

**NHS Workforce Disability Equality Standard (WDES)**

Annual Report 2021

Harrogate and District NHS Foundation Trust

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**1 Introduction**

Welcome to our *Workforce Disability Equality Scheme* (WDES) Annual Report 2021.

The report aims to communicate our internal data and metrics for the last twelve months, the progress we have made made to date and a proposed action plan to allow us to continue to develop our approaches, initiatives and activities during 2022 and beyond.

**1.1 Background to the Workforce Disability Equality standard (WDES)**

The WDES was introduced in 2019 and is designed to improve workplace and career experiences for Disabled people working, or seeking employment, in the NHS.1. Commissioned by the NHS Equality and Diversity Council, the WDES is mandated through the NHS Standard Contract.

It consists of ten metrics, based on workforce data and staff feedback from the NHS Staff Survey, which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The data highlights areas which require improvement and it is used to develop and publish an action plan which can then be tracked year on year to demonstrate progress.

The WDES supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.2. It reinforces the improvements set out in the NHS Long Term Plan; to champion the insight and strengths of people with lived experience and, to become a model employer of people with a learning disability and of autistic people.3. Its function is integral to the NHS People Promise within the NHS People Plan 2021/22, a promise we must all make to each other – to work together and improve the experience of working in the NHS for everyone.4.

The WDES complements the existing Workforce Race Equality Standard (WRES) and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS. It is important because it enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS.

1. [**https://www.england.nhs.uk/about/equality/equality-hub/wdes/**](https://www.england.nhs.uk/about/equality/equality-hub/wdes/)
2. [**https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty**](https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty)
3. [**https://www.england.nhs.uk/long-term-plan/**](https://www.england.nhs.uk/long-term-plan/)
4. [**https://www.england.nhs.uk/ournhspeople/**](https://www.england.nhs.uk/ournhspeople/)

**1.0 Introduction (continued)**

**1.2 Our Values**

Whether you’re a patient, a visitor or a member of staff, our Vision sets out what you can expect from us – ‘You Matter Most.’5.

Our values describe and define our culture. In everything we do, we aim to be:

* Respectful
* Responsible
* Passionate

**1.3 Our Commitments to Promoting Equality Opportunity and Access for Employees with Disabilities:**

It is clear from our WDES data analysis that we need to improve the experience for our colleagues with disabilities and long-term conditions.

We are committed to delivering our robust WDES action plan as part of the Equality, Diversity and Inclusion strategy; a golden thread which runs through our newly developing and exciting ‘Culture Change Programme’.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

Our recently formed *Disability and Long-Term Illness Staff Network* is still in its infancy, but it will play a vital role in supporting and guiding the organisation to drive forward WDES improvements in the future.

The WDES was developed and continues to be underpinned by the ethos of ‘*Nothing About Us Without Us’*; focussing on the lived experience of our Disabled colleagues and the importance that any decisions that impact Disabled people must involve them in the decision-making process.

1. <https://www.hdft.nhs.uk/about/trust/this-is-us/>

**2 Executive summary**

**‘The NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it.’ *NHS Constitution 6***

**2.1 Our Progress in 2020 - 2021:**

A combination of the pressures of the *Covid 19* pandemic and our robust organisational commitments in respect of developing the Trust as an Anti Racist organisation (where we are making considerable progress) has meant that some of our planned actions relating to developing approaches to Disability have been delayed slightly. We are therefore proposing to retain the Disability action plan agreed for 2020 / 2021 and commit to implementing the same during 2022.

We are however able to report that we have made *some* progress during the last twelve months and this is summarised both below and overleaf.

