

Workforce Disability Equality Standard Report

April 2024 – March 2025

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1. Executive Summary

This report provides the Trust Board with the Annual Workforce Disability Equality Standard (WDES) data for the Mersey & West Lancashire Teaching Hospitals Trust. The publication of this report is for the period 2024-2025 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: 2024-2025

The Trust has worked to implement disability inclusion actions agreed within the 2024 WDES report, as well as the EDI Operational Plan 2022-2025, activity to support the implementation of the NHS EDI High Impact Actions¹ (HIA), the Equality Delivery System² (EDS) and our work as a Disability Confident Leader³.

Key actions that have been achieved between November 2024-July 2025 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. This value-added service is helping to increase disability disclosure and ensure staff are provided with reasonable adjustments and completed passports.
- **Charter Mark Renewal:** The Trust successful renewed the Defence Employers Recognition Scheme (2024) being recognised as Gold.
- **New Policies:** The Trust has approved policies / updated policies on Flexible Working, New Parent Leave, Parental Bereavement Leave, and Neonatal Leave.

¹ [NHS EDI Improvement Plan High Impact Actions](#)

² [NHS Equality Delivery System](#)

³ [Disability Confident](#)

- **Disability Pay Gap (HIA3):** The Trust published the Disability Pay Gap in March 2025. Overall, the Disability Pay Gaps are in favour of Non-Disabled staff.
- **Widening Recruitment (HIA4):** Work is ongoing to develop a Work Experience offer; and the Trust is currently planning to host a 'Ways to Work' programme with St Helens Council/College for pilot placement starting in 2025-26 academic year.
- **Assistive Software:** ClaroRead, MindGenius, JAWS, Dragon, Co-Pilot, and ZoomText have all been signed off by IT and Information Governance for use by disabled staff.
- **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, Equality Impact Assessments, Harassment & Discrimination (actions support HIA6); and introduced a new course on Neurodiversity Awareness and delivered bespoke Autism Awareness training for Theatre staff.

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 data⁴ (2021-2025), Model Health system⁵ (2020-2025). Where 2025 data is not available, 2024 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 flag; and Unknown, where ESR has a black, unknown or decline flag.

⁴ [NHS Staff Survey](#)

⁵ [Model Health System](#) (log in required)

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?”.

5. WDES Indicators

5.1. Staff Profile Workforce Overview

In the snapshot date of 31st March 2025, Mersey & West Lancashire Teaching Hospitals Trust (MWL) employed 11,006 staff which consisted of:

- 6.7% Known Disability,
- 84.7% No Known Disability,
- 8.6% Not Stated/ unspecified / prefer not to answer.

Over the past 6 years (2020 v 2025) (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 (573/5.6% to 733/6.7%), Non-Clinical (209/6.9% to 266/8.7%), Clinical Non-Medical (364/5.4% to 442/6.3%) and a decrease in the Clinical Medical & Dental (M&D) (27/2.9% to 25/2.6%) (Table 1).

Further details for each category are set out below.

