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NHS
Leicestershire Partnership
NHS Trust

Trust Board:
26ᵗʰ September 2023

Workforce Disability Equality Standard Metrics Report 2022/23 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 were required to submit WDES data to NHS England and NHS Improvement, by May 31ˢᵗ 2023.

- This report provides a summary of each WDES metric (page 5) and then further detail (page 9), followed by breakdowns by Directorate (page 25) and professional group (page 30). Headcounts of 10 or below have been redacted from this report.

- An accompanying action plan has been produced with considerable consultation and involvement from:
    - DMH and FYPCLDA directorate equality groups
    - MAPLE and Neurodiversity Staff Support Networks
    - The Organisational Development team
    - The Human Resources team
    - The Recruitment team
    - The Equality, Diversity & Inclusion team
    - International Recruitment

- The Board is asked to approve the report and action plan for publication on the Trust's website by October 31st 2023, and submission to the Co-ordinating Commissioner. This will satisfy the Trust's statutory duties.

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:
    - Representation at higher bands

1

- 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

Proposal

- It is asked that the Board approves the 2022/23 WDES report and action plan for publication on the Trust's public-facing website by 31st October 2023.

- 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 report and action plan for publication on the Trust's public website by 31st October 2023.

- 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

For Board and Board Committees: Paper sponsored by:	Trust Board Sarah Willis (Director of Human Resources and Organisational Development)	
Paper authored by:	Roisin Ryan (EDI Specialist), Haseeb Ahmad (Head of Equality, Diversity and Inclusion)	
Date submitted:	15th September 2023	
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):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
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	This report is part of an annual governance cycle	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	X
	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	73. Failure to deliver workforce equality, diversity and inclusion
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Y	
Equality considerations:	Y	

Workforce Disability Equality Standard

Leicestershire Partnership NHS Trust

March 2023

Contents:

Summary: at LPT in 2022/23, Disabled colleagues made up 7.8% of our workforce, and were…

Metric 1 (p.10)

Fairly well-represented across non-clinical band groups. However, Disabled colleagues are still underrepresented at Bands 8A and 8B compared to the workforce overall.

Non-Clinical: %Disabled staff at each band

Under-represented at clinical Bands 8A and above.
Underrepresented in medical roles.

This is an improvement on last year in terms of overall workforce, and a similar position for bands 8a and above.

Clinical: %Disabled staff at each band
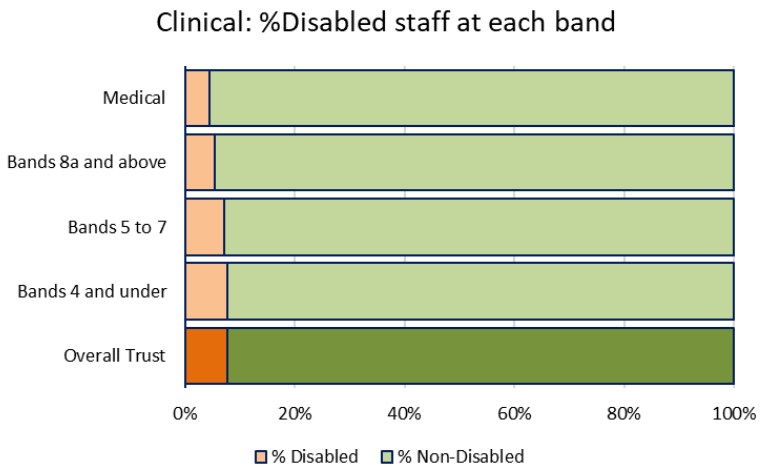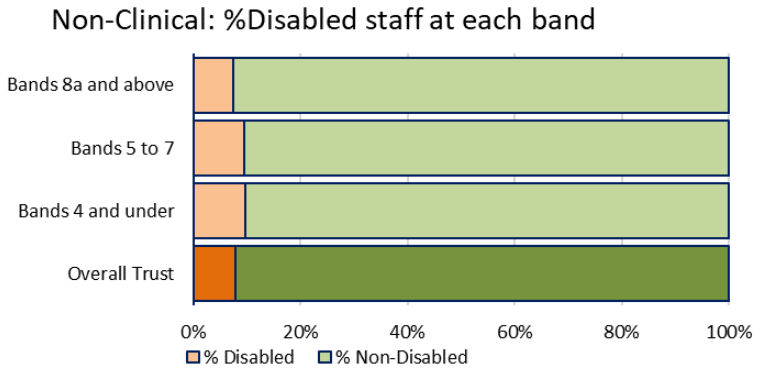
Metric 2 (p.12)

Equally likely to be offered a role when shortlisted as non-disabled applicants. Non-disabled people were 0.97 times more likely than Disabled to people to be made an offer from shortlisting.

Recruitment data has been calculated differently to last year, so results between years cannot be directly compared.

Metric 3 (p.13)

More likely (1.58 times) to enter a formal capability process as non-disabled colleagues.

This is an improvement on last year.

Formal capability process	**2019/20 to 2020/21**	**2020/21 to 2021/22**	**2021/22 to 2022/23**
Relative likelihood of entering the formal capability process (Disabled/non-disabled)	10.22	4.58	**1.58**

Metric 4 (p.14)

More likely than non-disabled colleagues to suffer harassment, bullying or abuse from the public (28.4% Disabled, 18.8% not disabled)

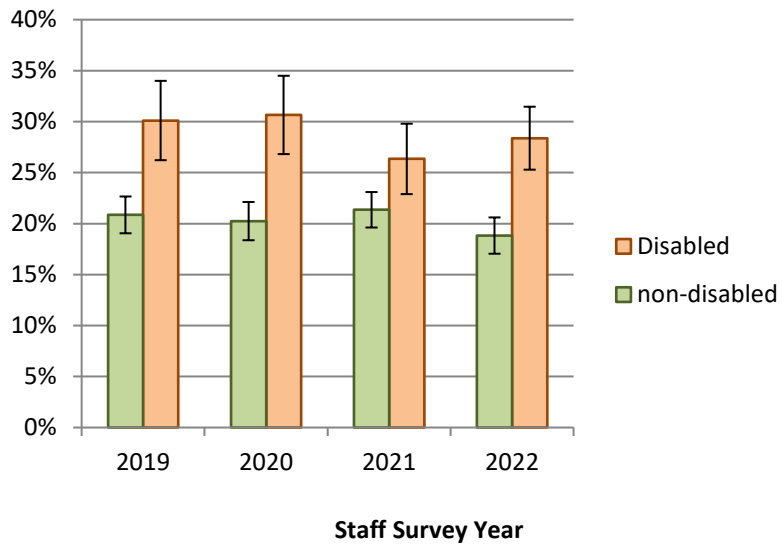**This has worsened since last year.**

Abuse from the public:

More likely than non-disabled colleagues to suffer harassment, bullying or abuse from the managers (14.7% Disabled, 6.0% not disabled)

This has improved since last year.
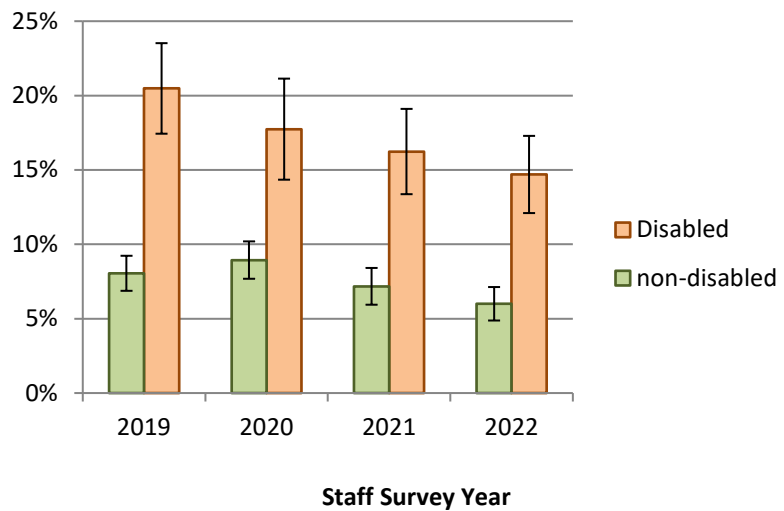
Abuse from managers:

More likely than non-disabled colleagues to suffer harassment, bullying or abuse from colleagues (22.5% Disabled, 10.6% not disabled)
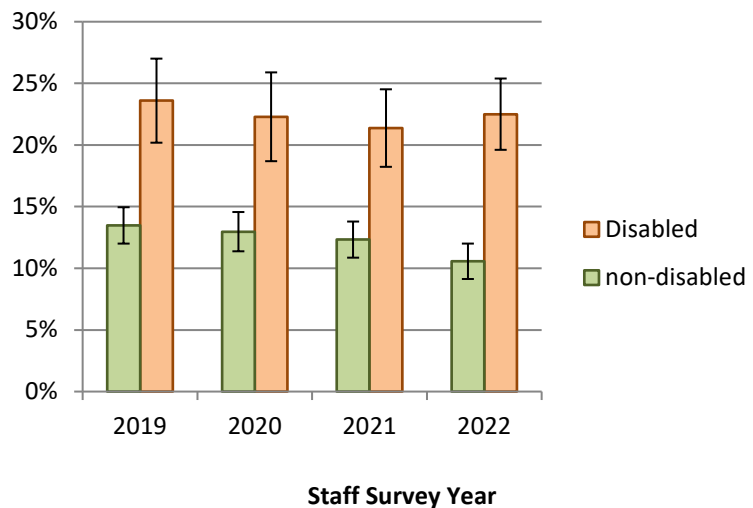
This has worsened since last year.

