and members of the public.
- Managers.
- Colleagues.

Updated to 2025 Staff Survey figures:

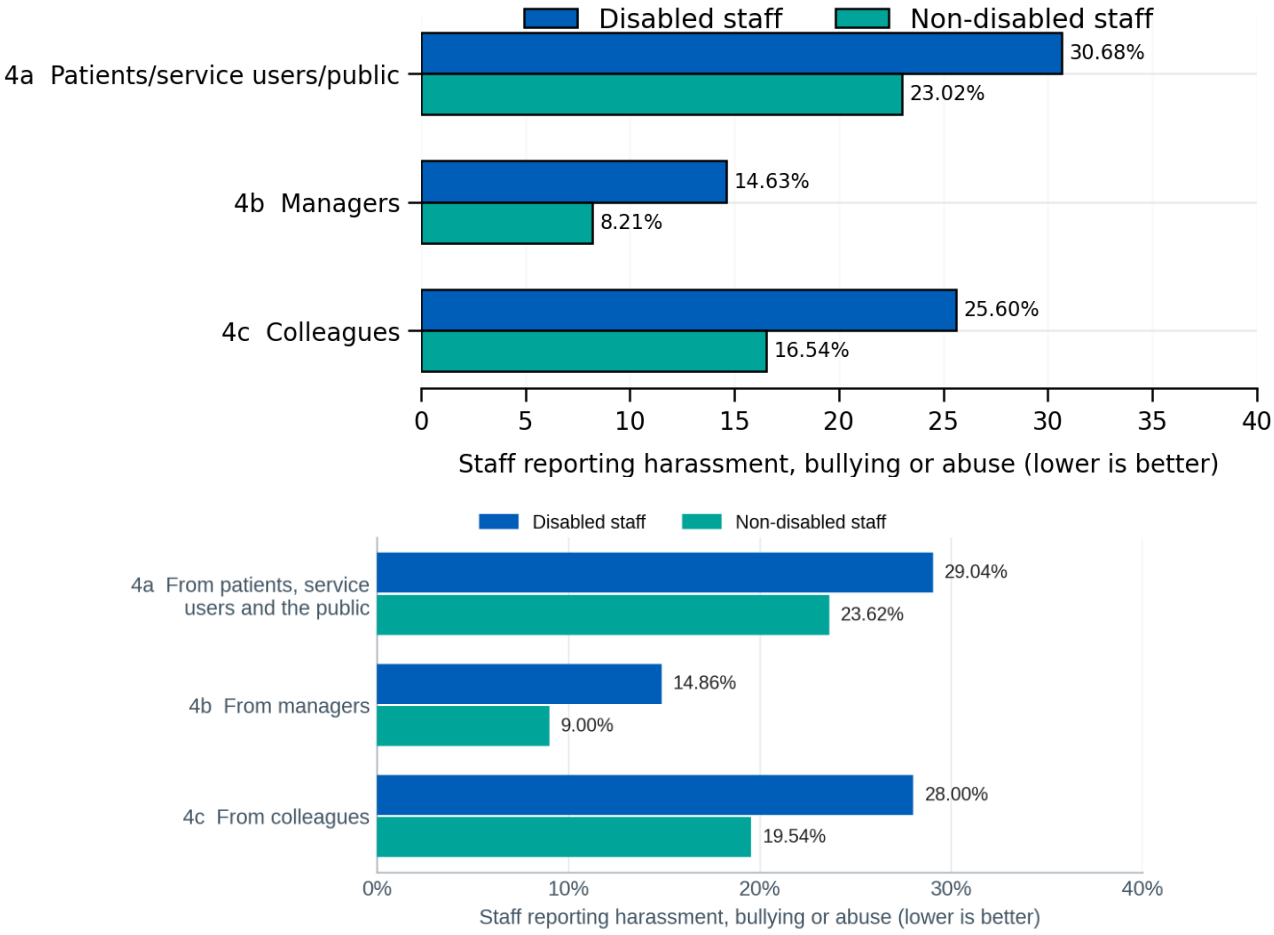


Figure 3. Harassment, bullying and abuse reported by disabled and non-disabled staff, by source.

Indicator 4a: Harassment, Bullying and Abuse from Patients, Service Users and the Public

EQUALITY RATING	Amber

30.68%	23.02%	1.33
of disabled staff	of non-disabled staff	equality ratio

Source: NNUH RM1-benchmark-2025.

What the data shows

Disabled staff remain more likely than non-disabled staff to report harassment, bullying or abuse from patients, service users or members of the public. The ratio of **1.33** falls within the agreed Amber threshold.

Assessment

Although disparity remains evident, the level of disproportionality is lower than that observed within manager and colleague behaviours. This indicator therefore remains Amber.

Indicator 4b: Harassment, Bullying and Abuse from Managers

EQUALITY RATING	Red

14.63% of disabled staff

8.21% of non-disabled staff

1.78 equality ratio

Source: NNUH Staff Survey RM1-benchmark-2025.

What the data shows

Disabled staff were **1.78 times more likely** than non-disabled colleagues to report bullying, harassment or abuse from managers. This represents one of the largest disparities identified anywhere within the WDES submission.

Assessment

The scale of disparity exceeds the agreed Red threshold and remains a significant organisational concern.

Indicator 4c: Harassment, Bullying and Abuse from Colleagues

EQUALITY RATING	Red

25.60% of disabled staff

16.54% of non-disabled staff

1.55 equality ratio

Source: NNUH Staff Survey RM1-benchmark-2025.

What the data shows

Disabled staff were **1.55 times more likely** than non-disabled colleagues to report harassment, bullying or abuse from other colleagues.

Assessment

The disparity exceeds the agreed Red threshold and indicates continuing inequality in workplace experience.

Indicator 4d: Reporting Culture

EQUALITY RATING	Green
STRATEGIC PRIORITY	Amber

1.01 Reporting Culture Ratio

43.95% staff without LTC

Source: NNUH Staff Survey RM1-benchmark-2025.

What the data shows

No material disparity was identified between disabled and non-disabled staff in relation to reporting experiences, resulting in a Green Equality Rating.

Assessment

Whilst no meaningful equality gap is evident, workplace culture indicators remain a significant organisational concern. Consequently, this indicator remains an Amber Strategic Priority despite a Green Equality Rating.

Organisational context

Previous WDES reporting highlighted a range of initiatives intended to support respectful workplace behaviours, including:

- No Excuse for Abuse campaign.
- Active Bystander training.
- Freedom to Speak Up promotion.
- People Promise activity.

The available evidence confirms that these activities took place but does not determine their relationship to the indicator results reported here.

Overall assessment

Indicator 4 remains one of the most significant areas of inequality identified within the Trust's WDES submission. Whilst reporting culture appears broadly equitable, substantial disparities continue to exist in experiences involving managers and colleagues, requiring focused improvement activity.

09 WDES Indicator 5: Career Progression

EQUALITY RATING	STRATEGIC PRIORITY	
GREEN	RED	0.89 Equality ratio

HEADLINE POSITION

The equality ratio falls within the agreed green threshold; however, confidence in progression opportunities remains low and performance remains below benchmark levels.

46.26%
of disabled staff believe the Trust provides equal opportunities for progression

52.07%
of non-disabled staff

0.89
equality ratio

Source: NNUH Staff Survey RM1-benchmark-2025.

What the data shows

Disabled staff were somewhat less likely than non-disabled staff to believe that the Trust provides equal opportunities for career progression or promotion. The ratio of **0.89** falls within the agreed green threshold and does not indicate a material equality disparity under the methodology applied throughout this report.

However, fewer than half of disabled staff reported confidence in progression opportunities. Performance also remains below Acute Trust benchmark levels and disability representation is lower within parts of the senior workforce profile.

Organisational context

The Trust continues to develop workforce inclusion, leadership development and talent management arrangements. Future improvement activity will focus on progression pathways, development opportunities and leadership representation.

Key risks

- Reduced progression confidence.
- Lower representation within senior workforce groups.
- Reduced perception of organisational fairness.
- Reduced workforce engagement and retention.

Assessment

The indicator achieves a Green Equality Rating because the equality ratio falls within the agreed threshold. Nevertheless, the combination of low positive response rates, benchmark position and leadership representation concerns means this remains a Red Strategic Priority for improvement.

