WDES Action Plan

31 October 2022

Workplace Disability Equality Standard

What is the Workforce Disability Equality Standard (WDES)?

- The main purpose of the WDES is to help local and national NHS organisations to review their workforce data against ten indicators and to produce an action plan to improve workplace experiences of disabled colleagues
- The WDES also places an obligation on NHS organisations to improve overall representation at Board level
- WDES reporting links into the mandated Equality Delivery System (EDS) goals. EDS is an equality performance and evaluation tool to help improve equality performance across 4 goals:-
    - 1. Better health outcomes 2. Improve patient access and experience 3. A represented and supported workforce
    - 4. Inclusive leadership
- WDES relates directly to all goals but specifically directly to EDS goals 3 and 4
- This report describes CHFT performance and sets out the action plan to address the gaps in data
- The action plan will be shared with all relevant departments
- An end of year ED&I report to capture the progress made in 2022 will be shared at Workforce Committee
- Provides a real impetus for NHS organisations to improve workforce equality for the benefit of colleagues and patients.
- This document has been co produced with Colleague Disability Equality Group members
- This document has been produced with support from the North East and Yorkshire Diversity Team and Action Plan Guidance document.

One Culture of care

compassionate care

Workforce Disability Equality Standard (WDES) Action Plan (2022/2023)

	Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action Plan
1	Percentage of staff in each of the AfC Bands 1-9, medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. This metric is a snapshot as at 31 March 2022.	• Overall, 4.51% of the Trust workforce has declared they have a disability. An increase on the 4.22% reported in the previous year. • The report this year shows there has been an increase in the non-stated category. Up slightly from 4.10% last year to 4.40% as at the 31 March 2022. Indicating a reduction in data quality. • Non-clinical Band 1,2,3,4,6,8b,8d, and VSM all have disability rates higher than the Trust average. • Clinical Bands 2,6,8b have disability rates higher than the Trust average.	• Review of recruitment practices, align work with the published inclusive recruitment toolkits and implement values based recruitment • Audit of hybrid working implementation upon recruitment • Continue to grow membership of the CDAG (Colleague Disability Action Group) network – flyers /posters/screensavers/comms campaign • Communication campaign to improve self declaration rates inc guidance on how to self report your disability status • Continue to promote the importance of an appraisal conversation • Continue to host values and behaviours charter workshops including focus on ED&I and belonging • People strategy refresh with a chapter dedicated to ED&I • ED&I Education and Awareness programme content developed by CDAG members • Staff survey outputs shared with each equality network and each equality network then has the opportunity to build objectives to improve colleague experience • Health Academy – partnering with the council and the local colleges / universities to ensure we implement effective talent pipelines • CDAG noticeboard at both hospital sites • CDAG to work with the unions • Best Practice to be shared between all Equality Groups at CHFT Inclusion Group meeting

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2	Relative likelihood of disabled colleagues compared to non-disabled colleagues being appointed from shortlisting across all posts.	**Data for previous year** Disabled = 0.45 / Non-disabled = 0.47 **Data for reporting year** Disabled = 0.48 / Non-disabled = 0.41 In the current reporting year disabled colleagues are more likely to be appointed from shortlisting across all posts compared to non disabled.	• Interview/Application form workshops • Reciprocal mentoring • Shadowing opportunities • Empower programme – Season 3 • Development for all – self directed learning dependent on what your ambitions are • Stepping into Leadership – for colleagues who want to be a leader in the future but want to start to understand leadership now. • Equality Groups and Wellbeing support promoted during recruitment
3	Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability procedure. (non-sickness related only)	Numbers of staff entering the formal capability process for non-sickness related reasons are very low within the Trust. As such the number of staff entering the formal capability process is a very small fraction compared to the workforce as a whole.	• Freedom to Speak up Guardian and network attend CDAG so they can hear lived experiences • Compassionate Leadership programme • Ensure network members have access to senior leadership allies • Refreshed appraisal – discussing problem areas early and upward feedback

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4	Indicator 4a. Percentage of staff experiencing harassment, bullying or abuse in the last 12 months from. Indicator 4b. Percentage of disabled colleagues compared to non-disabled colleagues saying the last time they experienced harassment, bullying, abuse at work they or a colleague reported it.	**Data for previous year** **Patients and service users** Disabled = 34.2%/Non-Disabled = 28.6% **Managers** - Disabled = 13.7%/Non-Disabled = 9.7% **Colleagues** - Disabled = 23.4%/Non-Disabled = 16.6% **Reported it in the last 12 months** - Disabled = 47.8%/Non-Disabled = 42.7% **Data for Reporting Year** **Patients and service users** - Disabled = 35.6%/Non-Disabled = 26.1% **Managers** - Disabled = 14.1%/Non-Disabled = 7.4% **Colleagues** - Disabled = 25.6%/Non-Disabled = 14.8% **Reported it in the last 12 months** - Disabled = 52.5%/ Non-Disabled = 46.4% The percentage of staff experiencing harassment, bullying and abuse in the last year has increased in all categories for disabled collea. Disabled colleagues continue to be more likely to experience harassment, bullying or abuse than non-disabled colleagues. Disabled colleagues are more likely to report than non-disabled colleagues.	• Education and awareness programme to be 'live' January 2023 • Allyship model in development for 22/23 • WDES being a standing agenda item at CDAG and Inclusion Group • Hard hitting campaign • Freedom to Speak up promoted at CDAG • International Recruit safe space sessions • Link in with work undertaken at ICB level • Compassionate Leadership programme • Values and behaviours refresh • Values and behaviours charter