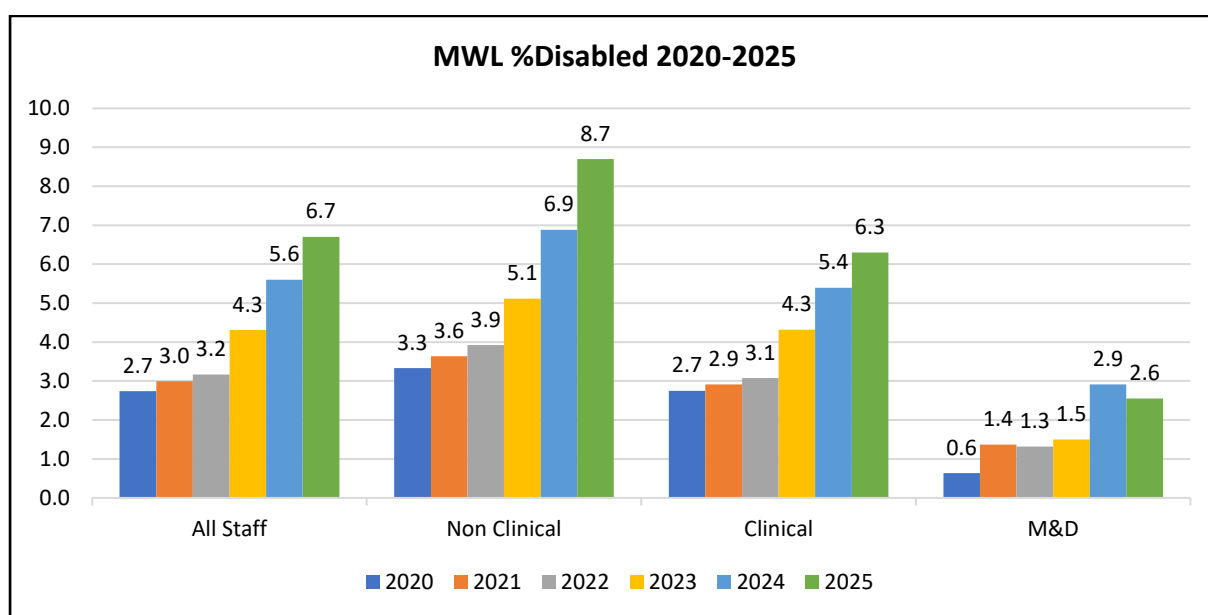


Figure 1

Table 1: 6-year trend and benchmarking

	2019	2020	2021	2022	2023	2024	2025
% MWL	3.0%	2.7%	3.0%	3.2%	4.3%	5.6%	6.7
% National	3.1%	3.5%	3.7%	4.2%	4.9%	5.7%	-
% North West	3.2%	3.5%	3.8%	4.2%	4.9%	5.7%	-
% Acute	3.1%	3.0%	3.2%	3.6%	-	5.6%	-

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 2024 to March 2025, there was an increase in the number and proportion of known disabled staff (Table 2) as follows:

- The total workforce from 573 (5.6%) to 733 (6.7%)
- Non-Clinical staff from 209 (6.9%) to 266 (8.7%)
- Clinical Non-Medical roles from 364 (5.4%) to 442 (6.3%)
- Clinical Medical & Dental roles from 27 (2.9%) to 25 (2.55%)

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 2025	Dis	No Dis	Unk	% Dis	% Dis National (2024)
Total Workforce	733	9327	946	6.7%	5.7%
Non-Clinical AfC Workforce	266	2476	309	8.7%	6.7%
Clinical AfC Workforce	442	5989	545	6.3%	5.8%
Medical and Dental Workforce	25	862	92	2.6%	2.4%

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 209 (6.9%) to 266 (8.7%), with an increase in the number and proportion of Disabled staff on bands 1 -7 and 8b-d (Table 4).
- There were no known disabled staff on Band 9 or VSM.
- A larger proportion of Band 1, 3, 4, 6, 7, 8c and 8d staff are known to have a disability compared to the Non-Clinical average.
- Compared to 2024 Benchmarking data, in 2024 the Trust had a larger proportion of disabled staff on Bands 2-4, 6, 8d; and comparing MWL 2025 against the national 2024 benchmarks, the Trust had a larger proportion of disabled staff on bands 2-4, 6, 7, 8d. (Table 4, 5).

