

Workforce Disability Equality Standard (WDES)

Annual Report 2024/25

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Introduction

The Workforce Disability Equality Standard (WDES) is a data collection framework which measures elements of disability equality in NHS organisations. Implementing the WDES is a requirement for NHS Commissioners and NHS healthcare providers including independent organisations through the NHS contract.

The WDES is designed around ten indicators, or measures, which compare disabled colleagues and their non-disabled counterparts. We acknowledge and respect that some people with disabilities do not refer to themselves as Disabled, denoting this part of their identity. However, in following national guidance, this report uses consistent terminology and refers to “disabled staff” or staff with a ‘Long lasting condition or illness’. We also acknowledge that comparing two groups has the disadvantage of masking disparities within each group.

Four indicators of the WDES are populated with workforce data from our Electronic Staff Record (ESR) and show comparative data for disabled and non-disabled staff. This includes the distribution of staff in each pay band, likelihood of being appointed following shortlisting, likelihood of entering a formal capability process, and representation in very senior leadership. A further five indicators are populated with comparative data from the national Staff Survey and includes: experiences of bullying, harassment, and abuse; discrimination, feeling pressure to come into work while unwell, engagement and perceptions of fairness in career progression. The remaining metric refers to whether the voices of disabled staff are heard within the organisation.

Numerical data¹ from the WDES provides a degree of insight into race equality at the Trust but is best used in conjunction with additional information (such as Freedom to Speak Up, employee relations and recruitment) and the qualitative data from the lived experiences of our colleagues themselves. The data on ESR relating to our disabled staff is incomplete although this has increased in accuracy following a concerted effort to improve. This is explored below in more detail.

As a public service, our Trust is bound by the Public Sector Equality Duty and, as such, we are committed to:

- Eliminating unlawful discrimination, harassment, and victimisation
- Advancing equality of opportunity between people
- Fostering good relations between people.

In progressing towards these goals, the WDES data is accompanied by an action plan approved by the Trust Board of Directors.

¹ As a relatively small Trust, our numerical data expressed as percentages or ratios can be more prone to fluctuation. For example, where only a small number of staff are counted (fewer than 10), a small number of additional recruits, or leavers, can have a bigger impact on percentage scores than in larger groups of staff. In the report, we have highlighted where this might be the case and shown data trends over time to give the most accurate picture.

Context

The Trust serves the population of Derby City and Derbyshire County, both of which have different profiles in terms of disability. In the 2021 census, data shows the percentage of people indicating that their day-to-day activities were limited by a long-lasting condition or illness. In Derbyshire the figure was 20.1%. This definition is unlikely to cover various conditions which might be defined as a disability. Similarly, the NHS Staff Survey asks whether staff have a disability or long-term condition, and this is recorded differently on ESR as solely a disability. This slightly hinders getting accurate data, however, the WDES does indicate clear trends and disparities between disabled and non-disabled staff.

Figures from the Department for Work and Pensions in 2021/22 indicate that 24% of the total population have a disability². The Trust in 2024 had 10.25% who disclosed a disability which is below the Derbyshire County average.

At 31 March 2025, 11.53% of the Trust workforce had declared a disability — a continued increase year on year, but still below both local and national population averages.

A snapshot of data taken on 31 March 2025 shows the total number of staff employed by Derbyshire Healthcare NHS Foundation Trust was 3,453. Of these:

- 398 identified as Disabled (11.53%)
- 2,633 identified as non-Disabled (76.3%)
- 422 had no disability status recorded (12.2%)

Recorded proportion of disabled staff employed within the Trust

Year	% of Disabled Staff	Headcount (n)	Notes
2018	Unavailable	–	No data recorded
2019	4.5%	115	First formal dataset
2020	4.4%	117	Relatively stable
2021	5.3%	149	Noticeable rise
2022	6.7%	194	Continued growth
2023	8.9%	273	Almost doubled since 2019
2024	10.25%	339	First time above 10%
2025	11.53%	398	Highest to date

