NHS
Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Workforce Disability Equality Standard (WDES) Report

2024

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Workforce Disability Equality Standard Report
Data Summary

April 2023 – March 2024

1. Executive Summary

This report provides the Trust Executive with the Annual Workforce Disability Equality Standard (WDES) data for the Mersey & West Lancashire Teaching Hospitals Trust for the first time following its creation in 2023. The publication of this report is for the period 2023-2024 in line with the NHS Standard Contract requirements to publish the WDES indicators.

2. Introduction

NHS England introduced the Workforce Disability Equality Standard (WDES) in 2019. The WDES exists to highlight any differences between the experiences and treatment of disabled staff and non-disabled staff in the NHS and places an onus on NHS organisations to develop and implement actions to bring about continuous improvements. The main purpose of the WDES is:

- to help NHS organisations to review performance on disability equality, based on the ten WDES indicators.
- to produce action plans to close any gaps in workplace experience between disabled and non-disabled staff.
- to improve the disabled representation at the Board level of the organisation.

3. A year in review: 2023-2024

The Trust has worked to implement disability inclusion actions agreed within the 2023 WDES report, as well as the EDI Operational Plan 2022-2025, activity to support the implementation of the NHS EDI High Impact Actions[1] (HIA), the Equality Delivery System[2] (EDS) and our work as a Disability Confident Leader[3].

Key actions that have been achieved between November 2023-October 2024 include:

- **Disability Advice Service**: The EDI (Workforce) team have provided information and advice on workplace reasonable adjustments to staff, managers, OH and HR Business Partners on 141 instances. This value-added service is helping to increase disability disclosure and ensure staff are provided with reasonable adjustments and completed passports.

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[1] NHS EDI Improvement Plan High Impact Actions
[2] NHS Equality Delivery System
[3] Disability Confident

- **Charter Mark Renewal**: The Trust successful renewed its Disability Confident Leader recognition as MWL (2023), joined the Dying to Work Charter, was reaccredited as MWL with the Veterans Aware Charter (2023) and the Defence Employers Recognition Scheme (2024).

- **New Policies**: The Trust has introduced the new Carers Leave entitlement, and updated its Menopause Policy, Equality Impact Assessment SOP, and Reasonable Adjustment Passport. The Guaranteed Interview Scheme was extended to include Veterans and Reservists, and the Disability Reasonable Adjustments Policy is undergoing a review with the intention to implement in early 2025.

- **Disability Pay Gap (HIA3)**: Having completed the Disability Pay Gap since 2022, this year the Trust will publish its results in line with the requirements of the NHS High Impact Actions. Furthermore, the Trust has completed additional levels of analysis (not included in the published report) including by staff group and banding. Overall, the Disability Pay Gaps are in favour of Non-Disabled staff.

- **Widening Recruitment (HIA4):** Following the creation of MWL in 2023, work has been ongoing to standardise the Trusts Work Experience, Volunteering, Outreach offer, and approach to Apprenticeships. A number of relationships have been formed with High Schools/Colleges to provide visit days, guest speakers and work experience, as well as taster days hosted onsite. Work is ongoing to ensure that reasonable adjustment processes are effective in these instances.

- **Online Resources**: The EDI (Workforce) Team has continued to expand the online resource available to staff, including extending all materials to Southport & Ormskirk colleagues. New disability resources include guidance on accessible documents, common disability fact sheets, alternative formats, neurodiversity, and building access features.

- **Cultural Awareness**: The Trust has worked to raise awareness of disability equality topics by engaging in events including Disability History Month, Neurodiversity Week, Carers Week, and Menopause Awareness Week.

- **Staff Training**: The trust continued to implement training courses on Disability Reasonable Adjustments for Managers, Designing an Inclusive Event, Unconscious Bias, and Equality Impact Assessments, Harassment & Discrimination (actions support HIA6); and introduced a new course on Disability Reasonable Adjustment for Disabled Staff. Multiple departments have also commissioned Neurodiversity training from external providers as part of local reasonable adjustment support arrangements.

4. The 10 WDES indicators

The WDES is an analysis of the following 10 data indicators, relating to workforce, recruitment, capability, staff satisfaction, and board diversity:

1. **Staff Population**: Percentage of Disabled/Non-Disabled staff who are Non-Clinical, Clinical Non-Medical, and Clinical Medical by Agender for Change (AfC) pay bands or grade codes.
2. **Recruitment & Selection**: Relative likelihood of staff being appointed from shortlisting across all posts.
3. **Capability**: Relative likelihood of staff entering the formal capability process, as measured by entry into a capability process.
4. **Harassment**: Percentage of staff experiencing harassment, bullying or abuse from patients et al, managers, colleagues
5. **Equality in Career Progression**: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
6. **Presenteeism**: Percentage of staff stating that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties
7. **Being valued**: Percentage of staff reporting that they are satisfied with the extent to which their organisation values their work.
8. **Reasonable Adjustments**: Percentage of staff reporting that reasonable adjustments have been provided.
9. **Disabled staff voice**: activities to engage disabled staff and facilitate staff voice
10. **Board Representation**: Percentage difference between the organisations' Board membership and its overall workforce disaggregated: By voting membership of the Board; By executive membership of the Board.

