



University Hospitals Dorset
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report and Action Plan 2023/24

University Hospitals Dorset NHS Foundation Trust

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

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Some useful abbreviations:

- BAME - Black, Asian and Minority Ethnic
- BME - Black Minority Ethnic
- EDI - Equality Diversity and inclusion
- EDIG - Equality Diversity and Inclusion Group
- FTSU: Freedom to Speak Up (Guardian)
- HR: Human Resources
- OD: Organisational Development
- PCC: People and Culture Committee
- WRES - Workforce Race Equality Standards
- WDES - Workforce Disability Equality Standards
- ICS – Integrated Care System
- IEN – Internationally Educated Nurse

We are caring
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1 Introduction

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of Disabled colleagues in the NHS.

¹ The NHS People Promise recognises and celebrates the diversity of the NHS, setting out seven themes that are fundamental to creating an open and inclusive environment; one in which our people can thrive in their teams, workplaces and careers. The fundamental principles set out in the People Promise provide the grounds for an inclusive environment for all our staff, in which the voices of Disabled staff are heard and listened to, in which Disabled staff feel recognised and valued, and will be supported to achieve their full potential

The Workforce Disability Equality Standard (WDES) remains the only example in the UK where employers are mandated to report and publish annual data on the workplace and career experiences of Disabled staff. Our ambition is to increase the representation of Disabled people in the NHS workforce and see the disparities between Disabled and non-disabled staff reduce year on year; supported by an inclusive culture through the realisation of the vision set out in the People Promise.

We use the term 'Disability' as it is defined in the Equality Act 2010 recognising that the Act's intention is both positive and protective for Disabled people. However, we recognise that 'Disability' is a dynamic term, within which terms such as 'neurodivergence' and 'neurodiversity' are emerging and changing, including the relationship between neurodivergence and definitions of Disability.

This report for University Hospitals Dorset (UHD) and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG), the People and Culture Committee and the Trust Board.

EDIG serves to provide assurance that the Trust has an effective framework within which it oversees the implementation of the national Standards, including WDES.

Throughout this report, we have used a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.

1.1 Equality Diversity and Inclusion [EDI] Strategy & Group

Our Equality, Diversity and Inclusion group (EDIG) is chaired by Pete Papworth (chief finance officer) The group includes representatives from across the organisation, including staff network leads, Governors and patient representatives.

Its purpose is to provide the governance and assurance to the People and Culture Committee and Trust Board on compliance with statutes and national standards and makes recommendations on specific interventions.

Membership comprises multi-disciplinary staff occupations and patient representatives, external key stakeholders and partners are invited to join group meetings.

Our strategy for equality, diversity and inclusion is published on our external website. It contains our strategic objectives with measurable outcomes and goals, aligned to our organisational vision, mission and values.

1Extract from the national Workforce Disability Equality Standard report 2021, published in March 2022, by Professor Em Wilkinson-Brice, Acting Chief People Officer.



2 Executive Summary

University Hospitals Dorset NHS Foundation Trust (UHD) aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our Trust objectives, values and the EDI Strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families, carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities.

The Messenger Review into Leadership in Health and Social Care by NHS Confederation in June 2022 reinforced the EDI vision for all NHS organisations: -

'EDI embedded and mainstreamed as the responsibility of all regardless of role and especially leaders and managers from front line to board. This must include the

practice of zero tolerance of discrimination, but also greater awareness of the realities in the workplace for those with protected characteristics.'

UHD has over 9700 staff serving a population base of 400,300 [*Census: 2021 ONS*]. Our staff group shows 5.58% declare a Disability with 10.28% not wishing to disclose. This compares to our local population of 20% reporting poor or bad health (BCP Council statistics 2021). We will continue to monitor our data alongside the lived experiences of all our staff.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the trust Value of 'Listening to understand'. There is a valuable richness in the lived experience of members of staff across our hospitals and bringing human stories to the fore and sharing these to the benefit of others remains an important dimension of EDI work.

Our staff network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. They are more mature in their development and progress compared to many others in the region; evidenced by invitations to speak with other trusts and the recognition at a national level.

