

## LPT Board Meeting 27.09.22

# Workforce Disability Equality Standard Metrics Report 2021/22 and Action Plan 2022 - 2024

## Purpose of the Report

- The Workforce Disability Equality Standard (WDES) includes ten metrics comparing experiences and outcomes for Disabled and non-disabled staff. This data is used to develop action plans for improvement in the areas of: career progression and representation at higher bands, recruitment, capability processes, Staff Survey data, and Trust Board representation.
- All NHS Trusts are required to submit WDES data to NHS England and NHS Improvement, by August 31st 2022. This has been completed, following approval at the EDI Workforce Group on 7<sup>th</sup> June 2022.
- The report and action plan below must be agreed by the Trust Board and published on the Trust's website by October 31st 2022.
- This report provides a summary of, and further detail on, each WDES metric (pages 5 – 22) as well as the proposed updates to our WDES action plan (pages 23 – 34).
- To fulfil the Trust's statutory duties in relation to the WDES metrics, the Trust Board is required to:
  - approve the 2021/22 WDES metrics report and accompanying action plan for publication on the Trust's website by 31<sup>st</sup> October 2022;
  - approve the 2021/22 WDES metrics for presentation to the Co-ordinating Commissioner.
- Assurance is provided that the Trust's statutory duties in relation to the WDES metrics will be met if the above actions are undertaken.

## Analysis of the issue

- Analysis of the WDES metrics indicates that Disabled staff are at a disadvantage or have poorer outcomes when compared to non-disabled staff in terms of:
  - career progression
  - entering formal capability processes

- bullying, harassment and abuse
  - belief that the Trust provides equal opportunities in career progression
  - presenteeism
  - feeling valued
  - experiences of discrimination
  - representation on the Trust’s board
- Please see the report that accompanies this summary for the full analysis of the WDES metrics. The report also proposes amendments and updates to our WDES action plan for the coming 18 months.

## Proposal

- It is asked that the Board approves the 2021/22 WDES metrics and action plan for two purposes:
  - Publication of the WRES metrics report and accompanying action plan (below) on the Trust’s public-facing website by 31<sup>st</sup> October 2021.
  - To endorse the action plan.
- The requirements above reflect an annual governance cycle.

## Decision required

Briefing – no decision required	
Discussion – no decision required	
Decision required – detail below	X

- Please approve the WDES metrics and action plan for publication on the Trust’s public website by 31<sup>st</sup> October 2022, and endorse the action plan.
- Failure to comply with the WDES Regulations would be a breach of the NHS Contract and could result in action to ensure that the metrics are produced and published.
- Ultimately, a failure to act upon the equality issues indicated by the WDES metrics could result in a failure to deliver workforce equality, diversity and inclusion (item 73 on the Trust’s risk register).

## Governance table

<b>For Board and Board Committees:</b>	Trust Board 27.9.22	
<b>Paper sponsored by:</b>	Sarah Willis (Director of Human Resources and Organisational Development)	
<b>Paper authored by:</b>	Roisin Ryan (EDI Specialist), Haseeb Ahmad (Head of Equality, Diversity and Inclusion)	
<b>Date submitted:</b>	7 <sup>th</sup> September 2022	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	EDI Workforce Group – 7 <sup>th</sup> June 2022	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	Approved	
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	This report is part of an annual governance cycle	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	X
	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trustwide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	73. Failure to deliver workforce equality, diversity and inclusion
<b>Is the decision required consistent with LPT's risk appetite:</b>		
<b>False and misleading information (FOMI) considerations:</b>		
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Y	
<b>Equality considerations:</b>	Y	

# **Workforce Disability Equality Standard**

**Leicestershire Partnership NHS Trust**

**March 2022**

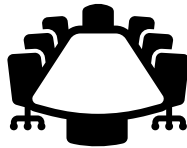
# Summary

At LPT in 2021/22, Disabled colleagues were...



Under-represented at Bands 8A and above  
Over-represented/proportionally represented in Bands 5 to 7  
Over-represented in medical trainee roles

**Representation has improved across all Band clusters, with the exception of Consultants (remained similar) and clinical Band 8C to VSM (worsened)**



Similarly likely to be appointed from shortlisting than non-Disabled applicants.  
Non-disabled people were 1.17 times more likely than Disabled people to be appointed from shortlisting.

**This is similar to last year.**



4.58 times as likely compared to non-disabled colleagues to enter a formal capability process (not including ill-health processes).

**This is an improvement on last year**

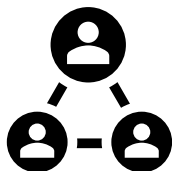


More likely to feel pressured to come to work when unwell (22% Disabled, 15.1% non-Disabled)

**This is an improvement on last year**

More likely than Disabled staff nationally to report adequate adjustments have been made for them (79.9% LPT, 78.8% national)

**This is an improvement on last year**



More likely than non-Disabled colleagues to suffer harassment, bullying or abuse from the public, managers, and colleagues.

However:

The gap between Disabled and non-disabled staff has narrowed when looking at bullying/harassment/abuse from the public.

The proportion of Disabled staff reporting bullying/harassment/abuse has fallen across all categories.

Disabled and non-Disabled staff were similarly likely to report these incidents.

**This is an improvement on last year**



Less likely to feel valued by the organisation (38.1% Disabled, 51% non-Disabled)

**This is similar to last year**



Slightly less likely than non-Disabled colleagues to feel career progression is fair at LPT (59% Disabled, 65.7% non-Disabled)

**This is an improvement on last year**

Disabled people are proportionally represented within the Board as a whole, and among voting Board members, but not among executive Board members.

**This is an improvement on last year.**

# Introduction to the Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) includes ten metrics comparing experiences and outcomes for Disabled and non-disabled colleagues. This data is used to develop action plans for improvement.

All NHS Trusts are required to submit WDES data to NHS England and NHS Improvement, by August 31<sup>st</sup> 2022. An action plan must be agreed by the Trust Board and published on the Trust's website by October 31<sup>st</sup> 2022.

## **Note on data:**

Headcounts below 10, and any associated headcounts which could be used to calculate headcounts below 10, have been redacted.

## **Note on terminology:**

For the Staff Survey, "Disabled" is defined to mean any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more. Everyone responding "Yes" to Q28a ("Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?") was deemed to be Disabled for the purposes of the Staff Survey analysis. The word "Disabled" was removed from this question in 2020, but results before and after this change are still comparable. The proportion of people reporting a long-term condition or illness via the Staff Survey is much higher than the proportion of people who are recorded as being Disabled on ESR, which is the figure used for the other WDES metrics.

## **Benchmarking of last year's data**

National 2020/21 WDES data broken down by organisation was made available in May 2022, allowing comparisons to be made.

- LPT performed better than, or the same as, other Trusts in the Midlands as a whole. The exception was in Indicator 1: LPT has a greater Disability disparity than Midlands and national data when comparing the disability profile of colleagues at lower bands to higher bands.
- LPT also fared worse for Indicator 3 (capability processes) than Trusts in the Midlands, and nationally. However, this indicator is liable to vary greatly from year to year.
- At LPT, Disabled staff were more likely to report adequate adjustments had been made for them, compared to the rest of the Midlands and national data.
- LPT was one of only 16 Trusts across the Midlands (out of a total 41) to have at least one Board member who had declared a disability.

# The WDES metrics

## Metric 1. Pay Bands

### Description of metric 1:

- Percentage of Disabled colleagues in Agenda for Change pay bands, calculated separately for non-clinical and for clinical colleagues, medical subgroups and Very Senior Managers (including Executive Board members) compared with the percentage of colleagues in the overall workforce.

