

Workforce Disability Equality Standard

Annual Report 2025



Executive Summary

The Workforce Disability Equality Standard (WDES) is a set of ten metrics that helps NHS organisations to compare the experiences of disabled and non-disabled staff. These metrics are necessary because evidence and research shows that the level of reported discrimination and inequality for disabled people working in the NHS continues to show a disparity of experience.

The WDES was commissioned by the Equality and Diversity Council (EDC) and developed through extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract.

Implementation of the WDES became an obligatory requirement for national healthcare organisations in 2019, so this is the sixth reporting year for the WDES metrics.

It is important to note that the data sources for the WDES metrics are a combination of the 2024 National Staff Survey, and workforce data reported at the national data collection cut-off date of 31 March 2025. All NHS organisations are required to produce an action plan to articulate the response to the WDES results, this can be found within the appendices (appendix 1).

Through the implementation of the UHS Inclusion and Belonging Strategy 2023-2026, we have incorporated the WDES actions contained in this report into the work programme that will deliver the strategy.

The key findings from the 2025 submission show:

1. Disabled staff represent 11.26% of the workforce. Overall, this is a 0.29% increase from 2024 data, however this is not representative of wider society which currently shows 23% of the UK working age population has a disability. Further analysis shows there has been a minimal increase in representation of disabled staff within the non-clinical workforce with an exception of cluster 3 (band 8a to 8b), and no overall change across the clinical workforce with increases in cluster 2 (bands 5-7) and cluster 7 (Medical and dental trainee grades).
2. Data suggests that disabled shortlisted applicants are 0.89 times more likely than non-disabled applicants to be appointed to a vacant post. This is a minimal change in comparison to last year which was 0.96% and suggests that people with disabilities are more likely to be appointed than those without disabilities or long-term illness. A score of 1 indicates equal opportunity and anything under 1 indicates more likely, over 1 is less likely.
3. In line with technical guidance, this data does not need to be analysed due to less than 10 capability processes. However there has been a slight increase of disabled individuals entering into the capability process in comparison to 2024.
4. Disabled staff are more likely than non-disabled staff to experience bullying, harassment and abuse from patients, service users, relatives, members of the public, managers and colleagues than non-disabled counterparts, with the disparity gap reducing this year.
5. Disabled staff are less inclined to believe the Trust provides equal opportunities for career development as compared to those staff without disabilities, however the disparity gap reduced this year.

6. Disabled staff continue to feel more pressure than non-disabled staff to attend work when unwell. However, this pressure has lessened over the past year, and the disparity between the two groups has also narrowed.
7. Disabled staff report slightly lower levels of satisfaction than non-disabled staff regarding how much the Trust values their work.
8. There has been a minimal decrease in disabled staff saying that UHS have made adequate adjustments for them to carry out their work.
9. The staff engagement score for disabled and non-disabled staff is on par with each other and with that of overall staff engagement at UHS.
10. Disabled staff represent 8.3% on the Trust Board, which is an increase from there being nil representation in 2024. However, this is still not representative to the organisation or wider society.

In relation to the 10 metrics, improvements can be seen in metric 1,2, 4a, 4b, 5, 6 and 10. However these could be argued to be insignificant in their minimal nature. Unfortunately, there has either been a worsening or data has remained static in all other metrics.

Conclusion and recommendations

The WDES data 2025 confirms that the priorities in our Inclusion and Belonging Strategy are the right ones, to improve or eliminate disparity between experiences of people with long term illness, and disability and those without. We must maintain our focus on:

1. **Inclusive recruitment practices and equal opportunities:** now having completed the large-scale review of current recruitment practices to eliminate bias from the systems and promote inclusivity the new Inclusive Recruitment Programme has been launched. Recruiting managers are being encouraged to complete or refresh on these aspects of inclusive recruitment techniques and criteria-based methods to ensure bias in recruitment is removed. To ensure we align with the [NHS England publishes national recruitment policy framework | NHS Employers](#). Our talent management programme will provide further opportunities for people with disabilities and long-term illness to access development.
2. **Workforce reflecting our wider communities:** with the Inclusive Recruitment programme, we will continue to make recruitment processes inclusive and therefore not pose any barriers to the community in terms of applying for roles at UHS. We will be working with specialist partners to help us to self-assess our environments for people with disabilities or long-term illness. We will continue to signpost unsuccessful applicants to resources on the Careers@UHS website to help them to succeed next time. We will continue to promote declarations to ensure we can measure our representation across our workforce and consider a target for 13% of people with disabilities and long-term illness in our workforce to declare their disability through ESR. Encourage EDI steering groups to understand the WDES metrics at their divisional level.