10 Benchmarking and Comparative Analysis

Benchmarking provides important context for understanding organisational performance. Whilst equality ratios identify differences between disabled and non-disabled staff within NNUH, benchmark comparisons help determine how the Trust performs relative to comparable Acute NHS organisations. Benchmark information within this report is drawn from the national NHS Staff Survey benchmark dataset and is available for WDES Indicators 4-9.

Benchmark comparisons should be interpreted alongside equality ratings. An indicator may achieve a positive equality rating because disparity is limited between disabled and non-disabled staff, whilst still performing below benchmark levels and therefore remaining an organisational improvement priority.

Benchmark summary

Indicator	NNUH Position	Benchmark Position	Assessment
Indicator 4a: Public Harassment, Bullying and Abuse	30.68% / 23.02%	29.14% / 22.64%	Improvement required
Indicator 4b: Manager Harassment, Bullying and Abuse	14.63% / 8.21%	14.12% / 7.60%	Priority area
Indicator 4c: Colleague Harassment, Bullying and Abuse	25.60% / 16.54%	24.45% / 15.57%	Priority area
Indicator 4d: Reporting Culture	44.58% / 43.95%	53.16% / 52.89%	Continue monitoring
Indicator 5: Career Progression	46.26% / 52.07%	47.79% / 55.09%	Strategic priority
Indicator 6: Pressure to Attend Work Whilst Unwell	28.59% / 18.04%	27.19% / 18.19%	Priority area
Indicator 7: Feeling Valued	24.29% / 34.77%	32.09% / 45.10%	Priority area
Indicator 8: Reasonable Adjustments	77.31%	73.65%	Strength
Indicator 9: Staff Engagement	5.74 / 6.35	6.29 / 6.91	Improvement opportunity

Source: NNUH Staff Survey RM1-benchmark-2025.

Areas performing better than benchmark

Reasonable Adjustments (Indicator 8)

Indicator 8 remains the Trust's strongest benchmarked WDES measure. More than three quarters of disabled staff reported that reasonable adjustments had been made to support them in carrying out their role, resulting in performance above the Acute Trust benchmark.

This suggests that workplace adjustment arrangements, including formal and informal support mechanisms, continue to provide positive outcomes for many disabled staff. The result also demonstrates consistency when compared with previous reporting periods.

Areas performing broadly in line with internal equality thresholds

Recruitment (Indicator 2)

Although no national benchmark is available within the recruitment dataset, NNUH achieved a relative likelihood ratio of 1.04, representing near parity between disabled and non-disabled applicants appointed from shortlist.

Career Progression (Indicator 5)

The equality ratio of 0.89 falls within the agreed green threshold and therefore does not demonstrate a substantial internal disparity. However, fewer than half of disabled staff reported confidence in progression opportunities and benchmark performance remains a concern.

Staff Engagement (Indicator 9)

The staff engagement ratio also falls within the green threshold. Nevertheless, benchmark comparisons indicate that overall engagement levels remain lower than desirable and represent an ongoing opportunity for improvement.

Areas performing below benchmark

Harassment, Bullying and Abuse (Indicator 4)

Indicator 4 remains one of the most significant challenges identified within the report.

Disabled staff continue to report higher levels of harassment, bullying and abuse from:

- Patients and members of the public.
- Managers.
- Colleagues.

Particularly significant disparities remain within experiences involving managers and colleagues, both of which exceed the agreed red threshold. Benchmark comparisons indicate that these measures continue to represent areas of concern when compared with similar organisations.

Pressure to Attend Work Whilst Unwell (Indicator 6)

Disabled staff remain significantly more likely to experience pressure to attend work despite not feeling well enough to carry out their duties. This measure represents one of the highest levels of disproportionality identified within the WDES dataset and remains below benchmark expectations.

Feeling Valued (Indicator 7)

Indicator 7 demonstrates a substantial gap between disabled and non-disabled staff. Disabled staff reported significantly lower levels of satisfaction regarding the extent to which the organisation values their work. Performance also remains below benchmark levels and therefore represents a priority area for improvement.

Overall benchmark assessment

Benchmarking demonstrates that the Trust's strongest disability equality performance is currently associated with workforce processes, particularly recruitment outcomes and reasonable adjustment provision.

The most substantial opportunities for improvement relate to workplace culture, staff experience, progression and inclusion. Specifically:

- Harassment, bullying and abuse.
- Feeling valued by the organisation.
- Pressure to attend work whilst unwell.
- Career progression and leadership representation.

Whilst benchmark comparisons provide important context, they should not be interpreted in isolation. Internal equality disparities, workforce representation and wider organisational priorities have also been considered when determining the final Equality Ratings and Strategic Priority Ratings presented within this report.

11 WDES Indicator 6: Pressure to Attend Work Whilst Unwell

EQUALITY RATING	STRATEGIC PRIORITY	
RED	RED	1.58 Equality ratio

HEADLINE POSITION

Disabled staff remain significantly more likely than non-disabled staff to report feeling pressure from managers to attend work despite not feeling well enough to perform their duties. This represents one of the largest workforce experience disparities identified within the 2025/26 WDES submission.

28.59%
of disabled staff reported feeling pressure to attend work whilst unwell

18.04%
of non-disabled staff

1.58
equality ratio

Source: NNUH Staff Survey RM1-benchmark-2025.

What the data shows

More than one in four disabled staff reported feeling pressure from managers to attend work despite not feeling well enough to perform their duties, compared with fewer than one in five non-disabled staff. The resulting equality ratio of **1.58** exceeds the agreed red threshold and indicates a substantial difference in staff experience.

Benchmark analysis demonstrates that the Trust remains below the Acute Trust benchmark on this indicator and that disabled staff continue to report significantly less favourable experiences than their non-disabled colleagues.

The available evidence identifies a clear disparity in staff experience. However, the available datasets do not determine the reasons for these differences and should not be interpreted as evidence of causation.

Organisational context

The Trust has continued to operate a people-focused Attendance Policy supported by Know Your Staff principles and the Health and Wellbeing Passport. These arrangements are intended to support individualised wellbeing conversations, workplace adjustments and compassionate management approaches.

The available evidence confirms that these arrangements exist but does not determine the extent to which they have influenced Indicator 6 outcomes.

Key risks

- Increased presenteeism.
- Reduced staff wellbeing.
- Reduced psychological safety.
- Increased sickness-related workforce pressures.
- Reduced confidence in people-management processes.

Assessment

Indicator 6 remains one of the most significant areas of inequality identified within this report. Despite existing wellbeing arrangements, a substantial disparity persists and continued focused improvement activity is required.

12 WDES Indicator 7: Feeling Valued

EQUALITY RATING	STRATEGIC PRIORITY	
AMBER	RED	0.70 Equality ratio

HEADLINE POSITION

Disabled staff report substantially lower levels of satisfaction regarding the extent to which the organisation values their work compared with non-disabled staff.

24.29%
of disabled staff are satisfied the organisation values their work

34.77%
of non-disabled staff

0.70
equality ratio

Source: NNUH RM1-benchmark-2025.

What the data shows

Only around one quarter of disabled staff reported satisfaction with the extent to which the organisation values their work. This compares with over one third of non-disabled staff and results in an equality ratio of **0.70**.

Although the ratio falls within the Amber threshold, the overall level of positive response remains low, and benchmark comparisons indicate that performance remains below that seen across comparable Acute Trusts.

The available evidence identifies a significant difference in staff experience. However, the available datasets do not determine the factors contributing to this finding.

Organisational context

The Trust has continued to support workforce inclusion through staff networks, wellbeing activity, engagement programmes and People Promise initiatives. These activities seek to strengthen belonging, inclusion and staff voice across the organisation.

The evidence confirms that these initiatives have been delivered but does not establish a direct relationship between individual interventions and this indicator.

Key risks

- Reduced workforce morale.
- Lower staff engagement.
- Increased turnover risk.
- Reduced organisational commitment.
- Lower confidence in workplace inclusion.

Assessment

The combination of a significant equality gap, low positive response rates and below-benchmark performance means Indicator 7 remains a major organisational priority and one of the most important staff experience measures within the WDES dataset.

13 WDES Indicator 8: Reasonable Adjustments

EQUALITY RATING	STRATEGIC PRIORITY
GREEN	GREEN

77.31%
of disabled staff report adequate adjustments

HEADLINE POSITION

Reasonable adjustment provision remains one of the strongest performing WDES indicators within the Trust and continues to exceed the Acute Trust benchmark.

