NHS
The Shrewsbury and Telford Hospital
NHS Trust

NHS **Workforce Disability Equality Standard** (WDES)

Disability, Ability & Wellbeing Network

Annual Report 2022/2023

Introduction

NHS organisations can compare the workplace and career experiences of disabled and non-disabled staff through the enablement of ten specific measures obtained through the WDES data set. This collated and analysed metric data are used to develop and publish an action plan, allowing for year-on-year comparison which enables Trusts to demonstrate progress against the indicators of disability equality.

This report is produced from The Shrewsbury and Telford NHS Trust (SaTH) data returns submitted from the Trust Electronic Staff Record (ESR) data in March 2023 and from the 2022 Staff Survey. It is produced in a nationally mandated format as submitted to NHS England and covers data and reported experience from the financial year 2022/23.

The WDES demonstrates our progress and commitment in developing our organisation to be an exemplar employer and in supporting the UK Government's aims of increasing the number of disabled people in employment.

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Executive summary

Evidenced based research directly links fair treatment to better clinical outcomes and better experience of care for patients. We continue to be committed to creating a sense of belonging and trust for our people and patients. Developing a more inclusive workplace is therefore a key element of our plans.

All NHS Trusts are required to report performance against a range of race and disability equality metrics on an annual basis. These are known as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), our submission has been made accordingly with data submitted to NHS England in May 2023. There is data taken from the National Staff Survey 2022 (NSS), which has previously been shared and discussed from Ward to Board. Our results show that there has been improvement in areas, such as, more staff declaring their long-term condition (LTC) or illness and increase in adequate reasonable adjustments being made for our staff. In other areas, further improvement is still needed in the likelihood of staff with LTC or illness entering formal processes and staff reporting harassment, bullying or abuse from their line manager.

By improving the experience for our colleagues, we will improve the experience of our patients. Engagement has a direct correlation to patient care (NHSE analysis of NSS data 2021). Addressing harassment, bullying and abuse, fair recruitment and the implementation of reasonable adjustments for staff with long term health conditions remain priorities and are outlined in recently published NHS EDI Improvement plan which prioritises Six High Impact Actions. It has been agreed that we adopt the recently published NHS EDI Improvement plan and Six High Impact Actions. This includes introducing equality objectives for Board members who have agreed the use of the NHS EDI metrics. A national dashboard is being developed and is due to be shared next year.

Our WDES results and plans have previously been considered by our SaTH EDI Group (formerly EDI Performance Group) and shared with our disability staff network.
Our WRES is a separate annual report.

We promote our ESR self-services to encourage staff to update their personal details without the need to go through any other staff member. Staff are therefore empowered to declare their disability status and gain assurance that they will be supported.

WDES
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Summary of our progress against WDES Metrics 2022/23

Metric 1 Workforce Representation 3.8%

Our workforce demographic is changing. We appreciate that sharing information about a disability, seen or hidden, or any health condition can be difficult, but we want to encourage more staff to do so.

As a responsible employer, we want to support and enable our staff to be the best they can be at work. Currently 3.8% of our workforce have shared the details about their disability with us through the Electronic Staff Record (ESR), an increase of 0.8% since 2020/21 and 0.3% since 2021/22. This is following some work to improve reporting but is still likely to be under-representative of the actual numbers. Nationally, approximately 20% of the working age population have a disability, with almost half currently in employment. The demographic profile of the Trust's Clinical and Non-Clinical workforce by disability showed under-representation at senior level roles within the Trust at Bands 8a, b, c, d and Band 9.

We have continued to promote our ESR self-service to encourage staff to update their EDI details. We are also listening and taking action from our staff network, Disability, Ability, Wellbeing Network (DAWN) staff network, we are monitoring the process for reasonable adjustments and accessing the impact. There is also work being undertaken through our retention group, looking at a wider area on how improvements can be made and where they need to be made in our recruitment processes.

Metric 1a Non Clinical Wokforce and 1b Clinical Workforce Representation

The percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric is a snapshot as of 31 March 2023.
Data source: ESR

Metric 1a Non Clinical Workforce

	Disabled Headcount	Disabled Percent	Non-Disabled Headcount	Non-Disabled Percent	*Disability Unknown Headcount	*Disability Unknown Percent	Total Headcount
Under Band 1	1	20%	4	80%	0	0%	5
Band 1	1	9.1%	3	27.3%	7	63.6%	11
Band 2	26	4.3%	511	83.8%	73	12%	610
Band 3	15	3.9%	344	90.1%	23	6%	382
Band 4	14	4.2%	283	85.2%	35	10.5%	332
Band 5	8	4.5%	154	87.5%	14	8%	176
Band 6	6	5.1%	97	82.9%	14	12%	117
Band 7	4	3.9%	89	86.4%	10	9.7%	103
Band 8a	5	6.8%	62	83.8%	7	9.5%	74
Band 8b	1	2.4%	37	90.2%	3	7.3%	41
Band 8c	0	0%	23	95.8%	1	4.2%	24
Band 8d	0	0%	8	100%	0	0%	8
Band 9	1	11.1%	8	88.9%	0	0%	9
VSM	0	0	9	90%	1	10	10
Other e.g. Agency and/or any other groups, please specify	0	0	0	0	0	0	0

Non-clinical summary by pay band grouping

	Disabled Headcount	Disabled Percent	Non-Disabled Headcount	Non-Disabled Percent	*Disability Unknown Headcount	*Disability Unknown Percent	Total Headcount
AfC Bands 1 (and under), 1, 2, 3 and 4	57	4.3%	1145	85.4%	138	10.3%	1340
AfC Bands 5, 6 and 7	18	4.5%	340	85.9%	38	9.6%	396
AfC Bands 8a and 8b	6	5.2%	99	86.1%	10	8.7%	115
AfC Bands, 8c, 8d, 9 and VSM	1	2%	48	94.1%	2	3.9%	51
Total	82	4.3%	1632	85.8%	188	9.9%	1902

*Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

Metric 1b - Clinical Workforce

	Disabled Headcount	Disabled Percent	Non-Disabled Headcount	Non-Disabled Percent	*Disability Unknown Headcount	*Disability Unknown Percent	Total Headcount
Under Band 1	0	0%	2	100%	0	0%	2
Band 1	0	0%	0	0%	0	0%	0
Band 2	55	4.5%	1065	86.9%	105	8.6%	1225
Band 3	18	4.2%	377	88.1%	33	7.7%	428
Band 4	3	1.6%	177	92.7%	11	5.8%	191
Band 5	45	3.9%	1059	91.4%	55	4.7%	1159
Band 6	47	4.5%	889	84.9%	111	10.6%	1047
Band 7	11	2%	458	85.3%	68	12.7%	537
Band 8a	2	1.4%	124	89.2%	13	9.4%	139
Band 8b	7	11.3%	46	74.2%	9	14.5%	62
Band 8c	0	0%	8	88.9%	1	11.1%	9
Band 8d	0	0%	2	66.7%	1	33.3%	3
Band 9	0	0%	2	66.7%	1	33.3%	3
VSM	0	0%	3	100%	0	0%	3
Other e.g. Agency and/or any other groups, please specify	0	0%	0	0%	0	0%	0
Medical & Dental Staff, Consultants	0	0%	273	90.1%	30	9.9%	303
Medical & Dental Staff, Non-Consultants career grade	3	3%	92	92%	5	5%	100
Medical & Dental staff, trainee graders	9	2.4%	326	86.7%	41	10.9%	376
Total clinical	188	3.9%	4212	87.6%	408	8.5%	4808
Total medical & dental	12	1.5%	691	88.7%	76	9.8%	779
Total clinical & non-clinical	282	3.8%	6535	87.3%	672	9%	7489

*Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

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

Our latest data shows that non-disabled applicants are now 1.03 times more likely to be appointed from shortlisting compared to disabled applicants. This has decreased from 1.30 in 2021/22 indicating that we are improving the chance for disabled staff to be appointed from shortlisting when compared to the likelihood of being appointed in the previous year. We will continue to work towards improving this metric, in collaboration with our Divisions, SaTH EDI Advocates Group, Head of ED&I and Recruitment teams for both medical and non-medical staff.

We continue to offer Recruitment training for all appointing managers which incorporates raising awareness of unconscious bias and the Disability Confident scheme. This reinforces our commitment to offering an interview to disabled people who meet the minimum criteria for the role. We offer reasonable adjustments at interviews and are piloting sending questions out before interviews.

We have worked to achieve our Disability Confident Employer Level 2 accreditation and are current participants in the NHS Employers Partners Programme. We are committed to supporting mental health at work and are a mindful employer.

We plan to further review all recruitment processes to ensure that we are fully inclusive and accessible, with a keen focus on attraction.

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

Data source: Trust's recruitment data

	Disabled	Non-disabled	Disability Unknown
Number of shortlisted applicants	516	6890	512
Number appointed from shortlisting	153	2105	412
Likelihood of shortlisting/ appointed	0.3	0.31	0.8

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.03

Metric 3 Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Data source: Trust's HR data

This metric is based on a two-year rolling average (April 2021 to March 2023) and this year's data has shown an increase in the likelihood of disabled staff entering a formal capability process compared to non-disabled staff. Having reported 1.45 in 2021 and 1.22 in 2022, it has risen to 3.09 for this years' report. This has not followed the trend that we aim towards as an organisation as we had previously seen a reduction in our figures.

We continue to engage closely with disabled staff, seeking advice from Occupational Health and exploring every alternative opportunity before reaching any formal decisions. The guidance and tools in supporting the health and well-being of staff is extensive. We embed a 'Just Culture' along with continuous improvement methodology which helps us to learn from incidents and improve staff experience.

	Disabled	Non-disabled	Disability Unknown
Number of staff in workforce	282	6535	672
Average number of staff entering the formal capability process for any reason	1	7.5	1..5
Of these, how many are on the grounds of ill health	0	0	0
Likelihood of staff entering the formal capability process	0.004	0.001	0.002

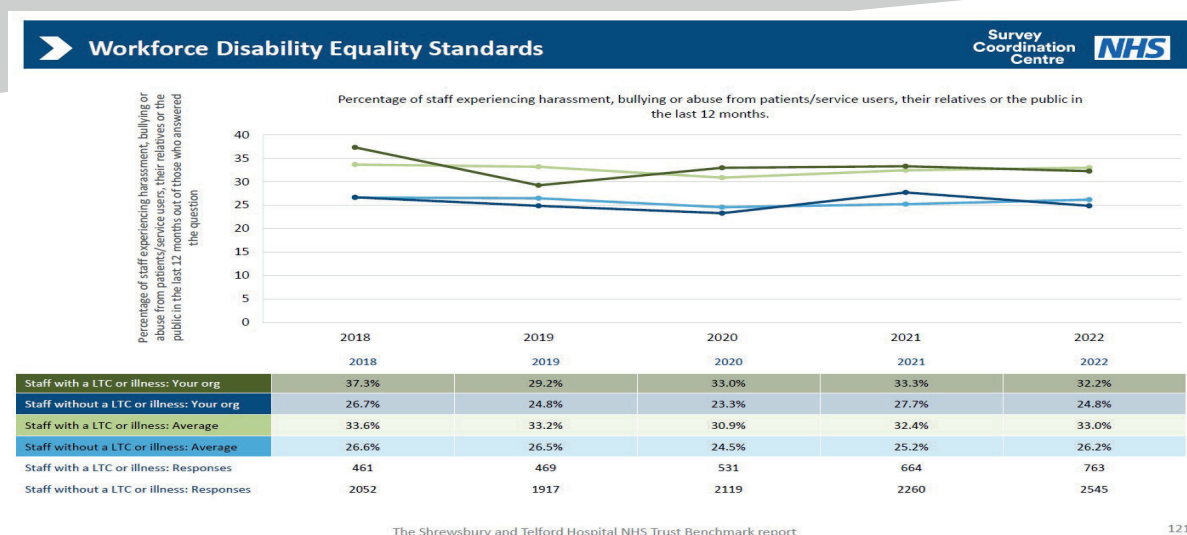|	
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	3.09

The 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. The data for this Metric should be a snapshot as of 31 March 2023.

