University Hospital Southampton
NHS Foundation Trust

Workforce Disability Equality Standard

Annual Report 2026



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 seventh reporting year for the WDES metrics.

It is important to note that the data sources for the WDES metrics are a combination of the 2025 National Staff Survey, and workforce data reported at the national data collection cut-off date of 31 March 2026. 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 2026 submission show:

1. Disabled staff represent 11.9% of the workforce. Overall, this is a 0.64% increase from 2025 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 an increase in declaration rates for non-clinical staff to 14.3% from 13.6% in 2025, and for clinical staff to 11.2% from 10.5% in 2025. This includes a decrease in unknown staff to 6.5% from 7.6% in 2025.

2. This metric indicates that disabled staff are 0.93 more likely to be appointed from shortlisting than non-disabled staff. This is a slight worsening on the 2025 submission which showed a relative likelihood of 0.89, however a score below 1 indicates a positive equal opportunity.

3. There has been an increase of cases since the 2025 data and now has a relative likelihood of 1.63 of disabled staff entering the formal capability process compared to non-disabled staff. A relative likelihood **above** 1 indicates that disabled staff are more likely to enter formal capability processes than non-disabled staff.

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 generally reducing this year. The likelihood of disabled and non-disabled staff reporting bullying, harassment and abuse decreased and is now the same for both staff groups.

5. Disabled staff are less inclined to believe the Trust provides equal opportunities for career development as compared to those staff without disabilities, and the disparity gap has increased.

6. Disabled staff feel more pressure than non-disabled staff to come to work when unwell, however this has reduced this year and the disparity gap has remained static.

7. Disabled staff are less satisfied than non-disabled staff that 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, and this metric has seen a worsening since 2023.

9. The staff engagement score for disabled and non-disabled staff has worsened.

10. Disabled staff represent 7.7% on the Trust Board, which is an decrease from 8.3% in 2025, however this is due to the addition of a board member, as there is still one member of the board declaring a disability. This is still not representative to the organisation and wider society.

In relation to the 10 metrics, improvements can be seen in metric 1, 4a, 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 2026 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**: 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.

2. **Workforce reflecting our wider communities**: 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 2026 to meet the requirements set by the Workforce Disability Equality Standard (WDES).

Appendices

Appendix 1: WDES Action Plan 2026

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 2027
	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 2027
	c) Working with UHS talent acquisition team 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 / Talent acquisition 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 irradicate 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 2027
2: Safe and healthy working environments, free from aggression, hate and discrimination	a) Re-focus the divisional EDI Steering Groups to drive actions and improvements derived from disability specific metrics throughout all teams, care groups and divisions and linking to NHS Staff standards. Encourage EDI steering groups to understand the WDES indicators at their divisional level.	Organisational development team	September 2027
	b) Continue to embed a culture of Allyship, The Actionable Allyship – Stop.Start.Continue programme will continue as part of 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, sexual safety 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 2027
3: Recruitment processes which free from bias and are inclusive	a) 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 2027

4: Inclusive leadership and management	**a)** Work with senior leaders to promote EDI focused objectives based on the board objectives.	Organisational development Partner	July 2027
	b) Inclusive leadership and management as part of the UHS Managers Induction Programme.	Organisational development team	July 2027
	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 2027
5: Networks and partnerships that thrive and support creation of an inclusive and safe place to work.	a) Development programmes for Networks and newly appointed 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	August 2026
	b) Appoint a Workplace adjustment advisor to establish an end to end process in supporting the org, managers and employees in ensuring adjustments are made where appropriate.	Organisational development team/ Occupational health	December 2027

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

	2025				2026			
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	2086	14.2% (294)	76.8% (1589)	8.9% (185)	1854	14.8% (274)	77.1% (1429)	8.1% (151)
Cluster 2								
Bands 5-7	829	13.5% (112)	79.5% (659)	7% (58)	790	14.3% (113)	79.6% (629)	6.1% (48)
Cluster 3								
Bands 8a-8b	259	11.6% (30)	79.9% (207)	8.5% (22)	244	11.9% (29)	82.4% (201)	5.7% (14)
Cluster 4								
Bands 8c-9 & VSM	96	10.4% (10)	84.4% (81)	5.2% (5)	97	10.3% (10)	83.5% (81)	6.2% (6)

