



Derbyshire Healthcare
NHS Foundation Trust

Workforce Disability Equality Standard (WDES)

Annual Report - 2025/26

July 2026

www.derbyshirehealthcareft.nhs.uk

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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 include experiences of bullying, harassment and abuse; discrimination; 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 disability 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 quality of disability declaration data recorded on ESR has continued to improve following targeted work to encourage staff to record their disability status. Whilst some staff have not declared a disability status, increasing declaration rates provide greater confidence in the analysis presented within this report. 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.

This report provides assurance to the People and Culture Committee on the Trust's performance against the Workforce Disability Equality Standard (WDES), highlights areas of progress, identifies continuing inequalities experienced by Disabled staff, and outlines the actions being taken to improve workforce experience and outcomes.

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%.

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.

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 makes direct comparison between the datasets more challenging, 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.

The continued increase in disability declaration rates provides greater confidence in the quality of workforce data. Whilst declaration rates remain below the estimated prevalence of disability within the wider population, the improvement supports more meaningful analysis of workforce experience and outcomes for disabled colleagues.

At 31 March 2026, 12.7% 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 2026 shows the total number of staff employed by Derbyshire Healthcare NHS Foundation Trust was 3507. Of these:

- 445 identified as Disabled (12.7%)
- 2697 identified as non-Disabled (76.9%)
- 365 had no disability status recorded (10.4%).

(This unknown figure has decreased slightly from last year, indicating better declaration rates this year)

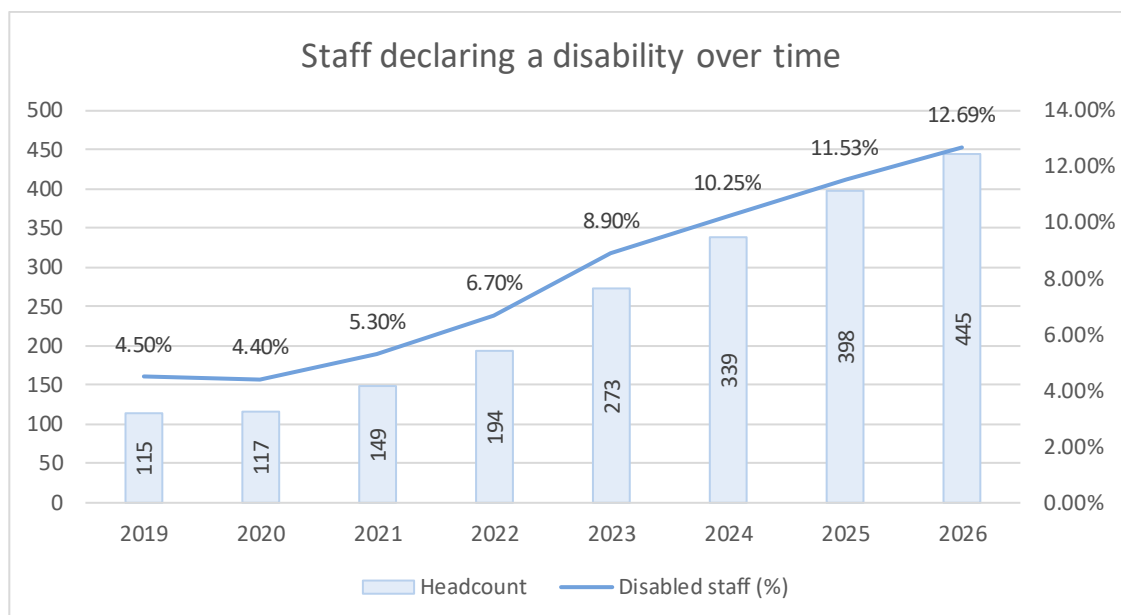
Recorded proportion of disabled staff employed within the Trust

	2018	2019	2020	2021	2022	2023	2024	2025	2026
% of staff in the trust who are disabled, by headcount, as at 31 March	-	4.5	4.4	5.3	6.7	8.9	10.3	11.5	12.7

Although disability declaration rates have continued to improve year on year, 10.4% of staff have not yet recorded their disability status on ESR. Increasing declaration rates remains a priority as this improves the quality of workforce data, enables better understanding of staff experience and ensures colleagues can access appropriate workplace support where required.

Year	Disabled staff (%)	Headcount	Notes
2018			No data recorded
2019	4.50%	115	First formal dataset
2020	4.40%	117	Relatively stable
2021	5.30%	149	Noticeable rise
2022	6.70%	194	Continued growth
2023	8.90%	273	Almost doubled since 2019
2024	10.25%	339	First time above 10%
2025	11.53%	398	Highest to date
2026	12.69%	445	Highest to date

² [UK disability statistics: Prevalence and life experiences - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-and-briefing/papers/2022/uk-disability-statistics-prevalence-and-life-experiences/)



What are the WDES Indicators?

Indicator No	Source	What it Measures
1	ESR	Disability Representation across all bandings = to that of the Trust overall workforce figure.
2	Trac	Relative likelihood of 1 signals that non-disabled candidates and disabled candidates are equally as likely to be appointed from shortlisting.
3	P&I	Relative likelihood of 1 signals that Disabled staff and non-disabled staff are equally as likely to enter in to the capability process.
4a, 4b	SS	Experience of Disabled staff and non-disabled staff being the same or a narrowing of the inequality gap between disabled and non-disabled staff.
5		
6		
7		
8		
9		
10	ESR	A board that is = to the staff Disability representation figure in its own representation.

