



The Tavistock and Portman
NHS Foundation Trust

WDES Report

Workforce Disability Equality Standard

2022 - 2023

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Tavistock and Portman WDES Report 2022-23

Workforce Disability Equality Standard

Introduction

The Workforce Disability Equality Standard (WDES) was mandated via the Standard NHS Contract in April 2018: all NHS organisations are required to publish their performance data and action plans against 10 metrics of the Workforce Disability Equality Standard and make them public.

Correspondingly, this report presents the Tavistock and Portman's 2022-23 WDES data and associated Action Plan. The 10 WDES metrics focus on workforce composition, recruitment, relative likelihood of entering a formal capability* process, bullying and harassment, opportunities for career progression or promotion, feeling valued by the organisation, presenteeism, reasonable adjustments, staff engagement, and Board composition. Nationally, the WDES consistently shows that Disabled staff* have poorer experiences at work compared to the experiences of Non-Disabled* staff - see full details of the WDES indicators in Appendix 1 (Page 20). (*It is important to note that some language used throughout the report reflects that of a corresponding metric and is not necessarily language that we use within trust policies or communications).

Key findings from the 2022-23 report

The Tavistock and Portman has already launched a number of initiatives with the aim of tackling barriers faced by existing staff (and/or individuals seeking employment with the Trust) who identify as having a disability or LTHC.

The metrics below are encouraging reflections of work undertaken (whilst recognising that we aim to improve further):

- Disabled staff are more likely than non-Disabled staff to be appointed from shortlisting at the Tavistock. In order to further improve, efforts should be made to recruit staff with LTHC or declared disabilities into medical and more senior roles.
- The percentage of staff experiencing harassment, bullying or abuse from other colleagues has continued to decrease gradually over the last three years and is similar to the national average. This trend can be further enhanced through raising awareness about disability and long-term conditions, allyship, and inclusion.
- No staff who identify as having a Disability or LTHC have entered a formal capability process over the last four years.
- The percentage of staff stating that they have experienced harassment, bullying or abuse from patients/service users, relatives or the public has increased by 5.4% from 17.6% to 23% this year. It is likely that the lower figures during the pandemic are reflective of COVID-19 rules impacting on face to face interactions. Whilst we are seeking for an eradication of negative experiences for our staff, the current figure places the Trust 10 percentage points below national average (33%).

- Presenteeism has increased in 22/23 to 28.3%, however the much lower figure last year (22.9%) is likely a reflection of the increased numbers of staff who were able to work from home during the pandemic. The 6.8% drop between the 20/21 figure (35.1%) and current figure (28.3%) is a more accurate comparison and there has been an improvement of 3.5% in this metric over the last 5 years. There remains a gap of 11% however between Disabled and non-Disabled staff experience which needs to be addressed.

The following metric shows need for improvement in inclusive practices and/or better communication:

- The number of staff who declare a disability or long-term health conditions has stagnated and there is a slight dip from the previous year. The declaration rate with the staff survey is significantly higher than that held on ESR. Whilst this may reflect a need to create an environment where staff are comfortable to bring their authentic selves to work, there could also be more practical reasons such as collection and transfer of data at the point of application, and appointment, or hesitance to share data before becoming an employee.
- The percentage of Disabled staff who believe that the Tavistock provides equal opportunities for career progression or promotion has decreased by 3%. However, as above, Disabled staff are more likely to be appointed from shortlisting. There is an opportunity to promote this information better and to share good practices more widely.

The following metrics are key themes where thoughtful and considered action is required to bring about improvement in staff experiences:

- The percentage of staff stating that they have experienced harassment, bullying or abuse from managers has increased to 35%. Although the lower figure last year may again have been a consequence of COVID-19, the national average is around 16% and the figure for non-Disabled staff in the trust is 12%.
- The number of staff who are comfortable to report experiences of harassment, bullying or abuse has significantly lowered by 18.2%. This is an area that requires positive and proactive action to assure all staff feel able to raise concerns.
- There has been a year-on-year decline for in the number of staff overall who are satisfied with the way the Trust values their work; this year there has been a further reduction of 7.5% for Disabled staff, and whilst the non-disabled staff score has also decreased, more importantly the gap between Disabled and non-disabled staff has widened.
- The drop (to 53.5%) in the number of Disabled staff satisfied with the reasonable adjustments the Trust has put in place to enable them to carry out their work is undoubtedly due to the reversal of provisions put in place during the pandemic which resulted in a score for the same question last year of 78.2%. A more credible comparison is therefore the pre pandemic figure of 57.7% which indicates a 4.2% decrease. We have, since the survey, put in place a more structured and supportive approach to reasonable adjustments with an associated budget.
- The staff engagement score nationally has been in decline over the last three years; the Trust's figure has fallen by 5.4% this year. We have introduced a staff engagement group and are refreshing our communication channels; we will be increasing and improving staff engagement mechanisms through the organisation.

Metric 1: Workforce Representation

The data presented in Table 1 indicates that 10.1% of the Workforce have declared a Disability on the Trust’s ESR. This represents a slight decrease of 0.6% from the previous year. However, it is important to note that the declaration rate on the external NHS Staff Survey, 22.2%, is more than double the internal declaration rate. This is a considerable difference it would therefore be beneficial to explore with the staff networks if there is a negative perception about making a declaration when applying for roles (and whether this differs depending upon the employer), whether staff have declared and the system has not accurately captured the data upon appointment, or whether the data reflects a genuine need to create an environment where staff and candidates feel more able to declare in advance of appointment and bring their authentic selves to work once successful. We are currently encouraging staff to review and update all their details on ESR and hope to see an improvement in reporting of protected characteristics as a whole, as a result. See disability declaration rates on Figure 1.

Table 1: Overall Workforce Profile (Disability Sharing)

Overall Workforce Profile	2018-19		2019-20		2020-21		2021-22		2022-23	
	Disabled	Non-disabled	Disabled	Non-Disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
Workforce Disability Representation	4.9% (24)	95.16% (472)	3.30% (27)	91.1% (746)	5.1% (45)	81.6% (719)	10.7% (91)	83.3% (710)	10.1% (83)	82.1% (681)
Overall Staff Headcount	496		819		881		852		830	