Year	2018	2019	2020	2021	2022	2023	2024	2025
%	Unavailable	4.5%	4.4%	5.3%	6.7%	8.9%	10.25%	11.53%
(headcount)		(115)	(117)	(149)	(194)	(273)	(339)	(398)

² [UK disability statistics: Prevalence and life experiences - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-and-factsheets/article/subject-guides/disability-statistics)

Indicator 1

Indicator 1 measures the distribution of staff across pay bands (Bands <1 to Very Senior Manager). Data are presented in three main occupational groups: non-clinical, clinical (non-medical), and clinical (medical and dental). Figures are shown for 2024 and 2025. The percentage figure is the proportion of Disabled or non-Disabled staff within each pay band. Percentage figures are rounded to whole numbers.

Non-Clinical

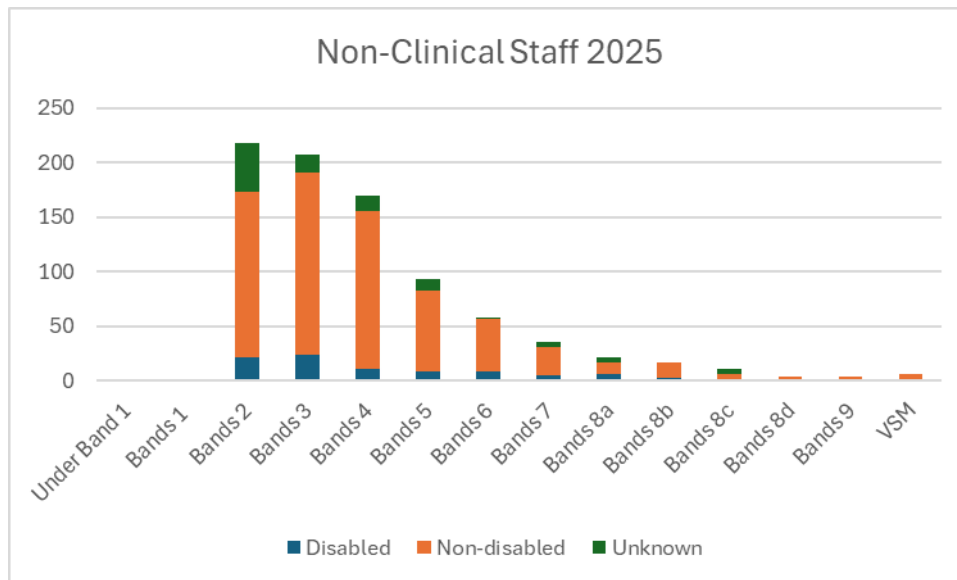
Pay Band	2025 Disabled # (%)	2025 Non-Disabled # (%)	2025 Unknown # (%)	2024 Disabled # (%)	2024 Non-Disabled # (%)
Cluster 1 Bands <1 to 4	50 (8.8%)	431 (75.6%)	89 (15.6%)	45 (8%)	402 (73%)
Cluster 2 Bands 5 to 7	18 (9.5%)	149 (78.4%)	23 (12.1%)	19 (11%)	132 (76%)
Cluster 3 Bands 8a to 8b	8 (21.1%)	23 (60.5%)	7 (18.4%)	6 (18%)	19 (58%)
Cluster 4 Bands 8c to 9 and VSM	0 (0%)	18 (78.3%)	5 (21.7%)	1 (4%)	21 (84%)

