North Cheshire and Mersey
NHS Foundation Trust

Workforce Disability Equality Standard

North Cheshire and Mersey NHS Foundation Trust

(previously known as Warrington and Halton Teaching Hospitals NHS Foundation Trust)

2025-26

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Workforce Disability Equality Standard

1. Background

The Workforce Disability Equality Standard (WDES) was introduced in 2019 to support NHS organisations in understanding and improving the workplace and career experiences of disabled staff. NHS organisations are required to report annually against ten national indicators and develop an action plan for improvement, with Board oversight and approval.

The indicators assess workforce representation, staff experience and organisational inclusion, helping to create a more supportive and equitable working environment. Research continues to demonstrate links between an inclusive workforce, improved staff wellbeing, better patient outcomes and enhanced patient safety.

WDES data has been drawn from ESR, the National Staff Survey and local workforce data and has been used to inform the 2025/26 WDES Action Plan. Progress against the action plan is monitored through established governance arrangements and forms part of the evidence considered by NHS England and the Care Quality Commission within the well-led framework.

This report uses the terminology "disabled staff" and "non-disabled staff" in line with WDES technical guidance, with references to long-term health conditions where relevant to National Staff Survey indicators.

2. Progress made in the previous year

The Trust has made good progress in delivering the majority of actions arising from the previous WDES action plan, providing evidence of sustained commitment to improving the experience of disabled staff. Several actions are now complete and embedded, whilst others remain in progress as part of longer-term cultural and organisational change programmes. The action plan has been developed in partnership with the Disability Awareness Network and continues to be monitored through established governance arrangements.

Completed actions:
Significant progress has been achieved in relation to reasonable adjustments. The Reasonable Adjustments Hub has been successfully relaunched, updated resources and guidance have been introduced and resources to support disability disclosure during recruitment and employment checks have been implemented. Easy-read reasonable adjustments guidance has also been developed and launched for staff and managers, helping improve accessibility and awareness across the organisation.

The organisation has strengthened awareness of Access to Work and related support mechanisms through refreshed standard operating procedures, targeted communications and supporting attendance resources. The anti-bullying and harassment improvement programme has also been launched, including the "See it. Report it. Stop it." campaign, Active Bystander training and establishment of the Anti-

Bullying and Harassment Working Group. Governance arrangements have been strengthened through the creation of a Culture, Inclusion and Wellbeing Steering Group in 2025/26 and associated terms of reference.

Work continues to improve disability disclosure rates, particularly amongst medical and dental staff, through targeted communications, appraisal discussions and educational interventions. Further work is underway with Medical Education to strengthen awareness of reasonable adjustments and improve confidence in disability declaration.

Actions in progress:
Several strategic initiatives remain ongoing, including review and relaunch of the Workplace Passport, further development of a manager bitesize learning package, exploration of an insourced reasonable adjustments service and continued work to increase engagement with the Disability Awareness Network through the Networks in Common model.

The Trust is also progressing a wider programme of disability awareness and leadership development through training, reciprocal mentoring, Board development sessions and the review of organisational EDI objectives to align with the emerging priorities of NCM.

3. Key findings in 2025/26

The full datasets identified as part of the Workforce Disability Equality Standard (WDES) for 2025/26, can be found in **section four**. This section provides a high-level analysis of the key findings from the WDES reporting.

Analysis of the Trust's WDES data has identified improvements against several of the WDES indicators, including:

- Reporting of disability declarations improved year on year for clinical and non-clinical staff. This is an increase to:
    - 5.16% of staff declaring a disability in 2024/25 compared 5.8% in 2025/26.
    - 79.97% of staff declaring they do not have a disability in 2024/25 compared with 81.61% in 2026.
    - 14.87% of staff not declaring their disability status (unknown declaration) in 2024/25 compared with 12.59% in 2025/26. A decrease of 2.28%
- For non-clinical staff, there was an improvement in clusters one, two and four compared to 2023/24 with the overall workforce who have declared a disability increasing from 6.6% to 8.3% in 2025/26
- For clinical staff, there was an improvement in all clusters compared to 2023/24 with the overall workforce who have declared a disability increasing from 4.9% to 5.4%
- For Medical and Dental staff, there was an improvement in all roles with the overall reporting increasing from 2.2% to 2.7%
- The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts decreased from 0.95 in 2024/25 to

0.82%. This demonstrates another significant improvement in the ratio since the WDES was published in 2019.