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5	Indicator 5. Percentage of disabled colleagues believing the Trust provides equal opportunities for career progression or promotion	**Data for previous year** Disabled = 56.3% / Non-Disabled = 61.8% **Data for reporting year** Disabled = 52.0%/Non-Disabled = 61.7% Year on year there has been a decrease in the number of disabled colleagues who believe the Trust provides equal opportunities for progression or promotion.	• Regular discussions around development opportunities at CDAG meetings • Interview/application form coaching • Coaching and mentoring programmes • Shadowing opportunities
6	Indicator 6. Percentage of disabled colleagues compared to non-disabled colleagues saying they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties.	**Data for previous year** Disabled = 35.0% / Non-Disabled = 24.3% **Data for reporting year** Disabled = 35.9% / Non-Disabled = 25.1% Disabled colleagues feel more pressured to come to work despite not feeling well enough to perform duties, than non-disabled colleagues. The position has worsened from the previous year for both disabled and non-disabled staff.	• Reasonable Adjustments Management Toolkit – Disability Guide made for managers to access (Page Tiger) • Hybrid working model promoted and accepted • Case studies through CDAG group • 1 to 1's / Appraisal should give both parties the opportunity to review the workload and discuss support available • Accessible wellbeing support • Health and Wellbeing risk assessment

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7	Indicator 7. Percentage of disabled colleagues compared to non-disabled colleagues saying they are satisfied with the extent to which their organisation values their work.	**Data for previous year** Disabled = 36.5% / Non-Disabled = 47.0% **Data for reporting year** Disabled = 30.0% / Non-Disabled = 40.0% This metric has decreased for both disabled and non-disabled groups indicating that a higher proportion of colleagues are less satisfied with the extent the organisation values their work.	• Appraisal refresh • Local Appreciation Toolkits • Appreciation Event (stalls and homeworkers) • Wellbeing Festival • Appreciation resources i.e thank you cards • CHuFT awards • Monthly STAR awards • Screensavers

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NHS
Calderdale and Huddersfield
NHS Foundation Trust

	Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Progress
8	Indicator 8. Percentage of disabled colleagues saying that their employer has made adequate adjustments to enable them to carry out their work	**Data for previous year** 73.3% **Data for reporting year** 68.0% This metric has seen a decrease of 5.3% compared to the previous reporting year and is below the benchmark average of 70.9%.	• Reasonable Adjustment guide to develop with contribution on content from CDAG • ED&I Education and Awareness Programme • Include a section on reasonable adjustments Leadership Development Programme • Workplace objective in health inequalities strategy • Health and Wellbeing risk assessments • Wellbeing accessible to offer available to all • Signposting on the intranet to tools on how to access support for both colleagues and managers

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9	Indicator 9a. The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?	**Data for previous year** Disabled = 6.6/Non-Disabled = 7.0 **Data for reporting year** Disabled = 6.3 / Non-Disabled = 6.9 The engagement score for disabled staff remains lower than that of non-disabled colleagues. Both disabled and non-disabled colleagues saw reductions in their engagement scores during 2021-22, with the disabled staff colleagues worsening to a greater extent.	• More work to do to promote the work of the CDAG • CDAG membership to be better promoted • CDAG Exec Sponsor leading on reconfiguration and raising voice of network • CDAG feeding back to workforce committee/leadership briefing on activity and progress • Appreciation/Wellbeing/ED&I events • Participant in Diversity in Health & Care partners programme to review 5 years ED&I strategy in Year 3 • CDAG members to encourage networking, speakers, sharing lived experiences

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10	Difference between the organisations' Board voting membership and its overall workforce	**Data for previous year** 11% **Data for reporting year** 10% The difference in disability compared to the overall workforce has decreased slightly in the 2021-22 reporting year.	• Board to review their representation in 22/23 • Action Plan to address representation • Self assessment • Focus on encouraging diverse high calibre candidates for Board level roles. • Ensure Board appointment 'long lists' include diverse candidates. • Report annually on the outcome of the Board evaluation including the diversity of the composition of the Board