# APPENDIX B: WORKFORCE DISABILITY EQUALITY STANDARD (WDES). ACTION PLAN - 2022 - 2023

**This document supports the Workforce Disability Equality Standard Report 2022, which was approved at Trust Board on 28th September 2022.**

This plan has been co-produced with the Disability and Mental Health Network (D&MH) and other stakeholders, and is based on results of the EPUT WDES Report 2022, and progress against actions from the 2021-2022 plan.

The Executive Team have made a commitment to making Equality Diversity and Inclusion (ED&I) a priority by driving the transformational work through their directorates, policies and workstreams. This approach will make positive changes to the culture of EPUT and lead to greater racial equity for all staff. Progress against these actions will be driven through the Equality and Inclusion Sub Committee and the D&MH Network and assurance provided to the People Equality and Culture Committee (PECC)

**Roles and responsibilities:**

**Executive Directors:**

* Drive the implementation of these actions and provide support to ensure their delivery
* Support in the allocation of appropriate resources to ensure that responsible teams are able to deliver effectively
* Sponsor Staff Networks, and attend meetings regularly to increase engagement with staff across the Trust
* Ensure that ED&I is at the heart of executive decision making for staff and patients

**Responsible Leads:**

* Allocate appropriate time and resources to develop and deliver the actions listed below between September 2022 and September 2023
* Provide relevant data pertaining to the progress of these actions to the Equality and Inclusion Sub-Committee
* Work in collaboration with the D&MH Network to ensure multiple perspectives and lived experience are used to prevent cultural bias, attending the Network to provide updates on progress

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| **Progress Colour Key** | |
| Action has been successfully implemented. |  |
| Action is currently being implemented. |  |
| Action is delayed or experiencing blockages. |  |
| Action was not implemented / partially implemented. |  |