Figure 1: Disability Declaration Rates

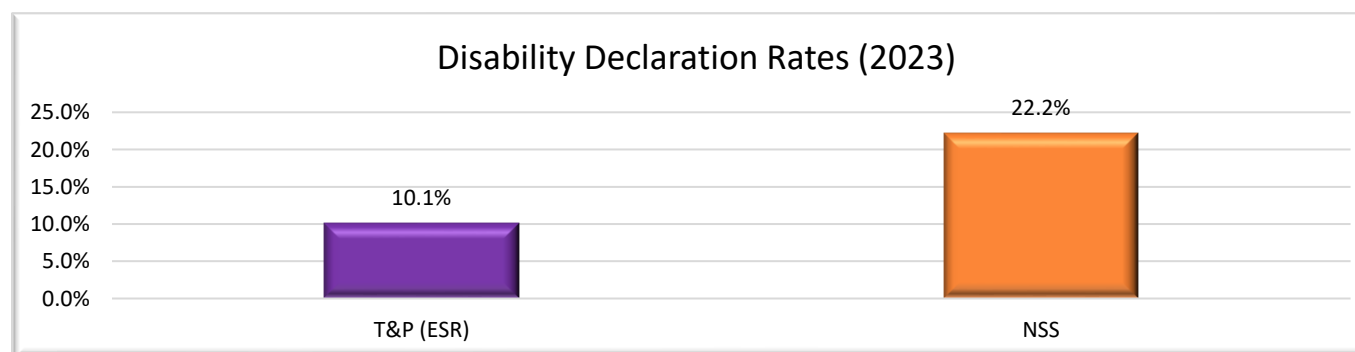


Table 2: Non-Clinical Workforce Profile (Disability Sharing)

WDES: Non-clinical Cohort																				
Metric 1	Total staff in cohort	2018-19			Total staff in cohort	2019-20			Total staff in cohort	2020-21			Total staff in cohort	2021-22			Total Staff in cohort	2022-23		
		Non-Clinical				Non-Clinical				Non-Clinical				Non-Clinical				Non-Clinical		
		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown
Cluster 1 (Bands 1 - 4)	91	3.0% (3)	62.0% (56)	35.0% (32)	87	5.7% (5)	65.5% (57)	28.7% (25)	85	8.2% (7)	83.5% (71)	8.2% (7)	78	20.5% (16)	71.8% (56)	7.7% (6)	66	18.2% (12)	69.7% (46)	12.1% (8)
Cluster 2 (Band 5 - 7)	136	3.0% (4)	57.0% (77)	40.0% (55)	148	3.4% (5)	68.9% (102)	27.7% (41)	156	6.4% (10)	85.9% (134)	7.7% (12)	162	14.8% (24)	80.2% (130)	4.9% (8)	164	14.8% (24)	76.2% (125)	9.15% (15)
Cluster 3 (Bands 8a - 8b)	31	6.0% (2)	55.0% (17)	39.0% (12)	34	5.9% (2)	61.8% (21)	32.4% (11)	49	8.2% (4)	77.6% (38)	14.3% (7)	52	21.2% (11)	73.1% (38)	5.3% (3)	55	16.4% (9)	78.2% (43)	5.5% (3)
Cluster 4 (Bands 8c - 9 & VSM)	19	5.0% (1)	42.0% (8)	53.0% (10)	21	4.8% (1)	42.9% (9)	52.4% (11)	25	8.0% (2)	80.0% (20)	12.0% (3)	27	7.4% (2)	92.6% (25)	0% (0)	28	17.9% (5)	78.6% (22)	3.6% (1)

Table 2 presents the numbers of Disabled and Non-Disabled staff employed at the Tavistock and Portman at various non-clinical Agenda for Change (AfC) pay-bands. It is encouraging to note that staff in low level bands are increasingly declaring their disabilities.

- Bands 1-4: Disabled staff declarations have increased: in 2018, 35.0% of staff did not have a declaration of either having or not having a long-term condition stated on their record, today this figure has been reduced to 12.1%.
- Band 5-7: Disabled staff declarations have significantly increased from 3% in 2018 to 14.8% in 2023 – during that period, non-declaration rates have shrunk from 40% to 9.15%.
- Band 8a-8b: The non-declaration rate for this cohort has shrunk from 39.0% in 2018 to 5.5% this year.
- Bands 8c-9 and VSM – representation has soared from 7.4% to 17.9%.

Further analysis of Equality, Diversity and Inclusion data at departmental level will enable bespoke support to facilitate the desired culture change.

Table 3: Clinical Cohort

WDES: Clinical Cohort																			
Metric 1	Total staff in cohort	2018-19			Total staff in cohort	2019-20			Total staff in cohort	2020-21			Total staff in cohort	2021-22			2022-23		
		Clinical				Clinical				Clinical				Clinical			Clinical		
		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown		Disabled	Non-Disabled	Missing/Unknown	Disabled	Non-Disabled	Missing/Unknown
Cluster 1 (Bands 1 - 4)	31	6.0% (2)	77% (24)	16.0% (5)	27	3.7% (1)	85.1% (23)	11.1% (3)	17	0.0% (0)	94.1% (16)	5.9% (1)	22	9.1% (2)	86.4% (19)	4.5% (1)	8.7% (2)	91.3% (21)	(0)
Cluster 2 (Band 5 - 7)	195	3.0% (6)	71% (139)	26.0% (50)	210	3.3% (7)	76.6% (161)	20.0% (42)	219	5.5% (12)	86.8% (190)	7.8% (17)	221	5% (11)	90.5% (200)	4.5% (10)	7.8% (17)	86.2% (188)	5.9% (13)
Cluster 3 (Bands 8a - 8b)	146	3.0% (5)	70% (102)	27.0% (39)	155	3.2% (5)	76.1% (118)	20.6% (32)	160	5.0% (8)	88.1% (141)	6.9% (11)	165	9.7% (16)	85.5% (141)	4.8% (8)	10.1% (17)	82.1% (138)	7.7% (13)
Cluster 4 (Bands 8c - 9 & VSM)	53	0.0% (0)	36% (19)	64.0% (34)	46	0.0% (0)	47.8% (22)	52.1% (24)	45	0.0% (0)	75.6% (34)	24.4% (11)	43	4.7% (2)	88.4% (38)	7% (3)	9.5% (4)	85.7% (36)	4.8% (2)
Cluster 5 (Medical & Consultants)	45	2.0% (1)	44% (20)	53.0% (24)	42	2.3% (1)	40.4% (17)	57.1% (24)	38	2.6% (1)	84.2% (32)	13.2% (5)	38	7.9% (3)	89.5% (34)	26% (1)	8.1% (3)	89.2% (33)	2.7% (1)
Cluster 6 (Medical Dental & Non-Consultants career grade)	3	0.0% (0)	67% (2)	33.0% (1)	5	0.0% (0)	60.0% (3)	40.0% (2)	6	0.0% (0)	100.0% (6)	0.0% (0)	23	4.3% (1)	87% (20)	8.7% (2)	20% (1)	60% (3)	20% (1)
Cluster 7 (Medical Dental and trainee grade)	17	0.0% (0)	47% (8)	53.0% (9)	18	0.0% (0)	33.3% (6)	66.6% (12)	21	0.0% (0)	61.9% (13)	38.1% (8)	21	14.3% (3)	42.9% (9)	42.9% (9)	5.9% (1)	76.5% (13)	17.6(3)

The clinical cohort data presented in Table 3 above highlights two things:

- The underrepresentation of staff with declared disabilities or long-term conditions in the clinical cohort.
- The non-declaration rates are higher in more senior roles than junior roles in the clinical cohort.