4.1. Data and Methodology

Before reading the report, please familiarise yourself with the following information which provides a summary of the data sources and limitations. The time periods for the data sets are as follows:

- **Indicators 1 and 10**: snapshot date of the 31st March,
- **Indicators 2-3**: period from the 1st April to 31st March,
- **Indicators 4-9:** the relevant staff survey that took place between the 1st April to 31st March, usually in the November/December.

The Trust collates data for Indicators 1-3 and 10 directly from the Employee Staff Record (ESR), the TRAC recruitment system and HR Business Partners to create a final data set.

Benchmarking data has been sourced from the national staff survey website and Trust Staff Survey data[4] (2021-2023), Model Health system[5] (2020-2024), and the 2023 national WRES report[6]. Where 2024 data is not available, 2023 data has been provided.

4.1.1. MWL Trended Data

The previous years reports were provided for both legacy Trusts. Where it has been possible to do so, data from the legacy trusts has been combined to create a MWL data set for previous years. Where this has not been possible the legacy data has been provided.

4.1.2. Scope of reported population

The following data principles are applied to the WDES data:

- Data relates to the total substantive workforce on the relevant snapshot date with the exception of Indicator 1 which disaggregates the data by Non-Clinical, Clinical Non-Medical and Clinical-Medical, and by Pay Band.
- Medical staff are included
- WDES data is only reported on the broad categories of Disabled, this being where ESR has a disability flag, No Disability, this being where ESR has No Known Disability fag; and Unknown, where ESR has a black, unknown or decline flag.

The WDES submission does not provide an in-depth analysis of the different demographics of the NHS workforce or the different source population and talent pipelines that make up the career groups.

4.1.3. Note on terminology

In data derived from ESR and HR processes, the term Disability is a reference to an employee that has disclosed and been recorded in ESR as having a disability (Yes), which is taken to mean "a physical or mental impairment, which has a substantial, adverse effect, on a persons ability to carry out normal day-to-day activities" (Equality Act 2010).

In data derived from the Staff Survey, the term Disability is a reference to respondents who stated YES to the question "Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?".

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[4] NHS Staff Survey
[5] Model Health System (log in required)
[6] NHS WRES 2023 Data

5. WDES Indicators

5.1. Staff Profile Workforce Overview

In the snapshot date of 31st March 2024, Mersey & West Lancashire Teaching Hospitals Trust (MWL) employed 10,733 staff which consisted of:

- 5.6% Known Disability,
- 84.2% No Known Disability,
- 10.2% Not Stated/ unspecified / prefer not to answer.

Over the past 5 years (2020 v 2024) (Figure 1), MWL has seen a year-on-year increase in the total number and in the proportion (%) of known disabled staff in the total workforce (250/2.7% to 573/5.6%), Non-Clinical (93/3.3% to 209/6.9%), Clinical Non-Medical (181/2.8% to 364/5.4%) and Clinical Medical & Dental (M&D) (11/0.6% to 27/2.9%) (Table 1).

 Further details for each category are set out below.
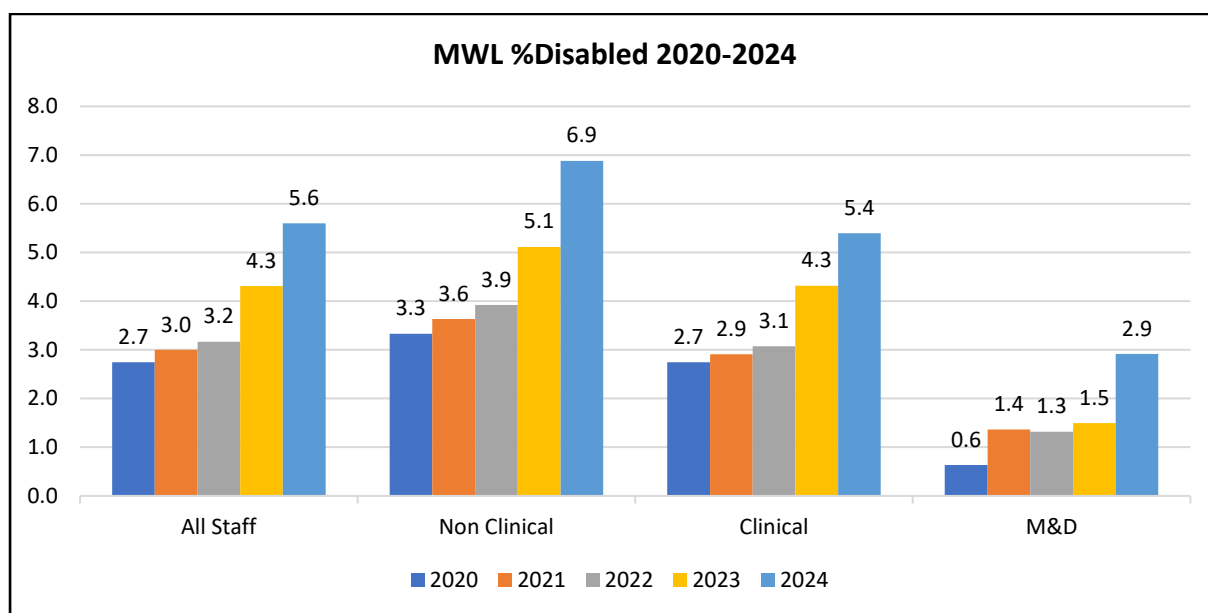
Figure 1