Indicator 1

Indicator 1 measures the distribution of staff across pay bands (Bands <1 to Very Senior Manager). The clinical workforce shows that disabled colleagues are represented across all pay bands, with the largest numbers employed in Bands 5 and 6, reflecting the overall Trust workforce profile. Representation decreases at Band 7 and above, with relatively small numbers of disabled staff in senior clinical and leadership roles. Whilst this partly reflects the smaller number of posts available at higher bands, continued monitoring of recruitment, career progression and retention will help the Trust better understand any barriers to progression and inform targeted improvement actions.

Data is presented in three main occupational groups: non-clinical, clinical (non-medical), and clinical (medical and dental). Figures are shown for 2025 with arrows to indicate change. 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

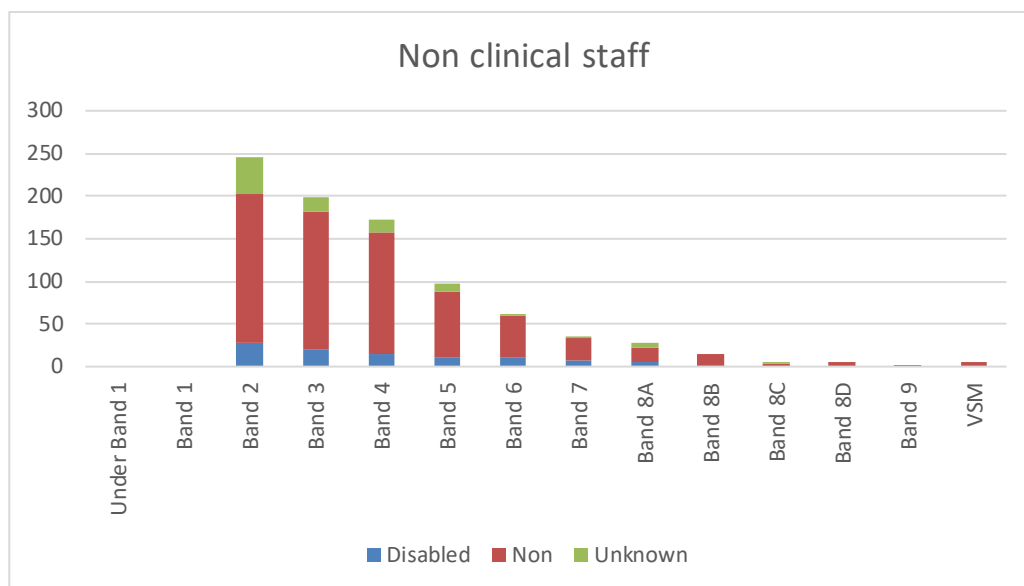
Non Clinical	Disabled	Non	Unknown
Under Band 1	0 tu	0 tu	0 tu
Band 1	0 tu	0 tu	0 tu
Band 2	27 p 6	176 p 24	42 p 42
Band 3	21 q 3	161 q 6	16 p 16
Band 4	15 p 5	143 q 2	15 p 15
Band 5	11 p 3	76 p 2	11 p 11
Band 6	11 p 3	48 tu	2 p 2
Band 7	8 p 3	25 q 1	2 p 2
Band 8a	6 tu	17 p 7	4 p 4
Band 8b	1 q 1	14 tu	0 tu
Band 8c	0 q 1	4 q 1	2 p 2
Band 8d	0 tu	6 p 2	0 tu
Band 9	0 tu	1 q 2	0 tu
VSM	0 tu	6 tu	0 tu
	100 p 15	677 p 23	94 q 10

Clinical

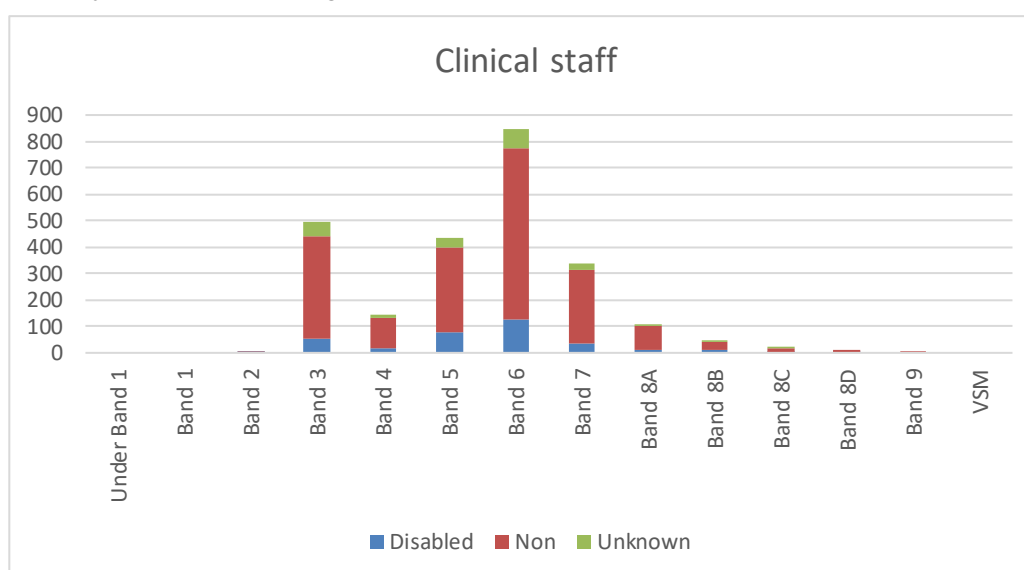
Clinical	Disabled	Non	Unknown
Under Band 1	0 tu	0 tu	0 tu
Band 1	0 tu	0 tu	0 tu
Band 2	1 tu	5 p 1	0 q 1
Band 3	51 p 12	390 p 60	57 q 13
Band 4	17 p 4	114 q 2	15 q 1
Band 5	79 tu	317 p 2	38 q 16
Band 6	129 p 11	644 p 14	72 q 9
Band 7	37 tu	274 q 31	30 q 15
Band 8a	10 p 1	90 p 2	9 tu
Band 8b	9 p 2	32 q 14	2 q 1
Band 8c	1 q 1	15 q 2	1 tu
Band 8d	2 p 2	10 p 4	0 tu
Band 9	0 q 1	1 tu	0 tu
VSM	0 tu	0 tu	0 tu
	336 p 30	1892 p 34	224 q 56

