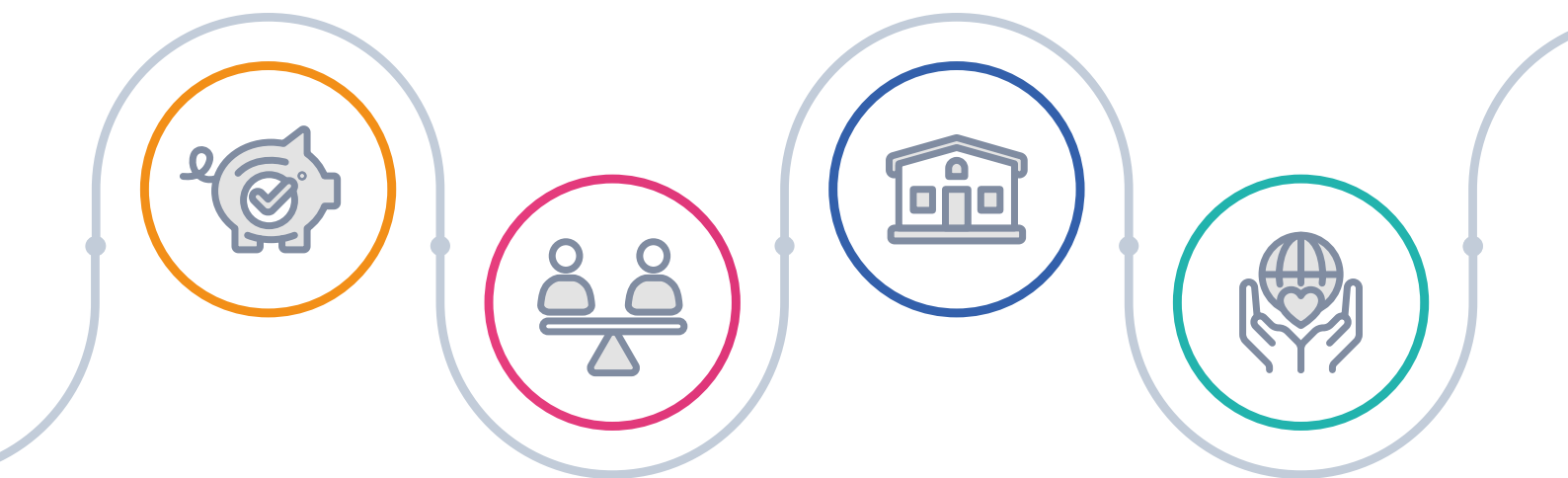


Workforce Disability Equality Standard (WDES) Report

April 2025 – March 2026



Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

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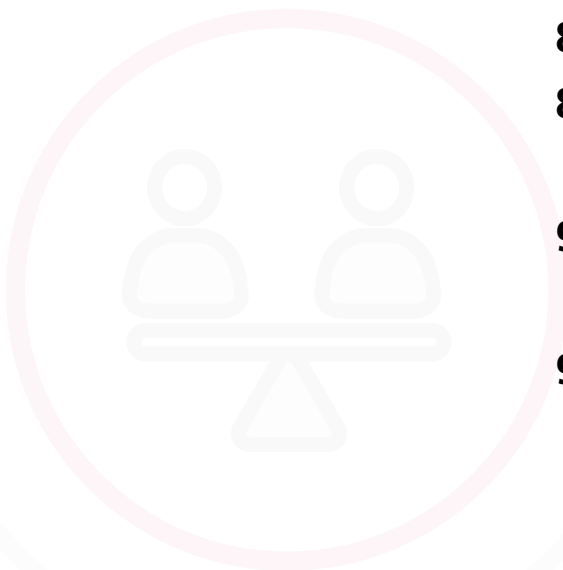
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Introduction

