



East Sussex Healthcare
NHS Trust



East Sussex Healthcare Trust WORKFORCE DISABILITY EQUALITY STANDARD REPORT 2022

If you would like this report in a different format contact
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Contents

1. INTRODUCTION	3
1.2 Data Collection and Monitoring	3
2.0 WDES METRICS	4
2.1 METRIC 1: Percentage of staff by disability status in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members).....	4
2.2 METRIC 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts	5
2.3 METRIC 3: Relative likelihood of non-disabled staff, compared to disabled staff entering the formal capability process, as measured by entry into the formal capability procedure .	6
2.4.1 METRICs 4 (a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:.....	7
i. Patients/Service users, their relatives or other members of the public	7
ii. Managers	8
iii. Other colleagues	8
2.4.2 METRIC 4(b): Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	9
2.5 METRIC 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.....	10
2.6 METRIC 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.....	10
2.7 METRIC 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	11
2.8 METRIC 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This metric only includes the response of Disabled staff.....	12
2.9 METRIC 9a: The staff engagement score for Disabled staff, compared to non-disabled staff.	12
2.9.1 METRIC 9b: Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No).....	13
3.0 Summary of Activities 2021/22	14
3.1 Health & Wellbeing	14
3.2 (Dis)Ability Staff Network	15
3.3 Organisation Development (OD)	15
3.4 (Dis)Ability and Health Passport, Reasonable Adjustments and Access to Work ...	15
4.0 Conclusion	15
5.0 Our top priorities for 2022/23	16
6.0 Action plan	18

1. INTRODUCTION

The Workforce Disability Equality Standard (WDES) is a set of ten specific, evidence-based measures (metrics) that enables NHS organisations to compare the experiences of disabled and non-disabled staff. This information is used to develop an action plan and enable East Sussex NHS Healthcare Trust (ESHT) to demonstrate progress against the METRICs of disability equality. The rationale for the WDES is founded upon the wider context of Disabled people and their experiences in employment and work.

The WDES was commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and was restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

East Sussex Healthcare NHS Trust welcomed the standard which has provided the opportunity to review disability workforce data enabling us to identify areas of practices where disability equality is lagging and develop action plans to advance disability equality.

The WDES is underpinned by the Social Model of Disability, which proposes that people are disabled because of societal barriers, rather than a long-term health condition. With the social model in mind, the WDES aims to highlight data that will drive forward year on year improvements in reducing barriers that impact most on the career and workplace experiences of Disabled staff or with long-term health conditions. With robust data reported yearly ESHT use the annual report to drive forward changes in attitudes, and confidence to improve employment and career opportunities that lead to long-lasting change for Disabled people employed or seeking employment opportunities at ESHT.

The metrics are used as a tool to help identify and close gaps between disabled and non-disabled staff within the organisation. The report is used to support us in improving recruitment practices and the experience of disabled staff across the organisation.

The WDES is being used to assist the Trust in ensuring our workforce can be confident that we are giving due regard to using the METRICs (below) contained in the WDES to help ensure inequalities are identified and addressed.

The regulators, the Care Quality Commission (CQC) and NHS England & Improvement (NHSEi) monitor the WDES along with other equality reports to help assess whether East Sussex Healthcare NHS Trust is inclusive and well-led.

To demonstrate our commitment to advancing equality of opportunity as an equal opportunities' employer, we use the outcomes of the ten metrics to improve representation and disability equality for staff. This supports us in becoming an inclusive organisation whilst fulfilling its legal duties to comply with the Public Sector Equality Duty.

1.2 Data Collection and Monitoring

Electronic Staff Records (ESR) is the system used to hold employee information. As of 31st March 2022, we employed 8023 members of staff of which 352 (4.39%) staff members were recorded as having a disability. Metrics 4 – 9 are drawn from the National NHS Staff Survey 2021 results.

The 2011 Census is still the most up to date information available to identify disability in the local areas. 'East Sussex in Figures' provides actual figures of the total local populations in 2021, along with 'projections' of the number of people living with a disability from 2019 –

2034. It is estimated that around 96,995 people with a disability live in East Sussex in 2020.

When referring to Disability in this report this also refers to those that have a long-term health condition as defined by the Equality Act 2010.