Clinical

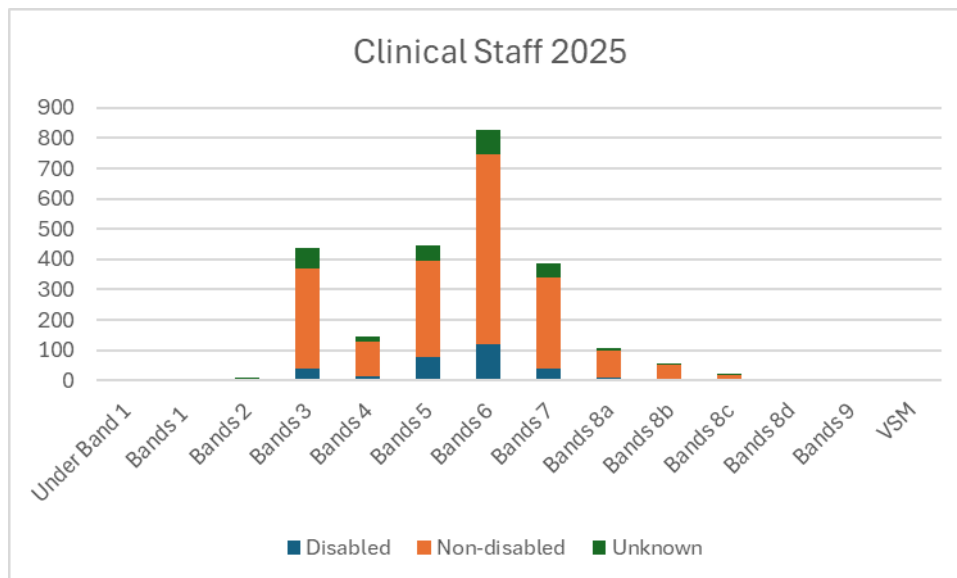
Pay Band	2025 Disabled # (%)	2025 Non-Disabled # (%)	2025 Unknown # (%)	2024 Disabled # (%)	2024 Non-Disabled # (%)
Cluster 1 Bands <1 to 4	51 (9.1%)	413 (73.5%)	98 (17.4%)	41 (8%)	372 (72%)
Cluster 2 Bands 5 to 7	188 (11.9%)	1185 (74.9%)	209 (13.2%)	140 (10%)	1091 (75%)
Cluster 3 Bands 8a to 8b	15 (9.5%)	129 (81.6%)	14 (8.9%)	13 (9%)	112 (79%)
Cluster 4 Bands 8c to 9 & VSM	2 (8.3%)	19 (79.2%)	3 (12.5%)	1 (4%)	20 (87%)

Medical and Dental

Pay Band	2025 Disabled # (%)	2025 Non-Disabled # (%)	2025 Unknown # (%)	2024 Disabled # (%)	2024 Non-Disabled # (%)
Consultants	4 (5.1%)	53 (67.1%)	22 (27.8%)	5 (6%)	52 (64%)
Non-consultant career grade	1 (2.5%)	27 (67.5%)	12 (30.0%)	1 (3%)	22 (58%)
Trainees	2 (4.8%)	28 (66.7%)	12 (28.6%)	1 (3%)	27 (69%)



The number of unknowns has reduced, and the overall percentage of recorded disabled staff has steadily increased. This gives us more confidence in the data derived from ESR.



Indicator 2

Indicator 2 – Relative likelihood of staff being appointed from shortlisting

Indicator 2 measures the relative likelihood of staff being appointed from shortlisting across all posts, calculated for the 12 months prior to 31 March in the reporting year. If a candidate is shortlisted, it means they have met the criteria to be interviewed for the post they are applying for.

Indicator 2 is expressed as a disparity ratio where complete parity, or equality, is represented by the number 1. A number of 2 would mean that a candidate is twice as likely to be appointed. In Indicator 2, a value above 1 shows the extent to which a non-disabled candidate is more likely to be appointed. The table below shows this trend over time.

Year	2018	2019	2020	2021	2022	2023	2024	2025
Indicator 2 (Relative likelihood)	2.88	1.40	1.05	1.05	1.04	1.17	0.76	0.90

In 2025, Disabled applicants were slightly more likely to be appointed than non-Disabled applicants, though the disparity was small (0.90). This compares to 0.76 in 2024, showing a shift towards parity. Manager training and guidance are expected to strengthen this area further.

Although there is no direct evidence of this, training for managers on awareness of disabilities and putting reasonable adjustments in place at the candidate's request may increase the chance of disabled applicants being successful at selection events. Further guidance and awareness are required to ensure applicants feel confident to request reasonable adjustments and managers have the knowledge to implement these effectively. Work also continues to encourage staff to have the confidence to disclose disabilities.

