

Equality Diversity and Inclusion Implementation Committee

May 2021

Workforce Disability Equality Standard Report and Action Plan

Report Prepared By:	Tina Daniels Equality & Diversity Lead	
Contact Details:	57375	
Date of Report:	May 2021	
Purpose of Report:		
<p>To monitor data about the Trust's staff to ensure recruitment, promotion, and career development processes and procedures are fair to all, particularly towards staff who have a disability or long term health condition.</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
For information	For Discussion	For Approval
Risks Associated with Report on BAF or CRR:		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAF	CRR	Not Linked to Corporate Risk
Assurance Level:		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Full	Partial	No Assurance
Recommendations:		
<p>1. Continue monitoring and reporting to identify any ongoing trends or problems for disabled staff in accessing training or promotional opportunities;</p>		

2. Promote local, regional and national training schemes for disabled staff;
3. Support disabled staff to attend training schemes.
4. Promote successes of people with a disability working for the Trust.

Sensitivity Level:

<p>1</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Not sensitive: For immediate publication</p>	<p>2</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Sensitive in part: Consider redaction prior to release</p>	<p>3</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Wholly sensitive: Consider applicable exemption</p>
---	--	--

Purpose of paper

To provide an annual report which can be benchmarked against the Trust's own work to promote career opportunities for staff who have a long-term disability or long-term health condition, and with that of other Trusts both locally and nationally.

Background

This is an NHS Employers initiative to assist Trust's in identifying problems in processes and procedures in the career progression of staff who have a long-term health condition or disability across all levels of the organisation.

Current position

This is the second year in which the workforce Disability Equality Standard has been implemented. The report is based on data from ESR as at the 31 March 2021. NHS England will ensure reporting is completed and their templates populated by the 31st August 2021, to produce a national report.

Key issues

- Representation at VSM, Board and Non-Executive levels not clear due to poor data.
- Low return rate for the staff survey may bring into question the reliability of the results.

Actions

- Monitor and compare reports to identify any ongoing problems for career progression or accessing training opportunities for our staff who have a long-term health condition or disability.
- Make reasonable adjustments to support the above staff group stay in work and progress their careers.

Recommendations

- Continue monitoring and reporting to identify any ongoing trends or problems for staff with a long-term health condition or disability in accessing training or promotional opportunities.
- Promote local, regional and national training schemes for staff with a long-term health condition or disability.
- Support staff with a long-term health condition or disability to attend training programmes/schemes.
- Note the contents of this report
- Receive an update on the Action Plan in November 2021

Workforce Disability Equality Standard

REPORTING TEMPLATE

Name of provider organisation

Blackpool Teaching Hospitals

Date of report: April 2021

Name and title of Board lead for the Workforce Disability Equality Standard

Kevin Moynes Director of HR & OD

Name and contact details of lead manager compiling this report

Tina Daniels Equality and Diversity Lead 01253 957375

Names of commissioners this report has been sent to

Blackpool CCG; Fylde and Wyre CCG; North Lancashire CCG

Name and contact details of co-ordinating commissioner this report has been sent to

NHS England

Unique URL link on which this report will be found (to be added after submission)

<http://www.bfwh.nhs.uk/about/equality/default.asp>

This report has been signed off by on behalf of the Board on (insert name and date)

Kevin Moynes Director of HR & OD - 20 May 2021

Report on the WDES indicators

1. Background narrative

a. Any issues of completeness of data

The Trust hosts Trinity Hospice and the North West Leadership Academy on VPD 382 which are excluded from the Trust data that follows as these are entirely separate organisations to BTH. The Trust endeavours to promote and develop staff surveys to reflect indicators 4 - 8 year on year.

b. Any matters relating to reliability of comparisons with previous years

None identified at this time

2. Total numbers of staff

a. Employed within this organisation at the date of the report

7603

b. Proportion of disabled staff employed within this organisation at the date of the report

3.0%

3. Self-Reporting

a. The proportion of total staff who have self-reported their disability

Data relating to disability is collected as part of a supplementary and non-compulsory page during the recruitment process, so this could be assumed as being all 'self-reported'.

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by disability?