**2.2 The Profile of our Disabled Employees versus NHS Averages:**

The recorded number of disabled employees in the Trust has increased slightly versus last year but is still slightly lower the overall average for the NHS.

|  |  |  |  |
| --- | --- | --- | --- |
|  | NHS Average:  | HDFT: | Variance: |
|  Staff Declaring a Disability   | 4.8 % | 3.5 % |  * 1.3 %
 |

**2.3 Number of Employees Declaring a Disability:**

This increase does however appear to be cumulative representing (albeit somewhat slow) progress in this area.

|  |  |
| --- | --- |
|  Year: |  Percentage of Staff Declaring a Disability:  |
| 2019 | 2.9 % |
| 2020 | 3.2 % |
| 2021 | 3.5 % |

**2.1 Our Progress in 2020 - 2021: (continued)**

**2.4 Increase of Disabled Employees by Grade:**

We are also pleased to report that out of the 11 reporting ‘clusters’, (effectively NHS grades by clinical and non clinical staff) only three (clusters) show a year on year decrease of disabled staff. This would appear to indicate that the increase of disabled employees in the Trust is broadly represented and is increasing across most grades for both clinical and non clinical colleagues.

**2.3 Declaration Rates – Disability:**

Declaration rates by employees are also improving with 10 out of the eleven aforementioned reporting ‘Clusters’ showing a decrease of non declaration rates of disability by employees.

**2.4 Employee Experience:**

The annual NHS staff survey showed an overall decrease in reported experiences of bullying, harassment and abuse from patients, managers and colleagues in HDFT.

Whilst reporting rates were once again slightly higher for disabled employees, the disparity between disabled and non disabled employees appears to be closing with a mean difference of just 3.6 % in 2021 versus a 7.2% difference in 2020. (Using the three questions reported in the appendices of this document).

**2.5 External Expertise and Consultation:**

In August 2021 the trust appointed McKenzie LLP a leading Equality, Diversity and Inclusion specialist (with considerable healthcare experience) to undertake an external review of our approaches to both WDES and WRES. It is likely that in 2022, McKenzie will undertake some further internal consultation with our employees to understand further employee perceptions and experiences in this area.

**2.6 Internal Expertise and Support:**

The appointment of our EDI Lead and the development and launch of staff networks - including the *Disability and Long-Term Illness Staff Network*, has been pivotal in prioritising the EDI agenda, improving staff engagement, driving the focus on and improving the experience and outcomes for our staff.

**2.7 Moving Forward:**

Our action plan focuses on the steps we need to take to address the areas where we have not made sufficient progress. (Please see pages 15 – 21 of this document)

**3: Conclusion and Next steps**

We acknowledge there is a lot more to do to continue making improvements and bring positive changes for our Disabled staff, and to welcome more Disabled people into **#teamHDFT**.

Our senior leaders and the Disability and Long-Term Illness Staff Network will be sighted on the progress of our action plan. We will continue to communicate the WDES to all staff across the organisation so we can all be involved in celebrating our achievements.

The WDES will continue, with other work streams, to help ensure that there is momentum and continuous improvement in the workforce disability equality agenda. It will help drive our Culture Change Programme and help meet the goals set out in the People Plan 2020/21.

Having a diverse workforce who feel engaged and supported within the workplace is critical; research shows that how we treat and value our minority staff is a good barometer of how well patients are likely to feel cared for.7 Our staff experience impacts on patient care, patient safety as well as organisational efficiency.

We will continue to listen with fascination to what our staff with lived experience have to say, we will capture the richness in their stories, and ensure these inform how we deliver the actions in this plan and shift the culture so we can say - Harrogate and District NHS Foundation Trust is the best place to work.

7. <https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/>

**Appendix 1 WDES metrics report**

Detailed below is the organisation’s WDES data which was submitted in August 2021 covering the period 1 April 2020 to 31 March 2021

**Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

**(Data source: ESR).**

**1a. Non-clinical workforce**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff in 2020**  | **Disabled staff in** **2021** | **Disabled staff in** **2021** | **Non-disabled staff in 2020** | **Non-disabled staff in 2021**  | **Non-disabled staff in 2021** | **Unknown/null staff in 2020**  | **Unknown/null staff in 2021**  | **Unknown/null staff in 2021** | **Total staff in 2021** | **Total staff in 2020**  |
|  | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Headcount**  | **Headcount**  |
| **Cluster 1 (Bands 1 - 4)** | **3.6%** | **4.7%** | **+ 1.2** | **81.1%** |  **82.8%** | **+1.5%** | **15.5%** |  **12.5%** | **-2.9%** |  **528** | **533** |
| **Cluster 2 (Band 5 - 7)** | **1.4%** | **2.0%** | **+1.6%** | **81.4%** | **83.3%** | **+1.9%** | **17.1%** | **14.7%** | **-2.4%** | **150** | **140** |
| **Cluster 3 (Bands 8a - 8b)** | **3.6%** | **1.9%** | **-1.7%** | **85.5%** | **90.2%** | **+4.7%** | **10.9%** | **7.8%** | **-3.1%** | **51** | **55** |
| **Cluster 4 (Bands 8c – 9 & VSM)** | **0%** | **5.9%** | **+5.9%** | **80.0%** | **82.4%** | **+-2.4%** | **20.0%** | **11.8%** | **-8.2%** | **17** | **25** |

**1b. Clinical workforce**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff in 2020**  | **Disabled staff in 2021** | **Disabled staff in 2021** | **Non-disabled staff in 2020** | **Non-disabled staff in 2021**  | **Non-disabled staff in 2021** | **Unknown/null staff in 2020**  | **Unknown/null staff in 2021**  | **Unknown/null staff in 2021** | **Total staff in 2021** | **Total staff in 2020**  |
|  | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Headcount**  | **Headcount**  |
| Cluster 1 (Bands 1 - 4) | **3.3%** | **3.3%** | **0.0%** | **78.8%** |  **82.0%** |  **+3.2%** | **17.9%** | **14.7%** | **-3.2%** | **1020** | **969** |
| Cluster 2 (Band 5 - 7) | **3.4%** | **3.7%** |  **+0.3%** | **79.5%** | **80.4%** | **+0.9%** | **20.0%** | **15.9%** | **-4.1%** | **2132** | **2202** |
| Cluster 3 (Bands 8a - 8b) | **5.8%** | **5.5%** | **-0.3%** | **73.5%** | **78.9%** | **+5.4%** | **20.6%** | **15.6%** | **-5.0%** | **128** | **121** |
| Cluster 4 (Bands 8c – 9 & VSM) | **0%** | **0%** | **0%** |  **66.7%** | **85.7%** | **+19.0%** |  **33.3%** | **14.3%** |  **-19.0%** |  **7** | **6** |
| Cluster 5(Medical and Dental staff, Consultants) | **1.3%** | **2.5%** | **+1.2%** | **68.6%** | **69.8%** | **+1.2%** | **30.1%** | **27.7%** |  **-2.4%** | **159** | **156** |
| Cluster 6 (Medical and Dental staff, Non-consultant career grade) | **0%** | **0.5%** | **+0.5%** | **76.9%** | **74.2%** |  **-2.7%** | **23.1%** | **25.3%** | **+2.2%** | **186** | **195** |
| Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades) | **3.9%** | **4.3%** | **+0.4%** | **88.4%** | **90.1%** | **+1.7%** | **7.70%** | **5.6%** | **-2.1%** | **162** | **155** |

**Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**

**(Data source: Trust’s recruitment data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Relative likelihood in 2020** | **Relative likelihood in 2021** | **Relative likelihood difference (+-)** |
| **Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff** |  **1.55** |  **1.60** | **0.05** |
|  |  |  |  |

**Metric 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.**

**(Data source: Trust’s HR data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Relative likelihood in 2020** | **Relative likelihood in 2021** | **Relative likelihood difference (+-)** |
| **Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff** | **0.00** | **0.00** | **0.00** |

**Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.**

**(Data source: Question 13, NHS Staff Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff responses to 2019 NHS Staff Survey** | **Non-disabled staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2019**  | **Disabled staff responses to 2020 NHS Staff Survey**  | **Non-disabled staff responses to 2020 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2020** |
|  | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** |  |
| **4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months** | **28.1%** | **24.1%** | **+4.0%** | **22.3%** | **23.5%** | **-1.2%** |
| **4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months** | **20.0%** | **10.6%** | **+9.4%** | **19.2%** | **12.2%** | **+7.0%** |
| **4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months** | **25.7%** | **17.6%** | **+8.1%** | **22.1%** | **17.2%** | **+4.9%** |