Medical and Dental

Medical	Disabled	Non	Unknown
Consultant	6 p 2	61 p 2	14 q 5
Career grade	1 p 1	32 p 2	15 p 5
Trainee grade	2 q 1	35 p 3	18 p 9
	9 p 2	128 p 7	47 p 9



The number of unknown entries 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

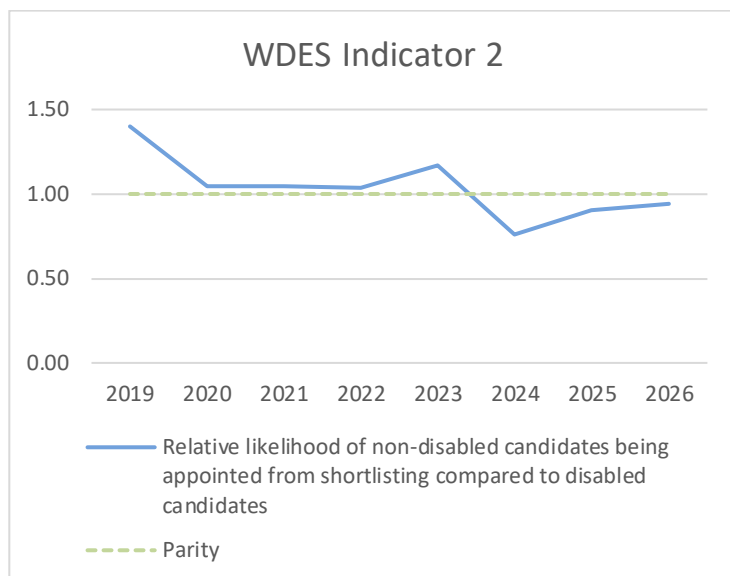
Relative likelihood of staff being appointed from shortlisting

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.

Disabled applicants were slightly more likely to be appointed following shortlisting than non-disabled applicants (0.94). This continues the positive trend towards fairer recruitment. The Trust will continue to strengthen inclusive recruitment practices and ensure managers understand reasonable adjustments throughout the recruitment process.

Indicator 2

	2019	2020	2021	2022	2023	2024	2025	2026
Relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled candidates	1.40	1.05	1.05	1.04	1.17	0.76	0.90	0.94



In 2026, Disabled applicants were slightly more likely to be appointed than non-Disabled applicants, though the disparity was small (0.94). This compares to 0.90 in 2025, showing a further shift towards parity. Manager training and guidance are expected to strengthen this area further.

The continued improvement in this indicator suggests that the Trust's work to strengthen inclusive recruitment is having a positive impact. Inclusive Recruitment and Selection training and increased awareness of reasonable adjustments continue to support fair and inclusive recruitment practices.

Whilst the overall position has moved closer to parity, further analysis is required to understand whether disparities exist within particular staff groups, professions, pay bands or disability types. Improving disability declaration rates will continue to strengthen the quality of workforce data and support targeted action where inequalities are identified.

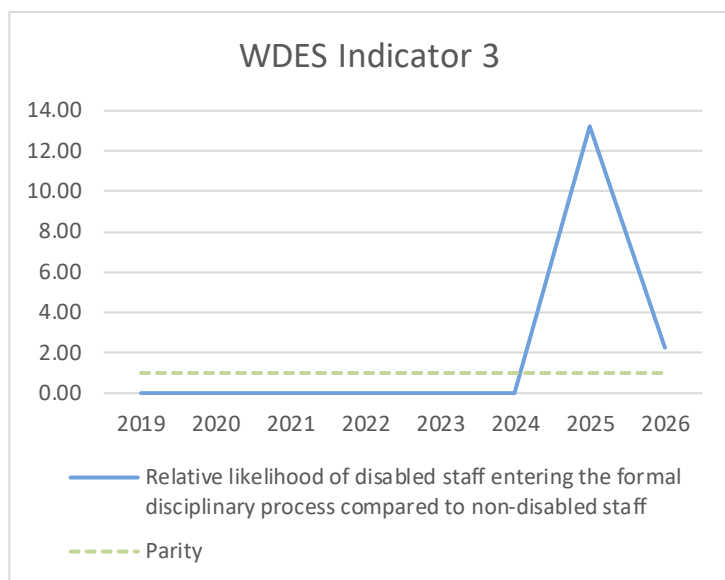
Indicator 3

Relative likelihood of staff entering the formal capability process

Indicator 3 measures the relative likelihood of staff entering the formal disciplinary process, calculated for the 12 months prior to 31 March in the reporting year. From 2022 this is calculated over a two-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.

Indicator 3

	2019	2020	2021	2022	2023	2024	2025	2026
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	0.00	0.00	0.00	0.00	0.00	0.00	13.23	2.27



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 9

Data for the following Indicators are taken from the 2024 NHS staff survey³ that was published in March 2026. 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. This year, the Staff Survey has used “long term condition or illness” instead of “disability”.

