NHS Workforce Disability Equality Standard (WDES)

Annual Report 2026

Harrogate and District NHS Foundation Trust

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Introduction

The Workforce Disability Equality Standard (WDES) was introduced in 2019 to improve workplace and career experiences for Disabled people working in, or applying to work within, the NHS. Commissioned by the NHS Equality and Diversity Council and mandated through the NHS Standard Contract, the WDES provides a robust framework of metrics. These are drawn from Electronic Staff Record (ESR) data and responses to the NHS National Staff Survey, enabling NHS organisations to compare the experiences of Disabled and Non-Disabled staff.

This report presents our internal data and metrics from the past twelve months, highlighting key progress made to date. This 2026 report uses the 2025 HDFT WDES report as its benchmark to provide further context.

The report sets out a clear Action Plan to support the continued development of our approaches, initiatives, and activities to improve the experiences of Disabled colleagues across the Trust. For detailed metrics, please see Appendix 1.

The WDES supports compliance with the Public Sector Equality Duty under the Equality Act 2010. It also champions the insights and strengths of people with lived experience, reinforcing the NHS's commitment to becoming a model employer for people with disabilities, neurodivergence, and long-term conditions. The WDES plays an integral role in delivering the NHS People Promise and the Trust's People Plan.

The WDES ensures that equality, diversity, and inclusion remain central to the NHS's culture and operations. It helps organisations understand the lived experiences of Disabled colleagues and supports meaningful, lasting change by fostering a more inclusive working environment.

The data collected is drawn from the Electronic Staff Record (ESR) April 2025 to March 2026, and the National Staff Survey (NSS) from November 2025.

To provide additional understanding and interpretation of the data, a key to colour coding is shown below:

Improvement on previous year 

Worse than previous year 

KITE Values

Whether you are a patient, a visitor, or a member of staff, our KITE values are what describe and define our organisational culture:



As a Trust, we want to make Harrogate District Foundation NHS Trust (HDFT) a more inclusive place to work and to help achieve this, an Action Plan is included at the end of this report to evidence the ongoing work in this regard.

Metric 1 – Workforce Declaration

The recorded disability declaration rate has increased to 8.02% of the workforce (439 of 5475 staff). The percentage of staff who did not declare their condition is 9.53% (522 staff – an increase of 44 since 2025).

The NHS average of staff declaring their disability was recorded in 2024 at 5.7% of the workforce (NHS Employers 2024).

Declaration	Disabled #	Disabled %	Non-Disabled #	Non-Disabled %	Unknown #	Unknown %	Total
2026	**439**	**8.02%**	**4514**	**82.45%**	**522**	**9.53%**	**5475**
2025	379	7.22%	4390	83.67%	478	9.11%	5247
Variance	60	0.8%	124	−1.22%	44	0.42%	228

The table below highlights the percentage of staff on Agenda for Change (AfC) pay bands, Medical and Dental subgroups, and Very Senior Managers (VSMs) compared with the percentage of staff in the overall workforce.

Agenda for Change Bandings Summary

Non Clinical Staff

	2026			2025		
Declarations AfC Bandings	Disabled %	Non-Disabled %	Unknown %	Disabled %	Non-Disabled %	Unknown %
Bands 1–4	8.8%	82.6%	8.6%	7.6%	84.5%	7.9%
Bands 5–7	10.1%	84.5%	5.4%	10.6%	83.9%	5.5%
Bands 8a–8b	7.5%	87.5%	5.0%	9.7%	86.1%	4.2%
Bands 8c–VSM	5.6%	94.4%	0.0%	0.0%	100.0%	0.0%

More non-clinical staff have declared their disability in 2026 than in 2025.

Disability declaration rates are higher in lower-banded clinical roles than in leadership posts across the organisation.

