

<b>Title</b>	<b>Workforce Disability Equality Standard Report 2019</b>
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<b>Status</b>	For approval
<b>History</b>	Combined Equality Standards Data Report July 2019 Disabled Staff Experience (WDES) Report September 2019

<b>Board Lead(s)</b>	Jane Nicholson, Interim Chief People Officer			
<b>Key purpose</b>	<b>Strategy</b>	<b>Assurance</b>	Policy	Performance

## Executive Summary

1. The purpose of this report is to:

- Provide analysis on the Workforce Disability Equality Standard (WDES) metrics and any disparities noted within them;
- Provide recommendations as to how the Trust can advance disability equality.

2. The Trusts data for the WDES metrics were presented to Board in the Combined Equality Standards Data Report in July 2019. Alongside the metrics, feedback was received from staff across the Trust through surveys, conference events, and one-to-one discussions.

3. The feedback and metrics were analysed to understand the reasons behind disparities and produce recommendations to reduce them. Key findings from this analysis include:

- Disclosure of disability across the Trust is poor, leading to issues in terms of the robustness of the WDES metrics;
- There is a high level of presenteeism amongst disabled staff, impacting the wellbeing of disabled staff;
- Disabled staff are less engaged than their non-disabled counterparts and do not feel empowered to create change in the workplace.

4. There are also actions already underway to address other disparities noted in the metrics. These actions include:

- Delivery of inclusive recruitment training;
- Introduction of the Disability Passport Procedure;
- Development of a Disabled Staff Network.

5. The recommended actions have been summarised in **Appendix 4**. They aim to improve performance on the WDES metrics and improve disabled staff experience.

### Recommendation

6. The Board is asked to:

- Note the contents of this report; and
- Review the recommended actions in this report.

### Workforce Disability Equality Standard Report 2019

#### 1. Purpose

- 1.1. This report has been created in order to demonstrate compliance with the requirements of the Workforce Disability Equality Standard (WDES) and advance equality for disabled staff within the Trust.
- 1.2. This report follows the Combined Equality Standards Data Report which was presented to Trust Board in July 2019, detailing the WDES metrics.
- 1.3. The purpose of this report is to:
  - 1.3.1. Provide analysis on the WDES metrics and any disparities noted within them;
  - 1.3.2. Provide recommendations as to how the Trust can advance disability equality.

#### 2. Background

- 2.1. The WDES was introduced as a mandatory requirement within the NHS Standard contract this year. It aims to improve the experience of disabled staff and ensure fair and equitable treatment for them.
- 2.2. WDES consists of ten metrics which may highlight areas in which disabled staff are unfairly treated. Trusts must report on the metrics annually and produce, and implement, an action plan to address any disparities in the metrics.
- 2.3. In preparation for its implementation, the Trust piloted the draft WDES metrics in 2018. A report was produced detailing the metrics with actions recommended to improve the experience of disabled staff.
- 2.4. WDES requires data on the metrics to be submitted in early August, this deadline has been met. The data that was submitted was presented to Board in July 2019 in the Combined Equality Standards Data Report. The metrics were reported prior to the full reports to enable the Trust Board to view them prior to the submission deadline.
- 2.5. A summary of the WDES metrics and the data sources used can be found in **Appendix 1**.
- 2.6. A summary of the Trust's WDES metrics, as reported in the Combined Equality Standards Data Report 2019, can be found in **Appendix 2**.
- 2.7. In order to enable effective understanding of the metrics and reasons behind disparities, feedback has been collected from staff. This has been through a number of methods including:

- 2.7.1. the Equality at OUH Survey, completed by 52 members of staff;
  - 2.7.2. the Embracing Equality, Diversity and Inclusion Conference;
  - 2.7.3. discussions with members of the staff networks, and with the Respect and Dignity ambassadors;
  - 2.7.4. feedback gathered through the 'discover' phase of the Culture and Leadership Programme;
  - 2.7.5. feedback gathered through attendees of training, such as the 'recruiting for recruiters training' and 'respect and dignity at work managers toolkit training';
  - 2.7.6. one-to-one discussions with staff on issues relating to equality, diversity and inclusion.
- 2.8. This feedback enables the Trust to understand the perceptions and experiences of staff relating to issues of equality, diversity and inclusion. It will be used to help form the approach the Trust takes as a result.