Table 1: 5-year trend and benchmarking

	2019	2020	2021	2022	2023	2024
% MWL	3.0%	2.7%	3.0%	3.2%	4.3%	5.6%
% National	3.1%	3.4%	3.7%	4.2%	4.9%	tbc
% North West	3.2%	3.5%	3.8%	4.2%	4.9%	tbc
% Acute	3.1%	3.0%	3.2%	3.6%	-	tbc

5.2. Indicator 1: Workforce Staff Data

Indicator 1 is a review of the staff population by Non-Clinical by Agenda for Change (AfC) pay bands; Clinical Non-Medical by AfC pay bands; and Clinical Medical & Dental.

From March 2023 to March 2024, there was an increase in the number and proportion of known disabled staff (Table 2) as follows:

- The total workforce from 448 (4.3%) to 600 (5.6%).
- Non-Clinical staff from 152 (5.1%) to 209 (6.9%)
- Clinical Non-Medical roles from 283 (4.3%) to 364 (5.4%)
- Clinical Medical & Dental roles from 13 (1.5%) to 27 (2.9%)

Overall, the local populations (Table 3) are far more likely to report having a disability and long-term medical condition than the Trusts workforce, both for the total population and the working age population.

Table 2: % Disabled by Staff Group

Staff Headcount March 2024	Dis	No Dis	Unk	% Dis	% Dis National (2023)
Total Workforce	573	8226	990	5.6%	4.9%
Non-Clinical AfC Workforce	209	2464	364	6.9%	5.8%
Clinical AfC Workforce	364	5762	626	5.4%	5.0%
Medical and Dental Workforce	27	794	106	2.9%	2.2%

Table 3: Census Population Benchmarks

Benchmarks %Disabled	Total Population (16+)	Working Age Population (16-64)
National Census: Sefton	20.6%	18.8%
National Census: St Helens	22.1%	19.9%
National Census: Knowsley	23.7%	20.8%
National Census: West Lancashire	18.7%	16.3%
National Census: C&M ICB Area	20.5%	18.1%
National Census: Liverpool City Region	20.7%	19.9%

5.2.1. Indicator 1a: Non-Clinical workforce

The Non-Clinical workforce includes staff in administration, clerical and estates type of roles. Key observations

- The total number of Disabled Non-Clinical staff increased from 152 (5.1%) to 209 (6.9%), with an increase in the number and proportion of Disabled staff on bands 2 -7 and 8b (Table 4).
- There were no known disabled staff on Band 9 or VSM.
- A larger proportion of Band 1, 6 and 8D staff are known to have a disability compared to the Non-Clinical average.
- 2024 Benchmarking data is not currently available; however, the proportion of disabled staff now exceeds the 2023 regional and national comparators (Table 5).

Table 4: % Disabled Non-Clinical Workforce

MWL	2023		2024	
	% Disabled	% No Dis	% Disabled	% No Dis
Band 1	4.7%	74.5%	9.8%	58.8%
Band 2	7.1%	83.3%	6.5%	75.6%
Band 3	4.6%	80.4%	8.4%	83.6%
Band 4	3.8%	86.0%	6.6%	83.6%
Band 5	5.8%	82.5%	4.9%	87.8%
Band 6	4.0%	84.2%	9.4%	81.3%
Band 7	6.3%	84.4%	6.4%	84.1%
Band 8A	0.0%	84.0%	6.3%	89.1%
Band 8B	5.6%	88.9%	2.8%	80.6%
Band 8C	11.1%	77.8%	3.9%	96.2%
Band 8D	0.0%	100.0%	11.8%	76.5%
Band 9	0.0%	88.9%	0.0%	91.7%
VSM	4.7%	74.5%	0.0%	91.7%
Total	5.1%	79.7%	6.9%	81.1%

Table 5: % Disabled Non-Clinical Workforce National Comparators

% Disabled	2019	2020	2021	2022	2023	2024
MWL	3.3	3.3	3.6	3.9	5.1	6.9
National	3.6	4.0	4.3	4.9	5.8	tbc
North West	3.6	4.0	4.2	4.7	4.9	tbc
Acute	3.6	3.6	3.9	4.4	-	tbc

5.2.2. Indicator 1b: Clinical workforce: Non-Medical

The Clinical Non-Medical workforce includes all allied health professionals, nursing and midwifery staff and relevant support staff. Key observations:

- The total number of Disabled Clinical Non-Medical staff increased from 283 (4.3%) to 364 (5.3%), with an increase in the number and proportion of disabled staff on bands 2-8b (Table 6).
- There were no known disabled staff on Bands 8c-9 and VSM.
- 2024 Benchmarking data is not currently available; however, the proportion of disabled staff now exceeds the 2023 national comparator (Table 7).