If including Agency staff, please enter them in the "Other" category.

Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.
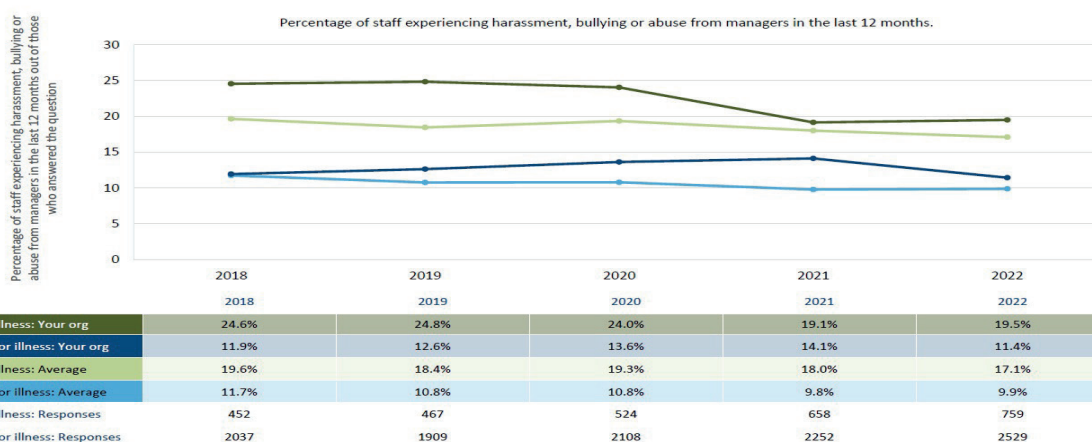
Workforce Disability Equality Standards

Survey Coordination Centre — NHS

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	37.3%	29.2%	33.0%	33.3%	32.2%
Staff without a LTC or illness: Your org	26.7%	24.8%	23.3%	27.7%	24.8%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	461	469	531	664	763
Staff without a LTC or illness: Responses	2052	1917	2119	2260	2545

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We have identified some data errors in respect of the 2020/21 data reported, this is amended in the data shared above.

The percentage of staff with a Long Term Condition (LTC) of illness who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has decreased from 33.3% to 32.2%. This has also decreased for staff without a LTC or illness. Disability equality within our Trust remains a key focus for continuous improvement.

In 2022 we reviewed our HR processes to embed a Just Culture and learning by engaging with colleagues and staff networks. The Harassment and Discrimination and Staff Retention groups are working to address the issues identified within the most recent staff surveys. Our EDI Team, People teams and Freedom to speak up Guardians work closely together with our staff side colleagues to ensure appropriate steps are taken.

We do not tolerate any form of discrimination or harassment from colleagues, patients or the public and will ensure that our staff feel confident and have appropriate support to report any issues. We have also invested in our 'Freedom to Speak Up' support, and we have seen an increase in staff raising their concerns and a more robust response from management to address these.

Workforce Disability Equality Standards

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

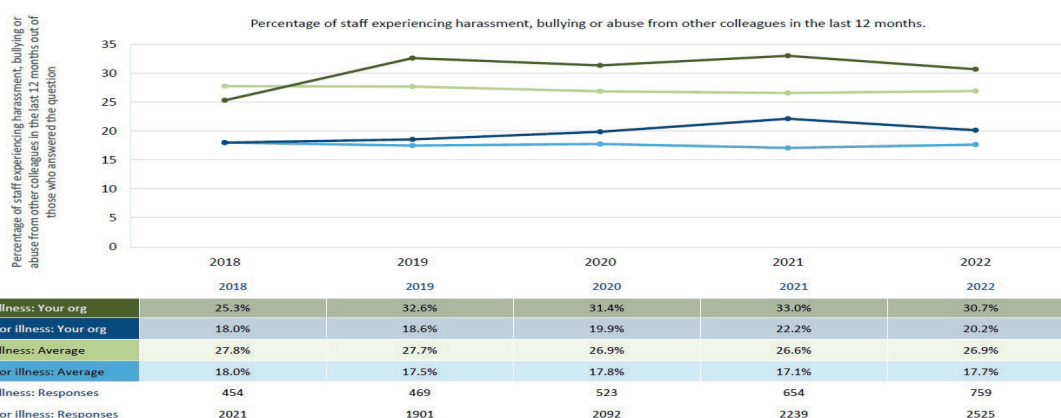|	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	24.6%	24.8%	24.0%	19.1%	19.5%
Staff without a LTC or illness: Your org	11.9%	12.6%	13.6%	14.1%	11.4%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	452	467	524	658	759
Staff without a LTC or illness: Responses	2037	1909	2108	2252	2529

The Shrewsbury and Telford Hospital NHS Trust Benchmark report 122

Percentage of staff with a LTC or illness who have experienced harassment, bullying or abuse from their line Manager in last 12 months has seen an increase from 19.1% to 19.5%

