NHS Workforce Disability Equality Standard (WDES)

Cambridge University Hospitals Report and Action Plan 2025-2026

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Executive summary

Progress is visible, but disabled people continue to experience significant inequalities in opportunity, people processes and day-to-day experience.

This report sets out Cambridge University Hospitals' performance against the 2025/26 Workforce Disability Equality Standard and the proposed action plan for 2026/27. Overall, progress is visible, but disabled people continue to experience significant inequalities in opportunity, people processes and their day-to-day experience at work. Disability declaration on ESR has increased for the third consecutive year to 6.93%. However, this remains substantially below the 22.28% of people identifying as disabled through the National Staff Survey, with declaration particularly low among Medical and Dental staff. Disabled representation also remains limited at senior levels and is slightly lower on the Board than across the wider workforce. Appointment outcomes are close to parity, but greater visibility of career pathways, progression routes and development opportunities is needed.

The most significant people-process concern is the formal capability process. Disabled people were 3.03 times more likely than non-disabled people to enter formal capability, compared with 2.13 times in the previous year. This requires further analysis, particularly given changes in case recording, alongside stronger safeguards, earlier support and consistent consideration of reasonable adjustments and Occupational Health advice. Confidence in equal opportunities for career progression has also deteriorated, with 49% of disabled people reporting equal opportunities compared with 57% of non-disabled people.

Everyday experience remains less positive for disabled people. They continue to report higher levels of harassment, bullying and abuse from patients, the public, managers and other members of staff. The greatest concern is abuse from patients, relatives and the public, reported by 31% of disabled people compared with 22% of non-disabled people. Disabled people are also more likely to feel pressure to work when unwell and less likely to feel valued by CUH.

There are important areas of progress. 80% of disabled people report that adequate workplace adjustments have been made, exceeding the NHS benchmark and continuing a sustained improvement. Reporting of harassment and bullying is now close to parity, and disabled people continue to report higher overall engagement than non-disabled people, although engagement reduced slightly for both groups in 2025.

The 2026/27 action plan therefore focuses on targeted disability declaration activity; clearer and more equitable career and development pathways; stronger safeguards within capability processes; and practical training and guidance for managers. It also includes the Trust-wide implementation of Behaviours Matter, a coordinated response to unacceptable behaviour from patients and the public, closer co-production with the Purple and Open Minds Staff Networks, and the appointment of Executive Sponsors for both networks.

Delivery will be reviewed quarterly by Workforce SMT, with formal assurance provided to the People, Education and Culture Committee three times a year. Progress will be assessed against agreed milestones, WDES measures and wider workforce intelligence to ensure that activity results in meaningful and sustained improvement.

Understanding the Workforce Disability Equality Standard (WDES)

The WDES is a national framework that helps us understand whether disabled and non-disabled people experience CUH differently. It brings together workforce data and Staff Survey results to look at representation, opportunity, experience and inclusion.

At CUH we have grouped the 10 metrics into 4 areas to help us more easily understand what they influence and relate to.

1. Representation and Access

Who is represented in the workforce, who gets access to jobs, and who is visible in governance.

1. Workforce representation
2. Appointment from shortlisting
10. Board representation

2. Fair people processes and opportunity

Whether people processes and development opportunities are experienced equitably.

3. Formal capability processes
5. Equal opportunities to progress
6. Pressure to work when unwell

3. Everyday experience at CUH

What disabled people experience day to day, including safety, respect and practical support.

4. Harassment, bullying and abuse
7. Feeling valued
8. Reasonable adjustments

4. Engagement and voice

How connected disabled people feel to CUH, and how their lived experience shapes improvement.

9a. Staff engagement

9b. The voice of disabled people

We have used plain English definitions to aid readability. The full definitions are used in the metric summary and can be found in appendix i.

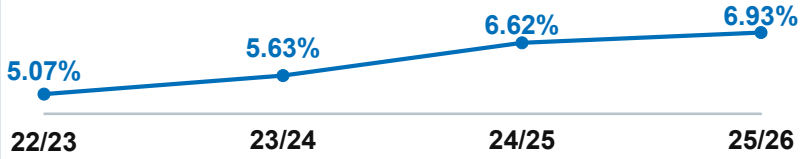
An overview of our WDES position (1 of 2)

The 2025/2026 WDES shows progress in disability inclusion, alongside persistent inequalities in experience, opportunity and outcomes.

1. Representation and access

1. Workforce representation / Percentage of staff declaring a disability

Improving



6.93%

Disclosure continues to increase but remains below Staff Survey identification.

2. Appointment from shortlisting / Relative likelihood of appointment (1.0 = parity)

Variable

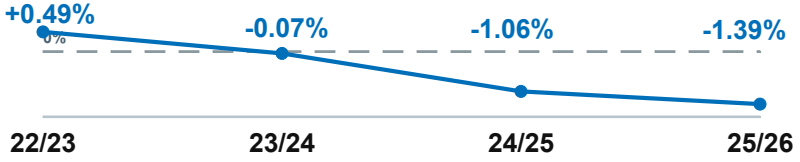


0.95x

Appointment outcomes are close to parity.

10. Board representation / Percentage difference between Board voting membership and overall workforce

Worsening



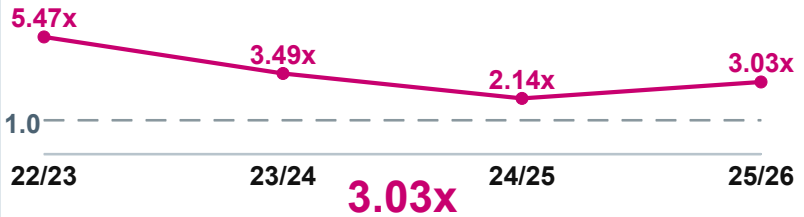
-1.39%

Board representation gap has widened.