We continue to actively roll out the ESR self service module allowing individuals to access and amend their own record and so improving our self-reporting. This also gives staff that have worked for the Trust for a long period of time that may not reported initially the opportunity to add in their details. A notification is sent via the Trust's Communications team on a regular basis reminding staff to update their information on ESR particularly in respect of the protected characteristics. However, not every member of staff will want to disclose hence recreating a gap in our data.

c. Are any steps planned during the current reporting period to improve the level of self-reporting by disability?

We will continue to run the self-service awareness and advice sessions to improve access to this for all employees.

4. Workforce data

a. What period does the organisation's workforce data refer to?

1st April 2020 to 31st March 2021 or as at 31st March 2021 for data extracted from ESR.

Workforce Metrics				
For the following 3 workforce metrics, <u>compare the data for Disabled and non-disabled staff.</u>				
Indicator	Data for reporting year 2020/21	Data for previous year 2019/20	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
<p>1. Percentage of staff in AfC pay bands or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for clinical and non-clinical staff.</p> <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are</p>	<p>2020/21 Overall Workforce 3.0%</p> <p>Clinical Bands 1-4 Disabled 2.8% Non-disabled 71.5%</p> <p>Bands 5-7 Disabled 3.6% Non-Disabled 72.8%</p> <p>Bands 8a & 8b Disabled 1.3% Non-Disabled 72.4%</p> <p>Band 8c, 8d & VSM (inc. Execs) Disabled 3.4% Non-Disabled 72.3%</p> <p>Med&Dental</p>	<p>2019/20 Overall Workforce 2.8%</p> <p>Clinical Bands 1-4 Disabled 2.3% Non-disabled 74.7%</p> <p>Bands 5-7 Disabled 3.5% Non-Disabled 72.5%</p> <p>Bands 8a & 8b Disabled 1.8% Non-Disabled 70.2%</p> <p>Band 8c, 8d & VSM (inc. Execs) Disabled 4.2% Non-Disabled 62.5%</p> <p>Med&Dental</p>	<p>The largest number of disabled staff are in AfC Bands 8c, 8d and VSM including Execs. The percentage of disabled staff in non-clinical bands 8c, 8d, 9 and VSM level, including Executives, is 3%, with 72.2% of VSM/Execs not disclosing their details.</p>	<ol style="list-style-type: none"> 1. Consider stretch targets for disabled staff representation at Bands 8a, 8b-9 to address any disproportion. 2. Consider reverse mentoring scheme i.e. disabled staff mentors a member of the senior team. 3. Succession planning and corresponding processes have been embedded into appraisals for all staff which includes positive action for all board and senior positions. 4. Talent monitoring has been commenced for staff at Bands 8a to identify potential career advancement to Executive Directors and VSM.

<p>based upon grade codes.</p>	<p>Cluster 5 Consultants Disabled 0.0% Non- Disabled 51.3%</p> <p>Cluster 6 Non Consultant career grade Disabled 1.1% Non- Disabled 38.8%</p> <p>Cluster 7 Medical and dental trainee grades Disabled 0.0% Non- Disabled 11.9%</p> <p>Non-Clinical Bands 1-4 Disabled 3.8% Non- Disabled 73.6%</p> <p>Bands 5-7 Disabled 1.7% Non- Disabled 77.1%</p> <p>Bands 8a & 8b Disabled 1.8%</p>	<p>Cluster 5 Consultants Disabled 0.4% Non- Disabled 52.7%</p> <p>Cluster 6 Non Consultant career grade Disabled 1.1% Non- Disabled 40.0%</p> <p>Cluster 7 Medical and dental trainee grades Disabled 1.1% Non- Disabled 17.8%</p> <p>Non-Clinical Bands 1-4 Disabled 2.9% Non- Disabled 72.2%</p> <p>Bands 5-7 Disabled 1.5% Non- Disabled 74.4%</p> <p>Bands 8a & 8b Disabled 2.0%</p>		
--------------------------------	--	--	--	--