**Metrics 5 – 8**

**(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff responses to 2019 NHS Staff Survey** | **Non-disabled staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2019** | **Disabled staff responses to 2020 NHS Staff Survey**  | **Non-disabled staff responses to 2020 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2020** |
|  | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** |  |
| **Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.** | **85.6%** | **88.5%** | **-2.9%** | **80.6%** | **86.3%** | **-5.7%** |
| **Metric 6 - 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.** | **26.5%** | **19.5%** | **+7%** | **29.7%** | **27.2%** | **2.5%** |
| **Metric 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.** | **46.1%** | **55.0%** | **-8.9%** | **41.7%** | **50.2%** | **-8.5%** |
| **Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.** | **81.8%** | **N/A** | **N/A** | **71.2%** | **N/A** | **N/A** |

**%**

**Metric 9 – Disabled staff engagement**

**(Data source: NHS Staff Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff engagement score for 2019 NHS Staff Survey** | **Non-disabled staff engagement score for 2019NHS Staff Survey** | **Difference (+/-) between disabled staff and non-disabled staff engagement scores 2019** | **Disabled staff engagement score for 2020 NHS Staff Survey**  | **Non-disabled staff engagement score for 2020 NHS Staff Survey** | **Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2020** |
| **a) The staff engagement score for Disabled staff, compared to non-disabled staff.** | **6.9** | **7.3** | **-0.4** | **6.7** | **7.0** | **-0.3** |

|  |
| --- |
| **b)**  **Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? Yes****Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.****Example 1:** The Trust has launched a new Disability and Long-Term Illness Staff Network who have looked at the WDES data in detail and co-produced the WDES Action Plan.**Example 2:** Communications have been sent to all staff across the organisation to raise the awareness of the importance of the WDES and to ensure the voices of all staff are included in developing the WDES Action Plan, in particular Disabled staff who are not members of the network and staff who do not wish to declare their disability status. This has included:* Black and Minority Ethnic (BME) Staff Network
* Lesbian, Gay, Bisexual and Transgender (LGBT+) Staff Network
* All staff via the weekly email bulletin
* Directorate Leads
* Staff Governors
* Occupational Health Department
* Freedom to Speak Up Guardians / Fairness Champions
* Trade Union Colleagues
* Equality Stakeholder Group members

**Example 3:** The Equality Stakeholder Group - Through insights of people with disabilities across the workforce, many of whom will be patients or service users, and with stakeholders from the community, we are able to think in new and innovative ways about how to deliver high quality compassionate care that have inclusion at their heart. |

**Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce**

**(Data source: NHS ESR and/or trust’s local data)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled Board members in 2020** |  **Non-disabled Board members in 2020** | **Board members with disability status unknown in 2020** | **% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2020** | **Disabled Board members in 2021** | **Non-disabled Board member s in 2021** | **Board members with disability status unknown in 2021** | **% points difference (+/-) Between Disabled and non-disabled Board members in 2021** |
|  | **Percentage (%)** | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** | **Percentage (%)** |  |
| **Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.** | Exec = 0%Non-exec = 0% Voting = 0%Non-voting = n/a | Exec =83.0%Non-exec = 75.0%Voting = 79.0%Non-voting = n/a  | Exec = 17.0%Non-exec = 25.0%Voting = 21.0%Non-voting = n/a | Total Board = 0%Overall workforce = 3.2%Difference = 3.2 percentage points | Exec = 0%Non-exec = 0%Voting = 0%Non-voting = n/a | Exec = 100.0%Non-exec = 75.0% Voting = 81.0%Non-voting = n/a  | Exec = 0.0%Non-exec = 25.0% Voting =16.0%Non-voting = n/a  | Total Board = 0%Overall workforce = 3.5%Difference = 3.5 percentage points |