Analysis of the WDES data has also identified areas of deterioration in comparison with the 2024/25 results. This includes:

- The percentage of staff who say they reported the last time they experienced harassment, bullying or abuse at work.
- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- The percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.
- The percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
- The percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months
- The percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.
- The percentage of staff satisfied with the extent to which their organisation values their work.
- A slight reduction for the percentage of disabled staff who stated the Trust made reasonable adjustments to enable them to carry out their work.
- The percentage difference between the organisation's Board voting membership and its organisation's overall workforce reduced from 1.77% in 2023/24 to -5.16% in 2024/25.

It is noted that although deterioration is noted, the Trust remains above the national average for Acute and Acute and Community Trusts in these metrics in 2025. Additionally, the performance in 2025 represents an improvement compared to the 2022 results with a larger staff engagement response rate.

Although there have been improvements, data still highlights that there are gaps in the Trust workforce profile at Band 8a and above for staff living with a disability or long-term health condition. Specifically, work is required to improve the diversity of the senior leadership of the Trust, as well as support those who have not declared their disability status to feel comfortable to do so.

Additionally, there is still a significant disparity between disabled staff and non-disabled staff when reviewing the results in the NHS Staff Survey. This is particularly significant when looking at the percentage of staff experiencing harassment, bullying or abuse in the workplace. Overall, this remains a targeted area for focus for disabled staff and non-disabled staff as evidenced within the action plan.

4. Data report for 2025/26

Metric 1: Percentage of staff in Agenda for Change (AfC) pay bands 1-9 or medical and dental subgroups and very senior managers (VSM) including Executive Board members compared with the percentage of staff in the overall workforce disaggregated by:

Non-clinical workforce	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	80	8.3%	730	75.6%	153	16.1%	966
Cluster 2: AfC bands 5 to 7	16	6.9%	188	80.7%	29	12.4%	233
Cluster 3: AfC bands 8a and 8b	2	3.1%	58	89.2%	5	7.7%	65
Cluster 4: AfC bands 8c to VSM	4	8.3%	42	87.5%	2	4.2%	48
Total non-clinical	**102**	**7.8%**	**1018**	**77.6%**	**225**	**16.6%**	**1312**

Clinical workforce	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	48	5.3%	778	85.2%	87	9.5%	913
Cluster 2: AfC bands 5 to 7	103	5.5%	1570	83.5%	207	11%	1880
Cluster 3: AfC bands 8a and 8b	9	5.0%	154	85.1%	18	9.9%	181
Cluster 4: AfC bands 8c to VSM	0	0.0%	13	86.7%	2	13.3%	15
Total clinical	**160**	**5.4%**	**2515**	**84.1%**	**314**	**10.5%**	**2989**

Medical and Dental	Disabled		Non-disabled		Unknown		Total
	Num	%	Num	%	Num	%	
Medical & Dental Staff, Consultants	4	1.74%	172	74.78%	54	23.48%	230
Medical & Dental Staff, Non-Consultants career grade	2	2.70%	56	75.68%	16	21.62%	74
Medical & Dental Staff, Medical and dental trainee grades	6	4.96%	96	79.34%	19	15.70%	121

Total Medical and Dental	**12**	**2.82%**	**324**	**76.24%**	**89**	**20.94%**	**425**

Total workforce	**Disabled**		**Non-disabled**		**Unknown**		**Total**
	Num	%	Num	%	Num	%	
Number of staff in workforce	**274**	**5.80%**	**3857**	**81.61%**	**595**	**12.59%**	**4726**

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

2025/26	2024/25
The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts is **1.16**. This indicates that non-disabled staff are more likely to be appointed from shortlisting compared to disabled applicants.	The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts is **0.95**. This indicates that non-disabled staff are less likely to be appointed from shortlisting compared to disabled applicants.