	Non-Disabled 69.6% Bands 8c, 8d &VSM (inc. Execs) Disabled 2.7% Non-Disabled 62.2%	Non-Disabled 73.5% Bands 8c, 8d &VSM (inc. Execs) Disabled 3.0% Non-Disabled 72.2%		
<p>2. Relative likelihood of Disabled staff compared to that of non-disabled staff being appointed from shortlisting across all posts.</p> <p>Note: i) This refers to both external and internal posts ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES return form to ensure comparability between organisations.</p>	2020/21 S/LIST Disabled: 764 Non-Disabled: 14191 APPTD Disabled: 61 Non-Disabled: 1421 RATIO Disabled: 0.07 Non-Disabled: 0.10	2019/20 S/LIST Disabled 236 Non-disabled 3899 APPTD Disabled 24 Non-Disabled 861 RATIO Disabled 0.10 Non-Disabled 0.22	<p>For the year 2020/21 the relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled is 4.3%.</p> <p>For the year 2019/20 the relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled is 3.75%</p>	<ol style="list-style-type: none"> 1. Auditing will be linked to our quarterly E&D reports and any changes will be reported and actions taken. 2. Review reasons for non-appointment/appointment of Disabled applicants 3. Investigate if any difference between professions in relation to the success of Disabled applicants. 4. Identify if there are any barriers preventing Disabled applicants attending interview. 5. E&D training, to include unconscious bias for interview panels. 6. Link in with engagement events with local Disabled communities to encourage applications. 7. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants with a disability to apply.
<p>3. Relative likelihood of Disabled staff compared to non-disabled staff entering</p>	2020/2021 W/FORCE	2019/2020 W/FORCE Total number of	There were 45 Formal disciplinary cases in 2020/2021 (15 Non-disabled, 26 non-disclosed, 0	Based on the figures obtained in 2019/2020, there is no evidence to suggest that employees with a disability are more likely to

<p>the formal disciplinary process, as measured by entry into a formal capability investigation*</p> <p>Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>A total of 45 Disciplinary cases were undertaken during this period. None of which recorded as having a disability.</p> <p>From the 45 cases 15 recorded as non-disabled, 26 as not disclosed and 5 not declared</p>	<p>staff 88 Disabled 4 Non-Disabled 15</p> <p>Likelihood of Disabled staff entering into a formal disciplinary / capability process is 4.5%</p> <p>Likelihood of non-disabled staff entering into a formal disciplinary / capability process is 17%</p>	<p>Disabled and 5 not declared)</p> <p>There were a total of 27 Stage 3 Sickness / Capability Hearings in 2019/2020 (8 Non-disabled, 7 non-disclosed, 3 Disabled and 9 not declared)</p> <p>There were 142 Formal disciplinary cases in 2018/19 (90 Non-disabled and 5 Disabled; 3 preferred not to say and 44 not declared).</p> <p>There is no indication that Disabled employees are more likely to enter the capability process than non-disabled employees.</p>	<p>have formal disciplinary cases.</p> <p>Capability cases are continually monitored and there were 3 cases where it was necessary for a formal hearing to be convened with employees who have declared they have a disability.</p>
--	---	---	--	---

National NHS Staff Survey Metrics

For each of the following 4 staff survey Metrics, compare the responses for Disabled and non-disabled staff

Indicator	Data for reporting year 2020/21	Data for previous year 2019/20	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
<p>4a. (Q13a-c) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or</p>			<p>This is the second year in which the Workforce Disability Equality Standard has been implemented. Therefore, comparison data is now available for 2018/19 and 2019/20.</p>	<p>1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work and the new Employee Engagement Sponsor Group (when established post COVID-19)</p>