3	The Workforce Disability Equality Standard (WDES) enables NHS organisations to assess the experiences of disabled colleagues compared with non-disabled colleagues across a range of workforce and staff experience indicators.
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5	This report provides an overview how Walsall Healthcare NHS Trust (WHT) has continued work to provide equality of opportunity and fair treatment for our colleagues who have a long-term illness, condition, or disability. It presents data comparing the experiences of disabled employees with those of their non-disabled colleagues, highlighting progress and areas for further improvement.
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7	According to the 2021 Census, 20% of Walsall’s population disclose a disability under the Equality Act 2010. Comparing our workforce data with our local population figures is important and as it provides valuable context, highlighting whether the representation of disabled staff within the organisation reflects the communities it serves. This comparison not only supports accountability but also helps guide targeted, data-informed action to reduce disparities and promote equity.
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This 2025 report presents data for all WDES indicators, alongside a summary of actions taken throughout the year and plans for 2026/27. These actions have been informed by the WDES metrics, our annual action plan, and insights gathered from the 2025 staff survey. Notably, Metrics 4 to 9a are directly drawn from the survey results, offering a clear view of staff experiences and perceptions.



WDES Metrics

WDES Metric	Disabled, Non-disabled and Disability Unknown or Null
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts
3	Relative likelihood of non-disabled staff compared to disabled staff entering the formal capability process, as measured by entry into the formal capability procedure (Metric based on data from a two-year rolling average)
4-9a	NHS Staff Survey data
9b	Has your organisation taken action to facilitate the voices of your disabled staff to be heard?
10	Percentage difference between the organisations' Board voting membership and its overall workforce

Key Findings

For 2025/26, Walsall Healthcare demonstrated improvement in seven of the 12 reported WDES indicators (1, 3, 4a, 4b, 4c, 6 and 8), with one indicator (4d) remaining stable and four indicators (2, 5, 7 and 9a) deteriorating compared to the previous year.

Key areas of progress include increased disability declaration rates, reduced reports of bullying and harassment, reduced presenteeism amongst disabled staff, and improved provision of reasonable adjustments. Significant challenges remain, however, in relation to recruitment outcomes, career progression, staff feeling valued, and engagement levels.

Disability representation (Indicator 1)

Across the Trust, the disability declaration rate increased from 4.71% in 2024/25 to 5.58% in 2025/26, demonstrating continued progress in disability disclosure and workforce representation. Despite this improvement, 12.3% of the workforce have not disclosed their disability status, indicating that under-reporting remains a challenge.

The number of staff declaring a disability increased across most pay bands:

Pay Band Group	2025/26	Change from 2024/25
Bands 1-4	127	+7
Bands 5-7	138	+12
Bands 8A-8B	15	+1
Bands 8C-8D and VSM	3	No change

Recruitment (Indicator 2)

The relative likelihood of non-disabled staff being appointed from shortlisting has worsened from 1.27 to 1.44, indicating that non-disabled applicants continue to be more likely to secure appointment following shortlisting than disabled applicants. During 2025/26:

- 279 disabled applicants were shortlisted
- 18 disabled applicants were appointed
- 4,144 non-disabled applicants were shortlisted
- 386 non-disabled applicants were appointed

This remains one of the most significant areas requiring organisational attention.

Capability processes (Indicator 3)

The Trust reported a positive position regarding formal capability processes. Across 2025/26:

- Four employees entered a formal capability process
- None declared a disability
- The relative likelihood score remained 0, indicating no disproportionate impact on disabled staff

This provides positive assurance that disabled colleagues are not disproportionately represented within capability procedures.

Harassment, bullying or abuse from patients, relatives, or the public (Indicator 4a)

Disabled staff reporting harassment, bullying or abuse reduced slightly from 34.12% to 33.33%, representing a modest improvement. The result remains significantly worse than the national benchmark of 29.14%, however. Non-disabled staff reporting these experiences increased from 25.01% to 27.16%.

Harassment, bullying or abuse from managers (Indicator 4b)

Performance improved significantly for disabled colleagues reflected by disabled staff reporting harassment, bullying or abuse from managers reduced from 17.76% to 13.76%. This result is now better than the national benchmark of 14.12%, however this remains a key area of focus to maintain and further improve management support and improved workplace adjustments.

Harassment, bullying or abuse from colleagues (Indicator 4c)

The Trust recorded the strongest improvement across the bullying and harassment indicators with data from colleagues working with a disability / long-term condition demonstrating a positive reduction from 28.46% to 24.72%. This improvement was also reflected among non-disabled staff reducing from 19.18% to 17.92%. Whilst this reflects positive progress, it also clear that negative experiences are still encountered in the workplace and more so by colleagues with long-term conditions and illnesses.