Table 6: % Disabled Clinical Non-Medical Workforce

MWL	2023		2024	
	% Disabled	% No Dis	% Disabled	% No Dis
Band 1	0.0%	0.0%	0.0%	0.0%
Band 2	3.9%	85.6%	5.1%	85.5%
Band 3	4.7%	81.2%	6.0%	81.9%
Band 4	4.6%	84.0%	6.9%	83.3%
Band 5	4.5%	86.4%	4.9%	88.0%
Band 6	4.8%	81.9%	6.5%	83.7%
Band 7	4.2%	82.7%	5.5%	84.0%
Band 8A	3.2%	83.6%	3.6%	87.2%
Band 8B	1.5%	75.8%	3.0%	77.3%
Band 8C	0.0%	100.0%	0.0%	100.0%
Band 8D	20.0%	80.0%	0.0%	100.0%
Band 9	0.0%	100.0%	0.0%	100.0%
VSM	0.0%	0.0%	0.0%	100.0%
Total	4.3%	84.1%	5.4%	85.3%

Table 7: % Disabled Clinical Non-Medical Workforce National Comparators

	2019	2020	2021	2022	2023	2024
MWL	3.2%	2.8%	2.9%	3.1%	4.3%	5.4%
National	3.2%	3.6%	3.9%	4.3%	5.0%	tbc
North West	3.3%	3.6%	3.9%	4.3%	-	tbc
Acute	3.1%	3.0%	3.3%	3.6%	-	tbc

5.2.3. Indicator 1c: Clinical workforce: Medical & Dental

The Clinical Medical & Dental workforce includes all staff on a medical and dental terms and conditions and includes Foundation and Specialist Doctors and Consultants. Key observations:

- The proportion of Clinical Medical & Dental staff has increased from 13 (1.5%) to 24 (2.9%) (Table 8).
- By career stage, trainee doctors are far more likely to have disclosed a disability (4.7%) compared to Consultants (1.5%).
- Compared to the known population of disabled people in the population, workforce, and in medical and dental education, there remains either a significant underreporting or issues with recruitment/retention of medics with a disability, both at the Trust and nationally.
- 2024 Benchmarking data is not currently available; however, the proportion of disabled staff now exceeds the 2023 national comparator (Table 9).

Table 8: % Disabled Clinical Medical & Dental Workforce

	2023		2024	
	% Disabled	**% No Dis**	**% Disabled**	**% No Dis**
Consultants	1.2%	80.5%	1.5%	82.1%
Non-consultant	2.3%	80.8%	3.4%	84.6%
Trainees	1.5%	92.1%	4.7%	91.3%
Total	1.5%	84.1%	2.9%	85.7%

Table 9: % Disabled Clinical Medical & Dental Workforce National Comparators

	2019	**2020**	**2021**	**2022**	**2023**	**2024**
MWL	0.5%	0.6%	1.4%	1.3%	1.5%	2.9%
National	1.3%	1.3%	1.5%	1.7%	2.2%	tbc
North West	1.1%	1.1%	1.4%	1.4%	-	tbc
Acute	1.2%	1.2%	1.4%	1.6%	-	tbc

5.3. Indicator 2: Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

Indicator 2 is an assessment of the Trusts recruitment and selection practices, and whether disabled applicants are as likely as non-Disabled applicants to be successfully shortlisted and appointed.

This indicator is assessed at "whole organisation" level and does not disaggregate the recruitment trends by job group or department.

Table 10: Relative likelihood of being appointed from interview

MWL	Disabled	No Disability	Unknown
2021-2022	18.5%	21.3%	21.1%
2022-2023	21.7%	24.0%	70.1%
2023-2024	28.9%	31.5%	69.3%

Table 11: Relative likelihood of a non-Disabled staff being appointed from shortlisting compared to disabled staff

	MWL	National	C&M ICB
2021-2022	1.2	1.1	0.9
2022-2023	1.1	1.0	0.9
2023-2024	1.1	tbc	tbc

A value below <1 means that Disabled candidates are more likely than Non-Disabled candidates to be appointed from shortlisting.

The data suggests that there is no statistical evidence to suggest that there is a difference in likelihood of disabled or non-disabled individuals being offered a post.

5.4. Indicator 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.

Indicator 3 is an assessment of whether disabled staff are more likely to be subject to formal capability processes compared to non-disabled staff for non-health related reasons. The data used for this indicated is the average number of cases over a 2-year period e.g. 2021/22 + 2022/23 average, and 2022/23 + 2023/24 average.

There are no known disabled staff who gone through a formal capability process in the last 2 years (Table 12).

Table 12: Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff

	STHK	S&O	National Average
2020/21 + 2021/22	9.96	0.00	-
2021/22 + 2022/23	4.97	0.00	2.17
2022/23 + 2023/24	0.00		tbc

A figure above 1.00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.

