



Cheshire and Merseyside

People Committee Report

Appendix 2

**Workforce Disability Equality Standard (WDES)
Report 2024/2025 for:**

NHS Cheshire and Merseyside ICB

October 2025

Cheshire and Merseyside ICB

NHS Workforce Disability Equality Standard (WDES) 2024-25

Analysis

1.0 Executive Summary

The WDES is deeply rooted in the fundamental values, pledges and responsibilities set out in the NHS People Plan and the NHS Constitution.

Section 149 of the Equality Act sets out the Public Sector Equality Duty (PSED), which offers protection in relation to employment, as well as access to goods and services. The PSED strengthens the duty on employers to eliminate discrimination and advance equality of opportunity for staff with protected characteristics, including disabled people. Implementing the WDES will assist the ICB to ensure that they are complying with the provisions of the Equality Act 2010, and the aims of the PSED.

As of December 2021, 8.4 million people of working age were identified as Disabled. This represents 20% of the working age population and is an increase of 327,000 from 2019. Across the UK, 52.3% of Disabled people were in employment, compared to 81.1% of non-disabled people. In relation to unemployment, the rate for Disabled people was 8.4% in October-December 2021, up from 6.9% a year previously. This compared to an unemployment rate of 4.6% for non-disabled people. (Ref: WDES guidance: House of Commons Library April 2021)

CM ICB is committed to supporting the work on the WDES. As an employer, we take seriously our responsibilities to review our own performance against WDES.

We are committed to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

2.0 Introduction

WDES was introduced into the NHS in April 2019. It is underpinned by the Social Model of Disability. It is based on ten evidence-based metrics that enable us to compare the workplace and career experiences of disabled and non-disabled colleagues.

At present, Integrated Care Boards (ICBs) are not required to undertake the WDES assessment. However, by highlighting experiences using the WDES factors, Cheshire and Merseyside ICB seeks to demonstrate its commitment to supporting the development of good practice that cultivates a more inclusive and supportive environment for disabled colleagues.

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As a new organisation we have collected data from the period 1st April 2023 to the 31st of March 2024. The snapshot date for year-on-year comparisons is 31st March. We will use this data to guide us in developing aims and objectives for race equality within our workforce.

The following information provides an insight into CM ICB's position against WDES Indicators for the period.

The legal duties which underpin the WDES are set out in the Equality Act 2010. In the Act, race is one of the nine protected characteristics. The Act strengthened the duty on employers to eliminate discrimination, advance equality of opportunity for, and pay 'due regard' to the needs of disabled employees.

As an employer, our responsibilities in relation to WDES is also shaped by key statutory requirements and policy drivers including those arising from:

- o The NHS Constitution
- o The NHS People Promise
- o NHSE EDI Workforce Improvement Plan

As a commissioner of NHS services, it is likely that we will be required to give assurance to the NHS England that our providers are also implementing WDES and using their WDES results to improve outcomes. We do this through quarterly contract monitoring and compliance checks, equality audits and performance reporting.

2.1 The WDES Metrics

There are ten (10) WDES metrics.

- Three (3) metrics focus on workforce data.
- Five (5) are based on questions from the NHS Staff Survey.
- One (1) metric focuses on disability representation on boards.
- One (1) metric (metric 9b) focuses on the voices of Disabled staff. This asks for evidence to be provided within trusts' WDES annual reports.

WDES Indicator		
1	Percentage of Disabled staff	
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts	
3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	
4	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months	Disabled
		Non-Disabled
5		Disabled

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	Percentage of staff believing that the trust provides equal opportunities for career progression or promotion	Non-Disabled
6	Percentage of staff reporting pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled
		Non-Disabled
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled
		Non-Disabled
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	
9	NHS Staff Survey and the engagement of Disabled staff	Disabled
		Non-Disabled
10	Disabled board membership	

2.2 Definition of Disability

WDES is underpinned by the Social Model of Disability¹.

2.3 Implementation:

Our reporting information and data has been collated from our staff Electronic Staff Records (ESR) and staff survey results.

ICBs are required to publish an annual WDES report detailing an analysis of its results along publication of actions for improvement by October each year.