Disabled staff continue to report higher levels of bullying, harassment and abuse than non-disabled staff. Although reporting has increased, suggesting greater confidence in speaking up, reducing these experiences remains a priority. The Trust will continue to support this through the No Excuse for Abuse campaign and wider inclusion work.

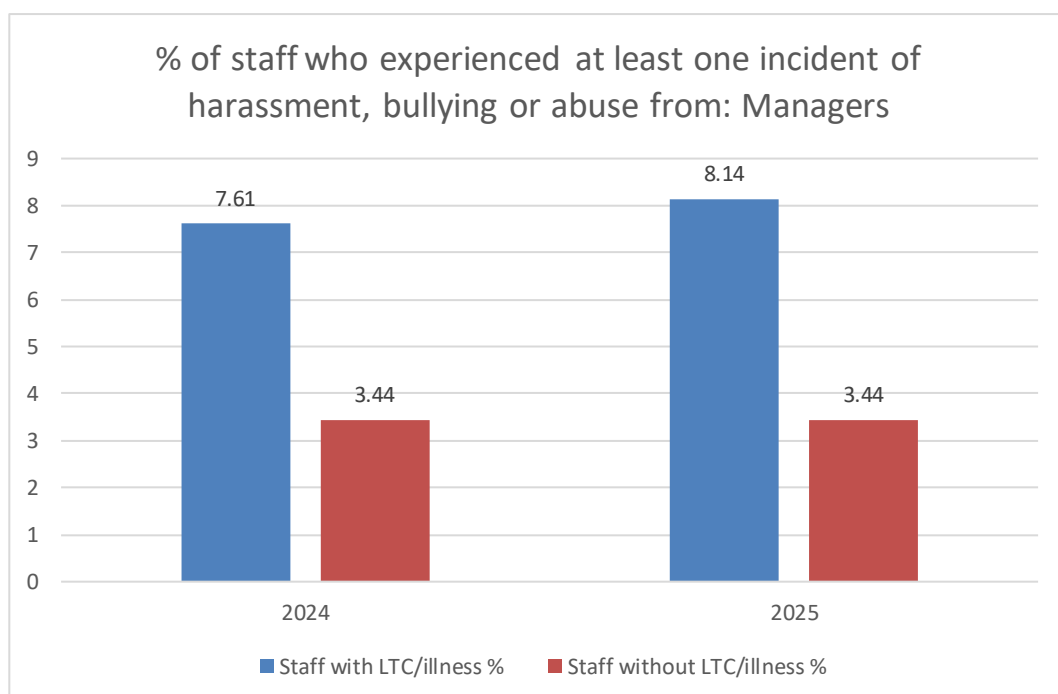
Indicator 4a

This indicator (4a (i)) 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.



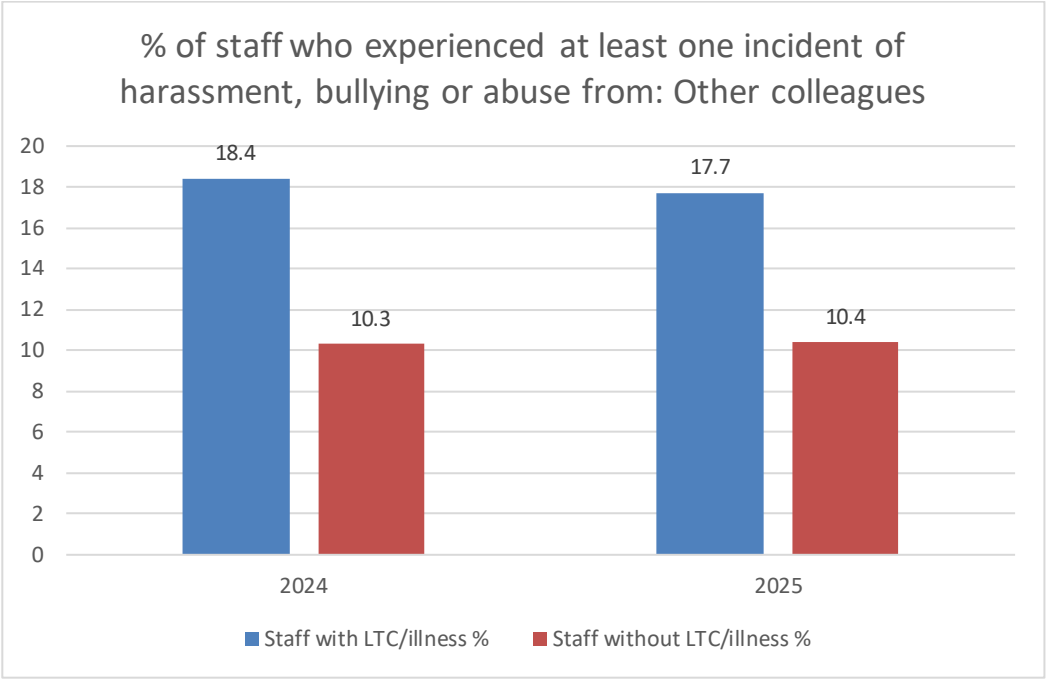
In 2025, the percentage of staff with a long-lasting health condition that experienced harassment, bullying or abuse from patients, service users or members of the public was 29.5% compared to 27.9% last year. This is slightly higher than the benchmarking figure of 27.24% and remains higher for staff with long terms conditions compared to those who don't.