<p>abuse from:</p> <p>a) Patients/Service users, their relatives or other members of the public</p> <p>b) Managers</p> <p>c) Other colleagues</p> <p>4b) (Q13d) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.</p>	<p>Disabled =33% (748)</p> <p>Non-Disabled=25% (n=2646)</p> <p>Disabled =17% (748)</p> <p>Non-Disabled=10% (n=2646)</p> <p>Disabled =28% (748)</p> <p>Non-Disabled=18% (n=2646)</p> <p>Disabled =52% (748)</p> <p>Non-Disabled=50% (n=2646)</p>	<p>Disabled = 35% (n 610)</p> <p>Non-Disabled = 28% (n 2406)</p> <p>Disabled = 19% (n 608)</p> <p>Non-Disabled = 11% (n 2397)</p> <p>Disabled = 31% (n 611)</p> <p>Non-Disabled = 20% (n 2401)</p> <p>Disabled = 56% (n 304)</p> <p>Non-Disabled = 50% (n 893)</p>	<p>There has been a decrease of 2% since 2020 for disabled and 3% non-disabled staff experiencing harassment etc. from patients/ service, their relatives and public.</p> <p>Both figures have seen a slight decrease (2% & 1%) since 2019 in staff experiencing harassment etc. from Managers.</p> <p>The figures have shown a decrease with 3% for disabled staff and 2% for non-disabled staff compared to 2019.</p> <p>The figures show a decrease of 4% for disabled staff and no change for the non-disabled staff compared with 2019 in staff saying that the last time they experienced harassment etc. at work, they or a colleague reported it.</p>	<p>2. Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues</p> <p>1. Further analysis of the data will be undertaken to establish where issues are occurring</p> <p>2. A breakdown of the type of discrimination will also be undertaken</p>
<p>5. (Q14) Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or</p>	<p>Disabled =83% (748)</p> <p>Non-Disabled=89% (n=2646)</p>	<p>Disabled= 80% (n 414)</p> <p>Non-Disabled = 88% (n 1658)</p>	<p>The figure for disabled staff has increased since 2019 with 83% stating that they believe the Trust provides equal opportunities for career progression or promotion. The figure for non-disabled staff has</p>	<p>1. Actions to ensure that a relative proportion of staff attending the Senior Collaborative Leadership Programme have a disability are in place. Participants on this programme are those identified in the Trust's succession planning and talent</p>

promotion.			seen a small increase of 1% since reporting since 2019.	management process
6. (Q11e) Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled = 30% (748) Non-Disabled=23% (n=2646)	Disabled = 30% (n 472) Non-Disabled = 20% (n 1306)	The figure for disabled staff reporting that they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, has remained static. Compared to non-disabled staff who reported a 3% decrease since 2019.	<ol style="list-style-type: none"> 1. Further analysis of the data will be undertaken to establish where issues are occurring 2. A breakdown of the type of discrimination will also be undertaken
7. (Q5f) Percentage of Disabled staff compared to non-disabled saying that they are satisfied with the extent to which their organisation values their work.	Disabled = 44% (748) Non-Disabled=53% (n=2646)	Disabled = 46% (n 614) Non-Disabled = 50% (n 2417)	The figure for disabled staff shows a 2% decrease in staff saying that they are satisfied with the extent to which the organisation values their work compared to 2019. The figure for non-disabled staff has increased by 3% since 2019	<ol style="list-style-type: none"> 1. Continue to monitor via future National Staff Surveys 2. Encourage staff to disclose if they have a disability/long term health condition on ESR
The following NHS Staff Survey Metric only includes the responses of Disabled staff				
8. (Q26b) Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled =75% (748)	Disabled = 73% (n 360)	The figure has increased to 75% of staff stating that their employer has made adequate adjustment(s) to enable them to carry out their work compared to 73% in 2019.	<ol style="list-style-type: none"> 1. Continue to monitor via future National Staff Surveys
For part a) of the following Metric, compare the staff engagement scores for disabled, non-disabled staff and the overall trust's score For part b) add evidence to the trust's WDES Annual Report				
9. a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall	Disabled = 6.8% (748) Non-Disabled=7.2	Disabled = 7% (n 615) Non-Disabled =	Figures have changed marginally since 2019 and show there is a very small difference (0.4%) in staff engagement across the disabled	<ol style="list-style-type: none"> 1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work and the new Employee Engagement Sponsor Group (Start June