### Narrative for metric 1:

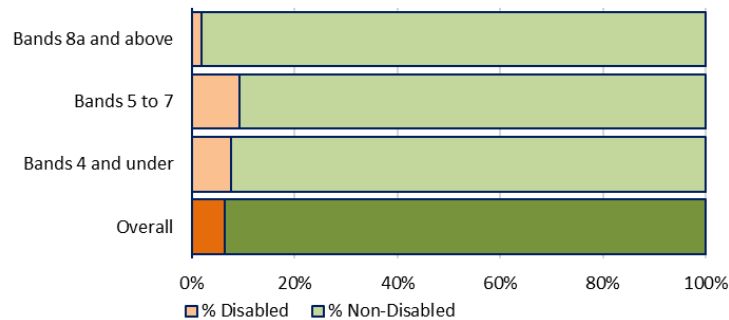
- At March 2022, Disabled colleagues made up 6.4% (305/4730) of LPT's substantive workforce of known disability status, an increase since last year (5.9%, 258/4402). Disability status was unknown for 16.9% of people (961/5691), down from 18.9% (1027/5429) last year. Figures in Table 1 and Graph A include colleagues of known disability status only.
- Staff Survey results for 2021 show 27.8% of substantive colleagues at LPT declared a disability, up from 25.0% last year. Therefore, ESR likely underestimates the percentage of Disabled colleagues in the organisation. This may be due to the anonymity of the Staff Survey encouraging people to declare a disability; the wording of the Staff Survey question asking more generally about "any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more"; or the fact that some people will develop disabilities over their working life and not necessarily update their ESR record.
- Non-clinical:
  - For non-clinical colleagues, there is a higher proportion disclosing a Disability at lower bands, a pattern which has been seen across the past few years. Disabled colleagues had the highest levels of representation at non-clinical pay bands 5 to 7 (9.2%, 30/325), whilst Disabled colleagues had the lowest levels of representation at non-clinical pay bands 8c to VSM (R).
- Clinical:
  - As shown by Graph 1, the proportion of Disabled colleagues doesn't vary much between clinical pay bands. However, disability status was not known for 16.0% of substantive clinical colleagues. Disability status is not recorded for 44.1% of Consultants, compared to just 7.8% of medical trainees. This may suggest we have improved our processes for requesting and recording disability status for newer colleagues, and now need to focus on improving data completeness for our longer-serving colleagues. Once a higher proportion of colleagues have a recorded Disability status, further analysis can be made about the distribution across bands.
- The incompleteness of equality monitoring information on disability has decreased year-on-year from 45.0% at March 2012 to 18.9% at March 2021 and 16.9% at March 2022.
- Analysis of the disability status of Bank-only colleagues shows 4.5% (37/822) of known status have declared a disability. 42.7% (613/1435) have not disclosed their disability status.

**Table 1: Metric 1: The disability profile of substantive colleagues at Leicestershire Partnership NHS Trust, by pay band cluster, at March 2020, March 2021, and March 2022**

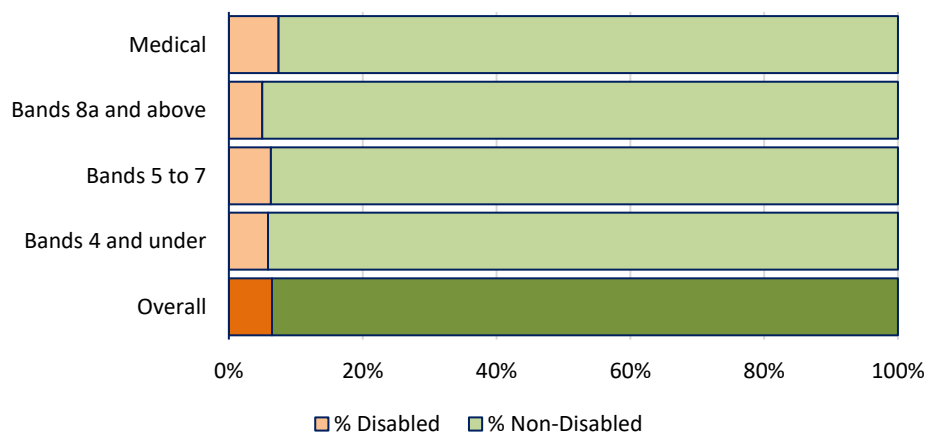
Pay Band Cluster	Percent Disabled March 2020	Percent Disabled March 2021	Percent Disabled March 2022	Number Disabled March 2020	Number Disabled March 2021	Number Disabled March 2022
Substantive Colleagues Overall	5.8%	5.9%	6.4%	247 out of 4245	258 out of 4402	305 out of 4730
Non clinical Cluster 1, Bands 4 and under	6.5%	7.2%	7.6%	40 out of 620	45 out of 626	49 out of 647
Non clinical Cluster 2, Band 5 - 7	7.5%	7.8%	9.2%	22 out of 293	24 out of 306	30 out of 325
Non clinical Cluster 3, Bands 8a - 8b	R	R	R	R	R	R
Non clinical Cluster 4, Bands 8c - 9 and VSM	R	R	R	R	R	R
Clinical Cluster 1, Bands 4 and under	5.2%	5.4%	5.9%	55 out of 1059	59 out of 1090	69 out of 1175
Clinical Cluster 2, Band 5 - 7	6.1%	5.8%	6.3%	114 out of 1877	113 out of 1950	133 out of 2117
Clinical Cluster 3, Bands 8a - 8b	R	R	R	R	R	R
Clinical Cluster 4, Bands 8c - 9 and VSM	R	R	R	R	R	R
Clinical Cluster 5, Medical Consultants	R	R	R	R	R	R
Clinical Cluster 6, Medical Non-Consultants	R	R	R	R	R	R
Clinical Cluster 7, Medical Trainee Grades	R	R	R	R	R	R

**Graph A: How the percentages of Disabled colleagues varies across pay bands for substantive colleagues, compared to the overall figure, as at March 2022**

**Non-Clinical: %Disabled staff at each band**



**Clinical: %Disabled staff at each band**





## Metric 2. Recruitment

### Description of metric 2:

- Relative likelihood of non-disabled colleagues compared to Disabled colleagues being appointed from shortlisting across all posts. The percentage of non-disabled colleagues appointed from shortlisting divided by the percentage of Disabled colleagues appointed from shortlisting.

### Narrative for metric 2:

- In 2021/22 non-disabled people and Disabled people were similarly likely to be appointed from amongst those shortlisted (non-disabled people were 1.17 times as likely as Disabled people to be appointed from shortlisting).
- This follows a similar trend to previous years. Please refer to Table 2.

**Table 2: Metric 2: The relative likelihood of non-disabled people and Disabled people being appointed from amongst those shortlisted at Leicestershire Partnership NHS Trust during 2018/19, 2019/20, 2020/21, and 2021/22**

Recruitment	2018/19	2019/20	2020/21	2021/22
Relative likelihood of appointment from shortlisting (non-disabled/Disabled)	1.40	1.39	1.13	<b>1.17</b>
% non-disabled people appointed from shortlisting	8.0%	11.2%	10.8%	<b>13.2%</b>
% Disabled people appointed from shortlisting	5.7%	8.1%	9.6%	<b>11.3%</b>
n. non-disabled people appointed from shortlisting	477 out of 5952	504 out of 4493	550 out of 5079	<b>766 out of 5786</b>
n. Disabled people appointed from shortlisting	24 out of 419	30 out of 371	35 out of 364	<b>55 out of 485</b>

## Metric 3. Formal capability process

### Description of metric 3:

- Relative likelihood of Disabled colleagues compared to non-disabled colleagues entering the formal capability process, as measured by entry into the formal capability procedure. The percentage of Disabled colleagues entering the formal capability process divided by the percentage of non-disabled colleagues entering the capability process. This does not include ill-health processes.

### Narrative for metric 3:

- In the two-year window 2020/21 to 2021/22, Disabled colleagues were 4.58 times more likely than non-disabled colleagues to enter formal capability proceedings. Although this appears to be a much-improved position compared to 2019/20 to 2020/21, the number of colleagues going through formal capability processes is very small, so the relative likelihood is liable to vary considerably year on year. Please refer to Table 3.