77.31%
NNUH

73.65%
Acute Trust Benchmark

Source: NNUH RM1-benchmark-2025.

What the data shows

More than three quarters of disabled staff reported that their employer had made adequate adjustments to support them in carrying out their role. This result represents performance above the Acute Trust benchmark and remains one of the strongest outcomes within the WDES dataset.

Performance has remained consistently high across recent reporting periods, increasing from 73.98% in 2022 to 76.42% in 2023, 76.31% in 2024 and 77.31% in 2025. NNUH remained above the Acute and Acute & Community benchmark average in each of these reporting years.

Organisational context

The Trust has continued to develop a range of workplace adjustment mechanisms, including:

01 Health and Wellbeing Passport arrangements.

02 Access to Work support processes.

03 Formal and informal workplace adjustment discussions.

04 Manager guidance regarding workplace support.

The available evidence confirms that these arrangements exist. However, the data does not establish a direct causal relationship between individual initiatives and indicator performance.

Key strengths

- Performance exceeds benchmark levels.
- Positive outcomes reported by the majority of disabled staff.
- Sustained performance across reporting periods.
- Established organisational support infrastructure.

Assessment

Indicator 8 represents a relative area of strength within the Trust's disability equality performance and demonstrates that many disabled staff report receiving the adjustments required to undertake their role effectively.

14 WDES Indicator 9: Staff Engagement

EQUALITY RATING	STRATEGIC PRIORITY	
GREEN	AMBER	0.90 Equality ratio

HEADLINE POSITION

Disabled staff engagement remains broadly comparable with that of non-disabled staff. However, overall engagement levels remain below Acute Trust benchmark levels and therefore continue to represent an opportunity for improvement.

5.74	6.35	0.90
staff engagement score, disabled staff	staff engagement score, non-disabled staff	equality ratio

Source: NNUH Staff Survey RM1-benchmark-2025.

What the data shows

The staff engagement score for disabled staff was **5.74** compared with **6.35** for non-disabled staff. The resulting equality ratio of **0.90** falls within the agreed green threshold and does not indicate a material equality disparity under the methodology applied throughout this report.

Whilst the internal equality position is positive, benchmark comparisons indicate that engagement scores remain below levels reported by the highest-performing Acute Trusts. This suggests that there is an opportunity to improve engagement across the workforce, including disabled staff.

The available evidence demonstrates relative parity of experience between disabled and non-disabled staff but does not determine the specific factors contributing to overall engagement levels.

Organisational context

The Trust continues to support engagement through a range of mechanisms, including:

- Disability and Long-Term Health Conditions Staff Network.
- Staff Council arrangements.
- Staff Survey action planning processes.
- Workforce engagement and consultation activity.

Previous WDES reporting identified the Disability and Long-Term Health Conditions Staff Network as an important mechanism through which staff can raise issues, influence organisational priorities and contribute to improvement activity.

The available evidence confirms that these arrangements exist but does not establish a direct relationship between individual initiatives and this indicator.

Key strengths

- Equality ratio within the agreed green threshold.
- No substantial engagement disparity identified.
- Established staff engagement infrastructure.
- Active disability staff network arrangements.

Areas for improvement

- Increase overall engagement levels.
- Strengthen participation in improvement activity.
- Continue to improve confidence in organisational inclusion and belonging.

Assessment

Indicator 9 achieves a Green Equality Rating because no material disparity is identified between disabled and non-disabled staff. However, because overall engagement levels remain below benchmark performance, the indicator remains an Amber Strategic Priority.

15 WDES Indicator 10: Board Representation

EQUALITY RATING	STRATEGIC PRIORITY	
AMBER	RED	**None** declared disability representation recorded within Board membership

HEADLINE POSITION

The disability declaration profile recorded within Board membership does not reflect the disability declaration profile recorded within the wider workforce.

Measure	Position
Workforce Disability Declaration Rate	6.33%
Board Disability Declaration	No declared disability representation recorded
Equality Rating	**Amber**
Strategic Priority	**Red**

Source: NNUH WDES data 2020-26.

What the data shows

The 2025/26 WDES return records no declared disability representation within Board membership, whilst **6.33%** of the workforce formally declared a disability.

This indicates that the Board declaration profile does not currently reflect the workforce declaration profile. However, Board data reflects declaration status only and should not be interpreted as evidence regarding disability prevalence within the Board cohort. Representation at leadership level remains an important component of workforce inclusion and visible leadership commitment.

Important data caveat

The available data reflects **declaration status only** and should not be interpreted as evidence of the absence of disability within the Board cohort. The WDES return records disability declaration, not disability prevalence.

Organisational context

The Trust continues to consider workforce representation, talent management, succession planning and leadership inclusion as part of its wider Equality, Diversity and Inclusion agenda.

Future monitoring of this indicator will support understanding of leadership representation trends and opportunities to strengthen visibility and inclusion across senior workforce groups.

Key risks

- Reduced visibility of disability representation at senior levels.
- Perceived lack of representation within leadership structures.
- Reduced confidence in progression opportunities.
- Reduced alignment between workforce and leadership profiles.

Assessment

Indicator 10 receives an Amber Equality Rating because the available data is declaration-based and does not demonstrate disability prevalence. However, the absence of declared disability representation within Board membership, together with wider workforce representation considerations, means the indicator remains a Red Strategic Priority.

16 WDES Improvement Plan 2026-2029

The Workforce Disability Equality Standard Improvement Plan has been developed in response to the findings contained within this report and is intended to support sustained improvement in workforce disability equality outcomes between 2026 and 2029. The plan focuses on areas where measurable differences have been identified between disabled and non-disabled staff experiences or outcomes and aligns improvement activity to the Trust's wider Equality, Diversity and Inclusion priorities.

The plan should be interpreted as a proportionate organisational response to identified disparities. Whilst the available datasets identify differences in workforce outcomes and staff experience, they do not determine the causes of those differences and should not be interpreted as evidence of causation.

Improvement plan objectives

The Trust's improvement activity over the next three years will focus on five priorities:

1 Workforce Representation and Disability Declaration.

2 Recruitment Equality.

3 Capability Improvement.

4 Workplace Culture and Inclusion.

5 Career Progression and Leadership Representation.

PRIORITY 1

Priority 1: Workforce Representation and Disability Declaration

AIM

To improve disability declaration rates, strengthen workforce representation and improve the quality of disability workforce data.

RATIONALE

Although disability declaration has increased to 6.33%, a substantial gap remains between formal workforce declaration and Staff Survey prevalence. Lower declaration rates are also evident within parts of the Medical and Dental workforce and senior workforce profile.

Planned actions

Action	Lead	Timescale
Continue annual disability declaration campaign	EDI Lead	Annual
Improve disability data quality and declaration processes	Head of Workforce Information	2026-2028
Target engagement activity within lower declaration staff groups	EDI Lead	Annual
Annual review of disability representation by staff group and grade	Workforce Analytics Lead	Annual
Review Board and senior workforce declaration profiles	Director of People	Annual

Success measures

- ✓ Increased disability declaration rate.
- ✓ Reduction in unknown disability declaration status.
- ✓ Improved understanding of workforce representation trends.

PRIORITY 2

Priority 2: Recruitment Equality

AIM

To maintain recruitment equality and sustain positive appointment outcomes for disabled applicants.

RATIONALE

Recruitment remains one of the strongest areas of performance within the WDES dataset, with a relative likelihood ratio of 1.04 demonstrating near parity between disabled and non-disabled applicants.

Planned actions

Action	Lead	Timescale
Continue quarterly recruitment equality review	Head of Recruitment	Quarterly
Reintroduce Disability Confident commitments following expiration on 07/08/2025.	Recruitment Manager	Annual
Continue equality monitoring of recruitment outcomes	Workforce Analytics Lead	Quarterly
Promote disability-inclusive recruitment messaging	Recruitment Team	Annual

Success measures

- ✓ Maintain recruitment ratio within green threshold.
- ✓ Increase disabled applicant engagement.
- ✓ Sustain equitable recruitment outcomes.

PRIORITY 3

Priority 3: Capability Improvement

AIM

To continue reducing disproportionality in formal capability processes.

RATIONALE

The relative likelihood ratio reduced from 5.26 to 1.87 during the reporting period, representing significant improvement. However, disparity remains and further improvement is required.