We have offered Unconscious Bias Workshops, as well as training sessions on having difficult conversations via Learning Made Simple (LMS) for all staff to attend. These workshops have provided a 'safe space' for staff to learn, share and self-reflect, to gain a better understanding of personal bias's and how to ensure that they do not impact colleagues and patients. Greater self-awareness will enable staff to ensure they are role modelling the values and behaviours of "Partnering, Ambitious, Caring, and Trusted."
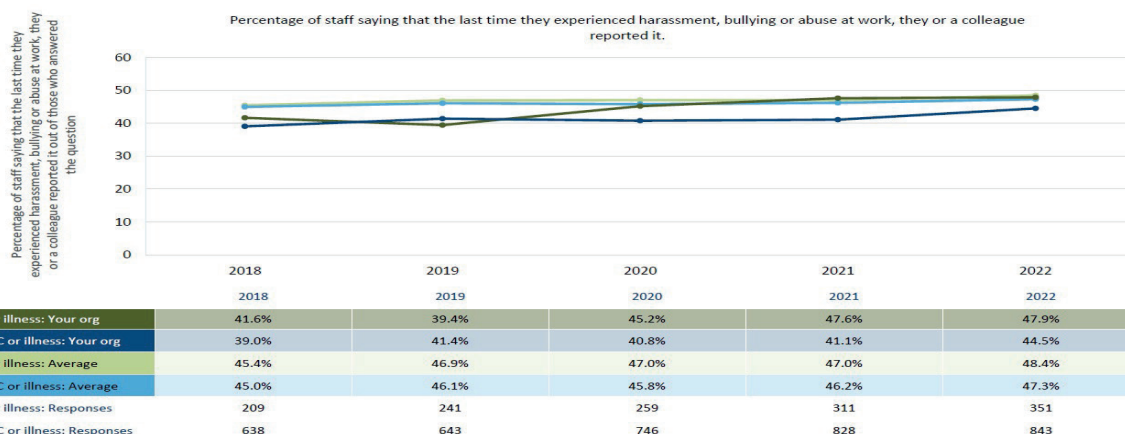
Workforce Disability Equality Standards

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	25.3%	32.6%	31.4%	33.0%	30.7%
Staff without a LTC or illness: Your org	18.0%	18.6%	19.9%	22.2%	20.2%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	454	469	523	654	759
Staff without a LTC or illness: Responses	2021	1901	2092	2239	2525

The Shrewsbury and Telford Hospital NHS Trust Benchmark report 123

The percentage of staff with LTC or illness have experienced harassment, bullying or abuse from their colleague in last 12 months has decreased from 33.0% to 30.7%. We continue to deliver our Civility Respect and Inclusion programme which includes four key building blocks to improve culture and how it feels to work here. This includes improvements to how we report and share how concerns are managed, strengthening support to managers to tackle inappropriate behaviour and improve our education offer in conjunction with our Integrated Care Board (ICB).

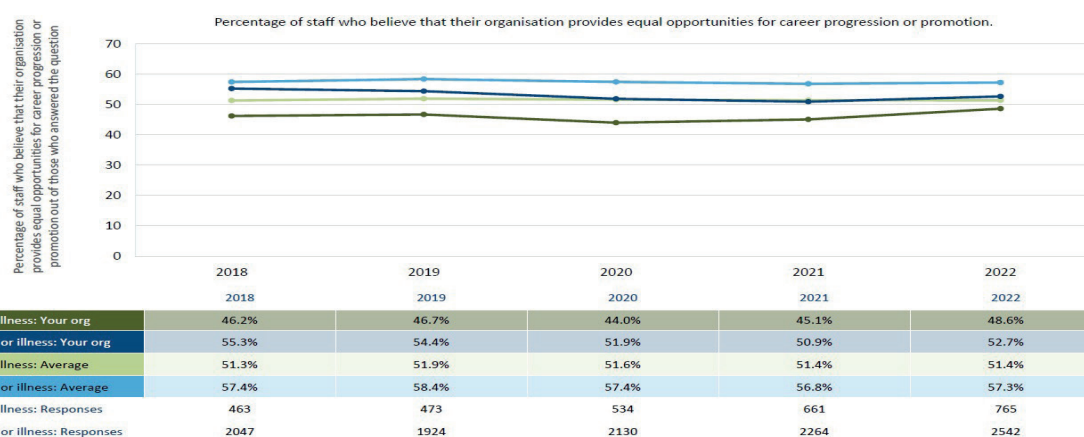**Workforce Disability Equality Standards**   Survey Coordination Centre   NHS

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	41.6%	39.4%	45.2%	47.6%	47.9%
Staff without a LTC or illness: Your org	39.0%	41.4%	40.8%	41.1%	44.5%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	209	241	259	311	351
Staff without a LTC or illness: Responses	638	643	746	828	843

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The percentage of staff with a LTC or illness saying that the last time they faced harassment, bullying or abuse, that they or a colleague reported it has seen a slight increase from 47.6% to 47.9%. Our EDI team and staff network provide a safe space for colleagues to receive support from other members including ally's. We have invested in promoting through FTSU our campaigns to encourage people to share experiences.

Workforce Disability Equality Standards   Survey Coordination Centre   NHS

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.2%	46.7%	44.0%	45.1%	48.6%
Staff without a LTC or illness: Your org	55.3%	54.4%	51.9%	50.9%	52.7%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	463	473	534	661	765
Staff without a LTC or illness: Responses	2047	1924	2130	2264	2542