**Table 3: Metric 3: The relative likelihood of Disabled colleagues and non-disabled colleagues entering the formal capability process at Leicestershire Partnership NHS Trust during the two-year windows 2017/18 to 2018/19, 2018/19 to 2019/20, 2019/20 to 2020/21, and 2020/21 to 2021/22**

Formal capability process	2017/18 to 2018/19	2018/19 to 2019/20	2019/20 to 2020/21	2020/21 to 2021/22
Relative likelihood of entering the formal capability process (Disabled/non-disabled)	2.48	6.22	10.22	<b>4.58</b>
% Disabled colleagues entering the formal capability process	R%	R%	R%	<b>R%</b>
% non-disabled colleagues entering the formal capability process	R%	R%	R%	<b>R%</b>
n. Disabled colleagues entering the formal capability process	R out of 226	R out of 247	R out of 258	<b>R out of 305</b>
n. non-disabled colleagues entering the formal capability process	R out of 3925	R out of 3998	R out of 4144	<b>R out of 4425</b>

## Metric 4. Harassment, bullying or abuse

### Description of metric 4:

- 4 a) Percentage of Disabled colleagues compared to non-disabled colleagues experiencing harassment, bullying or abuse from:
  - i) Patients/Service users, their relatives or other members of the public,
  - ii) Managers,
  - iii) Other colleagues
- 4 b) Percentage of Disabled colleagues compared to non-disabled colleagues saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

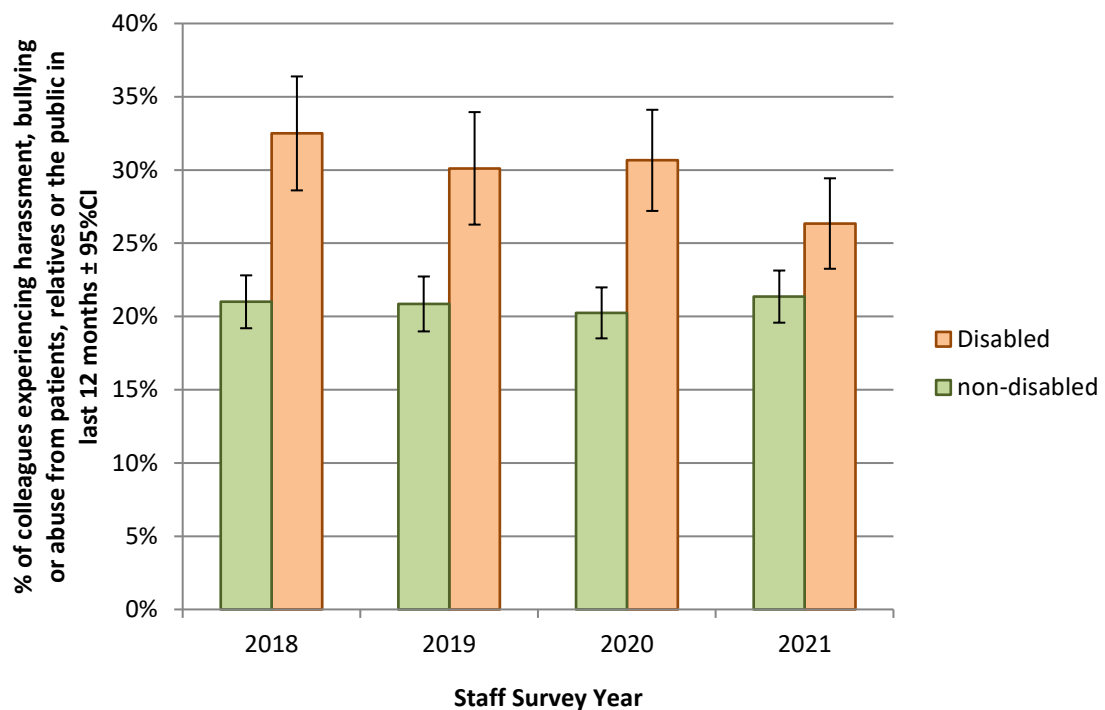
### Narrative for metric 4a, parts i, ii, and iii:

- In 2021, Disabled colleagues were more likely than non-disabled colleagues to suffer harassment, bullying or abuse from patients / service users, their relatives or other members of the public (26.3%, 206/782 Disabled colleagues and 21.4%, 435/2037 non-disabled colleagues); however, this is an improvement on previous years and the gap between Disabled and non-disabled experiences is narrowing. Please refer to Table 4 and Graph B. LPT's results for this metric in 2021 were better than Trusts of the same type in the benchmark group (32.2% Disabled colleagues and 24.7% non-Disabled colleagues).
- In 2021, Disabled colleagues were more likely than non-disabled colleagues to suffer harassment, bullying or abuse from managers (16.2%, 126/776 Disabled colleagues and 7.2%, 145/2021 non-disabled colleagues); however this is an improvement on 2019 and 2020's figures. Please refer to Table 5 and Graph C. LPT's results for this metric in 2021 were worse than Trusts in the benchmark group for Disabled colleagues (13.4% Disabled colleagues and 7.1% non-Disabled colleagues).
- In 2021, Disabled colleagues were more likely than non-disabled colleagues to suffer harassment, bullying or abuse from other colleagues (21.4%, 165/772 Disabled colleagues and 12.3%, 248/2012 non-disabled colleagues); this is the widest discrepancy between Disabled and non-disabled colleagues' responses for metric 4a, however this is a small improvement on 2019 and 2020's figures. Please refer to Table 6 and Graph D. LPT's results for this metric in 2021 were slightly worse than Trusts in the benchmark group for Disabled colleagues (20.2% Disabled colleagues and 12.3% non-Disabled colleagues).
- For bank colleagues, similar patterns are seen for metrics 4a(ii) and 4a(iii) mirroring the position for substantive colleagues, although the discrepancies between Disabled and non-disabled colleagues are not as large and respondent numbers are much smaller:
  - 23.3% (R) of Disabled bank colleagues reported harassment, bullying or abuse from patients / service users, their relatives or other members of the public, compared to 29.6% (R) of non-disabled bank colleagues.
  - 9.3% (R) of Disabled bank colleagues reported harassment, bullying or abuse from managers compared to 5.6% (R) of non-disabled bank colleagues
  - 23.8% (R) of Disabled bank colleagues reported harassment, bullying or abuse from colleagues compared to 18.3% (R) of non-disabled bank colleagues.

**Table 4: Metric 4a i: The percentages of Disabled colleagues and non-disabled colleagues who experienced harassment, bullying or abuse from patients / service users, their relatives or other members of the public, Staff Survey**

Harassment, bullying or abuse from patients / service users, their relatives or the public	2018	2019	2020	2021
% Disabled colleagues	32.5%	30.1%	30.7%	<b>26.3%</b>
% non-disabled colleagues	21.0%	20.9%	20.2%	<b>21.4%</b>
n. Disabled colleagues	181 out of 557	165 out of 548	210 out of 684	<b>206 out of 782</b>
n. non-disabled colleagues	411 out of 1957	376 out of 1803	415 out of 2050	<b>435 out of 2037</b>

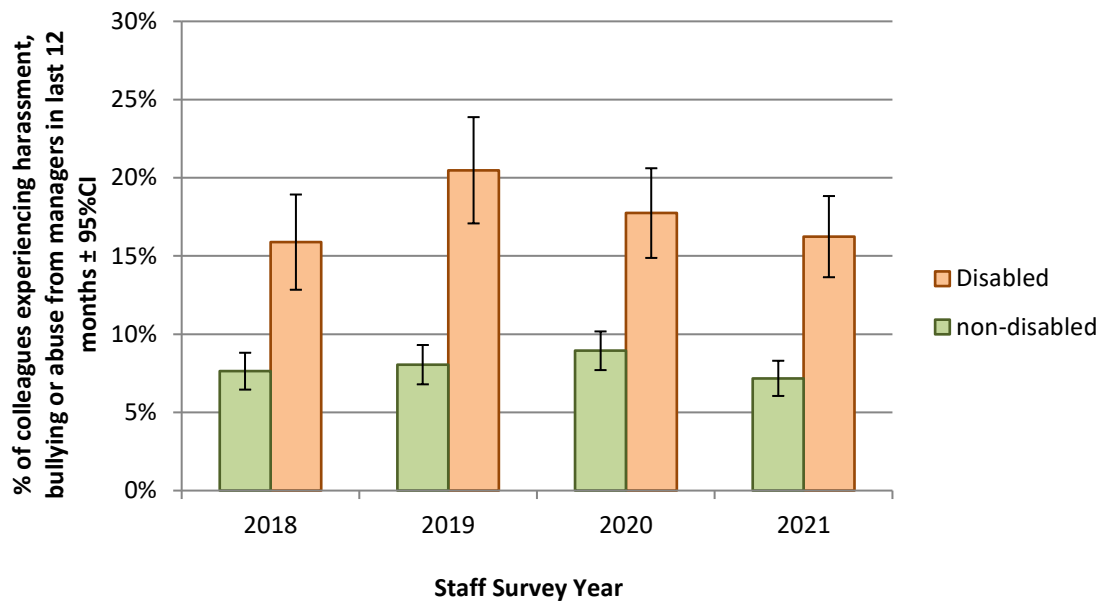
**Graph B: Metric 4ai: How the percentages of colleagues with and without disabilities/long-term conditions who experienced harassment, bullying or abuse from patients / service users, their relatives or other members of the public, has changed since 2018**