Clinical Staff

	2026			2025		
Declarations AfC Bandings	Disabled %	Non-Disabled %	Unknown %	Disabled %	Non-Disabled %	Unknown %
Bands 1–4	7.3%	81.1%	11.6%	6.7%	81.7%	11.6%
Bands 5–7	8.6%	83.5%	7.9%	7.9%	84.1%	8.0%
Bands 8a–8b	9.5%	84.3%	6.2%	8.4%	83.8%	7.9%
Bands 8c–VSM	0.0%	92.3%	7.7%	0.0%	91.7%	8.3%

While there is an increase in the number of clinical staff declaring their disability, declaration rates remain lower in some senior clinical grades.

Medical and Dental Summary

	2026			2025		
Declarations Medical and Dental group	Disabled %	Non-Disabled %	Unknown %	Disabled %	Non-Disabled %	Unknown %
Consultants	3.72%	77.13%	19.15%	2.22%	77.78%	20.00%
Non-consultant career grade	2.00%	81.33%	16.67%	1.41%	84.51%	14.08%
Medical and dental trainee grades	6.64%	73.45%	19.91%	4.57%	87.21%	8.22%

Disabled staff representation remains very low across all medical grades. However, there is an increase in the number of Consultants, Non-consultant career grades, and Medical and Dental trainee grades who have declared their disability or long term condition.

The number of staff who did not declare their disability has increased across most Medical and Dental grades. This may indicate a need to understand barriers to disability declarations amongst Medical and Dental staff.

Metric 2 – Recruitment Shortlisting

The relative likelihood of Non-Disabled candidates being appointed from shortlisting compared with Disabled candidates is 0.92.

Recruitment stage	Disabled	Non-Disabled	Unknown/Null
Shortlisted applicants	444	5432	458
Appointed from shortlisting	60	678	282
Appointment rate from shortlisting	13.51%	12.48%	61.57%
Relative likelihood		0.92	

A figure below 1.00 indicates Disabled candidates were more likely to be appointed from shortlisting in this dataset.

The relative likelihood shows continued improvement, year-on-year from 1.15 in 2024 to 1.01 in 2025 and 0.92 in 2026. This compares well with the national average of 0.80 (NHS England, 2023).

A potential risk for the organisation is the number of employees who have chosen not to disclose whether they have a disability or long-term health condition. While this does not indicate that these individuals have a condition, it may limit the organisation's understanding of workforce demographics and any associated support requirements.

Metric 3 – Formal Capability Process

Relative likelihood of colleagues with a disability compared to Non-Disabled staff entering the formal capability process on the grounds of performance.

Staff with a disability or long-term condition were 5.88 times more likely than Non-Disabled staff to enter the formal capability process, based on the two-year rolling average used for WDES Metric 3. This is an average of two disabled employees entering the process during the rolling period.

Capability measure	Relative likelihood in 2026	Relative likelihood in 2025
Relative likelihood of Disabled staff entering formal capability process compared to Non-Disabled staff	5.88	4.34

Metrics 4 – NHS Staff Survey Indicators: Bullying and Harassment

Percentage of colleagues with a disability compared to Non-Disabled staff experiencing harassment, bullying or abuse from patient/service users, their relatives or other members of the public, managers or other colleagues.

Metric	Indicator	2026		2025	
		Disabled Staff	Non-Disabled Staff	Disabled Staff	Non-Disabled Staff
4a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or the public?	20.0%	17.72%	21.7%	18.49%
4b	In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from managers?	9.62%	5.25%	11.7%	6.2%
4c	In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	19.22%	11.0%	20.6%	12.3%

4d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (Yes)	53.6%	55.1%	57.5%	48.7%

Experience of bullying and harassment reduced across indicators 4a–4c; however, disabled staff are still more likely to experience bullying and harassment.

It is also noted that reporting rates have reduced.

Metric 5 – NHS Staff Survey Indicators: Career Progression

Percentage of staff with a disability compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Metric	Indicator	2026		2025	
		Disabled	Non-Disabled	Disabled	Non-Disabled
5*	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.	52.4%	61.7%		

** Due to changes in the wording of Q15 from the NHS Staff Survey in 2025, previous years' results for WDES metric 5 are not reported.*

Metric 6 – NHS Staff Survey Indicators: Presenteeism

Percentage of colleagues with a disability compared to colleagues without a disability responding to whether they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Metric	Indicator	2026		2025	
		Disabled	Non-Disabled	Disabled	Non-Disabled
6	Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	19.9%	11.3%	20.3%	13.3%

There has been a reduction in disabled staff feeling pressured to attend work despite not feeling well enough.