### **3. Action Taken**

- 3.1. Following the publication of last year's Disabled Staff Experience Report, a number of actions have been undertaken, or are being undertaken, to improve the experience of disabled staff and address the issues raised in that report. It should be noted however, that some of the actions were implemented following the snapshot date that has to be used for this data and therefore the impact of these actions on the reported metrics will be limited.

### **Promoting Disclosure**

- 3.2. A number of actions were taken to promote staff to disclose their disability status on ESR following last years' report where Metric 1 showed a high non-disclosure rate. These included:
  - 3.2.1. Developing a payslip attachment for the January 2019 payslips detailing the benefits of disclosing and the use of self-service ESR to disclose;
  - 3.2.2. Developing posters to be put in staff areas detailing the same;
  - 3.2.3. Putting a section in the classroom session of the EDI Statutory and Mandatory training on equality monitoring. This is not yet in the e-learning, however it will be implemented in a review of the e-learning that will take place before the end of 2019.

### **Inclusive Recruitment Training**

- 3.3. The Trust was selected as one of 20 pilot Trusts to pilot 'Employment for All', an inclusive recruitment training package that focussed on disability. The aim of the

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training was to upskill managers, enabling them to recruit more inclusively and supporting them to improve accessibility of their recruitment practice. This supports improvements on Metrics 1 and 2.

- 3.4. The pilot also enabled the Trust to get feedback on managers about issues they encounter when supporting disabled staff. This has led to improvements in the accessibility of the recruitment process. For example, many managers raised issues around not being able to find support aids to make reasonable adjustments at interview for disabled applicants. As the result, the Resourcing Team are currently putting together a register of support aids which can be accessible to managers; helping ensure that disabled applicants are able to perform to their best at interview.
- 3.5. Good practice, in terms of making reasonable adjustments, has also been identified as a result of this training. These examples are being collated with the aim to develop a list of case studies that can be shared.
- 3.6. During the pilot, over 100 managers were trained, and due to the success of the pilot the training will be continuing in the Trust.
- 3.7. As part of this pilot, the Trust also delivered a train the trainer session to trainers within other NHS Trusts, supporting them to recruit more inclusively.

### **Disability Passport Procedure**

- 3.8. Following the findings in the previous report of the support provided by managers to disabled staff being inconsistent, the disability passport procedure was created.
- 3.9. The procedure provides a framework for line managers and disabled staff to have conversations around their support needs, helping to ensure that reasonable adjustments are made and that disabled staff feel valued and respected as part of that process.
- 3.10. This procedure was ratified and launched in April 2019; the RCN and Disabled Staff Network supported the procedure launch by holding drop-in sessions for staff on the procedure. A line manager's toolkit training is also available; it covers aspects of disability awareness as well as how to use the procedure.

### **Disabled Staff Network**

- 3.11. In December 2018, a Disabled Staff Network was established to enable disabled staff to discuss issues that impact them in the workplace and provide a space for them to support each other. This enables the Trust to meet the requirements of Metric 9.
- 3.12. The Network meets regularly and has run a number of events to help raise awareness of disability and the support available for disabled people. These events include:

- 3.12.1. International Disability Awareness Day: stalls from local support groups, such as Headway and Restore, were held within the Trust to talk about their services and disability in the workplace.
- 3.12.2. Time to Talk Day: the network held a coffee hour where they were promoted discussions around mental health.
- 3.12.3. Carers Day: a lunch and learn session was held with Suzanne Bourne, a coach who provides support for unpaid carers, to discuss the support available. An intranet page detailing this support was set-up post event.

### **Electronic Learning Management System (ELMS) Procurement**

3.13. The findings from the previous report are being fed into the procurement process for the Trust's ELMS. Accessibility of the new system will be considered as part of this process to remove a barrier for disabled staff in terms of development helping to deliver improvements on Metric 5.

### **Easy Read Job Applications**

3.14. The Trust has recently agreed to be involved in a pilot for easy read job applications, the purpose of which would be to increase accessibility of the recruitment process for applicants with learning disabilities.