**Table 5: Metric 4a ii: The percentages of Disabled colleagues and non-disabled colleagues who experienced harassment, bullying or abuse from managers, Staff Survey**

Harassment, bullying or abuse from managers	2018	2019	2020	2021
% Disabled colleagues	15.9%	20.5%	17.7%	<b>16.2%</b>
% non-disabled colleagues	7.6%	8.1%	8.9%	<b>7.2%</b>
n. Disabled colleagues	88 out of 554	111 out of 542	121 out of 682	<b>126 out of 776</b>
n. non-disabled colleagues	149 out of 1952	145 out of 1801	183 out of 2047	<b>145 out of 2021</b>

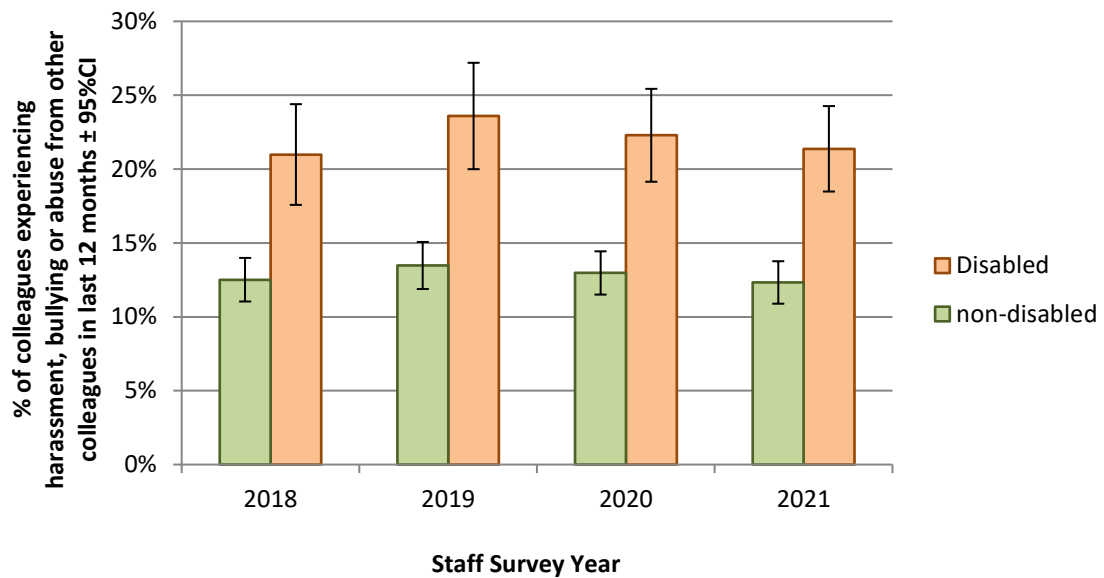
**Graph C: Metric 4a ii: How the percentages of colleagues with and without disabilities/long-term conditions who experienced harassment, bullying or abuse from managers has changed since 2018**



**Table 6: Metric 4a iii: The percentages of Disabled colleagues and non-disabled colleagues who experienced harassment, bullying or abuse from other colleagues, Staff Survey**

Harassment, bullying or abuse from other colleagues	2018	2019	2020	2021
% Disabled colleagues	21.0%	23.6%	22.3%	<b>21.4%</b>
% non-disabled colleagues	12.5%	13.5%	13.0%	<b>12.3%</b>
n. Disabled colleagues	115 out of 548	126 out of 534	150 out of 673	<b>165 out of 772</b>
n. non-disabled colleagues	242 out of 1934	238 out of 1766	262 out of 2020	<b>248 out of 2012</b>

**Graph D: Metric 4a iii: How the percentages of colleagues with and without disabilities/long-term conditions who experienced harassment, bullying or abuse from colleagues has changed since 2018**



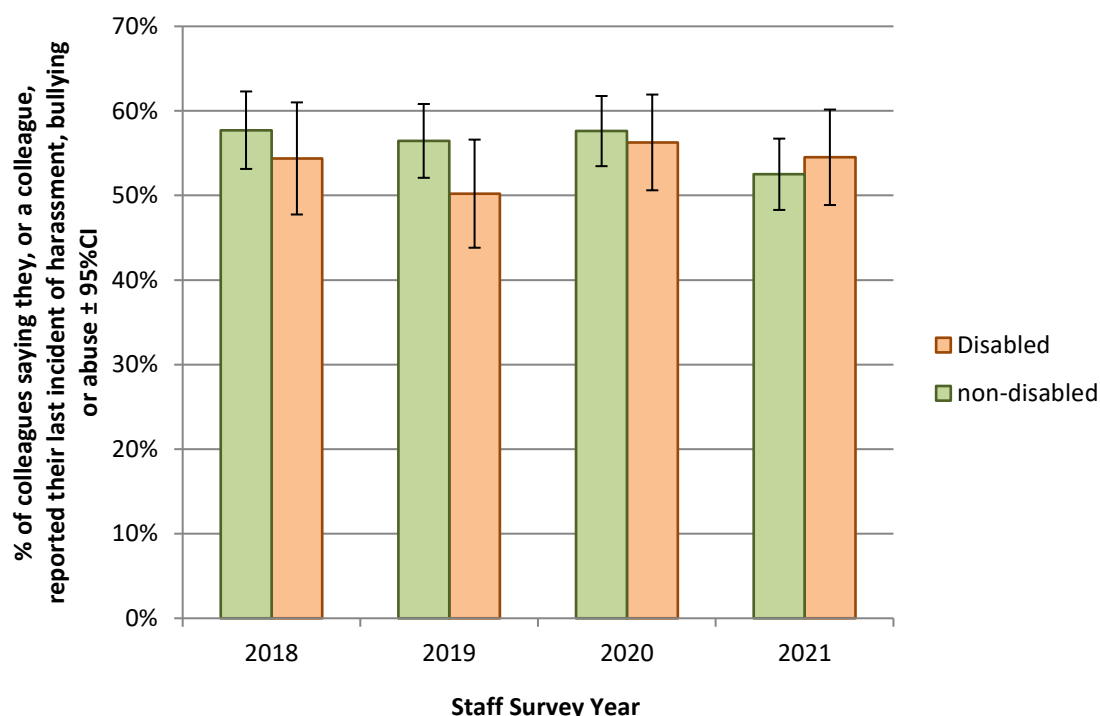
**Narrative for metric 4b:**

- In 2021, Disabled colleagues and non-disabled colleagues were similarly likely to say they, or a colleague, reported their last incident of harassment, bullying or abuse (54.5%, 163/299 Disabled colleagues and 52.5%, 283/539 non-disabled colleagues); a similar position to that seen in previous years. Please refer to Table 7 and Graph E. LPT’s results for this metric in 2021 were worse than Trusts in the benchmark group (59.4% Disabled colleagues and 61.0% non-Disabled colleagues).

**Table 7: Metric 4b. The percentages of Disabled colleagues and non-disabled colleagues who say they, or a colleague, reported their last incident of harassment, bullying or abuse, Staff Survey**

Reporting harassment, bullying or abuse	2018	2019	2020	2021
% Disabled colleagues	54.4%	50.2%	56.3%	<b>54.5%</b>
% non-disabled colleagues	57.7%	56.5%	57.6%	<b>52.5%</b>
n. Disabled colleagues	118 out of 217	118 out of 235	166 out of 295	<b>163 out of 299</b>
n. non-disabled colleagues	258 out of 447	280 out of 496	314 out of 545	<b>283 out of 539</b>

**Graph E: Metric 4b: How the percentages of colleagues with and without disabilities/long-term conditions who say they, or a colleague, reported their last incident of harassment, bullying or abuse has changed since 2018**



## Metric 5. Equal opportunities for career progression or promotion

### Description of metric 5:

- Percentage of Disabled colleagues compared to non-disabled colleagues believing that the Trust provides equal opportunities for career progression or promotion.