To note:

i) A relative likelihood of 1 indicates that there is no difference: i.e. non-disabled applicants are equally as likely of being appointed from shortlisting as disabled applicants.

ii) A relative likelihood **above** 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to disabled applicants: e.g. a likelihood ratio of 2 indicates non-disabled applicants are twice (2 times) as likely to be appointed from shortlisting as disabled applicants.

iii) A relative likelihood **below** 1 indicates that non-disabled applicants are less likely to be appointed from shortlisting compared to disabled applicants: e.g. a likelihood ratio of 0.5 indicates non-disabled applicants are half (0.5 times) as likely to be appointed from shortlisting as disabled applicants.

Metric 3: Relative likelihood of disabled staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.

2025/26	2024/25
There is less likelihood of disabled staff entering the formal capability process compared to non-disabled staff.	There is no difference between the relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff.

To note:

i) A relative likelihood of 1 indicates that there is no difference, i.e. disabled staff are equally as likely as non-disabled staff to enter formal capability processes.

ii) A relative likelihood **above** 1 indicates that disabled staff are more likely to enter formal capability processes than non-disabled staff: e.g. a likelihood ratio of 2 indicates that disabled staff are twice (2 times) as likely to enter a formal capability process compared to non-disabled staff.

iii) A relative likelihood **below** 1 indicates that disabled staff are less likely to enter formal capability processes compared to non-disabled staff: e.g. a likelihood ratio of 0.5 indicates disabled staff are half (0.5 times) as likely to enter a formal capability process compared to non-disabled staff.

Metric 5 to 8 (linked to the Staff Survey 2025):

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7. Percentage of staff believing that their organisation provides equal opportunities for career progression/promotion (It is noted that this question has changed and therefore does not have comparable data to previous years).
8. In the last 12 months have you personally experienced discrimination at work from any of the following? (b) Manager/team leader or other colleagues.

Question	Staff with a long-term health condition or illness			Staff without a long-term health condition or illness		
	2023	2024	2025	2023	2024	2025
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	25.75%	25.04%	**25.47%**	18.83%	20.05%	**20.05%**
Q14b/c) Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	11.47%	10.07%	**10.44%**	5.68%	6.55%	**6.74%**
Q14c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	22.68%	18.86%	**20.80%**	12.45%	14.38%	**12.93%**

Q14d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	53.88%	49.76%	**51.50%**	48.74%	50.32%	**52.25%**
Q15) Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion	58.04%	57.83%	**51.88%**	64.80%	62.37%	**57.72%**
Q11e) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	22.70%	21.53%	**23.56%**	15.63%	14.82%	**14.26%**
Q4b) Percentage of staff satisfied with the extent to which their organisation values their work	40.77%	38.51%	**33.33%**	50.65%	47.53%	**42.45%**

	Warrington and Halton Teaching Hospitals NHS Foundation Trust			National benchmark median		
	2023	2024	2025	2023	2024	2025
Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work	79.45%	77.96%	**77.05%**	73.38%	73.98%	**73.65%**

Metric 9: Percentage difference between the organisation's Board voting membership and its overall workforce.

Percentage difference between:

i. the organisations' Board voting membership and its overall workforce
ii. the organisations' Board executive membership and its overall workforce

	2025/26			2024/25		
	Disabled	Non-disabled	Unknown	Disabled	Non-disabled	Unknown
Total Board Members	0%	92.86%	7.14%	0%	100%	0%
of which: Voting Board members	0%	90.91%	9.09%	0%	100%	0%
Non-voting Board members	0%	100%	0%	0%	100%	0%
Exec Board members	0%	100%	0%	0%	100%	0%
Non-exec Board members	0%	83.33%	16.67%	0%	100%	0%
Number of staff in workforce	5.8%	81.61%	12.59%	5.16%	79.97%	14.87%
Difference (Total board - Overall workforce)	-6%	11%	-5%	-5.16%	20.03%	-14.87%