NHS
St George's, Epsom and St Helier
University Hospitals and Health Group

gesh



Workforce Disability Equality Standard (WDES) 2026 Report

Features: 2025 Staff Survey Data and workforce information on 31/03/2026
Published: 30/10/2026

Workforce Disability Equality Standard (WDES)

Background

The WDES was introduced in 2019 and is designed to improve the experiences of people with a disability working in or seeking employment within the NHS. This mandated collection of evidence-based metrics helps an organisation understand more about the experiences of its staff. The 10 metrics on which we report against each year are included in the table opposite.

The WDES report compares data between staff that have a disability and staff that do not have a disability, to identify disparities and barriers in the workplace. These findings inform the organisation's EDI Action Plan, which aims to directly address inequalities faced by staff with protected characteristics.

We are pleased that the NHS, our parent organisation, is currently the only UK employer that mandates its member organisations to report annually on its representation and inclusion of staff with disabilities. However, our ambition is to go far beyond what is mandated, and to become a truly great employer of people with disabilities, and an exemplar for other NHS trusts.

Metric	Indicator Description
Metric 1	% Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMs) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)
Metric 2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts
Metric 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
Metric 4	Staff Survey: % Disabled staff compared to non-disabled staff: a-c) experiencing harassment, bullying or abuse from different groups d) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
Metric 5	Staff Survey: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
Metric 6	Staff Survey: % 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
Metric 7	Staff Survey: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
Metric 8	Staff Survey: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
Metric 9	a) The staff engagement score for Disabled staff, compared to non-disabled staff
Metric 10	% difference between the organisation's Board voting membership and its organisation's overall workforce

Workforce Disability Equality Standard (WDES)

Our ambition

Serving a diverse population of over 1.5 million and with over 18,000 employees, gesh is the largest healthcare provider in south west London. It is crucial that the diversity of our workforce reflects the diversity of the communities we serve, and we are proud that in 2026 the number of Electronic Staff Record (ESR) declarations for people with a disability has increased. We will continue to reinforce the importance of declaring one's disability on ESR to ensure adequate representation, resource allocation and support and importantly, reduce stigma by building inclusion.

gesh is committed to building a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. As well as being well-represented across all levels, we must ensure that people from marginalised groups, including people with a disability, are actively and always included, and that this inclusion is felt authentically at a personal level. Lip-service will not suffice.

Achieving strong diversity and inclusion of people with a disability will offer significant benefits for our organisation:

- Delivery of better patient care, because:
  - Staff who feel included, engaged, and supported have greater personal resources and resilience to offer thorough and compassionate care
  - Staff who are differently abled may offer enhanced empathy and support to patients due to their lived-experience of disability
  - Patients with disabilities may be more able to identify with and relate to our staff with a disability
- Stronger team performance by maximising our blend of skills, talents, knowledge, and professional experience
- Stronger individual performance by enabling staff with a disability to use their disability at work as advantage instead of a disadvantage
- Improved retention of our staff, especially our staff with a disability (including staff who may later become affected by a disability)
- A reduction in bullying, harassment, discrimination and other forms of exclusion by building greater understanding, appreciation and respect for people with disabilities
- Supporting our organisational journey towards adopting a more compassionate and inclusive culture.

"Our ambition is to create an organisation - and a reinforcing culture - that not only offers equality and a positive experience for all our colleagues with a disability, but one that actively nurtures and celebrates our physical and mental differences in ability. We strive for this in the certainty that our rich diversity and a universal sense of belonging will be integral to our success as a healthcare organisation"

Workforce Disability Equality Standard 2026

Purpose and Terminology

Purpose

- This paper provides an overview of the 2026 Workforce Disability Equality Standard (WDES) findings.
- This report will be published on the Trust websites.
- The Board is asked to receive this report and associated action plan for information and approve for publication.

Terminology: people covered by the WDES

For the purposes of this report and in line with national WDES metrics, the term 'disabled staff' and 'non-disabled staff' are used to describe the two groups of staff referred to in this report. gesh and its staff encourages the use of 'staff with a disability' and 'staff without a disability' respectively as preferred terminology to foster better inclusion, reduce disability associated stigma and recognise that the disability is not one's identity but rather something people live with.

Overview of Workforce Numbers

STG	2022	2023	2024	2025	2026
Total number of staff in organisation	9,608	9,915	10,345	10,815	**10,868**
% of staff with a declared disability on ESR	2.9%	3.5%	3.7%	4.3%	**4.7%**
% of staff which indicated a disability via Staff Survey	7.5%	6.8%	5.9%	7.5%	**7.8%**

ESTH	2022	2023	2024	2025	2026
Total number of staff in organisation	7,092	7,190	7,410	7,326	**7,284**
% of staff with a declared disability on ESR	4.3%	4.4%	4.3%	5.0%	**5.6%**
% of staff which indicated a disability via Staff Survey	9.1%	8.5%	8.0%	9.4%	**8.6%**

gesh	2022	2023	2024	2025	2026
Total number of staff in organisation	16,700	17,105	17,755	18,141	**18,152**
% of staff with a declared disability on ESR	3.4%	3.9%	3.9%	4.6%	**5.1%**

Workforce Disability Equality Standard 2026

Indicator Overview

Note: '*Compared to Colleagues':* A green cell indicates staff with a disability report a more positive experience than colleagues that do not have a disability.
Indicators are classified as Improved, Static or Declined based on the significance of year-on-year change.

WDES Indicator		STG							ESTH						
		2022	2023	2024	2025	2026	vs. LY	Compared to colleagues	2022	2023	2024	2025	2026	vs. LY	Compared to colleagues
1	% of Disabled staff in organisation	2.9%	3.5%	3.7%	4.3%	**4.7%**	**Increased**		4.0%	4.4%	4.3%	5.0%	**5.6%**	**Increased**	
2	Relative likelihood of non-Disabled candidates compared to Disabled candidates being appointed from shortlisting across all posts.	1.21	1.15	1.26	0.97	**1.04**	**Static**		23.2	1.20	1.52	0.92	**0.94**	**Static**	
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	4.78	4.26	4.08	0.00	**1.59**	**Declined**		4.95	7.99	0.00	0.00	**2.59**	**Declined**	
4a	% of staff experiencing harassment, bullying or abuse from patients/ service users	34.8%	37.1%	35.1%	30.9%	**29.5%**	**Improved**		32.0%	34.5%	31.7%	31.2%	**32.9%**	**Declined**	
4b	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	21.1%	20.1%	21.1%	17.6%	**20.7%**	**Declined**		20.9%	19.5%	18.4%	19.6%	**19.3%**	**Static**	
4c	% of staff experiencing harassment, bullying or abuse from other colleagues	31.6%	32.1%	29.3%	31.2%	**27.7%**	**Improved**		25.7%	26.1%	26.1%	24.9%	**26.2%**	**Declined**	
4d	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	47.9%	44.3%	50.7%	52.9%	**47.7%**	**Declined**		49.3%	48.9%	52.8%	55.2%	**53.7%**	**Declined**	
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion	40.1%	44.1%	41.5%	45.9%	**37.3%**	**Declined**		46.3%	45.9%	46.4%	47.6%	**43.1%**	**Declined**	
6	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	35.2%	32.0%	29.0%	29.6%	**30.6%**	**Static**		31.1%	33.5%	30.4%	31.9%	**30.2%**	**Improved**	
7	% of staff saying that they are satisfied with the extent to which their organisation values their work	31.0%	29.9%	31.3%	34.1%	**30.3%**	**Declined**		31.5%	32.7%	37.6%	34.5%	**33.4%**	**Declined**	
8	% of staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work	-	61.7%	68.9%	67.1%	**67.6%**	**Static**		-	66.2%	70.9%	68.7%	**68.1%**	**Static**	
9	Staff Engagement score (0-10)	6.25	6.33	6.26	6.34	**6.28**	**Static**		6.47	6.35	6.46	6.35	**6.32**	**Static**	
10	% difference between the organisation's Board voting membership and its organisation's overall workforce	-3.0%	5.6%	14.0%	16.0%	**-5%**	**Declined**		12.5%	5.6%	23.0%	17.0%	**-6%**	**Declined**	

Workforce Disability Equality Standard (WDES) 2026

EDI Action Plan

Our 2025-27 EDI Action Plan and Talent Management Plans continue to provide the framework through which we address workforce disability inequalities across gesh. The 2026 WDES findings highlight ongoing priorities relating to career progression, staff experience, workplace adjustments, health and wellbeing, harassment and bullying, and senior representation. The six existing workstreams below, from our EDI Action Plan, align directly to these findings and will continue to be the focus of delivery during 2026/27.

Progress against each of the high-impact actions outlined below continues to be monitored and reported to our Board for ongoing assurance.

- **Leadership Commitment (Action 1):** Supports Voting Board representation gaps of -5% (STG) and-6% (ESTH).
- **Inclusive Recruitment & Talent Management (Action 2):** Supports career progression outcomes of 37.3% (STG) and 43.1% (ESTH) and continued equity in recruitment processes.
- **Eliminating Pay Gaps (Action 3):** Supports equitable progression and representation of staff with disabilities across all pay bands and senior roles.
- **Improving Health & Wellbeing (Action 4):** Supports reducing pressure to work when unwell (30.6% STG / 30.2% ESTH) and improving workplace adjustment outcomes (67.6% STG / 68.1% ESTH).
- **Supporting Internationally Recruited Staff (Action 5):** Supports inclusion, belonging and equitable access to development opportunities for all staff groups.
- **Safeguarding our Workforce (Action 6)**: Supports reducing harassment, bullying and abuse from patients/public (29.5% STG / 32.9% ESTH) and from managers and colleagues.



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Site Report: St George's University Hospitals NHS Foundation Trust

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Workforce Disability Equality Standard 2026

Executive summary

All NHS providers are required to complete an annual Workforce Disability Equality Standard (WDES) report. The report is based on a snapshot of data from 31st March each year and aims to highlight progress against a number of key indicators of workforce equality. Data for WDES indicators 4 to 9a are drawn from questions in the most recent NHS Staff Survey.

In line with national requirements, this report and any associated action plans should be reviewed internally and approved at Board before being published on the organisation's website. The deadline for publication is 31st October 2026. The key findings are outlined below. Unless indicated, each point is compared to the previous reporting period:

Improved indicators

- Metric Success: Out of 13 monitored indicators, we see a measured improvement (compared to the previous year) in 4 metrics.
- Overall Declaration: The percentage of declared disabled staff across the organisation has continued its steady multi-year climb, increasing to 4.7%.
- Public Harassment: Staff report lower rates of harassment, bullying, or abuse (HBA) from patients and the public, dropping down to a five-year low of 29.5%.
- Colleague Harassment: Staff report lower rates of harassment from other colleagues, with a clear positive reduction down to 27.7%.