The UHD commitment to staff wellbeing has continued to develop and is accessible by all staff. UHD staff have a broad range of wellbeing offers available in house and through the Dorset ICS. These are shared through the trust communications and via a set of intranet wellbeing pages across many subject areas.

The UHD *Building Healthy Working Lives* strategic framework outlines the intention for UHD to be the best place to work and provide high quality care by the health and wellbeing of our people becoming a part of our everyday operations and a key part of our workplace culture; promoting positive behaviour and challenging those which may be detrimental to the wellbeing of UHD people.

The UHD *Healthy Working Lives* Group, chaired by the UHD Wellbeing Guardian, has a role to implement and deliver activity on the UHD Health and Wellbeing Strategy. The group comprises staff with high engagement and enthusiasm in this area with practical skills and ability to apply this. Serving to guide and direct health and wellbeing focus and activity, it also represents our commitment to the 'We are safe and healthy' People Promise and UHD Values and culture.

The Group shares staff members with the Pro-Ability Staff Network and serves to widen an understanding of ability as an area of inclusion. It enables good practice, including the UHD Health Passport, to be shared across the trust and developed for the benefit of all staff groups. Governance in this key inclusion area is by the Group reporting to the People and culture Committee.

To be a Model Employer, UHD needs to be inclusive - embodying a diverse workforce at all levels and bringing the wealth of experience and perspective for delivering the best outcomes for the community we serve.

The national report on Disabled staff experience during Covid-19 report contains key recommendations:

- all NHS organisations have a Disabled staff network;
- programmes and initiatives need to be introduced to inspire talented Disabled staff to become NHS leaders of the future;
- line managers need to be better equipped and skilled to have meaningful health and wellbeing conversations with Disabled staff;
- NHS England and NHS Improvement to lead work to improve the NHS Electronic Staff Record (ESR) disability declaration rate to at least 4 per cent in England.

<https://www.nhsemployers.org/publications/nhs-Disabled-staff-experiences-during-covid-19-report>



WE SUPPORT DEAF AWARENESS

NHS
University Hospitals Dorset
NHS Foundation Trust

FREE staff training resources

[WeSupportDeafAwareness.Teachable.com](https://www.thesupportdeafawareness.com)

To access the programme enter the code: **UHDNHSFT**

We are **inclusive**

3 **Voice of our Network - ProAbility** (supporting staff with long term medical conditions / Disability)

Co-leads, ProAbility network: Elayne Goulding/Diane Potter, Jo Olsen & Jo Pritchard

Executive sponsors: Peter Gill, Chief Informatics and IT Officer, Karen Allman, Chief People Officer

The ProAbility Network continues to support the recruitment, training, career development and promotion of Disabled persons / employees. The Trust holds 'Disability Confident' accreditation. It takes positive and proactive steps to maintain continued employment, provide training, and foster career development and promotion for disabled members of staff.

The Trust reports on the 'Workforce Disability Equality Standard' (WDES) on an annual basis. This national reporting standard includes providing statistics which demonstrate a proportionate comparison between disabled and non-disabled members of staff in relation to their experience at work and opportunities. This data will enable a gap analysis to be conducted and the development of a targeted action plan in conjunction with the ProAbility staff network.

This network aims to listen, understand and support people living and working with physical Disabilities and long-term health conditions holding regular listening events. The network is working closely with the HR department to understand the reasons for low declaration rates of disabilities and how this can be improved.

The Trust recognises there is a strong business case for adopting a positive approach to supporting and developing Disabled staff both in terms of acquiring and maintaining valuable workplace skills. Developing a culture where both our staff and patients can flourish is simply the right thing to do. It is the responsibility of the People Directorate team to maintain up-to-date policies, taking into consideration revised employment law.

The network has recognised the need to support employees with neurodiversity in the workplace and the services of Lexxic experts in psychological support were sought to provide introductory training and support the development of a suggested action plan in 2022 and the recommendations are being introduced into our workstreams.

Deaf Awareness week in May was celebrated together with the ongoing promotion of British Sign Language training. In addition, the Network championed red hearing aid boxes for use by patients to safeguard against loss of their devices with associated distress and cost.