A culture where more senior staff declare their conditions can facilitate inclusion, understanding, and the breaking down of stigma within the workplace.

Metric 2: Recruitment - Relative likelihood of being appointed from shortlisting

Table 4: Relative likelihood of being appointed from shortlisting

Metric	Descriptor	2018-19	2019-20	2020-21	2021-22	2022-23
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts. <i>*A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.</i>	0.74	1.03	0.82	1.33	0.95

The data in Table 4 indicates that there has been variance in recruitment trends over the period. There has been an improvement in the likelihood of Disabled staff being appointed from shortlisting from 21/22 to 22/23. Currently, staff who have declared a disability are more likely to be appointed from shortlisting than Non-Disabled staff.

Metric 3: Relative likelihood of entering the formal capability procedure

Table 5: Relative likelihood of entering the formal capability procedure

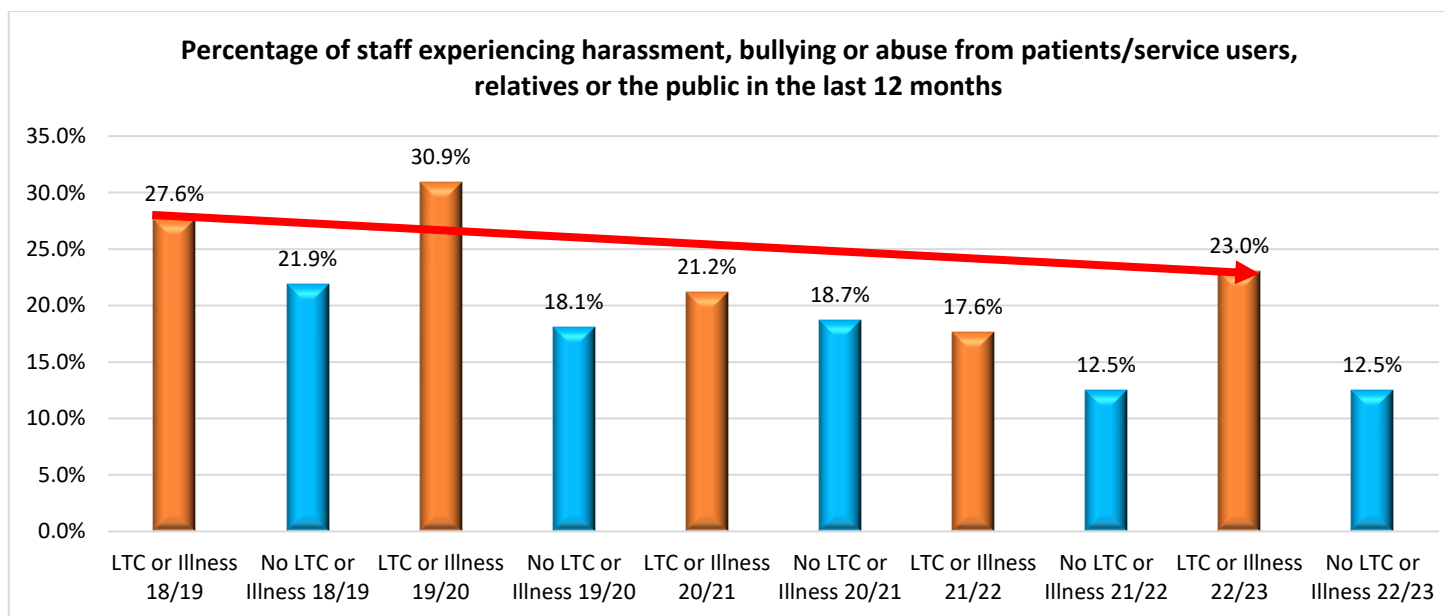
Metric	Descriptor	2018-19	2019-20	2020-21	2021-22	2022-23
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process , as measured by entry into the formal capability procedure. <i>*This metric will be based on data from a two-year rolling average of the current year and the previous year.</i> <i>* A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.</i>	0.00	0.00	0.00	0.00	0.00

The data in Table 5 shows a very encouraging trend: no staff member with a declared disability has entered the formal capability process over the last four years. This is a noteworthy positive trend.

Metric 4: Bullying, Harassment and Abuse

Table 6 shows the proportion of Disabled staff compared to Non-disabled staff who state they have experienced harassment, bullying or abuse from patients, service users, relatives or the public in the last 5 years.

Figure 2: Harassment, bullying or abuse from patients/service users, relatives or the public



Overall, Table 6 paints a positive picture: there has been a total decrease of 4.6% in the number of Disabled staff stating they have experienced Bullying, Harassment or Abuse from patients, public and relatives over the past 5 years.

Although there was a regression of 5.4% from 17.6% to 23% this year, the lower figures during the pandemic may be reflective of COVID-19 rules impacting on face to face interactions. The current figure places the Trust 10 percentage points below national average (33%).

The trust however still aims to address the persistent disparity (also seen in national figures but to a lesser extent) in experience between Disabled and Non-disabled staff; this requires careful consideration and continued positive action.

Figure 3: Percentage of staff experiencing harassment, bullying or abuse from managers