2. Fair people processes and opportunity

3. Formal capability processes / Relative likelihood of entering capability (1.0 = parity)

Worsening

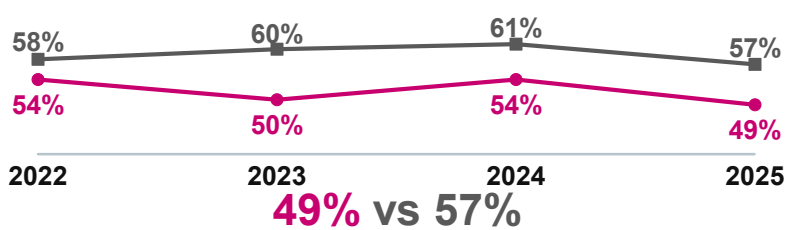


3.03x

Disabled people remain substantially more likely to enter capability processes.

5. Career progression / Percentage experiencing equal opportunities

Worsening



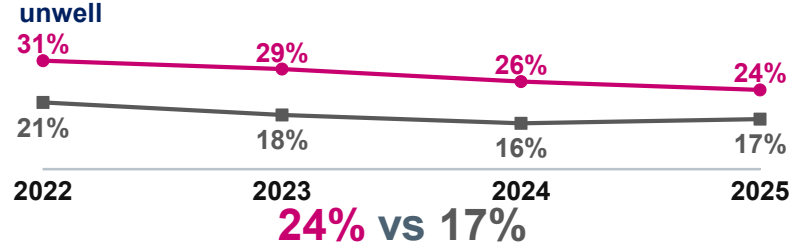
49% vs 57%

Disabled | Non-disabled

Disabled people remain less confident about progression.

6. Pressure to work when unwell / Percentage feeling pressure to work when unwell

Improving



24% vs 17%

Disabled | Non-disabled

The gap has narrowed, but remains.

Improving

Moving towards greater equality or a better experience.

Variable

Results fluctuate or show no clear, sustained direction.

Worsening

Moving away from equality or towards a poorer experience.

An overview of our WDES position (2 of 2)

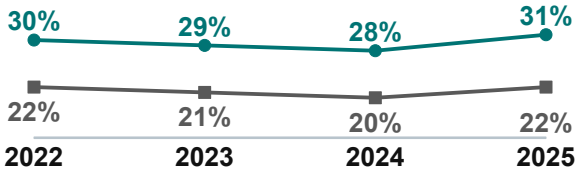
The 2025/2026 WDES shows progress in disability inclusion, alongside persistent inequalities in experience, opportunity and outcomes.

3. Everyday experience

Disabled | Non-disabled / benchmark

4a. Harassment from patients / public

Worsening



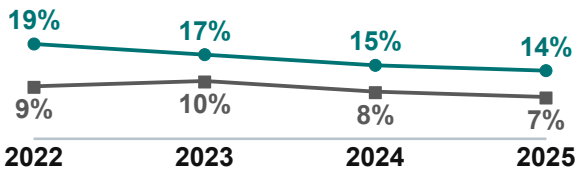
31% vs 22%

Disabled | Non-disabled

Disabled people experience higher levels of abuse.

4b. Harassment from managers

Improving



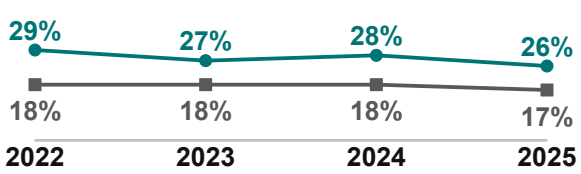
14% vs 7%

Disabled | Non-disabled

The gap is improving but remains significant.

4c. Harassment from colleagues

Improving



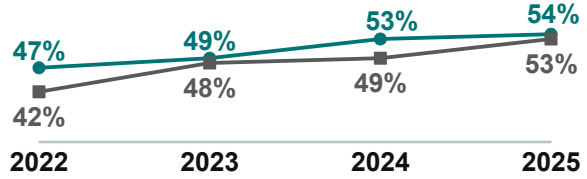
26% vs 17%

Disabled | Non-disabled

Experience is improving, although inequality remains.

4d. Reporting harassment

Improving



54% vs 53%

Disabled | Non-disabled

Reporting is now broadly equal.

3. Everyday experience (continued)

7. Feeling valued

Variable



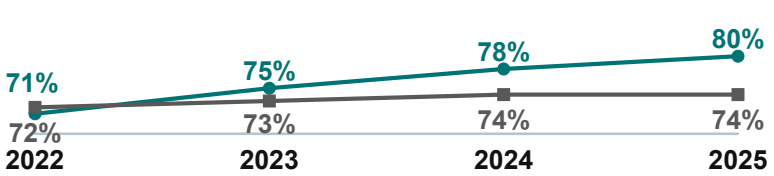
37% vs 47%

Disabled | Non-disabled

A persistent gap remains.

8. Reasonable adjustments / Percentage saying adjustments met their needs

Improving



80% vs 74%

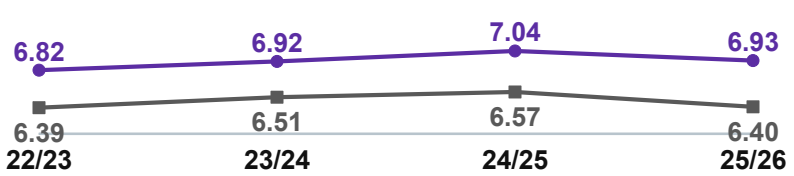
Disabled | Non-disabled

This is one of the strongest areas of progress.

4. Engagement and voice

9a. Staff engagement / Staff engagement score (0–10)

Variable



6.93 vs 6.40

Disabled | Non-disabled

Disabled people continue to report relatively strong engagement.

Improving

Moving towards greater equality or a better experience.

Variable

Results fluctuate or show no clear, sustained direction.

Worsening

Moving away from equality or towards a poorer experience.