Metric 7 – NHS Staff Survey Indicators: Feeling Valued

Percentage of colleagues with a disability compared to colleagues without, declaring whether they are satisfied with the extent to which their organisation values their work.

Metric	Indicator	2026		2025	
		Disabled	Non-Disabled	Disabled	Non-Disabled
7	Percentage of staff satisfied with the extent to which their organisation values their work.	42.7%	51.9%	39.7%	52.4%

The percentage of Disabled staff who feel the Trust values their work has improved by 3% since 2025.

Metric 8 – NHS Staff Survey Indicators: Reasonable Adjustments

Percentage of colleagues with a disability responding to their employer making reasonable adjustments to enable them to carry out their work.

This metric has worsened since 2025, showing a 2.3% decrease. There remains approximately 24.2% of disabled staff who do not believe adequate adjustments have been made.

The Trust aims to capture this data from the Reasonable Adjustments Passport; however, the reporting of these adjustments has not been consistent across the organisation.

Metric	Indicator	2026		2025	
		Disabled	Non-Disabled	Disabled	Non-Disabled
8	Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.	75.8%		78.1%	

Metric 9 – NHS Staff Survey Indicators: Staff Engagement

NHS staff survey and the engagement of staff with a disability (score 0–10).

The staff engagement score has improved for Disabled colleagues compared to 2025.

Metric	Indicator	2026			2025		
		Org. Average	Disabled Staff	Non-Disabled Staff	Org. Average	Disabled Staff	Non-Disabled Staff
9a	Staff engagement score	7.07	6.76	7.19	7.01	6.63	7.17

Metric 9b – Disabled Staff Voice

The Trust engages with the Disabilities and Long-Term Conditions Network throughout the year using different methods to maximise impact.

The network operates monthly meetings over MS Teams to ensure it is accessible to all colleagues across the organisation. Discussions around pain management, lived experiences, and barriers to success are a common theme for this group. In addition, they leverage the use of subject matter experts in the Trust such as Occupational Therapists, Dieticians, and Human Resources to raise awareness and dispel myths around different conditions.

The Equality, Diversity, and Inclusion (EDI) service has delivered the Reciprocal Mentoring programme for 2025/26 with a cohort of Aspiring Leaders who identified as having a disability, neurodivergence, or long-term condition. The programme commenced with 11 partners, with the Established Leaders being those who have roles across the organisation at bands 8b–VSM. This is the third year the programme has been delivered; however, this was the first time it was run for this particular group of staff. The positive outcomes from this collaboration of leaders were that the EDI service has already designed and delivered a new Deaf Awareness course delivered over a half day using lived experience speakers from the organisation. They will also develop a programme of

accessible training for all staff to learn about neurodivergent conditions and behaviours, reasonable adjustments, and allyship. Each programme will consist of HDFT colleagues, sharing their lived experiences as a component part of the course content.

A second Listening Event is programmed for the Autumn of 2026 to enable the staff network to raise their concerns regarding the outcomes of this report and to examine solutions to improve these metrics.

Metric 10 – Board Representation

Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated. Voting and Non-voting membership of the Board, by Executive and Non-exec membership of the Board for 2025.

No Board members were recorded as disabled in 2026. The Board disability representation gap is −8.02 percentage points compared with the overall workforce.