Planned actions

Action	Lead	Timescale
Continue quarterly capability equality reviews	Head of Employee Relations	Quarterly
Strengthen manager awareness of reasonable adjustments	Head of Organisational Development	Annual
Audit consideration of reasonable adjustments within capability cases	Occupational Health Lead	Annual
Review capability outcome trends annually	Workforce Analytics Lead	Annual

Success measures

- ✓ Continued reduction in capability disparity.
- ✓ Increased confidence in capability processes.
- ✓ Improved consistency in reasonable adjustment consideration.

PRIORITY 4

Priority 4: Workplace Culture and Inclusion

AIM

To improve staff experience and reduce harassment, bullying and abuse experienced by disabled staff.

RATIONALE

Indicators 4, 6 and 7 identify some of the most significant disparities within the WDES submission and remain key organisational priorities.

Planned actions

Action	Lead	Timescale
Continue Active Bystander programme delivery	EDI Lead	Annual
Expand Disability Experience Listening Programme	Disability Network Co-Chairs	Biannual
Continue No Excuse for Abuse activity	Workforce Team	Annual
Review Freedom to Speak Up data relating to disability	FTSU Guardian	Annual
Embed learning from Staff Survey and network feedback	EDI Lead	Annual

Success measures

- ✓ Reduction in Indicator 4 disparities.
- ✓ Reduction in Indicator 6 disparity.
- ✓ Improvement in Indicator 7 outcomes.
- ✓ Increased confidence in speaking up and workplace inclusion.

PRIORITY 5

Priority 5: Career Progression and Leadership Representation

AIM

To improve confidence in progression opportunities and strengthen representation within senior workforce levels.

RATIONALE

Although Indicator 5 achieves a Green Equality Rating, positive response levels remain low and representation concerns continue within senior workforce groups. Indicator 10 also remains a significant strategic priority.

Planned actions

Action	Lead	Timescale
Include disability analysis within annual talent reviews	Head of Organisational Development	Annual
Develop disability mentoring and sponsorship opportunities	Head of Organisational Development	2027
Undertake annual Band 7+ progression audit	Workforce Analytics Lead	Annual
Review acting-up and development opportunities	HR Business Partner Team	Annual
Include disability representation within succession planning reviews	Director of People	Annual

Success measures

- ✓ Improved confidence in progression opportunities.
- ✓ Improved understanding of progression trends.
- ✓ Stronger representation within senior workforce pathways.

Governance and monitoring

Delivery of the Improvement Plan will be overseen through existing workforce governance arrangements. Progress will be monitored through workforce equality reporting, annual WDES review processes and regular engagement with staff networks and workforce representatives.

Annual updates will be reported through People and Culture Management Group and Group Board arrangements as part of routine workforce assurance processes.

17 Strategic Priorities 2026-2029

Analysis of the Workforce Disability Equality Standard findings identifies several areas where outcomes for disabled staff compare favourably with non-disabled colleagues, alongside a number of indicators where substantial disparities remain. The strategic priorities described below have been developed from the validated findings presented throughout this report and are intended to focus improvement activity on those areas with the greatest potential to improve workforce disability equality outcomes.

These priorities align with the Trust's wider workforce, equality, diversity and inclusion objectives and support delivery of the NHS People Promise and NHS Equality, Diversity and Inclusion Improvement Plan.

PRIORITY 1

Strategic Priority 1: Strengthen Workforce Representation and Disability Declaration

WHY THIS MATTERS

The Trust's disability declaration rate has increased steadily and reached its highest recorded level during 2025/26. However, a substantial gap remains between formal workforce disability declaration and the prevalence of long-term health conditions identified through the NHS Staff Survey.

Lower declaration rates are also evident within some workforce groups, particularly Medical and Dental staff and parts of the senior workforce profile. Improved declaration rates will strengthen organisational understanding of workforce needs and support more effective workforce planning and inclusion activity.

DESIRED OUTCOME

A workforce profile that more accurately reflects workforce disability declaration and self-reported long-term condition data. This supports effective inclusion, support and workforce planning.

PRIORITY 2

Strategic Priority 2: Maintain Recruitment Equality

WHY THIS MATTERS

Recruitment remains one of the strongest-performing WDES indicators, with disabled and non-disabled applicants experiencing broadly comparable appointment outcomes following shortlisting. Maintaining this position will be important if the Trust is to sustain progress in workforce representation over the longer term.

DESIRED OUTCOME

Recruitment outcomes remain equitable and disabled applicants continue to experience recruitment processes that support fair access to employment opportunities.

PRIORITY 3

Strategic Priority 3: Reduce Disparities in Workforce Processes

WHY THIS MATTERS

The Trust has achieved significant improvement in capability process outcomes, reducing the relative likelihood ratio from 5.26 to 1.87. Whilst positive progress has been made, disabled staff continue to experience higher rates of formal capability processes than non-disabled colleagues.

Continued focus on reasonable adjustments, supportive performance management and workforce monitoring will be required to sustain improvement.

DESIRED OUTCOME

Further reduction in disproportionality within formal workforce processes and increased confidence in organisational fairness.

PRIORITY
4

Strategic Priority 4: Improve Workplace Culture and Staff Experience

WHY THIS MATTERS

Indicators relating to harassment, bullying and abuse, feeling valued and pressure to attend work whilst unwell represent some of the largest disparities within the WDES submission. These indicators directly influence staff wellbeing, inclusion, engagement and retention and therefore represent the most significant area of strategic concern.

Whilst workplace culture has improved in some areas, the findings indicate that disabled staff continue to experience less favourable outcomes than non-disabled colleagues across a number of staff experience indicators.

DESIRED OUTCOME

Reduced disparity in staff experience and a workplace culture in which disabled staff report greater inclusion, safety, support and belonging.

PRIORITY
5

Strategic Priority 5: Improve Career Progression and Leadership Representation

WHY THIS MATTERS

Although the equality ratio for career progression falls within the agreed green threshold, fewer than half of disabled staff report confidence in progression opportunities and disability representation remains lower within some senior workforce groups. Indicator 10 also identifies continued differences between workforce and Board disability declaration profiles.

These findings indicate a need to strengthen understanding of progression pathways, talent management and leadership representation.

DESIRED OUTCOME

Improved confidence in progression opportunities and strengthened monitoring of senior workforce and leadership representation trends.

Strategic priority summary

Strategic Priority	Linked Indicators
Workforce Representation and Disability Declaration	1, 10
Recruitment Equality	2
Workforce Processes and Capability	3
Workplace Culture and Inclusion	4, 6, 7, 9
Career Progression and Leadership Representation	5, 10

The five strategic priorities provide the framework through which the Trust will deliver its WDES Improvement Plan between 2026 and 2029 and monitor progress against the areas of greatest organisational importance.

18 Overall Assessment and Conclusion

The Workforce Disability Equality Standard (WDES) findings for 2025/26 present a mixed but improving picture of disability equality across Norfolk and Norwich University Hospitals NHS Foundation Trust.

The Trust has achieved measurable progress in several important areas, including disability declaration, recruitment equality, capability outcomes and reasonable adjustment provision. Recruitment outcomes are now close to parity between disabled and non-disabled applicants, whilst reasonable adjustment provision continues to perform above the Acute Trust benchmark. Workforce disability declaration has also continued to increase and is now at its highest recorded level.

At the same time, significant disparities remain across a number of workforce experience indicators. Disabled staff continue to report less favourable experiences in relation to harassment, bullying and abuse, feeling valued by the organisation and pressure to attend work despite not feeling well enough to perform their duties. These differences remain the most significant inequalities identified within the 2025/26 submission.

Areas of progress

The evidence demonstrates positive progress in several areas.

Workforce Representation

The disability declaration rate increased to **6.33%**, representing sustained year-on-year improvement and the highest declaration rate recorded by the Trust.

Recruitment

Indicator 2 achieved a relative likelihood ratio of **1.04**, demonstrating near parity between disabled and non-disabled applicants appointed from shortlist. Recruitment therefore remains one of the strongest performing indicators within the WDES dataset.

Capability Processes

The relative likelihood of disabled staff entering formal capability processes reduced from **5.26** to **1.87**, representing one of the most significant improvements seen across the reporting period.

Reasonable Adjustments

Indicator 8 remains a relative area of strength, with **77.31%** of disabled staff reporting that adequate adjustments had been made to support them in carrying out their role. Performance remains above the Acute Trust benchmark.

Areas requiring continued improvement

Despite evidence of progress, several indicators continue to demonstrate substantial inequalities.