Indicator 4a (ii)



In 2025, the percentage of staff with a long-lasting health condition that experienced at least one incident of harassment, bullying or abuse from managers was 8.1% compared to 7.6% last year. This is lower than the benchmarking figure of 11.55% but remains higher for staff with long terms conditions compared to those who do not have long-term health conditions.

Indicator 4a (iii)

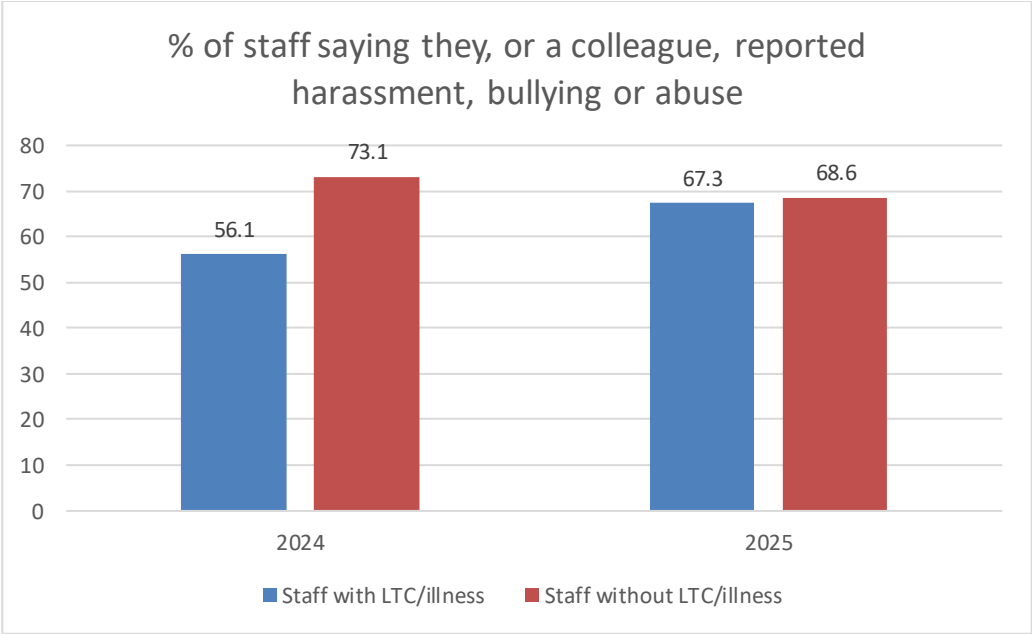


In 2025, the percentage of staff with a long-lasting health condition that experienced at least one incident of harassment, bullying or abuse from other colleagues was 17.7% compared to 18.4% last year. This is slightly lower than the benchmarking figure of 18.9% but remains higher for staff with long terms conditions compared to those who don't.

The Trust has recently launched a campaign “No Excuse for Abuse” aiming to tackle bullying, harassment and abuse to all staff. We need to consider how those with long-term conditions/disabilities can best be supported by this work.

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.

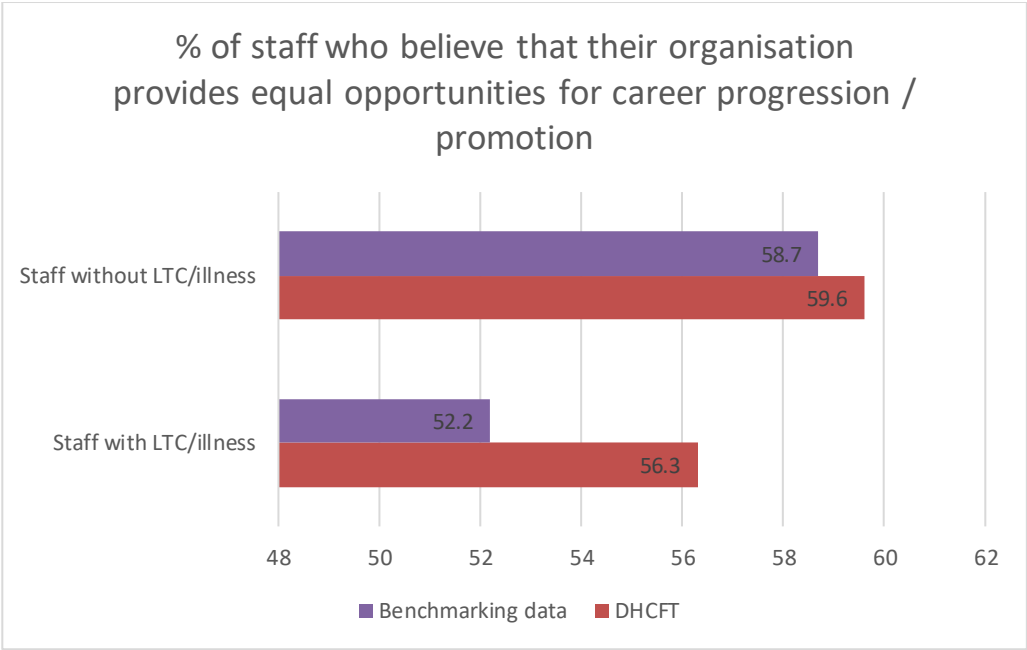


In 2025, 67.3% of staff with a long-term condition or illness said that they or a colleague had reported harassment, bullying or abuse, compared with 68.6% of staff without a long-term condition or illness. The figures have shown an increase in reporting for both groups from 2024 which is a positive change in reporting.

The Trust figures are similar but slightly higher than those in the benchmarking group (61.7% for those with LTC/illness; and 66.3% for those without).

