

Workforce Disability Equality Standard (WDES)

Annual Report 2021/2022

October 2022

Report publishing date: October 2022

Contents

1. Introduction	3
2. Background	4
3. Reporting Requirements	6
4. Summary of data	8
4.1 WDES Data 2021/2022 comparative with 2020/21	
5. Representation, recruitment, and progression	11
Indicator 1: Representation	
Indicator 2: Likelihood of appointment	
Indicator 10: Board voting membership	
Indicator 5: Fairness in career progression	
6. Formal capability processes	14
Indicator 3: Likelihood of entering capability	
7. Behaviours and discrimination	14
Indicator 4: Bullying and harassment	
Indicator 6: Pressure to come into work	
Indicator 7: Feeling valued	
Indicator 8: Adequate adjustments	
Indicator 9: Colleague engagement	
8. Conclusion	16
 Appendix 1: Action Plan for 2022/23	

1. Introduction

The Workforce Disability Equality Standard (WDES) is an annual data collection exercise which highlights the experiences of disabled colleagues compared to their non-disabled counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract.

The WDES requires organisations to demonstrate progress against the ten metrics specifically focused on disability equality and suggest actions to address gaps.

The data and statistics used in this report reflect Workforce indicators, NHS staff survey Indicators and a Board representation indicator.

The Workforce Disability Equality Standard (WDES) report provides an overview of the data from April 2020 to March 2021 and progress against the ten metrics of the WDES.

Our commitment as a Trust to improve the employee experience for colleagues with disabilities, the WDES will help foster a better understanding of the issues faced by disabled colleagues and the inequalities they experience and supports the Trust to take action to create an inclusive and diverse leadership, which is in line with Derbyshire Healthcare's mission to be 'positively inclusive'. It involves a continued approach to monitoring our attraction, recruitment and retention initiatives, eliminating unlawful discrimination, harassment and victimisation and to improve year-on-year the reported experience of Disabled colleagues. We will only then be a great place to work and a great place to be cared for.

Our Disability & Wellness Network (D.A.W.N) Staff Network continues to have executive sponsorship from the Director of People and OD. As a network, they have and will be instrumental in putting together the resulting action plan for 2022/23.

Reliability of Data

As a significant number of colleagues have not self-reported whether they are Disabled, data used for these metrics may not truly reflect the experience of Disabled colleagues at DHCFT.

We collected our data on 31st March 2022 when our workforce consisted of 2879 colleagues. **6.7%** of our workforce disclosed that they are Disabled.

This is the fourth year of the WDES, and it has been consistently identified that the number of DHCFT colleagues who have declared a disability or long-term condition on ESR is much lower than that of colleagues declaring a disability anonymously via the NHS Staff Survey.

	2018	2019	2020	2021
ESR	115	117	149	194
NHS Staff Survey	288	371	440	522

Note: Indicator 5: There has been a change in the reporting mechanism of this indicator this year, which affected the percentages as shown in the report. In previous years, the percentage reported was those saying, ‘yes’ as a proportion of all staff **excluding** those who said, ‘don’t know’. For this year’s reporting, the figure reported is the percentage saying ‘yes’ as a proportion of all those who responded (including ‘don’t know’). This approach has been applied to the historical data in the 2021 reports

2. Background

The Equality Act, which came into force in 2010, strengthened the duty on employers to eliminate discrimination and advance equality of opportunity for Disabled employees. In the Act, disability is one of the nine protected characteristics, and employers are required to pay ‘due regard’ to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between groups.

In November 2017, there was a pledge by the Government to increase the number of Disabled people in employment by one million. Recent data (Oct – Dec 20) shows 52.3% of disabled people were in employment, down from 54.1% a year previously. The employment rate for people who are not disabled was 81.1%, down from 82.2%. COVID-19 has had an impact on disabled and non-disabled people and employment, however, ONS have reported that a higher proportion of disabled employees have been made redundant than employees who are not disabled. Research tells us that the disability employment gap has increased over 2020 year from 28.1% to 28.8% [nationally](#).

Following through the Governments pledge, the Workforce Disability Equality Standard (WDES) came into force on 1st April 2019 introducing a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and Non –Disabled staff. This information will then be used to develop a local action plan and enable us to demonstrate progress against the indicators of disability equality as a means by which we will improve and enhance the experience of disabled staff within our workforce.