Workplace Culture and Staff Experience

Indicators relating to harassment, bullying and abuse remain among the most significant concerns within the report. Disabled staff remain more likely to report adverse experiences involving patients and the public, managers and colleagues, with the most substantial disparities occurring within manager and colleague interactions.

Pressure to Attend Work Whilst Unwell

Indicator 6 remains a Red-rated indicator and demonstrates one of the largest disparities within the WDES dataset. Disabled staff continue to report significantly greater pressure to attend work despite not feeling well enough to perform their duties.

Feeling Valued

Indicator 7 demonstrates a substantial difference between disabled and non-disabled staff regarding the extent to which staff feel valued by the organisation. Positive response rates remain low and benchmark performance continues to represent an area requiring focused attention.

Career Progression and Leadership Representation

Although Indicator 5 meets the agreed green threshold for equality performance, fewer than half of disabled staff report confidence in progression opportunities and representation remains lower in parts of the senior workforce profile. Board declaration data also indicates differences between workforce and Board disability declaration profiles.

Interpreting the findings

The findings contained within this report identify measurable differences between disabled and non-disabled staff outcomes and experiences. However, the available datasets do not determine the reasons for those differences and should not be interpreted as evidence of causation.

The report should therefore be understood as an evidence-based assessment of workforce experience and organisational performance rather than an evaluation of the effectiveness of any individual intervention or programme.

Conclusion

The Trust has established a solid foundation for improving workforce disability equality and has demonstrated measurable progress across several important indicators. Recruitment equality, increasing disability declaration rates and strong reasonable adjustment outcomes provide evidence of positive organisational development.

The most significant opportunities for improvement now relate to workplace culture, staff experience, progression and leadership representation. Success in these areas will require continued focus, engagement with disabled staff and sustained organisational commitment throughout the period 2026-2029.

19 Recommendations

1	**Note** the findings of the Workforce Disability Equality Standard Report 2025/26.
2	**Note** the areas of progress identified within workforce representation, recruitment equality, capability outcomes and reasonable adjustment provision.
3	**Recognise** the continuing disparities identified in relation to harassment, bullying and abuse, pressure to attend work whilst unwell, feeling valued, career progression and leadership representation.
4	**Approve** the Workforce Disability Equality Standard Improvement Plan 2026-2029 as the Trust's framework for disability equality improvement activity.
5	**Support** delivery of the five strategic priorities identified within this report: ▸ Workforce Representation and Disability Declaration ▸ Recruitment Equality ▸ Workforce Processes and Capability ▸ Workplace Culture and Inclusion ▸ Career Progression and Leadership Representation.
6	**Receive** annual progress reports on delivery of the WDES Improvement Plan through established workforce governance arrangements.
7	**Continue** to embed disability equality considerations within workforce planning, organisational development, recruitment, leadership development and staff experience improvement programmes.

Alternative formats

If you need this document in a different format, such as large print or another language, please contact the Group Equality, Diversity and Inclusion team.

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Appendix A Methodology and Data Definitions

A1. Purpose of the methodology

This appendix describes the data sources, calculation methods, rating methodology and interpretative principles used throughout the 2025/26 Workforce Disability Equality Standard (WDES) Report.

The purpose of including this appendix is to support transparency, consistency and reproducibility in the interpretation of workforce disability equality data and to provide readers with a clear understanding of how findings, ratings and priorities have been determined.

A2. Data sources

The report draws upon four principal sources of evidence.

Data Source	Purpose
NNUH WDES data 2020-26	Workforce representation, disability declaration, capability processes and Board representation.
Applicant Success Rates, 12 months to 31 March 2026	Recruitment and appointment outcomes.
NNUH EDI Staff Profile 31/03/2026	Workforce profile, staff group analysis and demographic information.
NNUH Staff Survey RM1-benchmark-2025	NHS Staff Survey results, WDES Metrics 4-9 and Acute Trust benchmark comparisons.
NNUH WDES 2025 Report	Historical organisational response activity and contextual narrative.

A3. Definition of disability

The term **disabled staff** is used throughout this report for readability and consistency with national WDES reporting.

However, disability is defined differently depending upon the source dataset.

Workforce data definition

- For workforce-based measures, disability refers to staff who have formally declared a disability within ESR or workforce systems.
- Examples: Indicator 1 (Workforce Representation); Indicator 3 (Capability Processes); Indicator 10 (Board Representation).

NHS Staff Survey definition

- For Staff Survey-based measures, disability refers to respondents reporting a long-term physical or mental health condition or illness expected to last 12 months or more.
- Examples: Indicators 4-9.

Important interpretation note

Workforce disability declaration data and NHS Staff Survey disability prevalence data are not directly interchangeable because they measure different constructs. Workforce data reflects formal declaration, whilst Staff Survey data reflects self-reported experience and condition prevalence.

A4. Benchmarking methodology

Benchmark analysis within this report uses Acute Trust benchmark data contained within the NHS Staff Survey benchmark report.

Benchmark comparisons are available for: Indicator 4, Indicator 5, Indicator 6, Indicator 7, Indicator 8 and Indicator 9.

Recruitment indicators do not include comparable benchmark information within the source datasets and are therefore assessed using relative likelihood calculations only.

A5. Equality rating methodology

Equality Ratings assess the degree of disparity between disabled and non-disabled staff and provide a consistent method for identifying areas where differences in experience or outcomes are evident.

The methodology uses relative likelihood ratios or equivalent comparison measures.

Green rating	Amber rating	Red rating
Applied where: • Difference between groups is limited. • Equality ratio remains within agreed tolerance levels. • No material disparity is identified. **Indicative threshold:** Ratio between **0.80 and 1.25**	**Applied where:** • Moderate disparity exists between groups. • Differences warrant monitoring and improvement activity. **Indicative threshold:** Ratio between **0.60-0.79** Ratio between **1.26-1.50**	**Applied where:** • Significant disparity exists. • Differences indicate a substantial inequality in experience or outcome. **Indicative threshold:** Ratio below **0.60** Ratio above **1.50**

Source: agreed WDES rating methodology used throughout this report.

A6. Strategic priority rating methodology

Strategic Priority Ratings are distinct from Equality Ratings.

Whilst Equality Ratings assess statistical disparity, Strategic Priority Ratings assess:

- Organisational impact.
- Workforce significance.
- Benchmark position.
- Leadership priorities.
- Long-term workforce risk.

Consequently, some indicators may achieve a positive Equality Rating but still be identified as a strategic priority for improvement.

Example: Indicator 5 (Career Progression)

Equality Rating	**Green**
Strategic Priority	**Red**

This reflects that the equality ratio falls within acceptable limits whilst confidence in progression opportunities remains low and leadership representation concerns persist.

A7. Relative likelihood calculations

Several WDES indicators use relative likelihood calculations.

These compare the probability of an outcome occurring for disabled staff or applicants relative to non-disabled staff or applicants.

Simplified formula

Likelihood for Group A ÷ **Likelihood for Group B** = **Relative Likelihood Ratio**

Interpretation

Ratio	Interpretation
1.00	Equal likelihood
>1.00	Outcome more likely for first group
<1.00	Outcome less likely for first group

Examples include: recruitment outcomes; capability processes; Staff Survey equality comparisons.

A8. Interpretation principles

Throughout this report, the following principles have been applied.

Principle 1: Evidence before interpretation

Findings are derived from validated datasets before any interpretation is applied.

Principle 2: Correlation does not imply causation

The data identifies differences in workforce outcomes and staff experiences.

The available datasets do not determine:

- Why disparities occur.
- Which interventions caused improvement.
- Whether any individual programme directly influenced results.

Consequently, the report avoids causal conclusions.

Principle 3: Workforce context matters

Indicators have been interpreted alongside:

- Workforce profile information.
- Recruitment trends.
- Staff Survey benchmarking.
- Leadership representation information.

This allows findings to be understood within the wider organisational context.

A9. Data caveats and limitations

Readers should consider the following limitations.

Disability declaration

Workforce declaration rates may under-represent actual disability prevalence because declaration remains voluntary.

Board representation

Indicator 10 is based on disability declaration rather than disability prevalence and therefore should not be interpreted as evidence regarding the presence or absence of disability within Board membership.

Small population groups

Some workforce groups contain relatively small numbers of staff, meaning year-on-year fluctuations should be interpreted cautiously.