Table 4: % Disabled Non-Clinical Workforce

	2024 MWL		2025 MWL		2024 National
	% Disabled	% No Dis	% Disabled	% No Dis	% Disabled
Band 1	9.8%	58.8%	10.6%	59.6%	-
Band 2	6.5%	75.6%	8.2%	76.4%	6.3%
Band 3	8.4%	83.6%	10.1%	82.3%	7.5%
Band 4	6.6%	83.6%	8.8%	83.0%	6.3%
Band 5	4.9%	87.8%	5.2%	88.4%	7.0%
Band 6	9.4%	81.3%	11.6%	82.2%	7.4%
Band 7	6.4%	84.1%	10.7%	82.7%	7.1%
Band 8A	6.3%	89.1%	5.4%	90.5%	6.4%
Band 8B	2.8%	80.6%	7.8%	85.7%	6.2%
Band 8C	3.9%	96.2%	9.7%	87.1%	4.9%
Band 8D	11.8%	76.5%	14.3%	78.6%	5.2%
Band 9	0.0%	91.7%	0.0%	90.9%	3.9%
VSM	0.0%	91.7%	0.0%	92.3%	6.3%
Total	6.9%	81.1%	8.7%	81.2%	6.7%

Table 5: % Disabled Non-Clinical Workforce National Comparators

% Disabled	2019	2020	2021	2022	2023	2024	2025
MWL	3.3	3.3	3.6	3.9	5.1	6.9	8.7
National	3.6	4.0	4.3	4.9	5.8	6.7	-
North West	3.6	4.0	4.2	4.7	4.9	-	-
Acute	3.6	3.6	3.9	4.4	-	-	-

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 364 (5.4%) to 442 (6.3%), with an increase in the number and proportion of disabled staff on bands 2-6, 8a (Table 6).
- There were no known disabled staff on Bands 8c-9 and VSM.
- Compared to 2024 Benchmarking data, in 2024 the Trust had a larger proportion of disabled staff on Bands 2 and 6; and comparing MWL 2025 against the national 2024 benchmarks, the Trust had a larger proportion of disabled staff on bands 2, 3, 5, and 6 (Table 6, 7).

Table 6: % Disabled Clinical Non-Medical Workforce

	2024 MWL		2025 MWL		2024 National
	% Disabled	% No Dis	% Disabled	% No Dis	% Disabled
Band 1	0.0%	0.0%	0.0%	0.0%	-
Band 2	5.1%	85.5%	6.2%	85.8%	5.0%
Band 3	6.0%	81.9%	6.2%	83.7%	6.0%
Band 4	6.9%	83.3%	7.0%	83.7%	7.1%
Band 5	4.9%	88.0%	6.6%	87.7%	5.3%
Band 6	6.5%	83.7%	7.6%	84.1%	6.3%
Band 7	5.5%	84.0%	5.2%	86.0%	5.9%
Band 8A	3.6%	87.2%	4.0%	89.3%	5.3%
Band 8B	3.0%	77.3%	4.8%	77.4%	5.1%
Band 8C	0.0%	100.0%	0.0%	95.0%	4.4%
Band 8D	0.0%	100.0%	0.0%	100.0%	4.1%
Band 9	0.0%	100.0%	0.0%	100.0%	3.6%
VSM	0.0%	100.0%	0.0%	0.0%	4.3%
Total	5.4%	85.3%	6.3%	85.9%	5.8%

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

	2019	2020	2021	2022	2023	2024	2025
MWL	3.2%	2.8%	2.9%	3.1%	4.3%	5.4%	6.3%
National	3.2%	3.6%	3.9%	4.3%	5.0%	5.8%	-
North West	3.3%	3.6%	3.9%	4.3%	-	-	-
Acute	3.1%	3.0%	3.3%	3.6%	-	-	-

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 decreased from 2.9% to 2.6%, although total headcount has increased from 24 to 25 (Table 8).
- By career stage, trainee doctors are far more likely to have disclosed a disability (3.2%) compared to Consultants (2.3%).
- Compared to the known population of disabled people in the 1) population, and 2) workforce, there remains either a significant underreporting of a disability by medics, or there are significant issues with the recruitment and retention of medics with a disability, both at the Trust and nationally.
- Compared to 2024 Benchmarking data, in 2024 and 2025 the Trust had a larger proportion of disabled staff on Trainee and Non-Consultant roles (Table 8, 9).