The [‘social model of disability’¹](#) identifies that it is the societal barriers that Disabled people face which is the disability and not an individual’s medical condition or impairment. ‘Nothing about us without us’ is a phrase used by the disability

¹ <https://www.scope.org.uk/about-us/social-model-of-disability/>

movement to denote a central principle of inclusion: that actions and decisions that affect or are about Disabled people should be taken with Disabled people.

The NHS constitution has a specific section that refers to the rights of staff. It recognised that it is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves which really make the difference. High quality care requires high quality workplaces, with commissioners and providers aiming to be employers of choice. The Workforce Disability Equality Standard (WDES) is important because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The main purpose of the WDES is:

- To compare the experiences of Disabled and Non – Disabled staff.
- To better understand the experiences of Disabled staff and enable a more inclusive environment
- To identify good practice and compare our performance with similar Trusts and use the information derived from the metrics to develop a local action plan and demonstrate progress against the indicators of disability equality.
- To help local, regional and national, NHS organisations (and other organisations providing NHS services) to review their data against the ten WDES indicators,
- To produce an action plan to address any differences in the workplace experienced by Disabled and Non – Disabled staff, and,
- Improve Disabled representation at the Board level of the organisation.

Over the past year the D.A.W.N Network has:

- Reasonable Adjustments Plan and accompanying Managers Guide has been reviewed and signed off by the Network – this will be requested to be incorporated into the leadership passport with attendance training etc by the Leadership Development team
- The promotional video has been recorded and will be circulated within the current membership as well as via Communications, weekly focus email and on the intranet

3. Reporting requirements

The following table (pages 5 and 6) sets out the reporting requirements for the WDES:

Workforce Metrics	
For the following three workforce metrics, compare the data for both Disabled and non-disabled staff.	
Metric 1	<p>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.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1: AfC Bands - under 1, 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades</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 based upon grade codes.</p>
Metric 2	<p>Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.</p> <p>Note:</p> <p>i) This refers to both external and internal posts</p>
Metric 3	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Note:</p> <p>i) This metric was mandated in 2020. ii) This metric is based on data from a two-year rolling average of the current year and the previous year. iii) It must be noted that this metric looks at capability on the grounds of performance, rather than ill health. Therefore, we request that organisations only submit data on those staff who are within performance management capability processes.</p>
National NHS Staff Survey Metrics	
For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.	
Metric 4 Staff Survey Q13a-d	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <p>i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues</p> <p>b) 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>

Metric 5 Staff Survey Q14	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
Metric 6 Staff Survey 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.
Metric 7 Staff Survey 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.
The following NHS Staff Survey metric only includes the responses of Disabled staff	
Metric 8 Staff Survey Q26b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
NHS Staff Survey and the engagement of Disabled staff	
For part a) of the following metric, compare the staff engagement scores for Disabled and non-disabled staff	
For part b) add evidence to the Trust's WDES Annual Report	
Metric 9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>Note: This part of the metric is now solely a comparison between the engagement score for Disabled staff and non-disabled staff.</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 your WDES annual report. Examples are listed in the national WDES 2019 Annual Report.</p>
Board representation metric	
For this Metric, compare the difference for Disabled and non-disabled staff.	
Metric 10	<p>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 membership of the Board. • By Executive membership of the Board.

4. Summary of Data 2021/22

Improvements and sustained positive outcomes:	
	Metric 1: The number of staff who have declared a disability on ESR has increased slowly but consistently over the last four years, since 2018 where 115 colleague declared a disability to 194 declarations status 2021 .
	Metric 4b: The percentage of staff saying the last time they experienced harassment, bullying or abuse, they or a colleague reported it, increased since 2020/21 from 54.8% for disabled and 62.0% non-disabled colleagues to 64% for disabled and 63.1% non-disabled colleagues in 2021/22
	Metric 5: The percentage of staff believing the Trust provides equal opportunities for career progression, increased since 2020/21 from 60% for disabled and 64.4.0% non-disabled colleagues to 63.4% for disabled and 65.7% non-disabled colleagues in 2021/22
	Metric 8: The percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work, increased since 2020/21 from 86.6% for disabled colleagues to 89.5% for disabled 2021/22 .