Staff Survey results

Staff Survey indicators reflect the experiences of respondents and may not represent the views of all staff. Results are subject to standard survey limitations and confidence considerations.

A10. Overall methodological statement

The methodology applied throughout this report seeks to provide a balanced, evidence-based and transparent assessment of workforce disability equality at Norfolk and Norwich University Hospitals NHS Foundation Trust. Findings have been derived from validated workforce, recruitment, workforce profile and NHS Staff Survey datasets and interpreted using a consistent rating methodology designed to support organisational learning, accountability and continuous improvement.

Appendix B Evidence Sources

B1. Purpose of this appendix

This appendix provides a record of the evidence sources used to produce the Workforce Disability Equality Standard (WDES) Report 2025/26.

The purpose of the appendix is to support transparency, reproducibility and assurance by clearly identifying the datasets used to calculate indicators, benchmark performance and develop the associated analysis, conclusions and improvement plan.

All findings presented within this report are derived from validated organisational datasets and nationally published NHS Staff Survey benchmark outputs.

B2. Primary evidence sources

Source 1: Workforce Disability Equality Standard Workforce Return

The workforce return provided the core dataset used for:

- Indicator 1: Workforce Representation
- Indicator 2: Recruitment
- Indicator 3: Capability Processes
- Indicator 10: Board Representation
- Disability declaration trends
- Workforce declaration profile analysis
- Board declaration analysis
- Improvement Plan workforce representation measures

Key Data Extracts Used	Purpose
Workforce disability declaration rate	Indicator 1
Disability declaration trends (2020-2026)	Trend analysis
Recruitment applicant and appointment data	Indicator 2
Relative appointment likelihood calculations	Indicator 2
Capability process entry rates	Indicator 3
Relative capability likelihood calculations	Indicator 3
Board declaration profile	Indicator 10
Workforce disability declaration baseline	Improvement Plan

Source 2: Workforce Profile Dataset

Document: NNUH EDI Staff Profile 31/03/2026.

The workforce profile dataset was used to provide:

- Staff group representation analysis.
- Occupational profile analysis.
- Senior workforce representation analysis.
- Supporting contextual information.

Key Data Extracts Used	Purpose
Staff group disability declaration profile	Workforce Profile
Medical and Dental disability declaration rates	Indicator 1
Professional group comparisons	Workforce Profile
Senior workforce cohort analysis	Improvement Plan
Workforce demographic context	Strategic Priorities

Source 3: NHS Staff Survey Benchmark Dataset

Document: NNUH Staff Survey RM1-benchmark-2025.

The benchmark report provided the validated source for:

- Indicators 4-9.
- Acute Trust benchmark comparisons.
- Equality ratio calculations.
- Strategic Priority assessment.

Indicator	Purpose
Indicator 4a	Harassment, bullying and abuse from patients/public
Indicator 4b	Harassment, bullying and abuse from managers
Indicator 4c	Harassment, bullying and abuse from colleagues
Indicator 4d	Reporting culture
Indicator 5	Career progression
Indicator 6	Pressure to attend work whilst unwell
Indicator 7	Feeling valued
Indicator 8	Reasonable adjustments
Indicator 9	Staff engagement

The benchmark report also provided: Acute Trust performance comparisons; relative performance interpretation; contextual benchmark analysis; and WDES dashboard development.

Source 4: Previous NNUH 2025 WDES Report

This document was not used as a source of performance data.

Instead, it was used solely for contextual information regarding organisational activity, including:

- Health and Wellbeing Passport.
- Active Bystander programme.
- Disability and Long-Term Health Conditions Staff Network.
- No Excuse for Abuse campaign.
- Freedom to Speak Up promotion.
- Performance Improvement Policy changes.

> **Important note:** Historic narrative content from this document was used only to describe organisational activity and was not used as evidence of causal impact on workforce outcomes.

B3. Indicator-to-evidence mapping

Indicator	Principal Evidence Source
Indicator 1: Workforce Representation	NNUH WDES Data 2020-26
Indicator 2: Recruitment	Applicant Success Rates, 12 months to 31 March 2026 (Trac Recruitment system)
Indicator 3: Capability Processes	NNUH WDES Data 2020-26
Indicator 4: Harassment, Bullying and Abuse	NNUH Staff Survey RM1-benchmark-2025
Indicator 5: Career Progression	NNUH Staff Survey RM1-benchmark-2025
Indicator 6: Pressure to Attend Work Whilst Unwell	NNUH Staff Survey RM1-benchmark-2025
Indicator 7: Feeling Valued	NNUH Staff Survey RM1-benchmark-2025
Indicator 8: Reasonable Adjustments	NNUH Staff Survey RM1-benchmark-2025
Indicator 9: Staff Engagement	NNUH Staff Survey RM1-benchmark-2025
Indicator 10: Board Representation	NNUH WDES Data 2020-26

B4. Evidence supporting the improvement plan

The WDES Improvement Plan 2026-2029 was developed using evidence from all four principal sources.

Improvement Area	Evidence Base
Workforce Representation	Workforce return and workforce profile datasets: NNUH WDES Data 2020-26; NNUH EDI Staff Profile 31/03/2026
Recruitment Equality	Workforce return recruitment data: NNUH WDES Data 2020-26
Capability Improvement	Workforce return capability data: NNUH WDES Data 2020-26
Workplace Culture and Inclusion	NHS Staff Survey benchmark 2025 data
Career Progression and Leadership Representation	Benchmark report, workforce profile and workforce return data: NHS Staff Survey benchmark 2025 data; NNUH EDI Staff Profile 31/03/2026; NNUH WDES Data 2020-26

B5. Outstanding evidence items

At the time of drafting, two workforce baseline measures remained subject to final validation.

Item	Source
Unknown disability declaration baseline	NNUH WDES Data 2020-26
Senior workforce disability representation baseline	NNUH EDI Staff Profile 31/03/2026; NNUH WDES Data 2020-26

These outstanding data items do not affect the indicator findings, dashboard ratings, strategic priorities or overall conclusions presented within the report. They affect only specific baseline measures within the Improvement Plan.

B6. Evidence assurance statement

All findings presented within the Workforce Disability Equality Standard Report 2025/26 have been derived from validated workforce, workforce profile, recruitment and NHS Staff Survey benchmark datasets available at the time of reporting. Analysis has been undertaken using a consistent methodology and interpreted in accordance with the principles outlined in Appendix A: Methodology and Data Definitions.

Appendix C Benchmarking Notes

C1. Purpose of benchmarking

Benchmarking provides context for understanding organisational performance and enables comparison between Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and comparable NHS Acute Trusts.

Within this report, benchmarking has been used alongside equality analysis to assess both relative organisational performance and differences in experience between disabled and non-disabled staff. Benchmarking alone does not determine performance quality, nor does it explain the causes of any observed differences. Rather, it provides context through which local findings can be interpreted.

C2. Benchmark source

All benchmark comparisons contained within this report are derived from: NNUH RM1-benchmark-2025 (2025 NHS Staff Survey Benchmark Report).

The NHS Staff Survey benchmark dataset compares participating organisations against similar NHS organisations and provides:

- Best benchmark performance.
- Average benchmark performance.
- Worst benchmark performance.
- Organisational performance relative to peers.

Benchmark data is available for WDES Indicators 4-9 because these indicators are derived from NHS Staff Survey responses.

C3. Indicators with benchmark comparisons

The following indicators include benchmark information:

Indicator	Benchmark Available
Indicator 4a: Public Harassment, Bullying and Abuse	Yes
Indicator 4b: Manager Harassment, Bullying and Abuse	Yes
Indicator 4c: Colleague Harassment, Bullying and Abuse	Yes
Indicator 4d: Reporting Culture	Yes
Indicator 5: Career Progression	Yes
Indicator 6: Pressure to Attend Work Whilst Unwell	Yes
Indicator 7: Feeling Valued	Yes
Indicator 8: Reasonable Adjustments	Yes
Indicator 9: Staff Engagement	Yes

Source: NNUH Staff Survey RM1-benchmark-2025.

C4. Indicators without benchmark comparisons

The following indicators are derived from local workforce and recruitment datasets and do not include equivalent benchmark information within the validated evidence sources used for this report.

Indicator	Reason
Indicator 1: Workforce Representation	Based on local workforce declaration data

Indicator	Reason
Indicator 2: Recruitment	Applicant Success Rates, 12 months to 31 March 2026 (Trac Recruitment system)
Indicator 3: Capability Processes	Based on local workforce capability data
Indicator 10: Board Representation	Based on local Board declaration data

Sources: NNUH WDES Data 2020-26 and NNUH EDI Staff Profile 31/03/2026.