Abuse from colleagues:

Less likely to say they, or a colleague, reported their last incident of harassment, bullying or abuse (50.9% Disabled and 59.1% non-disabled).

This discrepancy has worsened since last year.
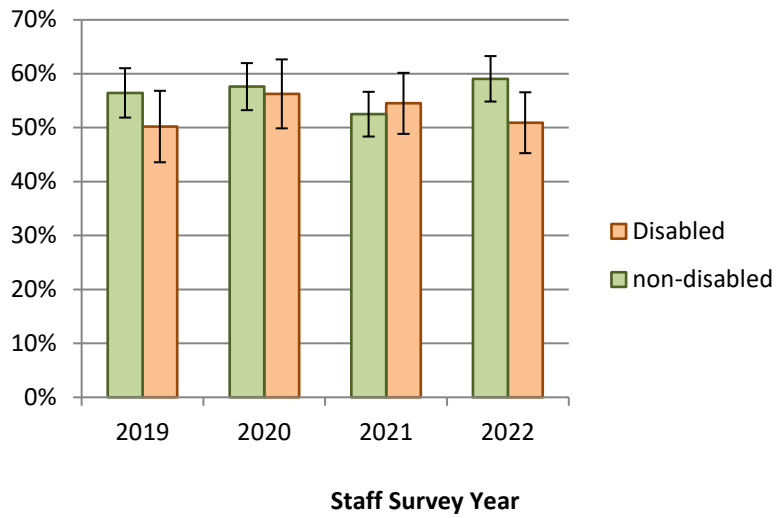
Metric 5 (p.18)

Less likely to feel that career progression processes are fair (59.5% Disabled and 66.7% non-disabled)

This has improved slightly since last year.
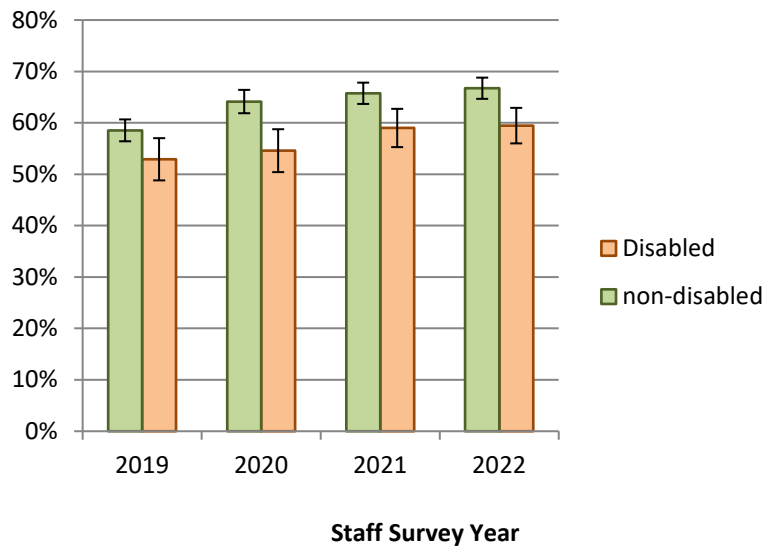
Metric 6 (p.19)

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, (24.2% Disabled and 12.8% non-disabled)

This has worsened since last year.
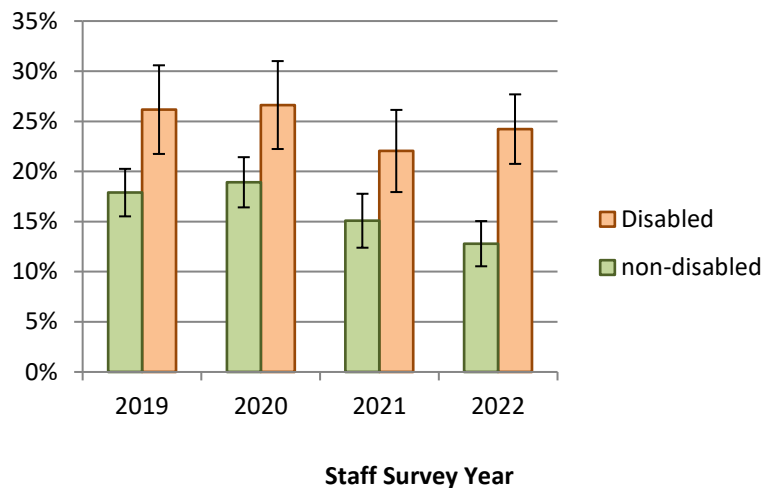
Metric 7 (p.20)

Less likely than non-disabled colleagues to be satisfied with the extent to which the organisation valued their work (44.4% Disabled and 54.9% non-disabled).

This is an improvement on last year.
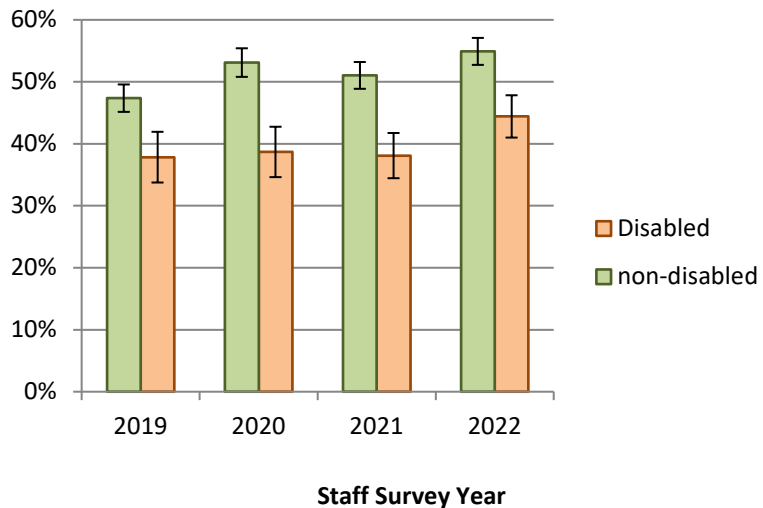
Metric 8 (p.21)

79.2% of Disabled colleagues reported said adequate adjustments had been made to enable them to carry out their work.

This is similar to last year.
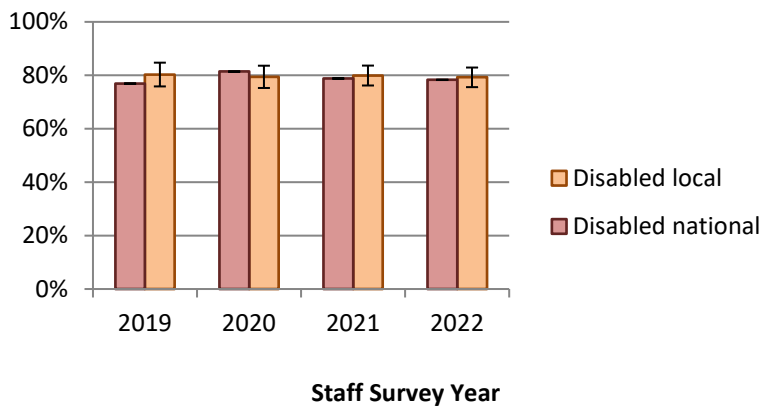
Metric 9 (p.22)

Disabled colleagues scored lower than non-disabled colleagues on the engagement score (6.7 for Disabled colleagues and 7.1 for non-disabled colleagues).

This is the same as last year.
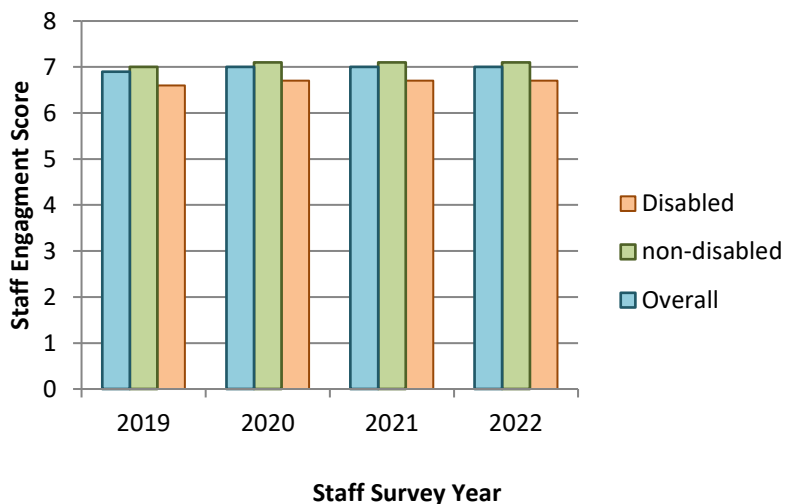
Metric 10 (p.24)

Underrepresented among total and executive Board members (-2.2%, -7.8% compared to workforce), but overrepresented among voting Board members (+1.3%). **This is similar to last year.**

Full Analysis

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 were required to submit WDES data to NHS England and NHS Improvement, by May 31st 2023. An action plan must be agreed by the Trust Board and published on the Trust's website by October 31st 2023.

Note on data:

The "four-fifths" rule is used to identify significant differences between groups. If the relative likelihood of an outcome for one group compared to another is less than 0.80 or higher than 1.25, then the difference can be considered significant.

Headcounts of 10 and below have been redacted from this report which will be published publicly.

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 "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

As of September 2023, we are awaiting national 2021/22 WDES data broken down by organisation for benchmarking.

The WDES metrics

Metric 1. Pay Bands

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 2023, Disabled colleagues made up 7.8% of LPT's substantive workforce of known disability status, an increase since last year (6.4%). Disability status was unknown for 15% of people (933/6227), down from 16.9% last year. This increase could be due to efforts to encourage people to share their disability status, as well as more people with disabilities being appointed into roles.