WDES 2026/2027 action plan

Governance, Accountability and Visibility

Delivery will be reviewed quarterly by Workforce SMT, with formal assurance to the People, Education and Culture Committee three times a year. WDES priorities will be embedded into the EDI Stategy delivery plans, with progress, outcomes and any slippage clearly reported.

1. Representation and access

Disability declaration

Run targeted communications and engagement briefings through inductions and other areas with low declaration rates e.g. Medical and Dental staffing.

Owner: Head of Workforce EDI
Milestone: Targeted activity launched by Q1 2027/28

Visible career and development pathways

Make career pathways, progression routes, training and development opportunities clear, accessible and easy to find. Use workforce data to identify gaps and target mentoring, sponsorship and development support for disabled people, with particular focus on those seeking senior and leadership roles.

Owner: Director of CLL
Milestone: Pathways published and targeted support launched by Q4 2026/27

2. Fair people processes and opportunity

Fair and proportionate people processes

Introduce model of pre-action review for capability cases involving disabled staff.

Owner: Director of Workforce
Milestone: Pre-action review implemented by Q1 2027/28

Manager capability and early support

Provide targeted training and practical support for managers on disability, reasonable adjustments, disability leave, attendance management and early resolution. Make guidance and tools easy to find and provide access to advice on more complex cases.

Owner: Director of CLL
Milestone: Training and central guidance available by end of Q4 2026/27

3. Everyday experience at CUH

Reduction in bullying, harassment and abuse from staff

Launch and embed CUH behavioural framework 'Behaviours Matter' which supports a zero-tolerance response to racism, bullying, harassment, abuse and discrimination.

Owner: Director of CLL
Milestone: Trust-wide launch during Q3 2026/27

Reduction in bullying, harassment and abuse from patients and public

Develop a coordinated Trust-wide approach across Quality and Safety, Workforce, Estates and Security to prevent and respond to unacceptable behaviour. This will set clear expectations, strengthen reporting and escalation, support affected people and ensure learning informs future action.

Owner: TBC
Milestone: Executive ownership and Trust-wide approach agreed by Q4 2026/27

4. Engagement and staff voice

Engagement and co-production

Involve Staff Networks, FTSU, ACGs, staff-side and key stakeholders in shaping, delivering and monitoring improvement activity.

Owner: Head of Workforce EDI
Milestone: Delivery plans agreed by end of Q3 2026/27, with quarterly review thereafter

Executive sponsorship and lived experience

Appoint Executive Sponsors for the Purple and Open Minds Staff Networks, with clear expectations to engage regularly, champion lived experience and report the actions taken in response to what they hear.

Owner: Head of Workforce EDI
Milestone: Sponsors appointed and initial engagement completed by end of Q3 2026/27

Conclusion and next steps

We are making progress, but persistent inequalities remain; the next phase is about translating our agreed actions into a co-produced, accountable delivery plan.

Conclusion

- CUH continues to make progress in disability inclusion, particularly in disability declaration, workplace adjustments, confidence in reporting concerns and strong engagement among disabled staff.
- Important inequalities remain; disabled staff continue to report poorer experiences in harassment, bullying and abuse, lower confidence in career progression, lower levels of feeling valued and greater pressure to work when unwell.
- The most significant workforce process concern is the disproportionate likelihood of disabled staff entering formal capability processes. The next phase of improvement must focus on inclusive people processes, leadership practice and culture, not only individual support to disabled people.

Next steps

- Co-produce the detailed 2026/27 delivery plan with the Purple Network, Open Minds Network, staff-side colleagues, senior leaders and relevant teams. Give each action a named owner, milestone, measure of success and reporting route.
- Delivery will be monitored through existing workforce governance, including Workforce Compliance and Workforce SMT, with progress reported through to PECC.
- Progress will be reviewed regularly against the WDES measures and wider workforce intelligence, helping us understand whether actions are translating into meaningful improvements in experience, opportunity and outcomes for disabled people.

Appendices

Appendix i: WDES metrics: plain English and technical definitions

A guide to each statutory WDES metric, showing what it means in plain English alongside the national definition

Metric #	Plain English definition	WDES metric definition
1	Workforce representation	Percentage of staff with disability in each of the Agenda for Change 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	Appointment from shortlisting	Relative likelihood of staff with disability compared to staff without disability being appointed from shortlisting across all posts.
3	Formal capability processes	Relative likelihood of staff with disability compared to staff without disability entering the formal capability process
4	Harrassment, bullying and abuse	Percentage of staff with disability compared to staff without disability experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public, managers, other colleagues
5	Equal opportunities to progress	Percentage of staff with disability compared to staff without disability believing that their organisation provides equal opportunities for career progression or promotion
6	Pressure to work when unwell	Percentage of staff with disability compared to staff without disability saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Feeling valued	Percentage of staff with disability compared to staff without disability saying that they are satisfied with the extent to which their organisation values their work.
8	Reasonable adjustments	Percentage of staff with disability saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	Staff engagement	The staff engagement score for staff with disability compared to staff without disability and the overall engagement score for the organisation
10	Board representation	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

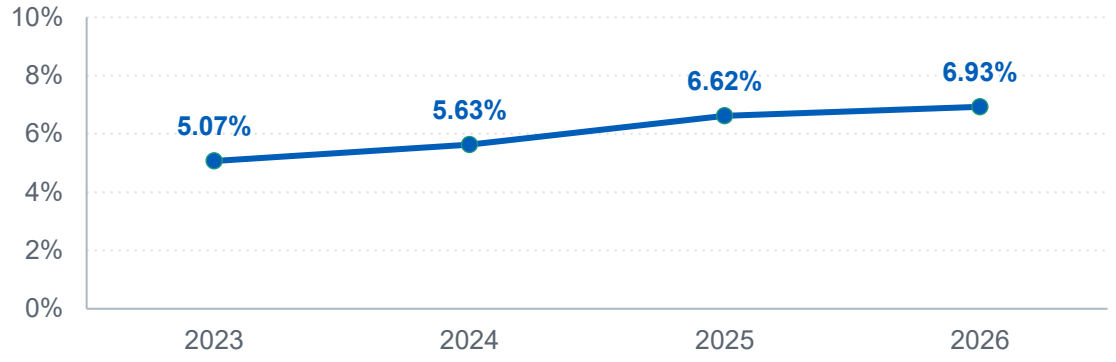
Metric 1: Workforce representation

↗ Improving

Percentage of staff declaring a disability in the workforce and senior leadership