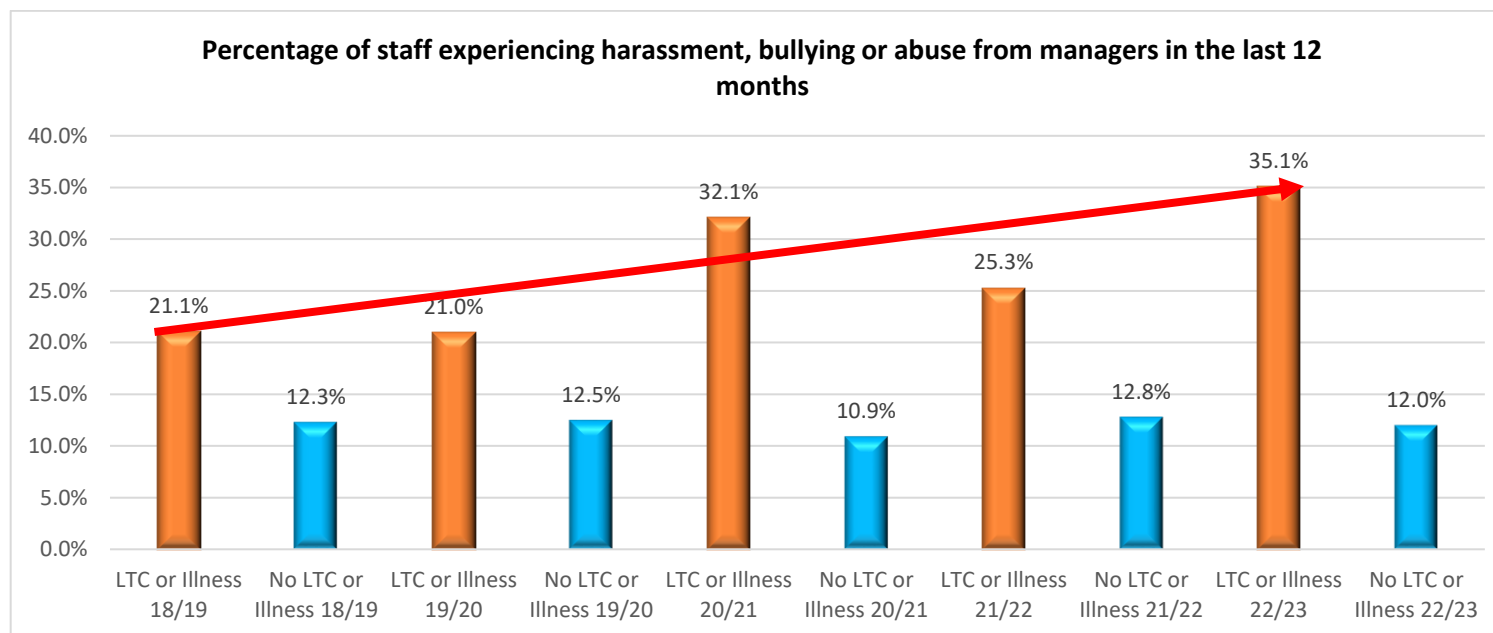


Figure 3 presents the percentage of staff experiencing harassment, bullying or abuse from managers over the last 5 years. The figure rose significantly from 25.3% to 35.1% this year. Again, the lower figure last year may have been a consequence of COVID-19 however the national average is around 16% and there remains a significant disparity of 23.1% in experience between Disabled and Non-disabled staff in the trust.

Figure 4: Percentage of staff experiencing harassment, bullying or abuse from other colleagues

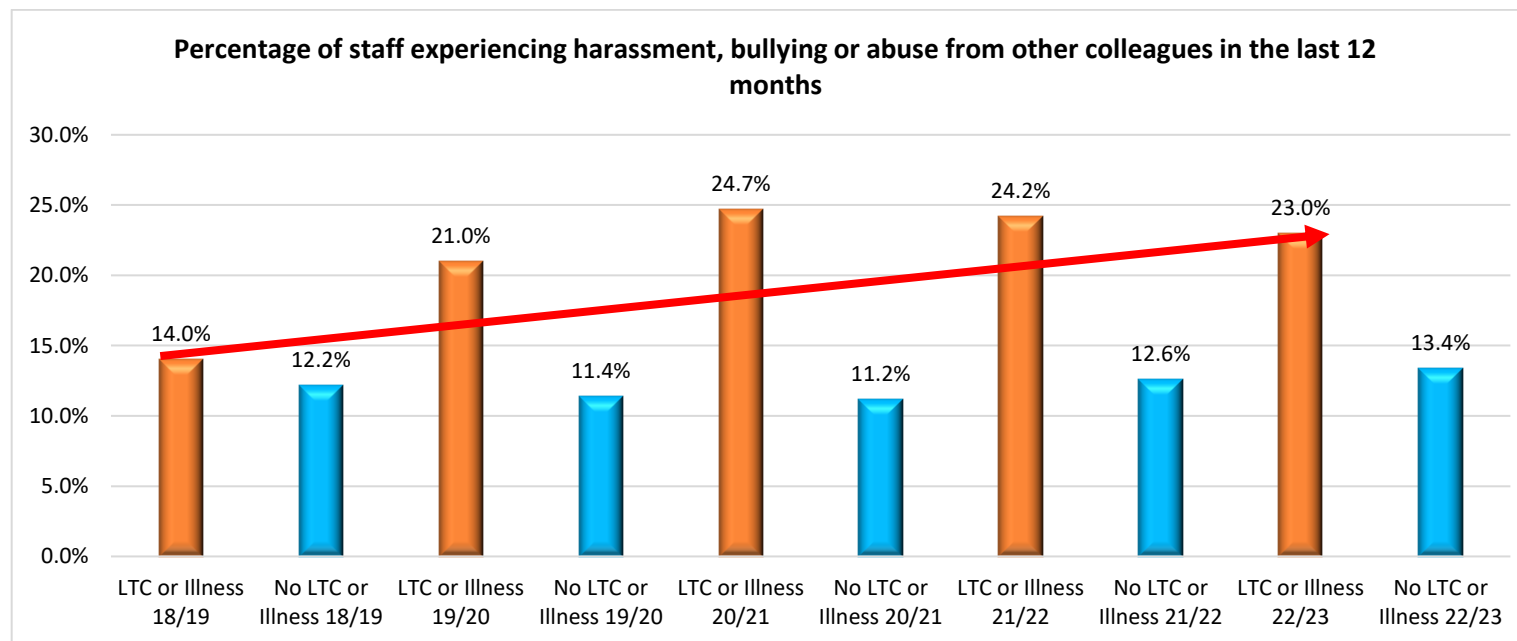
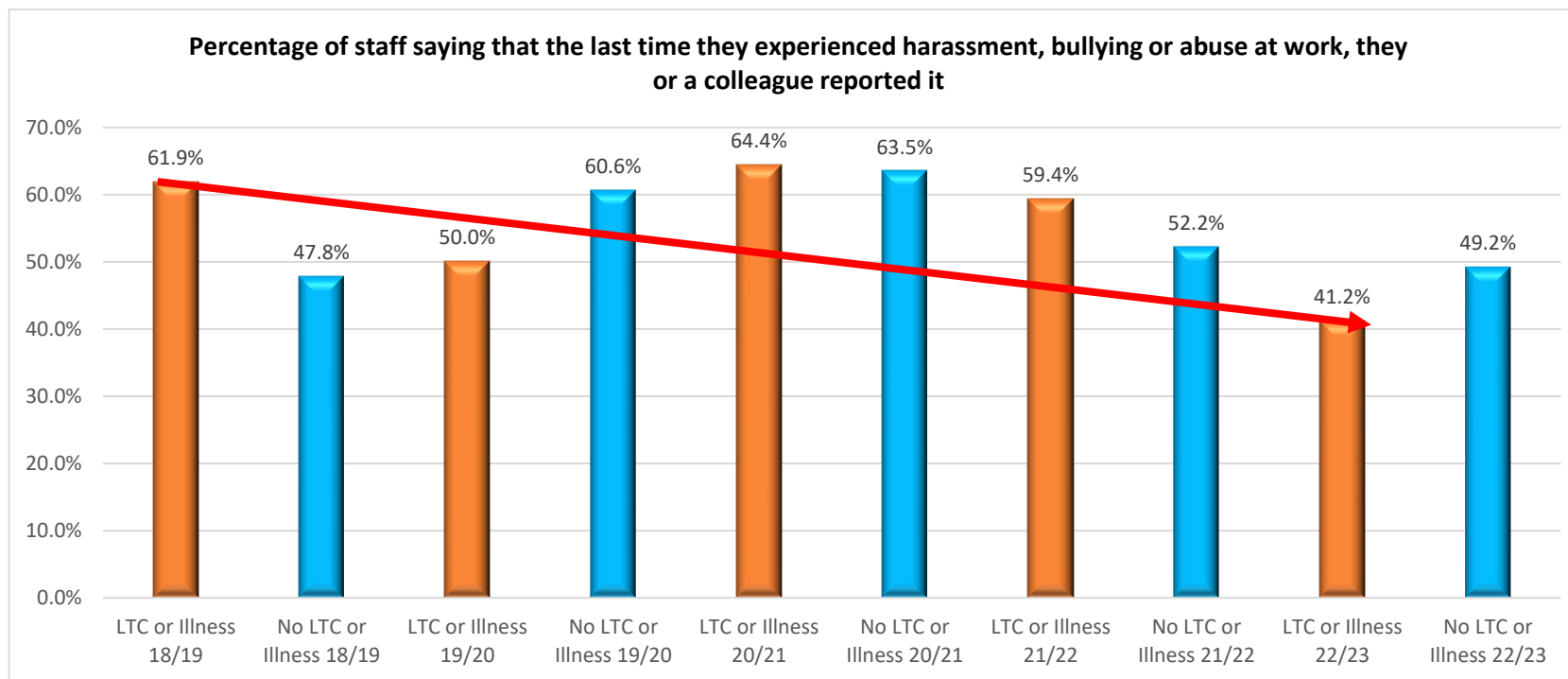