3.15. The pilot will take place at the end of 2019 and beginning of 2020.

## **4. Key Findings**

4.1. Analysis has been split into key findings that will discuss some of the issues that have come to light in the analysis of the metrics and the feedback from staff.

4.2. There are some disparities within the metrics that are not discussed below. This is because it would be a repetition of findings from the previous report and there are already actions in place, or planned, that aim to address those disparities. These will be visited in future reports once the outcomes of these actions are known.

### **There is still a high non-disclosure rate**

4.3. As discussed in the Combined Equality Standards Report, disclosure of disability is poor. There is a high level of non-disclosure at 17.44%, and the proportion of disabled staff completing both the Staff Survey and Leadership Behaviours Survey were around 15%, which is much higher than the 2.64% disclosed on the Electronic Staff Record (ESR). This makes it difficult to effectively analyse the metrics that utilise the data from ESR.

4.4. The Disabled Staff Experience Report that was produced last September identified a number of reasons why disability was not disclosed, and these reasons still resonate now. These include:

- 4.4.1. Fear of discrimination as they are not aware that the data is held confidentially;
  - 4.4.2. Lack of awareness of what the information is used for and the benefits to them;
  - 4.4.3. Lack of routes to disclose and awareness of those routes, especially as the disability status of staff may change after joining the Trust and their record may not be update.
- 4.5. As mentioned in paragraph 3.2, there have been a number of actions taken to improve disclosure and there has been a small positive impact as a result of this work. The level of non-disclosure decreased from 20.45%, however for the Trust to be able to engage fully with the WDES metrics this needs to decrease further.
- 4.6. A case study from Dorset Healthcare University NHS Foundation Trust details approaches they made to improve their disclosure rates, with a one of their effective actions being to encourage continued conversations around equality monitoring between staff. This helped to prompt disclosure should someone's disability status change, but also created a culture where people felt supported to disclose. In this case study they have seen a 65% decrease in non-disclosure over a 10 year period.
- 4.7. The introduction of the Disability Passport Procedure provides an opportunity to have these ongoing conversations within the Trust and it is recommended that the line managers training on this procedure includes discussion on equality monitoring to embed it within that process.
- 4.8. Other opportunities that could be explored to prompt disclosure include:
- 4.8.1. Trust induction;
  - 4.8.2. Following an occupational health appointment where a potential disability is identified;
  - 4.8.3. Following completion of the EDI statutory and mandatory training.
- 4.9. It is recommended that the Trust undertakes the above actions to further increase disclosure of disability.

### **Disabled staff are less likely to feel engaged or empowered**

- 4.10. Metric 9 explores the engagement of disabled staff with the metric showing that the engagement scores of disabled staff are significantly lower than for non-disabled staff. When breaking down the staff engagement score into specific questions, it can be seen that the greatest disparities are on questions relating to improvement - these are shown in Table 1, below.

	Disabled	Non-Disabled	Difference
I am able to make suggestions to improve the work of my team / department.	6.6	7.1	-0.5
There are frequent opportunities for me to show initiative in my role.	6.5	7.1	-0.6
I am able to make improvements happen in my area of work.	5.6	6.2	-0.6

4.11. This inability to engage and drive improvement is seen within the Disabled Staff Network itself with members giving feedback about how they lack the capacity to engage with work; this is an issue common to all staff networks. There is currently work underway to support the staff networks better utilising the Shared Governance Model; providing those involved with protected characteristics time and access to development opportunities.

4.12. Whilst supporting the Disabled Staff Network, and those involved with it, will not directly result in improvements in the engagement score questions raised above, it will visibly demonstrate the support that disabled staff have from the Trust to make change which in turn should help empower individual disabled staff in their working areas. In addition, strengthening the Disabled Staff Network should help drive further improvements for disabled staff which would also have a positive impact.

4.13. To help make this visible commitment, it is recommended that the Trust provides Board-level champions for each of the Staff Networks who will fill the role of the sponsor within the Shared Governance Framework. The role of a Shared Governance Council Sponsor is defined in **Appendix 3**.