Table 8: % Disabled Clinical Medical & Dental Workforce

	2024 MWL		2025 MWL		2024 National
	% Disabled	% No Dis	% Disabled	% No Dis	% Disabled
Consultants	1.5%	82.1%	2.3%	84.2%	1.8%
Non-consultant	3.4%	84.6%	2.0%	86.8%	2.1%
Trainees	4.7%	91.3%	3.2%	93.9%	3.1%
Total	2.9%	85.7%	2.6%	88.1%	2.4%

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

	2019	2020	2021	2022	2023	2024	2025
MWL	0.5%	0.6%	1.4%	1.3%	1.5%	2.9%	2.6%
National	1.3%	1.3%	1.5%	1.7%	2.2%	2.4%	-
North West	1.1%	1.1%	1.4%	1.4%	-	-	-
Acute	1.2%	1.2%	1.4%	1.6%	-	-	-

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 band, 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%
2024-2025	26.1%	32.5%	53.2%

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

	MWL	National	North West	C&M ICB
2021-2022	1.2	1.1	1.2	0.9
2022-2023	1.1	1.0	1.1	0.9
2023-2024	1.1	1.0	1.0	1.1
2024-2025	1.2	-	-	-

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

Overall disabled staff are slightly less likely to be appointed from interview, at 1.24. Nationally, disabled applicants are slightly more likely to be appointed at 0.98 (2024), and in the North West slightly less likely at 1.08 (2024).

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. 2022/23 + 2023/24 average, and 2023/24 + 2024/25 average.

Overall disabled staff are less likely to go through a formal capability process than non-disabled staff (0.58), significantly lower than the national average (2.04) (Table 12).

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

	STHK	S&O	National Average	North West Average
2020/21 + 2021/22	9.96	0.00	2.01	2.01
2021/22 + 2022/23	4.97	0.00	2.17	3.35
2022/23 + 2023/24	0.00		2.04	2.41
2023/24 + 2024/25	0.58		-	-

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 2024 NHS Staff Survey was conducted between October and November 2024 and completed by 3944 staff (37% response rate). For the purposes of this report, the 2024-2025 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

		2022	2023	2024	Change
MWL	Disabled	33.7%	26.5%	24.2%	-2.3
	No Dis	24.6%	20.0%	18.3%	-1.7
	All	26.9%	21.9%	20.0%	-1.9
National	Disabled	33.1%	30.0%	29.5%	-0.5
	No Dis	25.9%	23.3%	23.3%	0.0
	All	27.8%	25.3%	25.1%	-0.2
C&M ICB	Disabled	30.9%	26.4%	25.2%	
	No Dis	22.8%	19.2%	18.4%	
	All	24.9%	21.4%	20.3%	
Acute & Community	Disabled	32.9%	29.6%	29.2%	-0.4
	No Dis	26.0%	23.3%	23.3%	-0.0
	All	28.0%	25.2%	25.0%	-0.2

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:

- 1.9 point decrease in the proportion of staff reporting experiencing bullying and harassment from a patient et al,

- 2.3 point decrease in the proportion of Disabled staff reporting experiencing bullying and harassment from a patient et al,
- 1.7 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

		2022	2023	2024	Change
MWL	Disabled	13.4%	11.4%	11.9%	+0.5
	No Dis	7.9%	6.5%	6.4%	-0.1
	All	9.3%	8.1%	8.1%	0.0
National	Disabled	16.4%	14.6%	14.1%	-0.5
	No Dis	9.4%	8.3%	7.8%	-0.5
	All	11.1%	9.9%	9.5%	-0.4
C&M ICB	Disabled	14.7%	13.6%	13.0%	-0.6
	No Dis	8.5%	7.2%	5.6%	-1.6
	All	10.1%	8.9%	8.4%	-0.5
Acute & Community	Disabled	17.4%	15.2%	14.7%	-0.5
	No Dis	9.9%	8.7%	8.1%	-0.6
	All	11.7%	10.4%	9.8%	-0.6