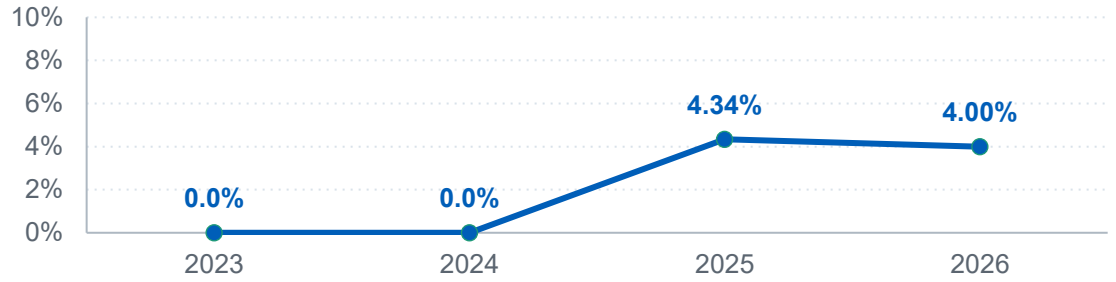
Trend in disability declaration

Overall workforce declaration (%)



Very Senior Managers

Declaration (%)



What the data shows us

- Overall disability declaration continues to increase, suggesting growing confidence in disclosure.
- Representation at senior leadership level remains below the wider workforce.
- The gap between ESR declaration (6.93%) and Staff Survey Identification (22.28%) suggests many staff are not formally disclosing through workforce systems.
- Medical and Dental declaration remains low at 2.97%, indicating the need for further engagement

6.93%	4.00%	22.28%
Overall workforce declaration in 2026	VSM declaration in 2026	Identified in the 2025 NHS Staff Survey

Key takeaway: Progress is positive, but disclosure and senior representation still need focused improvement

Metric 2: Appointment from shortlisting

↔ Variable

Relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff



What the data shows us

- Overall performance improved slightly from 0.91x to 0.95x in 2026.
- Disabled applicants remain slightly less likely to be appointed than non-disabled applicants following shortlisting.
- The gap is now small and outcomes are close to parity
- Inclusive recruitment practice should continue to focus on achieving full parity

2026 recruitment snapshot:

Shortlisted applicants			Appointed from shortlisting		
350 Disabled	4589 Non-disabled	145 Unknown	90 Disabled	1120 Non-Disabled	70 Unknown

0.95x relative likelihood of appointment from shortlisting in 2025/2026

Key takeaway: Appointment outcomes are close to parity, but inclusive recruitment work should continue to achieve full parity of experience.

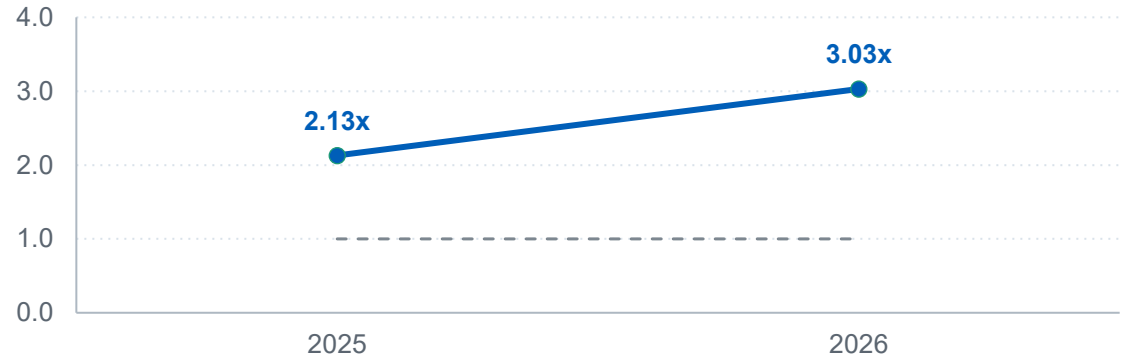
Metric 3: Formal capability process

Relative likelihood of staff with disability compared to staff without disability entering the formal capability process

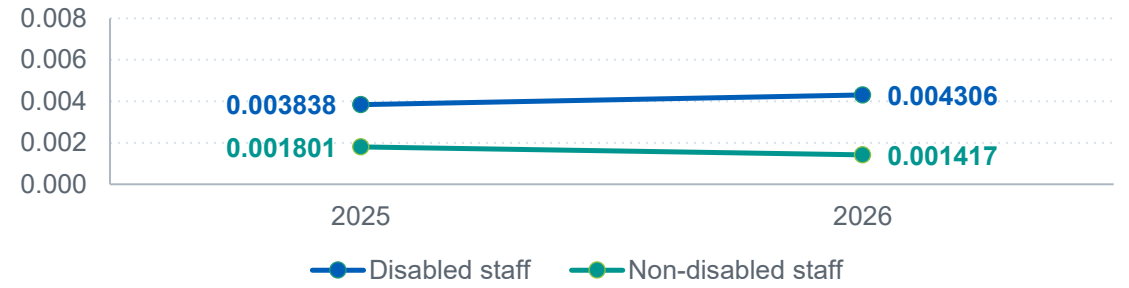
↘ Worsening

NHS CUH

Relative likelihood of entering formal capability (1.0 = parity)



Likelihood by disability status



What the data shows us

- Disabled staff were 3.03 times more likely than non-disabled staff to enter a formal capability process in 2026, compared with 2.13 times in 2025.
- Most capability cases in 2026 were ill-health related.
- Caution is needed when interpreting data because a new case management system was introduced in August 2025, improving case recording and categorisation.