However, some of our data sets are very low in number and therefore potentially identifiable. The decision has therefore been made not publish our WDES data sets, as permissible by the WDES technical guidance. We will publish our actions for improvement on the NHS Cheshire and Merseyside ICB website.

Advice has been sought in relation to reporting very small numbers on sensitive staffing issues such as disciplinarys and, where relevant, sensitive information has been redacted to protect identities.

3.0 Findings

The following information provides insight into CM ICB's current position against WDES indicators.

¹ [Social Model of Disability - Definition](#)

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3.1 National Context

The national NHSE 2021 WDES data analysis highlights that Disabled job applicants are less likely to be appointed through shortlisting, whilst Disabled NHS staff are:

- more likely to go through performance management capability processes
- more likely to experience harassment, bullying or abuse
- less likely to feel that they have equal opportunities for career progress or promotion
- more likely to feel pressured to attend work
- less likely to feel valued for their contribution to the organisation, and less likely to feel engaged.

Disabled people also continue to be underrepresented in middle to senior pay bands and on Boards.

3.1 Data quality

ESR data is incomplete, with only 87% of the 1167 of staff employed on 31st March 2025 declaring their disability. This is a slight decrease from 90% on March 24.

The following sections provides details of our WDES results for each of the indicators. This has been collated from the WDES submission templates.

3.2 Disabled Staff Breakdown

- The Table1 below shows that 87% of all staff have declared their disability status. Of these 7% have declared being disabled, an increase of 2% from last year. 8 people occupy Bands 8c to VSM positions, below 1%.

Board Members:

- Only 56% of voting board members have declared their disability status. This compares with 87% of the workforce population. This is a decrease from 69% last year.
- The disabled staff representation among executive non-executive board members is 0 (1). This is a decrease on last year and possibly due to the decrease in declaration.

Table 1

NHS CM ICB	2025
No. of staff employed within the organisation - headcount	1,167

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Percentage of whom have reported their disability status	87.0%
Percentage who reported having a disability	7%
Percentage of disabled staff in bands 8c to VSM	8 people/ below 1%
Total Board Members - headcount	16 (voting members)
Percentage of whom have reported their disability status	56%
Proportion of disabled Executive Board members compared to the portion of disabled Staff	0% compared to 7% in workforce
Proportion of disabled Non-Executive Board members compared to the portion of disabled Staff	0% compared to 7% in workforce

3.3 Recruitment

- Table 2 below, shows that of the 112 people shortlisted for interview 21 were disabled. 40 people did not disclose their disability status. Of these 4 disabled people were appointed and 31 were nondisabled. These figures show that disabled people are marginally more likely to be appointed from shortlisting than non-disabled.

Table 2

NHS CM ICB	2025
Number of short-listed applicants (headcount)	112
Number appointed from shortlisting	35
Number of disabled people short listed – head count	21
Number of disabled people appointed from shortlisting – headcount and % from total appointed	4 (11%)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled people	1.45%

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3.4. Disciplinary

- Table 3 below shows that during the reporting period no disabled staff were subject to formal disciplinary processes and that this is comparable with non-disabled staff.

Table 3

NHS CM ICB	2025
Number of staff entering formal capability process	0
Number of disabled staff entering formal capability process	0
Likelihood of staff entering the formal capability process as a %	0
Likelihood of disabled staff entering the formal disciplinary process compared to non-disabled staff	N/A

3.5 Non mandatory training / development

- The table below shows that no disabled staff accessed non-mandatory training within the reporting period and that this is comparable with white staff.

Table 4

NHS CM ICB	2025
Number of disabled staff accessing non mandatory training	0
Likelihood of disabled staff accessing non-mandatory training and CPD	0

*This data is not yet available

3.6 Bullying and Harassment

- 3.6.1** Table 5 shows the percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives, or the public is 8%. This is the same as the previous year.

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In comparison the data shows that non-disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public is 74% which is the same as the previous year, with a marginal decrease.

The survey results suggest that disabled staff were marginally more likely to experience harassment and bullying, from the public etc., than non-disabled staff. The number of respondents has increased slightly from last year.