Figure 4 shows that the percentage of staff experiencing harassment, bullying or abuse from other colleagues fell by 1.2% in the last 12 months. Nationally the average is around 25%. There is a real appetite to equalise the experience of staff with and without staff long term conditions and to overall reduce the numbers of staff generally who feel poorly treated by their colleagues.

Figure 5: Percentage of staff who reported harassment, bullying or abuse they experienced



The data in Figure 5 shows the percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. This figure has disappointingly reduced by 18.2% from 59.4% to 41.2% this year. This is an area that requires positive and proactive action to assure all staff feel able to raise concerns.

Metric 5: Equal Opportunities for Career Progression or Promotion

Figure 6: Opportunities for career progression or promotion

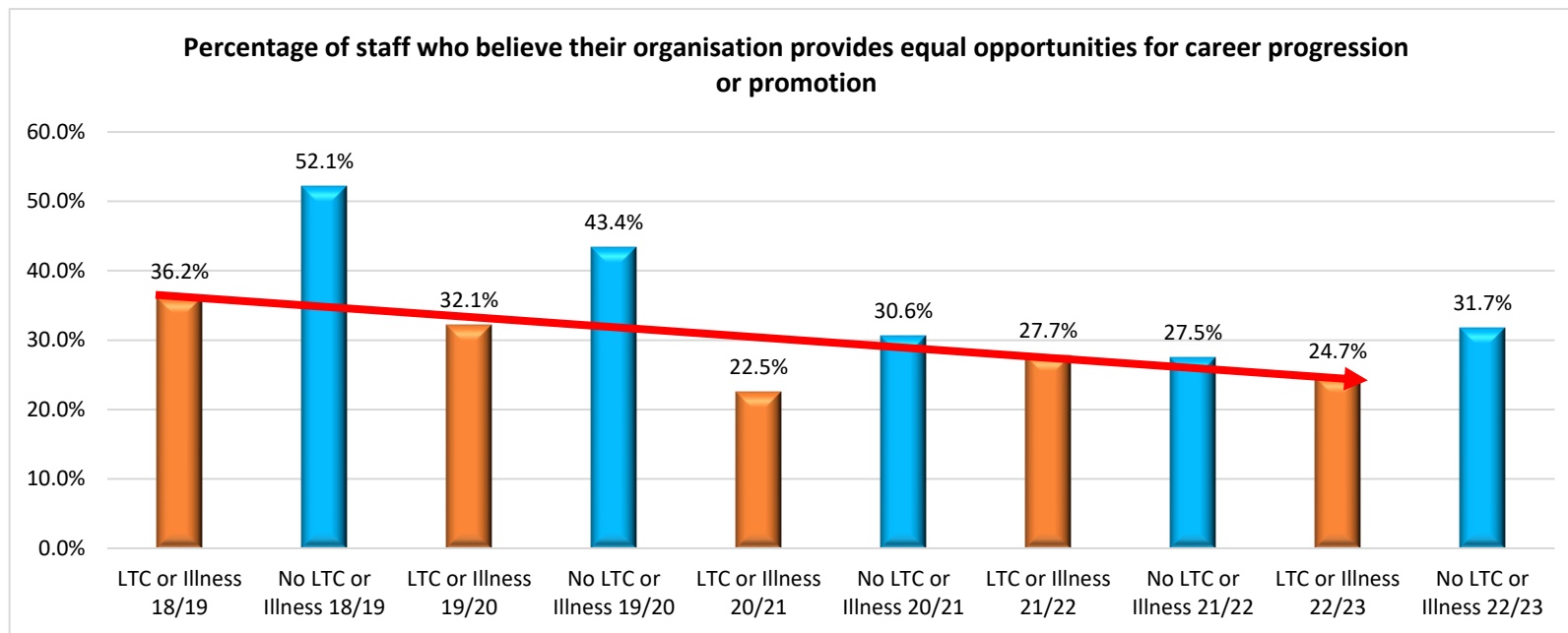


Figure 6 shows that there was a decrease of 3% to 24.7% in 2022-23 in the number of Disabled staff believing the Trust provides equal opportunities for career progression or promotion. However, as above, Disabled staff are more likely to be appointed from shortlisting than Non-Disabled staff. There is an opportunity to promote this information better and to share good practices more widely. The disparity between Disabled and Non-Disabled staff is 7%. There is a real opportunity overall for the trust to prioritise career progression, career development, and provision of transparency around internal promotions and external appointment.