3.03x	2.13x	89 and 339
Relative likelihood in 2026	Relative likelihood in 2025	Disabled and non-disabled staff cases recorded as ill-health-related in 2026

Key takeaway: This disparity is significant and requires further analysis, early support and careful use of adjustments and Occupational Health advice.

Metric 4: Harassment, bullying and abuse

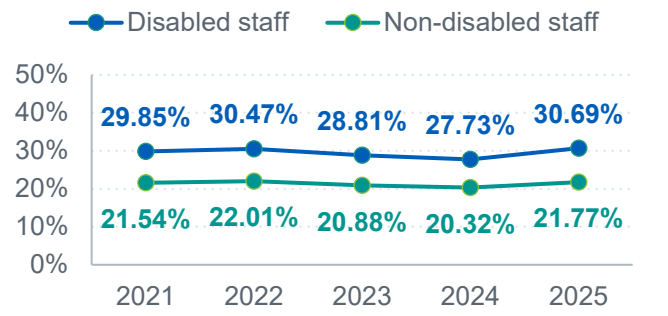
↔ Variable

Experience of harassment, bullying and abuse, and confidence in reporting it.

4a. From patients, relatives or the public

Worsening

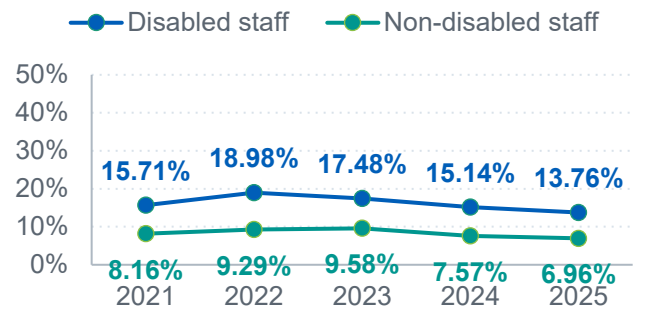
Percentage of staff (%)



4b. From managers

Improving

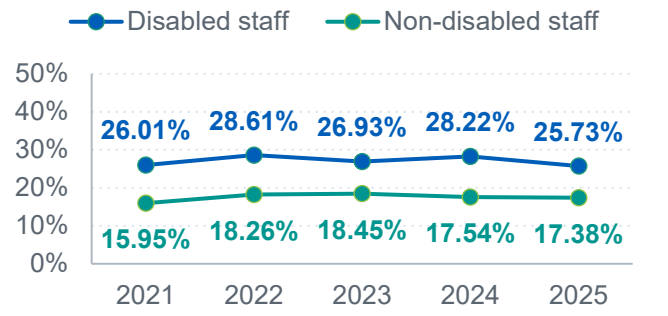
Percentage of staff (%)



4c. From colleagues

Improving

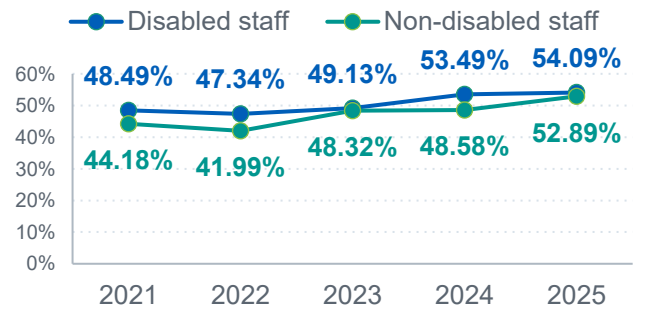
Percentage of staff (%)



4d. Incidents reported

Improving

Percentage of staff (%)



What the data shows us

- Disabled staff continue to report higher levels of harassment across all four measures.
- The most significant concern remains abuse from patients, relatives and the public which worsened in 2025.
- Experiences involving managers and colleagues have improved over time although material gaps remain.
- Reporting rates increased for both groups and were close to parity in 2025.

Key takeaway:

Progress is mixed: reporting confidence is improving but harassment, bullying and abuse remain a significant inclusion and safety concern for disabled staff.

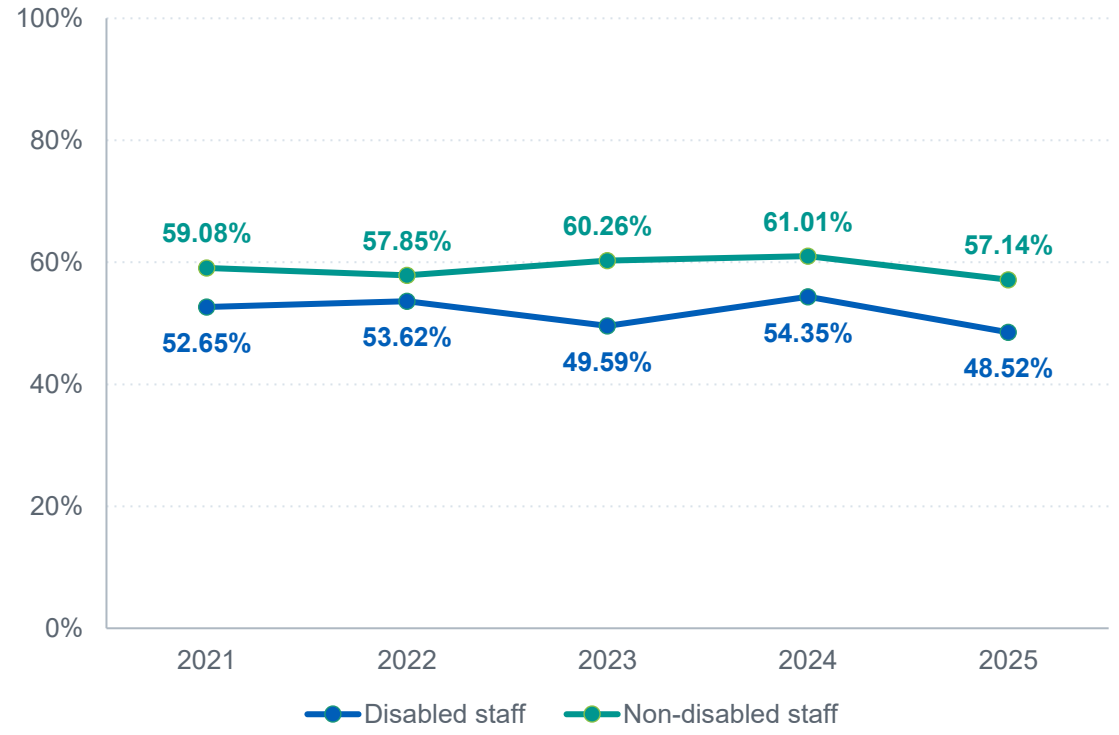
Metric 5: Equal opportunities for career progression or promotion