In December, Purple Light Up Day was celebrated by the Network and colleagues within UHD to recognise the contributions of Disabled employees.

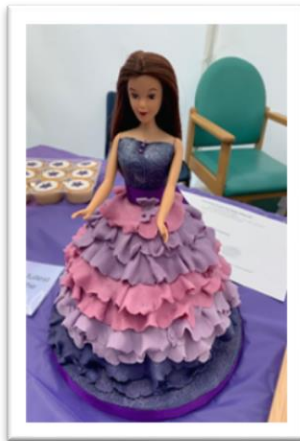
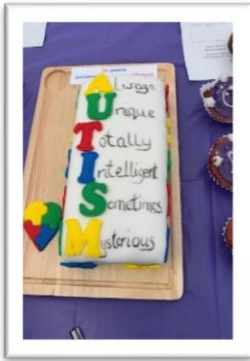
ProAbility activity

- December celebration – Purple Light Up – we held a ‘Purple Pro Ability Bake off’ competition in the Marquee on Friday 2 December – we also invited lots of health and wellbeing contacts with fantastic competition entries. We started the day with a special ‘Friday Five Mins of Fun.’ A colourful array of photographs are included on page 7;
- Promotion of Neurodiversity – invited guest speaker Rachel Noes ‘The Pink Vicar’;
- Network leads engaged in regional and national Disability networks and NHS Employers Disability Pioneer group;
- One of the Co Leads, attended first national NHS Employers meeting for deaf NHS staff in Leeds;
- Continuous promotion of Trust Health Passports for employees;
- Network members invited to speak about network at various department meetings and Inductions;
- Supported other regional Trusts and ICS to set up their own Disability staff networks;
- Involved in deaf awareness presentations to various department;
- Involved in interview panel for non-Exec Director and other senior posts;
- Gave Hospital Radio interview about deaf awareness;
- HR personnel was involved to discuss ‘uploading Disability onto ESR’.

This report shows the continuing gap in the experience of our Disabled and non-Disabled staff. The work to address these disparities requires positive actions, words are not enough.

In trusts that have improved their declaration rates and experience of Disabled staff it is evident the tone from the top and representation of Disability at the highest level creates a psychologically safe place to bring your whole self to work and seek the adjustments and support to be the best you can be every day. We will work with our senior leaders and Executive Board members to champion visibility and openness, as role models and positive leaders.

We will continue to work in partnership with the Trust to elevate the voices of the staff group we represent and ensure the support continues for colleagues still working from home, who still need on-going support, inclusion and value as our hidden workforce.