Metric 6: Presenteeism

Figure 7: Presenteeism

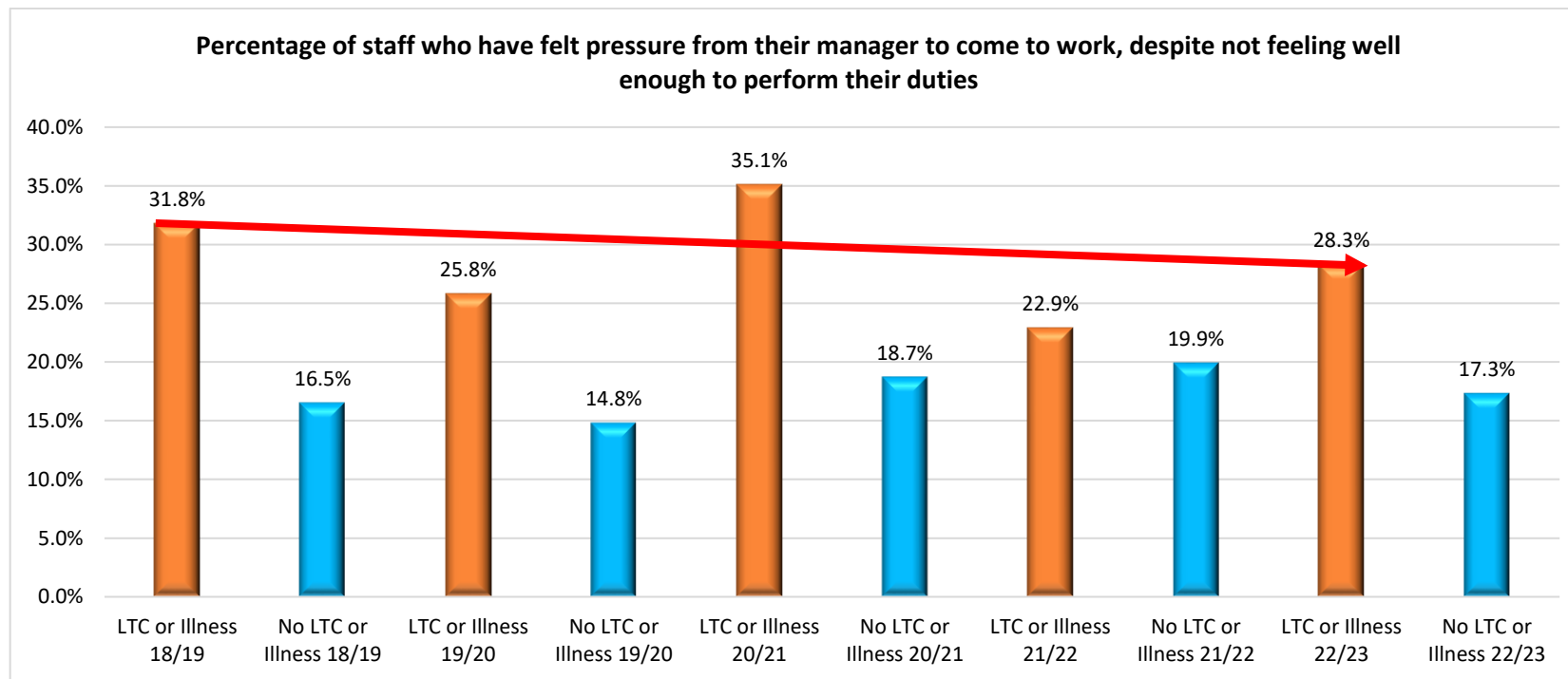


Figure 7 demonstrates a number of key points:

- There has been an improvement of 3.5% in this metric over the last 5 years.
- There is a 5.4% regression in the percentage of Disabled staff saying they have felt pressure from their manager to come to work, despite not feeling well enough over the last 12 months – the much lower figure last year from the year before is however likely a reflection of the increased numbers of staff who were able to work from home during the pandemic.
- There is a gap of 11% between Disabled and Non-disabled staff.

Redressing the disparity of experience perceived between Disabled and Non-disabled staff is a key action point here.

Metric 7: Feeling valued by the organisation

Figure 8: Perceptions of staff on how their organisation values their work

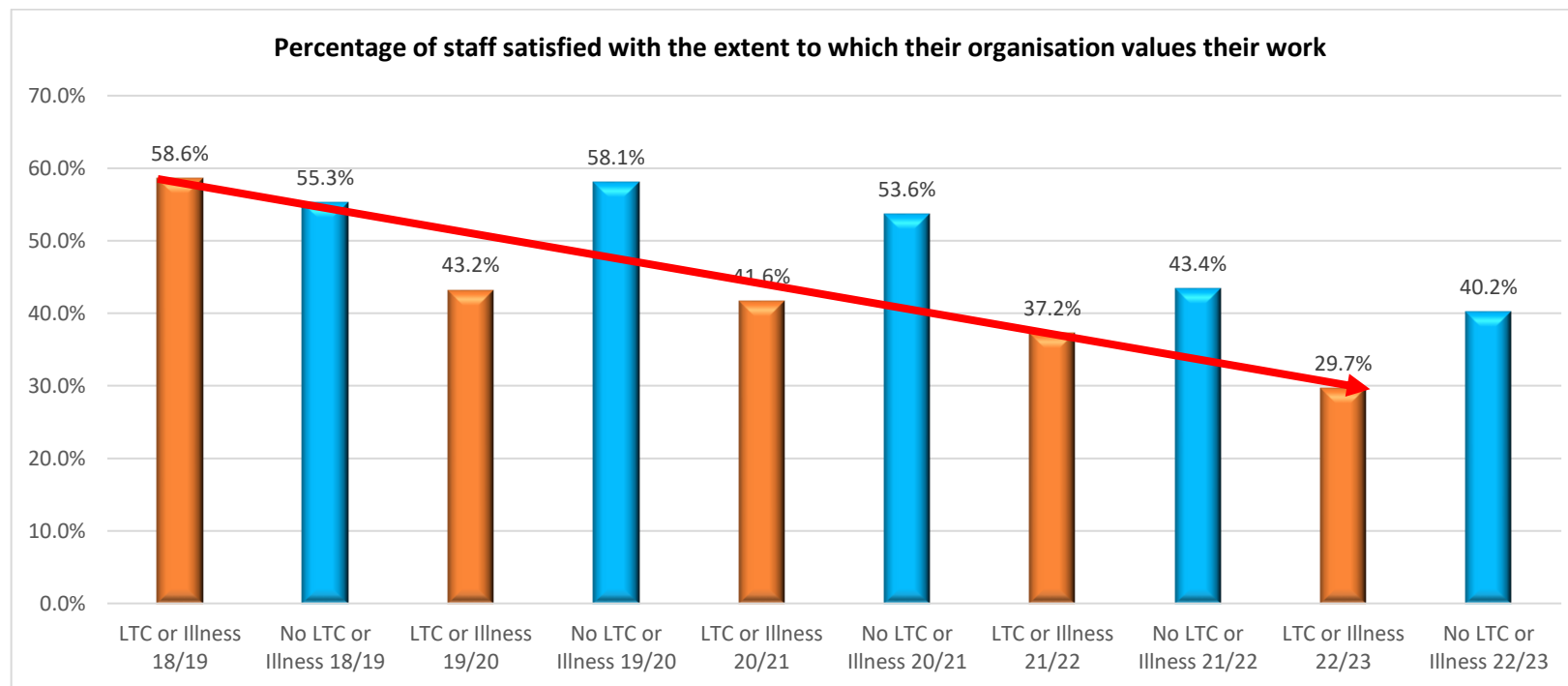


Figure 8 shows a consistent decline in the number of Disabled staff who feel satisfied with the extent to which the organisation values their work. At the launch of the WDES in 2018 the Trust's score was 58.6%, this has lessened considerably (by 28.9%) to 29.7% and whilst the non-disabled staff score has also decreased, more importantly the gap between Disabled and non-disabled staff has widened. Our current position that 14.3% below the national.