Deterioration and sustained negative outcomes:	
	Metric 4ai: The percentage of staff experiencing harassment, bullying or abuse from - Patients, service users or members of the public , increased since 2020/21 from 27.6% for disabled and 21.9% non-disabled colleagues to 30.9% for disabled and 23.8% non-disabled colleagues in 2021/22
	Metric 4aia: The percentage of staff experiencing harassment, bullying or abuse from - Manager increased since 2020/21 from 11.2% for disabled and 5.7% non-disabled colleagues to 12% for disabled and 4.9% non-disabled colleagues in 2021/22
	Metric 4aiii: The percentage of staff experiencing harassment, bullying or abuse from - Other colleagues , increased since 2020/21 from 20.6% for disabled and 11.8% non-disabled colleagues to 19.7% for disabled and 12.1% non-disabled colleagues in 2021/22

4.1 WDES Data 2021/2022 comparative with 2020/21

Detailed below is the organisation's WDES data to be submitted by 31 August 2022 covering the period 1 April 2021 to 31 March 2022.

	2020/21	2021/22
Number of staff employed within Trust	2795	2879
Proportion of disabled staff employed within Trust as of 31 March 2022	5.3% (149 people)	6.7% (194 people)
Metric 1 Percentage of staff in each of the AfC Bands 1-9 and VSM compared with the percentage in the overall workforce	Please see table below	
Metric 2 Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts Note: A figure above "1" would indicate non-disabled candidates are more likely to be appointed from shortlisting	1.05	1.04
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. Note: A figure above "1" would indicate that disabled staff are more likely to enter the formal capability process	0.00	0.00
Metric 4a Percentage of staff experiencing harassment, bullying or abuse from: i) Patients, service users or members of the public ii) Manager iii) Other colleagues	i) Disabled: 27.6% Non-disabled: 21.9% ii) Disabled: 11.2% Non-disabled: 5.7% iii) Disabled: 20.6% Non-disabled: 11.8%	i) Disabled: 30.9% Non-disabled: 23.8% ii) Disabled: 12% Non-disabled: 4.9% iii) Disabled: 19.7% Non-disabled: 12.1%
Metric 4b Percentage of staff saying the last time they experienced harassment, bullying or abuse, they or a colleague reported it	Disabled: 54.8% Non-disabled: 62.0%	Disabled: 64% Non-disabled: 63.1%
Metric 5 Percentage of staff believing the Trust provides equal opportunities for career progression.	Disabled: 85.1% (60%) Non-disabled: 89.6% (64.6%)	Disabled: 63.4% Non-disabled: 65.7%

Metric 6 Percentage of staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled: 17.1% Non-disabled: 11.1%	Disabled: 17.2% Non-disabled: 10.9%
Metric 7 Percentage of staff saying they are satisfied with the extent to which the organisation values their work.	Disabled: 50.3% Non-disabled: 59.2%	Disabled: 51.4% Non-disabled: 58.1%
Metric 8 Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled: 86.6%	Disabled: 89.5%
Metric 9a Staff engagement score for disabled staff, compared to non-disabled staff.	Disabled: 7.1 Non-disabled: 7.5	Disabled: 7.1 Non-disabled: 7.4
Metric 9b Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (yes/no)	Yes	Yes
Metric 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.	+ 20 % (25% of Board voting membership declared a disability compared to 5% of overall workforce)	10 % (16.67% of Board voting membership declared a disability compared to 6.74% of overall workforce)

5.0 Representation, recruitment and progression

Metric 1: Representation Breakdown of the workforce by AfC clusters, Medical and Dental subgroups and very senior managers (including Executive Board members) –split between non-clinical and clinical groups

NON-CLINICAL						
Band	2020/21			2021/22		
	Disabled %	Non-disabled %	Unknown/ Null %	Disabled %	Non-disabled %	Unknown/ Null %
Cluster 1 (Bands <1 - 4)	5.3%	71.5%	23.2%	6.5%	72.5%	21.0%
Cluster 2 (Band 5 - 7)	4.9%	70.8%	24.3%	6.8%	77.6%	15.5%
Cluster 3 (Bands 8a - 8b)	3.7%	66.7%	29.6%	6.7%	56.7%	36.7%
Cluster 4 (Bands 8c - 9 & VSM)	7.1%	64.3%	28.6%	10.0%	70.0%	20.0%

