

Trust Management Executive: August 2018

TME2018.237

Title	WDES Disabled Staff Experience Report
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Status	For information
History	Equality, Diversity and Inclusion Annual Report 2017/18

Board Lead(s)	John Drew, Director of Culture and Improvement			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The purpose of this report is:

- Establish a baseline in terms of disabled staff experience at OUH.
- Highlight any issues that might hinder the implementation of the Workforce Disability Equality Standard (WDES) in 2019.
- Give recommendations for actions to improve disabled staff experience and ensure effective implementation of WDES.

2. Disabled staff experience was measured using the draft WDES metrics produced by NHS England and through consultation with disabled staff; this took the form of a Listening Event attended by 34 members of staff and interviews with 10 disabled members of staff.

3. Analysis of the draft metrics and consultation with disabled staff highlighted the following:

- Disclosure of disability is very poor indicating a potential cultural issue where people are not comfortable being open, as well as creating a concern over the robustness of Trust data.
- Managers' approach to supporting disability is inconsistent, with feedback from staff showing both excellent and poor practice.
- Staff are not fully aware of the range of support available to disabled staff
- There is a lack of disability awareness within the Trust leading to issues around respect and dignity at work.

4. Recommendations have been produced to mitigate these findings and these have been used to develop a high level action plan that will be incorporated into the Trust's Equality, Diversity and Inclusion Action Plan.

5. **Recommendations**

Trust Management Executive is asked to note and approve the contents of this report.

Disabled Staff Experience in OUH Report

1. Purpose

- 1.1. This report has been created to help establish a baseline in terms of disabled staff experience prior to the introduction of the Workforce Disability Equality Standard (WDES) in August 2019 and to enable the Trust to fully prepare for the implementation of WDES.
- 1.2. This report aims to:
 - 1.2.1. Detail current experience of disabled staff within the Trust;
 - 1.2.2. Highlight strong and weak practice in terms of supporting disabled staff and provide recommendations as to how OUH can improve.
- 1.3. The Trust Management Executive (TME) is asked to accept and note this report.

2. Background

- 2.1. The WDES was introduced as part of the NHS Standard Contract 2017-2019 as a requirement for NHS organisations in order to improve the experience for disabled staff.
- 2.2. The WDES, like the Workforce Race Equality Standard (WRES), requires NHS organisations to annually report on ten metrics that are indicators of inequality for disabled people within the workforce. NHS organisations are expected to analyse and create action plans to address the disparities noted within the metrics.
- 2.3. It is expected that the first report will be required in August 2019, this report is to enable preparation for its introduction.

3. Research

- 3.1. Data to report on the ten WDES metrics was obtained using the following Trust systems:
 - 3.1.1. Electronic staff record (ESR) (metrics 1,2 & 10);
 - 3.1.2. Employee relations case tracker (metric 3) and;
 - 3.1.3. NHS Staff Survey results 2016 and 2017 (metrics 4, 5,6,7 & 8).
- 3.2. There are some concerns about the robustness of data for some of the metrics. For metrics 1 & 2 there is a notably high number of people who have not disclosed (20.45%) which will have an impact on the data. In addition, the employee relations case tracker is anecdotally known to be not consistently used by all members of HR and therefore the data for this metric may be inaccurate.
- 3.3. Consultation with Disabled Staff also took place to better understand their experience of working at OUH and to help provide some reasons as to the disparities noted in the metrics.
- 3.4. A Listening into Action Event was held on 2nd May 2018 on the Topic of 'Supporting Disability in the Workplace'. This was attended by 34 members of staff. At this event

discussion took place around five themes, with a focus on what the Trust's strengths and weaknesses were for each theme as well as coming up with potential actions under these themes. The five themes were:

- 3.4.1. Recruitment;
- 3.4.2. Career Development and Progression;
- 3.4.3. Support, Accessibility and Reasonable Adjustments;
- 3.4.4. Respect and Dignity at Work;
- 3.4.5. Support from Management and Leadership.

3.5. In addition to the Listening into Action Event, interviews were held with ten members of disabled staff across the Trust to discuss their experiences of disability and the support received by the Trust. This allowed for a deeper exploration into specific issues.

4. WDES Metrics 2018

Below is the Trust's data for each of the ten draft WDES metrics, it should be noted that as these metrics are still in draft, they may change before the WDES is implemented in 2019 and therefore data here may not be directly comparable with future WDES submissions. Where available, data for 2017 has been included to aid in identification of any trends.