Overall, the proportion of staff reporting that they had experienced bullying and harassment from a manager remained the same, with a increase in the number of Disabled staff reporting this.(Table 14). Specifically, there was:

- No change in the proportion of staff reporting experiencing bullying and harassment from a manager,
- 0.5 point increase in the proportion of Disabled staff reporting experiencing bullying and harassment from a manager,
- 0.1 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

		2022	2023	2024	Change
MWL	Disabled	23.6%	20.5%	21.2%	+0.7
	No Dis	14.8%	12.2%	11.6%	-0.6
	All	17.0%	15.0%	14.7%	-0.3
National	Disabled	25.1%	23.8%	23.6%	-0.2
	No Dis	16.6%	15.4%	15.3%	-0.1
	All	18.7%	17.7%	17.6%	-0.1
C&M ICB	Disabled	22.7%	21.7%	20.9%	-0.8
	No Dis	14.9%	12.8%	12.5%	-0.3
	All	17.0%	15.2%	14.9%	-0.3
Acute & Community	Disabled	27.0%	25.5%	25.3%	-0.2
	No Dis	17.9%	16.5%	16.3%	-0.2
	All	20.0%	18.8%	18.6%	-0.2

Overall, there was a decrease in the proportion of staff reporting that they had experienced bullying and harassment from a colleague, however the proportion of disabled staff reporting this is significantly higher than non-disabled staff. For disabled staff themselves there was an increase in reported experience from 20.5% to 21.2% (Table 15). Specifically, there was a:

- 0.3 point decrease in the proportion of staff reporting experiencing bullying and harassment from a colleague,
- 0.7 point increase in the proportion of Disabled staff reporting experiencing bullying and harassment from a colleague,
- 0.6 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

		2022	2023	2024	Change
MWL	Disabled	52.3%	49.3%	52.0%	+2.7
	No Dis	48.8%	51.9%	49.4%	-2.5
	All	49.8%	50.8%	50.2	-0.6
National	Disabled	51.0%	52.5%	54.4%	+1.9
	No Dis	49.2%	51.4%	53.8%	+2.4
	All	49.9%	51.8%	54.0%	+2.2

		2022	2023	2024	Change
C&M ICB	Disabled	54.3%	52.9%	56.1%	+3.2
	No Dis	51.4%	52.3%	53.9%	+1.7
	All	52.3%	52.6%	54.8%	+2.2
Acute & Community	Disabled	48.5%	50.5%	52.3%	+1.8
	No Dis	46.9%	49.3%	51.5%	+2.2
	All	47.6%	49.8%	51.8%	+2.0

Overall, there was a decrease in the proportion of staff stating that they had reported bullying and harassment when they had experienced it. Disabled staff were slightly more likely to report incidents compared to non-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 higher for Disabled staff (52.0%) compared to Non-Disabled staff (49.4%).
- The proportion of disabled staff reporting this increased by 2.7 points compared to a decrease of 2.5 points for non-disabled staff.
- Trust staff were less likely to state that they had reported bullying and harassment 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

		2022	2023	2024	Change
MWL	Disabled	54.4%	57.7%	52.9%	-4.8
	No Dis	61.3%	60.9%	60.2%	-0.7
	All	59.5%	59.8%	58.1%	-1.7
National	Disabled	51.7%	52.2%	51.5%	-0.7
	No Dis	57.5%	58.1%	57.7%	-0.4
	All	56.0%	56.4%	55.9%	-0.5
C&M ICB	Disabled	51.4%	51.7%	51.7%	0.0
	No Dis	59.7%	59.5%	60.2%	+0.7
	All	57.6%	57.3%	57.8%	+0.5
Acute & Community	Disabled	50.9%	51.3%	50.7%	-0.6
	No Dis	56.8%	57.4%	57.1%	-0.3
	All	53.3%	55.8%	55.4%	-0.4