Reduced / static indicators

- Metric Challenges: Out of 13 monitored indicators, we see a decline in 5 metrics, while 4 remained static.
- Manager Harassment: Reported harassment from managers increased back up to 20.7%.
- Reporting Culture: The proportion of staff reporting their experiences of abuse fell to 47.7%, reversing last year's progress.
- Work Valuation & Support: Satisfaction with how work is valued dipped to 30.3%, while manager pressure to work when unwell (30.6%) and reasonable adjustments (67.6%) held static.
- Career Progression: Only 37.3% of staff feel equal opportunities are provided under the new survey baseline question.
- Capability & Voting: Entry into formal capability rose to 1.59, recruitment likelihood held static, and a drop in voting board members created a temporary deficit of -5%

While long-term trends show some positive progress in public and colleague-facing areas, the 2026 data highlights critical challenges in manager behaviours, reporting confidence, and career progression. These key areas are directly tied to our group-wide EDI workstreams, with targeted interventions detailed on the Next Steps slide.

Workforce Disability Equality Standard 2026

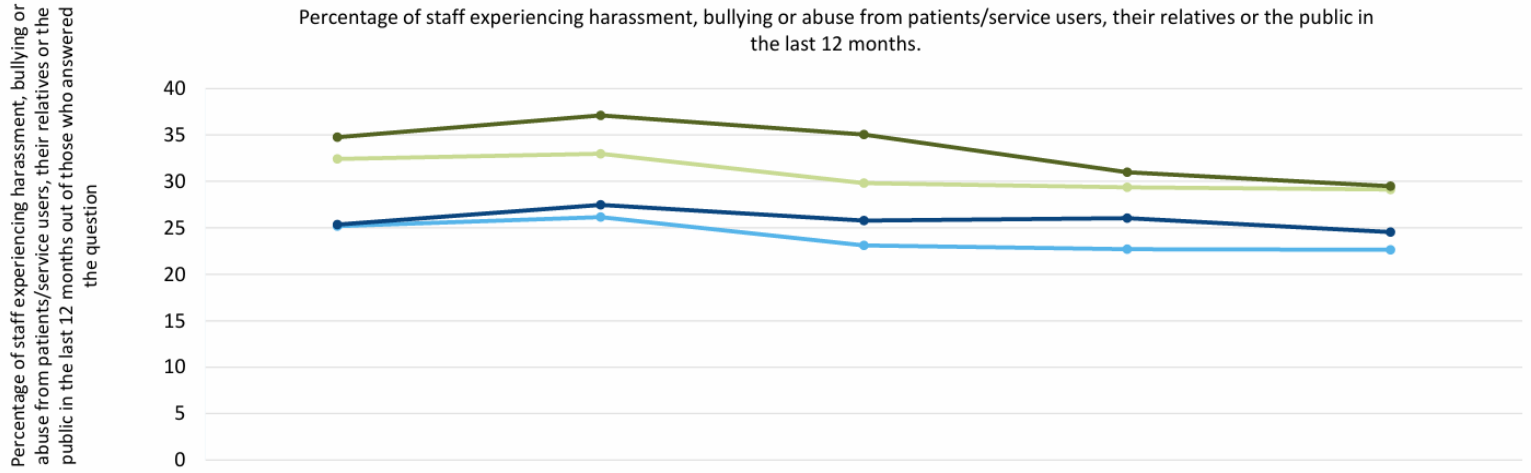
Trust: STG

Indicator 4a

% of staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public in the last 12 months

- 29.49% of staff with a long-term condition (LTC) or illness reported experiencing HBA from patients, relatives, or the public in 2025, compared to 24.55% of staff without.
- Encouragingly, the equity gap between these two cohorts has narrowed to a five-year low of 4.94 percentage points.
- This improvement is primarily driven by a sustained downward trend among staff with an LTC, whose reported incidents fell from a peak of 35.06% in 2023 to 29.49% in 2025.
- However, St George's rates for both groups remain above the national average (29.14% and 22.64% respectively), indicating a persistent exposure to public-facing behavioural challenges.

% of staff experiencing harassment, bullying or abuse from patients/relatives or the public



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	34.76%	37.11%	35.06%	30.99%	29.49%
Staff without a LTC or illness: Your org	25.35%	27.47%	25.79%	26.04%	24.55%
Staff with a LTC or illness: Average	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness: Average	25.19%	26.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness: Responses	722	679	607	810	841
Staff without a LTC or illness: Responses	3889	3669	2724	3832	3499

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

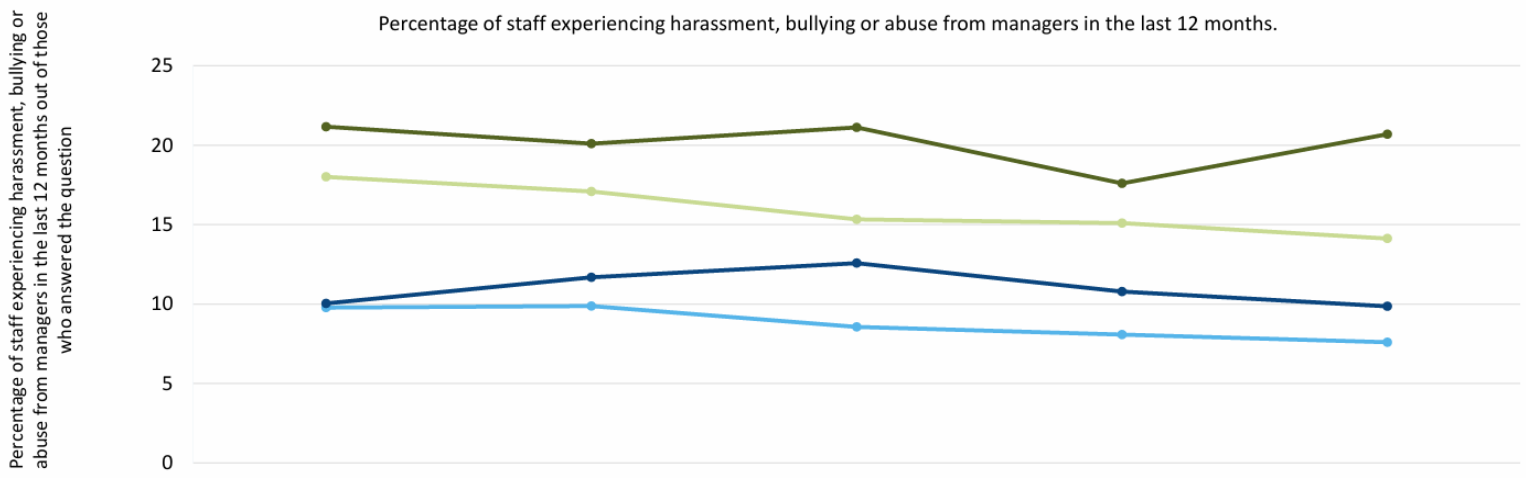
Workforce Disability Equality Standard 2026

Indicator 4b

% of staff experiencing harassment, bullying or abuse from managers in the last 12 months

- Staff with a long-term condition or illness continue to report higher levels of harassment from managers, affecting 20.69% of this group in 2025 compared to 9.86% of staff without - marking the widest gap in the last three years.
- While reported harassment, bullying, and abuse (HBA) from managers dropped notably to 17.60% in 2024, it has risen again this year to 20.69%, returning to the higher levels seen in 2022–23.
- St George's figures remain above the national average for both groups in 2025, with this disparity at a three-year high.

% of staff experiencing harassment, bullying or abuse from managers in the last 12 months



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	21.16%	20.09%	21.12%	17.60%	20.69%
Staff without a LTC or illness: Your org	10.05%	11.68%	12.57%	10.79%	9.86%
Staff with a LTC or illness: Average	18.00%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness: Average	9.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness: Responses	723	677	602	807	836
Staff without a LTC or illness: Responses	3872	3646	2692	3790	3459

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

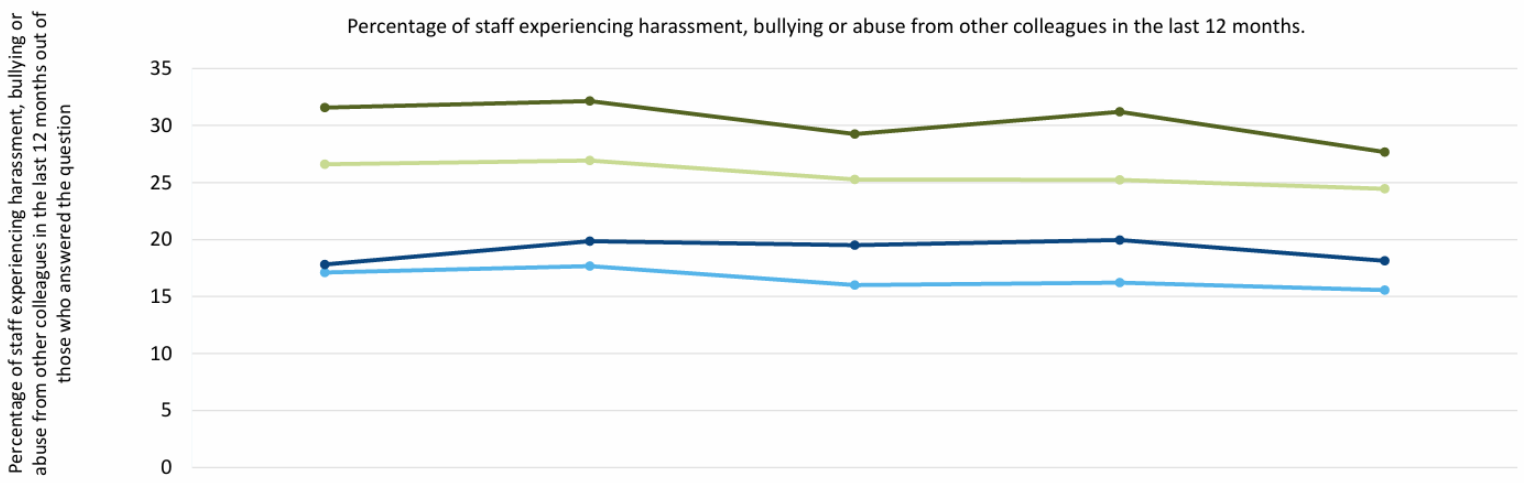
Workforce Disability Equality Standard 2026

Indicator 4c

% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 month

- In 2025, reported harassment from colleagues affected 27.68% of staff with a long-term condition (LTC) or illness, compared to 18.14% of staff without.
- While both demographics achieved a year-on-year reduction in colleague-led HBA, this 9.54 percentage point disparity represents the narrowest equity gap in the last five years.
- Despite these local improvements, figures for both cohorts remain consistently above the national peer average, highlighting an ongoing systemic cultural challenge with peer-to-peer behaviours.