Purple Light Up 2022

4 Conclusion

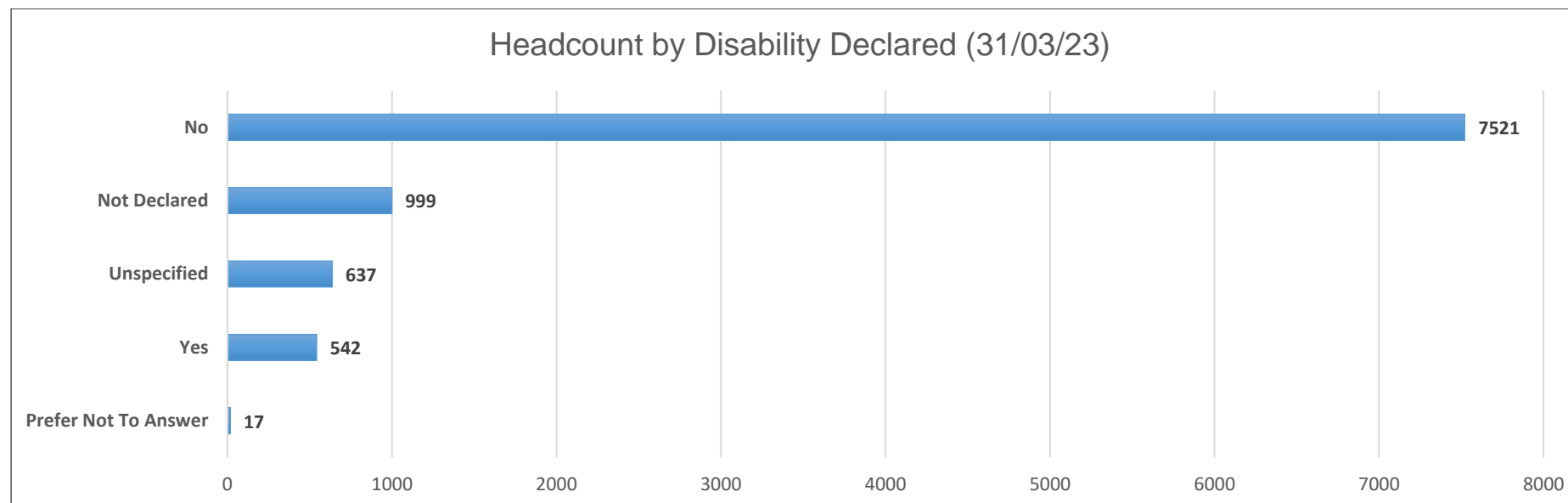
- The data shows a small improvement on our declaration rate to 5.6% (national target by NHSE is 4%);
- The honesty gap is 15.72% between our staff records declaration and the staff survey responses of 21.3%;
- The likelihood of Disabled staff being appointed from shortlisting has improved to 1.24. This means a higher percentage of non-Disabled staff are appointed from shortlisting at a ratio of 1:1.24;
- The reports of bullying and harassment by Disabled staff show an increase for metrics 4b, 4c and 4d and a small reduction for 4a;
- There is a small decrease in Disabled staff believing the trust offers equal opportunities and this is also reflected as a decrease for non-Disabled staff;
- The presenteeism experience for Disabled staff has worsened, with a 9.2% in the disparity in their experience compared to Non-Disabled staff;
- The percentage of Disabled staff saying that their employer has made adequate adjustments remains at 78%;
- The relative likelihood of Disabled staff entering the formal capability process compared to non-Disabled staff is showing at 3.03. This means for every member of non-Disabled staff 3 Disabled staff enter the formal capability process. Of note is the fact that no capability processes were on the grounds of ill health;
- This report contains information and action that highlights the need to improve recruitment for Disabled people. A simple act of keep asking the question: *“How can we make this process better for you?”* can make all the difference in an interview and beyond (Paul Deemer, Head of D&I, NHS Employers).

5 Next Steps

- Present the report to EDIG and the People and Culture Committee;
- Present the Report to the Board and publish final document externally;
- Update the EDI Priority Action Plan and report progress at the Equality, Diversity and Inclusion Group;
- Review actions and progress with the new NHS EDI Improvement Plan;
- Include named Executive Sponsors and Operational Leads with accountability in the action plan working documents;
- Evaluate options that will remove cost bias from appointments during recruitment. This could include the introduction of a centralised budget to support workplace adjustments or assurance of support for departments to make the adjustments.

APPENDIX A: WDES Data (31 March 23)

Metric 1: Workforce



Disability	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
No	6856	71.72%	7521	77.41%
Not Declared	1552	16.24%	999	10.28%
Prefer Not to Answer	17	0.18%	17	0.17%
Unspecified	680	7.11%	637	6.56%
Yes	454	4.75%	542	5.58%
Grand Total	9559	100.00%	9716	100.00%

The 2023 National WDES data submission was 5.6% using the official reference period 1.04.22 – 31.3.23 with data uploaded in May 2023.

The 5.58% was produced from additional data produced in June 2023.