- Staff Survey results for 2022 show 27.9% of substantive colleagues at LPT declared a disability, a similar figure to 27.8% 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. Efforts are ongoing in collaboration with our MAPLE (Mental and Physical Life Experience) Staff Support Network to encourage people to share their disability status on ESR.

- Non-clinical:
    - For non-clinical colleagues, representation is fairly consistent throughout the bands, with increasing numbers of people sharing their disabilities at Bands 8a and up since last year (although small numbers make these figures liable to change year on year).

- Clinical:
    - The proportion of Disabled colleagues is highest between Bands 1 and 4, and decreases at higher bands. 39.7% of Consultants have not shared their disability status, compared to just 6.7% of medical trainees, 14.9% of non-clinical staff, and 14.6% of clinical (non-medical) staff.

- The proportion of "Not Stated" or undisclosed disability data has decreased year-on-year from 45.0% at March 2012 to 21.8% at March 2019 and 15.0% at March 2023.

Table 1: Metric 1: The disability profile of substantive colleagues by pay band cluster

Pay Band Cluster	Percent Disabled March 2021	Percent Disabled March 2022	Percent Disabled March 2023	Number Disabled March 2021	Number Disabled March 2022	Number Disabled March 2023
Substantive Colleagues Overall	5.9%	6.4%	**7.8%**	258 out of 4402	305 out of 4730	**411 out of 5294**
Non clinical Cluster 1, Bands 4 and under	7.2%	7.6%	**9.8%**	45 out of 626	49 out of 647	**94 out of 964**
Non clinical Cluster 2, Band 5 - 7	7.8%	9.2%	**9.6%**	24 out of 306	30 out of 325	**37 out of 387**
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	5.4%	5.9%	**7.8%**	59 out of 1090	69 out of 1175	**94 out of 1209**
Clinical Cluster 2, Band 5 - 7	5.8%	6.3%	**7.1%**	113 out of 1950	133 out of 2117	**156 out of 2196**
Clinical Cluster 3, Bands 8a - 8b	R	R	**5.6%**	R	R	**12 out of 213**
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 Career Grades	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

Non-Clinical: %Disabled staff at each band

Clinical: %Disabled staff at each band
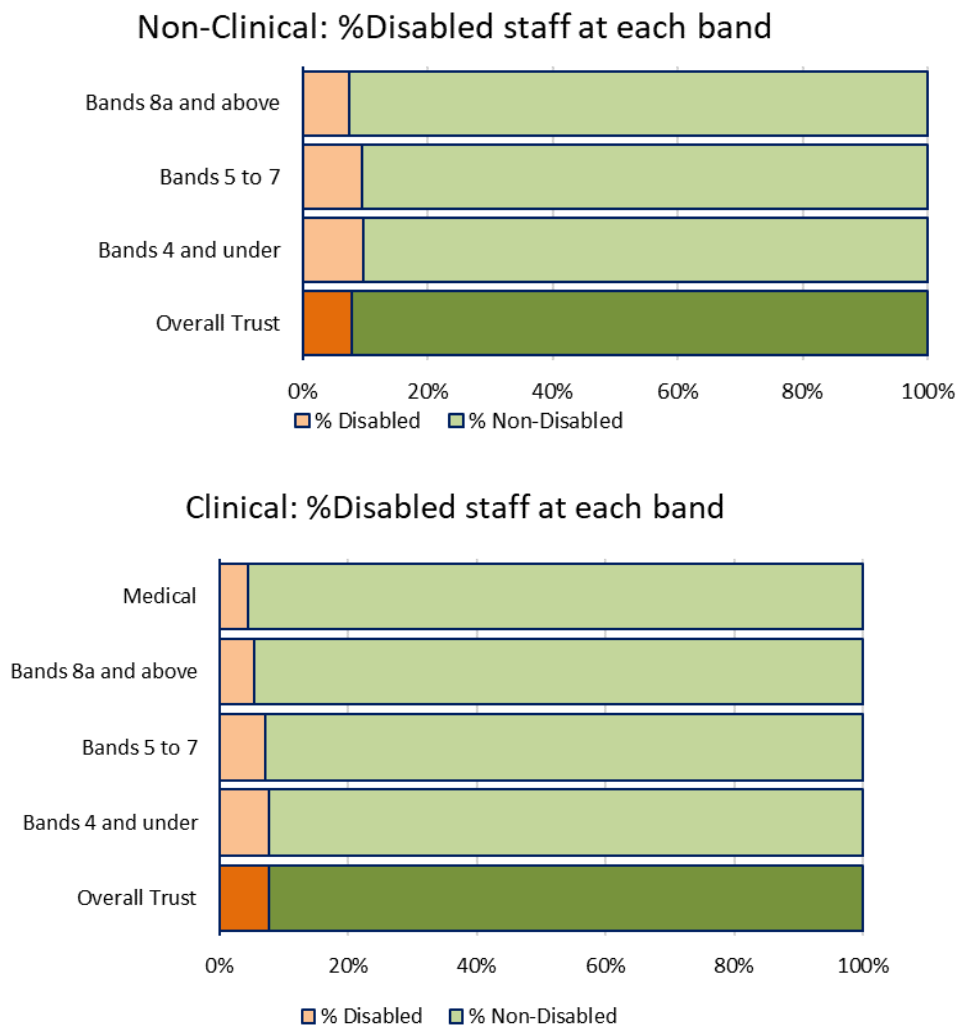
Metric 2. Recruitment

Relative likelihood of non-disabled colleagues compared to Disabled colleagues being offered a role from shortlisting across all posts.

Narrative for metric 2:

- In 2022/23 non-disabled people and Disabled people were equally likely to be offered roles from amongst those shortlisted (non-disabled people were 0.97 times as likely as Disabled people to be offered roles from shortlisting).

- In 2022/23, some adjustments have been made to the calculations due to the functionality of our new recruitment system, NHS Jobs 3:

    o Data for the number of people **recruited** is not available for 2022/23 in NHS Jobs 3. Therefore, the number of people **made offers** is used here, in contrast with previous years. Internal candidates will appear in the number of shortlisted candidates, but as their offers are not currently recorded on NHS Jobs 3, they will not appear in the number of candidates offered roles. Therefore, the number of people offered roles is underestimated.
    o Only vacancies which had reached the point of offer are included in the figures. Vacancies are earlier stages are excluded because outcomes were unknown for these applicants. Applicants who withdrew from the process prior to offers being made have also been excluded. This improves our data quality.
    o Had 2021/22 data been calculated in the same way, this shows non-disabled candidates were still similarly likely to Disabled candidates to be made an offer, with non-disabled candidates 1.04 times more likely to be made offers.

Table 2: Metric 2: The relative likelihood of non-disabled people and Disabled people being appointed from amongst those shortlisted

Recruitment	2019/20	2020/21	2021/22	2022/23*
		RECRUITED		MADE OFFERS
Relative likelihood of appointment from shortlisting (non-disabled/Disabled)	1.39	1.13	1.17	**0.97**
% non-disabled people appointed from shortlisting	11.2%	10.8%	13.2%	**35.9%**
% Disabled people appointed from shortlisting	8.1%	9.6%	11.3%	**36.9%**
n. non-disabled people appointed from shortlisting	504 out of 4493	550 out of 5079	766 out of 5786	**1108 out of 3081**
n. Disabled people appointed from shortlisting	30 out of 371	35 out of 364	55 out of 485	**109 out of 295**

*It is not possible to make comparisons with previous years, as 2022/23 data has been calculated differently.

Metric 3. Formal capability process – <mark>this section will be redacted from the published report on advice from the national team, due to small numbers</mark>

Description of metric 3:

- Relative likelihood of Disabled colleagues compared to non-disabled colleagues entering the formal capability process. This does not include ill-health processes.

Narrative for metric 3:

- In the two-year window 2021/22 to 2022/23, Disabled colleagues were 1.58 times more likely than non-disabled colleagues to enter formal capability proceedings. The number of colleagues going through formal capability processes is very small, so the relative likelihood is liable to vary considerably year on year.

Table 3: Metric 3: The relative likelihood of Disabled colleagues and non-disabled colleagues entering the formal capability process

Formal capability process	2018/19 to 2019/20	2019/20 to 2020/21	2020/21 to 2021/22	2021/22 to 2022/23
Relative likelihood of entering the formal capability process (Disabled/non-disabled)	6.22	10.22	4.58	**1.58**
% Disabled colleagues entering the formal capability process	R	R	R	R
% non-disabled colleagues entering the formal capability process	R	R	R	R
n. Disabled colleagues entering the formal capability process	R out of 247	R out of 258	R out of 305	**R out of 411**
n. non-disabled colleagues entering the formal capability process	R out of 3998	R out of 4144	R out of 4425	**R out of 4883**

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:
    - o   i) Patients/Service users, their relatives or other members of the public,
    - o   ii) Managers,
    - o   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:

- **The public:** 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 (28.4%, 229/807 Disabled colleagues and 18.8%, 391/2077 non-disabled colleagues); the position has worsened since last year but is better than 2019 and 2020. 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).

- **Managers:** Disabled colleagues were more likely than non-disabled colleagues to suffer harassment, bullying or abuse from managers (14.7%, 118/803 Disabled colleagues and 6.0%, 124/2066 non-disabled colleagues); however this is an improvement on last year and continues a downward trend. LPT's results for this metric were worse than Trusts in the benchmark group for Disabled colleagues (12.3% Disabled colleagues and 7.0% non-Disabled colleagues).