↘ Worsening

Percentage of disabled staff compared to non-disabled staff who believe the Trust provides equal opportunities for career progression or promotion

Trend in perceptions of equal opportunities

Percentage agreeing or strongly agreeing (%)



What the data shows us

- Disabled staff consistently report lower confidence in equal opportunities for progression and promotion.
- In 2025 the position was 48.52% for disabled staff and 57.14% for non-disabled staff; over an 8.5% gap, growing from ~7% in 2024.
- The findings suggest ongoing barriers to progression, career development and advancement.

49%	57%	8-point gap
Disabled staff in 2025	Non-disabled staff in 2025	Gap between disabled and non-disabled staff in 2025

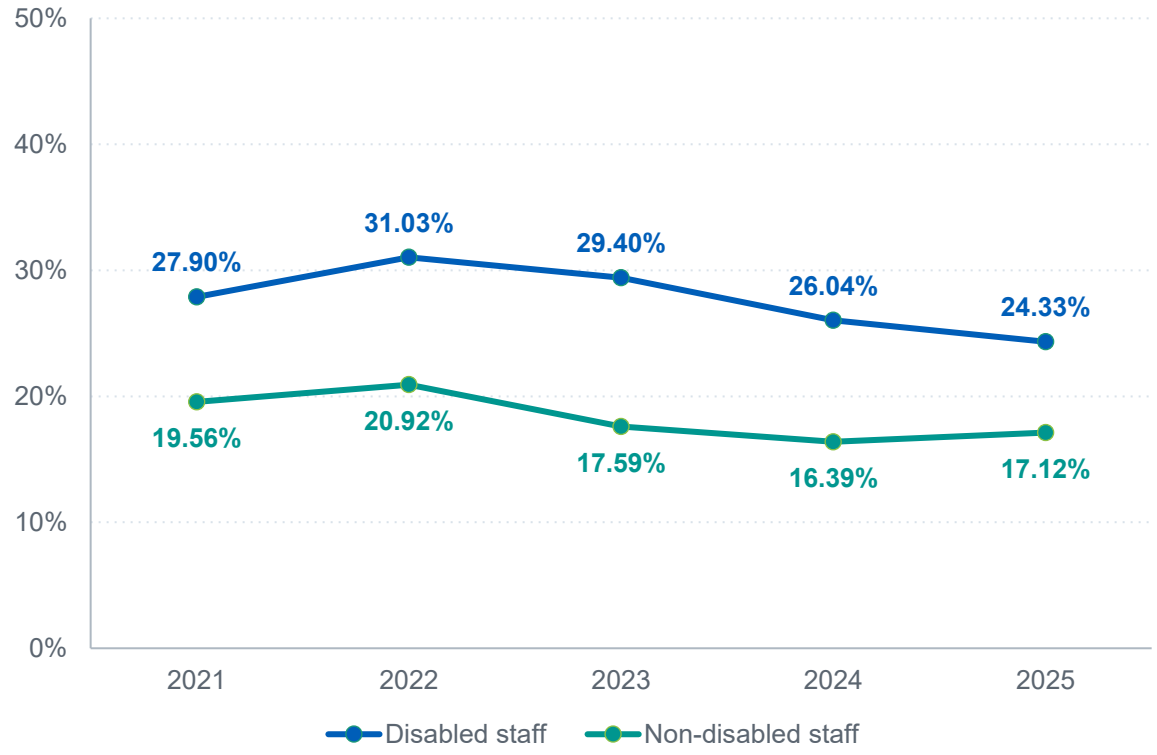
Key takeaway: Perceptions of fair career progression remain a significant area of concern and require sustained action on inclusive talent management, transparency and targeted development support.

Metric 6: Pressure to work when unwell

↗ Improving

Percentage of disabled staff compared with non-disabled staff saying they have felt pressure from their manager to come to work despite not feeling well enough.

Trend in pressure to work when unwell



What the data shows us

- Disabled staff consistently report more pressure than non-disabled staff to attend work when unwell.
- In 2025 the position was 24% for disabled staff and 17% for non-disabled staff.
- Both groups have improved over time and the gap has narrowed to 7% in 2025 (from nearly 10% in 2024).
- Despite improvements, disabled staff remain significantly more likely to report this experience.