<p>engagement score for the organisation.</p> <p>b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)</p> <p>Note: For your trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in our WDES annual report. Examples are listed in the WDES technical guidance.</p>	<p>% (n=2646)</p> <p>Yes</p>	<p>7% (n 2420)</p> <p>Overall = 7% (n 3139)</p> <p>Yes</p>	<p>and non-disabled groups.</p> <p>The Trust has a Staff ED&I Ambassadors Network which is inclusive of all protected characteristics. Ambassadors can support and advise staff with a disability but also bring concerns to the ED&I Ambassador meetings or the FTSUG.</p> <p>The Trust will be organising a campaign to raise the importance of having personal information around protected characteristics recorded on ESR to improve our data.</p>	<p>2021)</p> <ol style="list-style-type: none"> Divisional employee engagement Big Conversation sessions have been taking place during April and March 2021 Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues
<p>Board representation Metric For this Metric, compare the difference for Disabled and non-disabled staff</p>				
<p>10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</p> <ul style="list-style-type: none"> By voting 	<p>Proportion of staff disabled 3.0%</p> <p>Proportion of</p>	<p>Proportion of staff disabled 2.8%</p> <p>Proportion of</p>		<ol style="list-style-type: none"> Review Non-Exec terms of office or when appointing new members taking note of the lack of diversity at senior members. Take Positive Action to encourage diverse applicants and declarations of status.

membership of the Board No Yes Not Declared <ul style="list-style-type: none"> By Executive membership of the Board 	Board disabled 0.0% 66.67% (6) 0 33.33% (3)	Board disabled 0.0%		
--	---	------------------------	--	--

Report on the WDES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress?

Consideration should be given to the data for the disabled communities of the Fylde Coast population which in total is approximately 142,580 of which 12.59% are disabled. As the current figures stand, the Trust appears under-representative of the community it serves. However, it must be remembered that only 3% of staff declare a disability on the ESR system compared with the Staff Survey which is 18%.

7. Organisations should produce a detailed WDES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised throughout the document, setting out the next steps with milestones for expected progress against the WDES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WDES Action Plan or provide a link to it.

www.bfwh.nhs.uk/wp-content/uploads/2020/07/WDES-Indictators-Report-2020.pdf

The Trust's Staff EDS2 consultation and grading event was held in March 2020, any actions arising from the grading will be reviewed alongside the WDES recommendations to ensure proposed actions are complementary, relevant and workable.

WORKFORCE DISABILITY EQUALITY STANDARD (WDES)-ACTION PLAN

WDES Indicators	Action to be Taken/Considered	By Whom	Outcome and Completion Date	RAG Rating
1. Percentage of staff in AfC bands or medical and dental subgroups	1. Identify the number of staff at 8A and above who have declared in ESR that they have a disability	HR & OD Management team	1. Staff at 8a who have declared a disability in ESR identified and appropriate action plans put in place	A

<p>and VSM (including executive board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for clinical and non-medical staff.</p> <p>Note: Definitions for these categories are based on ESR occupation codes with the exception of medical and dental staff, which are based upon grade codes.</p>	<ol style="list-style-type: none"> 2. Review recruitment processes to ensure that reasonable adjustments can be made to enable staff with a disability are able to apply for new roles or promotion 3. Ensure succession planning and talent management activities are inclusive processes 4. Monitor the number of staff who have declared a disability in ESR who are promoted 5. Encourage staff to update ESR with the disability status and ask the Communications Team to help raise awareness of the need to declare status on ESR 6. Appoint an WDES Executive Sponsor 		<p>increase declaration and increase disabled people at 8a</p> <ol style="list-style-type: none"> 2. Recruitment process reviewed to ensure staff with a disability are supported and encouraged to apply for new roles or promotions 3. Increase in the number of staff who have declared a disability in ESR who are promoted 4. An Executive Sponsor for the WDES is identified 	
---	---	--	---	--