Table 5

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months	8.78%	7%
Number of respondents	205	632

3.6.2 Table 6, shows that disabled staff experiencing harassment, bullying or abuse from managers is **11.7%**. **This is a significant increase from 6.3% last year.** This is below the median of **14.7%**. Additionally, **11. %** of disabled staff have experienced bullying and harassment from other colleagues. This is above the median of **9%**.

Non-disabled staff experiencing bullying and harassment from managers is **4%** and from colleagues is **6%**. These figures are significant decreases from last year reporting.

The results suggest that disabled staff were more likely to experience harassment etc., from managers (**11.7% compared to 6%**) and other colleagues (**11% 0.26 increase from last year**) **Notably this figure has not reduced.**

Disabled staff are less likely to report likely to report it (46% compared to 59% in the previous year) This evidences a decrease in reporting.

Table 6

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Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	11.76%	4%
Number of respondents	204	632
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	11%	6%
Number of respondents	204	631

3.6.3 Table 7 shows that 46% of disabled staff said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. This is a significant decrease of 13% since last year. This is slightly higher than the median of 45%.

The responses from non - disabled people is **54%** which is higher than the median of 45%. The number of staff responding to this question in the survey was low, however increased from last year.

Table 7

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	46%	54%
Number of respondents	50	81

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The ICB has a range of reporting and procedures in place for staff reporting incidents of harassment, bullying or abuse, including Freedom to Speak Up processes and HR processes.

3.7 Opportunities for career progression or promotion

- The percentage of disabled respondents believing that the organisation provides equal opportunities for career progression or promotion is **44%**. This is below the median of 49%
- Non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion is **54. %** which is slightly above the median of 52.7%.

Table 8

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	44%	54. %
Number of respondents	204	629

3.8 Workplace Pressure/Stress

- The data shows that both disabled and non-disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties; 12%for disabled staff and **8%** for non-disabled staff.
- The figures suggest that fewer non-disabled people feel pressure to come to work when feeling unwell than disabled people.

Table 9

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	

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Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	12%	8%
Number of respondents	145	305

3.9 Work is Valued

- Table 10 shows the percentage of staff satisfied with the extent to which their organisation values their work is **42%** for disabled staff and **50%** for non-disabled staff. There is marginal variation from last year's data.

Table 10

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2022	
Percentage of staff satisfied with the extent to which their organisation values their work	42.0%	50%
Number of respondents	205	631

3.10 Reasonable Adjustments

- The table below suggests that **21%** of disabled staff had not received their adjustment at the time of reporting. This is slightly lower than the previous year, however, it is still significant

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	
Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	79%	-
Number of respondents	120	-

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3.11 Staff Engagement

- The staff engagement score is a composite score calculated using the responses to nine individual questions. The table below shows that the levels of disabled staff engagement is comparable to that of non-disabled staff.

Table 11

Staff survey question	Disabled people (%)	Non-Disabled people (%)
	2024	
*Staff engagement score (0-10)	6%	6%
Number of respondents	205	633

4.0 Measures Planned to Improve Results

A package of measures will be developed to ensure continued improvement of our WDES results. These include:

- Achievement of Disability Confidence Accreditation.
- Supporting the continued development of a formal Disabled Staff Network to strengthen and promote disabled staff voices; increase the ICB's understanding of disabled staff experiences, and to support the organisation with identifying measures to improve experience and outcomes for the disabled staff community.
- Developing/strengthening our Freedom to Speak Up processes.
- Development of a Values and Behaviours Framework
- Implementing a campaign to improve self-reporting in ESR and identify mitigation actions
- Publishing the WDES Report on the ICBs website.

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5.0 Risks

- Competing priorities combined with a lack of resources/staff capacity to develop activities and processes to undertake the above.

6.0 Next Steps

Progress will be regularly reviewed throughout the year with oversight from our governance processes. The Executive Team will have overall oversight for monitoring with People Committee oversight.

7.0 Officer contact details for more information nicola.griffiths@cheshireandmerseyside@nhs.uk

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