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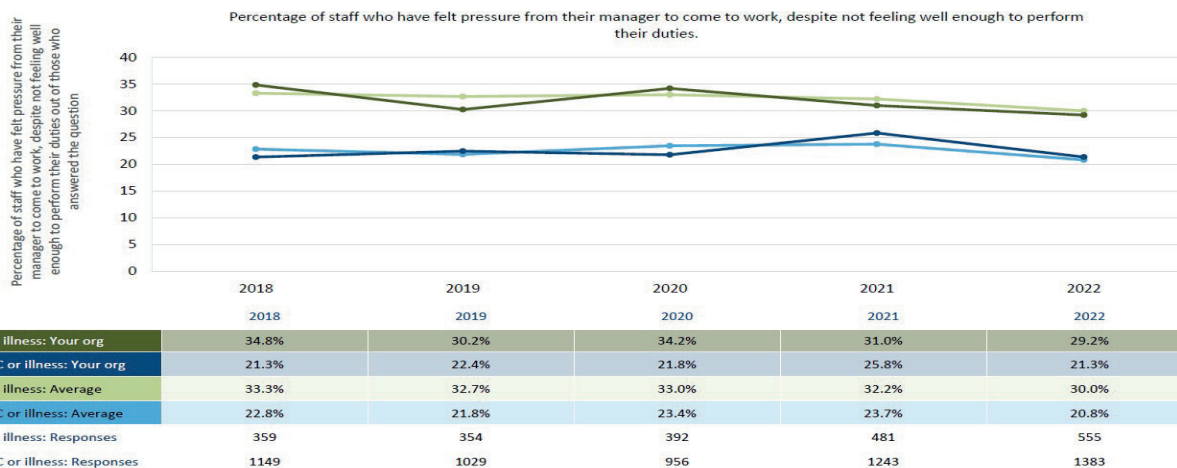
The percentage of staff with a LTC or illness who believe the organisation offers equal opportunities for career pogression and promotion has increased from 45.1% to 48.6%. We continue to offer our leadership development programmes and throughout 2022/2023 have continued to improve this offer. Following a pilot and review of our leadership programme for colleagues from ethnic backgrounds, it presents an opportunity to explore the possibilities of a specific programme for colleagues with a disability. We are considering more options to monitor this, and one is having a Leadership programme like our Galvanise BME Leadership programme. We have also launched our new Talent Conversations. We have also launched the national DFN Project SEARCH which is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next decade, we have recruited students into this project this year.

It is positive to see this increasing and we will continue to ensure our programmes are inclusive and accessible for all and to support progression for all.

Workforce Disability Equality Standards

Survey Coordination Centre — NHS

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

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	34.8%	30.2%	34.2%	31.0%	29.2%
Staff without a LTC or illness: Your org	21.3%	22.4%	21.8%	25.8%	21.3%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	359	354	392	481	555
Staff without a LTC or illness: Responses	1149	1029	956	1243	1383

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The percentage of staff with LTC or illness who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties has decreased from to 31.0% to 29.2% This is encouraging as we also note a decrease from 25.8% in 2021 to 21.3% in 2022 for staff without a LTC or illness. Our focus is much more on health and wellbeing, and our new psychology hub launched in March 2023 will continue to provide support for our people as a top priority.

We have promoted:

1 Health and Wellbeing Attendance Policy and Action Plan, hardship and other initiatives offered.

2 Internal communications promoting staff wellbeing services.
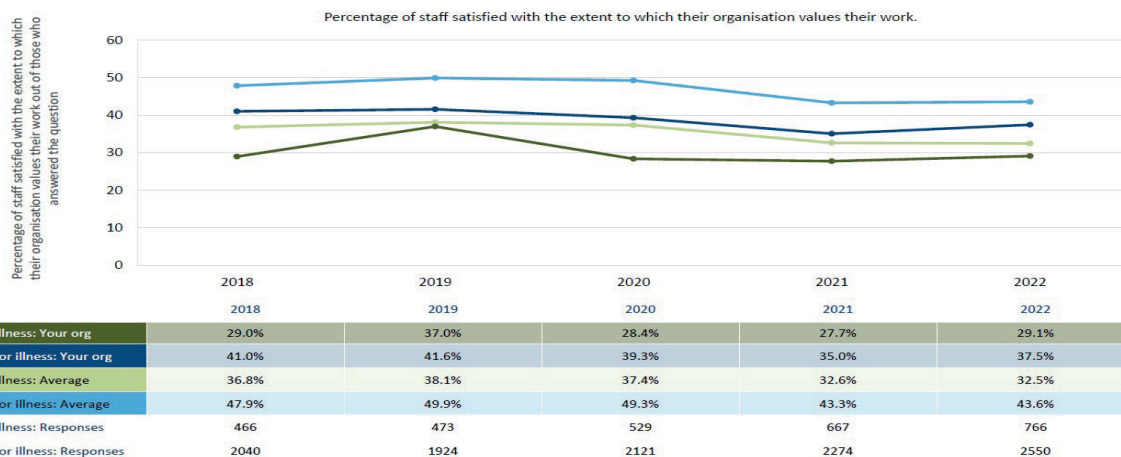
3 Promoted our new staff psychology hub.

4 Training for managers; introduced a number of different training modules and leadership programmes, for example Striving to Excellence Programme (STEP).

The Trust has revised and improved the flexible working policy and introduced a flagship programme on Flexible Working in 2022.

Workforce Disability Equality Standards

Survey Coordination Centre · NHS

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

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	29.0%	37.0%	28.4%	27.7%	29.1%
Staff without a LTC or illness: Your org	41.0%	41.6%	39.3%	35.0%	37.5%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	466	473	529	667	766
Staff without a LTC or illness: Responses	2040	1924	2121	2274	2550

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The percentage of staff satisfied with the extent to which their organisation values their work increased from 27.7% to 29.1%. It is notable this has also increased for other staff. The decrease recorded in 2020 could likely be attributed to the impact of the COVID 19 pandemic. Improving the staff experience for all staff at SaTH remains a key priority alongside the leadership development programmes we have been delivering throughout 2022/23 as well as the launch of our management competencies which will mutually support how staff feel valued and how we meet basic needs through good management and leadership.