Metric 1. Percentage of staff in each AfC Band cluster 1-4, 5-7, 8-9 and ESM (including executive Board members) and Medical and Dental subgroups compared with the percentage of staff in the overall workforce

	2017	2018	Difference
Non-Clinical	2.47%	2.49%	+0.02%
Under Band 1	11.11%	16.67%	+5.57%
1-4	2.78%	2.25%	-0.53%
5-7	2.28%	2.69%	+0.41%
8-9	0.45%	1.15%	+0.70%
VSM	0.00%	7.14%	+7.14%
Clinical	1.93%	2.48%	+0.55%
Under Band 1	0.00%	0.00%	±0.00%
1-4	2.16%	2.91%	+0.75%
5-7	1.88%	2.35%	+0.47%
8-9	1.53%	0.88%	-0.65%
VSM	0.00%	0.00%	±0.00%
Medical and Dental	0.88%	1.17%	+0.29%
Consultants	0.63%	0.61%	-0.02%
Non-Consultant Career Grade	0.57%	0.00%	-0.57%
Trainee Grade	1.13%	1.63%	+0.50%
Trust Total	1.89%	2.26%	+0.37%

Table 1: Percentage of staff who have disclosed a disability in each of the AfC Bands for 2017 and 2018; ESR.

4.1. Overall, 2.26% of the Trust's staff have disclosed a disability, which is a slight increase on last years' figure of 1.89%, this equates to around 325 staff.

- 4.2. Generally, representation across the Trust is fairly consistent, although representation of disabled staff is lower within the Band 8-9 grouping. In addition, representation of disabled staff within Medical and Dental roles is lower than the rest of the Trust.
- 4.3. In the Non-Clinical Roles, the figures show a much higher representation of disabled staff at both VSM and Under Band 1; however both of those groups have a small number of staff and so are impacted quite heavily by a few disabled staff disclosing.
- 4.4. It should be noted that there are a large number of people who have not disclosed whether they have a disability or not; in 2018 this was 20.45% of staff.

Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

- 4.5. The metrics show that non-disabled applicants are 1.12 times more likely to be appointed from shortlisting than disabled applicants. This is an improvement on the relative likelihood for the previous year which was 1.30 times.

Metric 3. Relative likelihood of entering the formal capability or sickness procedures.

- 4.6. This year's metrics demonstrate that disabled staff are 2.55 times more likely to enter a formal disciplinary process than non-disabled staff. Unfortunately a figure could not be given for the previous year.

Metric 4. Percentage of staff experiencing harassment, bullying or abuse from: a) other staff in last 12 months; and b) managers in the last 12 months.

	2017		2018	
	Disabled	Non-Disabled	Disabled	Non-Disabled
a)	24%	17%	30%	21%
b)	20%	10%	20%	12%

Table 2: Percentage of disabled and non-disabled staff experiencing harassment, bullying or abuse from other staff and managers in the last 12 months; Staff Survey 2016 & 2017.

- 4.7. Disabled members of staff report significantly higher levels of harassment, bullying or abuse from both other members of staff and from managers.
- 4.8. From 2017 to 2018 the levels of bullying and harassment reported from other staff has increased for all staff members, but it has increased at a greater rate for disabled members of staff with an increase of 6% as opposed to 4%.

Metric 5. Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.

2017		2018	
Disabled	Non-Disabled	Disabled	Non-Disabled
78%	86%	77%	84%

Table 3: Percentage of disabled and non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion; Staff Survey 2016 & 2017.

4.9. The percentage of disabled members of staff believing the Trust provides equal opportunities for career progression or promotion is lower than for non-disabled members of staff.

Metric 6. Percentage of staff who, in the last 3 months, have felt pressure from their manager to come to work despite not feeling well enough to perform their duties.

2017		2018	
Disabled	Non-Disabled	Disabled	Non-Disabled
31%	20%	30%	21%

Table 4: Percentage of disabled and non-disabled staff who, in the last 3 months, have felt pressure from their manager to come to work despite not feeling well enough to perform their duties; Staff Survey 2016 & 2017.

4.10. The figures show that disabled members of staff are much more likely to feel pressure from their manager to come into work despite not feeling well enough to perform their duties than non-disabled members of staff; with 30% of disabled staff reporting this as opposed to 21% of non-disabled staff in the most recent staff survey. These figures have remained consistent with the previous year.