The clear trend over time shows that there is a reduced disparity in shortlisting. However, caution should be exercised given the large numbers of shortlisted and appointed candidates. The more disability data that is submitted, the better the quality of future analysis will be. There is a possibility that the overall figure masks some disparities in particular areas, and further data analysis is required to look at shortlisting in relation to different types of disability and progression.

Indicator 3

Indicator 3 – Relative likelihood of staff entering the formal capability process
Indicator 3 measures the relative likelihood of staff entering the formal capability process, calculated for the 12 months prior to 31 March in the reporting year. From 2022 this is calculated over a 2-year period and the figure divided by two, hence the appearance of halves in the headcount figure. A figure above 1 would indicate disabled staff are more likely to enter the formal capability process.

Year	2018	2019	2020	2021	2022	2023	2024	2025
Indicator 3 (Relative likelihood)	Unavailable	0.0	0.0	0.0	0.0	0.0	0.0	13.23
Average Headcount Disabled	Unavailable	0	0	0	0	0	0.5	1
Average Headcount Non-disabled	Unavailable	0	0	0	0	0	0.5	0.5

Given the very low number of formal capability cases overall, this indicator offers limited insight into the comparative experiences of disabled and non-disabled staff when there are performance concerns. This will need to be monitored over a longer period.

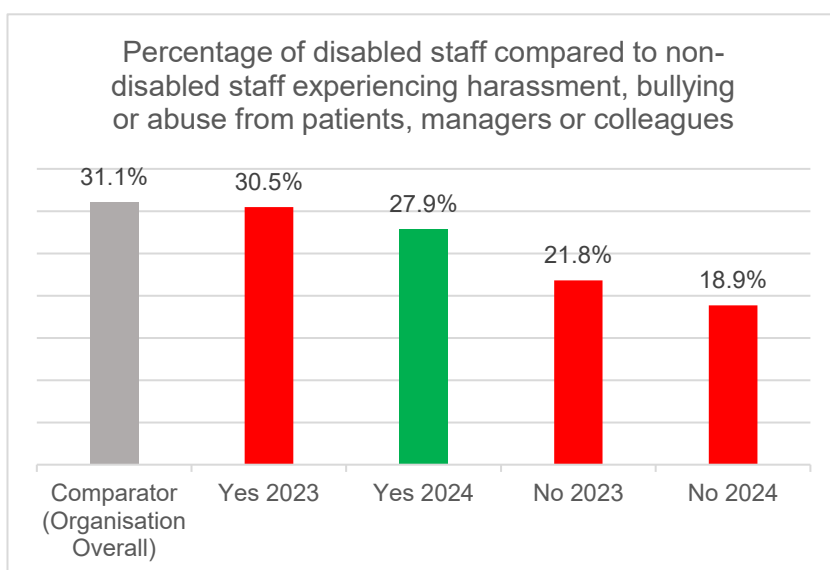
It should be noted that the 2025 figure (13.23) is based on very small numbers of cases. This creates a disproportionately high relative likelihood value that does not necessarily reflect a systemic issue. Monitoring over multiple years with larger case numbers will provide a more reliable trend.

Indicators 4a to 9b

Data for the following Indicators are taken from the 2024 NHS staff survey³ that was published in March 2025. A benchmarking report compares Derbyshire Healthcare to other Mental Health and Learning Disability Trusts (50 organisations are in the benchmarking group) as well as comparing those with a disability to those that do not. On the charts below 'Yes' refers to those that have declared a disability and 'No' refers to those that haven't.