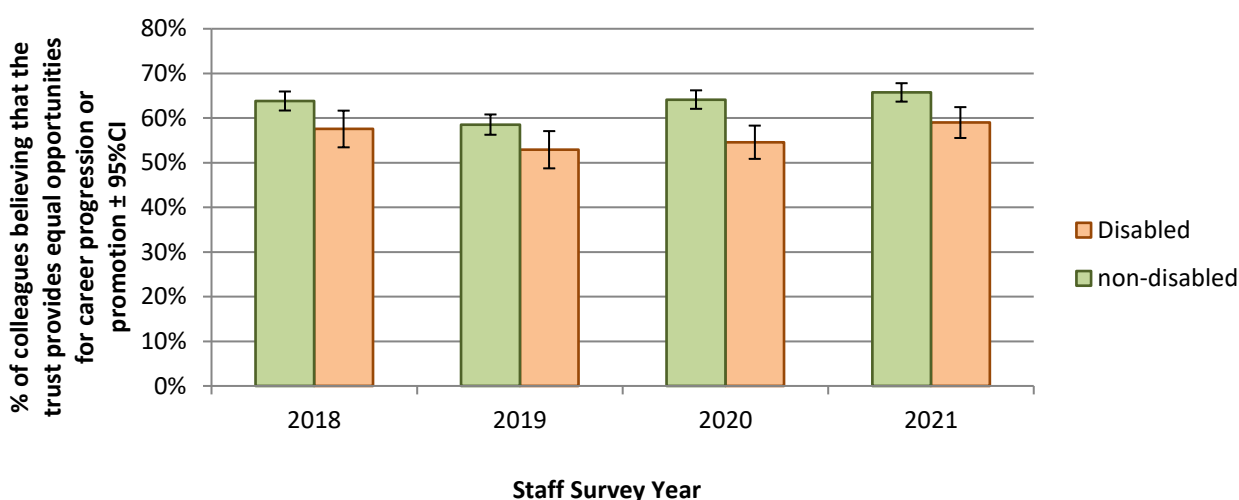
### Narrative for metric 5:

- From 2021, “Not sure” responses were not excluded from the total. Therefore, positive response percentages are lower than previous years. To enable comparison, data below has been calculated using the new method for all previous years retrospectively.
- Disabled colleagues were less likely than non-disabled colleagues to feel that the organisation provides equal opportunities for career progression or promotion (59.0%, 459/778 Disabled colleagues and 65.7%, 1336/2032 non-disabled colleagues); a slight improvement on previous years in terms of proportion of colleagues answering positively, and an improvement on last year in terms of the discrepancy between Disabled and non-disabled colleagues. Please refer to Table 8 and Graph F.
- LPT’s results for this metric in 2021 were better than Trusts in the benchmark group (54.4% Disabled colleagues and 60.2% non-Disabled colleagues).

**Table 8: Metric 5. The percentages of Disabled colleagues and non-disabled colleagues who felt that the organisation provides equal opportunities for career progression or promotion, Staff Survey**

Equal opportunities for career progression or promotion	2018	2019	2020	2021
% Disabled colleagues	57.6%	52.9%	54.6%	<b>59.0%</b>
% non-disabled colleagues	63.8%	58.5%	64.1%	<b>65.7%</b>
n. Disabled colleagues	320 out of 556	291 out of 550	375 out of 687	<b>459 out of 778</b>
n. non-disabled colleagues	1249 out of 1957	1056 out of 1804	1320 out of 2058	<b>1336 out of 2032</b>

**Graph F: Metric 5: Percentage of colleagues with and without disabilities/long-term conditions feeling the organisation provides equal opportunities for career progression or promotion, 2018 to 2021**





## Metric 6. Pressure from a manager to come to work, despite not feeling well enough

### Description of metric 6:

- Percentage of Disabled colleagues compared to non-disabled colleagues saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

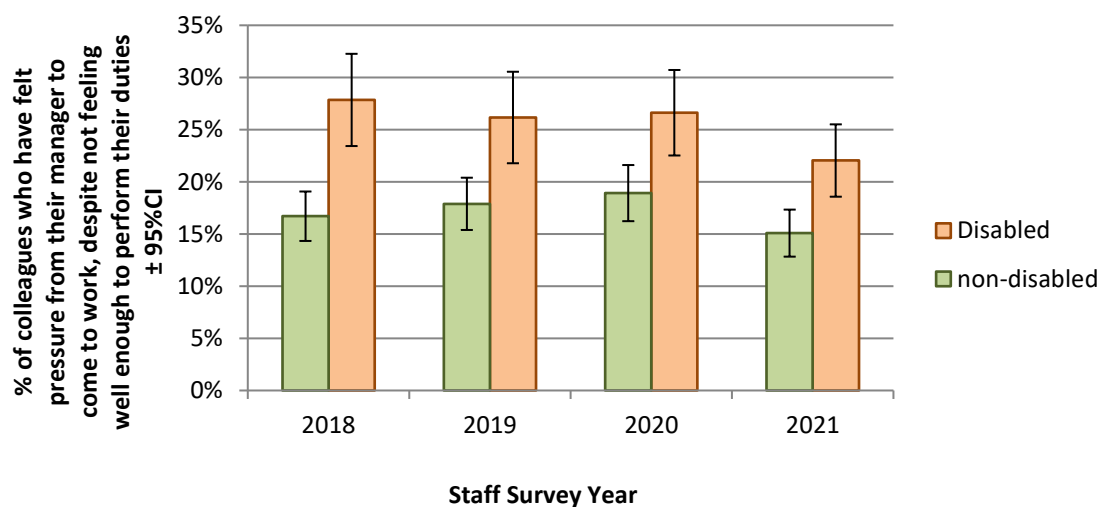
### Narrative for metric 6:

- In 2021, Disabled colleagues were more likely than non-disabled colleagues to have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, (22.0%, 121/549 Disabled colleagues and 15.1%, 146/968 non-disabled colleagues); however, there has been an improvement for all colleagues. Please refer to Table 9 and Graph G.
- LPT's results for this metric in 2021 were worse than Trusts in the benchmark group (20.8% Disabled colleagues and 14.7% non-Disabled colleagues).

**Table 9: Metric 6. The percentages of Disabled colleagues and non-disabled colleagues who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, Staff Survey**

Pressure from a manager to come to work, despite not feeling well enough	2018	2019	2020	2021
% Disabled colleagues	27.8%	26.2%	26.6%	<b>22.0%</b>
% non-disabled colleagues	16.7%	17.9%	18.9%	<b>15.1%</b>
n. Disabled colleagues	110 out of 395	101 out of 386	119 out of 447	<b>121 out of 549</b>
n. non-disabled colleagues	159 out of 952	161 out of 900	154 out of 814	<b>146 out of 968</b>

**Graph G: Metric 6: How the percentages of colleagues with and without disabilities/long-term conditions feeling pressure from their manager to come into work has changed since 2018**



## Metric 7. Satisfaction with the extent to which the organisation values work

### Description of metric 7:

- Percentage of Disabled colleagues compared to non-disabled colleagues saying that they are satisfied with the extent to which their organisation values their work.

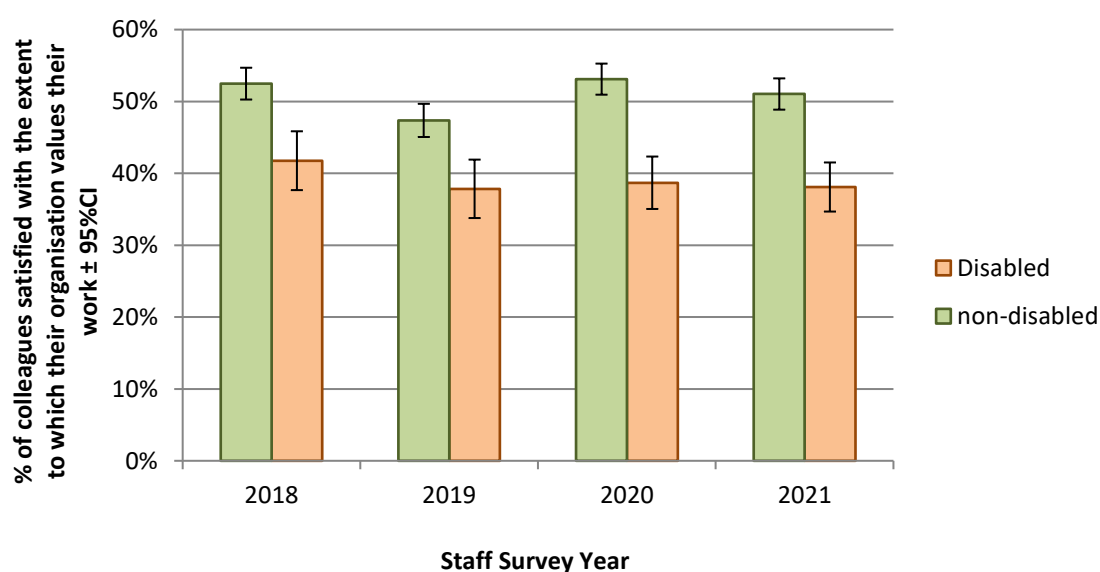
### Narrative for metric 7:

- In 2021, Disabled colleagues were less likely than non-disabled colleagues to be satisfied with the extent to which the organisation valued their work (38.1%, 296/777 Disabled colleagues and 51.0%, 1035/2028 non-disabled colleagues); a similar position to that seen in previous years. Please refer to Table 10 and Graph H.
- LPT's results for this metric in 2021 were worse than Trusts in the benchmark group for Disabled colleagues (43.6% Disabled colleagues and 51.5% non-Disabled colleagues).