- 3. Safe and healthy working environments:** Our Inclusion and Belonging strategy states a clear intent for UHS to become an anti-racist and anti-discriminatory organisation. We aim to continue to decrease disparity of experience by 5% across all indicators in the WDES which will either significantly reduce or eliminate disparity altogether. We will strengthen collaboration with colleagues leading on hate crime and violence and aggression to ensure robust reporting mechanisms and effective use of data to drive accountability and meaningful action and link to the Being safe at UHS priorities. We will also examine the root causes of the disproportionate impact on staff with disabilities or long-term conditions who experience discrimination, harassment, bullying, or abuse, and identify any emerging trends within the Trust that require targeted intervention to improve the day-to-day experience of working at the Trust for disabled staff and these individuals feel valued. The link to the leadership and management work programme is a critical enabler of creating safe and healthy work environments.

- 4. Inclusive leadership and management:** Ensure leaders and managers are clear on their accountabilities with regards to supporting people with disability and long-term illness and the responsibilities they hold to deliver the actions within the Inclusion and Belonging strategy this will continue to be championed through the divisional EDI steering groups. We want to give leaders and managers the tools and opportunities to better support disabled staff and those from protected groups. This includes helping leaders and managers understand their own biases, how they lead and make decisions, and how to challenge behaviour that goes against our Trust's values. We will support them to be strong allies and role models, understand the legal responsibilities around equality, and see how diversity can strengthen team performance. Finally, we will make sure they know what is needed to create an inclusive environment where people with disabilities feel respected and valued.

Our action plan which can be found in the appendices will continue to be reviewed and proposed actions will continue to be discussed in terms of progress through governance processes including: Equality diversity and inclusion council, inclusion and belonging operational group, people board and people and organisational development committee. This analysis report along with the relevant action plan will be published on our public website by 31st October to meet the requirements set by the Workforce Disability Equality Standard (WDES).

Appendices

Appendix 1: WDES Action Plan 2025

WDES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
1: Workforce reflecting our communities, at all roles, at all levels; ensuring those who are underrepresented groups can access support to thrive, excel and belong within their roles.	a) To continue to develop and support an annual programme of Positive Action Programmes both UHS and HIOW system wide; for those who have disabilities and/or long-term conditions as well as other protected characteristics. Acknowledging individuals experience of barriers to promotion, development and career progression. Continued sponsorship will be offered to delegates post completion of a programme including career coaching, career development workshops and an offer of attending a mock development centre.	Organisational development team	August 2026
	b) Talent development programme for individuals with a disability and/or long-term condition. Through the divisional EDI steering groups work to engage senior leaders in supporting the career development, pathways, training and development of individual's, ensuring talent workstreams and pipelines that encourage opportunity at earlier stages than current and may include long-term career planning. Develop a talent pipeline/talent management plan to include stretch activities, secondments, shadowing, specialist training, qualifications, coaching and mentoring where it is anticipated a career change will be necessary. This will look at strengthening as well as unearthing our current talent within UHS and ensuring that individuals continue to thrive, excel and belong and we support them to do this.	Organisational development team	September 2026
	c) Working with the regional NHS recruitment hub continue to build on our relationship with the Southampton job centre. Continue to liaise, attend and promote UHS as an employer of choice to disabled individuals within the wider community, the support that is offered and the career opportunities that available including that of our volunteering roles.	Organisational development team / HR Recruitment team and Inclusive recruitment working group	August 2026