We have promoted: Work programmes to promote staff satisfaction includes:

1
Working with disability networks/ groups.

2
Promoting staff health and wellbeing days / events.

3
Retention group working towards recruitment and reasonable adjustments.

4
Looking at next steps and action plan from our staff survey results.

Workforce Disability Equality Standards

Survey Coordination Centre — NHS

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

	2022
Staff with a LTC or illness: Your org	74.7%
Staff with a LTC or illness: Average	71.8%
Staff with a LTC or illness: Responses	438
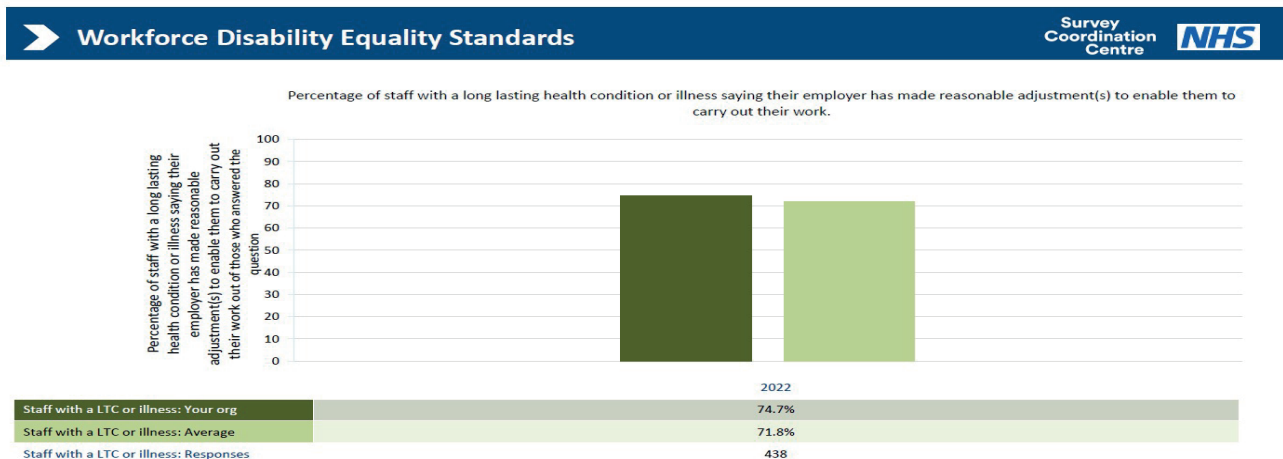
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Further contributing to the improvement of our staff experience is the use of our disability/health passport. This helps our staff understand an individuals disability and any support that they may require. The disability/health passport is used within their own department and, if they transfer to a new department it travels with them so their new manager can meet their needs.

Survey Coordination Centre

2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

NHS
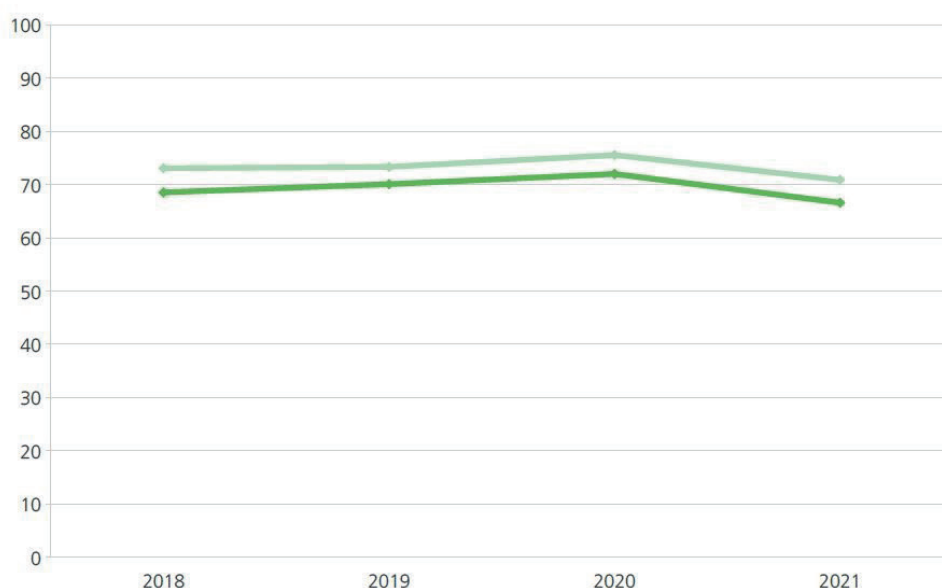
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	68.5%	70.1%	72.0%	66.6%
Staff with a LTC or illness: Average	73.1%	73.3%	75.5%	70.9%
Staff with a LTC or illness: Responses	270	294	332	374

Average calculated as the median for the benchmark group

The percentage of staff with a LTC or illness saying their employer has made adequate adjustment to enable them to carry out their work has increased from 66.6% to 74.7%.

Our Employee Wellbeing and Attendance Management policy covers reasonable adjustments. For new recruits, we have introduced a process whereby if reasonable adjustments are identified during the recruitment process, a member of the Recruitment Team will contact both the candidate and the line manager to ensure that discussions have/will take place regarding reasonable adjustments post start date. Our STEP programme for Managers have ensured EDI involvement in our international nurses' induction.

Staff with long COVID support: A dedicated intranet page was created as support for staff as well as a toolkit for colleagues and managers which discusses various topics such as symptoms, positions, and exercises to help manage breathing, breathlessness, coughs, clearing chests and help with concentration. There is support for staff with recovery phase, working adjustments and national & local support lines. A long COVID Peer Support Group has been created for staff affected by Long COVID to have a support system in place.

Disability leave policy: This is covered in our Employee Wellbeing and Attendance Management policy and Special Leave policy.