4.14. This would provide numerous benefits including:

4.14.1. Increasing Board visibility on the EDI agenda, helping to further support and embed other EDI initiatives within the Trust;

4.14.2. Provide the Board with a route to gain direct feedback from different staff groups, helping to better understand their experiences and also enabling the Networks to work more effectively;

4.14.3. Demonstrate Board commitment to supporting the Networks to drive improvements within the Trust, supporting disabled people to engage with the Trust.

4.15. To further increase visibility and impact, consideration should be given to each network being sponsored by both an Executive Director and a Non-Executive Director. The Trust Board are asked to consider how to approach this.



4.16. The Trust's Culture and Leadership Programme should also help to address this, and with a large proportion of disabled staff having completed the Leadership Behaviours Survey it is hoped that the needs of disabled staff will be met with this.

### **There are high levels of presenteeism amongst disabled staff**

4.17. Metric 6 shows that disabled staff are much more likely to report feeling pressure to come into work despite not feeling well enough to perform their duties, as opposed to non-disabled staff. In addition, if we look at the staff survey question about coming into work when not feeling well enough in the 3 months prior to the survey, 73.9% of disabled staff said they had done as opposed to 53.3% of non-disabled staff.

4.18. One factor behind this was workforce capacity; with some areas operating with high vacancy rates, staff feel guilty going off sick as they feel they will make it even harder to deliver the service. Fear of discrimination was another factor, with some disabled staff being concerned that would be viewed as incapable if they took sickness absence relating to their disability.

4.19. Likewise, when speaking to managers, they also raised concerns about managing sickness absence whilst trying to deliver a service.

4.20. This is a complex issue, which will require much further thought and wider involvement across the Trust to resolve. It is recommended that the Trust explores this issue further.

4.21. As an intermediary step, line managers can be encouraged to talk about sickness absence with disabled staff prior to any issues arising. This would provide clarity on the sickness absence procedure which may help to dispel any concerns of discrimination. These discussions could be had as part of the Disability Passport process; this should be reflected in the training for line managers on the procedure.

4.22. Linked with this idea of presenteeism, many disabled staff also spoke of lacking support to attend medical appointments relating to their disability, or confusion over Trust procedure with regard to time off for appointments. Managers have also raised a lack of clarity over how to manage disabled staff who require time off to attend appointments.

4.23. This has resulted in inconsistent treatment of disabled staff across the Trust, with some disabled staff feeling undervalued and unable to perform to their best in the workplace as a result. Some staff have even said they have missed or moved appointments, because they did not want to get in trouble at work.

4.24. To provide clarity and consistency on this, it is recommended that the Trust introduces a policy on Disability Leave.

4.25. Disability Leave is paid leave for disabled staff to attend appointments relating to the treatment of their condition. It is widely regarded as a possible reasonable adjustment, with NHS Employers providing guidance to suggest this.<sup>1</sup> Introduction of a policy would enable the Trust to provide clear guidance to managers and disabled staff on how to manage this, supporting both managers and disabled staff to do their roles more effectively.

### **Managers are unaware of the support available for disabled staff**

4.26. A finding that is very clear from conversations with managers is the lack of awareness of all of the support available to disabled staff. This lack of awareness has been raised previously, with it leading to disabled staff being inconsistently supported across the Trust.

4.27. Both the inclusive recruitment training and disability passport procedure have been helping to address this however the rollout of information has been slow relative to the size of the Trust. With many other findings of this report relying on managers being able to have effective conversations with staff about disability, it is important that this rollout is accelerated.

4.28. It is therefore recommended that the Trust accelerates the rollout of the disability passport training, possibly extending this to the inclusive recruitment training too.

## **5. Conclusion and WDES Action Plan**

5.1. Analysis of the metrics and feedback from staff has identified a number of areas in which the Trust could take action to improve disability equality. These include:

5.1.1. Improving the disclosure of disability;

5.1.2. Addressing presenteeism;

5.1.3. Increasing the knowledge of managers with regard to supporting disabled staff.

5.2. This report has made a number of recommendations in terms of action to address issues raised within the report. These actions are summarised in the WDES Action Plan in **Appendix 4**.