%of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 month



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	31.58%	32.15%	29.26%	31.21%	27.68%
Staff without a LTC or illness: Your org	17.82%	19.86%	19.51%	19.96%	18.14%
Staff with a LTC or illness: Average	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness: Average	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness: Responses	722	675	596	801	831
Staff without a LTC or illness: Responses	3873	3630	2678	3762	3457

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

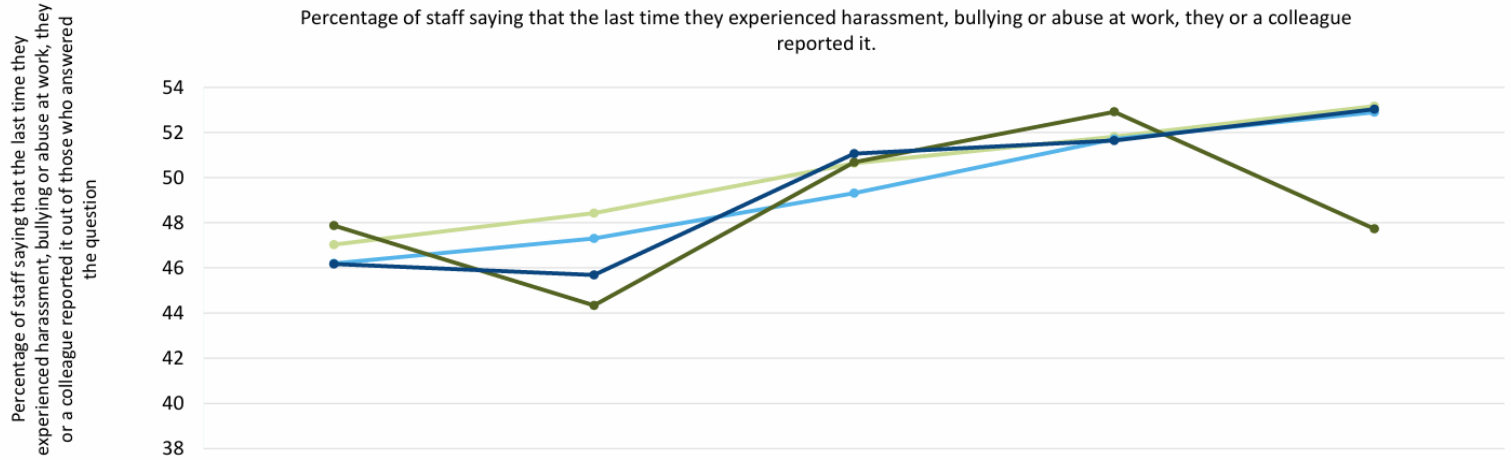
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Indicator 4d

% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- For organisational reporting culture, the proportion of staff with a long-term condition (LTC) or illness who reported their last experience of HBA fell significantly to 47.73% in 2025, down from a five-year peak of 52.91% in 2024.
- Conversely, the reporting rate among staff without an LTC continued its steady upward trajectory, climbing to a record high of 53.03%.
- This divergent performance has created a 5.30 percentage point internal equity gap, reversing a trend where staff with an LTC were previously more likely to report incidents than their peers.
- Notably, while our staff without an LTC report incidents in line with the national average (52.89%), St George's reporting rate for staff with an LTC has dropped 5.43 percentage points below the national peer benchmark (53.16%),

% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	47.88%	44.34%	50.68%	52.91%	47.73%
Staff without a LTC or illness: Your org	46.17%	45.69%	51.06%	51.64%	53.03%
Staff with a LTC or illness: Average	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness: Average	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness: Responses	353	327	302	378	375
Staff without a LTC or illness: Responses	1280	1287	916	1338	1156

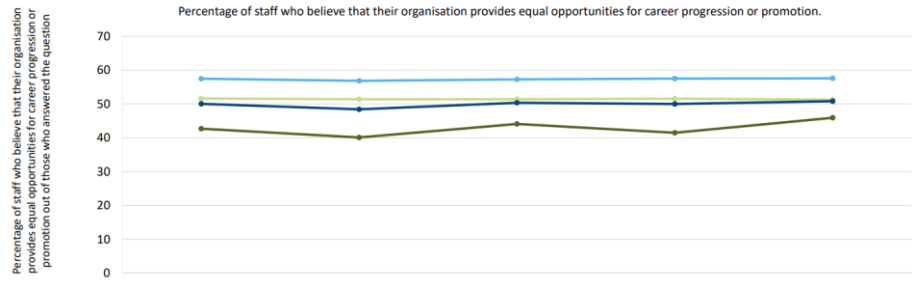
Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

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Indicator 5

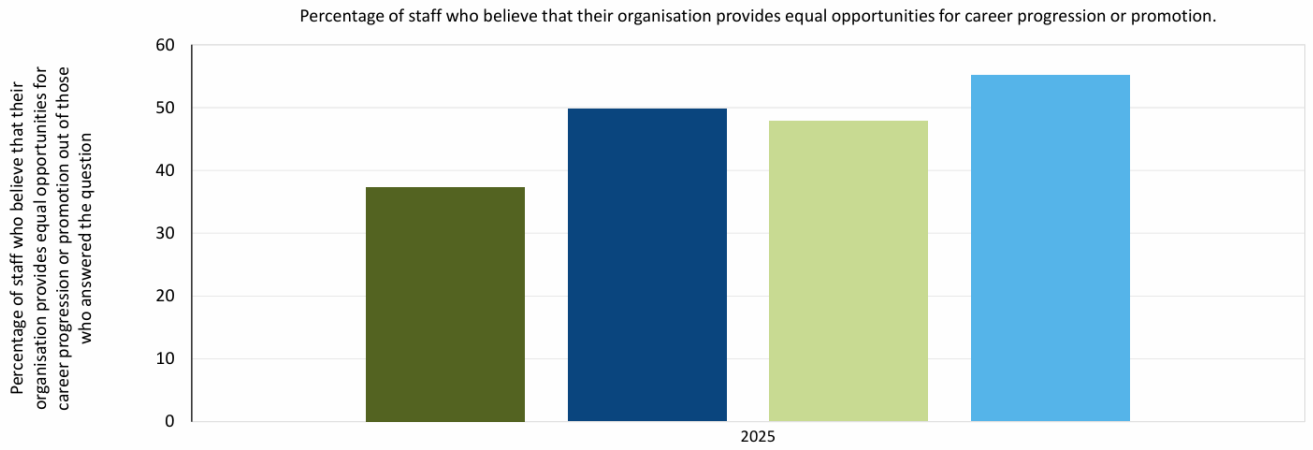
% of staff who believe that their organisation provides equal opportunities for career progression or promotion

- Prior to the 2025 survey framework revision, favourable perception among staff with a long-term condition (LTC) or illness stagnated below national averages, peaking at just 45.92% in 2024.
- Under the revised 2025 baseline question, this internal equity gap has widened significantly: only 37.32% of staff with an LTC believe the organisation provides equal opportunities, compared to 49.77% of staff without – this is a stark 12.45 percentage point disparity.
- Crucially, this leaves the organisation tracking a substantial 10.47 percentage points below the current national average for staff with conditions (47.79%), marking promotion pathways as a high-priority area for urgent strategic intervention.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	42.71%	40.11%	44.08%	41.51%	45.92%
Staff without a LTC or illness: Your org	50.06%	48.42%	50.36%	50.02%	50.82%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	597	748	676	624	808
Staff without a LTC or illness: Responses	4155	3992	3638	2887	3821

%of staff who believe that their organisation provides equal opportunities for career progression or promotion



Staff with a LTC or illness: Your org	37.32%
Staff without a LTC or illness: Your org	49.77%
Staff with a LTC or illness: Average	47.79%
Staff without a LTC or illness: Average	55.09%
Staff with a LTC or illness: Responses	844
Staff without a LTC or illness: Responses	3478

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Methodological Note: Due to an update in the NHS Staff Survey core framework question regarding career development, the historical data set (2020–2024) cannot be mathematically compared to the 2025 results. The 2025 data must be interpreted as a reset benchmark. The long-term trends are shown left.

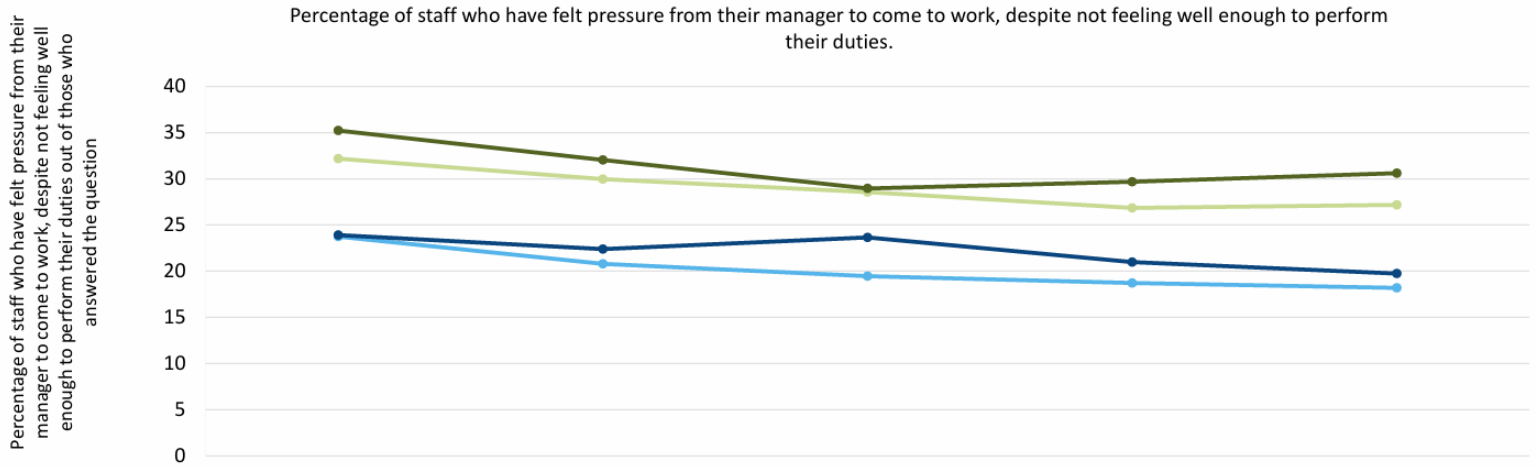
Workforce Disability Equality Standard 2026

Indicator 6

% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

- Regarding presenteeism, the 2025 data shows a concerning trend as the proportion of staff with a long-term condition (LTC) or illness who felt pressure from managers to work while unwell rose for the second consecutive year to 30.61%.
- Conversely, staff without an LTC saw a positive reduction to 19.74%, widening the internal equity gap to 10.87 percentage points.
- While the trust has successfully reduced pressure on staff with conditions from a 2021 peak of 35.22%, this recent upward trajectory leaves the organisation tracking 3.42 percentage points above the national average (27.19%), flagging manager behaviours around sickness absence as a potential cultural focus area.

% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	35.22%	32.04%	28.95%	29.68%	30.61%
Staff without a LTC or illness: Your org	23.91%	22.40%	23.66%	20.97%	19.74%
Staff with a LTC or illness: Average	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness: Average	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness: Responses	565	515	449	566	611
Staff without a LTC or illness: Responses	2083	1902	1403	1993	1788

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

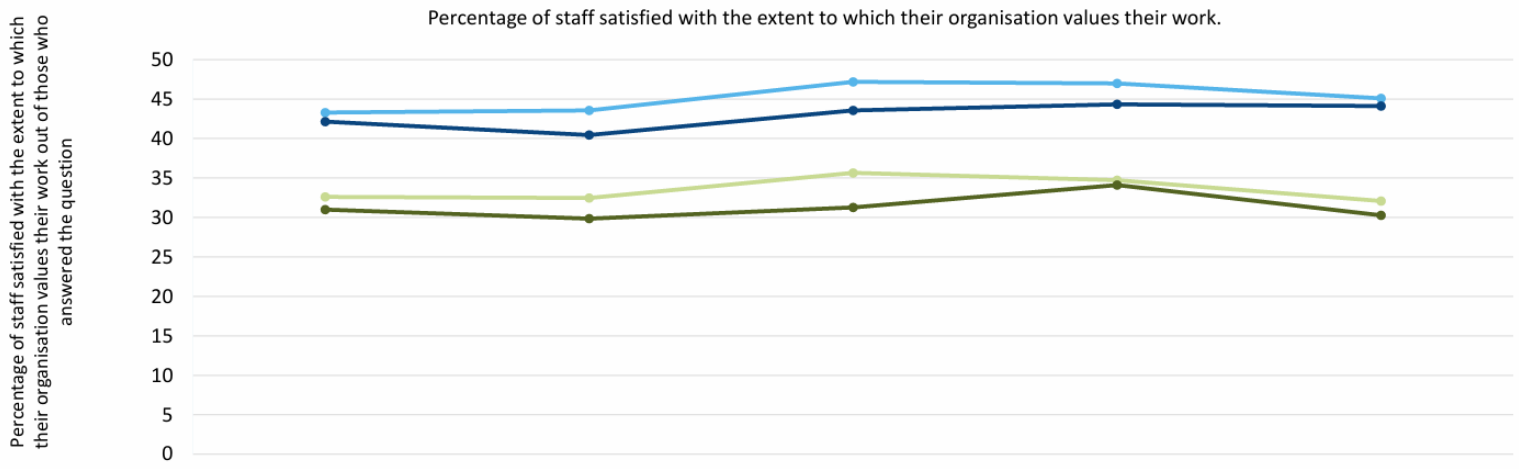
Workforce Disability Equality Standard 2026

Indicator 7

% of staff satisfied with the extent to which their organisation values their work.

- Regarding recognition and valuation of work, 2025 saw a decline in satisfaction among staff with a long-term condition (LTC) or illness, falling to 30.29% from a 2024 peak of 34.11%.
- Meanwhile, satisfaction among staff without an LTC remained stable at 44.13%, which has widened the internal equity gap to a notable 13.84 percentage points.
- While the trust has historically fluctuated around the 30% mark for staff with conditions since 2021, this recent drop leaves the organisation tracking 1.80 percentage points below the national average (32.09%), highlighting a clear deficit in how staff with health conditions experience workplace appreciation.

% of staff satisfied with the extent to which their organisation values their work.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	30.99%	29.85%	31.27%	34.11%	30.29%
Staff without a LTC or illness: Your org	42.14%	40.45%	43.57%	44.34%	44.13%
Staff with a LTC or illness: Average	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness: Average	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness: Responses	755	680	630	815	842
Staff without a LTC or illness: Responses	4022	3676	2906	3843	3503

Note: data featured in this report is the most recently published data – the 2025 Staff Survey.

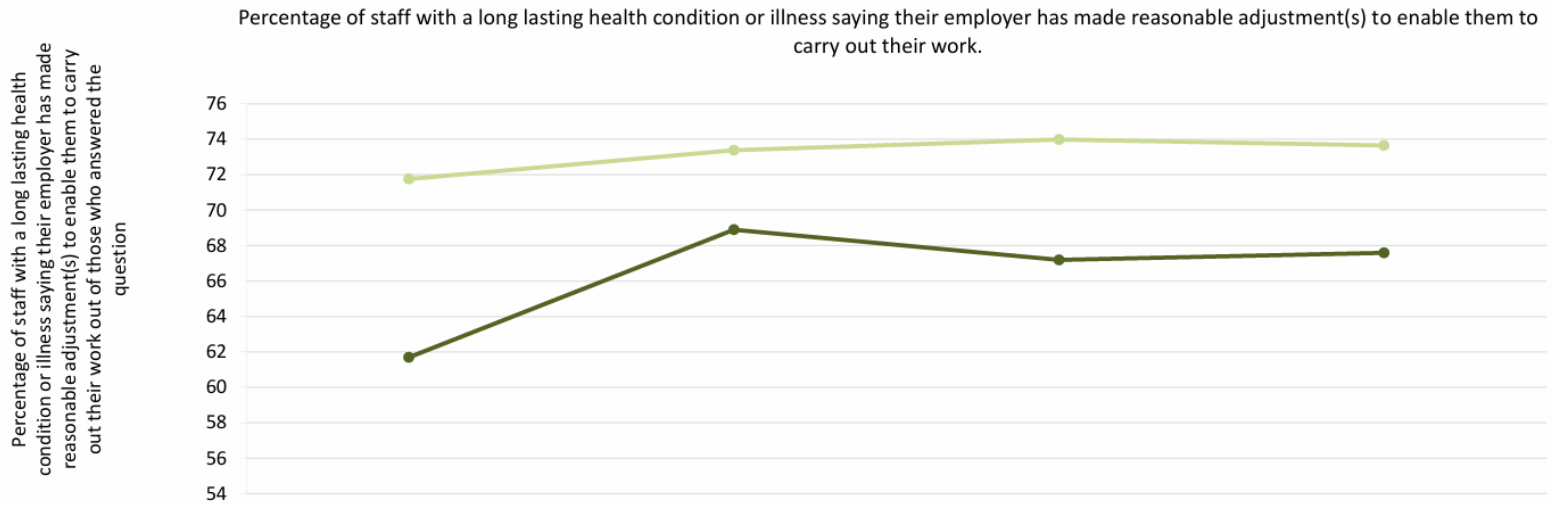
Workforce Disability Equality Standard 2026

Indicator 8

% 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.

- In terms of workplace support, the trust achieved a modest stabilisation in 2025, with the proportion of staff reporting successful reasonable adjustments rising slightly to 67.59%.
- Crucially, this maintains a strong long-term positive trajectory, representing a 5.90 percentage point improvement over the 2022 baseline (61.69%).
- Furthermore, a steady annual increase in survey respondents (climbing from 402 to 543 over the same period) indicates growing staff engagement and confidence in disclosing adjustments.
- However, despite these foundational gains, local performance has plateaued below the 2023 peak (68.89%) and continues to track 6.06 percentage points below the national average (73.65%), underscoring the need to further accelerate and streamline the trust's delivery processes.

% of staff with a condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	61.69%	68.89%	67.19%	67.59%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness: Responses	402	389	512	543

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

Trust: STG

Indicator 9

Staff engagement score (0-10)

- Regarding overall staff engagement, the 2025 data points to sustained stability, with the trust's staff engagement score holding at 6.80 out of 10.
- For staff with a long-term condition (LTC) or illness, the engagement score saw a marginal contraction to 6.28, down from 6.34 in 2024.
- While this slightly widens the internal equity gap with peers without conditions (6.93) to 0.65 points, a key positive is that the trust remains highly competitive against the national landscape.
- Specifically, local engagement for staff with an LTC tracks virtually in line with the national average of 6.29, and our staff without an LTC outperform their national peer average (6.93 locally vs. 6.91 nationally).

Staff engagement score (0-10)



	2021	2022	2023	2024	2025
Organisation average	6.80	6.78	6.80	6.89	6.80
Staff with a LTC or illness: Your org	6.25	6.33	6.26	6.34	6.28
Staff without a LTC or illness: Your org	6.91	6.87	6.92	7.01	6.93
Staff with a LTC or illness: Average	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness: Average	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness: Responses	757	685	631	816	849
Staff without a LTC or illness: Responses	4032	3682	2913	3856	3515

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

Trust: STG / ESTH

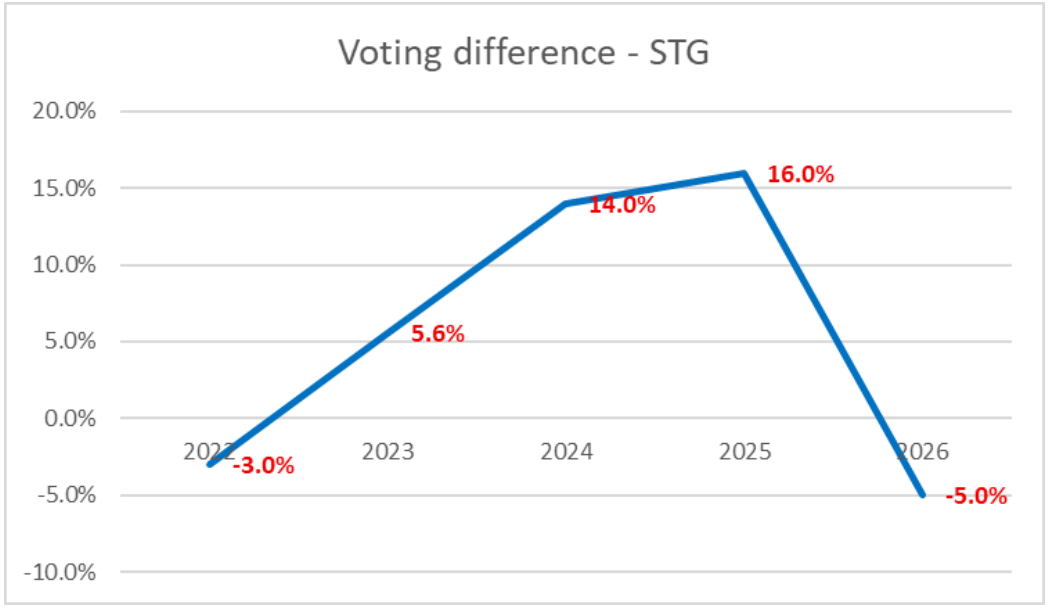
Indicator 10

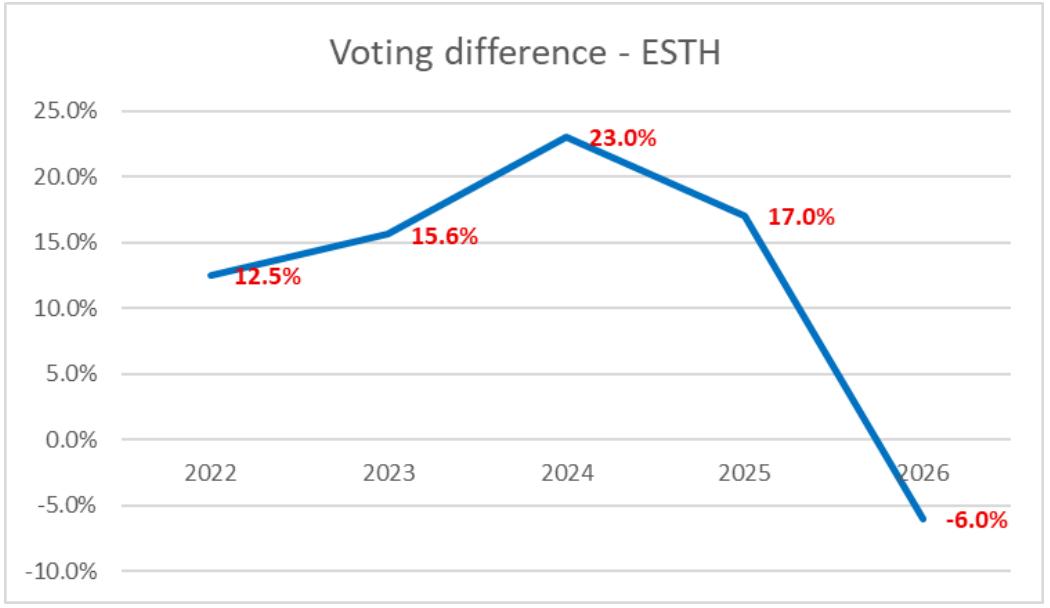
% difference between the organisation's Board voting membership and its organisation's overall workforce