Fig 2. Clinical workforce representation

	2025	2026

Pay clusters: 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	2510	11.7% (294)	83.2% (2089)	5.1% (127)	2373	11.9% (283)	83.7% (1986)	4.4% (104)
Cluster 2								
Bands 5 – 7	6101	11.9% (723)	80.8% (4931)	7.3% (447)	6096	12.3% (751)	81.7% (4981)	6% (364)
Cluster 3								
Bands 8a –b	557	12.6% (70)	75.2% (419)	12.2% (68)	585	12.3% (72)	78.6% (460)	9.1% (53)
Cluster 4								
Bands 8C-9 & VSM	48	18.8% (9)	70.8% (34)	10.4% (5)	51	15.7% (8)	74.5% (38)	9.8% (5)
Cluster 5								
Medical & Dental staff, consultants	1000	6% (60)	81% (810)	13% (130)	1080	9.4% (101)	79.3% (856)	11.4% (123)
Cluster 6								

Medical & Dental staff, non-consultants career grades	148	4% (6)	72.3% (107)	23.6% (35)	142	5.6% (8)	70.4% (100)	23.9% (34)
Cluster 7								
Medical & Dental staff, medical & dental trainee grades	1205	4.5% (54)	92% (1108)	3.6% (43)	1285	5.8% (75)	90% (1157)	4.1% (53)

The current 2026 data shows an increase in declaration rates in terms of the overall representation of disabled staff within the UHS workforce.
Disabled staff represent 11.9% of the workforce of 14,612 consisting of 3,081 non-clinical, 9,118 clinical and 2,413 medical and dental staff. Overall, this is a 0.64% increase from 2025 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 an increase in declaration rates for non-clinical staff to 14.3% from 13.6% in 2025, and for clinical staff to 11.2% from 10.5% in 2025. This includes a decrease in unknown staff to 6.5% from 7.6% in 2025.

For non-clinical staff there has been an increase in the declaration rate to 14.3% from 13.6% in 2025.
There has been a reduction in overall headcount for bands 1-4 and 5-7 and bands 8a-8b. The percentages for disabled and non-disabled staff remains similar to the 2025 data.
There also has been a decrease in the staff who have declared as unknown to 7.3% from 8.3% in 2025.

For clinical staff there has been an increase in the declaration rate to 11.2% from 10.5% in 2025.
For clinical staff there has been a reduction in the overall headcount for bands 1-4 and 8c-9 and VSM.
Cluster 5 shows an increase in headcount and an increase in disabled staff of 3.4%.
There also has been a decrease in the staff who have declared as unknown to 6.3% from 7.4% in 2025.
Further analysis shows there has been a general reduction in unknown staff across non-clinical and clinical bands apart from non-clinical band 8c-9 and VSM and clinical clusters 6 and 7. This will account for some of the increase in declaration rates.

Metric 2

Relative likelihood of staff being appointed from shortlisting across all posts	2026	
	Disabled	Non-Disabled
Number of shortlisted applicants	513	4323
Number appointed from shortlisting	154	1209
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	0.93	

This metric indicates that disabled staff are 0.93 more likely to be appointed from shortlisting than non-disabled staff. This is a slight worsening on the 2025 submission which showed a relative likelihood of 0.89, however a score below 1 indicates a positive equal opportunity.

Metric 3

Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability process	2026	
	Disabled	Non-Disabled
Number of staff entering the formal capability process	12.5	33.5
Of these, how many are on grounds of ill health only?	8	14.5
Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff	1.63	

There has been an increase of cases since the 2025 data and has a relative likelihood of 1.63 of disabled staff entering the formal capability process compared to non-disabled staff. A relative likelihood **above** 1 indicates that disabled staff are more likely to enter formal capability processes than non-disabled staff.

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)

In 2025 the staff survey was completed by 35% (4,808) of staff, this is a reduction from 39% in 2024.

Harassment, bullying or abuse from patients/service users, their relatives, or other members of the public (question14a):

2025: Disabled – 25.89%; Non-Disabled – 22.67%
2026: Disabled – 25.8%; Non-Disabled – 21.6%

There has been no change in the number of disabled staff reporting they have experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public, and this follow a decrease last year. However as there has been a reduction for non-disabled staff there is a slight increase in the disparity of 1%.

Harassment, bullying or abuse from managers (question 14b):
2025: Disabled – 10.7%; Non-Disabled – 6.3 %
2026: Disabled – 11.4%; Non-Disabled – 6.7%

The data indicates a 0.7% increase for those with disabilities experiencing harassment, bullying or abuse by managers of 11.4% compared to 10.7%. However there has been a decrease for non-disabled staff, therefore the disparity between disabled and non-disabled staff experiencing harassment, bullying or abuse by a manager has increased by 0.3% to 4.7% from 4.4% for 2025.