**APPENDIX 2 - WDES action plan 2020/21**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Metric** | **Objective** | **Action/s** | **Timescales** | **Lead/s** | **Why** |
| 1 | Improve our disability declaration rates to build a more accurate picture of the diversity of our workforce.Improve diverse representation across the workforce, at all levels of Agenda for Change and profession. | 1. Work with the Staff Network to raise awareness of the WDES and encourage existing staff to feel confident in declaring their disability status on ESR.
2. Review our recruitment processes to promote our commitment to be an inclusive workplace that welcomes disabled people.
3. Complete detailed analysis of data by directorate and profession to identify areas of under-representation and barriers to career progression.
4. Continue to work with our existing volunteering and work experience programmes, and our Youth Forum, to promote the wide range of career opportunities across the Trust.
5. Review models for supported internships for young people with Learning Disabilities.
 | March 2022October – December 2021October 2021Apr/Jul 2022April 2022 | Director of W&ODEDI LeadStaff NetworkCommunications and Marketing ManagerRecruitment LeadHR Analyst EDI Lead Directorate LeadsEDI LeadCorporate Affairs and Membership ManagerVolunteer Services ManagerDirector of W&ODW&OD LeadEDI Lead  | To build a more accurate picture of the diversity of our workforce.To celebrate the diversity of our workforce and encourage everyone to bring their whole-self to work.To understand where we have gaps/under representation.To become a model employer, be compassionate and inclusive, and improve how we recruit, retain and develop disabled people. |
| 2 | Reduce the inequality in recruitmentshortlisting from 1.55 to 1.00.Review recruitment practices and improve awareness of disability and long-term health conditions to ensure the process is equitable and inclusive where everyone can thrive. | 1. Engage in the review of our recruitment practices to ensure the lived experiences of staff with disabilities and long-term health conditions are taken into account.
2. Disabled staff to be trained to participate on recruitment panels.
3. Staff Network to receive regular review of recruitment activity and provide feedback.
4. Review training and education, including ‘Pathway to Management’, to improve managers’ awareness and understanding of disability and long-term health conditions.
5. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme.
6. Take the next step to progress from Disability Confident Committed to Disability Confident Employer (Level 2).
 | October – December 2021November 2021 – January 2022Jan/April/Jul 2022January 2022January 2022November 2021 | Director of W&ODRecruitment LeadStaff Network Recruitment LeadStaff NetworkRecruitment LeadStaff NetworkHR LeadW&OD LeadEDI Lead | To improve careerprogression prospects forDisabled staff (see action 5below).To ensure the lived experiences of staff with disabilities and long-term health conditions are taken into account – ‘We have a voice that counts’.To ensure diversity in thought when decisions are being made.To improve awareness and understanding of disability and long-term health conditions. |
| 3 | Promote active engagement and consultation in policy review ensuring that any decisions that impact people with a disability involve them in the decision-making process. | 1. Review progress of relative likelihood of Disabled colleagues entering the capability process (on the grounds of performance) and provide update to Staff Network.