As of 31 March 2026, the Trust Board of Directors comprised 18 members, split equally between 9 voting and 9 non-voting members. Within this cohort, no voting members have declared a disability, while two non-voting members have a declared disability. This shift is entirely due to recent changes in Board composition and voting allocations over the last 12 months. Given the small overall sample size, minor adjustments or leavers can cause mathematically significant swings in this indicator.

Consequently, for the first time since 2022, staff with a disability are underrepresented at the Voting Board level, standing at -5.0% for STG and -6.0% for ESTH. Despite this decline in voting representation, staff with disabilities remain positively represented across the wider governance structures, with overall Board representation tracking positively at 6.0% for STG and 15.0% for ESTH. Executive Board representation remains positive at 18.0% for STG and 17.0% for ESTH.

To address these recent shifts, we continue to work closely with the Council of Governors to ensure that attracting a diverse pool of candidates is a central focus for all future Board appointments. We will continue to focus on inclusive recruitment practices, working with our recruitment partners to actively welcome and seek out candidates from all diverse backgrounds.





NHS
St George's, Epsom and St Helier
University Hospitals and Health Group

gesh

Site Report: Epsom and St Helier University Hospitals NHS Trust

Workforce Disability Equality Standard 2026

Features: 2025 Staff Survey Data and workforce information on 31/03/2026
Published: 30/10/2026

Workforce Disability Equality Standard 2026

Executive summary

All NHS providers are required to complete an annual Workforce Disability Equality Standard (WDES) report. The report is based on a snapshot of data from 31st March each year and aims to highlight progress against a number of key indicators of workforce equality. Data for WDES indicators 4 to 9a are drawn from questions in the most recent NHS staff survey.

In line with national requirements this report and any associated action plans should be reviewed internally and approved at Board before being published on the organisation's website. The deadline for publication is 31st October 2026. The key findings are outlined below. Unless indicated, each point is compared to the previous reporting period:

Improved indicators

- Metric Success: Out of 13 monitored indicators, we see a measured improvement (compared to the previous year) in two metrics.
- Overall Declaration: The percentage of declared disabled staff across the organisation has continued to expand positively, rising to 5.6%.
- Pressure to Work: Staff report a positive downward trend in manager pressure to work when unwell, dropping to its lowest five-year level at 30.2%

Reduced / static indicators

- Metric Challenges: Out of 13 monitored indicators, we see a decline in 7 metrics, while 4 remained static.
- Public & Colleague Harassment: Public-facing harassment rose to 32.9% and peer-on-peer colleague harassment increased to 26.2%.
- Manager Harassment: Reported harassment from managers held completely static at 19.3%.
- Reporting Culture: The percentage of staff reporting incidents experienced a downward trajectory, dipping to 53.7%.
- Work Valuation & Support: Satisfaction with how work is valued decreased to 33.4%, while staff engagement (6.32) and reasonable adjustments (68.1%) held static.
- Career Progression & Voting: Career fairness perception stands at 43.1% under the new baseline, formal capability rose to 2.59, recruitment held static, and a shift in membership moved voting board representation to -6%.

Despite maintaining strong reporting cultures and resilient staff engagement scores, ESTH faces distinct challenges regarding public harassment and career progression equity. These focus areas continue to be actively managed through our six high-impact group workstreams, as detailed on the Next Steps slide.

Workforce Disability Equality Standard 2026

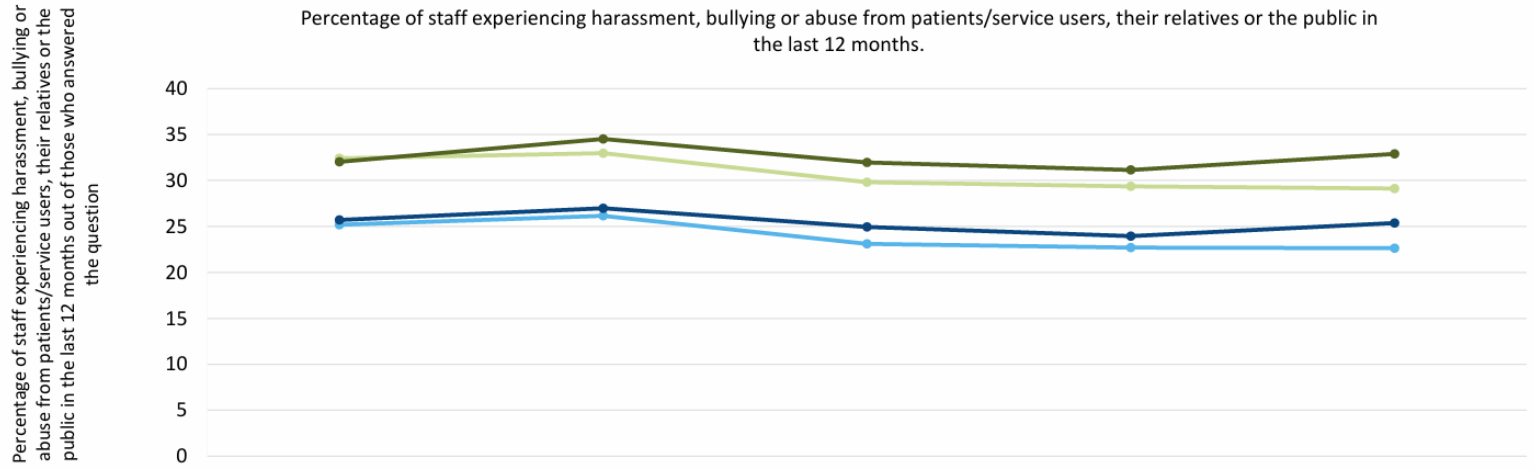
Trust: ESTH

Indicator 4a

% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

- The 2025 survey data reveals an upward trajectory in public-facing harassment for both staff groups, following a two-year period of steady decline.
- Reported incidents involving staff with a long-term condition (LTC) or illness rose by 1.76 percentage points to 32.91%, while rates for staff without an LTC increased by 1.42 percentage points to 25.38%, leaving the internal equity gap relatively stable at 7.53 points.
- Current rates for staff with conditions remain lower than the 2022 peak of 34.53%. However, ESTH figures continue to track above the national averages for both cohorts - with staff with an LTC sitting 3.77 percentage points higher than the national peer average (29.14%).

% of staff experiencing harassment, bullying or abuse from patients/relatives or the public



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	32.04%	34.53%	31.97%	31.15%	32.91%
Staff without a LTC or illness: Your org	25.71%	26.99%	24.94%	23.96%	25.38%
Staff with a LTC or illness: Average	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness: Average	25.19%	26.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness: Responses	646	614	594	687	626
Staff without a LTC or illness: Responses	3030	2779	2577	3089	2730

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

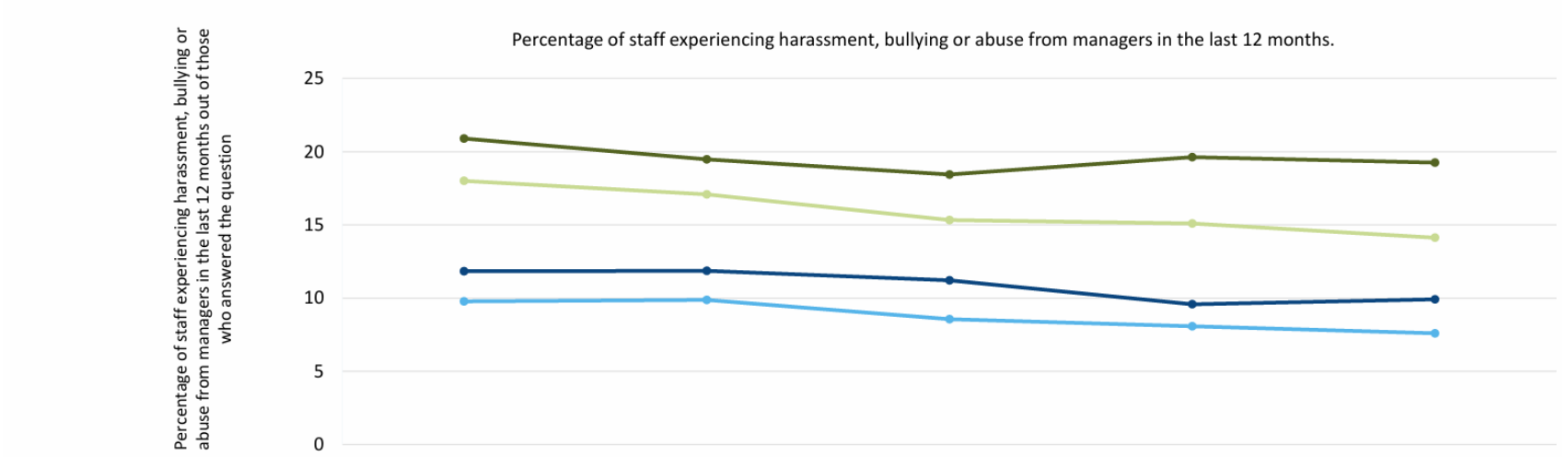
Trust: ESTH

Indicator 4b

% of staff experiencing harassment, bullying or abuse from managers in the last 12 months

- The 2025 survey data demonstrates a stable year-on-year position across the organisation, though it maintains a marginal positive trajectory.
- Reported harassment from managers dipped slightly by 0.37 percentage points to 19.25% for staff with a long-term condition (LTC) or illness, while staff without an LTC saw a nominal increase of 0.33 percentage points to 9.91%. Because these movements were minimal, the internal equity gap remains virtually flat at 9.34 percentage points.
- While it is encouraging that the rate for staff with conditions has stabilised below its 2021 peak (20.90%), ESTH figures remain consistently above national averages. Notably, staff with an LTC face a 5.13 percentage point deficit compared to their national peers (14.12%).