CLINICAL						
Band	2020/21			2021/22		
	Disabled %	Non-disabled %	Unknown/ Null %	Disabled %	Non-disabled %	Unknown/ Null %
Cluster 1 (Bands <1 - 4)	4.4%	65.9%	29.8%	6.1%	68.8%	25.1%
Cluster 2 (Band 5 - 7)	6.0%	71.0%	23.0%	7.5%	73.8%	18.7%
Cluster 3 (Bands 8a - 8b)	5.9%	76.5%	17.6%	6.3%	79.5%	14.2%
Cluster 4 (Bands 8c - 9 & VSM)	6.3%	68.8%	25.0%	5.0%	75.0%	20.0%
Cluster 5 (Medical & Dental Staff, Consultants)	3.9%	61.04%	35.06%	3.85%	60.26%	35.9%
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	0.0%	50.0%	50.0%	0.0%	59.38%	40.63%
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	0.0%	50.0%	50.0%	0.0%	56.67%	43.33%

In line with the national reporting guidance, the workforce information has been clustered into groups. These are as follows:

- Cluster 1 (Bands 1-4)
- Cluster 2 (Bands 5-7)
- Cluster 3 (Bands 8a – 8b)
- Cluster 4 (Bands 8c –9 &VSM)
- Cluster 5 (Medical & Dental Staff, Consultants)
- Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)
- Cluster 7 (Medical & Dental Staff, Medical and Dental trainee grades)

Given the low number of staff reporting a disability it is difficult to draw any patterns or conclusions from the data. However, the largest proportion of people with a disability relative to the staff group numbers are within Clinical Clusters 2, 3 and 5.

Metric 2: Recruitment

Metric 2	2020/21	2021/22
Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts Note: A figure above “1” would indicate non-disabled candidates are more likely to be appointed from shortlisting	1.05	1.04

A marginal increase from 2021, when disabled candidates were 5% (1.05x) more likely to be appointed.

Metric 5: Progression.

Metric 5	2020/21	2021/22
Percentage of staff believing the Trust provides equal opportunities for career progression.	Disabled: 85.1% (60%) Non-disabled: 89.6% (64.6%)	Disabled: 63.4% Non-disabled: 65.7%

Whilst the perception of fairness with regard to career progression indicates an increase, we will need to ensure that as a Trust our Disabled staff are not prevented from development opportunities that may arise as a result of not being able to 'act up' or take on varied responsibilities during the Covid-19 pandemic.

Note: Indicator 5: There has been a change in the reporting mechanism of this indicator this year, which affected the percentages as shown in the report. In previous years, the percentage reported was those saying, ‘yes’ as a proportion of all staff **excluding those who said, ‘don’t know’**. For this year’s reporting, the figure reported is the percentage saying ‘yes’ as a proportion of all those who responded (including ‘don’t know’). This approach has been applied to the historical data in the 2021 reports

Metric: 10 – Board Representation

Metric: 10	2020/21	2021/22
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce.	+ 20 % (25% of Board voting membership declared a disability compared to 5% of overall workforce)	10 % (16.67% of Board voting membership declared a disability compared to 6.74% of overall workforce)

Amongst voting Board members, disclosure of disability status is much higher than the overall workforce at 5% in 2021 and 6.74% in March 2022 due to the small numbers involved across the organisation, any changes in appointments have a significant impact on reported proportions.

6.0 Formal disciplinary processes

Metric 3	2020/21	2021/22
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0.00	0.00
Note: A figure above “1” would indicate that disabled staff are more likely to enter the formal capability process		

The data shows there has been no formal capability cases in the reporting period and previous period

7.0 Behaviours and discrimination

Metric 4a – Bullying and Harassment

Metric 4a: The percentage of staff experiencing harassment, bullying or abuse from – **Patients, service users or members of the public**, increased since 2020/21 from 27.6% for disabled and 21.9% non-disabled colleagues to 30.9% for disabled and 23.8% non-disabled colleagues in 2021/22

Metric 4a: The percentage of staff experiencing harassment, bullying or abuse from -**Manager** increased since 2020/21 from 11.2% for disabled and 5.7% non-disabled colleagues to 12% for disabled and 4.9% non-disabled colleagues in 2021/22

Metric 4a: The percentage of staff experiencing harassment, bullying or abuse from – **Other colleagues**, increased since 2020/21 from 20.6% for disabled and 11.8% non-disabled colleagues to 19.7% for disabled and 12.1% non-disabled colleagues in 2021/22

Overall, across the three areas for metric 4a, a decline in the majority of the indicators on rates of harassment and abuse against disabled staff, which remain higher than rates against non-disabled staff even when the non-disabled staff rate increases. Whilst

this reflects the national trend and may be seen to be as a result of pressures during the Covid-19 pandemic, the significant increase reported at DHCFT by Disabled staff is an outlier and needs to be addressed.