- **Colleagues:** Disabled colleagues were more likely than non-disabled colleagues to suffer harassment, bullying or abuse from other colleagues (22.5%, 180/800 Disabled colleagues and 10.6%, 218/2063 non-disabled colleagues); this is worse than last year. LPT's results for this metric were worse than Trusts in the benchmark group for Disabled colleagues (18.9% Disabled colleagues and 12.1% non-Disabled 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

Harassment, bullying or abuse from patients / service users, their relatives or the public	2019	2020	2021	2022
% Disabled colleagues	30.1%	30.7%	26.3%	**28.4%**
% non-disabled colleagues	20.9%	20.2%	21.4%	**18.8%**
n. Disabled colleagues	165 out of 548	210 out of 684	206 out of 782	**229 out of 807**
n. non-disabled colleagues	376 out of 1803	415 out of 2050	435 out of 2037	**391 out of 2077**

Graph B: Metric 4ai: 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

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

Harassment, bullying or abuse from managers	2019	2020	2021	2022
% Disabled colleagues	20.5%	17.7%	16.2%	**14.7%**
% non-disabled colleagues	8.1%	8.9%	7.2%	**6.0%**
n. Disabled colleagues	111 out of 542	121 out of 682	126 out of 776	**118 out of 803**
n. non-disabled colleagues	145 out of 1801	183 out of 2047	145 out of 2021	**124 out of 2066**

Graph C: Metric 4aii: The percentages of colleagues with and without disabilities/long-term conditions who experienced harassment, bullying or abuse from managers
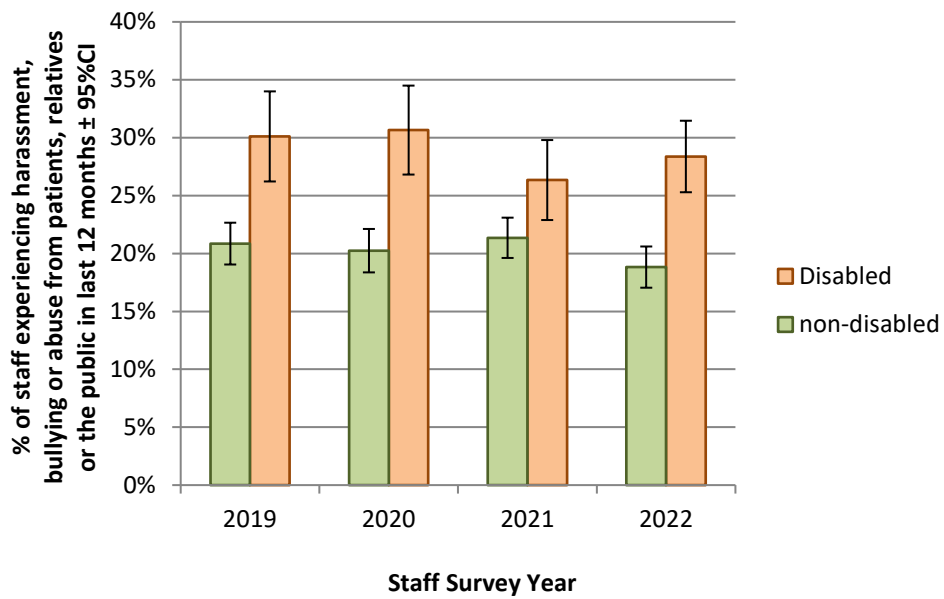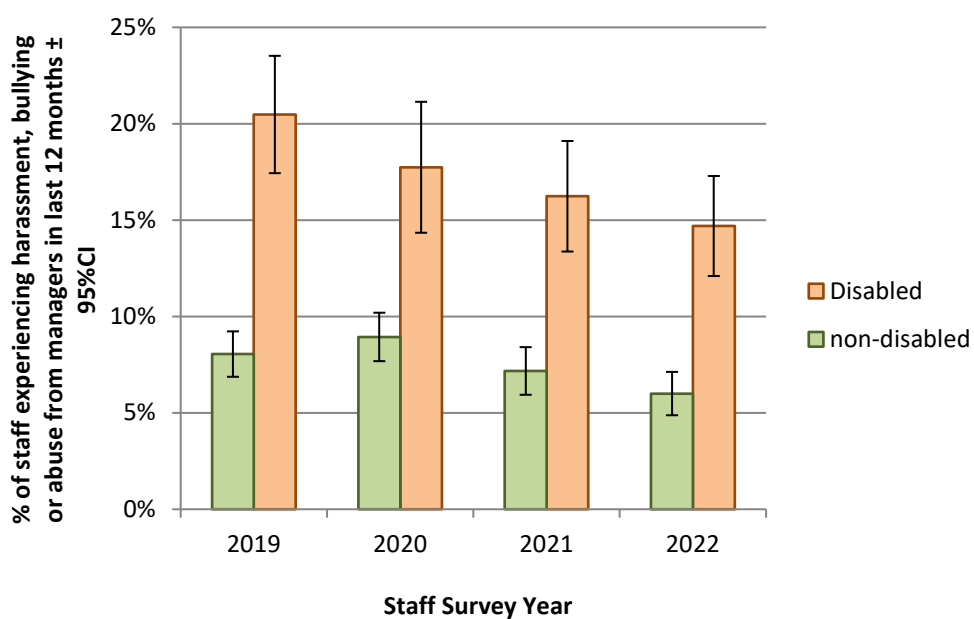
Table 6: Metric 4a iii: The percentages of Disabled colleagues and non-disabled colleagues who experienced harassment, bullying or abuse from other colleagues

Harassment, bullying or abuse from other colleagues	2019	2020	2021	2022
% Disabled colleagues	23.6%	22.3%	21.4%	**22.5%**
% non-disabled colleagues	13.5%	13.0%	12.3%	**10.6%**
n. Disabled colleagues	126 out of 534	150 out of 673	165 out of 772	**180 out of 800**
n. non-disabled colleagues	238 out of 1766	262 out of 2020	248 out of 2012	**218 out of 2063**

Graph D: Metric 4aiii: The percentages of colleagues with and without disabilities/long-term conditions who experienced harassment, bullying or abuse from colleagues
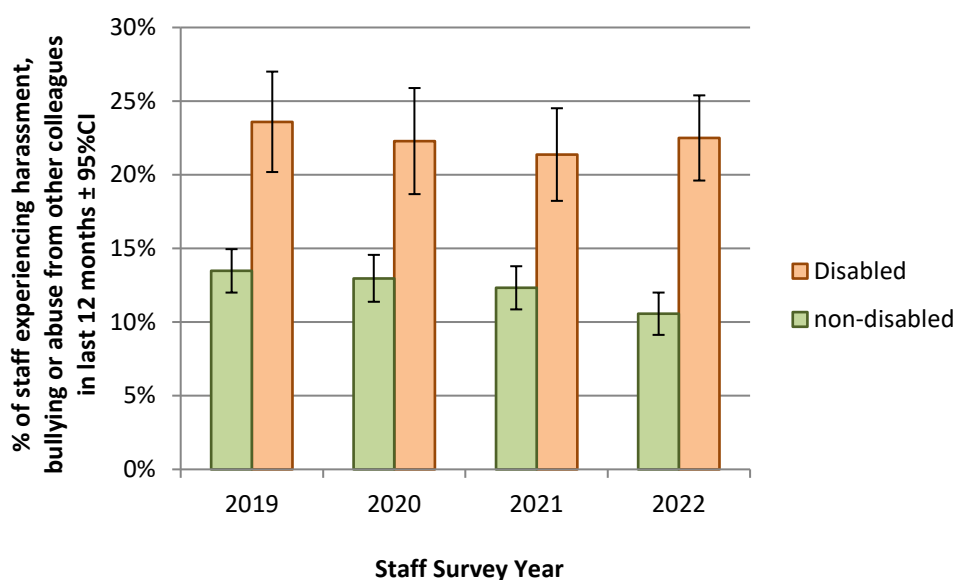
Narrative for metric 4b:

- Disabled colleagues were less likely to say they, or a colleague, reported their last incident of harassment, bullying or abuse (50.9%, 166/326 Disabled colleagues and 59.1%, 290/491 non-disabled colleagues). The position has worsened since last year. LPT's results were worse than Trusts in the benchmark group (60.3% Disabled colleagues and 59.8% 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

Reporting harassment, bullying or abuse	2019	2020	2021	2022
% Disabled colleagues	50.2%	56.3%	54.5%	**50.9%**
% non-disabled colleagues	56.5%	57.6%	52.5%	**59.1%**
n. Disabled colleagues	118 out of 235	166 out of 295	163 out of 299	**166 out of 326**
n. non-disabled colleagues	280 out of 496	314 out of 545	283 out of 539	**290 out of 491**

Graph E: Metric 4b: 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
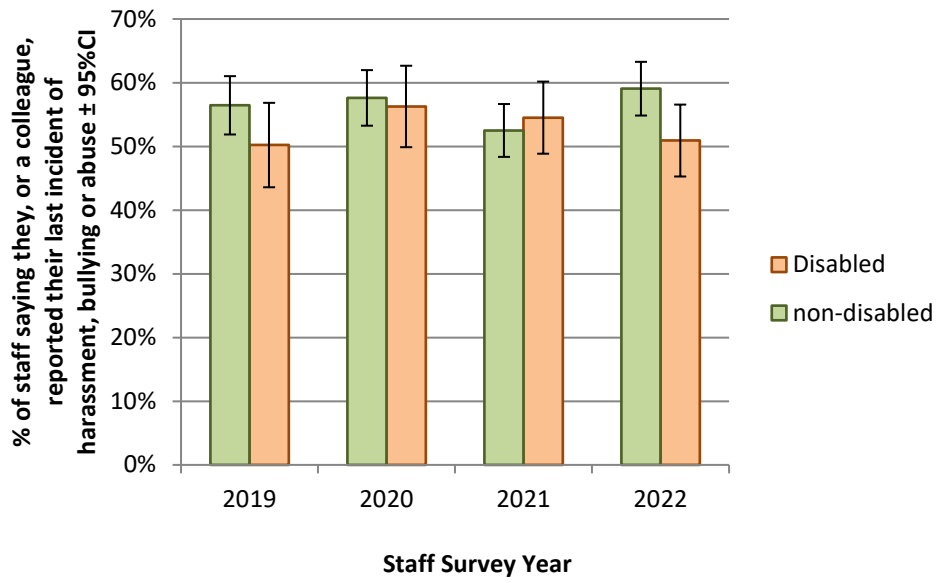
Metric 5. Equal opportunities for career progression or promotion