**Table 10: Metric 7. The percentages of Disabled colleagues and non-disabled colleagues who were satisfied with the extent to which the organisation valued their work, Staff Survey**

Satisfaction with the extent to which the organisation values work	2018	2019	2020	2021
% Disabled colleagues	41.8%	37.8%	38.7%	<b>38.1%</b>
% non-disabled colleagues	52.5%	47.4%	53.1%	<b>51.0%</b>
n. Disabled colleagues	233 out of 558	207 out of 547	265 out of 685	<b>296 out of 777</b>
n. non-disabled colleagues	1027 out of 1957	853 out of 1801	1086 out of 2045	<b>1035 out of 2028</b>

**Graph H: Metric 7: How the percentages of colleagues with and without disabilities/long-term conditions feeling valued by the organisation has changed since 2018**



## Metric 8. Adequate adjustments

### Description of metric 8:

- Percentage of Disabled colleagues saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

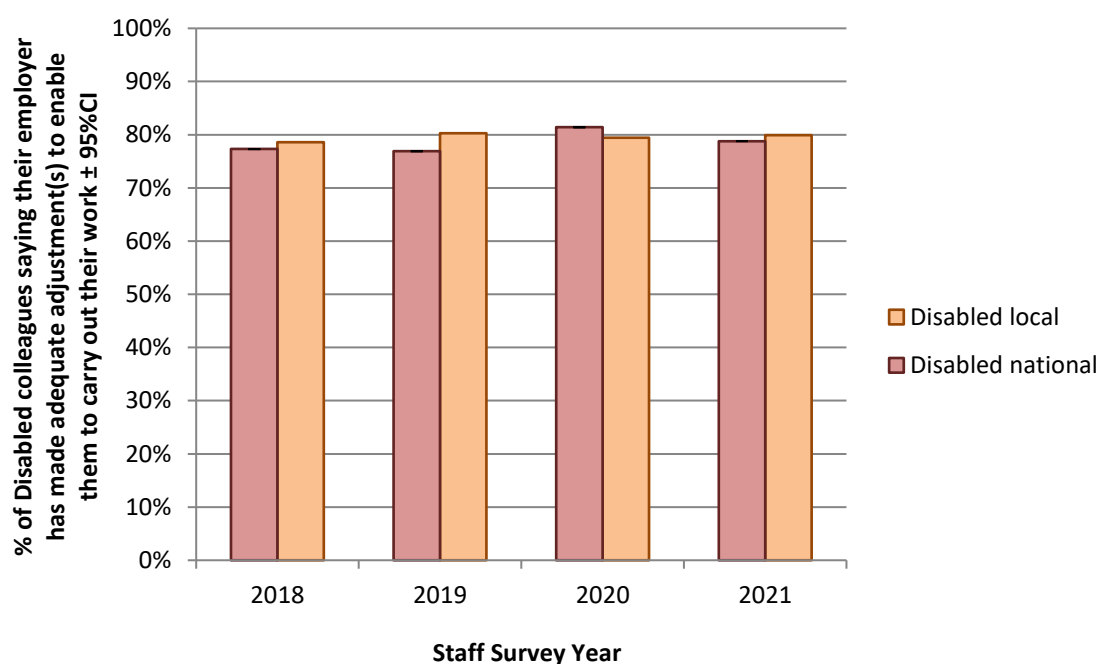
### Narrative for metric 8:

- From 2021, the way this question's benchmark comparison data is calculated has changed. Now, the comparator is based on an average (median) of benchmark similar Trusts, rather than total number of all responses. In 2021, amongst colleagues with Disabilities or long-term conditions at LPT, 79.9% (366/458) reported that their employer had made adequate adjustments to enable them to carry out their work: slightly more than the national average of 78.8%. Please refer to Table 11 which has been retrospectively updated to for previous years to reflect the same calculation for the comparative data, and also to Graph I.

**Table 11: Metric 8. The percentages of Disabled colleagues reporting that their employer has made adequate adjustment(s) to enable them to carry out their work, Staff Survey**

Adequate adjustments	2018	2019	2020	2021
% Disabled colleagues at LPT	78.6%	80.3%	79.4%	<b>79.9%</b>
% Disabled colleagues nationally	77.3%	76.9%	81.4%	<b>78.8%</b>
n. Disabled colleagues at LPT	257 out of 327	281 out of 350	359 out of 452	<b>366 out of 458</b>
n. Disabled colleagues nationally	Data not available	Data not available	Data not available	<b>Data not available</b>

**Graph I: Metric 8: How the percentages of Disabled colleagues reporting adequate adjustments locally and nationally has changed since 2018**



## Metric 9. Staff engagement and facilitating the voices of Disabled colleagues

### Description of metric 9:

- 9 a) The staff engagement score for Disabled colleagues, compared to non-disabled colleagues and the overall engagement score for the organisation

The engagement score is calculated from 9 questions in the NHS Staff Survey, as outlined below, to give a value out of 10.

- Motivation subscale:
    - Q2a - "I look forward to going to work."
    - Q2b - "I am enthusiastic about my job."
    - Q2c - "Time passes quickly when I am working."
  - Involvement subscale:
    - Q4a - "There are frequent opportunities for me to show initiative in my role."
    - Q4b - "I am able to make suggestions to improve the work of my team / department."
    - Q4d - "I am able to make improvements happen in my area of work."
  - Advocacy subscale:
    - Q21a - "Care of patients / service users is my organisation's top priority."
    - Q21c - "I would recommend my organisation as a place to work."
    - Q21d - "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."
- 9 b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)

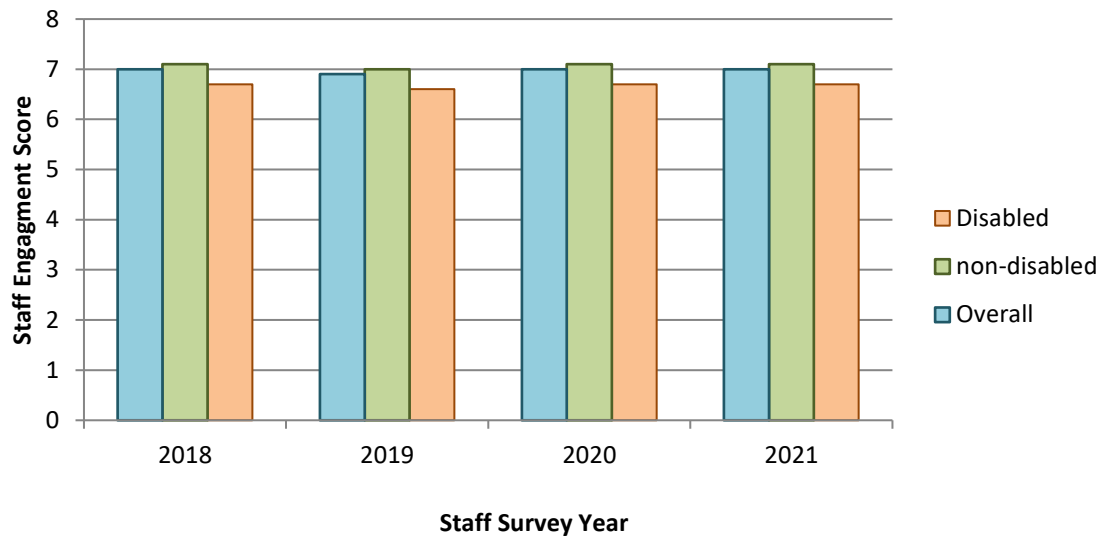
### Narrative for metric 9a:

- In 2021, Disabled colleagues scored lower than non-disabled colleagues on the engagement score (6.7 for Disabled colleagues and 7.1 for non-disabled colleagues); a very similar position to that seen in previous years. Please refer to Table 12 and Graph J. LPT's staff engagement scores are very similar to those Trusts in the benchmark group (6.7 for Disabled colleagues and 7.2 for non-disabled colleagues).