<p>2. Relative likelihood of Disabled staff compared to that of non-disabled staff being appointed from shortlisting across all posts.</p> <p>Note: i) This refers to both external and internal posts. ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES return form to ensure comparability between organisations.</p>	<ol style="list-style-type: none"> 1. Audit of the recruitment process 2. Review reasons for non-appointment/appointment of Disabled applicants 3. Investigate if any difference between professions in relation to the success of Disabled applicants. 4. Are there any barriers preventing Disabled applicants attending interview? 5. E&D training, to include unconscious bias for interview panels. 6. Link in with engagement events with local Disability Groups to encourage applications. 7. Closer working with the local Disability Organisations to improve the levels of Disabled staff in employed. 8. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants with a Disability to apply. 9. Identify if there are any barriers preventing Disabled applicants attending interview. 10. Monitor applications to identify any differences between professions in relation to the success of Disabled applicants. 11. Improve recruiting managers awareness of employing people with a disability or long term health condition 12. Work with the Project Search Team to identify suitable candidates for vacancies 13. Review all job adverts and where advertised 14. Ensure recruitment processes are accessible to those with a Disability – test process with ‘mystery shopper’ 15. Improve recruitment managers awareness of employing people with a long-term health condition and disability 16. Provide work experience/work trials for disabled 	<p>LT & Talent Acquisition Team</p>	<ol style="list-style-type: none"> 1. TRAC system has auditable information and data is regularly reviewed to ensure the process is fair to all applicants. 2. Improved support for all candidates if they require alternative arrangements for interview i.e. an all task based interview, using SKYPE to facilitate interviews. 3. Increased number of staff with a disability employed across the Trust. 4. Trust signed the NHS Learning Disability Employment Pledge (LDEP) and working with Blackpool Council Project Search Team to help people with a LD gain permanent employment. 5. Trust selected by NHSE LDEP Team to be one of the pilot sites for the Easy Read Application form. 8. Improved engagement with local Disabled communities/schools to encourage applications. 9. Alternative interview processes e.g. work based assessments; video/skype interviews to reduce stress and stay in familiar surroundings. <p>Recruitment work is ongoing as we are constantly trying to reach out to new possible candidates.</p>	<p style="text-align: right;">18</p>
--	---	---	--	--------------------------------------

	people and promote the work done across the Trust 17. Promote what support is available for manager to facilitate placements/ workers			
3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal disciplinary process, as measured by entry into a formal capability investigation*	<ol style="list-style-type: none"> 1. Identify if any common themes across disciplinary cases involving Disabled staff. 2. Check for significant differences between the Disabled staff entering the disciplinary process and those receiving sanctions. 3. Arrange 'Big Conversation' style meetings for Disabled staff to discuss issues and find potential solutions 4. Develop a communications campaign to inform staff what the WDES is, what is a disability – mental, physical hidden or seen, and information about reasonable adjustments; promote the positive work of the Staff ED&I Ambassadors 	HRBP & HR Team/ Divisional input	<ol style="list-style-type: none"> 1. Action plan created to address any unfair process creating discriminatory practices. 2. Review disciplinary process is fair and outcomes/sanctions are appropriate across all staff within the process. 3. Once in place the outcomes from Big Conversation meetings to be included as part of the action plan 4. Increased number of reasonable adjustments impacts on disciplinary and sickness absence figures 	
<p>4a. (Q13a-c) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <p style="margin-left: 20px;">a) Patients/Service Users, their relatives or other members of the public.</p> <p style="margin-left: 20px;">b) Managers</p>	<ol style="list-style-type: none"> 1. Improve completion rate for National Staff Survey (NSS) 2021 to improve validity of data 2. Engage with staff who have declared a disability in ESR to understand key issues 	SA & OD Team	<ol style="list-style-type: none"> 1. Staff survey completion rate for NSS 2020 was 49.5% which is higher than the same period in 2019 2. Detailed analysis of bullying and harassment and actions take to explore further resolution options. 3. Staff engagement action plan in place by division and also Trust wide. These will be updated to address any specific issues highlighted in the NSS 4. Big Conversation have been rolled out across the organisation to help identify actions needed to improve engagement 	G