Indicator 4a

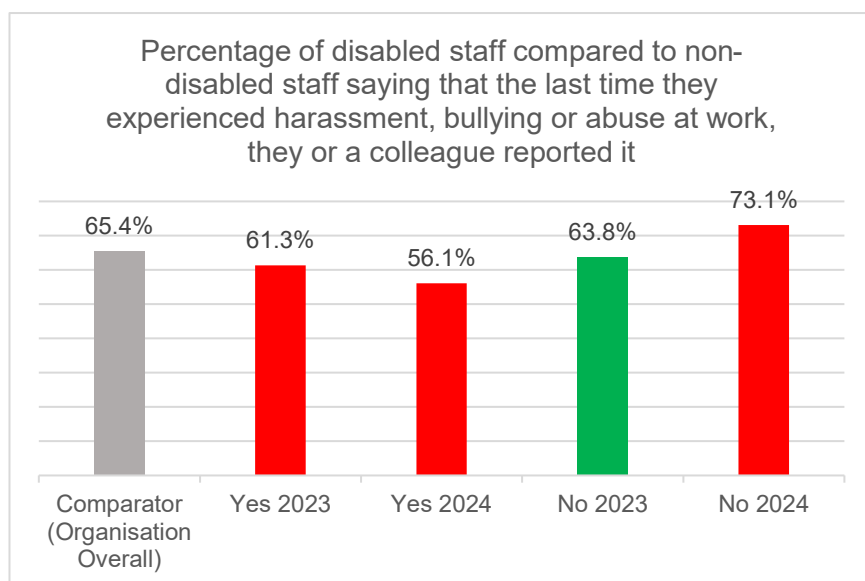
This indicator shows the percentage of disabled staff experiencing harassment, bullying or abuse from patients, service users or members of the public in the last 12 months.



In 2024, the percentage of staff with a long-lasting health condition that experienced harassment, bullying or abuse from patients, managers or colleagues, was 27.9% compared to 30.5% last year. This compares to 31.1% for the wider organisation. The figure has fallen steadily, but remains higher for staff with long terms conditions compared to those who don't.

Indicator 4b

This indicator shows the percentage of staff stating that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

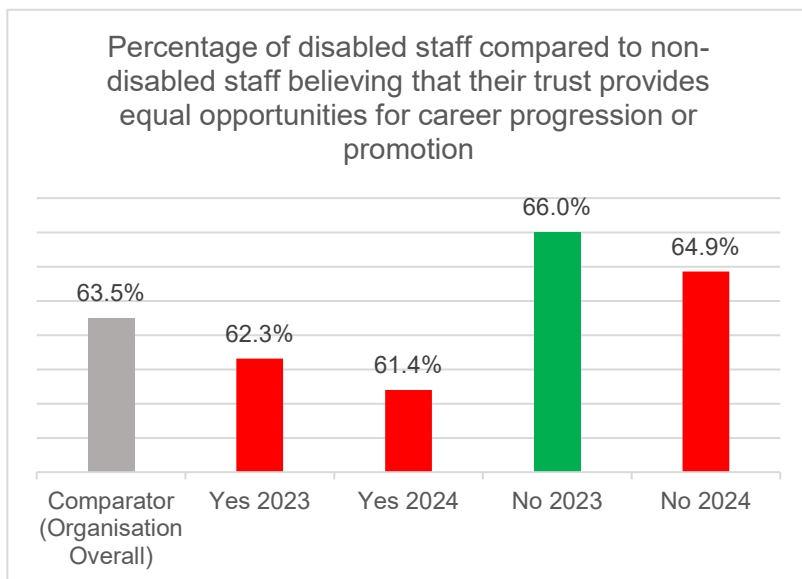


In 2024, the percentage of staff who stated that they reported harassment and bullying at work with a disability was 56.1% compared to 73.1% of staff without. The figures have shown a decrease from 2023. The Trust figures are similar to those in the benchmarking group.

³ The full data set is available here: [NHS Staff Survey Benchmark report 2022 \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com)