**Table 12: The engagement score for Leicestershire Partnership NHS Trust overall, and for Disabled and non-disabled colleagues separately, Staff Survey**

Staff engagement	2018	2019	2020	2021
Disabled colleagues	6.7	6.6	6.7	<b>6.7</b>
Non-disabled colleagues	7.1	7.0	7.1	<b>7.1</b>
LPT overall	7.0	6.9	7.0	<b>7.0</b>

**Graph J: Metric 9a: Staff engagement scores and how they have changed since 2018**



**Metric 9b. Action taken by the Trust to facilitate the voices of Disabled colleagues in the organisation to be heard:**

- Channels for voices to be heard:
  - Disabled Staff Support Group: MAPLE (Mental and Physical Life Experience) which feeds into the
    - Equality, Diversity and Inclusion Strategic Workforce Group
    - Equality, Diversity and Inclusion Patient Involvement and Experience Group
  - Newly formed Neuro-diverse Support Network to accommodate the voices of those who want a safe space to share their lived experiences
  
- Themes identified through the MAPLE group
  - Continue to promote awareness of reasonable adjustments and use of the Health Passport
  - Ensure more accessibility of the recruitment process
  - Establish Ability Allies
  
- Outputs
  - Ongoing co-production of training packages and tools to include
    - Unconscious bias training
    - Managing ill health (for line managers, including access to work, reasonable adjustment, and stress management)
    - Stress management toolkit and links to the discussion of health and well-being at appraisal
  - Policy Reviews
  - Listening into Action Event
  - Joint Colleagues Networks Day with Northamptonshire Healthcare Foundation Trust (our buddy Trust)
  - Linking of well-being to the appraisal process through the Leadership Behaviour Framework
  - Developing a lived experience library
  - Celebrating Disability History Month with colleagues sharing their stories.

## Metric 10. Board representation

### Description of metric 10:

- Percentage difference between Disabled colleagues representation in the organisation’s Board membership and the organisation’s overall workforce, disaggregated by the Board’s voting membership and executive membership.

### Narrative for metric 10:

- In March 2022, compared to the level of representation in the workforce of known status overall, Disabled people were proportionally represented amongst board members overall (-0.9% difference in representation), and amongst voting board members (+2.6% difference in representation). However, Disabled people were under-represented amongst executive board members (-6.4% difference in representation). Please refer to Table 13.
- The position is similar to previous years.

**Table 13: Metric 10. Differences in the levels of representation of Disabled colleagues amongst board members of known status (overall, voting members, and executives), relative to the level of representation in the workforce overall (of known status), at March 2019, March 2020, March 2021, and March 2022**

<b>Board representation</b>	<b>March 2019</b>	<b>March 2020</b>	<b>March 2021</b>	<b>March 2022</b>
Percentage Disabled colleagues in the substantive workforce overall	5.4%	5.8%	5.9%	<b>6.4%</b>
Difference between <b>all board members</b> and the substantive workforce overall	+2.9%	+2.5%	+4.1%	<b>-0.9%</b>
Difference between <b>voting board members</b> and the substantive workforce overall	+5.7%	+5.3%	+6.6%	<b>+2.6%</b>
Difference between <b>executive board members</b> and the substantive workforce overall	-5.4%	-5.8%	-5.9%	<b>-6.4%</b>

**CLEAN VERSION TO BE PUBLISHED (see Track Changes version below, with updates since last year's action plan)**

**Leicestershire Partnership Trust**

**WDES Action Plan 2022 - 2024**

**Objective 1: To guarantee Dignity at work for all disabled staff (and those with long-term ill health) by creating a culture free from bullying, harassment and discrimination**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	To ensure that there is full engagement with the disability agenda, in line with Leadership Behaviours leading to demonstrable culture change in respect of attitudes and approaches	Head of EDI MAPLE Group	Ongoing September 2022 - appraisals	September 22: EDI objectives added to appraisals Ongoing promotion of opportunities	Promote any webinar/learning opportunities/training about disabilities to LPT colleagues, especially managers EDI objectives within appraisals – in development Promote reverse mentoring	1	A
2.	Ensure disability diversity balance on decision making Forums i.e. Review all Boards/ committees/decision making forums. Do staff from protected groups sit on these boards/groups	Deputy Director of Governance and Risk	March 2024	Review of membership	To be commenced	1	B
3.	To ensure that policies and Practices accommodate the needs of staff with disabilities	EDI team	March 2023	Review key policies as necessary	Link to the Equality Impact Assessment/Due Regard process for policies	1, 2, 3	A

4.	Zero Tolerance to abuse campaign relaunch, with additional supportive materials to encourage speaking up	Zero Tolerance Project Group	December 2022	Relaunch of campaign in September 2022	Requirement for more training for staff to know how to approach these situations, what to say	4	
5.	Produce written guidance for colleagues and managers about navigating post-Covid work, especially for immunosuppressed people: what support is available, what adjustments could be made, etc.	HR, EDI	December 2022	Review of what is already available  Production of additional guidance	Explanation of Access to Work	7, 8	B
6.	Create a form for people to request reasonable adjustments in writing, and continue to promote Health Passports	HR, EDI	March 2023	Produce a simple form, how this would link with Health Passports  Engage with stakeholders		7, 8	B

**Objective 2: Examine and prioritise issues facing disabled staff and have strategies in place to support individuals.**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Give voice to staff with disabilities using existing MAPLE network	MAPLE Group, Freedom to Speak Up Guardian, Director of	Ongoing	How to engage with people who do not have access to computers/work phones	Spread the word about MAPLE, what the role of the group is, how they can support staff, and why people should join to encourage new membership. Consider different ways for people to engage with MAPLE: Teams chat, separate chat platform, Facebook group, face to face sessions?	4, 5, 6, 7, 8, 9	A



		HR and OD		Promote MAPLE at careers fairs etc.			
2.	To promote and communicate a wide range of disability related topics through Team Brief and team meetings. Also use this as a way of getting feedback/ intelligence	MAPLE, Associate Director of Communications, Head of EDI	Ongoing		It is planned to communicate more information and guidance through channels such as Team Briefs, staff bulletin and where appropriate the FB closed page and awareness sessions Trust Wide and within teams.	4, 7, 9	B
3.	To develop a Human Library (volunteers from the MAPLE Group who can share their lived experience and expertise through half hour sessions where colleagues can ask them questions)	MAPLE Group	December 2022	Scoping the project Recruiting volunteers Producing materials	To be commenced	4, 7, 9	B
4.	Identify, share, and engage with “hotspot” areas linked to ‘health and wellbeing’ questions in the additional questions part of the NHS staff survey	MAPLE Group  Health & Wellbeing Lead	Summer 2023	Deep dive into Staff Survey data	To be commenced	4, 5, 6, 7, 8, 9	B

**Objective 3: All disabled staff have the confidence to declare their disability on ESR**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Develop a communication campaign so that staff feel	Communication Lead for	Summer 2023	Link to Human Library project	To be commenced Have a senior leader champion for this initiative	1, 7, 9	B

	confident sharing their disability on ESR	MAPLE Network		Clear guidance on how to update ESR	Myth busting – advantages to people of declaring? Assurance that it won't negatively impact on them. What counts as a disability? Refer to NHS Employers best practice advice Language – use “share” rather than “declare” or “disclose”		
2.	Continue to promote the Trust as a ‘Disability Confident’ employer both internally and via recruitment social media sites	Resourcing Manager/ Communication Lead for MAPLE Network	March 2023	Review recruitment literature Comms campaign	Recruitment literature includes Disability Confident logo and criteria such as guaranteeing an interview to candidates who meet the minimum criteria. Further work required: specific Comms campaign with volunteers to be featured on social media talking about their positive experiences as a member of staff with a disability/health condition.	1, 2, 7	A
3.	Share Lived Experiences from disabled staff regarding their experiences in the workplace	MAPLE Network, EDI-Coordinator & Communication Lead	March 2023	See above – Human Library		1, 7	A
4.	Create a prompt in ill-health review meetings and when people request reasonable adjustments to update ESR if someone has acquired a long-term condition/disability	HR	March 2023	Add to ill-health review meeting templates		1, 7, 8, 9	B