| **Workforce Metric** | **Objectives** | **Actions** | | **Outcomes** | **Progress** | **Delgated Responsibility** |
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| **Metric 1**  Percentage of staff in National NHS pay-bands for medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.  **[Higher score is better]**  2021: 3.58%  2022: 4.31% **[Improved]**  ***Higher than 2021 National Average*** | EPUT is recognised as an employer that supports staff with disabilities and long-term conditions  EPUT staff can declare disabilities or long-term conditions without concerns of stigma or negative treatment. | 1. Track progress of representation on a quarterly basis via ESR data and report this to the Equality & Inclusion Sub Committee to ensure this level is maintained or improved. |  | * Increase in staff declaring that they have a disability by 10% within the organisation (via ESR or requests for reasonable adjustments). | * Develop and implementation of the inclusive recruitment pack which provides top tips on how to recruit inclusively. This is targeted at HR, Recruitment team and hiring managers. * Succession planning is already underway to ensure a diverse pipeline of candidates for senior roles that are reflective of the communities that we serve. * Working with Inclusive Employers to recruit candidates with a disability where the agency will provide additional support to complete their application as well as preparation for interviews. * Closer collaboration with community groups, VCS and Anchor Programmes across Essex | Executive Director - Medical |
| 1. Continue recruitment programs targeted at staff with a disability – through Inclusive Employers |  |
| 1. Disability Confident Employer Status is upgraded to Disability Leader Status with D&MH Network, promoting that EPUT is an organisation that is inclusive and supports staff with disabilities, neurodiversity and long-term conditions through increased engagement with staff with Lived Experience. |  |
| 1. Staff with lived experience promoting EPUT as a Trust that is committed to supporting staff with disabilities and long-term health conditions. |
| **Metric 2**  Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.  **[Score Closer to 1 = Equal likelihood]**  2021: 1.17  2022: 0.81 **[Improved]**  ***Lower than 2021 National Ratio*** | Equip staff with skills for application and interview  Interview panels are diverse and aware of inclusive best-practice  Influence ICS as a system | 1. All Hiring Managers aware of inclusive employment practices for interviewing and onboarding staff with disabilities and long-term conditions, based on guidance in the Trust’s inclusive recruitment pack 2. Tools/training for hiring managers to ensure that you are certified and understand the ED&I requirements, including practice, that aligns to EPUT values and expected behaviours |  | * Increase in candidates with disabilities and long-term conditions by 1% applying for roles due to good practice in shortlisting and interview processes, increasing confidence in potential applicants. * Increase in candidates with disabilities and long-term conditions by 1% being shortlisted into roles due to inclusive improvements in interview and shortlisting processes. | * Recruitment team to work with hiring managers to understand the inclusive recruitment pack, which provides guidance on how to recruit inclusively. This is targeted at HR, Recruitment team and hiring managers. * Recruitment and hiring managers to attended de-bias workshop training * Working with Inclusive Employers to recruit candidates with a disability where the agency will provide additional support to complete their application as well as preparation for interviews. | Executive Team |
| 1. Create targeted campaigns to recruit Disabled candidates to roles where there is a lack of representation. |  |
| 1. Identify posts suitable for neurodiverse staff in conjunction with Inclusive Employment Essex for potential applicants from these groups. |  |
| 1. Increase number of “Inclusion Ambassadors” with lived experience from Disability and Mental Health Network and the wider workforce to provide input into the shortlisting process. |  |
| 1. Influence the ICS to focus on equality and inclusive practices for those with disabilities and long-term-conditions. |  |
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| **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.  **[Score Closer to 1 = Equal likelihood**  2021: 2.61  2022: 0 **[Improved]**  ***Lower than 2021 National Ratio*** | EPUT avoids unnecessary entry for disabled staff into formal capability process and works to put reasonable adjustments in place and resolve incidents informally.  Senior Leaders should be seen to model inclusive behaviours | 1. Implement a consistent Reasonable Adjustments process and procedure, removing potential bias from current “manager’s discretion” model and supporting Access to Work and Occupational Therapy Reviews. |  | * Reduction of staff entering formal capability process by 5% in comparison to their non-disabled counterparts. | * Work with Head of Employee Relations to ensure the reasonable adjustment policy has a consistent approach for all managers. | Executive Team |
| 1. Communicate to all staff / managers guidance around reasonable adjustments, accessing them in EPUT and their rights to under the Equality Act |  |
| **Metric 4**  a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:  I. Patients/Service users, their relatives or other members of the public  ii. Managers  iii. Other colleagues  **[Lower % = Better]**  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.  **[Higher % = Better]**  **2021 - 22**  ai) 38.7% - 37.8% **[Improved]**  aii) 18.4% - 17.0% **[Improved]**  aiii) 22.4% - 23.4% **[Declined]**  b) 52.4% - 56.5% **[Improved]**  **Higher than 2021 National Averages** | Staff are equipped with tools and training to challenge and effectively report Bullying, Harassment and Abuse, as well as discriminatory behaviour.  Demonstrate the importance of the staff networks and the resource they are to the organisation | 1. To create a policy and toolkit for patients which identifies the behaviours the Trust is willing to accept and what actions will be taken to address poor behavior – Behaviours Toolkit for patients and carers 2. Toolkit to include disability inclusion requirements |  | * + Increase the number of staff safely and effectively reporting incidents of harassment, bullying and abuse by 5%   + Decrease in staff experiencing for incidents of harassment, bullying or abuse from patients, relatives or the public 3% which will increase morale and productivity. | * + Effective implementation of the Behaviours Toolkit will ensure there is a clear process and procedure in place to allow effective targeting of repeat offences and ensuring appropriate action is taken to hold patients and careres to account. This will support the overall reduction of the incidents of bullying and harassment   + Director of Employee Experience to lead a Task and Finish group with key stakeholders across the Trust which to create an effect process and procedure in place which will form part of the updated Zero Tolerance Policy. | Executive Director of People and Culture  Chief Operating Officer  Executive Director - Medical  Executive Director - Nursing |
| 1. Support Employee Relations Team to raise awareness of National “[A Just Culture](https://www.england.nhs.uk/patient-safety/a-just-culture-guide/)” guidance. 2. Training to be provided for HR personnel and expert support when required for a variety of issues which include inclusion, misconduct, bullying and harassment |  |
| 1. Regular data reporting Harassment, Bullying and Abuse, to identify “hot spots” and trends of staff and patients. Develop a process and targeted work to address repeat offences. 2. Monitored through Equality and Inclusion Sub Committee and Accountability Frameworks for Operations. |  |