Indicator 5

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



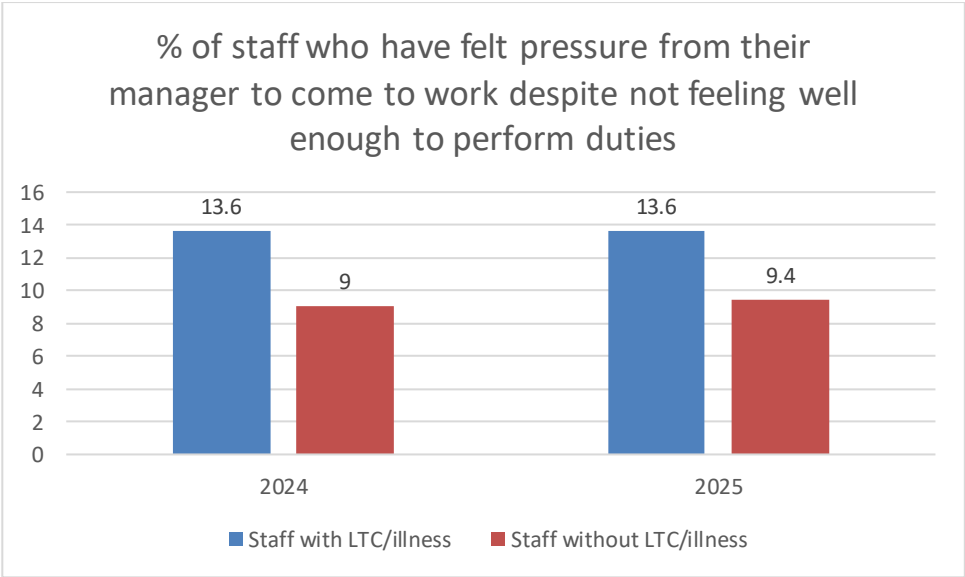
The percentage of staff with a long-term condition or illness who believed that the organisation provides equal opportunities was 56.3% compared to 59.6% of staff without an LTC/illness.

The Trust figures are higher than those in the benchmarking group, which is positive, however the data indicates that a large number of staff feel that there is not equal of opportunity for career progression. A deeper dive into the data is required to better understand the reasons for this finding.

[Note: Due to changes in the question wording in 2025, previous years' results for WDES metric 5 (Q15) are not reported.]

Indicator 6

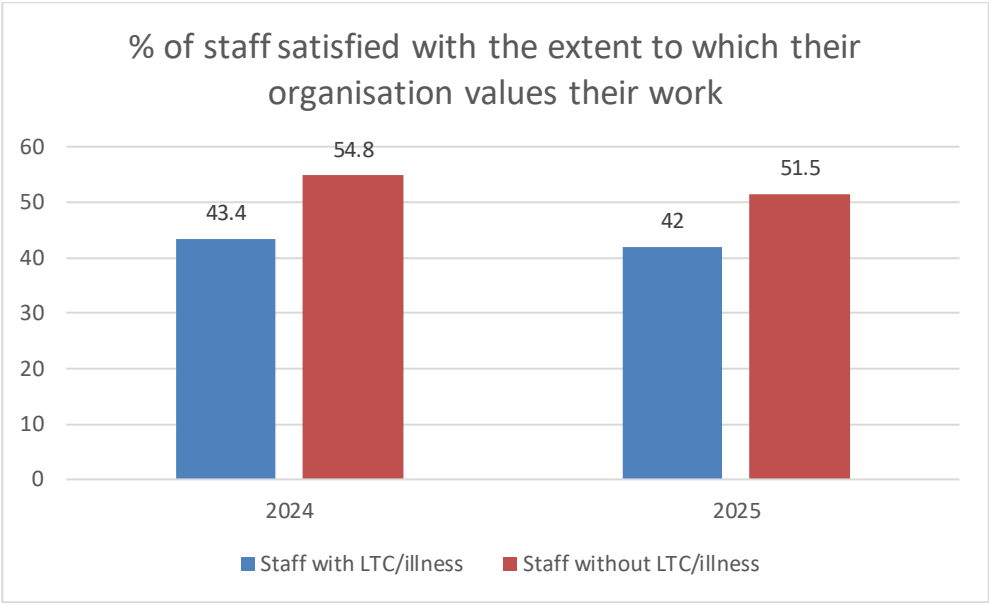
Percentage of staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



In 2025, the percentage of staff with a disability that felt pressure to come to work despite not feeling well enough was 13.6% compared to 9.4% of staff without a disability. The figure for those with a disability has remained the same as last year and continues to show a significant difference between those with a disability and those without. The Trust’s sickness/absence policy has undergone an overhaul this year. Further investigation is needed to determine why staff are reporting that they have felt pressured to return to work.