Indicator 5

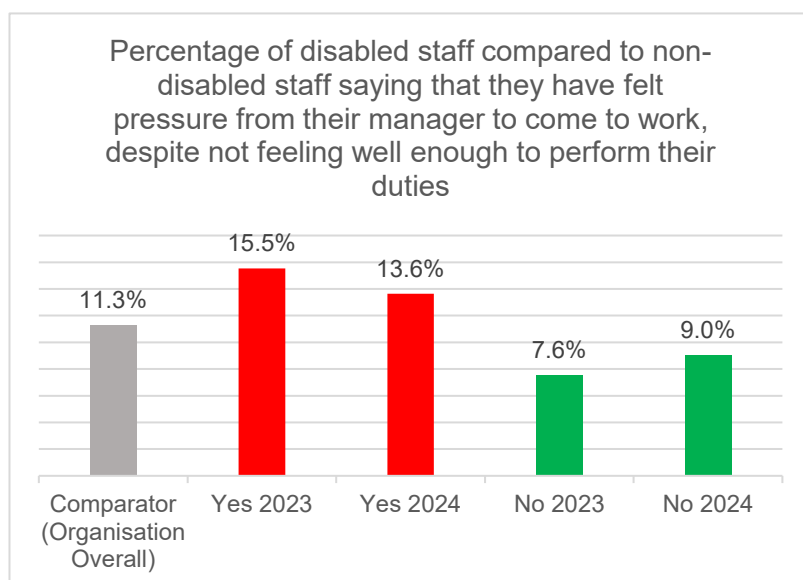
This metric shows the percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion.



In 2024, the percentage of staff who believed that the organisation provides equal opportunities that declared a disability was 61.4% compared to 64.9% of staff without a disability. The figure for both groups has reduced slightly from 2023. The Trust figures are similar to those in the benchmarking group.

Indicator 6

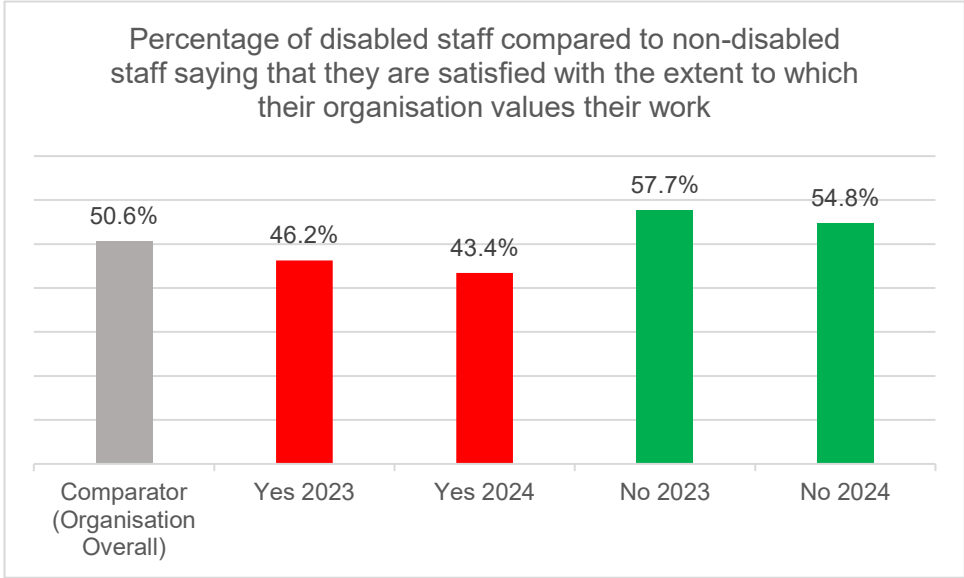
Percentage of staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



In 2024, the percentage of staff with a disability that felt pressure to come to work despite not feeling well enough was 13.6% compared to 9% of staff without a disability. The figure for those with a disability has decreased however it is still higher than staff without a disability.

Indicator 7

Percentage of staff saying they are satisfied with the extent to which the organisation values their work.