24%	17%	7-point gap
Disabled staff in 2025	Non-disabled staff in 2025	Gap in 2025

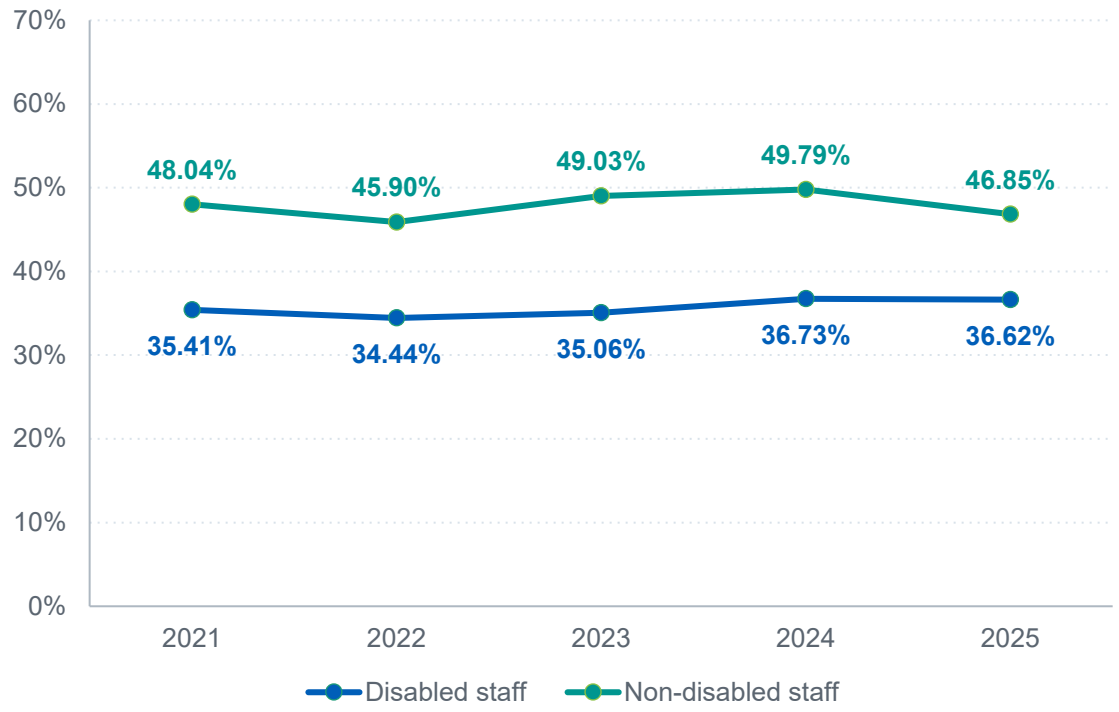
Key takeaway: The trend is improving but a material wellbeing and inclusion gap remains and requires continued focus on inclusive management and supportive attendance practice.

Metric 7: Feeling valued

↔ Variable

Percentage of disabled staff compared with non-disabled staff saying they are satisfied with the extent to which the organisation values their work

Trend in feeling valued



What the data shows us

- Disabled staff consistently report lower satisfaction than non-disabled staff on feeling valued by the organisation.
- In 2025 the position was ~37% for disabled staff and ~47% for non-disabled staff.
- The gap is narrowing from the 14% gap in 2023.
- The persistent gap suggests that disabled staff do not consistently experience the same levels of recognition, appreciation and belonging.

37%	47%	10-point gap
Disabled staff in 2025	Non-disabled staff in 2025	Gap in 2025

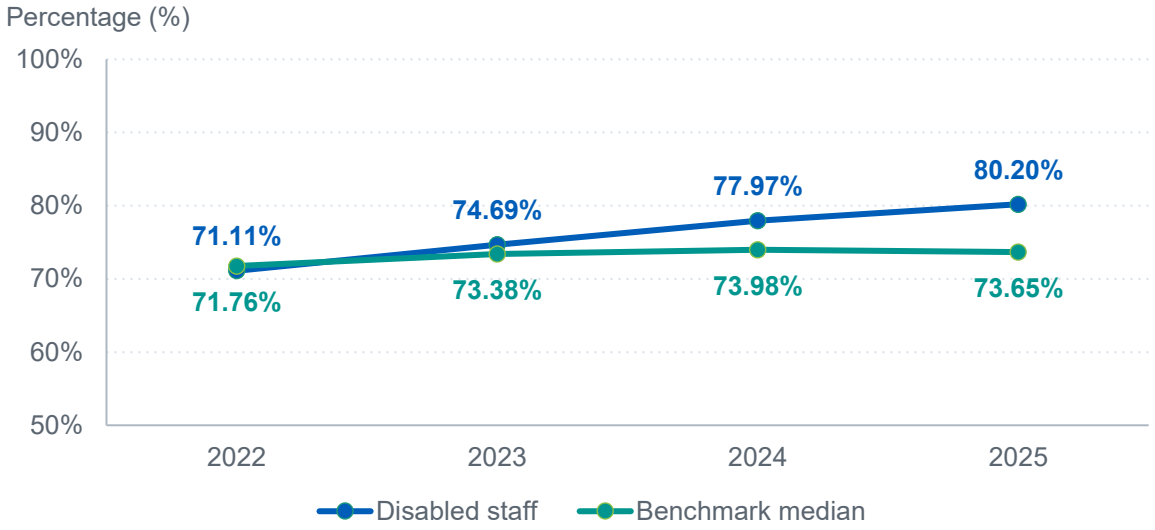
Key takeaway: Some progress has been made, but feeling valued remains a substantial experience gap. This is a key indicator of belonging and culture.

Metric 8: Adequate workplace adjustments

↗ Improving

Percentage of disabled staff saying their employer has made adequate adjustments to enable them to carry out their work.

Trend in adequate workplace adjustments



Data definitions

Disabled staff: percentage agreeing their employer has made adequate adjustments to enable them to carry out their work.

Benchmark median: median of all NHS trusts participating in the 2025 NHS Staff Survey.

What the data shows us

- Disabled staff increasingly report that adequate adjustments have been made, rising from ~71% in 2022 to ~80% in 2025.
- The 2025 is significantly above the benchmark median of 73.65% (median of all NHS trusts).
- This is one of the strongest areas of improvement across WDES survey metrics.
- However, 1 in 5 disabled staff still do not feel adequate adjustments have been made.