	Disabled Staff	% Disabled Staff	Non-Disabled staff	% Non-Disabled Staff	Disability unknown or null	Disability Unknown/null %
NON-CLINICAL						
Cluster 1 (under band 1, bands 1-4)	100	5.7%	1302	73.9%	361	20.5%
Cluster 2 (bands 5-7)	36	7.2%	402	79.9%	65	12.9%
Cluster 3 (bands 8a-8b)	7	5.4%	90	69.2%	33	25.4%
Cluster 4 (bands 8c – 9 & VSM)	1	1.7%	45	77.6%	12	20.7%
CLINICAL						
Cluster 1 (under band 1, bands 1-4)	121	6.2%	1521	78.2%	302	15.5%
Cluster 2 (bands 5-7)	197	5.2%	2969	78.9%	598	15.9%
Cluster 3 (bands 8a-8b)	15	6.0%	192	77.4%	41	16.5%
Cluster 4 (bands 8c – 9 & VSM)	1	3.8%	21	80.8%	4	15.4%
Cluster 5 (Medical & Dental Staff Consultants)	3	0.60%	333	66.87%	162	32.53%
Cluster 6 (Medical & Dental Staff, non-Consultants career grade)	4	1.32%	233	76.90%	66	21.78%
Cluster 7 (Medical & Dental staff, Medical and dental trainees)	43	9.17%	379	80.81%	47	10.02%
Total declaration	529					

Table 1.1 declaration by pay bands, re-validated data for actual WDES data submission shows variation in ESR data

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

(Data source: Trust’s recruitment data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood in 2023 (A figure below 1 indicates more likelihood of Disabled staff being appointed)
Relative likelihood of non-Disabled staff being appointed from shortlisting compared to Disabled staff	0.96	1.20	1.24

Metric 3 - Relative likelihood of Disabled staff entering formal capability process compared to non-Disabled staff

(Data source: Trust’s HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood in 2023
Relative likelihood of Disabled staff entering formal capability process compared to non-Disabled staff	3.18	4.12	3.03

Metric 4

(Data source: Question 13, NHS Staff Survey)

	% Disabled staff responses to 2021 NHS Staff Survey	% Non-Disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2021	% Disabled staff responses to 2022 NHS Staff Survey	% Non-Disabled staff responses to 2022 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2022	National Average % points difference (+/-) between Disabled staff and non-Disabled staff responses 2022
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	32.4%	25%	+7.4%	32.5%	27.8%	+4.7%	+6.8%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	15.3%	9.1%	+6.2%	15.3%	8.6%	+6.7%	+7.2%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	25.4%	19.2%	+6.2%	26.6%	17.8%	+8.8%	+9.11%
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	45.8%	46.1%	-0.3%	47.8%	42.8%	+5.0%	+1.1%

Metrics 5 – 8

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

	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2021	Disabled staff responses to 2022 NHS Staff Survey	Non-Disabled staff responses to 2022 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2022	National Average 2022
	Percentage (%)	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.	-4.8%	55.3%	58.5%	-3.2%	-5.9%
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.	+8.1%	28.8%	19.6%	+9.2%	+9.2%
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.	-8.0%	31.4%	40.8%	-9.4	-11.1
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.		78.0%			71.8%

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Difference (+/-) between Disabled staff and non-	Disabled staff engagement score for	Non-Disabled staff engagement score for	Difference (+/-) between Disabled staff and non-	National Average
b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)					
	2021 (UHD)			2022 (UHD)	
Yes					
a) The staff engagement score for Disabled staff compared to	0.4	6.5	6.0	0.4	0.5
Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.					
<ul style="list-style-type: none"> • Listening Events and expert speakers • Monthly staff network meetings • Inclusion of the staff networks in the governance framework for the equality, diversity and inclusion group meetings. • Reverse Mentoring programme, positive work on deaf awareness and positive action of developing and procuring hearing aid boxes for patients to reduce loss whilst inpatients and cost to trust of £35k+ a year. • Continued peer to peer support through the ProAbility network. 					

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 2021 (UHD)	Disabled Board members in 2022 (UHD)	Disabled Board members in 2023 (UHD)	Non-Disabled Board members in 2023 (UHD)	Board members with Disability status unknown in 2023 (UHD)	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2023 (UHD)
	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.	0%	0%	0%	16	0	Total Board = 0% Overall workforce = 5.58% Difference -5.58%