| 1. Work with Freedom to Speak Up Principle Guardian and Violence and Abuse Prevention Reduction Team to capture the experience of frontline staff affected by bullying and harassment, encouraging them to report incidents and advising on support staff will receive from the Trust and Police. |  |
| 1. Executive sponsor for the network to engage with staff and understand the challenges they face and work together to seek solutions |  |
| **Metric 5**  Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.  **[Higher % = better]**  2021: 53%  2022: 56.2% **[Improved]**  ***Higher than 2021 National Average*** | Staff with disabilities and long-term conditions are staying within the organisation and are progressing into senior roles as part of their career journey. | 1. Use monitoring of career progression and development data to track progress and trends. |  | * 10% increase uptake of staff with a disability or long term health condition accessing EPUT Leadership Development Programmes (LDP) and Management Development Programme (MDP) * 10% increase of staff with a disability or long term health condition at all levels to be empowered to access appropriate education programmes. | * Education Team to monitor uptake of staff with a disability or long term health condition on training courses. | Executive Director of People and Culture |
| 1. Share PEN Plan data with Equality and Inclusion Sub-Committee and D&MH Network to ensure that staff with disabilities and long-term conditions are being supported in career development. |  |
| 1. Provide mentoring “partnerships” for senior staff members with lived experience of disability or long-term conditions, where they are able to mentor a member of staff looking to progress within the organisation. |  |
| 1. Targeted campaign of existing career progression and development programmes available to BME staff, as well as how to access them. |  |
| **Metric 6**  Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.  **[Lower % = Better]**  2021: 31.5%  2022: 22.3% **[Improved]**  ***Higher than 2021 National Average*** | All managers and senior leads know how to effectively support an employee who is not feeling well enough to perform their duties in a compassionate and understanding manner. | 1. Review EPUT guidance for staff who feel pressured to attend their role. Increase awareness of support available through Employee Experience Managers and Comms Team. |  | * 5% reduction in staff claims within the workforce due to pressure in the workplace. Thsi will improve staff morale, productivity and wellbeing. | * Experience Team to work with Employee Relations team and Disability and Mental Health Network to monitor incidences where staff are reporting that they felt pressured to come into work | Executive Team |
| 1. Training developed for all staff managers to ensure they are aware of how to support staff with disabilities and long-term conditions who are struggling in their role or feel unable to carry out their role due to their condition. |  |
| 1. Support D&MH Network in holding “safe space sessions” aimed at staff who have experienced this pressure throughout the year, advising them on their rights and providing guidance (with attendance by HR Advisor). |  |
| **Metric 7**  Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.  **[Higher % = Better]**  2021: 43.3%  2022: 45.9% **[Improved]**  ***Higher than 2021 National Average*** | Staff with disabilities and long-term conditions are recognised and championed in the same way as our entire workforce. | 1. Regular messaging through EPUT Comms channels, spotlighting contributions of staff members with disabilities or long-term conditions |  | * 5% increase in targeted communications to highlight the contributions that staff with a disability or long term health condition has made to the Trust which will increase morale | * Communication Team and Disability and Mental Health Network to develop a campaign to include staff with Lived Experience on key celebration awareness days across the year | Executive Team |
| 1. Encourage staff with lived experiences to share positive and negative experiences so we can make improvements to our processes and practices. |  |
| **Metric 8**  Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.  **[Higher % = Better]**  2021: 77.5%  2022: 80% **[Improved]**  ***Higher than 2021 National Average*** | Simplify Reasonable adjustments process and access for all staff | 1. Implement “standard practice” for implementing reasonable adjustments, with a centralised approach to ensure consistent implementation. |  | * 4% increase in staff expressing they are confident that reasonable adjustments are handled consistently, and that managers are able to implement Occupational Health recommendations effectively, improving wellbeing and morale of staff requiring these adjustments. * 2% reduction in formal capability procedures involving staff who have a disability or long-term condition which will improve wellbeing and morale. | * HR Business Partners to monitor staff requests for reasonable adjustments and ensure they are implemented effectively | Executive Team |
| 1. Ensure that Occupational Health Service (provided by Optima Health) feedback is gathered from those accessing the service for reasonable adjustments, and that this feedback is reported to the Equality and Inclusion Sub-Committee. |  |
| 1. Messaging to L50 Senior Leads to ensure all managers are aware of how to appropriately put reasonable adjustments in place (based on standard practice mentioned above). |  |
| 1. Concerns or issues with implementing reasonable adjustments are resolved quickly and fairly with the support line managers or employee relations team |  |
| **Metric 9**  a) The staff engagement score for Disabled staff, compared to non-disabled staff.  **[Higher Score = Better]**  2021: 6.8  2022: 6.8 **[No change]**  ***Higher than 2021 National Average*** | Staff with disabilities or long-term conditions feel psychologically safe, supported and included as part of our workforce.  . | 1. Engage with Disability and Mental Health Network throughout the year in regards to Staff Survey, encouraging completion from members and for them to champion the survey to others. |  | * Increase of 2% in staff engagement score for staff with disabilities and long-term conditions due to improved wellbeing, support and awareness. | * Increase the EPUT Staff Survey Roadshows by 10% with drop-in areas to be held across the Trust which should improve the survey scores for 2023. iPads will be available to allow staff to complete Staff Survey if they do not have regular access to a computer. | Executive Team |
| 1. Staff Survey Roadshow visits to operational and community teams across the Trust to support staff with survey completion. |  |
| **Metric 10**  Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:  • By voting membership of the Board.  • By Executive membership of the Board.  WDES Metrics  **[0% = Equal representation between workforce and board for Disability and LTC]**  **Voting Membership**  2021: 8.90%  2022: 8.19% **[Improved]**  ***Higher than 2021 National Average***  **Executive Team**  2021: -3.58%  2022: - 4.31% **[Decline]**  ***Higher than 2021 National Average*** | Improved data monitoring of diversity within EPUT. As well as representation across senior Trust pay-bands.  Our senior leadership is diverse and representative of our workforce. | 1. Implement Succession plan within EPUT, ensuring that potential CEO, Executives, Clinical / Service Directors and deputies are identified using [NHS Leadership Academy’s nine box Grid](https://peoplefirst.nhsbt.nhs.uk/Learning-and-Development/the-9-box-grid.htm). In conjunction with EPUT PEN Plan, and that this plan reflects ongoing inclusion targets. |  | * Decreased representation gap by 2% between executive team and overall workforce will promote inclusivity within the organisation, improving staff morale. | * Increase in the number of voting members of the Board declaring they have a disability | Chief Executive |
| 1. Involve Inclusion Ambassadors with lived experience in recruitment processes for Executive and Non-Executive Directors. |  |