Indicator 7

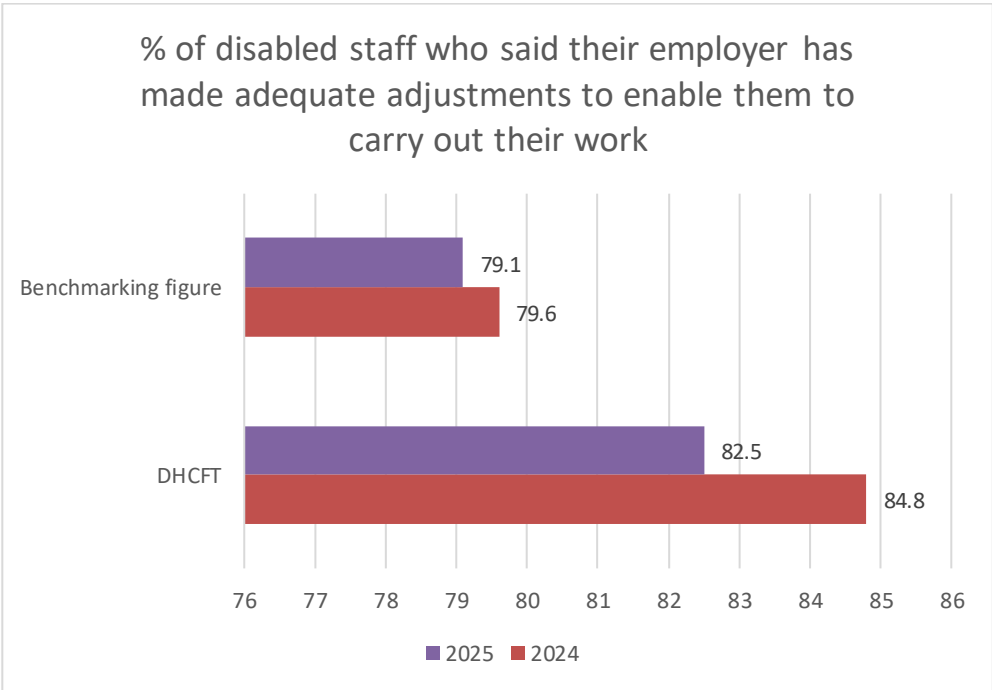
Percentage of staff saying they are satisfied with the extent to which the organisation values their work.



In 2025, 42% of disabled staff felt their organisation values their work which reduced slightly from 2024, and this figure remains significantly lower than staff without a disability (51.5%). The figures for DHcFT are similar to the benchmarking figures of 42.5% (staff with LTC/illness) and 52.8% (staff with no LTC/illness). It is important to continue to develop programmes to ensure that staff feel valued in their workplaces.

Indicator 8

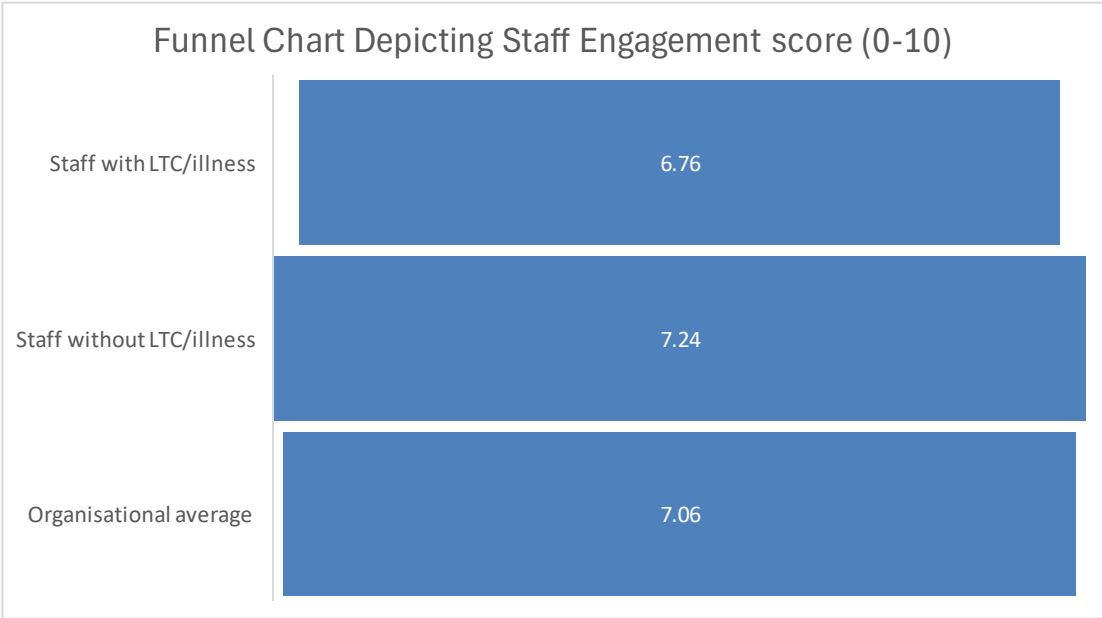
Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustments to enable them to carry out their work.



Figures from the staff survey show that 82.5% of staff with a long-lasting condition or illness felt that reasonable adjustments had been made. This compared to a benchmarked figure of 79.1%. This has slightly reduced from 2024 but remains above the benchmark. At DHcFT our Disability and Wellness Staff network (DAWN) has been instrumental in obtaining a centralised budget for workplace adjustments, and qualitative feedback has indicated that this is working well in helping staff to access the adjustments they need.

Indicator 9

Staff engagement score for disabled staff, compared to non-disabled staff. The data shows a decrease in staff engagement in 2025 for all groups.



The figure above shows more work is needed to engage those with disabilities/long term health conditions with the Staff surveys to ensure all voices are heard.

A refresh of the DAWN Staff Network with increased membership and visibility is in progress. The network will consider disability awareness campaigns aligned to National Inclusion Week.

Indicator 10

At 31 March 2025, the Trust Board had 14 members. One1 member (7.1%) declared a disability, compared with 12.7% of the Trust workforce.

There are currently no Disabled Executive Directors.

Improving senior-level representation remains a strategic priority.