Metric 4b – Bullying and Harassment

Metric 4b: The percentage of staff saying the last time they experienced harassment, bullying or abuse, they or a colleague reported it, increased since 2020/21 from **54.8%** for disabled and **62.0%** non-disabled colleagues to **64%** for disabled and **63.1%** non-disabled colleagues in **2021/22**

A higher figure than the national benchmark of 46%. Whilst this is promising and reflects the work done at the Trust to encourage and empower staff to report these incidents, the, Speak Up Guardian and *It's not ok* programme will play a key role in developing colleagues' confidence to raise and resolve issues and conflict early, with assurance that Trust approaches will be compassionate and just.

Metric 6 – Pressure to come back to work

Metric 6	2020/21	2021/22
Percentage of staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled: 17.1% Non-disabled: 11.1%	Disabled: 17.2% Non-disabled: 10.9%

A marginal increase from 2021 for disabled staff and a decrease for non-disabled staff.

Metric 7- Feeling valued

Metric 7	2020/21	2021/22
Metric Percentage of staff saying they are satisfied with the extent to which the organisation values their work.	Disabled: 50.3% Non-disabled: 59.2%	Disabled: 51.4% Non-disabled: 58.1%

A marginal increase for disabled staff and decrease for non – disabled staff since 2020/21. In the context of the Covid-19 pandemic, where many staff have been redeployed away from their usual roles or required to shield following risk assessment, this is somewhat expected but we must ensure improvement is seen beyond the recovery phase.

Metric 8 – Adequate adjustments

Metric 8: The percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work, increased since **2020/21** from **86.6%** for disabled colleagues to **89.5%** for disabled **2021/22**.

An increase of almost 3% in 2022 and higher than the national benchmark of 75%.

Indicator 9 -Staff engagement

Metric 9a	2020/21	2021/22
Staff engagement score for disabled staff, compared to non-disabled staff.	Disabled: 7.1 Non-disabled: 7.5	Disabled: 7.1 Non-disabled: 7.4

The scores have remained static albeit slightly lower for disabled staff compared to staff without a disability

8.0 Conclusion

Improving the experience of Disabled colleagues is a core element of the Trust’s Towards Inclusion Strategy. We continue to work in partnership with the Disability and Wellness Network (D.A.W.N.) staff network, who are instrumental in helping to drive forward this agenda.

Although the number of staff who have declared a disability on the NHS Staff Survey has increased consistently over the last four years, the number of DHCFT staff who have declared a disability or long-term condition on ESR remains significantly lower than that of staff declaring a disability anonymously via the NHS Staff Survey.

Actions to encourage disclosure of protected characteristics on ESR include engagement sessions with the Disability & Wellness Network (D.A.W.N) on the importance of disclosing protected characteristics, and a disclosure campaign launched in May 2021 which includes monthly drop-in sessions for staff to receive support and information. “How to guides” have also been produced and shared via comms to encourage colleagues to be able to declare their status via Employee Self-Serve (EESR)

The Disability & Wellness Network (D.A.W.N) has produced a video to raise awareness about Disability and its impact with the aim to encourage colleagues to disclose their disability, raise the network’s profile and improve engagement levels and impact.

Overall, the WDES collection for 2021/22 has shown some areas of improvements compared to figures previously which is good to see. However, the Trust recognises that it’s on a journey and as a priority more needs to be done to improve experiences of our disabled workforce.

The WDES Action Plan below has been co-produced with the developed with the Disability & Wellness Network (D.A.W.N) staff network, (Appendix 1) and identifies key actions which will be undertaken over the next 12 months, supporting the organisation to improve.

Provider Organisation: **Derbyshire Healthcare NHS Foundation Trust**

Date of Report and Action Plan: **August 2022**

Board Lead for the Workforce Disability Equality Standard: **Jaki Lowe, Director of People and Inclusion**

Lead Manager/s compiling this report: **Samina Arfan, Head of EDI** and **Amany Rashwan, Equality, Diversity and Inclusion Advisor**

Document Control			
Date	Amendment	Version	Comments/Author
08/22	Data analysis and draft report	V0.1	Amany Rashwan
14/09/22	Report narrative and review	V0.2	Samina Arfan, Jaki Lowe
20/09/22	For review and endorsement	V0.3	People and Culture Committee
13/10/22	For engagement	V0.4	Disability & Wellness Network (D.A.W.N) Staff Network
25/10/22	ELT Approval of Action Plan	Final Draft	Samina Arfan
31/10/22	For publication on website	Final	DHCFT Communications team
01/11/22	Final for endorsement	Final	Trust Board