% of staff experiencing harassment, bullying or abuse from managers in the last 12 months



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	20.90%	19.48%	18.44%	19.62%	19.25%
Staff without a LTC or illness: Your org	11.84%	11.86%	11.21%	9.58%	9.91%
Staff with a LTC or illness: Average	18.00%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness: Average	9.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness: Responses	646	611	589	683	613
Staff without a LTC or illness: Responses	2981	2748	2547	3038	2694

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

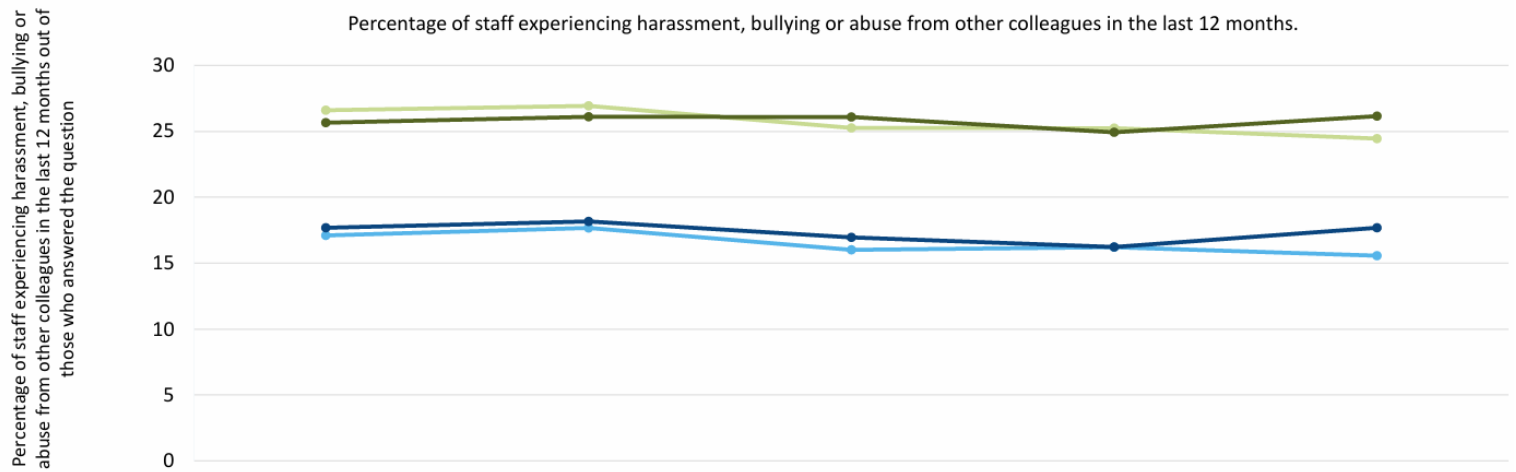
Trust: ESTH

Indicator 4c

% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 month

- The 2025 survey data reflects a negative year-on-year trajectory, with peer-on-peer harassment increasing across both cohorts.
- Reported incidents involving staff with a long-term condition (LTC) or illness rose by 1.22 percentage points to 26.15%, while staff without an LTC saw a similar increase of 1.46 percentage points to 17.69%.
- Both cohorts experienced parallel increases therefore the internal equity gap remained stable, narrowing slightly.
- Over a longer-term perspective, current figures remain closely aligned with the trust's historical 2021–2022 levels.
- ESTH rates continue to track above the national averages for both groups, sitting 1.70 percentage points higher for staff with an LTC (24.45% nationally) and 2.12 percentage points higher for staff without.

%of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 month



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	25.66%	26.11%	26.09%	24.93%	26.15%
Staff without a LTC or illness: Your org	17.68%	18.17%	16.96%	16.23%	17.69%
Staff with a LTC or illness: Average	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness: Average	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness: Responses	647	609	586	678	608
Staff without a LTC or illness: Responses	2986	2736	2542	3032	2680

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

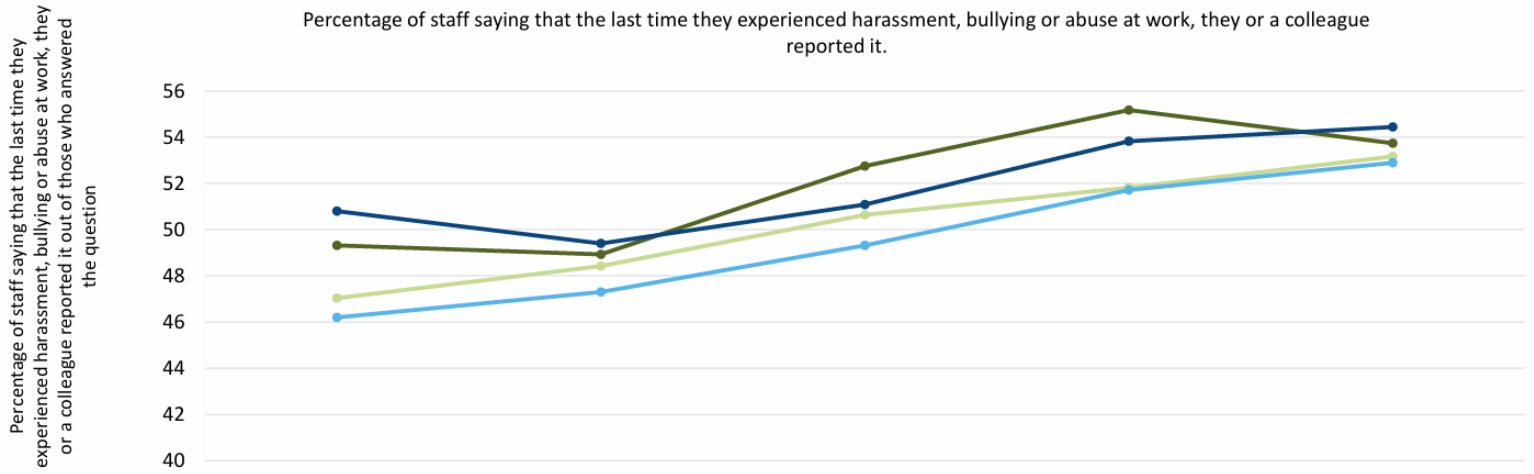
Workforce Disability Equality Standard 2026

Indicator 4d

% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- The 2025 survey data shows mixed results for how often staff report bullying, harassment, or abuse.
- For staff with a long-term condition (LTC) or illness, the reporting rate saw a downward trajectory, decreasing by 1.43 percentage points to 53.74% from its 2024 peak.
- Conversely, the reporting rate for staff without an LTC maintained a stable, upward path, climbing slightly by 0.62 percentage points to reach a five-year high of 54.44%.
- This has created a narrow internal equity gap of 0.70 percentage points
- On a very positive note, ESTH continues to perform well nationally, outperforming the peer average for both staff with an LTC (53.16% nationally) and those without (52.89% nationally).

% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	49.32%	48.93%	52.75%	55.17%	53.74%
Staff without a LTC or illness: Your org	50.80%	49.40%	51.08%	53.82%	54.44%
Staff with a LTC or illness: Average	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness: Average	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness: Responses	294	280	260	290	281
Staff without a LTC or illness: Responses	996	915	787	929	845

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

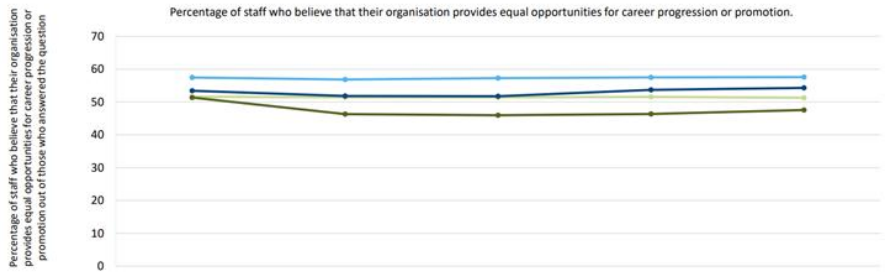
Workforce Disability Equality Standard 2026

Trust: ESTH

Indicator 5

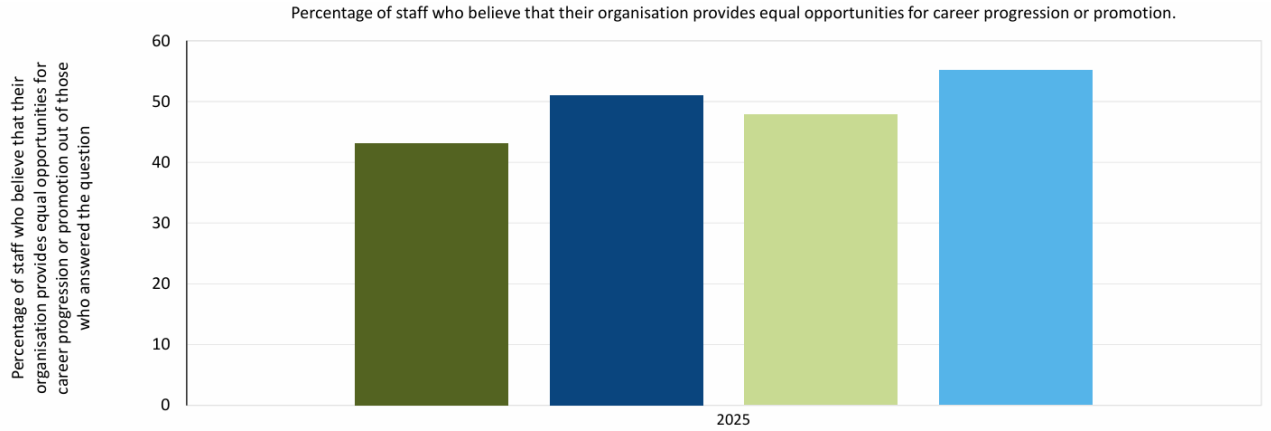
% of staff who believe that their organisation provides equal opportunities for career progression or promotion

- Prior to the 2025 survey framework revision, favourable perception among staff with a long-term condition (LTC) or illness stagnated below national averages, peaking at 51.36% in 2020 and finishing at 47.57% in 2024.
- Under the revised 2025 baseline question, an internal equity gap remains: only 43.11% of staff with an LTC believe the organisation provides equal opportunities, compared to 51.03% of staff without - this is a 7.92 percentage point disparity.
- Crucially, this leaves the organisation tracking 4.68 percentage points below the current national average for staff with conditions (47.79%), marking promotion pathways as a priority area for supportive intervention.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	51.36%	46.29%	45.96%	46.35%	47.57%
Staff without a LTC or illness: Your org	53.44%	51.83%	51.75%	53.70%	54.30%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	514	661	607	643	679
Staff without a LTC or illness: Responses	2616	3120	2742	2741	3070

%of staff who believe that their organisation provides equal opportunities for career progression or promotion



Staff with a LTC or illness: Your org	43.11%
Staff without a LTC or illness: Your org	51.03%
Staff with a LTC or illness: Average	47.79%
Staff without a LTC or illness: Average	55.09%
Staff with a LTC or illness: Responses	624
Staff without a LTC or illness: Responses	2706

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Methodological Note: Due to an update in the NHS Staff Survey core framework question regarding career development, the historical data set (2020–2024) cannot be mathematically compared to the 2025 results. The 2025 data must be interpreted as a reset benchmark. The long-term trends are shown left.