Metric 8: Workplace Adjustments for Disabled Staff

Figure 9: Reasonable Adjustments for Disabled Staff

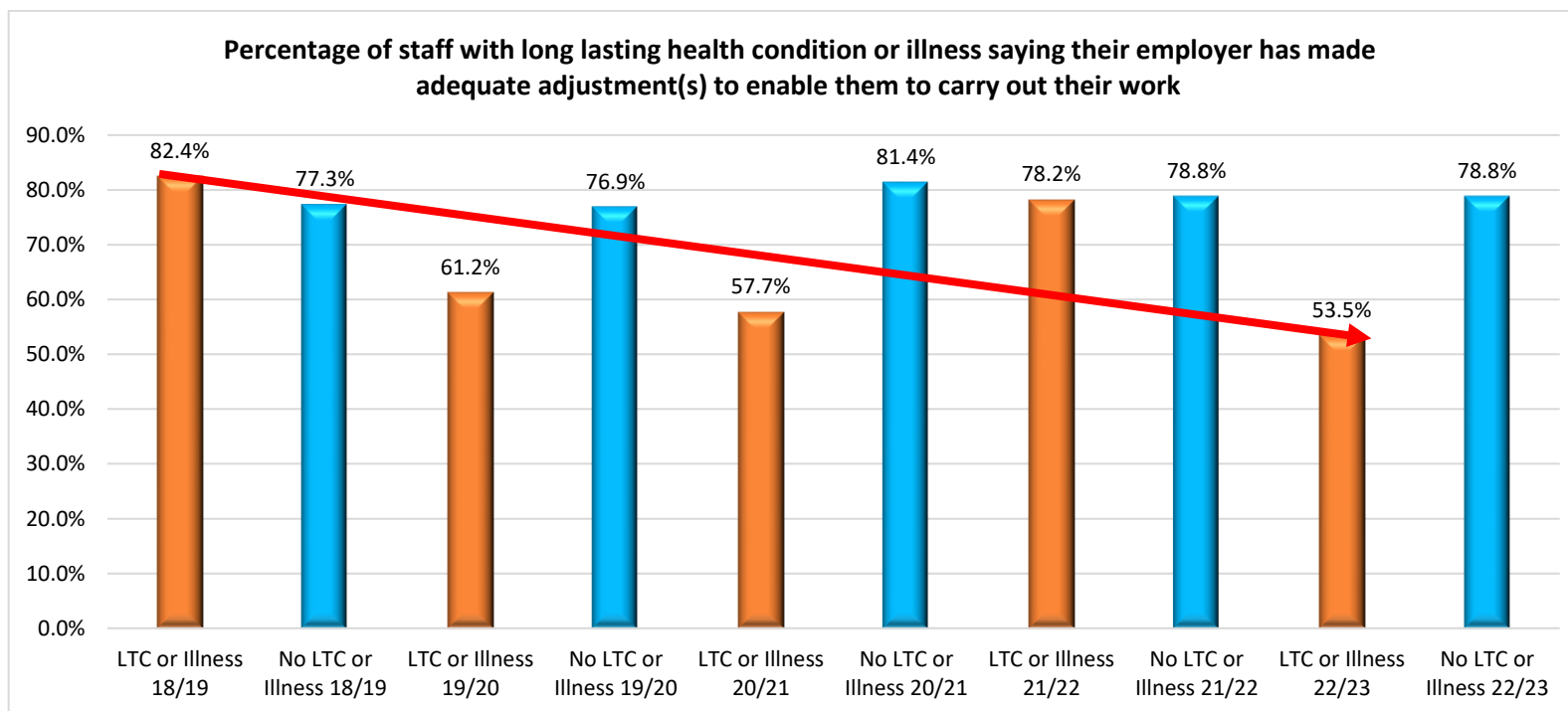


Figure 9 shows what initially appears to be a significant drop to 53.5% in the number of Disabled staff satisfied with the reasonable adjustments the Trust has put in place to enable them to carry out their work. However, this is undoubtedly due to the reversal of provisions put in place during the pandemic which resulted in a score for the same question last year of 78.%. A more credible comparison is therefore the pre pandemic figure of 57.7% which provides a 4.2% decrease. There remains an overall decline since the introduction of WDES in 2018 is 28.9%. This trend suggests that the reasonable adjustment needs of staff with a disability or LTHC have not been consistently met. Since the date of the survey, we have put in place a more structured and supportive approach to reasonable adjustments with an associated budget.

Metric 9: Staff Engagement Score

Table 6: Staff Engagement Score

Metric	NHS Staff Survey and the engagement of Disabled staff	Disabled 2018/19	Non-Disabled 2018/19	Disabled 2019/20	Non-Disabled 2019/20	Disabled 2020/21	Non-Disabled 2020/21	Disabled 2021/22	Non-Disabled 2021/22	Disabled 2022/23	Non-Disabled 2022/23
9 National Survey Staff Engagement Score (0-10)	(a) The staff engagement scores for Disabled and Non-Disabled staff	7.3	7.4	6.5	7.3	6.4	7.1	6.3	6.7	5.4	6.5
	(b) Has Tavistock and Portman taken action to facilitate the voices of Disabled staff in your organisation to be heard?	No		Yes		Yes		Yes		Yes	

Table 6 shows that the staff engagement score for Disabled staff has decreased for the last 5 years from 7.3 in 2018/19 to 5.4 in 2022-23. This is the lowest workforce engagement score for the Trust and is below national average (6.7). A score of 5.4 places the Trust among the lowest scores nationally. We have introduced a staff engagement group and are refreshing our communication channels; we will be increasing and improving staff engagement mechanisms through the organisation.

Metric 10: Board Representation

Table 7: Board Representation

Metric 10: Board Representation and the difference for Disabled and Non-Disabled staff															
Board Representation	2018-2019			2019-2020			2020-2021			2021-2022			2022-2023		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
Total Board Members	0%	100%	0%	7%	57%	36%	0.0%	0.0%	0.0%	0.0%	89.5%	10.5%	(1) 5.26%	(14) 73.68%	(4) 21.05%
Overall Workforce by Disability	3%	60%	37%	3%	67%	30%	5.11%	81.61%	13.28%	10.7%	83.3%	6.0%	10.1%	82.1%	8.0%
10.b) Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:															
(a) By voting membership of the Board	0%	60%	-63%	-3%	33%	-30%	-5.11%	81.61%	86.72%	0%	0%	0%	-0.35%	-3.37%	3.71%
(b) By Executive membership of the Board	0%	60%	-63%	9%	20%	-30%	-5.11%	81.61%	86.72%	0%	83.3%	-6.2%	-11.46%	-11.15%	22.6%

Table 7 highlights a trend of no declarations of disability at Board level from the introduction of WDES in 2018 to 2021-22. However, the 2022-23 data shows a positive development: one member of the Board has shared a disability. One would note here that while there was a trend of no declaration at this level, it is possible that none of the Board members or Senior Leaders in the Trust (2018-2022) had a Disability or LTHC.