Overall, the proportion of staff reporting that they believed the Trust provides equality of opportunity in career progression decreased to 58.1%. However, disabled staff were significantly less likely to believe in equality in career progression. (Table 17). Specifically:

- 1.7 point decrease in the proportion of staff reporting Yes,
- 4.8 point decrease in the proportion of Disabled staff reporting Yes,

- 0.7 point decrease in the proportion of Non Disabled staff reporting Yes,
- 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

		2022	2023	2024	Change
MWL	Disabled	26.4%	26.2%	25.6%	-0.6
	No Dis	18.6%	16.2%	16.3%	+0.1
	All	21.2%	19.9%	20.1%	+0.2
National	Disabled	28.0%	26.6%	25.4%	-1.2
	No Dis	20.1%	18.5%	17.8%	-0.7
	All	22.6%	21.3%	20.3%	-1.0
C&M ICB	Disabled	26.4%	25.5%	24.0%	-1.5
	No Dis	18.9%	16.9%	16.6%	-0.3
	All	21.4%	20.0%	19.3%	-0.7
Acute & Community	Disabled	29.9%	28.3%	27.0%	-1.3
	No Dis	21.2%	19.5%	18.6%	-0.9
	All	23.8%	22.4%	21.3%	-1.1

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

- 0.2 point increase in the proportion of staff stating they felt pressure to come to work when ill
- 0.6 point decrease in the proportion of Disabled staff stating that they felt pressured to come to work when ill
- 0.1 point increase 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 has increased from 7.8 points (2022) to 9.3 points (2024).
- The overall Trusts response rates better than the National and Acute & Community averages, however the response rates for disabled staff at the Trust is worse than the national average.

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

		2022	2023	2024	Change
MWL	Disabled	32.9%	37.7%	32.6%	-5.1
	No Dis	45.4%	48.0%	47.4%	-0.6
	All	42.2%	44.7%	42.9%	-1.8
National	Disabled	34.7%	36.9%	36.3%	-0.3
	No Dis	44.6%	47.8%	47.4%	-0.4
	All	42.1%	44.9%	44.4%	-0.5
C&M ICB	Disabled	34.3%	36.9%	36.6%	-0.3
	No Dis	44.8%	48.2%	48.4%	+0.2
	All	42.0%	45.1%	45.1%	0.0
Acute & Community	Disabled	32.4%	34.7%	34.2%	-0.5
	No Dis	43.0%	46.5%	46.2%	-0.3
	All	40.4%	43.6%	43.2%	-0.4

Overall, the proportion of staff reporting that they felt that the Trust valued their work decreased, with Disabled staff far less likely to believe that it does (Table 19).

Specifically:

- 1.8 point decrease in the proportion of staff that they felt valued
- 5.1 point decrease in the proportion of Disabled staff stating that they felt valued
- 0.6 point decrease in the proportion of Non-Disabled staff stating that they felt valued
- The difference between disabled and Non-Disabled staff responses increased from 10.3 points (2023) to 14.8 points (2024).
- The Trusts response rates are worse 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 figures 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	2022	2023	2024	Change
MWL	71.3%	73.0%	75.8%	+2.8
National	72.9%	74.5%	75.0%	+0.5
North West	72.0%	73.6%	74.9%	+1.3

%YES	2022	2023	2024	Change
C&M ICB	71.7%	73.1%	75.6%	+2.5
Acute & Community	71.5%	73.0%	73.9%	+0.9

Overall, there was a 2.8 point increase in the proportion of staff who stated that they had been provided with adequate reasonable adjustments (Table 20). The Trusts response rate slightly outperformed the National, North West, C&M ICB and Acute & Community averages.

It is worth noting that the NHS Staff Survey disclosure rate of staff with a long-term medical condition is significantly larger (27.6%) than the official data held in ESR (6.4%). 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 NHS Staff Survey engagement theme is a composite score, standardised to give a value out of 10, with a higher value indicating better performance

It draws from responses to 9 questions across 3 subscales: motivation (I look forward to going to work, I am enthusiastic about my job, time passes quickly when I am working), involvement (there are frequent opportunities for me to show initiative in my role, I am able to make suggestions to improve the work of my team/department, I am able to make improvements happen in my area of work) and advocacy (care of patients/service users is my organisation's top priority, I would recommend my organisation as a place to work, if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation) (questions Q2abc, Q3cdf, Q23acd) (Table 21).