Consequently, these indicators have been assessed using relative likelihood calculations, workforce trend analysis and organisational context rather than external benchmark comparisons.

C5. How benchmarking has been used

Benchmark information has been used in three ways throughout this report.

1. Contextual performance assessment

Benchmark data provides context regarding how NNUH compares with similar Acute NHS organisations. For example:

- Indicator 8 performs above the Acute Trust benchmark.
- Indicators 6 and 7 perform below benchmark expectations.
- Indicator 5 remains below benchmark despite a Green Equality Rating.

2. Strategic priority assessment

Benchmarking has contributed to Strategic Priority Ratings.

An indicator may achieve a favourable Equality Rating but remain a Strategic Priority where:

- Positive response rates remain low.
- Benchmark performance is below average.
- Wider workforce risks exist.

For example, **Indicator 5 (Career Progression)** has an Equality Rating of Green and a Strategic Priority of Red. The indicator remains a strategic priority because benchmark performance and overall confidence levels remain concerning despite the equality ratio falling within the green threshold.

3. Improvement planning

Benchmark findings have informed the selection of strategic priorities and improvement actions for 2026-2029.

Areas identified as both below benchmark and demonstrating inequality have been prioritised within the WDES Improvement Plan. Examples include:

- Workplace culture and inclusion.
- Feeling valued.
- Pressure to attend work whilst unwell.
- Career progression.

C6. Benchmarking findings summary

Areas of relative strength

- **Recruitment Equality.** Recruitment outcomes achieved near parity between disabled and non-disabled applicants and remain one of the strongest performing indicators within the report. Although no external benchmark is available, local performance demonstrates favourable outcomes.
- **Reasonable Adjustments.** Indicator 8 remains above the Acute Trust benchmark and is one of the strongest benchmarked indicators reported by the Trust.
- **Staff Engagement Equality.** Indicator 9 demonstrates no substantial disparity between disabled and non-disabled staff when assessed using the agreed equality methodology.

Areas requiring improvement

- **Harassment, Bullying and Abuse.** Benchmark results indicate continuing challenges across all three forms of harassment, bullying and abuse measured within Indicator 4, particularly in relation to managers and colleagues.
- **Pressure to Attend Work Whilst Unwell.** Indicator 6 remains one of the strongest examples of inequality identified within the benchmark data and continues to perform below benchmark expectations.
- **Feeling Valued.** Indicator 7 demonstrates both a notable equality gap and a below-benchmark position, making it one of the most important improvement priorities identified through this report.
- **Career Progression.** Indicator 5 remains below benchmark and fewer than half of disabled staff report confidence in progression opportunities. Although the Equality Rating is Green, benchmark evidence contributes to its classification as a Red Strategic Priority.

C7. Interpretation of benchmark data

Benchmark comparisons should be interpreted with caution.

Benchmarking does

- Provide valuable organisational context.
- Support identification of strengths and weaknesses.
- Assist in setting improvement priorities.

Benchmarking does not

- Explain why differences occur.
- Demonstrate causation.
- Measure the impact of individual interventions.
- Replace local organisational context and workforce intelligence.

Consequently, benchmark findings should always be interpreted alongside local workforce data, workforce profile information and the wider organisational context described throughout this report.

C8. Overall benchmarking conclusion

Benchmark analysis indicates that NNUH's strongest disability equality performance is currently associated with workforce processes, particularly recruitment outcomes and reasonable adjustment provision. Conversely, the most significant opportunities for improvement relate to workplace culture, staff experience, progression and representation. These findings have informed both the Strategic Priority Framework and the Workforce Disability Equality Standard Improvement Plan 2026-2029.

Appendix D Data Caveats and Limitations

D1. Purpose of this appendix

The purpose of this appendix is to provide transparency regarding the limitations of the datasets used within the Workforce Disability Equality Standard (WDES) Report 2025/26 and to support appropriate interpretation of the findings.

All analysis contained within this report is derived from validated workforce, recruitment, workforce profile and NHS Staff Survey datasets. Whilst these datasets provide valuable insight into workforce experiences and outcomes, they have inherent limitations which should be considered when interpreting the results.

D2. General principles for interpretation

Readers should interpret the findings contained within this report using the following principles:

Findings identify differences, not causes

The datasets used within this report identify measurable differences between disabled and non-disabled staff outcomes and experiences.

The available evidence does **not** determine:

- Why disparities occur.
- What factors contribute to observed differences.
- Whether individual interventions directly influenced outcomes.
- Whether specific workforce groups are experiencing unique local circumstances beyond those captured within the data.

Consequently, findings throughout the report should be interpreted as evidence of difference rather than evidence of causation.

Organisational context remains important

The WDES indicators provide an important but partial view of disability equality.

Workforce culture, organisational change, workforce pressures, service delivery challenges and local contextual factors may influence staff experiences but cannot always be measured through the indicators reported within this publication.

D3. Disability declaration caveats

Formal declaration and actual disability prevalence are different measures

Workforce disability data is based upon voluntary declaration within workforce systems.

Staff may:

- Choose not to declare a disability.
- Choose not to update declaration status.
- Not identify themselves using the available declaration categories.
- Be awaiting diagnosis or clarification of their condition.

For this reason, workforce declaration rates should not be interpreted as a measure of actual disability prevalence.

Difference between workforce data and Staff Survey data

The report uses two different disability measures:

Dataset	Definition
Workforce Data	Formal disability declaration within workforce systems

Dataset	Definition
NHS Staff Survey	Self-reported long-term physical or mental health condition expected to last 12 months or more

Sources: NNUH WDES 2020-26 data and NNUH Staff Survey RM1-benchmark-2025.

As a result:

- Workforce declaration rates and Staff Survey prevalence rates are not directly comparable.
- Apparent differences do not necessarily indicate inaccuracies in either dataset.
- Changes over time should be interpreted carefully.

D4. Workforce representation caveats

Small population effects

Some staff groups contain relatively small numbers of disability declarations. Examples include:

- Certain senior workforce groups.
- Very Senior Manager (VSM) cohorts.
- Specific Medical and Dental sub-groups.

Small numerical changes within these groups may result in substantial percentage changes between years.

Consequently, trends within small cohorts should be interpreted cautiously.

Senior workforce representation

At the time of drafting, the definition of the senior workforce cohort to be used for improvement planning remained subject to final confirmation.

Potential approaches include:

- Bands 8A and above.
- Bands 8C to VSM.
- VSM workforce only.

This does not affect indicator ratings, conclusions or strategic priorities presented within the report but may influence future representation monitoring arrangements.

D5. Recruitment data caveats

Recruitment metrics measure outcomes, not experience

Indicator 2 measures appointment outcomes from shortlist and identifies whether disabled applicants experience different appointment rates than non-disabled applicants.

The recruitment dataset does not provide information regarding:

- Applicant experience.
- Perceptions of inclusion.
- Quality of recruitment interactions.
- Accessibility of recruitment processes.

Consequently, positive recruitment outcomes should not automatically be interpreted as evidence that all aspects of recruitment experience are equitable.

Benchmark limitations

No external Acute Trust benchmark data was available within the validated recruitment dataset.

Indicator 2 therefore relies solely on relative likelihood calculations rather than benchmark comparison.

D6. NHS Staff Survey caveats

Survey findings reflect respondent experience

Indicators 4-9 are derived from NHS Staff Survey responses. These indicators therefore represent:

- Self-reported staff experiences.
- Perceptions of workplace culture.
- Personal experiences of inclusion and treatment.

Source: NNUH Staff Survey RM1-benchmark-2025.

Survey results may not reflect the experience of every staff member

As with all workforce surveys:

- Not all staff participate.
- Experiences may vary between individuals.
- Differences may exist between staff groups, locations and services.

Survey findings should therefore be interpreted as representative indicators rather than a complete description of every employee experience.

Benchmark interpretation

Benchmark data provides valuable context but does not determine organisational performance in isolation.

Benchmark comparisons do

- Provide context.
- Support identification of strengths and concerns.
- Help inform prioritisation.

Benchmark comparisons do not

- Explain causes.
- Demonstrate effectiveness of interventions.
- Replace local workforce intelligence.