APPENDIX B: Workforce Disability Equality Action Plan 2023/24

Objective	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviewed /Monitored	Impact Measure
Improve workforce data representation	<p>Increase self-declaration rates and track action plan with targeted interventions against all NHS Standards action plans.</p> <p>Continue to promote through Employee Self Service, updating personal information and why this is needed.</p> <p>Board Development session on declaration and why it matters (evidence of improved declaration when tone from the top is open and honest).</p>	<p>Whole workforce self-declaration rates have continued to improve through ProAbility Network Activity now 5.6%.</p> <p>Work continues to improve this with implementation of ESR dashboards, promotion of updating records and ESR self-service now available trust wide.</p> <p>100% Board declaration.</p>	<p>Name Executive and Strategic / Operational Accountable Leads</p> <ul style="list-style-type: none"> • Presentations at Care Group meetings to reinforce need for declaration and why it matters • Clear instructions for staff on the relevant categories on ESR • UHD supports and promotes ProAbility engagement activity 	EDIG and PCC	<p>Increase in declaration rates (4%).</p> <p>Close the gap on ESR/NHS National Staff Survey Long term conditions and Disability.</p>
Recruitment and selection	<p>Values Based shortlisting and interview questions Statement on all job adverts welcoming applications from under-represented groups and links to staff networks.</p> <p>Diverse representation on interview panels, including staff networks. Raise awareness of reasonable adjustments.</p> <p>Disability Confident and Armed Forces Covenant guaranteed interviews.</p>	<p>Values based shortlisting and interview templates implanted June 2021.</p> <p>All adverts contain statement and links to the staff networks. Interview panel for new CEO included diverse representation from the staff networks.</p> <p>Disability Confident and Armed Forces Covenant guaranteed interviews continue to be provided and HR processes ensure applicants who meet minimum criteria are offered an interview to meet these accreditations</p>	<p>Name Executive and Strategic / Operational Accountable Leads</p> <p>Review and support improvement to recruitment and promotion practices to ensure an inclusive approach from application to appointment.</p> <p>Mandate the introduction of diverse panel compositions and interview questions and feedback panels consider sharing examples of reasonable adjustments:</p> <ul style="list-style-type: none"> • monitor candidate profiles at all stages of recruitment • continue accreditation practices and implementation of Disability Confident and Armed Forces Covenant • explore Level 3 Disability Confident accreditation 	EDIG and PCC	<p>Improvement in metric 2, shortlisting.</p> <p>Improvement in metric 5, equal opportunities.</p> <p>Achieving renewal of accreditation and improving to Level 3 Disability Confident Leader.</p>

Objective	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviewed /Monitored	Impact Measure
		<p>Staff Network members included in recruitment panels for senior leaders</p>	<ul style="list-style-type: none"> • explore less traditional recruitment practices to attract and appoint candidates who are Disabled • Refresh recruiting Managers selection training, knowledge of reasonable adjustments • Commitment to balanced shortlisting • Review job description and person specifications <p>Review advertising and shortlisting processes, including Board appointments</p> <p>Promotion of Health & Wellbeing Check-In Conversations</p>		
<p>Staff Experience</p>	<p>Continued development of the staff network leads to work in partnership across the organisation and share their lived experience to inform and raise awareness.</p> <p>Unconscious bias workshops to include disability/long term health conditions in scenarios.</p> <p>Health Passports included in wellbeing conversations.</p>	<p>Network leads develop continues through the Community of Practice. Specialist sessions with Power of Staff Networks and Story Telling workshop to develop profiles.</p> <p>Developing strategic Leadership skills development session for all Staff Networks by Cherron Inko-Tariah MBE in January 2023.</p> <p>Unconscious bias workshops in partnership with Enact Solutions.</p>	<p>Name Executive and Strategic / Operational Accountable Leads.</p> <p>Review Governance arrangements to ensure staff networks:</p> <ul style="list-style-type: none"> • Be able to contribute to and inform trust decision making processes • Have a programme of work that can be celebrated at the annual staff network event and engages further recruitment to the group • Continue to promote Health Passport and link to sickness 	<p>EDIG and PCC</p>	<p>Improvement in metrics 5-8, equal opportunities, value and presenteeism.</p>