Table 21: Staff Engagement

	MWL		National	
	Disabled	No Dis	Disabled	No Dis
22/23	6.9	7.3	6.4	6.9
23/24	6.7	7.2	6.5	7.0
24/25	6.5	7.1	6.4	7.0

The staff engagement score was lower for disabled staff compared to non-disabled staff, and had decreased from 2023. The non-disabled response rate had also decreased but not as substantially. Compared to the national results, the Trust performance slightly better for both disabled and non-disabled responses.

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 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

In March 2025 there were no known disabled member of the Trust's Board (Table 23). This now means that there is a 6.7% difference between the proportion of disabled people on the Board, and the overall workforce.

Table 22: Trust Board Trend

	MWL Disabled	National Disabled
2024	5.6%	6.5%
2025	0.0%	-

Table 23: Trust Board 2025

	Dis	No Dis	Unknown
Total Board	0.0%	88.9%	11.1%
Of which Voting Board Members	0.0%	81.8%	18.2%
Non-Voting Board Members	0.0%	100%	0.0%
Of which Executive Board Members	0.0%	83.3%	16.7%
Non-Executive Board Members	0.0%	100%	0.0%
Difference Total Board v Workforce	-6.6	+4.2	+3
Difference Voting Members v Workforce	-6.6	-2.9	+10.2

7. Conclusion

Overall, the proportion of known disabled staff at the Trust continues to improve, with the gap between MWL and the national average reducing to 0.1% in 2024 and the

Trust increasing to +1% point when comparing MWL 2025 with National 2024 figures. The Medical Workforce however, continues to have low disclosure rates, and this year in fact decreased.

Overall, the WDES indicators show the following:

Workforce data metrics:

- An increase in the proportion of total disabled staff reported to 6.7%; Non-Clinical staff to 8.7%; Clinical Non-Medical staff to 6.3%; and a decrease Clinical Medical & Dental staff to 2.6%.
- An increase in the proportion of Non-Clinical Disabled staff on all bands excluding 8a, 9 & VSM.
- An increase in the proportion of Clinical Non-Medical disabled staff on bands, excluding band 1, 7, 8c+
- An increase in the proportion of Clinical Medical & Dental disabled staff on Consultant grades, with a decrease for Trainees, and Non-Consultants.
- Disabled applicants are less likely to be appointed than non-disabled applicants. The likelihood of disabled staff being appointed has got worse compared to previous year.
- Disabled staff are less likely than non-disabled staff to enter a formal capability process.
- There are no known disabled individuals on the Trust Board.

Staff survey data:

- 24.2% of disabled staff reported experiencing harassment from patients et al, compared to 18.3% of Non-Disabled staff.
- 11.9% of disabled staff reported experiencing harassment from a manager, compared to 6.4% of Non-Disabled staff.
- 21.2% of disabled staff reported experiencing harassment from colleagues, compared to 11.6% of Non-Disabled staff.
- Disabled staff were more likely than Non-Disabled staff to report harassment if they had experienced it.
- 52.9% of disabled staff believe the Trust provides equality in career progression, compared to 60.2% of Non-Disabled staff.
- 25.6% of disabled staff reported feeling pressured to come to work when ill, significantly higher than non-disabled staff at 16.3%.
- 32.6% of disabled staff reported feeling that the trust valued their work, compared to 47.4% of non-disabled staff.
- 75.8% of disabled staff that require workplace adjustments reported being provided with them.