Conclusions

The 2025/26 WDES results demonstrate continued progress in several areas, while reinforcing the need for continued action to address persistent inequalities experienced by Disabled staff. The continued reduction in unknown disability status and increase in recorded disability declarations provide greater confidence in the quality of our workforce data. Recruitment indicators have continued to improve, with Disabled applicants marginally more likely to be appointed than non-Disabled applicants, reflecting the positive impact of ongoing work to strengthen inclusive recruitment practices.

There are also positive indications that staff continue to benefit from reasonable adjustments, with the Trust remaining above the national benchmark, supported by initiatives such as the central workplace adjustments budget developed in partnership with the DAWN Staff Network.

Reporting of bullying and harassment has increased across all staff groups, suggesting growing confidence in speaking up, and the Trust appears to be performing favourably against benchmarking in a number of staff experience measures.

Despite this progress, the findings highlight several areas requiring focus. Disabled staff continue to report poorer experiences than their non-Disabled colleagues in relation to bullying, harassment and abuse, feeling valued at work, perceptions of equal opportunities for career progression, and pressure to attend work when unwell. Representation of Disabled colleagues at the most senior levels of the organisation also remains below the proportion of Disabled staff within the wider workforce. While some indicators, such as formal capability processes, are based on very small numbers and should be interpreted with caution, they will continue to be monitored over time.

The Trust will continue to build on the progress made by improving disability declaration rates, strengthening manager capability around disability inclusion and reasonable adjustments, increasing engagement with the Staff Survey, refreshing and raising the profile of the DAWN Staff Network, and supporting initiatives such as the No Excuse for Abuse campaign to ensure the experiences of Disabled colleagues are considered as part of this. The Trust will continue to embed disability inclusion across the organisation and work towards creating a workplace where all colleagues feel valued, supported and able to thrive.

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.

Progress against 2025/2026 WDES Action Plan

Progress has been made against the 2025/26 WDES Action Plan, with several actions completed or moving into business-as-usual arrangements.

Inclusive recruitment activity has continued, with five Panel Chair training sessions delivered during 2026 and the Recruitment Inclusion Guardian approach progressing. Recruitment outcomes will continue to be reviewed to identify and address any disparities affecting disabled applicants.

The revised Reasonable Adjustments process was launched in February 2026, supported by a central workplace adjustments budget. Three Trust-wide manager training sessions were delivered in partnership with Ward Hadaway. The focus for 2026/27 will be on monitoring the consistency and effectiveness of the process and understanding staff experience of accessing reasonable adjustments.

Work towards Disability Confident Leader status has commenced, supported by the DAWN Staff Network, EDI and Recruitment teams, and will continue during 2026/27.

A core group of staff have completed Active Bystander Train-the-Trainer training. Wider implementation has progressed more slowly than anticipated due to trainer capacity. The next phase will consider alignment with the Trust's No Excuse for Abuse programme and how impact on staff experience can be measured.

Further work is required in relation to career progression and retention. Analysis of exit information has commenced to better understand the experiences of disabled colleagues leaving the Trust. Divisional action will also be strengthened through the use of WDES, Staff Survey and wider workforce data.

During 2026/27, the emphasis will move from delivery of individual interventions towards demonstrating impact, strengthening divisional ownership and monitoring outcomes through existing Trust governance arrangements.

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

WDES action plan 2026 to 2027

Priority	What the data tells us	Agreed actions	How we will measure success	Monitoring and assurance
1. Bullying, harassment and staff experience	Disabled colleagues continue to report poorer experiences in bullying and harassment, feeling valued and pressure to attend work when unwell.	Use WDES, Staff Survey, Employee Relations, Freedom to Speak Up and staff feedback to identify hotspots. Target management and culture support and use feedback from Disabled colleagues and the DAWN Network to shape improvements.	Improved staff experience for Disabled colleagues, with a narrowing of the gap with non-disabled colleagues in bullying and harassment, feeling valued and pressure to attend work when unwell.	Quarterly review of staff experience data, targeted activity and feedback from Disabled colleagues and the DAWN Network through the EDI Working Group.
2. Career progression and senior representation	Further analysis is required to understand whether Disabled colleagues have equitable access to development, progression and senior roles.	Review progression by band, role and Division. Identify barriers to development, mentoring, talent programmes and promotion, and target support at the areas of greatest need.	Establish the baseline for Disabled staff representation and progression by band. Identify priority gaps and demonstrate improved access to development, mentoring and progression opportunities.	Quarterly monitoring of representation, development access and progression outcomes, supported by feedback from Disabled colleagues and the DAWN Network.
3. Reasonable adjustments and flexible working	82.5% of colleagues with a long-term condition or illness reported that appropriate adjustments had been made, above the latest national position of 75.1%.	Evaluate the central reasonable adjustments budget and MindView, including uptake, timeliness, staff benefit, manager awareness and value for money. Use staff feedback to improve guidance, flexible working and consistency.	Maintain the reasonable adjustments score at 82.5% or above and improve the timeliness and consistency of locally controlled adjustments. Evidence positive staff experience and benefit from the central budget and MindView.	Quarterly review of requests, completion times, central budget and MindView use, staff feedback and outcomes through the EDI Working Group.

Governance and assurance: Progress will be reviewed quarterly through the EDI Working Group, triangulating WDES data with Staff Survey, Employee Relations, Freedom to Speak Up, reasonable adjustments data and feedback from Disabled colleagues and the DAWN Network. Divisions will be responsible for responding to identified inequalities and delivering agreed actions. Key themes, persistent disparities and Trust-wide actions will be escalated through the Trust Delivery Group and relevant People governance, with PCC/Board providing strategic oversight and assurance on progress and impact.