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:

- Disabled colleagues were less likely than non-disabled colleagues to feel that the organisation provides equal opportunities for career progression or promotion (59.5%, 481/809 Disabled colleagues and 66.7%, 1390/2083 non-disabled colleagues); a slight improvement on previous years in terms of proportion of colleagues answering positively.
- LPT's results for this metric were better than Trusts in the benchmark group, in common with previous years (56.0% Disabled colleagues and 61.5% 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	2019	2020	2021	2022
% Disabled colleagues	52.9%	54.6%	59.0%	**59.5%**
% non-disabled colleagues	58.5%	64.1%	65.7%	**66.7%**
n. Disabled colleagues	291 out of 550	375 out of 687	459 out of 778	**481 out of 809**
n. non-disabled colleagues	1056 out of 1804	1320 out of 2058	1336 out of 2032	**1390 out of 2083**

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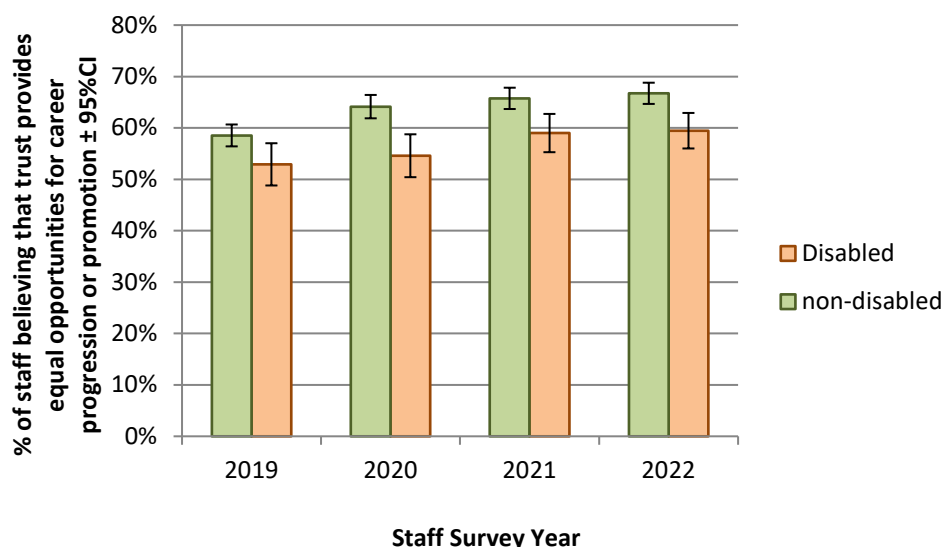
Metric 6. Pressure from a manager to come to work, despite not feeling well enough

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:

- 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, (24.2%, 132/545 Disabled colleagues and 12.8%, 125/977 non-disabled colleagues). The gap has widened between Disabled and non-disabled colleagues.
- LPT's results for this metric were worse than Trusts in the benchmark group for Disabled colleagues (18.9% Disabled colleagues and 12.7% 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

Pressure from a manager to come to work, despite not feeling well enough	2019	2020	2021	2022
% Disabled colleagues	26.2%	26.6%	22.0%	**24.2%**
% non-disabled colleagues	17.9%	18.9%	15.1%	**12.8%**
n. Disabled colleagues	101 out of 386	119 out of 447	121 out of 549	**132 out of 545**
n. non-disabled colleagues	161 out of 900	154 out of 814	146 out of 968	**125 out of 977**

Graph G: Metric 6: The percentages of colleagues with and without disabilities/long-term conditions feeling pressure from their manager to come into work
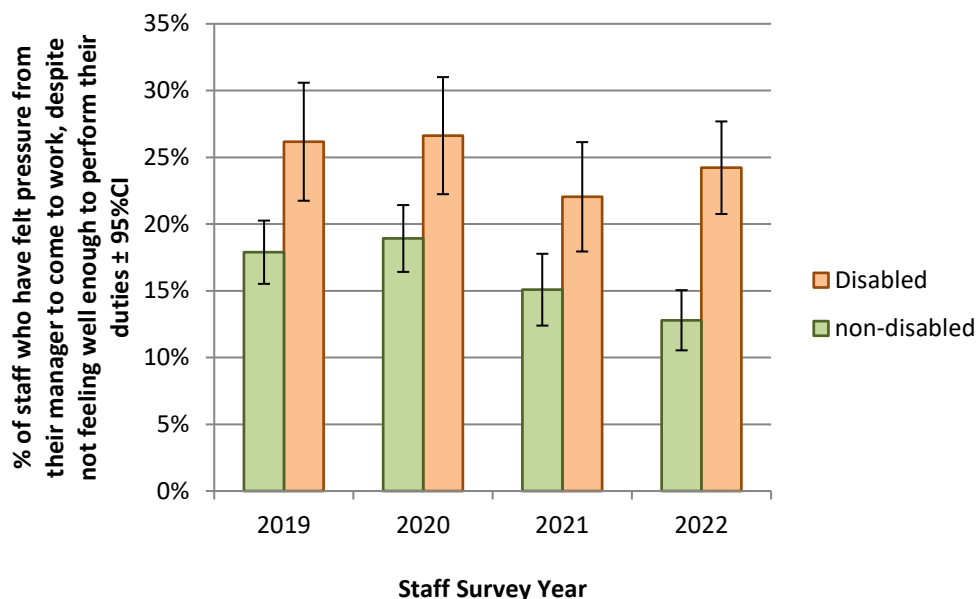
Metric 7. Satisfaction with the extent to which the organisation values work

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:

- Disabled colleagues were less likely than non-disabled colleagues to be satisfied with the extent to which the organisation valued their work (44.4%, 358/806 Disabled colleagues and 54.9%, 1141/2078 non-disabled colleagues); however, the percentage has increased since last year and the gap between Disabled and non-disabled colleagues has narrowed.
- LPT's results for this metric were similar to Trusts in the benchmark group (44.0% Disabled colleagues and 53.2% 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

Satisfaction with the extent to which the organisation values work	2019	2020	2021	2022
% Disabled colleagues	37.8%	38.7%	38.1%	**44.4%**
% non-disabled colleagues	47.4%	53.1%	51.0%	**54.9%**
n. Disabled colleagues	207 out of 547	265 out of 685	296 out of 777	**358 out of 806**
n. non-disabled colleagues	853 out of 1801	1086 out of 2045	1035 out of 2028	**1141 out of 2078**

Graph H: Metric 7: The percentages of colleagues with and without disabilities/long-term conditions feeling valued by the organisation
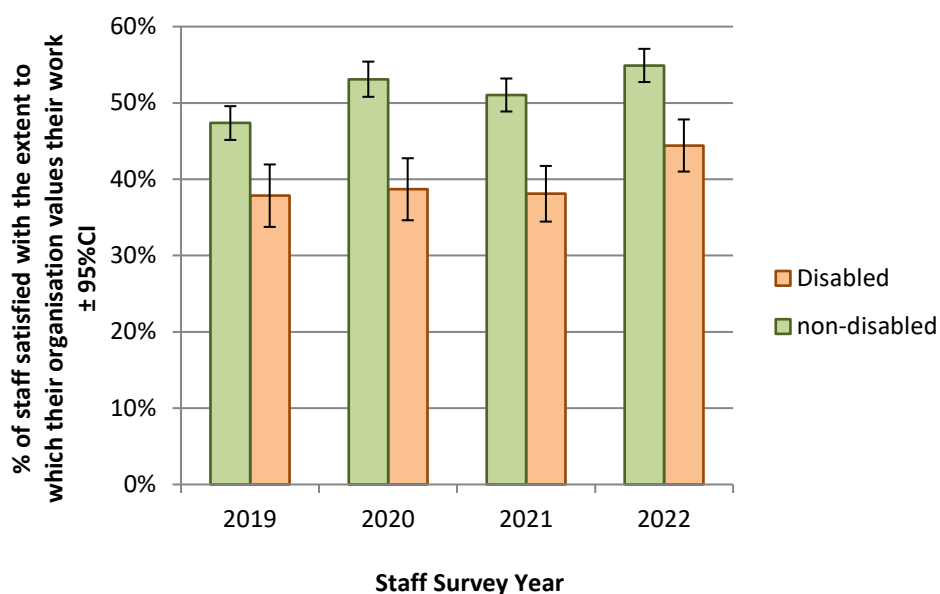
Metric 8. Adequate adjustments

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:

- Amongst colleagues with disabilities or long-term conditions at LPT, 79.2% (374/472) reported that their employer had made adequate adjustments to enable them to carry out their work: slightly down from last year but slightly more than the national average of 78.8%.