Appendix 1: WDES Action Plan 2024

	d) Propose and agree a declaration target of 13% throughout the organisation for those who identify as having a disability and/or long-term condition. Representation within the UK working population is currently 23%. To achieve this workstreams will include more in-depth narrative about declaration of disability and its importance within the onboarding and induction process within UHS and will include literature on the processes of how to declare. Continue with lived experiences pieces and continue to socialise within internal and external communications methods. Continue to at every opportunity eradicate stigma surrounding what happens if an individual declares a disability and continue to showcase the support we offer to individuals within the organisation as a disability confident employer.	Organisational development team / Chief People Officer	August 2026
2: Safe and healthy working environments, free from aggression, hate and discrimination	a) Fully continue to support established divisional EDI Steering Groups to drive actions and improvements derived from disability specific metrics throughout all teams, care groups and divisions. Encourage EDI steering groups to understand the WDES indicators at their divisional level.	Organisational development team	September 2026
	b) Continue to embed a culture of Allyship, The Actionable Allyship – Stop.Start.Continue programme will continue on the statutory and mandatory matrix once only for all staff to complete. This will provide individuals with the insight, knowledge and skill and to be active allies within a moment of challenging non inclusive behaviours and supporting our statement in being an anti-discriminatory organisation and in turn decrease the disparity of experience between those who have disabilities and those who do not. Completion of the training will be possible by virtual, face to face or E-learning package and highlighted on corporate induction for all new starters. To link with the violence and aggression and Freedom to speak up initiatives and consider how we equip people with the practical skills to enable them to deal with conflict in the moment.	Organisational development team	April 2026
	c) Develop a process where conversations about long-term conditions and disabilities are standard processes within 1.2.1's, including a conversation template. Highlighting all individual's responsibility to show allyship and continue to support individuals throughout their work at UHS.	Organisational development team	August 2026

3: Recruitment processes which free from bias and are inclusive	a) Encourage new managers involved in recruitment and selection to complete the new Inclusive recruitment e-learning.	Head of Talent attraction / HR Recruitment Team	April 2026
	b) Develop an inclusive employer recruitment campaign in embedding our Disability confident status and our intentions to move towards disability confident leader within the next year.	Head of HR / Organisational development team/ LID Network	April 2026
4: Inclusive leadership and management	a) Promote EDI focused objectives with Senior leaders.	Organisational development Partner	July 2026
	b) Inclusive leadership and management as part of the UHS Managers Induction Programme.	Organisational development team	July 2026
	c) Implementation of ongoing learning and development opportunities to enable leaders and managers to role model inclusive behaviours every day. For example: - Inclusive meetings - Agile working - Equality impact assessment - Adjustments required to enable people to thrive and be at their best at work. - Creating environments for people to succeed - Inclusive leadership behaviours aligned to our values	Organisational development team	September 2026
5: Networks and partnerships that thrive and support creation of an inclusive and safe place to work.	a) Development programmes for Networks and Network Chairs clearly identifying roles to enable leadership of highly active networks, clarity of purpose and future plans. Development opportunities will include coaching, mentoring, influential leadership skills, recognising their contributions as career development.	Organisational development Partner	December 2025
	b) Establish a workplace adjustments working group to develop and implement appropriate guidance throughout the organisation. With the additional rollout of a workplace adjustments passport and guidance for managers and individuals.	Organisational development team/ Occupational health	July 2026

Appendix 2

Metric 1: Percentage of staff in AFC pay bands or medical and dental sub-groups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

Fig. 1 Non-Clinical workforce presentation

	2024				2025			
Pay clusters:								
Non-clinical	Total staff in pay cluster	Total disabled staff	Total non-disabled staff	Total unknown staff	Total staff in pay cluster	Total disabled staff	Total non-disabled staff	Total unknown staff
Cluster 1								
Bands 1-4	2056	13.9% (285)	75% (1541)	11.2% (230)	2086	14.2% (294)	76.8% (1589)	8.9% (185)
Cluster 2								
Bands 5-7	802	13.2% (106)	79.2% (635)	7.6% (61)	829	13.5% (112)	79.5% (659)	7% (58)
Cluster 3								
Bands 8a-8b	237	12.2% (29)	76.4% (181)	11.2% (27)	259	11.6% (30)	79.9% (207)	8.5% (22)