Workforce Disability Equality Standard 2026

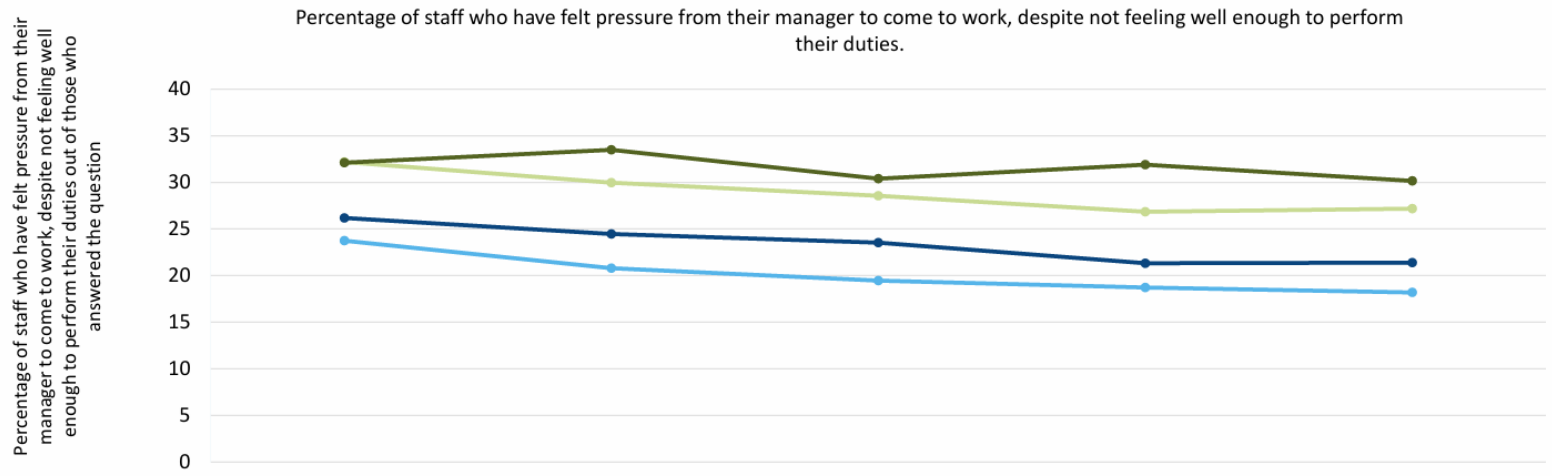
Trust: ESTH

Indicator 6

% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

- Regarding presenteeism, the 2025 data shows a positive downward trend as the proportion of staff with a long-term condition (LTC) or illness who felt pressure from managers to work while unwell fell by 1.72 percentage points to 30.16%.
- Conversely, staff without an LTC remained stable with a marginal increase of 0.07 percentage points to 21.40%, slightly narrowing the internal equity gap to 8.76 percentage points.
- While it is encouraging that the trust has reduced pressure on staff with conditions down to its lowest level across the five-year period, the organisation still tracks 2.97 percentage points above the current national average (27.19%).

% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	32.10%	33.49%	30.40%	31.88%	30.16%
Staff without a LTC or illness: Your org	26.18%	24.46%	23.52%	21.33%	21.40%
Staff with a LTC or illness: Average	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness: Average	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness: Responses	461	433	421	483	451
Staff without a LTC or illness: Responses	1524	1378	1271	1416	1285

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

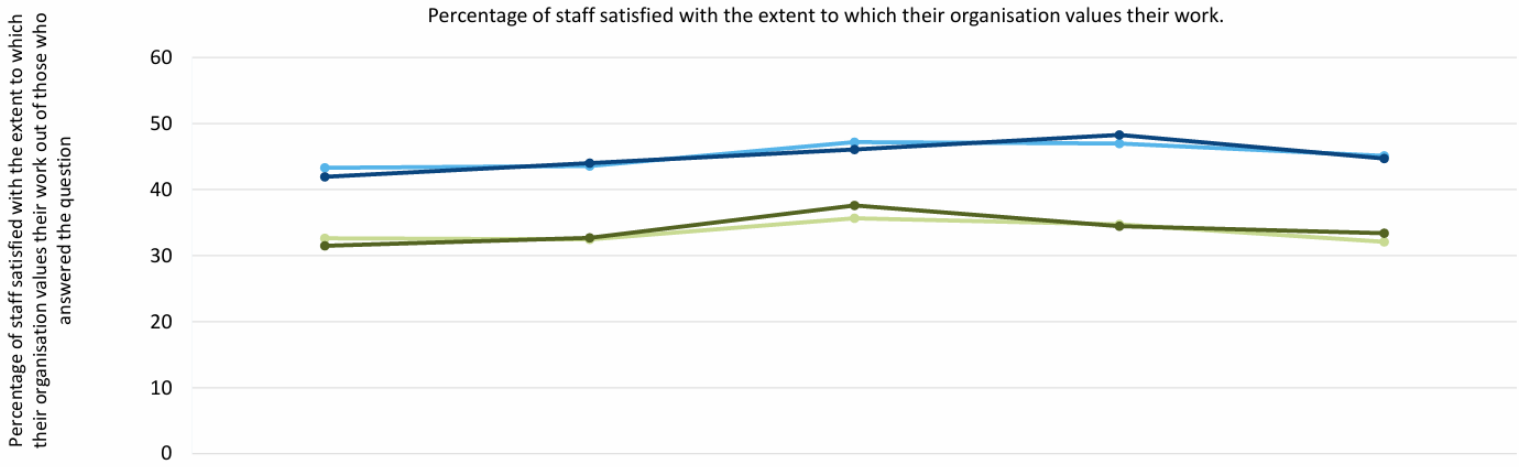
Trust: ESTH

Indicator 7

% of staff satisfied with the extent to which their organisation values their work.

- Regarding recognition and valuation of work, the 2025 data shows a downward trajectory in satisfaction levels across both staff cohorts.
- For staff with a long-term condition (LTC) or illness, satisfaction dipped slightly by 1.06 percentage points to 33.39% from 34.45% last year.
- Meanwhile, staff without an LTC saw a larger decrease of 3.58 percentage points to 44.70%, which narrowed the internal equity gap to 11.31 percentage points.
- On a positive note, despite this year's slight decline, ESTH continues to perform well against the national landscape for staff with health conditions, tracking 1.30 percentage points above the current national average (32.09%).

% of staff satisfied with the extent to which their organisation values their work.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	31.48%	32.68%	37.60%	34.45%	33.39%
Staff without a LTC or illness: Your org	41.94%	44.02%	46.08%	48.28%	44.70%
Staff with a LTC or illness: Average	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness: Average	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness: Responses	667	612	641	685	626
Staff without a LTC or illness: Responses	3138	2783	2754	3088	2727

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

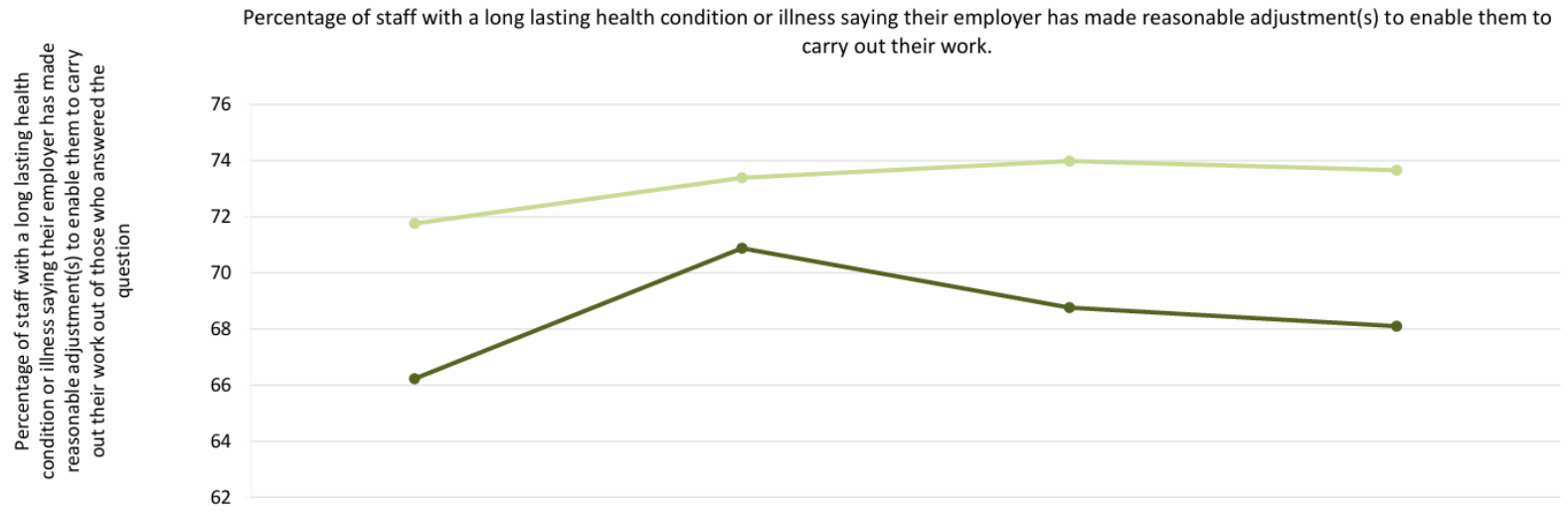
Trust: ESTH

Indicator 8

% 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.

- In terms of workplace support, the trust maintained a stable position in 2025, with the proportion of staff reporting successful reasonable adjustments dipping marginally by 0.66 percentage points to 68.10%.
- Looking at the long-term trend, this represents a positive trajectory, marking a 1.87 percentage point improvement over the 2022 baseline (66.23%).
- However, local performance has continued to plateau below the 2023 peak (70.88%) and tracks 5.55 percentage points below the national peer average (73.65%).
- This highlights a clear opportunity to further streamline and improve how the trust delivers reasonable adjustments to our teams.