Metric 7. Percentage of staff satisfied with the extent to which the organisation values their work:

2017		2018	
Disabled	Non-Disabled	Disabled	Non-Disabled
36%	47%	38%	43%

Table 5: Percentage of disabled and non-disabled staff satisfied with the extent to which the organisation values their work; Staff Survey 2016 & 2017.

4.11. This metric demonstrates that disabled members of staff are less likely to be satisfied with the extent to which the Trust values their work than non-disabled staff.

4.12. There has been a slight improvement between 2017 and 2018 of 2%, where for non-disabled staff there has been a decrease of 4% which has resulted in a smaller gap between the experience of disabled and non-disabled staff for this metric.

Metric 8. Percentage of staff that feels their employer made adequate adjustments to enable them to carry out their work.

2017	2018
78%	76%

Table 6: Percentage of disabled staff who feel the Trust has made adequate reasonable adjustments; Staff Survey 2016 & 2017.

4.13. 24% of disabled staff feel that the Trust has not made adequate adjustments to enable them to carry out their work; this is a small increase from the year before at 22%.

Metric 9. Presence of a Disabled Staff Network within the Trust.

4.14. At the time of writing this report, a disabled staff network is currently being set-up and those who will lead the network have been identified. They are planning to hold their first meeting on 10th October 2018, in line with World Mental Health Day.

Metric 10. Percentage difference between the organisation's VSM and Board voting membership and its overall workforce.

4.15. 5.26% of staff at VSM level define as being disabled. This is a difference of +3% when compared to the overall workforce (2.26%). This is a large difference from 2017 where 0% of VSM level staff defined as being disabled; however as stated before this is a small staff group so a few people can have a large impact on numbers.

5. Analysis

5.1. Analysis will take place looking at issues that fall within each of the five themes that were discussed at the Listening Event.

5.2. One issue, however, that will impact upon all of the themes is the level of disclosure; on ESR we currently have 2.26% of staff with a disclosed disability and 20.45% of staff where their disability status is unknown. When comparing with the level of disclosure within the staff survey, where 16% of those who completed the staff survey identified a disability, it is indicative that the level of disclosure is potentially quite low.

5.3. A low rate of disclosure has a large impact on our ability to say our data is robust and therefore it is difficult to draw conclusions about potential inequalities that disabled staff face from these metrics. It also limits our ability to evaluate the impact of action taken to address any gaps. Prior to the introduction of the WDES, improving disclosure needs to be a priority area of work.

5.4. Consultation with disabled staff revealed a number of reasons why they have not disclosed, including:

- 5.4.1. Fear of discrimination as they are not aware that the data is held confidentially;
- 5.4.2. Lack of awareness of what the information is used for and the benefits to them;

5.4.3. Lack of awareness of how to disclose. Some staff acquire their disability after starting with the Trust and as such their record has not been updated.

5.5. Work to improve disclosure of disability should be a priority area of work for the Trust to enable effective implementation of the WDES. This work should take the approach of both alleviating concerns over disclosure and providing new routes to disclosure as discussed in research.¹

Recruitment

5.6. Metric 2 shows that non-disabled applicants are 1.12 times more likely to be successful at the interview stage as compared to disabled applicants. Consultation with staff revealed that bias, both unconscious and conscious, could be having a negative impact on the recruitment process for disabled staff. For example, some managers spoke about how they were concerned about hiring disabled staff as they had questions about how their disability would impact their capability to do a job and whilst they would aim to avoid letting that impact decision making there were concerns it would impact them unconsciously.

5.7. Work is already being undertaken that should help to mitigate the concerns raised around recruitment of disabled staff. The Trust was recently accepted as part of the Apprenticeships for All Programme by NHS Employers and Health Education England. This programme involves the delivery of inclusive recruitment training to managers across the Trust. The training is designed to help attendees overcome and pre-existing concerns they might have about employing disabled people and to enable managers to make their recruitment practice more inclusive.

5.8. In addition to the Apprenticeships for All Programme the Trust is part of the Disability Confident Scheme which involves a positive action at recruitment whereby if an applicant discloses a disability and they meet all the essential criteria for a role they are automatically shortlisted. This has a positive impact for disabled staff with data from TRAC showing that disabled applications are 1.1 times more likely to be shortlisted. What is apparent from consultation though, is that many staff are unaware of this scheme and it is felt that better promotion of this scheme, as well as the Trust's commitment to advancing equality overall, might improve the impact of this scheme and enable better recruitment of disabled people.