Workforce Disability Equality Standards

Survey Coordination Centre | NHS

Staff engagement score (0-10)

	2018	2019	2020	2021	2022
Organisation average	6.6	6.6	6.5	6.3	6.3
Staff with a LTC or illness: Your org	6.1	6.2	6.1	6.0	6.0
Staff without a LTC or illness: Your org	6.7	6.7	6.7	6.4	6.4
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0	6.9
Staff with a LTC or illness: Responses	467	476	533	669	769
Staff without a LTC or illness: Responses	2056	1930	2135	2283	2559
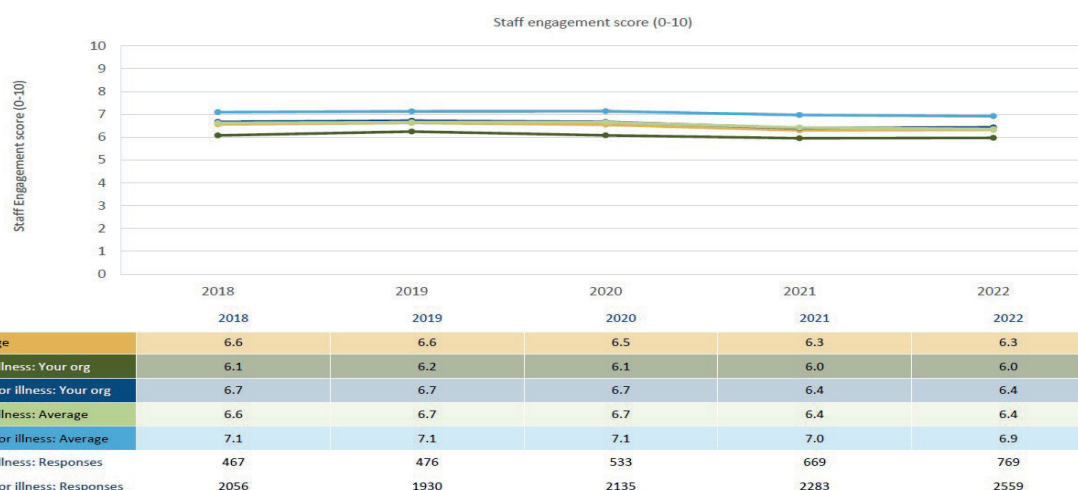
N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

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The percentage of staff with a LTC or illness engagement score showed no further reduction, however we have recorded no increase either as we have maintained our engagement score from last year of 6.0. This is noticeably lower than staff without LTC or illness at 6.4 who have also maintained their engagement score. Our EDI team together with our staff network; DAWN continue to work with members to increase engagement and participation and to also provide a place for staff to share, learn and influence our EDI work programme. With the added investment into our EDI team during 2022/23, we have continuously worked towards strengthening our staff networks with the support of executive sponsors.

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Metric 10 Trust Board data

There is no known disabled representation at Board level therefore, no change from the previous year.

Summary WDES and Staff Survey metrics

Areas we have seen improvements for staff with LTC or illness

- More staff declaring their LTC or illness
- Increase in people being shortlisted
- Reduction in staff experiencing harassment, bullying or abuse from patients, relatives, the public and or colleagues
- Slight increase in colleagues reporting harassment, bullying or abuse
- Increase in staff who believe the organisation offers equal opportunities for career progression
- Reduction in staff feeling pressure to attend work despite not feeling well enough to perform duties
- Increase in staff feeling valued by the organisation
- Increase in adequate/reasonable adjustments being made for our staff

Areas for more focus and improvement for staff with LTC or illness

- Staff with LTC or illness entering formal processes
- Staff reporting harassment, bullying or abuse from their line manager
- Levels of engagement with our staff
- Representation in senior and board level appointments

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NHS six high impact actions and EDI dashboard

Six High Impact EDI Actions for the NHS have very recently been published, along with some proposed NHS EDI Metrics that are being developed into a national EDI performance dashboard, which is due to be completed by December 2024. These have been considered by the SaTH EDI Group (formerly EDI Performance Group) and Operational People Group, which agreed these should be adopted. Our EDI plan will be aligned to the High Impact Action headings. As the national dashboard will not be available for some time, we will use these metrics to develop our own to include a measure on reasonable adjustments.

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Conclusion

The data has enabled us to review our progress against our WDES action plan 2021/22, aligned to our EDI strategy and Equality Objectives. Whilst we welcome that there are some challenges in relation to some of the indicators, we can also see clear areas of improvements.

We have continued to invest in our EDI team and see continued staff engagement through our networks and EDI events. Our EDI team are beginning to incorporate improvement methodology into our inclusive work programmes, and work collaboratively by supporting EDI mandatory trainings with our education and improvement unit. We have continued to embed our governance processes internally. We are partnering and listening to our staff in line with our People Strategy, People Promise and Trust Values. Communication and action are encouraged to demonstrate that staff voices count while enabling our staff to be the best they can be.

There have been several inclusion training and awareness activities to increase awareness of discrimination and bias and provide staff with practical actions to feel confident in addressing any concerns, as well as Leadership Development being held focused on EDI. Work continues to establish a Just and Learning Culture, improving reporting and preventing violence and aggression and de-biassing recruitment processes (our Fair Recruitment programme of work). The EDI leads will be working with the staff networks and other colleagues over the coming months to review and update our EDI plans considering our latest WRES and WDES results.

Actions will be SMART and aligned to the improvement methodology and will continue to focus on the following in alignment to the NHS Six High Impact EDI Actions:

- Fair Recruitment, with steps taken to encourage applications from individuals who from Ethnic minority groups and/or disabled and support them through the recruitment process.

- Ongoing development and empowerment of our staff networks.

- Improving disability declaration on ESR.

- Continued diversity data monitoring of leadership and other development programmes to ensure diverse representation.

- Reducing violence and aggression with further development of the work already begun with stakeholders to provide clear guidance, regular awareness, raising communications and a review of staff training.

- Review of EDI training offer.

- Improving access to reasonable adjustments.

- Learning and engagement programme of events and monthly awareness and communication sessions.