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	2019	2020	2021	2022
% Disabled at LPT	80.3%	79.4%	79.9%	**79.2%**
% Disabled benchmark orgs	76.9%	81.4%	78.8%	**78.8%**
n. Disabled at LPT	281 out of 350	359 out of 452	366 out of 458	**374 out of 472**
n. Disabled benchmark orgs	Data not available	Data not available	Data not available	**7137 out of 9113**

Graph I: Metric 8: How the percentages of Disabled colleagues reporting adequate adjustments locally and nationally has changed since 2018
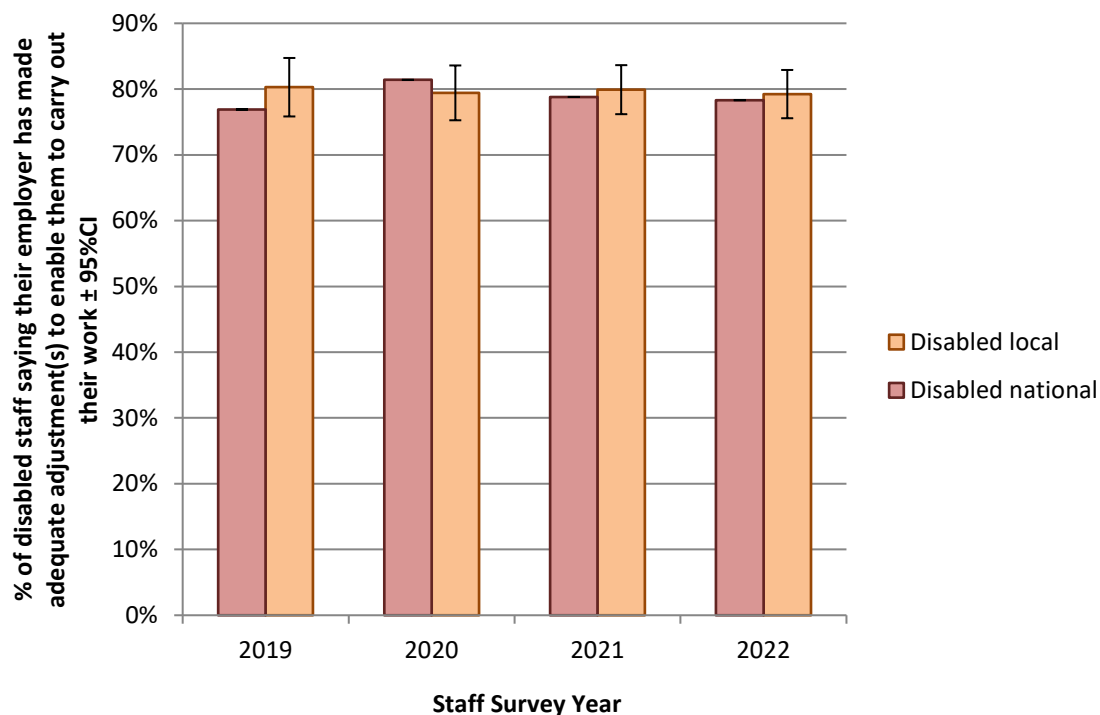
Metric 9. Staff engagement and facilitating the voices of Disabled colleagues

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

- 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:

- As in previous years, Disabled colleagues scored lower than non-disabled colleagues on the engagement score (6.7 for Disabled colleagues and 7.1 for non-disabled colleagues). 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	2019	2020	2021	2022
Disabled colleagues	6.6	6.7	6.7	**6.7**
Non-disabled colleagues	7.0	7.1	7.1	**7.1**
LPT overall	6.9	7.0	7.0	**7.0**

Graph J: Metric 9a: Staff engagement scores
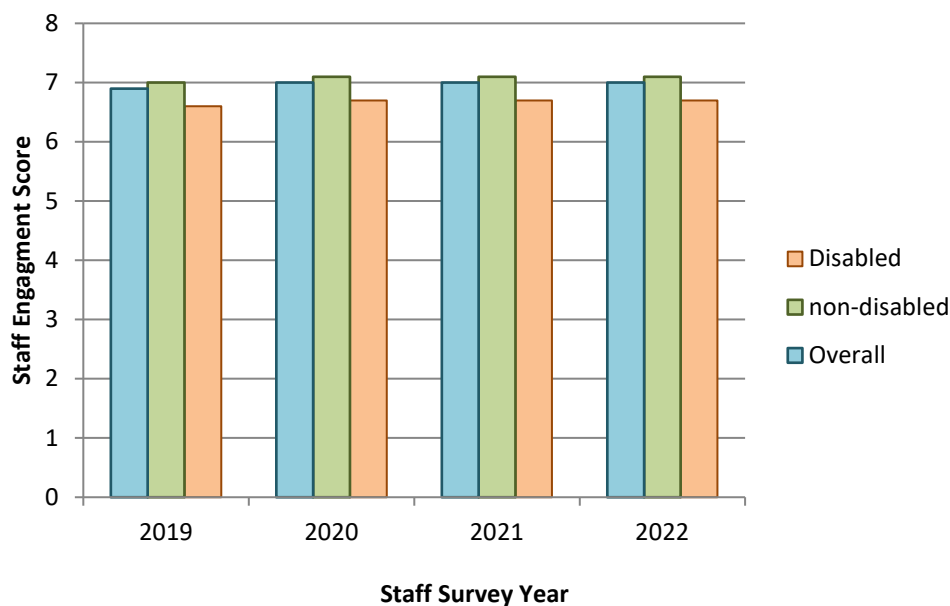
Metric 9b. Action taken by the Trust to facilitate the voices of Disabled colleagues in the organisation to be heard:

- Channels for voices to be heard:
    - Disabled Staff Support Group: MAPLE (Mental and Physical Life Experience)
    - Neurodiversity Support Network

Both groups support the voices of those who want a safe space to share their lived experiences. MAPLE group members are also active partners in developing the WDES action plan.

- Themes identified through the MAPLE group
    - Continue to promote awareness of reasonable adjustments and use of the Health Passport, particularly around managers' awareness of their role in supporting people working with disabilities and long-term conditions.
    - Ensure more accessibility of the recruitment process
    - Promote our Human Library initiative, giving people the chance to learn first-hand from someone with a disability or long-term condition.

- Outputs
    - Ongoing co-production of training packages and tools to include upcoming Disability Learning Sets
    - Policy Reviews
    - MAPLE Staff Network conference day
    - Promotion of how and why people can share their disability status on ESR.
    - Linking of well-being to the appraisal process through the Leadership Behaviour Framework
    - Equality-related appraisal objectives for all staff members

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 2023, compared to the level of representation in the workforce of known status overall, Disabled people were proportionally represented amongst voting board members (+1.3% difference in representation). However, Disabled people were under-represented amongst executive board members (-7.8% difference in representation) and board members overall (-2.2% difference in representation).

- 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)

Board representation	March 2020	March 2021	March 2022	March 2023
Percentage Disabled colleagues in the substantive workforce overall	5.8%	5.9%	6.4%	**7.8%**
Difference between **all board members** and the substantive workforce overall	+2.5%	+4.1%	-0.9%	**-2.2%**
Difference between **voting board members** and the substantive workforce overall	+5.3%	+6.6%	+2.6%	**1.3%**
Difference between **executive board members** and the substantive workforce overall	-5.8%	-5.9%	-6.4%	**-7.8%**

Appendix 1: Directorate Data

INDICATOR 1

CHS	No	Yes	%No (of known status)	%Yes (of known status)
total	1478	85	94.6%	5.4%

DMH	No	Yes	%No (of known status)	%Yes (of known status)
total	1204	129	68.4%	7.3%

FYPCLDA	No	Yes	%No (of known status)	%Yes (of known status)
total	1291	124	91.2%	8.8%

Enabling, Hosted, and WB	No	Yes	%No (of known status)	%Yes (of known status)
total	910	73	92.6%	7.4%

Directorate	Not Stated (% of directorate)
CHS	7.8%
DMH	24.2%
FYPCLDA	13.1%
Enabling, Hosted, Workforce Bureau	14.1%

INDICATOR 2

Directorate	% not disabled Offered roles of those shortlisted (offered/shortlisted)	% Disabled Offered roles of those shortlisted (offered/shortlisted)	Likelihood ratio (not disabled/Disabled)
CHS	36.5% (291/797)	46.7% (28/60)	0.78
DMH	38.4% (383/997)	40.9% (47/115)	0.94
FYPCLDA	35.6% (314/883)	30.2% (26/86)	1.18

STAFF SURVEY

Indicator 4a(i): Percentage of Disabled staff and non-disabled staff who experienced at least one incident of harassment, bullying or abuse from patients / service users, their relatives or other members of the public in the last 12 months

CHS	Yes	Total	%Yes
Disabled	78	200	39.0%
Not disabled	142	714	19.9%

DMH	Yes	Total	%Yes
Disabled	92	231	39.8%
Not disabled	129	422	30.6%

FYPCLDA	Yes	Total	%Yes
Disabled	51	250	20.4%
Not disabled	102	592	17.2%

Indicator 4a(ii): Percentage of Disabled staff and non-disabled staff who experienced at least one incident of harassment, bullying or abuse from Managers in the last 12 months

CHS	Yes	Total	%Yes
Disabled	23	197	11.7%
Not disabled	31	710	4.4%

DMH	Yes	Total	%Yes
Disabled	49	231	21.2%
Not disabled	38	418	9.1%

FYPCLDA	Yes	Total	%Yes
Disabled	25	250	10.0%
Not disabled	37	590	6.3%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	21	125	16.8%
Not disabled	18	348	5.2%

Indicator 4a(iii): Percentage of Disabled staff and non-disabled staff who experienced at least one incident of harassment, bullying or abuse from Other colleagues in the last 12 months

CHS	Yes	Total	%Yes
Disabled	48	201	23.9%
Not disabled	74	709	10.4%

DMH	Yes	Total	%Yes
Disabled	62	229	27.1%
Not disabled	63	421	15.0%

FYPCLDA	Yes	Total	%Yes
Disabled	45	245	18.4%
Not disabled	54	587	9.2%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	25	125	20.0%
Not disabled	27	346	7.8%