<p>c) Other Colleagues</p> <p>4b. (Q13d) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.</p>				
<p>5. (Q14) Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</p>	<ol style="list-style-type: none"> 1. Improve completion rate for NSS 2021 to improve validity of data 2. Engage with staff who have declared a disability in ESR to understand key issues 3. Promote leadership, training and development options to employees with disabilities including courses from NHS Leadership Academy 4. Get Staff Side on board with promoting WDES, declaring a disability or long term health condition, training etc. 5. The Trust currently holds the Disability Confident – Employer level of the scheme and should work towards achieving the top level of ‘Leader’ 6. Arrange disability awareness training sessions for staff. 	<p>SA & Staff Engagement & OD Team/ Divisions</p>	<ol style="list-style-type: none"> 1. Improved declaration rates on ESR 2. Breakdown data by department/profession if possible to gain better understanding of responses between Disabled and non-disabled groups. 3. Improved promotion rates for staff with a disability or long-term health condition 4. Improvement in number of staff with a disability or long-term health condition accessing OD and CPD courses linked to career paths 5. Visible involvement by members of Staff Side 6. Once in place look at the outcomes from Big Conversation meetings to assist in formulating an action plan 	G
<p>6. (Q11e) Percentage of Disabled staff compared to non-disabled staff saying that</p>	<ol style="list-style-type: none"> 1. Get Staff Side on board with promoting WDES, declaring a disability or long term health condition, training etc. 2. Introduce Job Carving where feasible to do so 	<p>HRBP& HR Team/ OH/ Divisions</p>	<ol style="list-style-type: none"> 1. Staff Engagement working group monitor results of pulse check surveys and national staff survey information. 2. Absence Management Procedure includes 	

they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	<ol style="list-style-type: none"> 3. Make reasonable adjustments in order to support the staff group stay in work 4. Short accessible training session for staff about disabilities and long term conditions and include: <ul style="list-style-type: none"> o WDES information/ importance of updating ESR/ information about support available to staff 		<p>information for managers on how to support staff with a disability or long-term health condition e.g. disability leave</p> <ol style="list-style-type: none"> 3. New training course being designed to cover Deaf and disability Awareness. 	
7. (Q5f) Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	<ol style="list-style-type: none"> 1. Improve completion rate for NSS 2021 to improve validity of data 2. Breakdown data by department/profession to see if possible to gain a better understanding of responses from staff declaring a disability 3. Engage with staff who have declared a disability in ESR to understand key issues 	SA & Engagement Team/ Divisions	<ol style="list-style-type: none"> 1. Staff Engagement working group monitor results of pulse check surveys and national staff survey information bi-monthly. 2. Specific focus groups to address this. 	
8. (Q28b) Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	<ol style="list-style-type: none"> 1. Analyse cases to identify any common themes/issues or hot spots. 2. Identify corrective action to be taken e.g. E&D and unconscious bias training. 3. Facilitate regular management training session on reasonable adjustments and link/include with attendance management training 4. Share 'lived experience' stories of staff who have had reasonable adjustments and how these have positively supported them in work 	HR & OD Teams/ E&D Lead/ Divisions	<ol style="list-style-type: none"> 1. Staff Survey Results – use to review any themes, issues or hot spots. 2. Develop E&D and Unconscious Bias Training – particularly for all interview panel members. 	
9a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	<ol style="list-style-type: none"> 1. Take positive action to encourage diverse applicants. 	Directors/ Deputies of HR & OD	<ol style="list-style-type: none"> 1. Review appointments process for Board appointments 2. Non-Executive Director timeframe for appointment have been provided to the Recruitment team so that recruitment campaigns can be undertaken as/when NED appointments become vacant. 	
b) Has your Trust taken	Yes		Big Conversations will allow the voices of	

<p>action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)</p> <p>Note: For your response to b): If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES Technical Guidance.</p>			<p>Disabled Staff to be heard. Share 'lived experiences' good or bad.</p> <p>The Trust's Staff ED&I Ambassadors Network is inclusive of all protected characteristics. Ambassadors can support and advise staff with a disability but also bring concerns to the ED&I Ambassador meetings and the FTSUG.</p> <p>Increased consistency for people with a disability or long-term condition e.g. Cancer, to attend appointments and given time to travel to and from their appointments.</p> <p>Reduced delays from Finance in authorising payments for equipment to complete a reasonable adjustment in accordance with Access to Work recommendations.</p>	
<p>10. Percentage difference between the organisation's Board voting membership and its overall workforce, disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board; • By Executive membership of the Board. 	<p>1. Use Positive Action for all recruitment to vacancies at Executive level including Non-Executives and the Chair. 2. Promote the good work the Trust is doing within this action plan to support 'Great Place to Work' project.</p>		<ol style="list-style-type: none"> 1. Increased applications from people with a disability 2. Increased acknowledgement locally and nationally of the work carried out by the Trust 	