% of staff with a condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	66.23%	70.88%	68.76%	68.10%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness: Responses	379	388	429	395

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

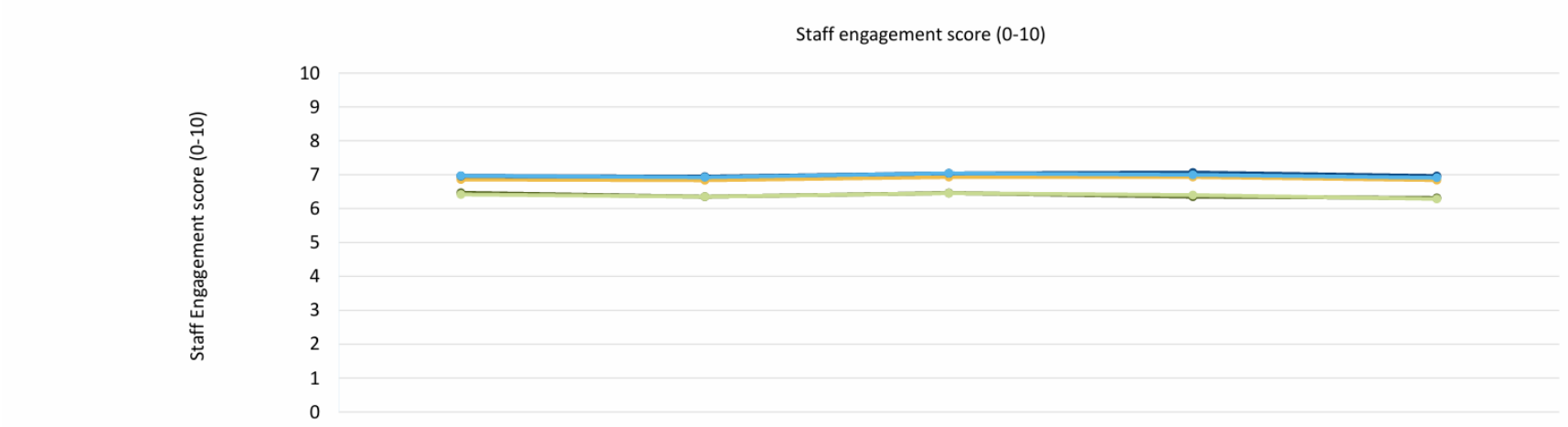
Trust: ESTH

Indicator 9

Staff engagement score (0-10)

- Regarding overall staff engagement, the 2025 data shows a stable year-on-year position across the organisation, though it maintains a marginal downward trajectory.
- The engagement score for staff with a long-term condition (LTC) or illness held relatively flat, dipping slightly by 0.03 points to 6.32, while the score for staff without an LTC decreased by 0.10 points to 6.96 -leaving the internal equity gap at 0.64 points.
- From a benchmark perspective, ESTH continues to perform well against the national landscape. Engagement score for staff with conditions outpaces the national peer average of 6.29, while staff without conditions also track ahead of their national benchmark (6.91).

Staff engagement score (0-10)



	2021	2022	2023	2024	2025
Organisation average	6.86	6.84	6.93	6.93	6.84
Staff with a LTC or illness: Your org	6.47	6.35	6.46	6.35	6.32
Staff without a LTC or illness: Your org	6.96	6.95	7.04	7.06	6.96
Staff with a LTC or illness: Average	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness: Average	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness: Responses	668	614	645	692	630
Staff without a LTC or illness: Responses	3153	2788	2773	3091	2739

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

Workforce Disability Equality Standard 2026

Trust: STG / ESTH

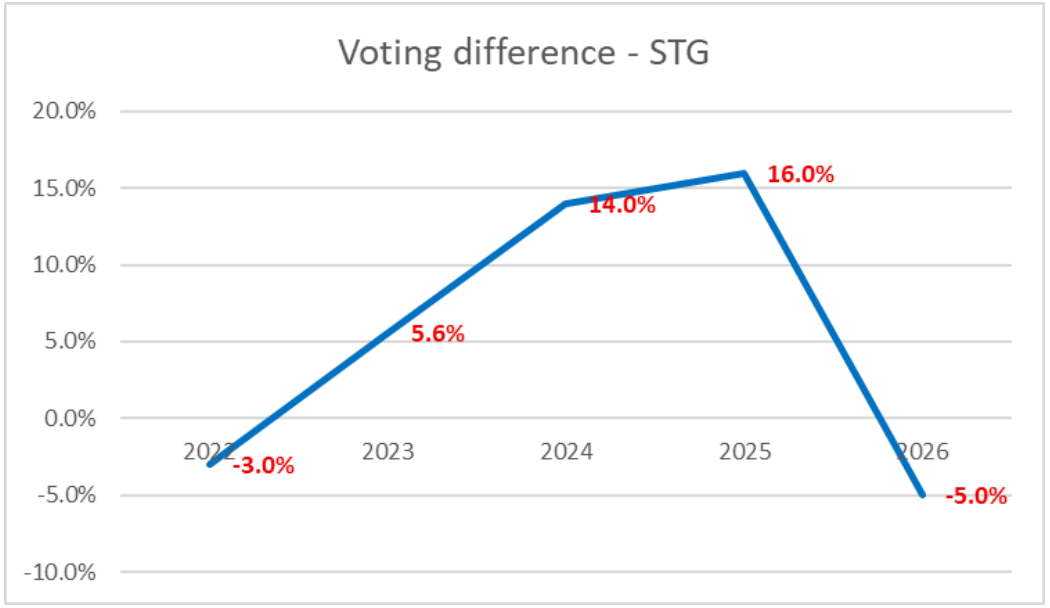
Indicator 10

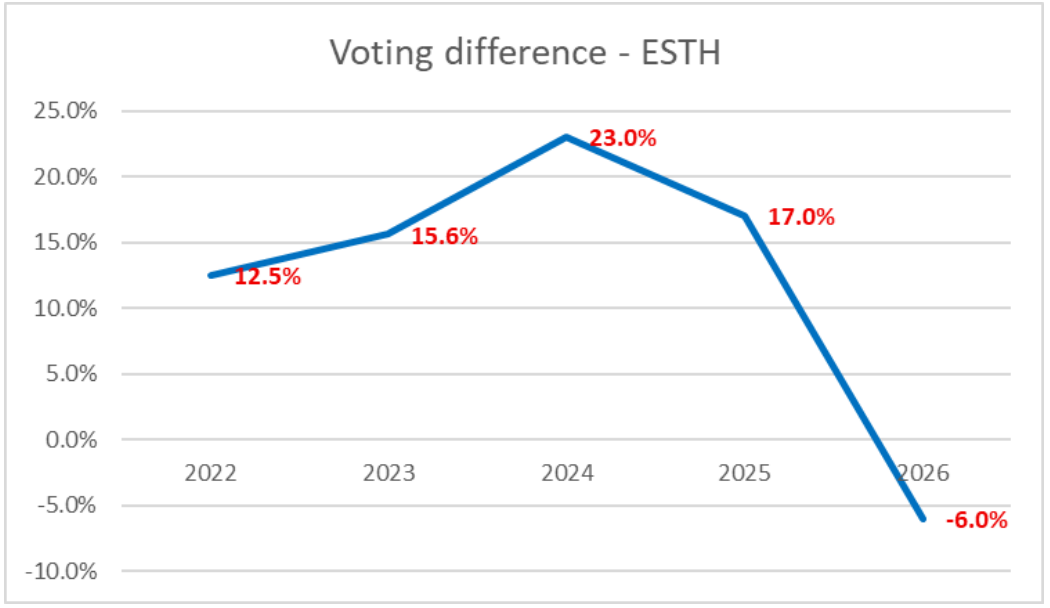
% difference between the organisation's Board voting membership and its organisation's overall workforce

As of 31 March 2026, the Trust Board of Directors comprised 18 members, split equally between 9 voting and 9 non-voting members. Within this cohort, no voting members have declared a disability, while two non-voting members have a declared disability. This shift is entirely due to recent changes in Board composition and voting allocations over the last 12 months. Given the small overall sample size, minor adjustments or leavers can cause mathematically significant swings in this indicator.

Consequently, for the first time since 2022, staff with a disability are underrepresented at the Voting Board level, standing at -5.0% for STG and -6.0% for ESTH. Despite this decline in voting representation, staff with disabilities remain positively represented across the wider governance structures, with overall Board representation tracking positively at 6.0% for STG and 15.0% for ESTH. Executive Board representation remains positive at 18.0% for STG and 17.0% for ESTH.

To address these recent shifts, we continue to work closely with the Council of Governors to ensure that attracting a diverse pool of candidates is a central focus for all future Board appointments. We will continue to focus on inclusive recruitment practices, working with our recruitment partners to actively welcome and seek out candidates from all diverse backgrounds.





Workforce Disability Equality Standard (WDES)

Appendix A: Legal Obligations and Disability

Legal Obligations of Employers and Workplace Adjustments (formerly Reasonable Adjustments)

Protection against disability-based discrimination is enshrined in the Equality Act 2010. Due to the additional barriers faced by people with a disability, it is permitted to treat applicants with a disability more favourably than their colleagues without a disability. Understanding this, and the reasons for it, is crucial to removing the barriers that continue to deny people with a disability equality of outcome in work and more broadly.

The Equality Act 2010 protects employees, and covers areas including recruitment, assessment and selection, terms of employment, promotion and training opportunities, dismissal or redundancy, and discipline and grievances. The Equality Act 2010 also requires that reasonable adjustments (now 'workplace adjustments' are made to working conditions, policies and practices that put a staff member with a disability at a disadvantage. A workplace adjustment could include any of the following:

- making adjustments to premises or acquiring/modifying equipment
- providing a reader or interpreter, or employing a support worker
- reallocating an employee with a disability's duties to another person
- providing supervision, training, mentoring or other support
- transferring a person to fill an existing suitable vacancy without competitive interview
- altering working hours or the place of work
- allowing someone to be absent during working hours for rehabilitation, assessment or treatment
- modifying procedures for testing or assessment

Useful checklists and further detail on the legal obligations can be found in the Guidance relating to disability for the NHS document, published by NHS Employers. This guidance document also sets out examples of good practice (when not legally obligated), particularly around the supporting carers and disability related absence from work.

What is 'disability'?

Defining 'disability' is not always straightforward. The Equality Act 2010 defines a person with a disability as:

"someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities."

Some of the terms in this definition are open to interpretation, and further guidance is found in Appendix C. However, instead of trying to judge whether a person falls within the statutory definition of disability, we should focus on meeting the needs of the worker (or job applicant). In supporting a staff with a disability, it is almost always more important to understand and support the effects of a disability rather than the cause.

It is important to note that the definition of disability regards the person as they are without aids, support or medication (the exception being visual impairment where it can be addressed by use of wearing prescription spectacles). This is particularly relevant for those with mental health conditions who are able to control their condition with medication, and also for those with conditions such as epilepsy and diabetes that are otherwise controlled by medication.

Additional information on the definition of disability is attached in Appendix C, taken directly from guidance produced and published by NHS Employers. This guidance was published in 2014. We will continue to closely monitor best practice and guidance and communicates updates as necessary.

Workforce Disability Equality Standard (WDES)

Appendix B: High impact action plan framework

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).



Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training



Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap



Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2



Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff



Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