6. Staff Survey Questions

The 2023 NHS Staff Survey was conducted between October and December 2023 and completed by 3928 staff (34% response rate). For the purposes of this report, the 2023-2024 staff survey results have been sourced from the national staff survey website and the Trusts staff survey data, with benchmarking data being sourced from the National Staff Survey results portal and Model Health.

6.1. Indicator 4a: 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 (Staff Survey, Q14a)

Table 13: Harassment by Patients et al

		21-22	22-23	23-24	Change
MWL	Disabled		33.7%	26.5%	**-7.2**
	No Dis		24.6%	20.0%	**-4.6**
	All		26.9%	21.9%	**-5.0**
STHK	Disabled	35.6%	33.6%		
	No Dis	22.6%	23.6%		
	All	25.9%	26.2%		
S&O	Disabled	35.2%	33.9%		
	No Dis	24.2%	26.8%		
	All	28.3%	29.4%		
National	Disabled	33.0%	33.1%	30.0%	**-3.1**
	No Dis	25.8%	25.9%	23.3%	**-2.6**
	All	27.6%	27.7%	25.2%	**-2.5**
Acute & Community	Disabled	32.6%	32.9%	29.6%	**-3.3**
	No Dis	25.6%	26.0%	23.3%	**-2.7**
	All	27.2%	27.7%	25.0%	**-2.7**

Overall, there was a decrease in the proportion of staff reporting that they had experienced bullying and harassment from a patient, visitor, family member or member of the public (Table 13); although a higher proportion of Disabled staff reported this than Non-Disabled staff. Specifically, there was a:

- 5.0 point decrease in the proportion of staff reporting experiencing bullying and harassment from a patient et al,
- 7.2 point decrease in the proportion of Disabled staff reporting experiencing bullying and harassment from a patient et al,
- 4.6 point decrease in the proportion of Non-Disabled staff reporting experiencing bullying and harassment from a patient et al
- The proportion of disabled staff reporting experiencing bullying was lower than the National and Acute & Community disability averages.

6.2. Indicator 4b: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers (Staff Survey)

Table 14: Harassment by Managers

		21-22	22-23	23-24	Change
MWL	Disabled		13.4%	11.4%	**-2.0**
	No Dis		7.9%	6.5%	**-1.4**
	All		9.3%	7.8%	**-1.5**
STHK	Disabled	18.1%	12.0%		
	No Dis	7.5%	6.0%		
	All	10.3%	7.9%		
S&O	Disabled	18.4%	17.4%		
	No Dis	11.3%	12.3%		
	All	13.4%	14.0%		
National	Disabled	17.2%	16.4%	14.6%	**-1.8**
	No Dis	9.8%	9.4%	8.3%	**-1.1**
	All	11.6%	11.1%	9.9%	**-1.2**
Acute & Community	Disabled	18.1%	17.4%	15.2%	**-2.2**
	No Dis	10.3%	9.9%	8.7%	**-1.2**
	All	12.1%	10.6%	10.4%	**-0.2**

Overall, there was a decrease in the proportion of staff reporting that they had experienced bullying and harassment from a manager although a higher proportion of Disabled staff reported this than Non-Disabled staff (Table 14). Specifically, there was a:

- 1.5 point decrease in the proportion of staff reporting experiencing bullying and harassment from a manager,
- 2.0 point decrease in the proportion of Disabled staff reporting experiencing bullying and harassment from a manager,
- 1.4 point decrease in the proportion of Non-Disabled staff reporting experiencing bullying and harassment from a manager,
- The proportion of disabled staff reporting experiencing bullying was lower than the National and Acute & Community disability averages.

6.3. Indicator 4c: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Colleagues (Staff Survey)

Table 15: Harassment by Colleagues

		21-22	22-23	23-24	Change
MWL	Disabled		23.6%	20.5%	**-3.1**
	No Dis		14.8%	12.2%	**-2.6**
	All		17.0%	14.5%	**-2.5**
STHK	Disabled	22.8%	22.3%		
	No Dis	12.4%	12.0%		
	All	15.0%	14.7%		
S&O	Disabled	29.6%	27.2%		
	No Dis	16.9%	21.5%		
	All	21.1%	22.7%		
National	Disabled	25.3%	25.1%	23.8%	**-1.3**
	No Dis	16.6%	16.6%	15.4%	**-1.2**
	All	18.7%	18.7%	17.7%	**-1.0**
Acute & Community	Disabled	27.1%	27.0%	25.5%	**-1.5**
	No Dis	17.7%	17.9%	16.5%	**-1.4**
	All	19.9%	20.0%	18.8%	**-1.2**

Overall, there was a decrease in the proportion of staff reporting that they had experienced bullying and harassment from a colleague although a higher proportion of Disabled staff reported this than Non-Disabled staff (Table 15). Specifically, there was a:

- 2.5 point decrease in the proportion of staff reporting experiencing bullying and harassment from a colleague,
- 3.1 point decrease in the proportion of Disabled staff reporting experiencing bullying and harassment from a colleague,
- 2.6 point decrease in the proportion of Non-Disabled staff reporting experiencing bullying and harassment from a colleague,
- The proportion of disabled staff reporting experiencing bullying was lower than the National and Acute & Community disability averages.