 1. Engage with the Staff Network when reviewing the Capability policy in Feb/March 2021.
2. Invite Staff Network member on to the Trust’s Partnership Advisory Group.
3. Review training and education, including ‘Pathway to Management’, to improve managers’ awareness and understanding of disability and long-term health conditions.
4. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme.
 | February 2022February 2022September 2021January 2022January 2022 | Director of W&ODHR LeadStaff NetworkHR LeadStaff NetworkHR LeadStaff NetworkHR LeadW&OD Lead | To increase the confidenceof staff entering into thecapability process that theywill be treated fairly.To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process.To improve awareness and understanding of disabilities and long-term health conditions.  |
| 4 | Reduce the incidence of Disabledcolleagues experiencingharassment, bullying and abuse.Support staff to feel confident in reporting incidents of harassment, bullying and abuse. | 1. To promote the Culture Change Programme and work together to drive the importance of the WDES throughout the current work streams and future initiatives.
2. To continue listening across a variety of platforms where colleagues feel safe to share their lived experiences. Focus on the drive to eliminate harassment, bullying and abuse and reassure staff that concerns will be acted on appropriately.
3. Raise awareness of the WDES with the Council of Governors and the Equality Stakeholder Group in relation to Metric 4a. Support staff by producing zero-tolerance materials.
4. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.
5. Work closely with the Freedom to Speak Up Guardians, Fairness Champions, Staff Governors and Bullying and Harassment Advisors to triangulate learning from themes in relation to the experiences of people with disabilities and long-term health conditions and feedback to senior management team.
6. In line with the NHS People Plan, focus on work streams to ensure that we create a culture where everyone feels they belong.
 | October 2021Oct 2021/Jan/Apr/Jul 2022January 2022November 2021Oct 2021 / Jan/Apr/Jul 2022January 2022 | Culture Change Programme Leads Staff Network EDI LeadDirector of W&ODStaff Network EDI LeadEDI Lead Staff Network Communications and Marketing ManagerDirector of W&ODHR LeadStaff Network EDI Lead Freedom to Speak Up Guardians Staff GovernorsCulture Change Programme Leads | Part of the overallorganisational goal tocreate an inclusive culture.To ensure that that people with a disability or long-term condition are involved in the Culture Change Programme and are valued in making a difference.To build on the culture of the organisation in order to drive initiatives to reduce harassment, bullying and abuse from members of the public.To encourage people to speak up and be supported in doing so.To promote belonging to #teamHDFT. |
| 5 | Reduce inequality in career progress opportunities (between Disabled and non-disabled colleagues).Raise awareness of the value in having inclusive and diverse teams and retain and motivate our talented, experienced, and knowledgeable staff. | 1. Monitor selection processes for acting up and secondment positions to identify any potential adverse impact on Disabled staff.
2. Staff Network to host listening events focussing on career development to help the organisation understand where support is needed.
3. Raise awareness of the Social Model of Disability.
 | January 2022April 2022April 2022 | Director of W&ODRecruitment LeadStaff Network Culture Change Programme LeadsStaff NetworkEDI Lead | See action 2 above.Understand the lived experience behind the data.Understand and learn why people are disabled by barriers in society, not by their impairment or difference. |
| 6 | Reduce level of presenteeism experienced by Disabled staff.To look after our people and ensure we are safe and healthy. | 1. Engage with the Staff Network when reviewing policies including the Managing Attendance & Promoting Health and Wellbeing Policy.
2. Continue training and education, including ‘Pathway to Management’ and First Line Leaders’, to improve managers’ awareness and understanding of disability and long-term health conditions.
3. Continue to promote staff health and wellbeing resources and support our colleagues including health and wellbeing conversations and the Employee Assistance Programme (EAP).
 | July 2022January 2022Oct 2021 / Jan/Apr/Jul 2022 | Director of W&ODHR LeadStaff NetworkHR Lead W&OD LeadHealth and Wellbeing GroupCommunications and Marketing ManagerLine Managers | Create a healthierworkplace for staff andimprove wellbeing for all.To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process.To improve awareness and understanding of disabilities and long-term health conditions. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7 | Increase percentage of Disabled staff satisfaction rate.To ensure staff feel that their work and contributions are valued. | 1. Invite Board Champion on to the Staff Network.
2. Arrange a series of focus groups to listen to staff who do not feel satisfied with the extent to which the organisation values their work. These will be structured to ensure lived experience informs actions as appropriate.
 | October 2021December 2022 | Staff NetworkEDI LeadStaff Network | Inclusive leadership is key in recognising and valuing the contribution that Disabled people can make. Insight into lived experience of Disabled staff. |