8. Action Plan

The Trust has developed a new People Strategy within which Equality, Diversity and Inclusion are embedded. The **key disability related objectives** set out in the People Strategy delivery plan are:

Table 24: Action Plan

People Plan: Theme	Commitment	Measure	2025-26 Delivery Plan Actions
Looking after our people: We will develop a culture than empowers individuals to lead healthy lives and thrive in work by providing holistic wellbeing support	- Continue to embed health & wellbeing support and initiatives than champion a safe and healthy environment for all - Continue to harness a culture of kindness, openness and inclusivity where everyone is treated with civility and respect - Continue to develop compassionate and inclusive leaders than champion a culture of learning and improvement - Empower staff to work flexible, allowing them to balance both professional and personal commitments	- Improve staff sickness levels year on year - Undertake the Health & Wellbeing Diagnostic tool and implement improvement actions - Improvement in staff survey results for 'health and wellbeing', and 'we are compassionate and inclusive'	- Continue to support disabled staff with reasonable adjustments and utilising the disability passports. - Improve our understanding of our workforce relating to health inequalities and indices of multiple deprivation and ensure targeted and relevant advice, guidance and support is available to them. - To work with departments/teams with disproportionately low disclosure rates and reasonable adjustment satisfaction levels to identify any barriers to disclosure, and support needs for managers - Delivery of Sickness Improvement plan - Review our approach to awareness, education and intervention relating to physical health to ensure it is fit for purpose i.e. MSK, moving and handling, work related physical health instances.

			• Continue to develop and implement an MWL Trauma Support Pathway with key stakeholders. To support staff and managers with a clear process and procedure of practice and to support with a psychological safe environment • Launch a time to flex campaign to communicate the range of flexibility available to colleagues across the organisation.
Belonging in the NHS: We will develop an inclusive culture where everyone's voice is represented and celebrated	• Celebrate diversity and promote an environment of openness and inclusion • Tackle all forms of discrimination, harassment and bullying • Ensure that every person has a voice that counts by acting on feedback and involving staff in decision making • Champion an environment that enables all staff to "speak up", raise concerns, makes changes and shape learning • Improve the experience of those people with a protected characteristic	• Trust will be in top 25% for People Promise "we are compassionate and inclusive" • Continue to increase the % staff sharing their disability status with the Trust • Implement all 6 high impact areas under the NHS EDI Improvement Plan • Reduce number of colleagues experiencing harassment, bullying or abuse at work	• The complete a Reasonable Adjustments Processes Review project in collaboration with AQUA/Service Improvements to improve the processes and support across the Trust • Implement a 'Culture and Engagement events plan' which includes events for EDI Week, Disability History Month, Carers Week, Global Accessibility Day, Staff Network Day, MWL People Week, and Speak Up Month. • All staff in 2025 Appraisal to be asked to identify a personal EDI Training/Development objective • Provision of a suite of learning and development options in relation to EDI and wider inclusion that includes courses, reading, listening, watching and volunteering. • Run a campaign to support staff in disclosing their health conditions and expand knowledge of support and

			advice available for those that have conditions to disclose. • Implement active bystander training for colleagues across the Trust. • Refine MWL approach for Staff Networks in partnership with Trust Senior Leadership Group
Growing for the future: We will embrace new ways of working and create opportunities to enable our people to achieve their potential	• Grow our relationships with local communities, schools and colleges to develop health workers of the future • Continue to develop and improve our recruitment practices and processes • Develop and embed training and development pathways across all levels and professions	• 70% of staff recommend the Trust as a place to work • Review and Improve exit interview processes • Continue to achieve compliance in appraisals across all staff groups	• Career Development programme to be introduced for disabled staff • To develop career development resources and toolkits including on topics aimed at disabled staff and reasonable adjustments • To target promotion of career development opportunities to the Disabled Staff Network • Publish recruitment/why work here information on the external recruitment website aimed at disabled applicants • Define our engagement area and map the High Schools and colleges then identify our key links • In collaboration with St Helens Council, to pilot a “disability” placement scheme. • Develop and launch defined work experience programme across MWL.