Career Development and Promotion

5.9. One of the key areas of discussion has been e-learning and its application within the Trust. Discussion with disabled staff has found that for some people e-learning is inaccessible. In one example given, a member of staff with a visual impairment had to sit with a member of the HR Team who had to read out the full eLearning session for them as well as filling in the questions; this took a lot longer to complete than it normally would and also left the member of staff feeling uncomfortable with the process.

¹ Kate Nash Associates (2014) Secrets and Big News

- 5.10. In addition to this, many have found that notifying course trainers through the Trust's eLearning system of access requirements to be difficult. There is not a clear route to disclosing access needs on eLMS which has led to some situations where disabled members of staff have attended training sessions but have not been able to take part as adjustments have not been put in place. E-learning and eLMS should both be reviewed in terms of accessibility to enable all staff to use them effectively.
- 5.11. Attendees to the Listening Event also spoke about creating greater development opportunities such as mentoring and job shadowing which could be marketed to disabled staff to enable career development and progression. This was also highlighted as part of the WRES Report 2017 and as a result both mentoring and job shadowing opportunities are being developed – it was envisaged that these would provide further development opportunities not only to Black and Minority Ethnic (BME) staff but to all staff, so disabled staff will also be able to benefit from this. Uptake of these opportunities from disabled staff should be monitored once they are implemented to ensure this.

Support, Accessibility and Reasonable Adjustments

- 5.12. One area of discussion that fell under this theme was sickness absence. Metric 3 shows that disabled staff are 2.55 times more likely to undergo a formal sickness absence process. As a standalone figure this seems quite high and benchmarking against other Trusts will need to be undertaken once the WDES is fully implemented in order to investigate whether this is high.
- 5.13. It would also be worthwhile to review the application of the Trust's sickness absence management procedure. In interviews with staff, it was perceived that application of the procedure was at times inconsistent with regard to disability-related sickness. In addition, Metric 6 shows that disabled staff are more likely to feel pressure to come into work when feeling unwell which might indicate some unease about how the sickness absence management procedure is applied. The procedure currently allows for trigger points to be reviewed for staff who triggered due to disability-related sickness; however, with the data shown in Metrics 3 and 6, this might require review.
- 5.14. The Centre for Occupational Health and Wellbeing (COHWB) was also discussed. Generally feedback on this service was positive with many people feeling their experience of the service was good. There were some people who felt that accessing the service was sometimes slow which caused difficulties for them; managers also mentioned that this slowness has caused problems when recruiting people with disabilities and long term health conditions as the wait for occupational health appointments caused delays in the member of staff starting with the Trust.
- 5.15. Staff Health and Wellbeing and the COHWB is a key focus of the incoming People Strategy within the Trust and systems are being developed to support COHWB in delivering their service. Due to these current developments, this report makes no recommendations regarding the Trust's occupational health service to avoid overlap with work that will be undertaken as part of the People Strategy. This report recommends that changes made as a result of the People Strategy are reviewed and feedback from disabled staff is obtained on these changes to ensure that their needs are being met.

- 5.16. Reasonable adjustments were also discussed. Metric 8 shows that only 76% of disabled staff feel they have received adequate adjustments to enable them to carry out their job. It was felt by the consulted staff that this was because of a lack of manager awareness of reasonable adjustments and also a lack of resource to implement adjustments.
- 5.17. In terms of manager understanding it was discussed that managers sometimes did not know what adjustments could be made or did not know what would be 'reasonable'. The COHWB are able to provide recommendations as to adjustments, however it was also suggested that easy-access case studies and other resources on reasonable adjustments should be made available. By producing detailed case studies of staff within the Trust who have had reasonable adjustments it could demonstrate possibilities for adjustments, how to implement them, and the positive impact that they have on individuals and teams.
- 5.18. Lack of resource was also cited as a reason why adjustments were not implemented. Research shows there is a large misconception about the cost of adjustments and that the average cost of a reasonable adjustment is only £75.² In addition, Access to Work provides financial assistance to employers in implementing reasonable adjustments to disabled staff; knowledge of Access to Work is being spread to managers through the aforementioned Apprenticeships for All Training. Again, the case studies mentioned previously could also detail how adjustments were funded which could help demonstrate that many adjustments can be implemented at low-cost, helping to eliminate the perception that they are expensive.
- 5.19. Through the consultation with staff many specific issues were also brought up in terms of physical access on the Trust's sites which will have to be raised with the relevant teams to determine whether these can be mitigated. These include:
- 5.19.1. Issues with disabled parking on the Churchill site;
 - 5.19.2. Some ward reception desks not being at an accessible height;
 - 5.19.3. Some doors being too narrow;
 - 5.19.4. Paving at the JR site being uneven causing issues for people with visual or mobility impairments.