D7. Board representation caveats

Board declaration data

Indicator 10 is based upon disability declaration data submitted within the WDES return.

The available data records whether a disability has been declared by Board members. It does not determine disability prevalence within the Board population.

> **Consequently, the absence of declared disability representation should not be interpreted as evidence that disability is absent within the Board cohort.**

This limitation has been considered when assigning Indicator 10 ratings and determining Strategic Priority status.

D8. Historical trend analysis caveats

The report includes trend analysis using historical workforce data between 2020 and 2026.

Changes observed between reporting periods may be influenced by:

- Changes in declaration behaviour.
- Workforce restructuring.
- Data quality improvements.
- Recruitment activity.
- Workforce growth or reduction.
- Changes in survey participation.

Trend analysis should therefore be interpreted as showing direction of travel rather than evidence of the impact of specific interventions.

D9. Improvement plan caveats

The WDES Improvement Plan has been developed using identified inequalities and workforce trends.

The available evidence supports the selection of improvement priorities but does not demonstrate that the planned actions will directly cause the intended outcomes.

Accordingly:

- Actions should be interpreted as proportionate organisational responses.
- Success measures should be monitored over time.
- Future evaluation may identify the need for refinement or additional activity.

D10. Final limitation statement

The Workforce Disability Equality Standard remains one component of a broader organisational understanding of workforce inclusion and staff experience.

The findings presented within this report should therefore be interpreted alongside workforce intelligence, staff network feedback, recruitment information, employee relations data, workforce profile information and wider organisational insight. When considered collectively, these sources provide the strongest available evidence base from which to understand disability equality within the Trust and to inform future improvement activity.

Appendix E Improvement Plan Delivery Measures

E1. Purpose of this appendix

This appendix sets out the measures that will be used to monitor delivery of the Workforce Disability Equality Standard (WDES) Improvement Plan 2026-2029.

The measures have been developed from the validated findings presented within this report and are intended to provide a structured framework through which progress can be monitored, reported and reviewed over time.

Measures are divided into:

- **Outcome Measures:** indicators that assess changes in workforce equality outcomes or staff experience.
- **Delivery Measures:** indicators that assess whether planned improvement activity has been implemented.

The measures within this appendix support accountability, continuous improvement and annual review of progress against the Trust's disability equality priorities.

E2. Improvement plan monitoring framework

Strategic Priority	Outcome Measures	Delivery Measures
Workforce Representation and Disability Declaration	Disability declaration rates and representation trends	Declaration campaigns, workforce reviews and data quality activity
Recruitment Equality	Recruitment equality ratio	Recruitment equality monitoring and review
Workforce Processes and Capability	Capability disparity ratio	Capability reviews and adjustment audits
Workplace Culture and Inclusion	Indicators 4, 6 and 7 outcomes	Active Bystander activity, listening initiatives and FTSU review
Career Progression and Leadership Representation	Indicators 5 and 10 outcomes	Talent reviews, mentoring, succession planning and representation monitoring

E3 Strategic Priority 1: Workforce Representation and Disability Declaration

Outcome measures

Measure	Baseline	Reporting Frequency
Workforce disability declaration rate	6.33%	Annual
Medical and Dental disability declaration rate	2.19%	Annual
Unknown disability declaration category	2,777 staff	Annual
Workforce representation by staff group	2025/26 baseline	Annual

Delivery measures

Measure	Reporting Frequency
Disability declaration campaign completed	Annual

Measure	Reporting Frequency
Workforce representation review completed	Annual
Disability declaration analysis reported	Annual
Board declaration profile reviewed	Annual

Success indicator

Evidence of sustained improvement in disability declaration rates and greater understanding of workforce disability representation.

E4 Strategic Priority 2: Recruitment Equality

Outcome measures

Measure	Baseline	Reporting Frequency
Recruitment likelihood ratio	1.04	Quarterly
Disabled applicants shortlisted	602	Quarterly
Disabled applicants appointed	114	Quarterly
Non-disabled applicants shortlisted	5,357	Quarterly
Non-disabled applicants appointed	1,059	Quarterly

Delivery measures

Measure	Reporting Frequency
Recruitment equality review completed	Quarterly
Recruitment equality dashboard produced	Quarterly
Inclusive recruitment activity reviewed	Annual

Success indicator

Maintenance of recruitment outcomes within the Green equality threshold and continued recruitment parity between disabled and non-disabled applicants.

E5 Strategic Priority 3: Workforce Processes and Capability

Outcome measures

Measure	Baseline	Reporting Frequency
Capability likelihood ratio	1.87	Annual
Average entering formal capability over previous two years - disabled	6	Annual
Average entering formal capability over previous two years - non-disabled	33	Annual

Measure	Baseline	Reporting Frequency
Average entering formal capability over previous two years - unknown	1	Annual

Delivery measures

Measure	Reporting Frequency
Capability equality review completed	Quarterly
Capability trend analysis completed	Annual
Reasonable adjustment audit completed	Annual
Manager awareness activity completed	Annual

Success indicator

Continued reduction in capability process disparity and increased confidence in workforce processes.

E6 Strategic Priority 4: Workplace Culture and Inclusion

Outcome measures

Indicator 4 outcomes

Measure	Baseline
Public harassment ratio	1.33
Manager harassment ratio	1.78
Colleague harassment ratio	1.55

Indicator 6 outcomes

Measure	Baseline
Pressure to attend work whilst unwell ratio	1.58

Indicator 7 outcomes

Measure	Baseline
Feeling valued ratio	0.70

Delivery measures

Measure	Reporting Frequency
Active Bystander programme delivered	Annual
Disability Experience Listening Programme completed	Biannual
Freedom to Speak Up disability review completed	Annual
Disability Network feedback reviewed	Biannual
Workforce culture update reported	Annual

Success indicator

Improvement in Indicators 4, 6 and 7 and reduced disparity in workplace culture and staff experience.

E7 Strategic Priority 5: Career Progression and Leadership Representation

Outcome measures

Indicator 5

Measure	Baseline
Disabled staff reporting equal progression opportunities	46.26%
Non-disabled staff reporting equal progression opportunities	52.07%
Equality ratio	0.89

Indicator 10

Measure	Baseline
Workforce disability declaration rate	6.33%
Board declaration profile	No declared disability representation recorded in the WDES return*

*Board declaration data reflects disability declaration status rather than disability prevalence and should not be interpreted as evidence regarding the presence or absence of disability within Board membership.

Delivery measures

Measure	Reporting Frequency
Disability analysis incorporated within talent reviews	Annual
Band 7+ progression review completed	Annual
Disability mentoring opportunities reviewed	Annual
Succession planning review completed	Annual
Senior workforce disability representation baseline confirmed and reviewed	Annual

Success indicator

Improved visibility of progression pathways, improved monitoring of representation and greater understanding of leadership representation trends.

E8. Governance and reporting arrangements

Progress against the Improvement Plan will be monitored through existing workforce governance arrangements.

Governance Forum	Frequency
Workforce Analytics Review	Quarterly

Governance Forum	Frequency
Equality, Diversity and Inclusion Governance Groups	Quarterly
Disability and Long-Term Health Conditions Staff Network	Biannual
People and Culture Management Group	Annual
Group Board	Annual

Progress reporting will be aligned to the annual WDES submission cycle and wider workforce equality governance arrangements.

E9. Improvement plan success criteria

The Workforce Disability Equality Standard Improvement Plan will be considered successful where evidence demonstrates:

- ✓ Sustained improvement in workforce disability declaration rates.
- ✓ Reduction in the unknown disability declaration category.
- ✓ Maintenance of recruitment parity.
- ✓ Continued reduction in capability process disparity.
- ✓ Improvement in Indicators 4, 6 and 7.
- ✓ Increased confidence in career progression opportunities.
- ✓ Annual monitoring and reporting of senior workforce and Board disability representation trends.
- ✓ Sustained positive performance in reasonable adjustment provision.
- ✓ Maintenance or improvement in staff engagement outcomes.

E10. Annual review

The Improvement Plan Delivery Measures contained within this appendix will be reviewed annually to ensure continued alignment with:

- Workforce Disability Equality Standard requirements.
- Workforce needs and organisational priorities.
- Emerging workforce intelligence.
- Staff feedback and lived experience.
- NHS equality, diversity and inclusion priorities.

Annual review will support continuous improvement and ensure that the Improvement Plan remains relevant, measurable and focused on improving outcomes for disabled staff.