Cluster 4								
Bands 8c-9 & VSM	98	5.1% (5)	87.8% (86)	7.1% (7)	96	10.4% (10)	84.4% (81)	5.2% (5)

Fig 2. Clinical workforce representation

Pay clusters: Clinical	2024				2025			
	Total staff in pay cluster	Total disabled staff	Total non- disabled staff	Total unknown staff	Total staff in pay cluster	Total disabled staff	Total non- disabled staff	Total unknown staff
Cluster 1								
Bands 1-4	2459	12.7% (312)	80.0% (1989)	6.4% (158)	2510	11.7% (294)	83.2% (2089)	5.1% (127)
Cluster 2								
Bands 5 – 7	5875	11.3% (666)	79.4% (4662)	9.3% (547)	6101	11.9% (723)	80.8% (4931)	7.3% (447)
Cluster 3								
Bands 8a –b	471	13.2%	71.3%	15.5%	557	12.6%	75.2%	12.2%

		(62)	(336)	(73)		(70)	(419)	(68)
Cluster 4								
Bands 8C-9 & VSM	43	20.9% (9)	55.8% (24)	23.3% (10)	48	18.8% (9)	70.8% (34)	10.4% (5)
Cluster 5								
Medical & Dental staff, consultants	940	6.06% (57)	78.62% (739)	15.32% (144)	1000	6% (60)	81% (810)	13% (130)
Cluster 6								
Medical & Dental staff, non-consultants career grades	125	4.80% (6)	69.60% (87)	25.60% (32)	148	4% (6)	72.3% (107)	23.6% (35)
Cluster 7								
Medical & Dental staff, medical & dental trainee grades	1164	2.49% (29)	92.44% (1076)	5.07% (59)	1205	4.5% (54)	92% (1108)	3.6% (43)

The current 2025 data shows an increase in declaration rates in terms of the overall representation of disabled staff within the UHS workforce. Disabled staff represent 11.26% of the workforce. Overall, this is a 0.29% increase from 2024 data, however this is not representative of wider society which currently shows 23% of the UK working age population has a disability.

Further analysis shows there has been a minimal increase in representation of disabled staff within the non-clinical workforce with an exception of cluster 4 (band 8c to 9 and VSM), and no overall change across the clinical workforce with increases in cluster 2 (bands 5-7) and cluster 7 (Medical and dental trainee grades).

Metric 2

Relative likelihood of staff being appointed from shortlisting across all posts	2025	
	Disabled	Non-Disabled
Number of shortlisted applicants	767	8561
Number appointed from shortlisting	187	1865
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	0.89	

This metric indicates that disabled staff are 0.89 more likely to be appointed from shortlisting than non-disabled staff. This is an improvement on the 2024 submission which showed a relative likelihood of 0.96. A score below 1 indicates positive equal opportunity.

Metric 3

Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability process	2025	
	Disabled	Non-Disabled
Number of staff entering the formal capability process	3	13

Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff	0
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In line with WDES technical guidance, there is no requirement to analyse the relative likelihood where there are fewer than 10 cases reported involving disabled staff. However it should be noted that there has been a slight increase of cases since the 2024 data submission.

***Metric 4: (Part A) Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public, managers and other colleagues;
(% of total participants in staff survey related question, not % of total workforce)***

Harassment, bullying or abuse from patients/service users, their relatives, or other members of the public:

2024: Disabled – 29%, Non-Disabled – 23.59%

2025: Disabled – 25.89%, Non-Disabled – 22.67%

There has been a decrease in numbers of disabled staff reporting they have experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public. This has decreased by 3.1% from 29% (2024) to 25.89% (2025). There has also been a decrease for non-disabled staff of only 0.9%. There is reduced disparity of 3.2% reduced from 5.4% in 2024.