| 8 | Increase percentage of Disabled staff thatfeel that their request/s forreasonable adjustments have beenadequately managed.Ensure disabled staff are given the opportunity to discuss what they need and the support to receive reasonable adjustments in order for them to carry out their work. | 1. Engage with the Staff Network when reviewing the Managing Attendance & Promoting Health and Wellbeing Policy regarding reasonable adjustments.
2. Promote reasonable adjustment resources that are available and encourage conversations between the line manager and member of staff where a disability or long-term health condition might impact upon their work.
 | July 2022October 2021 | Director of W&ODHR LeadStaff Network HR Lead | To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process.To improve awareness and understanding of disabilities and long-term health conditions.Compliance with the Equality Act 2010. |
| 9 | Continue to promote the Staff Network and the WDES and ensure the voices of our staff with disabilities and long-term health conditions are heard. | 1. Actively promote the Staff Network and report on their work to the Trust’s Senior Management Team.
2. Learn and share good practice through the NHS Employers Diversity and Inclusion Partners Programme.
3. Continue to raise the profile of the Equality Stakeholder Group and focus on removing any social model barriers that may impact on the delivery of high-quality patient care.
 | Jan/Apr/Jul 2022Jan/Apr/Jul 2022Oct 2021 / Jan/Apr/Jul 2022 | Staff NetworkEDI LeadEDI LeadBME Staff Network Co-Chair Non-Executive DirectorsEDI Lead | Create a culture andenvironment whereDisabled staff feel able tospeak up and have a voiceOpportunity to report into the organisation’s governance structure.Through insights of people with disabilities across the workforce, many of whom will be patients or service users, and with community stakeholders, we will be able to think in new and innovative ways about how to deliver high quality compassionate care that have inclusion at their heart. |
| 10 | Reduce the gap between Boardrepresentation and overallrepresentation of Disabled staff inthe workforce.Increase diversity of Board. | 1. Ensure the process for appointment of Executive and Non-Executive Directors encourages diverse applicants, including those who identify as Disabled.
2. As a demonstration of Trust commitment to ‘Nothing about us without us’ and inclusion, include reciprocal mentoring programme for Disabled staff network members to have mentoring relationship with Board members.
 | July 2022July 2022 | Director of W&ODRecruitment LeadDirector of W&ODBoard ChampionStaff Network  | To demonstrate visibleleadership in this area atsenior levels.Importance of leadership role models. From hearing insights and lived experiences, Board members will be better informed in making decisions that benefit all staff and patients |
| All Metrics | To close the gaps between the workplace and career experiences of Disabled and non-disabled staff. | Across all, or multiple metrics, the following actions will champion positive WDES outcomes and improved staff experience: 1. Recognition of the value of the Staff Network across the organisation – benefits the organisation as much as the individual:
* Resources
* Time – facility time for Network Chairs and time for staff to attend,
* Support
1. The WDES will be a standard item on the staff network monthly agenda.
2. Listening with fascination and sharing lived experience – story telling to bring the lived experience alive, which along with the data and the feedback through the Staff Survey gives a whole perspective and has such a powerful impact, e.g. Schwartz Round, Board of Directors’ meetings, People and Culture Committee.
3. Reciprocal mentoring – using this model to raise awareness of disabilities and long-term health conditions and promote diversity of thought.
4. Integrate the WDES within mainstream business and governance structures including regular reporting via the Integrated Board Report and as part of the Culture Change Programme.
5. Adopt the principles of the ‘Social Model of Disability’ and ‘Nothing About Us Without Us’.
6. Regular communications to bring WDES alive and celebrate achievements. Produce innovate ways to communicate e.g. infographics.
7. Sharing good practice:
* Resources and guidance via NHS Employers
* Networks – Yorkshire and Humber Regional EDI Leads Network
* Staff Networks in other Trusts
 | Oct 2021 / Jan/Apr/Jul 2022Oct 2021 – July 2022Oct 2021 – July 2022July 2022January 2022October 2021Oct 2020 – July 2022Oct 2020 – July 2022 |  | Improve the experience of Disabled staff.Improve the culture of the organisation.Compliance with:* Public Sector Equality Duty, - Equality Act 2010.
* NHS Standard Contract.
* NHS Long Term Plan.
* NHS People Plan,

Value in listening to the lived experience of staff to drive change.Raise awareness of WDES and the importance of regular monitoring to track improvements. |
| **Note: Explain how Disabled staff have been involved in developing and delivering the actions.**Consultation has been undertaken with the Disability and Long-Term Illness Staff Network members, and Disabled staff across the organisation who are not members of the Staff Network, to review the metrics data and develop the action plans within this report. |