Respect and Dignity at Work

- 5.20. In terms of respect and dignity at work, the metrics show that disabled staff are much more likely than their non-disabled counterparts to experience bullying and harassment from managers and their peers. This has potentially quite a large negative impact on disabled staff experience and could impact on whether disabled staff disclose their disability status, limiting our ability to conduct further analysis and take action where necessary.
- 5.21. In terms of why the difference is so great, those who were interviewed and those who attended the Listening Event felt a major factor was awareness. Particularly, how different disabilities and conditions impact people, and also stigma surrounding certain conditions such as mental health.

² Disability Rights Commission (2015) [Top Tips for Small Employers: A guide to employing disabled people](#).

- 5.22. With regard to raising awareness there are a number of approaches that can be taken:
- 5.22.1. Delivering training on disability will enable awareness. The Apprenticeships for All Inclusive Recruitment Training is a training package that aims to achieve this;
 - 5.22.2. Developing disabled role models within the organisation would empower other disabled staff and increase awareness of how disability can impact people in the workplace. Creating case studies of a diverse range of staff is already within the Trust's Equality Diversity and Inclusion Action Plan so the Trust should ensure disabled staff are included within this.
 - 5.22.3. The creation of the Disabled Staff Network provides a great vehicle for awareness-raising. The Network currently plans to hold a number of events to recognise and celebrate different awareness dates relating to disability in order to give focus on certain conditions.
- 5.23. Discussion on this topic also looked at how the Trust addresses issues concerning respect and dignity as they arise. Many of those who attended the Listening Event were positive about the changes made to the Trust's approach in addressing bullying and harassment with the new Respect and Dignity at Work Procedure. This procedure is relatively new, only having been introduced in January, and therefore the impact it is having on disabled staff should be measured to ensure that it is having a positive effect.
- 5.24. Attendees did also suggest a potential improvement with the application of the procedure by providing training for the Respect and Dignity Ambassadors on disability awareness to enable them to more effectively support disabled staff with concerns.

Support from Management and Leadership

- 5.25. The support from managers was a discussion point under this theme. Some people spoke of poor support from their managers citing issues such as a lack of disability awareness, and a fear of talking about disability which leading to disabled staff not receiving adjustments or support or to respect and dignity at work issues. As an example, one person who was interviewed talked about how they were going through a medical redeployment process. Lack of disability awareness caused managers to make assumptions that this individual would not be able to cope or perform well in their environments, without having discussed the individual's disability with them first. This caused this member of staff a great deal of distress at an already vulnerable time.
- 5.26. There have also been examples given where support from management has been excellent. One interviewee spoke of how their manager was incredibly supportive in helping them find a role that suited their needs and commented that the support of that manager had a massive positive impact on them as previously they had been considering leaving the medical profession due to their disability.
- 5.27. Many other examples were given of how managers did, or did not, support them; this demonstrates the inconsistency across the Trust that managers have when it comes to supporting disabled staff. In order to improve this, the Trust should introduce a

more standardised approach as to how managers support their disabled staff. One method of doing this is through the introduction of a disability passport.

- 5.28. A disability passport is a document that is completed by a disabled member of staff with their manager. It provides a framework within which to discuss the staff member's health and what changes can be made to assist them. Once agreed, the passport is signed by both parties to indicate that the adjustments will be made and upheld. It is also designed so that when members of staff have new line managers, or move around the Trust, the passport means they do not have to explain their requirements again. Through providing a framework for these discussions, it will empower disabled staff to discuss their needs and also help managers to better understand how to support their staff. The RCN provides comprehensive guidance on how to use disability passports which can be utilised by the Trust for implementation.
- 5.29. Another topic of discussion was the visibility of senior leadership on the issue of disabled staff experience. The attendees to the Listening Event highlighted how the presence of Board members at the event was important to them as it demonstrated how important this work was to the Trust and gave them confidence that action will be taken. They also mentioned how there had been increased visibility of the Board on equality-related issues with all-user emails and presence at other events such as the Women's Network events and this was positively received. Ensuring continued presence of senior staff at events will help to improve engagement with this work thereby improving the effectiveness of any interventions.
- 5.30. Another way that visibility of leadership can be increased further is through the use of executive champions. Guidance on developing disabled staff networks advise that having an executive champion or sponsor for a network can be incredibly helpful as "it can turn commitment into secure, resourced, integrated support."³ Other Trusts, such as University Hospitals of Morecombe Bay NHS Foundation Trust⁴, have implemented this to great effect and it has enabled their staff networks to develop at a faster rate.