Objective	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviewed /Monitored	Impact Measure
		<p>Health passports and toolkit promoted through ProAbility, Occupational Health, wellbeing pages and linked to sickness absence management policy.</p> <p>Health and Wellbeing check in conversations introduced</p> <p>ProAbility network engaged in UHD Health & Wellbeing Ambassadors launch and engagement.</p> <p>New Sponsors recruited for ProAbility Network – Peter Gill, and Karen Allman.</p> <p>Network championed the sourcing of Lexxic to undertake an assessment and training on the needs of staff with neurodiversity.</p>	<p>absence and presenteeism support mechanisms</p> <p>Ensure equitable representation in all work streams for staff living and working with a Disability, alongside all our equality standards</p> <p>Review the Equality Impact Assessment process in partnership with staff networks</p> <p>Re-visit and progress actions within the Lexxic report alongside HRBP and recruitment.</p> <p>Review reasonable adjustments approach in line with regional South West best practice.</p> <p>Consider how a centralised Workplace Adjustments Budget could improve staff experience.</p>		
<p>Career promotion and progression</p>	<p>Promoting all development opportunities widely and encouraging applications from under-represented groups.</p> <p>Ensure all training and development opportunities are fully accessible.</p> <p>Risk assessment and Equality Impact Assessments completed to ensure barriers and possible reasonable adjustments identified in advance.</p>	<p>Statement on all job adverts welcoming underrepresented groups and links to staff networks.</p> <p>eLearning development in the BEAT team, lead is working with ProAbility to beta test accessibility tools.</p> <p>Risk Management team wishing to be part of the EQIA workshops and develop protocols for widening use across trust for all processes.</p>	<p>Name Executive and Strategic / Operational Accountable Leads</p> <ul style="list-style-type: none"> Equality Impact Assessment process and toolkit to be developed and programme of education and implementation Lexxic Discovery workshop to develop Roadmap of tools and resources to improve the experience of our Neuro Diverse people Listening events on talent management and career 	<p>EDIG and PCC</p> <p>BEAT Education Team and Quality & Risk Management Team</p>	<p>Workforce Disability Equality Standard (WDES) improvement.</p> <p>Improved metric 2, shortlisting, to 1:1 or below.</p> <p>Improved metric 5 equal opportunities.</p>

Objective	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviewed /Monitored	Impact Measure
		<p>Reasonable adjustment awareness through talks and events with the ProAbility network.</p> <p>Lexxic workshops on Neuro Diversity and further audit workshop to develop roadmap being scoped for September 2022.</p> <p>Continuing work with risk management specialists on risk assessments / adjustments, developing toolkits and flowcharts for accessing support through Access to Work and in-house mechanisms.</p>	<p>pathways, with support of staff network leads</p> <ul style="list-style-type: none"> • Increase in staffing levels more reflective of diversity of local community and regional/national labour markets - through declaration campaigns and creating a safe space to share health conditions for senior staff as role models • Develop reasonable adjustment toolkit and flowcharts, raising awareness through education and promotion of tools and resources • Scope for Growth career conversation framework promotion with Disabled staff. 		
Staff Wellbeing	<p>Continue to promote the Health Passport as a tool to support staff wellbeing and wellbeing conversations Wellbeing conversations Long Covid support programme</p> <p>Professor Clifford Shearman, Non-Executive Director appointed as Wellbeing Guardian to oversee the implementation of the Building Healthy Working Lives Framework, objectives and measures</p>	<p>Health passport continues to be used across the Trust and is updated on feedback from users.</p> <p>Wellbeing coaching/wellbeing ambassadors UHD responders programme, winter planning to support staff redeployed.</p> <p>Health and Wellbeing Check-In Conversations piloted in Cardiology in September 2022 with additional links to other support mechanisms.</p>	<p>Name Executive and Strategic / Operational Accountable Leads</p> <ul style="list-style-type: none"> • Continue to promote and embed the Health Passport in all sickness review and support mechanisms • Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work. • Campaign to introduce Health and Wellbeing Check-In Conversations in UHD and include reference into people development opportunities 	<p>EDIG</p> <p>PCC</p> <p>Building Healthy Working Lives Group</p>	<p>Improved metric 4a/b</p> <p>Continue to improve metric 4c/d and increased reporting of incidents.</p>

APPENDIX C: WDES Infographic