**Objective 4: Embed Inclusive recruitment practice towards the employment and retention of candidates with disabilities to guarantee fairness throughout the process.**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Review how we work with Trust communications to ensure that we present an inclusive picture to potential job applicants	MAPLE Communication Lead Resourcing Manager	February 2023	Commencement of review and engagement with stakeholders Autumn 2022 Production of revised policy and process February 2023	Review of recruitment and selection policy and procedure planned – review due by Feb 2023.	1, 2, 7	B
2.	Enhance recruitment training so focus is on reducing unconscious bias at all stages of selection	Head of EDI/EDI Specialist Resourcing Manager	January 2023	Commencement of review and engagement with stakeholders Autumn 2022 Commence updated training Winter 2022	As above.	2	B

**Objective 5: Ensure Career Progression for staff with disabilities through the Talent management and succession planning approach.**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Develop Disability equality/confident training for all	Resourcing Manager and Head of EDI	March 2023	Create Disability equality training for all	To be commenced. Resources to signpost people to, and help managers to understand their responsibilities	1, 2, 4	B
2.	Review how we encourage managers (via training, ongoing education and coaching conversations) to have health and well-being	Head of OD	March 2023	Add to training Add to HR advice/templates	Health and wellbeing is included in staff appraisals. Consider further guidance and support to managers to have this discussion. Link to leadership behaviours training, or other suitable training	1, 2, 4, 8	B

	discussions with staff about what reasonable Adjustments can be made						
3.	Ensure staff with disabilities benefit from Trust-wide talent management approach by making specific provisions	Head of OD	Ongoing	Integrate disability equality into Trust-wide approach		1, 2	B

## WITH TRACK CHANGES

### Leicestershire Partnership Trust

#### WDES Action Plan 2022 - 2024

**Objective1: To guarantee Dignity at work for all disabled staff (and those with long-term ill health) by creating a culture free from bullying, harassment and discrimination**

Action Number	Action	Lead	Date	Milestone	Progress	Impr ove ment to Metr ic(s)	RAG
1.	To ensure that there is full engagement with the disability agenda, in line with Leadership Behaviours	Head of EDI  MAPLE Group	Ongoing  Septem ber	September 22: EDI objectives added to appraisals  Ongoing promotion of	Promote any webinar/learning opportunities/training about disabilities to LPT colleagues, especially managers  EDI objectives within appraisals – in development	1	A

	leading to demonstrable culture change in respect of attitudes and approaches		2022 - appraisals	opportunities	Promote reverse mentoring		
2.	Ensure disability diversity balance on decision making Forums i.e. Review all Boards/ committees/decision making forums. Do staff from protected groups sit on these boards/groups	Deputy Director of Governance and Risk	March 2024	Review of membership	To be commenced	1	B
3.	To ensure that policies and Practices accommodate the needs of staff with disabilities	EDI team	March 2023	Review key policies as necessary	Link to the Equality Impact Assessment/Due Regard process for policies	1, 2, 3	A
4.	Zero Tolerance to abuse campaign relaunch, with additional supportive materials to encourage speaking up			Relaunch of campaign in September 2022	Requirement for more training for staff to know how to approach these situations, what to say	4	
5.	Produce written guidance for colleagues and managers about navigating post-Covid work, especially for immunosuppressed people: what support is available, what adjustments could be made, etc.	HR, EDI	December 2022	Review of what is already available  Production of additional guidance	Explanation of Access to Work	7, 8	B
6.	Create a form for people to request reasonable adjustments in writing, and continue to promote Health Passports	HR, EDI	March 2023	Explore what a form could look like, how this would link with Health Passports		7, 8	B

				Engage with stakeholders			
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**Objective 2: Examine and prioritise issues facing disabled staff and have strategies in place to support individuals.**

Action Number	Action	Lead	Date	Milestone	Progress	Impr ove ment to Metr ic(s)	RAG
1.	Give voice to staff with disabilities using existing MAPLE network	MAPLE Group, Freedom to Speak Up Guardian, Director of HR and OD	Ongoing	How to engage with people who do not have access to computers/work phones  Promote MAPLE at careers fairs etc.	Spread the word about MAPLE, what the role of the group is, how they can support staff, and why people should join to encourage new membership. Consider different ways for people to engage with MAPLE: Teams chat, separate chat platform, Facebook group, face to face sessions?	4, 5, 6, 7, 8, 9	A
2.	To promote and communicate a wide range of disability related topics through Team Brief and team meetings. Also use this as a way of getting feedback/ intelligence	MAPLE, Associate Director of Communications, Head of EDI	Ongoing		It is planned to communicate more information and guidance through channels such as Team Briefs, staff bulletin and where appropriate the FB closed page and awareness sessions Trust Wide and within teams.	4, 7, 9	B
3.	To develop a Human Library (volunteers from the MAPLE Group who can share their lived experience and expertise through half hour sessions where colleagues	MAPLE Group	Decemb er 2022	Scoping the project Recruiting volunteers Producing materials	To be commenced	4, 7, 9	B

	can ask them questions)						
4.	Identify, share, and engage with “hotspot” areas linked to ‘health and wellbeing’ questions in the additional questions part of the NHS staff survey	MAPLE Group  Health & Wellbeing Lead	Summer 2023	Deep dive into Staff Survey data	To be commenced	4, 5, 6, 7, 8, 9	B

**Objective 3: All disabled staff have the confidence to declare their disability on ESR**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Develop a communication campaign so that staff feel confident sharing their disability on ESR	Communication Lead for MAPLE Network	Summer 2023	Link to Human Library project  Clear guidance on how to update ESR	To be commenced Have a senior leader champion for this initiative Myth busting – advantages to people of declaring? Assurance that it won’t negatively impact on them. What counts as a disability? Refer to NHS Employers best practice advice Language – use “share” rather than “declare” or “disclose”	1, 7, 9	B
2.	Continue to promote the Trust as a ‘Disability Confident’ employer both internally and via recruitment social media sites	Resourcing Manager/ Communication Lead for MAPLE Network	March 2023	Review recruitment literature Comms campaign	Recruitment literature includes Disability Confident logo and criteria such as guaranteeing an interview to candidates who meet the minimum criteria. Further work required: specific Comms campaign with volunteers to be featured on social media talking about their positive experiences as a member of staff with a disability/health condition.	1, 2, 7	A

3.	Share Lived Experiences from disabled staff regarding their experiences in the workplace	MAPLE Network, EDI-Coordinator & Communication Lead	March 2023	See above – Human Library		1, 7	A
4.	Create a prompt in ill-health review meetings and when people request reasonable adjustments to update ESR if someone has acquired a long-term condition/disability	HR	March 2023	Explore feasibility of this option  Add to ill-health review meeting templates		1, 7, 8, 9	B

**Objective 4: Embed Inclusive recruitment practice towards the employment and retention of candidates with disabilities to guarantee fairness throughout the process.**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Review how we work with Trust communications to ensure that we present an inclusive picture to potential job applicants	MAPLE Communication Lead Resourcing Manager	February 2023	Commencement of review and engagement with stakeholders Autumn 2022 Production of revised policy and process February 2023	Review of recruitment and selection policy and procedure planned – review due by Feb 2023.	1, 2, 7	B
2.	Enhance recruitment	Head of	January	Commencement of	As above.	2	B



	training so focus is on reducing unconscious bias at all stages of selection	EDI/EDI Specialist Resourcing Manager	2023	review and engagement with stakeholders Autumn 2022 Commence updated training Winter 2022			

**Objective 5: Ensure Career Progression for staff with disabilities through the Talent management and succession planning approach.**

Action Number	Action	Lead	Date	Milestone	Progress	Improvement to Metric(s)	RAG
1.	Develop Disability equality/confident training for all	Resourcing Manager and Head of EDI	March 2023	Create Disability equality training for all	To be commenced. Resources to signpost people to, and help managers to understand their responsibilities	1, 2, 4	B
2.	Review how we encourage managers (via training, ongoing education and coaching conversations) to have health and well-being discussions with staff about what reasonable Adjustments can be made	Head of OD	March 2023	Add to training Add to HR advice/templates	Health and wellbeing is included in staff appraisals. Consider further guidance and support to managers to have this discussion. Link to leadership behaviours training, or other suitable training	1, 2, 4, 8	B
3.	Ensure staff with disabilities benefit from Trust-wide talent management approach by making specific provisions	Head of OD	Ongoing	Integrate disability equality into Trust-wide approach		1, 2	B