Indicator 4b: Percentage of Disabled staff and non-disabled staff saying they, or a colleague, reported their last incident of harassment, bullying or abuse in the last 12 months

CHS	Yes	Total	%Yes
Disabled	49	94	52.1%
Not disabled	84	158	53.2%

DMH	Yes	Total	%Yes
Disabled	65	120	54.2%
Not disabled	100	150	66.7%

FYPCLDA	Yes	Total	%Yes
Disabled	37	77	48.1%
Not disabled	83	137	60.6%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	15	35	42.9%
Not disabled	23	46	50.0%

Indicator 5: Percentage of Disabled staff and non-disabled staff who believe that their organisation provides equal opportunities for career progression or promotion

CHS	Yes	Total	%Yes
Disabled	127	203	62.6%
Not disabled	515	716	71.9%

DMH	Yes	Total	%Yes
Disabled	126	229	55.0%
Not disabled	251	425	59.1%

FYPCLDA	Yes	Total	%Yes
Disabled	158	251	62.9%
Not disabled	396	593	66.8%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	70	126	55.6%
Not disabled	228	349	65.3%

Indicator 6: Percentage of Disabled staff and non-disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

CHS	Yes	Total	%Yes
Disabled	42	133	31.6%
Not disabled	52	354	14.7%

DMH	Yes	Total	%Yes
Disabled	42	171	24.6%
Not disabled	26	197	13.2%

FYPCLDA	Yes	Total	%Yes
Disabled	24	164	14.6%
Not disabled	28	277	10.1%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	24	77	31.2%
Not disabled	19	149	12.8%

Indicator 7: Percentage of Disabled staff and non-disabled staff satisfied with the extent to which their organisation values their work

CHS	Yes	Total	%Yes
Disabled	83	203	40.9%
Not disabled	391	714	54.8%

DMH	Yes	Total	%Yes
Disabled	96	230	41.7%
Not disabled	212	423	50.1%

FYPCLDA	Yes	Total	%Yes
Disabled	115	247	46.6%
Not disabled	344	592	58.1%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	64	126	50.8%
Not disabled	194	349	55.6%

Indicator 8: Percentage of Disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work

CHS	Yes	Total	%Yes
Disabled	100	128	78.1%

DMH	Yes	Total	%Yes
Disabled	90	130	69.2%

FYPCLDA	Yes	Total	%Yes
Disabled	132	154	85.7%

Enabling, Hosted, and Workforce Bureau	Yes	Total	%Yes
Disabled	52	60	86.7%

Appendix 2: Professional Group Data

Please note: Students (e.g. Student Health Visitors, Student Physiotherapists) are included in their relevant Staff Group for Indicator 1, but not for the Staff Survey results.

INDICATOR 1

Additional Clinical Services	No	Yes	%No (of known status)	%Yes (of known status)
Band 2 and below	358	23	94.0%	6.0%
Band 3	438	48	90.1%	9.9%
Band 4 and above	369	26	93.4%	6.6%
total	**1165**	**97**	**92.3%**	**7.7%**

Admin & Clerical	No	Yes	%No (of known status)	%Yes (of known status)
Band 2 and below	199	32	86.1%	13.9%
Band 3	246	24	91.1%	8.9%
Band 4	168	14	92.3%	7.7%
Band 5	159	13	92.4%	7.6%
Band 6	89	14	86.4%	13.6%
Band 7 and above	216	18	92.3%	7.7%
total	**1077**	**115**	**90.4%**	**9.6%**

AHPs	No	Yes	%No (of known status)	%Yes (of known status)
Band 5 & 6	434	44	90.79%	9.21%
Band 7 and above	174	13	93.0%	7.0%
total	**608**	**57**	**91.4%**	**8.6%**

Ancillary	No	Yes	%No (of known status)	%Yes (of known status)
total	**263**	**25**	**91.3%**	**8.7%**

Nursing	No	Yes	%No (of known status)	%Yes (of known status)
Band 5	429	27	94.1%	5.9%
Band 6	575	39	93.6%	6.4%
Band 7 and above	338	28	91.7%	8.3%
total	**1342**	**94**	**93.5%**	**6.5%**

Professional Group	Not Stated (%)
Additional Clinical Services	13.7%
Admin & Clerical	17.3%
AHPs	7.5%
Ancillary	3.0%
Medical	23.6%
Nursing	18.3%
Scientific & Technical	13.6%

INDICATOR 2

Directorate	% not disabled Offered roles of those shortlisted (offered/shortlisted)	% Disabled Offered roles of those shortlisted (offered/shortlisted)	Likelihood ratio (not disabled/Disabled)
Additional Clinical Services	34.7% (346/996)	36.4% (32/88)	0.96
Admin & Clerical	27.4% (290/1059)	28.2% (33/117)	0.97
AHPs	49.2% (155/315)	54.3% (19/35)	0.91
Nursing	41.5% (230/554)	45.2% (19/42)	0.92

STAFF SURVEY

Indicator 4a(i): Percentage of Disabled staff and non-disabled staff who experienced at least one incident of harassment, bullying or abuse from patients / service users, their relatives or other members of the public in the last 12 months

Additional Clinical Services	Yes	Total	%Yes
Disabled	57	185	30.8%
Not disabled	71	418	17.0%

Admin & Clerical	Yes	Total	%Yes
Disabled	45	252	17.9%
Not disabled	45	610	7.4%

AHPs	Yes	Total	%Yes
Disabled	26	90	28.9%
Not disabled	62	314	19.7%

Nursing	Yes	Total	%Yes
Disabled	83	220	37.7%
Not disabled	172	568	30.3%

Indicator 4a(ii): Percentage of Disabled staff and non-disabled staff who experienced at least one incident of harassment, bullying or abuse from Managers in the last 12 months

Additional Clinical Services	Yes	Total	%Yes
Disabled	28	185	15.1%
Not disabled	22	413	5.3%

Admin & Clerical	Yes	Total	%Yes
Disabled	41	251	16.3%
Not disabled	33	609	5.4%

Nursing	Yes	Total	%Yes
Disabled	38	218	17.4%
Not disabled	47	564	8.3%

Indicator 4a(iii): Percentage of Disabled staff and non-disabled staff who experienced at least one incident of harassment, bullying or abuse from Other colleagues in the last 12 months

Additional Clinical Services	Yes	Total	%Yes
Disabled	48	185	25.9%
Not disabled	46	414	11.1%

Admin & Clerical	Yes	Total	%Yes
Disabled	50	248	20.2%
Not disabled	56	608	9.2%

AHPs	Yes	Total	%Yes
Disabled	12	89	13.5%
Not disabled	13	311	4.2%

Nursing	Yes	Total	%Yes
Disabled	57	218	26.1%
Not disabled	89	563	15.8%

Indicator 4b: Percentage of Disabled staff and non-disabled staff saying they, or a colleague, reported their last incident of harassment, bullying or abuse in the last 12 months

Additional Clinical Services	Yes	Total	%Yes
Disabled	43	76	56.6%
Not disabled	65	88	73.9%

Admin & Clerical	Yes	Total	%Yes
Disabled	45	84	53.6%
Not disabled	55	95	57.9%

AHPs	Yes	Total	%Yes
Disabled	17	32	53.1%
Not disabled	29	66	43.9%

Nursing	Yes	Total	%Yes
Disabled	52	110	47.3%
Not disabled	120	195	61.5%

Indicator 5: Percentage of Disabled staff and non-disabled staff who believe that their organisation provides equal opportunities for career progression or promotion

Additional Clinical Services	Yes	Total	%Yes
Disabled	113	185	61.1%
Not disabled	282	420	67.1%

Admin & Clerical	Yes	Total	%Yes
Disabled	148	253	58.5%
Not disabled	413	613	67.4%

AHPs	Yes	Total	%Yes
Disabled	49	89	55.1%
Not disabled	217	313	69.3%

Nursing	Yes	Total	%Yes
Disabled	142	221	64.3%
Not disabled	379	570	66.5%

Scientific & Technical	Yes	Total	%Yes
Disabled	19	39	48.7%
Not disabled	51	86	59.3%

Indicator 6: Percentage of Disabled staff and non-disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Additional Clinical Services	Yes	Total	%Yes
Disabled	35	123	28.5%
Not disabled	34	191	17.8%

Admin & Clerical	Yes	Total	%Yes
Disabled	44	167	26.3%
Not disabled	24	262	9.2%

AHPs	Yes	Total	%Yes
Disabled	14	59	23.7%
Not disabled	14	145	9.7%

Nursing	Yes	Total	%Yes
Disabled	33	160	20.6%
Not disabled	44	305	14.4%

Indicator 7: Percentage of Disabled staff and non-disabled staff satisfied with the extent to which their organisation values their work

Additional Clinical Services	Yes	Total	%Yes
Disabled	85	185	45.9%
Not disabled	233	418	55.7%

Admin & Clerical	Yes	Total	%Yes
Disabled	114	250	45.6%
Not disabled	357	610	58.5%

AHPs	Yes	Total	%Yes
Disabled	31	89	34.8%
Not disabled	188	315	59.7%

Nursing	Yes	Total	%Yes
Disabled	106	221	48.0%
Not disabled	277	568	48.8%

Scientific & Technical	Yes	Total	%Yes
Disabled	16	39	41.0%
Not disabled	46	86	53.5%

Indicator 8: Percentage of Disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work