Harassment, bullying or abuse from managers:

2024: Disabled –13.3%, Non-Disabled – 8.26%

2025: Disabled – 10.7%; Non-Disabled – 6.3 %

The data indicates a 2.6% reduction for those with disabilities experiencing harassment, bullying or abuse by managers to 10.7% compared to 13.3%. There has also been less of a decrease for non-disabled staff of 1.9%. The disparity between disabled and non-disabled staff experiencing harassment, bullying or abuse by a manager has reduced to 4.4% from 5% for 2024.

Harassment, bullying or abuse from other colleagues:

2024: Disabled – 25.8%, Non-Disabled – 16.19%

2025: Disabled – 21%; Non-Disabled – 13.9%

There is a decrease from of 4.8% from 25.8% in 2024 to 21% in 2025 in disabled staff experiencing harassment, bullying or abuse from other colleagues. It remains a concern that 7.1% more disabled staff overall are experiencing such behaviours compared to non-disabled staff,

however there is an improvement with the disparity gap reducing by 2.5% from 3.6% in 2024 which could be due to non-disabled staff experiencing less of a reduction in this metric.

Metric 4: (Part B) 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 (question 14d).

2024: Disabled – 50%, Non-Disabled – 48.75%

2025: Disabled – 54.2%; Non-Disabled – 51.89%

This data indicates a continued improvement of the likelihood of this indicator from 2024 of 4.2%. The indicator for non-disabled has also improved so the disparity has increased by 1% to 2.3%.

Metric 5: Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career development (question 15).

2024: Disabled – 57.9%, Non-Disabled – 62.33%

2025: Disabled – 58.63%; Non-Disabled – 61.94%

This indicator shows that 58.63% of disabled staff more likely to think that the Trust offers equal opportunities for career progression in comparison to 57.9% in the 2024 data which is a slight improvement of 0.73%. It should also be noted that disabled staff are 3.3% less inclined to believe the Trust provides equal opportunities for career development as compared to those staff without disabilities, with the disparity gap reducing to 1.1% from 2%.

Metric 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 (question 11e).

2024: Disabled – 26.93%, Non-Disabled – 16.36%

2025: Disabled – 24.63%; Non-Disabled – 17.92%

Data submission shows a decrease of 2.3% to 24.63% of Disabled staff felt pressure to come to work despite feeling unwell, in comparison to 17.92% of non-Disabled staff which was an increase of 1.56% on the 2024 data. The disparity of experience between Disabled and non-Disabled staff has reduced by 3.87%.

Metric 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 (question 46).

2024: Disabled – 39.74%, Non-Disabled – 49.53%

2025: Disabled – 40.8%; Non-Disabled – 49.2%

The 2024 data submission shows an increase of 1% in Disabled staff perceptions on feeling valued by the organisation, with Disabled staff reporting 40.8%. Non-disabled staff shows a lower rate of increase so the disparity has reduced slightly to 1.39%.

Metric 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

2024: 81.3%

2025: 79.26%

There has been a 2% decrease in staff saying that UHS have made adequate adjustments for them to carry out their work since 2024.

Metric 9: (Part A) The staff engagement % score for Disabled staff, compared to Non-Disabled staff and the overall engagement % score for the organisation.