The one member of the Board who has shared their disability represents (5.26%) of the Board meaning there is underrepresentation at this level. It is noteworthy that 4 (21.05%) members of the Board are showing as unknown. This is a significant percentage of the Board, however may be an issue of data collection by third party recruiters. There is a positive opportunity to request the declarations again (if Board members are comfortable to share) as declarations at Senior Leadership Team and Board level could enhance give staff confidence to share their own disabilities and further culture change.

Conclusion and Next Steps

There are two distinct parts to this WDES report. First, there are a number of metrics which are overall showing an encouraging picture; these will continue to be areas of consideration and be monitored over a number of years to ensure that the progress is tangible and sustainable:

- Appointment from shortlisting – adopting additional inclusive recruitment approaches to ensure Disabled staff are recruited for medical and more senior roles.
- Ensuring that the reduction in the percentage of staff experiencing harassment, bullying or abuse from other colleagues is maintained through raising awareness about disability, allyship and inclusion.
- Embedding a Just Culture approach to ensure Disabled staff continue not to be disadvantaged in the formal capability process.
- A zero-tolerance approach to harassment, bullying or abuse from patients/service users, relatives or the public.
- Further educating staff and managers about presenteeism.
- Creating transparency around equal opportunities for career progression or promotion and better communicating the evidence that Disabled staff are more likely to be appointed from shortlisting

In addition, a number of key themes were identified as areas to be prioritised:

- Create an environment where staff are more comfortable to declare their disabilities or long-term health conditions.
- Introducing an evidenced zero-tolerance approach to harassment, bullying or abuse of staff by managers.
- Removing barriers to reporting experiences of harassment, bullying or abuse.
- Development of employer recognition schemes and initiatives that improve the experience of staff with disabilities or long-term health conditions.
- Enhancement and standardisation of the reasonable adjustments process backed up by a clear and comprehensive policy.

Appendix 1

WDES Metrics

The WDES comprises of ten metrics.

Metric 1	Workforce representation of Disabled staff. A snapshot as at 31st March 2022*
Metric 2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff as at 1st April 2021 – 31st March 2022**
Metric 3	Relative likelihood of Disabled staff entering the performance management capability process compared to non-disabled staff, based on data from a two-year rolling average of the current and previous year.
Metric 4a,b,c and d Metric 5,6,7 and 8	<p>Percentage of staff experiencing harassment, bullying or abuse in the last 12 months.</p> <p>Percentage of staff believing the Trust provides equal opportunities for career progression or promotion</p> <p>Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.</p> <p>Percentage of staff saying they are satisfied with the extent to which the organisation values their work.</p> <p>Percentage of Disabled staff saying their employer has made adequate adjustments to enable them to carry out their work.</p>
Metric 9a and 9b	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff.</p> <p>b) The percentage to which the Trust facilitates the voices of Disabled staff to be heard within the organisation.</p>
Metric 10	Board membership Voting and Executive - a snapshot as at 31st March 2023

Appendix 2

Improvement Action Plan

Action	EDI Strategy Objective	Target	Next steps	Lead & Executive Owner	Timescale
Increase disability declaration rates on ESR	Staff engagement scores for disabled staff Declaration rates Metrics 1, 8 & 10	Promote Reasonable adjustments/Access to work Review communications strategy to include raising awareness of functions in ESR Explore accuracy of divisional data with EDI leads	Continue to promote Reasonable Adjustments Policy Share regular reminders on importance of declarations (trust wide) at all levels. Provide drop-in sessions on RA	Associate Director of EDI CPO	March 2024 Ongoing
Further increase the likelihood of disabled staff being appointed through shortlisting	Improve recruitment procedures though inclusive recruitment processes Guaranteed interview scheme De-bias Toolkit Metrics 2 & 5	Embed inclusion in all recruitment practice Monitor and assess candidate profiles at all stages of recruitment Ensure proactive EDI representation on recruitment panels/interviews and shortlisting processes Support the career development and aspirations of Disabled staff	Inclusive recruitment training Deliver Bias awareness training Deliver Disability awareness training Recruitment and selection training Review De-bias Toolkit	Associate Director of EDI/HR CPO	July 2023
Further reduce the number of Disabled staff who experience harassment bullying or abuse from patients and public	Eliminate the differential between Disabled and non-disabled staff Metric 4	Embed Just Culture approach Inclusive and Compassionate Leadership Embed EDI literacy in all Leadership training	Design posters and raise awareness Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September	Associate Director of EDI/HR CPO	Aug 2023
Address the poorer experiences of disabled staff reporting through the National Staff Survey on harassment bullying and abuse from colleagues and managers	Difference and inequalities. Embed Just Culture Bullying and Harassment Bias and awareness Metrics 3 & 4	Raise awareness of Ableism Promote Zero Tolerance policy for HBA Promote Reasonable Adjustments policy and support resources / availability Remove barriers to reporting	Roll out ongoing RA training for managers and staff groups Roll out new allyship, compassionate and inclusive leadership EDI training Design posters and raise awareness	Associate Director of EDI/HR CPO	Sept 2023
Reduce the number of Disabled staff who come to work even when they are unwell (Presenteeism)	Eliminate the differential between Disabled and non-disabled staff Metric 6	Embed Just Culture approach Introduce inclusive and compassionate leadership	Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September by end of September	Associate Director of EDI/HR CPO	Oct 2022
Strengthen key governance structures and networks for Disability and LTHC	<ul style="list-style-type: none"> Increase awareness of EDI governance 	<ul style="list-style-type: none"> Review sponsor role and responsibilities Approve sponsor JDs with network / EDI leads 	Engage Network Leads and Disability	Associate Director of EDI	June 2023

	<ul style="list-style-type: none"> • Recruit Executive Sponsors for staff networks • Cascade EDI responsibility and accountability at all levels and facilitate local ownership via Directors and EDI representatives <p>Metrics 7 & 9</p>	Staff network maturity framework		CPO	
Reverse Mentoring	<p>Implement reverse mentoring programme</p> <p>Metrics 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</p>	Planning, selection and allocation of first cohort of mentors and mentees	<p>Engage senior leaders to facilitate buy in</p> <p>Recruit mentors and mentees</p>	<p>Associate Director of EDI</p> <p>CPO</p>	December 2023