6.4. Indicator 4d: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it (Staff Survey)

Table 16: Reporting Harassment

		21-22	22-23	23-24	Change
MWL	Disabled		52.3%	49.3%	**-3.0**
	No Dis		48.8%	51.9%	**+3.1**
	All		49.8%	51.0%	**+1.2**
STHK	Disabled	51.4%	54.6%		
	No Dis	49.4%	51.2%		
	All	50.1%	52.2%		
S&O	Disabled	51.1%	46.4%		
	No Dis	42.6%	44.9%		
	All	43.3%	44.0%		
National	Disabled	47.6%	51.0%	52.5%	**+1.5**
	No Dis	46.1%	49.2%	51.4%	**+2.2**
	All	46.5%	47.6%	49.6%	**+2.0**
Acute & Community	Disabled	42.8%	46.5%	48.6%	**+2.1**
	No Dis	40.6%	44.5%	47.2%	**+2.7**
	All	41.2%	45.1%	47.7%	**+2.6**

Overall, there was an increase in the proportion of staff stating that they had reported bullying and harassment when they had experienced it, although a higher proportion of Non-Disabled staff reported this than Disabled staff (Table 16). Specifically:

- The percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was similar for Disabled staff (49.3%) and for Non-Disabled staff (51.9%).
- The proportion of disabled staff reporting this decreased by 3.0 points compared to a and increase of 3.1 points for non-disabled staff.
- Trust staff were more likely to state that the bullying have been reported than the national and Acute & Community averages,

6.5. Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion. (Staff Survey)

Table 17: Career Opportunities

		21-22	22-23	23-24	Change
MWL	Disabled		54.4%	57.7%	**+3.3**
	No Dis		61.3%	60.9%	**-0.4**
	All		59.5%	59.9%	**+0.4**
STHK	Disabled	54.5%	58.9%		
	No Dis	65.4%	65.4%		
	All	62.5%	63.6%		
S&O	Disabled	43.0%	41.6%		
	No Dis	52.6%	51.9%		
	All	50.3%	49.5%		
National	Disabled	51.0%	51.7%	52.2%	**+0.5**
	No Dis	57.0%	57.5%	58.1%	**+0.6**
	All	55.6%	56.0%	56.4%	**+0.4**
Acute & Community	Disabled	50.5%	50.9%	51.3%	**+0.4**
	No Dis	56.4%	56.8%	57.4%	**+0.6**
	All	55.0%	53.3%	55.8%	**+2.5**

Overall, the proportion of staff reporting that they believed the Trust provides equality of opportunity in career progression improved, although a lower proportion of Disabled staff were likely to say so (Table 17). Specifically:

- 0.4 point increase in the proportion of staff reporting Yes,
- 3.3 point increase in the proportion of Disabled staff reporting Yes,
- 0.4 point decrease in the proportion of Non Disabled staff reporting Yes,
- 3.7 point decrease in the difference between Disabled v Non Disabled responses in 2022 (6.9 points) to 2023 (3.2 points).
- The Trusts response rates were higher than the National and Acute & Community averages.

6.6. Indicator 6: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (presenteeism)(Staff Survey, Q11e)

Presenteeism refers to where employees come to work despite being physically or mentally unwell, underperforming due to illness, stress, or other issues that affect their ability to function effectively. Unlike absenteeism, where an employee is absent from work, presenteeism is characterised by being present but not fully productive.

Table 18: Presenteeism

		21-22	22-23	23-24	Change
MWL	Disabled		26.4%	26.2%	-0.2
	No Dis		18.6%	16.2%	-2.4
	All		21.2%	19.7%	-1.5
STHK	Disabled	34.5%	26.2%		
	No Dis	22.2%	17.9%		
	All	26.4%	20.8%		
S&O	Disabled	34.1%	26.9%		
	No Dis	21.0%	20.4%		
	All	25.5%	22.0%		
National	Disabled	30.2%	28.0%	26.6%	-1.4
	No Dis	22.2%	20.1%	18.5%	-1.6
	All	24.7%	23.8%	21.8%	-2.0
Acute & Community	Disabled	32.2%	29.9%	28.3%	-1.6
	No Dis	23.4%	21.2%	19.5%	-1.7
	All	23.9%	23.8%	22.3%	-1.5

Overall, the proportion of staff reporting that they felt pressured to come into work when they were not well decreased, although Disabled staff were far more likely to experience this (Table 18). Specifically:

- 1.5 point decrease in the proportion of staff stating they felt pressure to come to work when ill
- 0.2 point decrease in the proportion of Disabled staff stating that they felt pressured to come to work when ill
- 2.4 point decrease in the proportion of Non-Disabled staff stating that they felt pressure to come to work when ill.
- The difference between disabled and Non-Disabled staff response increased from 7.8 points (2022) to 10 points (2023).
- The Trusts response rates better than the National and Acute & Community averages.