2026	Disabled %	Non-Disabled %	Unknown %
Total Board Members	0.00%	87.50%	12.50%
Of which: Voting Board Members	0.00%	87.50%	12.50%
Non-Voting Board Members	0.00%	0.00%	0.00%
Non-Exec Board Members	0.00%	77.78%	22.22%
Difference (Total Board − Overall Workforce)	−8%	5%	3%
Difference (Voting Membership − Overall workforce)	−8%	5%	3%
Difference (Executive Membership − Overall Workforce)	−8%	18%	−10%
2025	**Disabled %**	**Non-Disabled %**	**Unknown %**
Total Board Members	0.0%	88.24%	11.76%
Of which: Voting Board Members	0.0%	87.50%	12.50%

Non-Voting Board Members	0.0%	100%	0.0%
Non-Exec Board Members	0.0%	77.78%	22.22%
Difference (Total Board − Overall Workforce)	−7%	5%	3%
Difference (Voting Membership − Overall workforce)	−7%	4%	3%
Difference (Executive Membership − Overall Workforce)	−7%	16%	−9%

Conclusions

- The 2026 WDES Metrics show improvement in overall disability declaration and recruitment outcomes from shortlisting.
- There are improvements in bullying and harassment from patients, visitors, other staff, and managers compared to 2025. However, the data highlights further opportunities for staff to report and record bullying and harrassment issues they may experience.
- There is a decrease in the percentage of staff accessing reasonable adjustments compared to 2025; further work is needed to address this.
- Representation of Senior and Board Leaders declaring a disability creates a potential gap around visibility, progression, and leadership diversity.

Action Plan 2026/27

WDES indicator	Action	Owner	Measure/evidence	Timescale
1 and 10	Improve disability declaration, targeting unknown/null ESR records and senior/medical groups through promotions via Cultural Ambassadors, Induction, HRBPs.	EDI Manager HR Ops HR Recruitment Recruiting Managers	Reduce unknown/null disability status from 9.53% to 8.50% or below. Add to EEPP for quarterly dashboard monitoring by directorate, staff group and band.	Nov 2026; quarterly reporting
8 and 3	Design and deliver EDI suite of training for staff: Reasonable Adjustments Neurodiversity Allyship Training Deaf Awareness	EDI Manager and Learning and Development	Track attendance at these sessions – to be diarised quarterly. Further evidence will be drawn from EEPP data.	Design by Q3 2026/27; implement by Q4
4–9b	Promote accessible reporting methods for staff to be able to raise cases of ableism.	DATIX, HR BP's Freedom to Speak up Guardians	Report to Belonging Subgroup and escalate cases to People and Culture Programme Board.	From Q2 2026/27

Appendix 1: 2026 WDES Metrics Summary

Metric		2026	2025
1	Percentage of staff in AfC pay bands or Medical and Dental subgroups and Very Senior Managers (including Executive Board members, but excluding Non-Executive Board members) compared with the percentage of staff in the overall workforce	8.02% (439 of 5475)	7.22% (379 of 5247)
	Cluster 1 (up to Band 4)	7.84%	7.03%
	Cluster 2 (Bands 5–7)	8.75%	8.11%
	Cluster 3 (Bands 8a–8b)	8.97%	8.75%
	Cluster 4 (Bands 8c–9 and VSM)	3.23%	0%
	Medical/Dental consultants	4.43%	2.96%
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts	0.92	1.01
3	Relative likelihood of Disabled staff compared to Non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure (equal to 2 people).	5.88	4.34
4a	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying, or abuse from patients or other members of the public	20.0%	21.7%
4b	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying, or abuse from managers	9.62%	11.7%
4c	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying, or abuse from other colleagues	19.22%	20.6%
4d	Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying, or abuse at work, they or a colleague reported it (Yes)	53.6%	57.5%
5	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	52.4%	

6	Percentage of Disabled staff compared to Non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	19.9%	20.3%
7	Percentage of Disabled staff compared to Non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work	42.7%	39.7%
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	75.8%	78.0%
9a	The staff engagement score for Disabled staff compared to Non-Disabled staff (0–10)	6.76	6.63
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Y	Y
10a	Percentage difference between the organisation's Board voting membership and the organisation's overall workforce (voting membership of the Board)	−8%	−7%
10b	Percentage difference between the organisation's Board voting membership and the organisation's overall workforce (Executive membership of the Board)	−8%	−7%