5.3. It is requested that these recommended actions are reviewed; approved actions will be added to the Trust's EDI Action Plan.

5.4. Whilst these recommendations do not address all of the disparities noted within the metrics, there are actions that are already planned, or are underway, that will address issues that have been raised previously. These actions are detailed in Section 3: Action Taken.

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<sup>1</sup> NHS Employers (2014). [Guidance relating to disability for the NHS](#).

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5.5. There are also other actions that have been recommended as part of the Gender Pay Gap (GPG) and Workforce Race Equality Standard (WRES) reports that will likely have a positive impact on the WDES. These include:

5.5.1. Proactive promotion of flexible working;

5.5.2. Changes to shortlisting to increase objectivity and mitigate potential bias;

5.5.3. Introduction of a scoring matrix for technical interviews;

5.5.4. Re-establishing a working group to develop a strategy to address bullying, harassment and discrimination;

5.5.5. Consideration of diversity in talent management and succession planning.

5.6. More information on these actions can be found in the WRES and GPG 2019 reports.

## **6. Recommendation**

6.1. The Board is ask to:

6.1.1. Note the contents of this report; and

6.1.2. Review and discuss the recommended actions in this report.

**Jane Nicholson**  
**Interim Chief People Officer**

Paper prepared by:

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August 2019

Appendix 1 – WDES Metrics Summary

	Metric	Data Source
1	<p>Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Cluster 1: AfC Band 1, 2, 3 and 4  Cluster 2: AfC Band 5, 6 and 7  Cluster 3: AfC Band 8a and 8b  Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)  Cluster 5: Medical and Dental staff, Consultants  Cluster 6: Medical and Dental staff, Non-consultant career grade  Cluster 7: Medical and Dental staff, Medical and dental trainee grades</p> <p><i>Note:</i> Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes</p>	ESR
2	<p>Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.</p> <p><i>Note:</i> This refers to both external and internal posts.</p>	TRAC
3	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p><i>Note:</i> This Metric will be based on data from a two-year rolling average of the current year and the previous year.</p>	ER Case Tracker
4	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <p>i. Patients/service users, their relatives or other members of the public  ii. Managers  iii. Other colleagues</p> <p>b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.</p>	NHS Staff Survey Q13
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	NHS Staff Survey Q14
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.	NHS Staff Survey Q11
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	NHS Staff Survey Q5
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	NHS Staff Survey Q28b
9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</p>	NHS Staff Survey
10	<p>Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:</p> <ul style="list-style-type: none"> <li>• By voting membership of the Board.</li> <li>• By Executive membership of the Board.</li> </ul>	ESR

Appendix 2 – OUH WDES Metrics 2019

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

	2018	2019	Difference
<b>Non-Clinical</b>	2.49%	3.16%	0.67%
AfC 1-4	2.25%	3.57%	1.32%
AfC 5-7	2.69%	2.87%	0.18%
AfC 8a & 8b	-	1.15%	-
AfC 8c - VSM	-	2.25%	-
<b>Clinical</b>	2.48%	2.48%	0.00%
AfC 1-4	2.91%	3.18%	0.27%
AfC 5-7	2.35%	2.79%	0.44%
AfC 8a & 8b	-	1.08%	-
AfC 8c - VSM	-	1.54%	-
<b>Medical and Dental</b>	1.17%	1.25%	0.08%
Consultants	0.61%	0.82%	0.21%
Non-Consultant Career Grade	0.00%	0.00%	0.00%
Trainee Grade	1.63%	1.72%	0.09%
<b>Trust Total</b>	<b>2.26%</b>	<b>2.64%</b>	<b>0.38%</b>

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

	2018	2019	Difference
Relative Likelihood	1.12	1.19	0.07

**Metric 3. Relative likelihood of entering the formal capability procedure**

	2019
Relative Likelihood	0

**Metric 4. Percentage of staff experiencing harassment, bullying or abuse from patients and the public, managers, and other colleagues in the last 12 months, and percentage of staff who reported this.**

