**WORKFORCE DISABILITY EQUALITY STANDARDS (WDES)**

**DRAFT ACTION PLAN 2021/2022**

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| **Indicator** |  **Next Steps**  |
| **Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce** | There is an underrepresentation of staff declaring a disability. The Trust will carry out a data cleansing exercise to try and capture this data. Create Trust wide communications jointly with Staff side, ELFT Ability and People & Culture to encourage staff to declare their disability. Communications articles where Trust board members share their disability. Chief People officer to engage with ELFT Ability Leads to input into the action plan. Many of the bands have remained static with some marginal movements. Most notably there has been a 20% increase for staff in the Band 9 category for clinical staff. The new ELFT Ability lead is a Director in the Trust.  |
| **Indicator 2. Relative likelihood of Disabled staff being appointed from shortlisting across all posts.** | We are currently a disability confident employer. Review the Recruitment Policy and Training to have a greater emphasis on disability awareness. Run disability awareness sessions.Be more explicit in recruitment adverts that the Trust are positive about disability. The relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff is 1.09. There are a number of QI projects underway regarding recruitment. And we’re exploring a project regarding neuro diversity.Apply for level 3 - Disability confident employer status by Q2 2022. |
| **Indicator 3. Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability procedure. Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.** | People and Culture, Operations group working closely with ELFT Ability Network. The number of people without a disability is significantly higher than those that have a disability. Guidance has been drafted in terms of reasonable adjustments. The sickness policy is in review. The post for pastoral care is proving a success and we have received positive feedback form staff going through formal processes.  |
| **Indicator 4. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:**1. **Patients/service user, their relatives or members of the public**
2. **Managers**
3. **Other colleagues**
 | The respect and Dignity at work project is ongoing and is in phase 4 of the project. The relative likelihood of disabled staff entering the formal capability process is 3.38 compared to non-disabled staff. There is lots of work happening in the leadership space. There are also online support forums for staff with disabilities. * Shielding sessions;
* Shielding socials;
* Purple Space webinars arranged by ELFT Ability;
* There’s a new project manager role;
* Guidance around reasonable adjustments;
* Wellbeing conversations;
* Staff risk assessments;
* Virtual sessions for staff joining during Covid – with virtual drop-in sessions for L&D, Recruitment and IT to unblock issues.
* Lots of network activities run by the Women’s Network.
* There have also been women’s health webinars and webinars focusing on the Menopause.
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| **Indicator 5. Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.** | Promoting training opportunities to all staff and encourage staff with a disability to apply and to declare their disability.Increase service user participation in HR processes (Physical and mental health). The networks have worked closely together to deliver training and development events that are cross cutting in recognition intersectionality, in that that many people belong to a number of different protected characteristics. More details can be found in the annual report: <https://www.elft.nhs.uk/About-Us/Publications/Annual-Reports>ELFT ABILITY NETWORK * Attended Network Leads & Chief Nurse meeting
* Attended NHS Disabled staff networks meeting
* Seminar session on Dyspraxia – hosted by Laura Pisaneschi
* CQC Focus group for network members
* Attended Train the trainer Respectful Resolution pathway
* Presenting at the Disability Summit: Voice, Power, Advocacy, Change
* Connecting with other networks at the Disability Summit
* ELFT Ability monthly newsletter sent out Trust wide
* Meeting with People and Culture to discuss access to work and adjustment trainings
* Planning for ELFT Ability conference and future events
* Renewal of Business Disability Forum
* Submitted training information for a FOI EDI request
* Meeting with Disability project lead to support staff with adjustments and requirements

Women’s Network * Attended Network Leads & Chief Nurse meeting
* An event is being organised for Baby loss awareness week, in conjunction with various other trusts. There will be speakers from ELFT involved in the session.
* The menopause and menstruation pilot is ongoing, looking at areas to implement, HR processes that can be changed, and where the support is most needed.
* Current Network Lead, Sarah Canning, is leaving in October and the network is looking for a replacement.

LGBT Network * Attended Network Leads & Chief Nurse meeting
* Trust wide Pride event Saturday 11th September, as London pride was cancelled
* Allies training
* Finalisation of Trans awareness training with People Participation group from Luton & Bedfordshire
* Gathering and submission of evidence for Stonewall’s Workplace Equality Index

BAME Network * Attended Network Leads & Chief Nurse meeting
* 2nd September PCREF (Patient & Carers Race Equality Framework) session presented by Mina and Jennifer
* 9th and 17th September; planning meetings for the upcoming Filipino Heritage Webinar
* 13th September; a further meeting for Black History Month event planning
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| **Indicator 6. Percentage of disabled staff compared to non-disabled staff saying that they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.** | Promoting training opportunities to all staff and encourage staff with a disability to apply and to declare their disability.Increase service user participation in HR processes (Physical and mental health).As above.  |
| **Indicator 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.**  | Expend on the Respect and Dignity at Work project, with a disability angle. This was delayed due to Covid 19. |
| **Indicator 8. Percentage of disabled staff compared to non-disabled staff that their employer has made adequate adjustments to enable them to carry out their work.** | Launch and promote the Reasonable Adjustments guidance. Promote partnership working with ELFT Ability as detailed above.  |
| **Indicator 9a. The staff engagement score for Disabled staff compared to non-disabled staff and overall engagement score for the organisation.**  | If people discussed their disability, then the Trust would have a better understanding and would be able to offer more support to disabled staff.  |
| **Indicator 9b has your Trust taken action to facilitate the voices of disabled staff in your organisation?**  | Help to promote the equality networks. This is ongoing.Complete the Equality Delivery System 2 assessment. Focus groups have been undertaken in order to populate the Trust response. Submission November 2021.  |
| **Indicator 10. Trust board. Percentage difference between the organisations’ Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator** | Ask all board members to declare their disabilities and undertake a communications campaign around this topic. Them to do a promotional piece to promote their disabilities. This has been completed.  |