Appendix 1: Action Plan

The action plan below has been developed with the Disability & Wellness Network (D.A.W.N) staff network, with a focus on improving indicators relating to disability declaration rates, representation in leadership roles, addressing bullying, harassment or abuse and, ensuring colleagues with a disability have appropriate adjustments made to enable them to do their job. Improvements in these areas should impact on the overall engagement, experience and feelings of value for colleagues with a disability and be reflected in these metrics accordingly.

Appendix 1: Phase WDES Action Plan 2022/23				
	Outcome	Actions	Leads	Timescales
1	An increase in the disclosure rate on ESR to 50% by March 2023.	Increase the number of staff disclosing their disability status on ESR	Disability & Wellness Network (D.A.W.N) staff network /Head of EDI/Acting Deputy Director of People and Inclusion People and Inclusion Directorate	31 st March 2023
		Apply for Disability Confident Scheme Level 3 (Leader) – Become a Disability Confident leader by 2023	Recruitment Lead/Head of EDI	31 st March 2023
		Implement findings from the Cultural Intelligence review of the recruitment pathway	Recruitment Lead/Head of EDI/ Disability & Wellness Network (D.A.W.N) staff network	31 st March 2023
2	Improvement shown in Staff Survey 2022 (Metric 4)	Address the increased levels of bullying and harassment experienced by Disabled colleagues from their managers and colleagues	Acting Deputy Director of People and Inclusion People and Inclusion Directorate / Head of EDI	31 st March 2023
3	Improvement shown in Staff Survey 2021 (Metric 5)	Review succession planning and talent management approach to reduce inequalities in career progression opportunities between Disabled and non-disabled colleagues	Acting Deputy Director of People and Inclusion People and Inclusion Directorate /Head of EDI	31 st March 2023

Appendix 1: Phase WDES Action Plan 2022/23

4	A reduction in the number of Disabled staff reporting that they felt pressure to come into work despite not feeling well enough (Metric 6)	Improve the presenteeism experienced by Disabled colleagues to improve wellbeing and ensure that they can flourish at work	Acting Deputy Director of People and Inclusion People and Inclusion Directorate/Head of EDI/ Disability & Wellness Network (D.A.W.N) staff network	31st March 2023
5	Improvement of at least 5% shown in Staff Survey 2021 (Metric 8)	Increase the percentage of Disabled staff who are able to reach their full potential because appropriate adjustments have been made for them at work	Head of EDI/Acting Deputy People and Inclusion Directorate/ Disability & Wellness Network (D.A.W.N) staff network	31st March 2023
		Raise Awareness of Neurodiversity across the Trust and recruitment processes	Head of EDI/Acting Deputy Director of People and Inclusion People and Inclusion Directorate/ Disability & Wellness Network (D.A.W.N) staff network	31st March 2023
		Increase participation in the Disability & Wellness Network (D.A.W.N) staff network	Head of EDI/ Disability & Wellness Network (D.A.W.N) staff network	31st March 2023

Below (page 4) lists the workplan identified by the Disability & Wellness Network (D.A.W.N) staff network, which have been incorporated into the action plan above.

DAWN Group – Future Plans 2022 -2023

- We are going to be providing a forum for people to tell their story of working with a disability/long term condition and how they felt, how they overcame any obstacles and what support was given - if any.

We intend to use these to look at how the Trust provide support through different levels of staffing and different roles. We will be able to build a plan to see where the gaps in knowledge and support are within the Trust and look at how we are able to provide training and guidance to both staff and managers. We will be creating an action plan consisting of learning taken from these discussions and building this into possible future training and development opportunities

- We will be looking at ways to increase staff declarations regarding any disabilities /long term conditions when applying for positions within the Trust and for current staff that have not declared this, we will be looking at how managers can provide a more inclusive culture to allow members of staff declare any disability/long term condition without the worry of a negative outcome
- We are going to be working with Recruitment and Selection to look at how we can improve the recruitment process for people with a disability/long term condition
- We are discussing including a brief section for promoting the Network during Induction and providing promotional information after the session
- We are looking to provide some products to promote the Network including wrist rests and mouse mats and ergonomic pens