	2018		2019		Difference (Non-Disabled)	Difference (Disabled)
	Non-Disabled	Disabled	Non-Disabled	Disabled		
a) i. Patients	26.00%	31.00%	25.80%	31.10%	-0.20%	0.10%
a) ii. Managers	12.00%	20.00%	11.60%	20.10%	-0.40%	0.10%
a) iii. Colleagues	21.00%	30.00%	22.00%	32.70%	1.00%	2.70%
b) Reported	39.00%	38.00%	37.90%	40.60%	-1.10%	2.60%

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

	2018	2019	Difference
Non-Disabled	84.00%	83.30%	-0.70%
Disabled	77.00%	75.30%	-1.70%

**Metric 6. Percentage of staff who say they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

	2018	2019	Difference
Non-Disabled	21.00%	19.20%	-1.80%
Disabled	30.00%	30.70%	0.70%

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

	2018	2019	Difference
Non-Disabled	43%	47%	4%
Disabled	38%	35%	-3%

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

	2018	2019	Difference
Response	76%	75%	-1%

**Metric 9. Staff Engagement Scores for Disabled and Non-Disabled Staff compared to the organisations' Average.**

	Organisation Average	Disabled	Non-Disabled
<b>Staff Engagement Score</b>	<b>6.9</b>	<b>6.5</b>	<b>7</b>
I would recommend my organisation as a place to work.	6.1	5.6	6.2
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	7.1	6.9	7.2
Care of patients / service users is my organisation's top priority.	7.2	7	7.2
I am able to make suggestions to improve the work of my team / department.	7	6.6	7.1
There are frequent opportunities for me to show initiative in my role.	7	6.5	7.1
I am able to make improvements happen in my area of work.	6.1	5.6	6.2
I look forward to going to work.	6.6	6.2	6.6
I am enthusiastic about my job.	7.4	7.2	7.4
Time passes quickly when I am working.	7.7	7.2	7.7

**Metric 10. Percentage difference between the organisations' and Board voting membership and its overall workforce.**

0% of voting Board members have a disclosed disability. Compared with the overall workforce this is a difference of 2.64%.

### Appendix 3 – Role of a Shared Governance Council Sponsor

**Who:** Senior staff member(s) who will support the council to become established, provide coaching and advice for the Chair and be a conduit for bringing wider organisational/topic specific knowledge. Their wider knowledge and exposure can be useful when councils meet existing hierarchical challenges and barriers to change.

In most cases, for the ward based councils this will be the Ward Sister/Charge Nurse. For Trust wide councils the sponsor may be an individual who has specific council topic knowledge in a decision making role or an individual in an influential decision making role with an interest in the specific council topic.

**Time commitment:** The sponsor is usually invited for approx. 30 mins each time the council meets. There may be some time limiting actions they agree to take on to support the council e.g. agree to link them to a key person, expose them to key documents, people etc., invite them to forums as appropriate, but the time commitment should not be an onerous one.

**Role function:** This is an invited support role that is integral to the council but not part of the council membership. The sponsor role is one of listening, supportive exploration and guidance and empowerment. It is not to provide all the solutions or to direct the decision making process.



**Appendix 4 – Recommended WRES Actions**

The below table summarises recommended action to advance Race Equality within the Trust. If approved by the Trust Board these will then be incorporated into the Trust’s Equality, Diversity and Inclusion Action Plan

<b>Action</b>	<b>Related Metric</b>	<b>Lead</b>	<b>Due</b>	<b>Success Measure</b>
Explore further opportunities to promote disclosure	WDES 1	EDI Manager	December 2019	Improvements in disclosure to be measured.
Identify Board-level Champions to act as sponsors for the staff networks	WDES 7 & 9	Trust Board	March 2020	Board Champions identified Feedback to be gathered from Board and Staff Networks on involvements
Explore ways to address presenteeism amongst disabled staff	WDES 6	EDI Manager and Occupational Health	August 2020	Recommendations to be made as part of next WDES Report
Introduce a Disability Leave policy	WDES 6	EDI Manager	August 2020	Policy introduced.
Accelerate the rollout for training on Disability Passports	WDES 8	EDI Manager	Ongoing	Managers trained to be measured Aiming to see improvements on WDES Metrics