Additional Clinical Services	Yes	Total	%Yes
Disabled	103	129	79.8%

Admin & Clerical	Yes	Total	%Yes
Disabled	109	133	82.0%

AHPs	Yes	Total	%Yes
Disabled	45	54	83.3%

Nursing	Yes	Total	%Yes
Disabled	99	131	75.6%

Scientific & Technical	Yes	Total	%Yes
Disabled	15	17	88.2%

WDES Action Plan 2023 - 2024

Executive Sponsor: Sarah Willis

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	Accountable Person	Date	Milestones	Progress	KPIs & Outcomes (including WDES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	To ensure that there is full engagement with the disability agenda, leading to demonstrable culture change	Head of EDI, MAPLE Group	Jul-23	July 2023: Trial and then promote Disability Awareness Learning Sets	Disability Awareness Learning Sets have been developed and are being trialled. Will mirror the success of our Race & Cultural Intelligence Learning Sets, aimed at all staff including managers. Scope making Disability Awareness Learning Sets mandatory as part of the line manager pathway. EDI objectives are now mandatory in all appraisals. The human library has now been launched with opportunities for staff to learn more about the personal experience of disabilities. We continue to promote our successful Reverse Mentoring programme. Hidden Disabilities Sunflower Scheme: Neurodiversity Staff Network to raise awareness of non-visible disabilities, scoping signing of a Trust pledge and distribution of sunflower badges	Improvement in metrics 2, 3, 4, 5, 6, 7 Positive feedback from Disability Awareness Learning Sets	[4] Develop and implement an improvement plan to address health inequalities within the workforce; [6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Ongoing	Amber
2	To ensure that policies and Practices accommodate the needs of staff with disabilities	EDI team	Jun-23	June 2023: Launch of Inclusive Decision-Making Framework	Inclusive Decision Making Framework launched in June, a revamped EIA process. Publicised via Enews and to be shared through directorates. Learning Set dates throughout August have been advertised.	Improvement in metrics 1, 2, 3 Positive feedback from IDMF Learning Sets. Use of the IDMF template, measured by the number of people completing the template who approach the EDI team for support with it.	[4] Develop and implement an improvement plan to address health inequalities within the workforce; [6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Ongoing	Amber

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

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WDES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Give voice to staff with disabilities using existing MAPLE and Neurodiversity networks	MAPLE Group, Freedom to Speak Up Guardian, Director of HR and OD	Ongoing	Continue to promote MAPLE at induction, Health & Wellbeing Roadshows, through EDI intranet pages, etc.	FYPCLDA planning to hold Directorate-specific listening events for BAME staff and staff with disabilities. 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. Neurodiversity Network: Organised 1 trip to the national autism show and 1 talk on ADHD. In talks with two companies for Dyslexia week October 2023. Planning UK Disability History Month symposium	Improvement in metrics 4, 5, 6, 7, 8, 9 Qualitative feedback from listening events	[4] Develop and implement an improvement plan to address health inequalities within the workforce	Ongoing	Green
2	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	Dec-22	Recruiting more volunteers through MAPLE and Neurodiversity networks	Human Library has been set up, but more books/readers are always appreciated. Videos available now as well. Neurodiversity mythbusters event was well-received.	Improvement in metrics 4, 7, 9 Increased number of Human Library volunteers Increased membership of MAPLE and Neurodiversity networks	[4] Develop and implement an improvement plan to address health inequalities within the workforce	Ongoing	Green
3	Zero Tolerance to abuse campaign relaunch, with additional supportive materials to encourage speaking up	Zero Tolerance Project Group	Ongoing	July 2023: Listening Event	Launched campaign in 2022. Training publicised via Comms. Zero Tolerance Listening Event took place on 7th July - virtual and in person, with executive attendance. Feedback has been compiled and themes identified. Next steps are to set up a working group to progress this work.	Improvement in metric 4 Qualitative feedback from listening events Increased number of incidents reported (as we are aware of under-reporting at present), but also increased number of resolved issues on Ulysses	[6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Revised (following feedback on campaign, and continuing performance across Staff Survey indicators)	Amber
4	Promote Health Passports and reasonable adjustments	HR, EDI, IT	Aug-23	Comms campaign to raise awareness of Health Passports and reasonable adjustments for staff and managers. Production of guidance and streamline any processes. Esculate any issues at the earliest opportunity to ensure speedy resolution of delays.	A project group has been set up to look at reasonable adjustments, with HR, Procurement, EDI, QI, IT and Staff Support Network membership. Key outcomes: * Revise StaffNet pages so all RA info is in one place (complete - July 2023) * Produce a simple guide to promote reasonable adjustments, Occupational Health, and Access to Work (and the differences between each - A2W not always required). Can add to the RA Policy and induction information. * Update Access to Work flowchart in RA Policy to reflect Procurement involvement. * Scope if there are MAPLE/ND members who would be willing to participate in a video to share their experiences of reasonable adjustments. * Review how we educate managers (via training, appraisals, ongoing education and coaching conversations) to have health and well-being discussions with staff about what reasonable adjustments can be made, and the importance of timely implementation as a legal requirement. This will be included in the Disability Awareness Learning Sets. * HIS to establish the number and locations of licences we have for software used as RAs. * Hold Q&A session on RAs for staff.	Improvement in metrics 7, 8	[4] Develop and implement an improvement plan to address health inequalities within the workforce; [6] Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	New (due to performance across Staff Survey indicators, and continuing lower representation at higher bands)	Amber

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

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WDES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG

| Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WDES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	Develop a communication campaign so that staff feel confident sharing their disability on ESR	Communication Lead for MAPLE Network	Summer 2023, with repeat of comms in Winter 2023	Clear guidance on how to update ESR is available on StaffNet. To continue to promote through directorates.	For Disability History Month (November/December 2022), comms were sent to all staff and reiterated through line managers about the benefits to sharing your disability status. This was accompanied by a step by step guide for how to do this which is now permanently available on StaffNet. Comms supported by video from Faisal Hussein. Language – use "share" rather than "declare" or "disclose" Follow up Comms linking to StaffNet step by step guide shared w/c 16th Jan 2023 (Team Brief and ENews). WDES data suggests some improvement in sharing rates and overall % of workforce with a disability. Continue to promote this through directorates and send out refreshed comms during Disability History Month 2023.	Improvement in metrics 1, 7, 9 and 10 Increase in % of people sharing their disability status on ESR, closer to the Staff Survey figure of around 27%.	[2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Ongoing	Green

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

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WDES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1.	Review Recruitment processes for inclusivity	Resourcing Manager/ Communication Lead for MAPLE Network	Winter 2023	Recruitment & Selection policy updated early 2023, with stakeholder feedback	To add guidance for feeding back to those who are unsuccessful. Social media/recruitment marketing for 2023 will be inclusive. We have a schedule of events (schools, colleges, unis) for 2023. StaffNet has examples of inclusive adverts. Inclusive job descriptions to be added at a later date. Trialling sharing interview questions with candidates beforehand. Neurodiversity Network scoping Inclusion Ambassadors/Connectors role to train staff to be part of the selection and interview process.	Improvement in metrics 1, 2, 7 Increase in number of people with disabilities applying for, and being recruited to, roles in LPT.	[2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity; [3] Develop and implement an improvement plan to eliminate pay gaps	Ongoing	Amber
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	Autumn 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.	Improvement in metrics 1, 2, 7 Increase in number of people with disabilities applying for, and being recruited to, roles in LPT.	[2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity; [3] Develop and implement an improvement plan to eliminate pay gaps	Ongoing	Amber

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

Action Number	Action	Accountable Person	Date	Milestone	Progress	KPIs & Outcomes (including WDES Indicator reference)	Links to NHS EDI High Impact Actions	New/Ongoing/Revised	RAG
1	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	Provisional: Scope for Growth talent management pilot to commence in 2023. Managers will be trained on talent conversations incorporating cultural competency, and targeted provision for disabled staff. EDI team and Staff Networks to be consulted to make sure framework is inclusive.	Improvements in metric 1 and 10 Increased number of applicants with disabilities applying for LPT roles, particularly at higher bands.	[2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity; [3] Develop and implement an improvement plan to eliminate pay gaps	New (due to representation at higher bands)	Blue

LPT equality and diversity strategy: connections between action plans
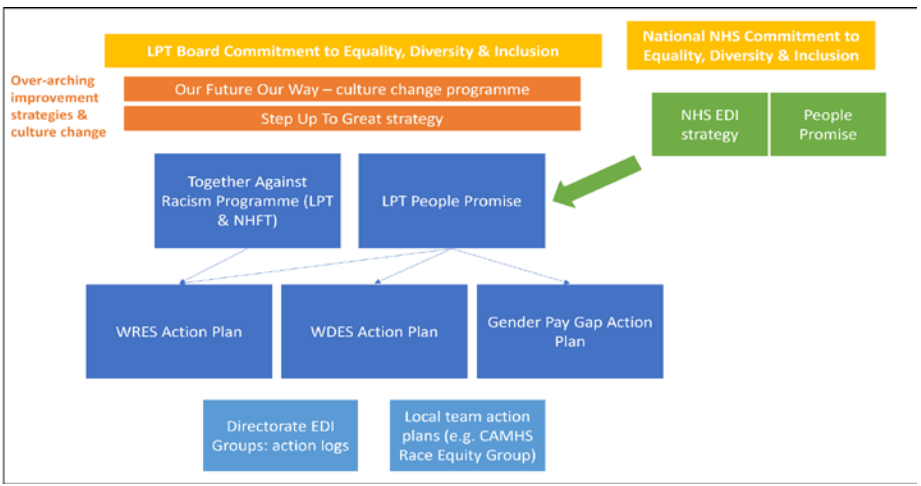
Key

Green - complete
Amber - in progress
Red - delays expected
Blue - not yet started