80%	9-point	73.65%
Disabled staff in 2025	Improvement since 2022	Benchmark median in 2025

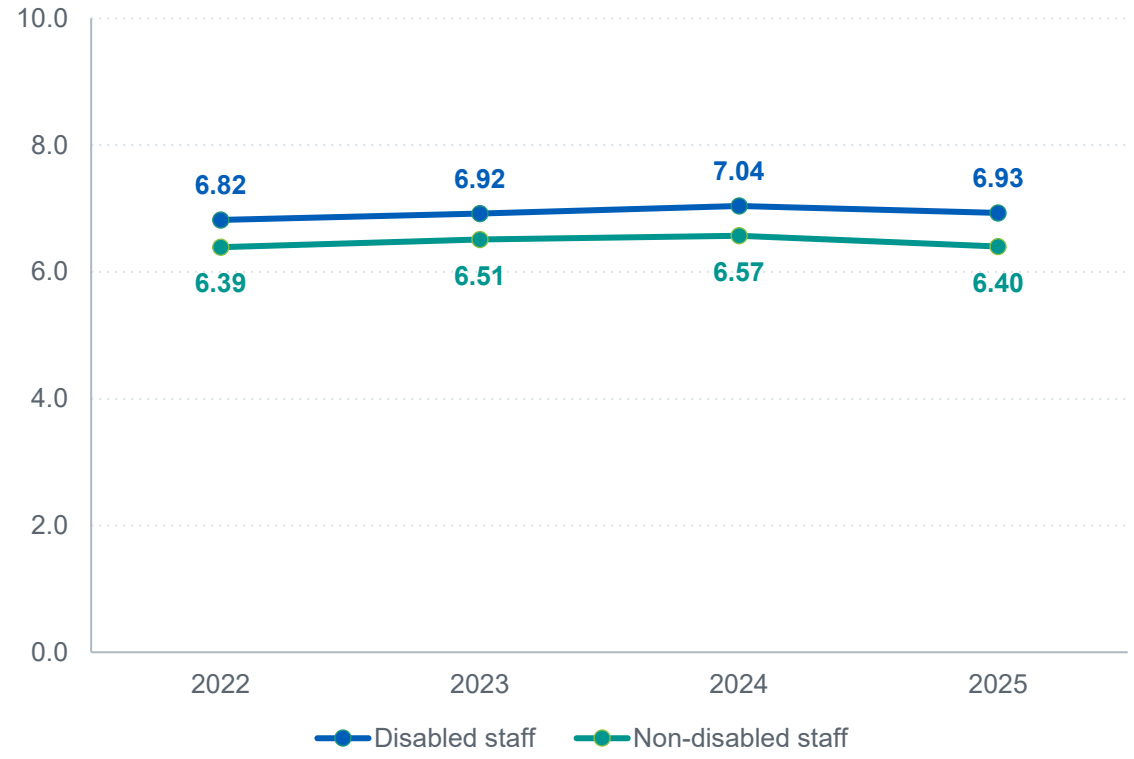
Key takeaway: This is a strong area of progress. Continued focus is needed to ensure adjustments are implemented consistently and tailored to individual need.

Metric 9: Staff engagement

↔ Variable

Staff engagement score for disabled staff compared with non-disabled staff.

Trend in staff engagement scores



What the data shows us

- Engagement scores remain consistently higher for disabled staff over the period.
- Scores for both groups peaked in 2024 and reduced slightly in 2025.
- Strong engagement may reflect the positive role of the Open Minds and Purple networks in enabling support, connection and inclusion.

6.93	6.40	0.53
Disabled staff in 2025	Non-disabled staff in 2025	Gap in 2025

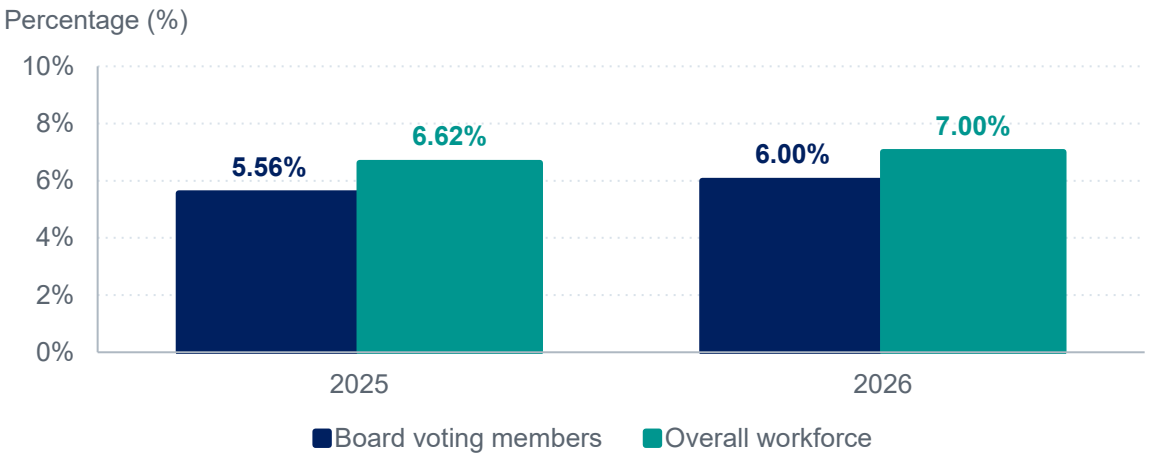
Key takeaway: Disabled staff continue to report relatively strong engagement, despite a slight decrease in 2025.

Metric 10: Disabled staff on Board

↔ Variable

Percentage difference between Board voting membership and overall workforce.

Disabled representation: Board vs workforce



	2025	2026
Percentage difference (Board minus workforce)	−1%	−1%

What the data shows us

- Disabled staff remain slightly underrepresented on the Board voting membership compared with the overall workforce, although it should be noted that there are 18 members of the board, compared to a workforce of >14000.
- The position is broadly stable but small swings at Board level would create a significant impact.
- Continued work is needed to strengthen disabled representation and visibility in senior leadership.

6%	7%	−1%
Board voting members in 2026	Overall workforce in 2026	Difference (Board minus workforce) in 2026

Key takeaway: Board representation is broadly stable but slightly below the wider workforce, so inclusive leadership pathways and visibility remain important.

Contact Information

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