Analysis summary

- 5.31. The analysis has highlighted a number of key findings:
- 5.31.1. Disclosure of disability is very poor, potentially indicating a cultural issue where people are not comfortable being open as well as creating a concern over the robustness of Trust data;
 - 5.31.2. Managers' approach to supporting disability is inconsistent, with feedback from staff showing both excellent and poor practice;
 - 5.31.3. Staff are not fully aware of the range of support available to support disabled staff;
 - 5.31.4. There is a lack of disability awareness within the Trust leading to issues around respect and dignity at work.
- 5.32. Another area of importance that came out of the Listening Events and interviews with disabled staff was the need for ongoing consultation and feedback; this would help

³ Kate Nash Associates (2009) [Disabled Employee Networks: A Practical Guide](#)

⁴ University Hospitals of Morecambe Bay (2016) [Inclusion and Diversity Strategy 2016-2021](#)

ensure that engagement with disabled staff and momentum for improving their experience with the Trust remained high. It would also allow for more live feedback on actions that are being undertaken. The Disabled Staff Network could enable this to take place through their meetings and support should be given to them to allow this to happen.

5.33. Recommendations have been suggested to mitigate the findings of the analysis and these have been translated into an action plan: Appendix 1.

6. Proposed Workforce Race Equality Action Plan September 2017 – August 2018

6.1. Following analysis of the Trust's data and potential solutions that have been highlighted a high-level action plan has been created. This action plan can be found in Appendix 1.

6.2. This action plan will be incorporated into the Trust's overall Equality, Diversity and Inclusion Action Plan and progress on these actions will be reported to the Trust's Equality, Diversity and Inclusion Steering Group every two months.

7. Recommendations

7.1. TME is asked to note and accept this this report.

Report prepared by:

Tommy Snipe

Workforce Equality, Diversity and Inclusion Lead

August 2018

Appendix 1: Workforce Disability Equality Action Plan 2018/19

The following is a high-level action plan detailing key actions, campaigns and work that will be undertaken across the Trust over 2018/19. These actions will be incorporated into the Trust's EDI Action Plan.

Action	Relationship to Metric	Lead	Due	Success Measure
Run a campaign to improve disclosure of disability on ESR	WDES 1	Workforce EDI Lead	Jun-19	Improvement in disclosure rate. Gap between percentage of people recorded on ESR and within the Staff Survey is reduced.
Introduce 'Disability Passports'	WDES 8	Workforce EDI Lead	May-19	Disability Passports introduced. Feedback will be gathered from those using it.
Investigate methods to improve accessibility of eLMS and eLearning	WDES 5	Workforce EDI Lead and Head of OD & LD	Dec-19	Disabled staff able to record access needs on eLMS and able to access eLearning; undetermined as to whether the Trust can capture uptake yet.
Run awareness events on specific disabilities and long-term health conditions	WDES 4	Disabled Staff Network and Workforce EDI Lead	Ongoing	Engagement with events to be measured (event dependent). Long-term reduction of gap between disabled and non-disabled staff experiencing bullying and harassment.
Deliver Disability Awareness Training to Respect and Dignity Ambassadors	WDES 4	Workforce EDI Lead	Mar-19	Feedback from disabled staff utilising ambassadors will be reviewed.
Review the sickness absence management procedure with regard to sickness relating to disability	WDES 3 & 6	Workforce EDI Lead and Sickness Absence Management Lead	Jun-19	Review undertaken.
Include monitoring of disabled staff uptake of career/personal development opportunities are they are introduced.	WDES 5	Workforce EDI Lead	N/A	Monitoring shows uptake of development opportunities for disabled staff is, at minimum, equal to representation within Trust
Produce case studies of reasonable adjustments made to support disabled staff within the Trust	WDES 8	Workforce EDI Lead	Jun-19	3 case studies produced and accessible on intranet
Improve promotion of the Disability Confident Scheme and other equality initiatives at job advert.	WDES 1 & 2	Head of Resourcing	Dec-18	Increased number of applications from disabled people