Harassment, bullying or abuse from other colleagues (question 14c):
2025: Disabled – 21%; Non-Disabled – 13.9%
2026: Disabled – 20%; Non-Disabled – 15%
There is a 1% decrease from 21% in 2025 to 20% in 2026 in disabled staff experiencing harassment, bullying or abuse from other colleagues. It remains a concern that 5% more disabled staff overall are experiencing such behaviours compared to non-disabled staff, however there is a slight improvement with the disparity gap reducing by 0.4% at 2.1% from 2.5% in 2025 which could be due to non-disabled staff experiencing an increase 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).

2025: Disabled – 54.2%; Non-Disabled – 51.89%
2026: Disabled – 49.4%; Non-Disabled – 49.4%

This data indicates a decrease in the likelihood of this indicator from 2025 of 2.5%. Interestingly, the indicator for non-disabled has also decreased so now there is no disparity.

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

2025: Disabled – 58.63%; Non-Disabled – 61.94%
2026: Disabled – 49.5%; Non-Disabled – 58.4%

This indicator shows that 49.5% of disabled staff are likely to think that the Trust offers equal opportunities for career progression in comparison to 58.63% in the 2025 data which is a large decrease of 9.1%. It should also be noted that this metric decreased for non-disabled staff by 3.5%. The disparity gap increased to 5.6% from 1.1% in 2025.

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).

2025: Disabled – 24.63%; Non-Disabled – 17.92%
2026: Disabled – 25.4%; Non-Disabled – 18.6%

Data submission shows an increase of 0.8% to 25.4% of Disabled staff felt pressure to come to work despite feeling unwell, this same rate of decrease was shown for non-Disabled staff.
The disparity of experience between Disabled and non-Disabled staff remained the same as 2025 at 6.8%

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).

2025: Disabled – 40.8%; Non-Disabled – 49.2%
2026: Disabled – 34.7%; Non-Disabled – 43.4%

The 2025 data submission shows a decrease of 6% in Disabled staff perceptions on feeling valued by the organisation, with Disabled staff reporting 34.7%. The data for non-disabled staff also reduced by nearly 6% so the disparity has remained the similar at 8.7%.

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

2025: 79.26%
2026: 76.5%

There has been a 2.8% decrease in staff saying that UHS have made adequate adjustments for them to carry out their work since 2025, and this follows a 2% reduction against the 2024 data.

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

2025: Disabled – 6.72%; Non-Disabled – 7.15%; UHS overall 7.05%
2026: Disabled – 6.4%; Non-Disabled – 6.9%; UHS Overall 6.75%

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. There is still a slight disparity of 0.5%, however all this metric worsened for all staff groups.

Metric 10: Board Voting by % disability

11.9% of the UHS population have declared a disability which is an increase from 11.26% in 2025. There is one Trust Board members (voting or non-voting) who have declared a disability or long-term illness, and this the same as the 2025 data submission. However Disabled staff represent 7.7% on the Trust Board, which is a decrease from 8.3% in 2025, however this is due to the addition of board member, as there is still one member of the board declaring a disability. However this is still not representative to the organisation and wider society. There are now currently 13 Trust board members (voting or non-voting).

Workforce Disability Equality Standard 2026

Metric 1- Representation
Increase in declaration rates of disabled staff to 11.9%
Up 0.64%

Metric 2 - Shortlisting
Increased likelihood of disabled staff being appointed
0.93 (under 1 indicates more likely)

Metric 3 – Capability Process
Increase in entering formal capability
1.63 (above 1 indicates more likely)

Metric 4a – Experience of harassment, bullying or abuse
- Patients, relatives and public
- Colleagues

Reduced incidents

Metric 4a – Experience of harassment, bullying or abuse
- Their managers

Up 1%

Metric 4b – Reporting of harassment, bullying or abuse
Decrease in reporting levels
Down 2.5%

Metric 5- Career development
Decrease in equal opportunities for Career development
Down 9%

Metric 6 – Pressure to come to work
Disabled staff feel an increased pressure To come to work when not well enough
Up 0.8%

Metric 7 – Value their work
Nominal decrease in disabled staff feeling the Trust values their work
Down 6%

Metric 8 – adjustments
Decrease in adequate adjustments being made
Down 2.8%

Metric 9 – Engagement
Staff engagement reduced for disabled and non-disabled staff
Down 0.3%

Metric 10 – Board
Number of Board members declaring a disability has decreased due to Increase in board
7.7%