Appendix 1

Progress against our 2022 actions: WDES Action Plan 2022-2023

Action	Measure	Review	Respon-sible Officer	Equality Delivery System 2 (EDS 2) alignment	Update
Continue to support our staff network to develop; review the purpose and align with executive mentoring to ensure our people are supported to speak up and feel heard	Staff Survey	Annually	People & OD Director	A represented and supported workforce	There is a clear commitment from the Trust Board to support protected time for network chairs, its members, and associated activities. There has been an increase in number of staff who have attended our Civility, respect and inclusion workshops. Creation of Harrasment and Discrimination group which led to the development of the work without fear poster and flow chart, this covers for all protected characteristics, we are working with our Integrated Care System (ICS) on this and other events to promote EDI and give support and guidance to staff of all the characteristics. We understand we have a huge task in changing our culture and practices, however we have made a good start and already seeing some benefit from all this work.
Engender a culture where staff feel a real sense of belonging and allyship. Review HWB, reward and recognition workstreams to ensure we support education and inclusive programmes	Staff Survey Retention rates	Bi Annually	People & OD Director	Inclusive Leadership	We hold Mental Health Awareness sessions and have a full health and wellbeing offer which includes, financial support for staff networks and psychological help. In March 2023 we launched a psychological hub, offering individual counselling sessions, team interventions and debrief and trauma. We also have a Reward and Recognition yearly plan, covering EDI events. We are also producing training for neurodiversity and launched our Galvanised Leadership programme for BAME, 2nd Cohort being launching in September 2023. EDI is part of the corporate welcome for new starters and also in the induction of our International Nurses. There have been awareness events held throughout the year to promote Health & Wellbeing and EDI topics. We have an events calendar as well as an EDI calendar of events. There has also been a new scheme launched by Education and Training, The National, DFN Project SEARCH is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next and the organisations has recruited a number of students to take part in this project. Our retention group are currently working on approximately 20 projects towards recruitment and reasonable adjustment procedures.

Progress against our 2022 actions: WDES Action Plan 2022-2023 (cont.)

Action	Measure	Review	Responsible Officer	EDS 2 alignment	Update
Culturally enrich our organisation by reflecting the diverse communities we serve- Improve disability representation across all roles including band 7 and above	WDES Metrics	Bi Annual	People & OD Director	Improve patient access and experience	Using the WDES metrics, we had 37 staff with a disability above band 7 in 2021/2022, and 31 staff with a disability above band 7 in 2022/2023. This is part of ongoing work. This work is also included in our Getting to Good work plan with set milestones to ensure actions are taken and EDI team members are involved in recruitment panels.
Review and evaluate our inclusive leadership development and set direction for talent management to embed the approach and increase representation at band 7 and above	WDES metric	Bi annual	People & OD Director	Inclusive Leadership	Following a pilot and review of our Leadership Programme for colleagues from ethnic backgrounds, it presents and opportunity to explore the possibilities of a specific programme for colleagues with a disability. We are considering more options to monitor this, and one is having a Leadership programme similar to our Galvanise BME Leadership programme. We have also launched our new Talent Conversations. We have also launched the national DFN Project SEARCH which is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next decade, we have recruited students into this project this year.
Continue to develop our Trust board and senior leadership as E D I Champions/ Embed and support our leaders to achieve the Senior leader objectives and targets on EDI, including board members.	Staff Survey	Annually	People & OD Director	Inclusive Leadership	We have an executive sponsor at Board level who provides support for our DAWN staff network. In addition, our Finance Director chairs the EDI performance group to ensure progress. The new NHS EDI Improvement plan has target for out Trust Board through its Six High Impact actions.

WDES Action Plan 2023-2024

Action	Measure	Review	Responsible Officer	EDS 2 & High Impact Action (HIA) alignment
Continue to support our staff to feel they have a voice and are able to speak up. Promote our zero-tolerance policy in view of improving metric 4, and continue to work towards embedding our just and learning culture.	Staff Survey	Annually	People & OD Director	A represented and supported workforce & HIA 6
Continued support for our staff network to develop. Ensure HWB, reward and recognition workstreams are reviewed to support inclusive programmes. Review how the networks can better engage with staff while maintaining the opportunity to also engage with our Trust board and senior leaders in a way that supports our senior leaders to achieve their EDI objectives.	Staff Survey	Annually	People & OD Director	Inclusive Leadership & HIA 1, 4
Striving to culturally enrich our organisation by reflecting the diverse communities we serve with a commitment to improve disability representation across all roles including band 7 and above.	WDES Metrics	Bi Annual	People & OD Director	Improve patient access and experience & HIA 2
Continue to evaluate our inclusive leadership development and embed talent management approach to increase representation at band 7 and above.	WDES metric	Bi Annual	People & OD Director	Inclusive Leadership & HIA 2
Work with our Trust Board and Senior leaders as EDI Champions to promote disability declaration rate by working with recruitment team, Induction & Onboarding team and all SaTH colleagues. This will contribute to the review of our disciplinary and employee relations process to ensure staff entering the formal processes are treated with compassion, equity and fairness irrespective of any protected characteristics.	Staff Survey	Annually	People & OD Director	A represented and supported workforce & HIA 6

NHS Equality, Diversity, and Inclusion Improvement Plan

The actions set out are intended to positively impact groups and individuals beyond the terms and definitions of protected characteristics as defined in the Equality Act 2010.

The high impact actions plan is developed to be intersectional. It recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The improvement plan sets out six targeted actions, listed below to address the prejudice and discrimination - direct and indirect - that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

High impact action 1:
Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High impact action 2:
Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

High impact action 3:
Develop and implement an improvement plan to eliminate pay gaps.

High impact action 4:
Develop and implement an improvement plan to address health inequalities within the workforce.

High impact action 5:
Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff.

High impact action 6:
Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Source: NHS England » NHS equality, diversity, and inclusion improvement plan