6.7. Indicator 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 (Staff Survey, Q4b)

Table 19: Feeling Valued

		21-22	22-23	23-24	Change
MWL	Disabled		32.9%	37.7%	**+4.8**
	No Dis		45.4%	48.0%	**+2.6**
	All		42.2%	45.2%	**+3.0**
STHK	Disabled	34.5%	26.2%		
	No Dis	22.2%	17.9%		
	All	45.4%	44.1%		
S&O	Disabled	30.0%	27.7%		
	No Dis	40.5%	40.7%		
	All	37.8%	37.5%		
National	Disabled	34.7%	34.7%	36.9%	**+2.2**
	No Dis	44.6%	44.6%	47.8%	**+3.2**
	All	42.1%	40.5%	43.7%	**+3.2**
Acute & Community	Disabled	32.6%	32.4%	34.7%	**+2.3**
	No Dis	43.2%	43.0%	46.5%	**+3.5**
	All	40.7%	40.5%	43.6%	**+3.1**

Overall, the proportion of staff reporting that they felt that the Trust valued their work increased, although Disabled staff were far less likely to state this (Table 19). Specifically:

- 3.0 point increase in the proportion of staff that they felt valued
- 4.8 point increase in the proportion of Disabled staff stating that they felt valued
- 2.6 point increase in the proportion of Non-Disabled staff stating that they felt valued
- The difference between disabled and Non-Disabled staff responses decreased from 12.5 points (2022) to 10.3 points (2023).
- The Trusts response rates better than the National and Acute & Community averages.

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

The reported figured for this question are only based on those staff that stated that they had a long-term medical condition, and that they required workplace reasonable adjustments

Table 20: Reasonable Adjustments

%YES	21-22	22-23	23-24	Change
MWL		71.3%	73.2%	**+1.9**
STHK	69.0%	70.9%		
S&O	74.5%	72.3%		
National	72.2%	71.0%	72.4%	**+1.4**
North West	70.2%	72.0%	73.4%	**+1.4**
C&M ICB	71.9%	71.8%	73.1%	**+1.3**
Acute & Community	70.7%	71.4%	73.0%	**+1.6**

Overall, there was a 1.9 point increase in the proportion of disabled staff who stated that there had been provided with adequate reasonable adjustments (Table 20). The Trusts response rate slightly outperformed the National, C&M ICB and Acute & Community averages for this question.

If it worth noting that the NHS Staff Survey disclosure rate of staff with a long-term medical condition is significantly larger (26.8%) than the official data held in ESR (5.6%). This may be because of a number of reasons including the anonymity of the survey, as well as the difference in the wording of the question which is broader in the survey (see 4.1.3, p6).

6.9. Indicator 9a: The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation

The score for the staff engagement theme is derived from the nine questions (Q2a, Q2b, Q2c, Q3c, Q3d, Q3f, Q23a, Q23c and Q23d), grouped into three themes: motivation; involvement; and advocacy (Table 21).

Table 21: Staff Engagement

	Disabled		No Dis			
	STHK Disabled	S&O Disabled	STHK No Dis	S&O No Dis	National Disabled	National No Dis
2021	6.8	6.2	7.2	6.9	6.5	7.0
2022	6.9	6.1	7.3	6.9	6.4	6.9
2023	tbc		tbc		tbc	tbc

NB: The Disabled Staff Engagement score is provided by NHSE as part of the WDES data return. Therefore the 2023 results are currently unavailable.

6.10. Indicator 9b: Has your Organisation taken action to facilitate the voices of Disabled staff in your organisation to be heard (yes or no)?

Indicator 9b is an open question asking how the Trust has engaged disabled staff.

The Trust reported doing the following:

- The Trust supports the Building Abilities Network staff network, which is open to disabled staff and allies.
- The network is represented on a number of groups including a regular Staff Network Chair meeting with the Equality, Diversity & Inclusion Team and membership of the Equality, Diversity & Inclusion Steering Group.
- The network has been actively consulted on a number of projects including the Trusts Reasonable Adjustments Policy, all business tabled at the ED&I Steering Group, the development of an annual calendar of events, and events/comms to support the aims of the staff network.

6.11. Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated

Overall, the proportion of the Trust Board with a known disability is now equal to that of the overall workforce population (Table 23). The difference therefore now 0%. The principal difference being that no members of the Trust Executive who are members of the board are known to have a disability. In this metric the difference is -6%.

Table 22: Trust Board Trend

	STHK Disabled	S&O Disabled	National Disabled
2022	0.0%	0.0%	4.6%
2023	6.3%	7.1%	5.7%
2024	5.6%		tbc

Table 23: Trust Board 2024

	Dis	No Dis	Unknown
Total Board	5.6%	88.9%	5.6%
Of which Voting Board Members	11.1%	88.9%	0.0%
Non-Voting Board Members	0.0%	88.9%	11.1%
Of which Executive Board Members	0.0%	100%	0.0%
Non-Executive Board Members	11.1%	77.8%	11.1%
Difference Total Board v Workforce	0	**+5**	**-5**
Difference Voting Members v Workforce	**+6**	**+5**	**-10**
Difference Execuitve Members v Workforce	**-6**	**+16**	**-10**

7. Conclusion

Overall, the proportion of known disabled staff at the Trust continues to improve, including a reduction in the gap between the national average, and the total disclosure within the medical workforce continues to be comparatively low.