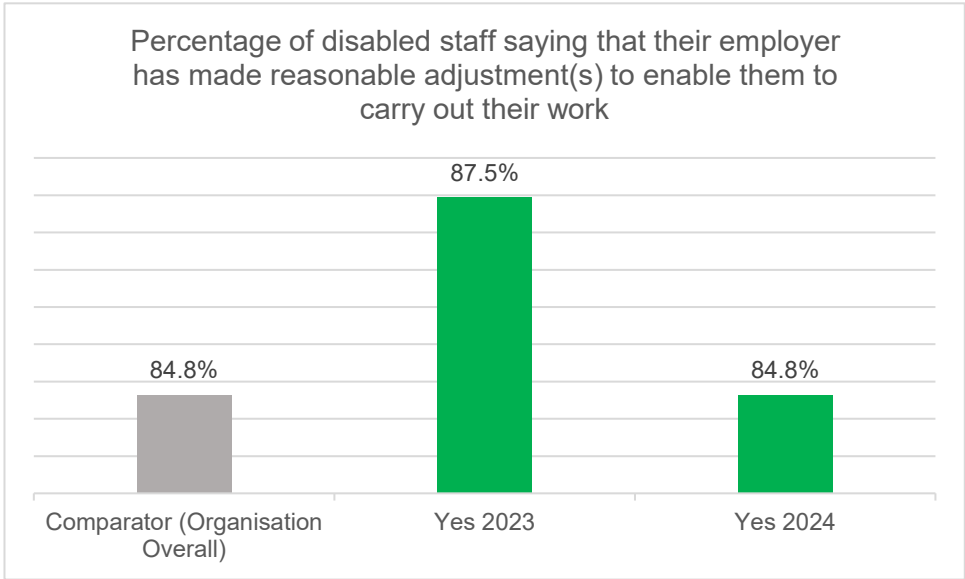


In 2024 43.4% of disabled staff felt their organisation values their work which reduced from 2023 which is significantly lower than staff without a disability (54.8%).

Indicator 8

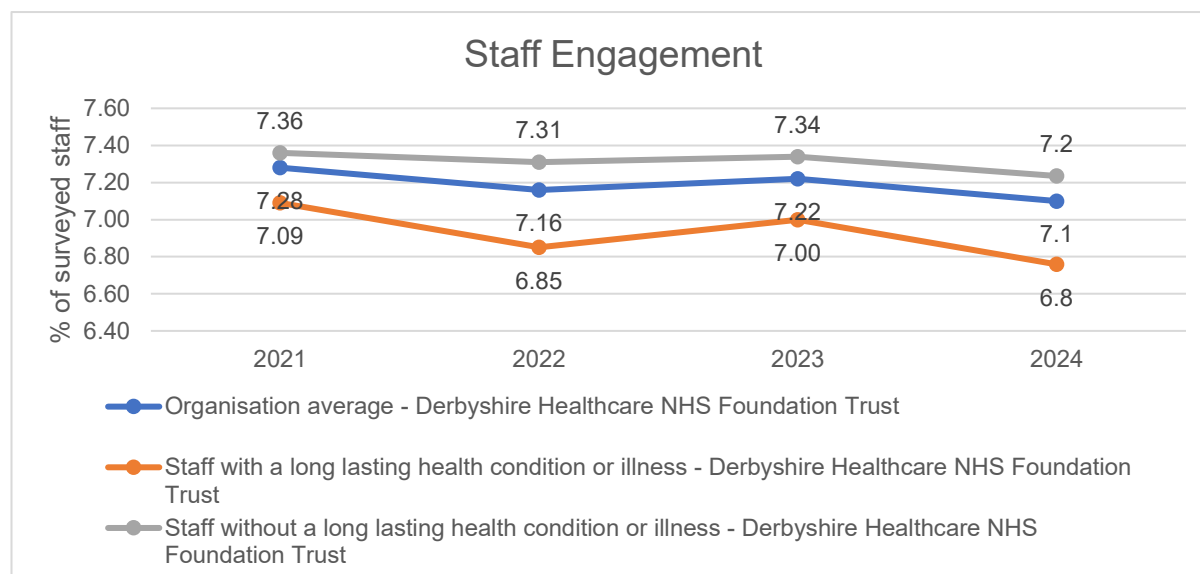
Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustments to enable them to carry out their work.

Figures in the staff survey state that 84.8% of staff with a long-lasting condition or illness felt that reasonable adjustments had been made. This compared to a benchmarked figure of 84.8%. This did reduce from 2023, though where 87.5% felt their employer made reasonable adjustments.



Indicator 9a

Staff engagement score for disabled staff, compared to non-disabled staff. The data shows a decrease in staff engagement in 2024 for all groups.



Indicator 9b

Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard (Yes/No).