2024: Disabled – 6.70%, Non-Disabled – 7.15% UHS overall 7.04%

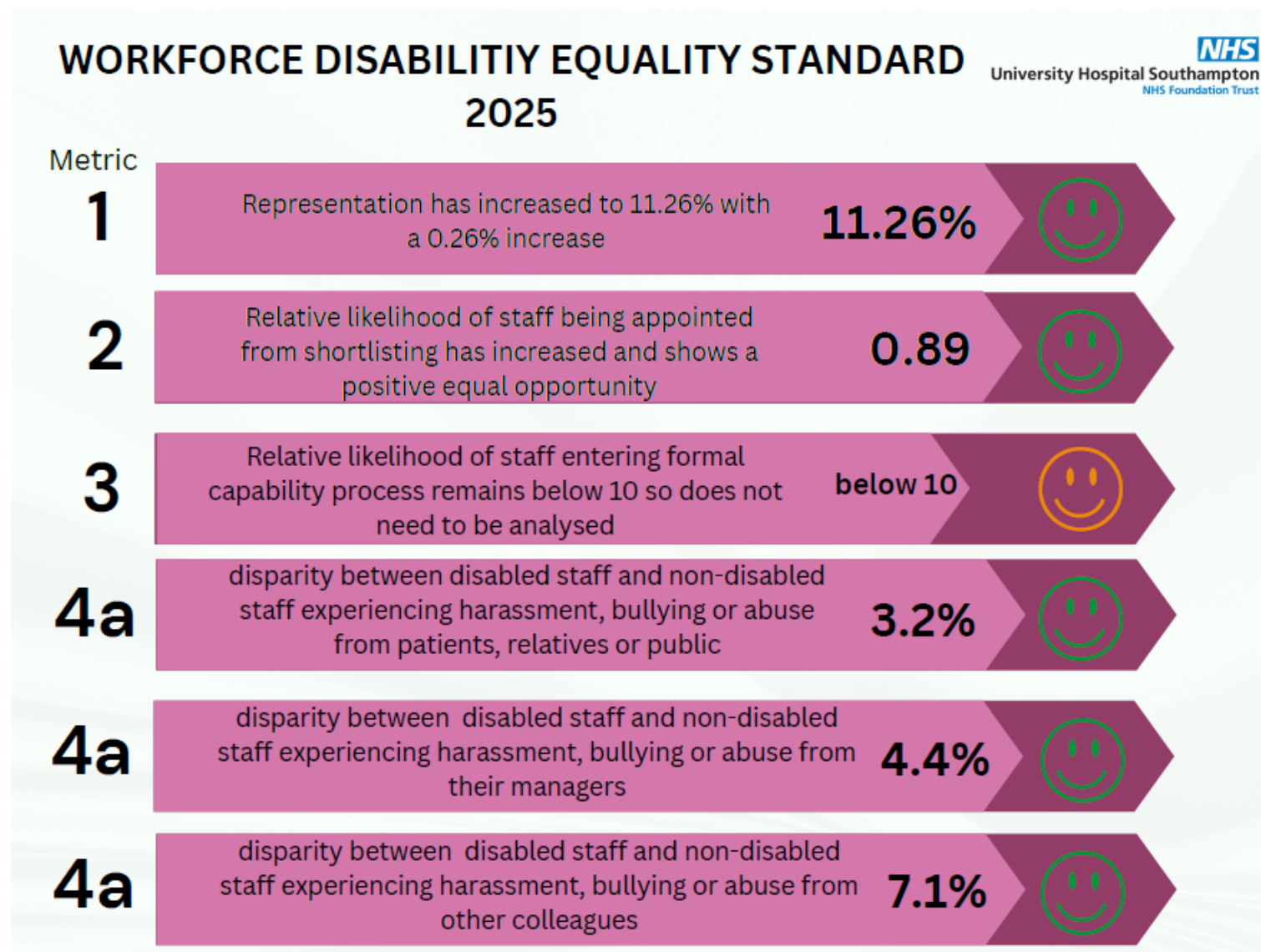
2025: Disabled – 6.72%; Non-Disabled – 7.15% UHS overall 7.05%

It is reassuring to note that the staff engagement score for disabled and non-disabled staff is on par with each other and with that of overall staff engagement at UHS.

Metric 10: Board Voting by % disability

11.26% of the UHS population have declared a disability. There is one Trust Board members (voting or non-voting) who have declared a disability or long-term illness, and this is an increase from the 2024 data submission. There are currently 12 Trust board members (voting or non-voting).

Appendix 3 Infographic for WDES metrics



4b

disparity between disabled staff and non-disabled staff when they experienced harassment, bullying or abuse they or a colleague reported it

2.3%



5

disparity between disabled and non-disabled staff believing that the trust provides equal opportunities for career development

3.3%



6

disparity between disabled and non-disabled staff feeling pressure from manager to come to work when not well enough

6.7%



7

disparity between disabled staff and non-disabled staff feeling organisation values their work

8.4%



8

Staff being provided with adequate adjustments to be able to do their work

reduced
by 2%



9

Staff engagement for disabled staff is on par with non-disabled staff

6.72%



10

The number of Board members declaring a disability has increased

8.3%