Disabled staff overall are less satisfied that non-disabled staff in the staff survey responses, though several improvements have been made in staff responses.

Overall, the WDES indicators show the following:

- An increase in the proportion of total disabled staff reported to 5.6%
- The proportion of disabled individual on the Trust Board match the overall workforce population.
- Disabled and Non-Disabled staff were nearly as likely to report harassment if they had experienced it,
- A higher percentage of disabled staff reported experiencing harassment whether that be from patients et al, managers or colleagues compared to Non-Disabled staff.
- 57.7% of disabled staff believe the Trust provide equality in career progression, compared to 60.9% of Non-Disabled staff,
- 26.2% of disabled staff reported feeling pressured to come to work when ill, significantly higher than non-disabled staff at 16.2%
- 37.7% of disabled staff reported feeling that the trust valued their work, compared to 48% of non-disabled staff.
- 73.2% of disabled staff that require workplace adjustments reported being provided with them

8. Action Plan

From our assessment, the priority areas of activity for the next 12 months are:

1. Encourage and enable disability disclosure at all levels but specifically
   - Capturing staff early during onboarding,
   - Empowering staff and managers
   - Clear alignment with HR processes
   - Embedding organisational level adjustments
2. The Underrepresentation of Disabled Senior Leaders (Band 8+),
3. The Underrepresentation of Disabled Medical & Dental roles,
4. To streamlining reasonable adjustments
5. The differential experiences and satisfaction of disabled staff compared to non-disabled staff

To address the issues identified within the WDES data analysis, the Trust is committed to delivering the following actions:

Priority Areas of Activity	Main Action	Success Measures	Success Measure Achievement
Enabling disclosure and supportive culture	**Disability Disclosure:** To increase the disability disclosure rate of the workforce by identifying disclosure routes, improving processes, and self-declaration.	• All: 8% • Non-Clinical: 9% • Clinical Non-Medical: 8% • Clinical M&D: 5%	October 2025
	Disclosure Band 8+: To increase the disability disclosure rates at Band 8+	• >0%	March 2026
	Onboarding: To reinforce and enhance the current provision of ensuring that new onboarded staff have multiple opportunities to disclosure a disability pre-arrival, and within their induction period.	Disability disclosure of new starters Staff Survey: Reasonable Adjustments: 77% Yes	June 2025
Underrepresentation of Disabled Medical & Dental roles	Review causes of the drop-in disclosure rates between Medical Schools and the workforce and agree actions were relevant.	Review completed and action identified	October 2025
	Review M&D induction to ensure disability disclosure processes are clear and line managers understand their responsibility	Review completed and action identified	June 2025
Streamlining Reasonable Adjustments	**RA Policy:** To support the embedding of the Reasonable Adjustments policy and provide support and training to managers across the Trust to apply the policy meaningfully. To review the RA process for Volunteers, Work Experience and Apprentices	• Policy approved • Processes published • Staff Survey: Reasonable Adjustments: 77% Yes	June 2025
	IT and Assistive Software: To identify commonly recommended and used assistive software and ensure they can be accessed via the Trust IT systems	• IT system / IG allows software to be installed / used. • Staff Survey: Reasonable Adjustments: 77% Yes	June 2025

	Changing Places: To open the Trust first Changing Places Toilet, and agree a commitment to expand provision across the Trust in the future	Changing Place Open Future Vision agreed	December 2024 October 2025
	Recruitment & Selection: To ensure that it is clear to the applicant how to request reasonable adjustments, that managers know how to respond, and guidance/training is easily accessible.	• Increase is proportion of applicants disclosing a disability • Increase in proportion of successful disabled new starters	October 2025
Training	To develop and introduce a training session on Neurodiversity	• Cause launched • 50 attendees in yr 1	From April 2025
Neurodiverse Inclusive Workplaces	To conduct a review of best practice in creating neurodiverse workplaces and identify best practice and recommendations.	Review complete	June 2025
Disabled Staff Network	To renew the disabled staff network (Building Abilities Network)	Increasing membership and engagement	December 2025
To support partners to become disability confident	To offer information, advice and guidance on becoming disability confident to partner organisations who have not yet started their disability confident journey/would like to progress	X4 relationships completed	Annual Rolling Target
Sickness, attendance, and Presenteeism	To develop a new Sickness Absence Policy, embedding disability sickness absence and disability leave process upfront.	Policy approved and implemented	June 2025
	To develop new guidance and resources on the use of Disability Leave and to empower managers and staff to use their leave when appropriate.	Guidance published and promoted to managers, embedded in disability training.	March 2025

	To review leadership and management training and resources, to ensure managers understand the importance of supporting disabled staff, to create a supportive culture, and not apply undue pressure on staff to attend work when ill.	• Updated guidance and training content • Comms Strategy implemented by HRBP's on effective management of disabled staff • Updated RA guidance to include in RA Passport	May 2025