Reporting of bullying and harassment (Indicator 4d)

Results remained stable with colleagues identifying as disabled reporting incidents increased marginally from 56.72% to 56.95% which remains above the national benchmark of 53.16%. This suggests disabled staff continue to have confidence in raising concerns.

Career progression and promotion (Indicator 5)

Only 40.52% of colleagues working at Walsall Healthcare NHS Trust with a disability / long term condition believe that the organisation provides equal opportunities for career progression or promotion, compared with 52% of non-disabled staff. Both figures are below national benchmark results.

This indicator reflects one of the most significant perception gaps within the WDES data and requires targeted action around career development and progression for disabled staff.

Pressure to attend work when unwell (Indicator 6)

There has been a positive reduction in presenteeism amongst colleagues working with a disability / long-term condition reporting slightly less pressure to attend work when unwell reduced (from 34.23% to 32.63%). The data does indicate, however, that colleagues with a disability / long-term condition remain more likely to experience this pressure than non-disabled staff (23.70%).

Feeling valued by the organisation (Indicator 7)

This remains a significant area of concern as staff satisfaction of colleagues with long-term conditions and illnesses reduced from 35.06% to 28.83%. In parallel, staff satisfaction levels of colleagues not declaring a disability also declined, from 47.71% to 43.28%. These results are below national benchmark levels and indicate a deterioration in staff perceptions regarding how much the organisation values their contribution.

Reasonable adjustments (Indicator 8)

The Trust demonstrated improvement in this area. Colleagues working with a disability / long-term condition reported that reasonable adjustments to enable them to continue their work have been made, with results improving from 72.64% to 74.31%. This result is above the national benchmark of 73.65% and represents one of the Trust's strongest performing indicators.

Staff engagement (Indicator 9a)

Staff engagement for disabled colleagues declined from 6.8 to 6.57. Despite the decline, the score remains above the national benchmark of 6.29. The reduction mirrors the overall fall in staff survey participation and engagement reported more broadly across the organisation.

Disabled staff voice (Indicator 9b)

The Trust confirmed that action has been taken to facilitate the voices of disabled staff being heard. This includes working with our strategic partners, The Royal Wolverhampton NHS Trust (RWT) to extend the established Disability Staff Network across the Group, into Walsall Healthcare NHS Trust. Executive sponsorship of the network has been secured and working together with our RWT colleagues focus will continue to:

- Promote disability declaration through ESR
- Support the activities of the Neurodiversity Staff Network
- Promote Access to Work support

Board representation (Indicator 10)

The Trust reported one Board member declaring a disability and no voting Board members declaring a disability. This highlights a continued opportunity to improve disability representation at the most senior levels of the organisation.

Next steps

In collaboration with our strategic partners The Royal Wolverhampton NHS Trust, over 2026/27 a cultural improvement plan will be developed with key stakeholders to support the delivery of the Transforming Care Together strategy. Key elements of the improvement programme will include:

- Focus on fair and inclusive recruitment and employment practices to identify barriers. Introduce disability inclusion training for recruiting managers and undertake quarterly recruitment disparity analysis
- Triangulation of key workforce information supplementing WDES data will identify services / staff groups whereby focused support through an integrated resource function can enhance best practices and develop and implement alternative approaches to inclusive recruitment
- Strengthen employee voice of colleagues with long-term conditions and disabilities to identify strategies to reduce barriers
- Existing and new workstreams aligned to the new NHS Staff Standards enshrined in the cultural improvement programme will ultimately improve the experience of colleagues and consider enhanced interventions for colleagues with protected characteristics
- The development of a structured talent management approach to identify and manage interest of colleagues in available development programmes and provide ongoing support to maximise opportunities

Conclusion

The 2025/26 WDES results reflect that the Trust is making progress in improving disability inclusion. Positive improvements are evident in disability declaration rates, capability process outcomes, bullying and harassment indicators, reasonable adjustments and reduced presenteeism.

The data also demonstrates continuing inequalities for disabled colleagues, however, particularly in recruitment outcomes, perceptions of career progression, feeling valued by the organisation, staff engagement, and senior representation. Addressing these issues should form a key component of the emerging Group Culture Improvement Programme and Equality, Diversity, and Inclusion Plan.



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Collaboration Communities**