Yes – action has been taken to facilitate the voices of Disabled staff.

- Relaunch of the DAWN Staff Network with increased membership and visibility
- Reciprocal mentoring programme between Disabled staff and senior leaders
- A central budget for reasonable adjustments
- Disability awareness campaigns aligned to National Inclusion Week.

Indicator 10

At 31 March 2025, the Trust Board had 14 members.

- 1 member (7.1%) declared a disability, compared with 11.5% of the Trust workforce.
- There are currently no Disabled executive directors.

* This represents a gap of 4.4% compared with the workforce profile. Improving senior-level representation remains a strategic priority. *

Conclusions

The 2024/25 WDES results highlight both the progress Derbyshire Healthcare has made and the challenges that remain. Encouragingly, declaration rates are at their highest level, recruitment disparities have reduced, and the vast majority of staff with a long-term condition report that reasonable adjustments are in place. These gains reflect the commitment of colleagues, including the DAWN staff network, and demonstrate that change is possible when action is prioritised.

However, persistent disparities – particularly in relation to senior-level representation, experiences of bullying, harassment and discrimination, and the disproportionate use of capability processes – show that further work is needed. The differences between ESR and staff survey reporting remind us that data only tells part of the story, and that the voices of Disabled colleagues must remain central in shaping our response.

Looking ahead, our focus will be on embedding disability inclusion at every level of the Trust: improving declaration rates, strengthening inclusive recruitment, supporting managers with the knowledge and confidence to lead inclusively, and ensuring Disabled staff are represented in decision-making. By combining robust data with lived experience, we will continue to drive meaningful change and work towards a fairer, more inclusive workplace for all.

Action Plan

In June 2023, NHS England published its EDI Improvement Plan⁴ with six high impact actions, some of which are aligned to the WDES objectives below.

Action Area	Activities	Who	When	Status
Bullying, Harassment, Abuse and Discrimination	Candidates put forward for the Active Bystander Train-the-Trainer programme as well as visual displays to support the active bystander initiative.	EDI Team and others (in progress).	September 2025	Training is booked for September 2025.
Culture of Inclusion and Belonging	We will work closely with the Dawn Staff Network through regular meetings as part of the Equality, Diversity and Inclusion (EDI) Working Group. This group will help lead and support the EDI Plan. The Dawn Network will agree on yearly action plans and review progress regularly to make sure the work is on track and making a difference.	Head of EDI/EDI Team/Key Stakeholders.	October 2025	The EDI Working Group that was set up in October 2025 will help bring together and align all priorities with the Workforce Disability Equality Standard (WDES) objectives, ensuring a joined-up approach to improving inclusion and accessibility across the Trust.
Inclusive Recruitment	Continue delivery of Chair of panel inclusive recruitment and selection training.	Strategic Recruitment Lead.	October 2025	Training was piloted in 2024/25 and delivered to Trust Leadership Team. Further roll out will commence October 2025.
	Develop action plans to become disability confident leader.	Chair of DAWN, Head of EDI, Strategic	October 2025	Work has commenced and is being tracked

⁴ [NHS equality, diversity, and inclusion improvement plan \(england.nhs.uk\)](https://www.england.nhs.uk/equality-diversity-and-inclusion-improvement-plan/)

		Recruitment Lead.		through DAWN network and TDG.
	Manager sessions on reasonable adjustments.	Head of EDI, Head of Employee Relations Strategic Recruitment Lead.	October 2025	Relaunch of new process on RA taking place October 2025 and will include manager sessions.
Progression and Promotion	Review of Recruitment Inclusion Guardians.	Head of EDI.	November 2025	October 2025.
	Utilising exit interviews to understand reasons for disabled staff leaving the Trust.	Head of EDI. Divisional People Lead.	October 2025.	In progress – further work on sharing data and actions to take place October 2025.
	Implement divisional actions plans based on staff survey data and results.	Head of EDI. Organisational Development Lead/Strategic Recruitment Lead.	October 2025.	February 2026.
	Launch new reasonable adjustment process.	Head of Employee Relations.	November 2025	Taking place October 2025.