2.0 WDES METRICS

2.1 METRIC 1: Percentage of staff by disability status in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members)

Definitions

Definitions for these categories are based on Electronic Staff Record occupation codes except for medical and dental staff, which are based upon grade codes

Table 1 Non-clinical staff

Percentage of non-clinical staff within cluster as of 31 March 2022			
Cluster 1	Disabled	Non-disabled	Unknown/not declared
1: AfC Band 1, 2, 3 and 4	5.2%	68.7 %	26.2%
2: AfC Band 5, 6 and 7	6.8%	73.7%	19.5%
3: AfC Band 8a and 8b	7.3%	67.7%	25.0%
4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)	4.4%	62.2%	33.3%
Total Non-clinical	5.6%	69.4%	25%
Total in workforce clinical and non-clinical	4.39%	72.77%	22.85%

Table 2 Clinical staff

Percentage of clinical staff within cluster as of 31 March 2022			
Cluster 2	Disabled	Non-disabled	Unknown/not declared
1: AfC Band 1, 2, 3 and 4	3.7%	74.6%	21.7%
2: AfC Band 5, 6 and 7	4.6%	73.0%	22.5%
3: AfC Band 8a and 8b	4.2%	73.3%	22.5%
4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)	0%	63.6%	36.4%
Total Clinical	4.2%	73.5%	22.2%
Total in workforce	4.39%	72.77%	22.85%

Table 3 Medical and Dental staff

Percentage of Medical Staff as of 31 March 2022			
Cluster 3	Disabled	Non-disabled	Unknown/not declared
Consultant	1.37%	60.82%	37.80%
Non-Consultants Career Grade	2.92%	77.19%	19.88%
Trainee Grades	2.22%	92.41%	5.38%
Total by medical workforce	2.06%	77.25%	20.69%
Total in workforce	4.39%	72.77%	22.85%

Summary

During 2021 – 2022 ESHT has increased its overall staff declaring a disability from 3.96% in 2021 to 4.39% in 2022. When this data is cross-referenced with the 2021 NHS Staff Survey, a self-declaration of 10.9% of staff identifying as disabled is noted. There might be many reasons for this disparity, which need to be understood and addressed.

Non-Clinical AfC pay grades show the most marked increase in declarations but the number of staff that do not declare whether they would describe themselves as having a disability or not remains high at 22.85%.

Medical staffing data shows a smaller declaration of disability than either clinical or non-clinical staff.

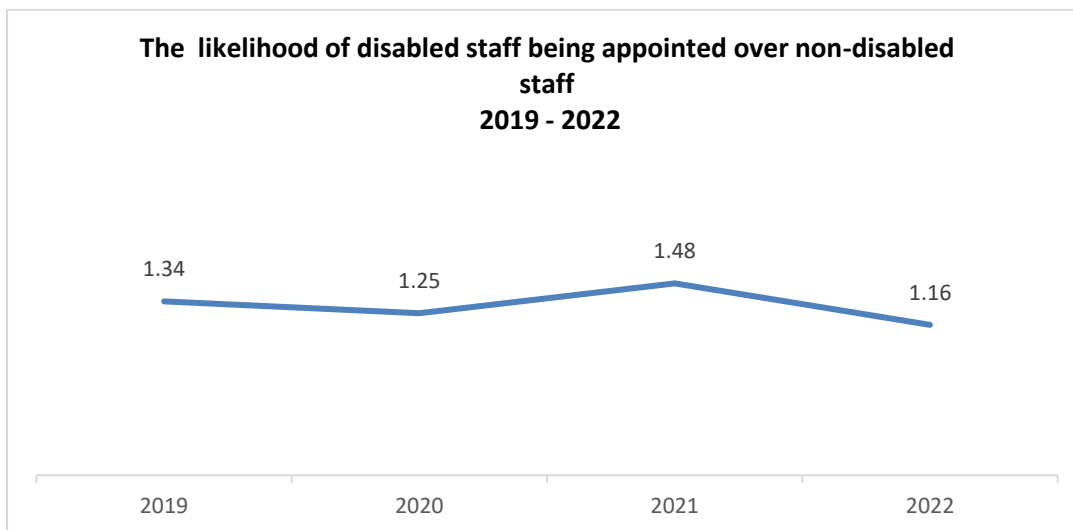
Reducing the unknown/not declared figures will be a priority for 2022/23.

2.2 METRIC 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts**Definitions**

This refers to all advertised for both internal and external posts from 1 April 2021 – 31 March 2022.

Calculation Formula

	Non-disabled	Disabled	Unknown
No. Shortlisted Applicants	5593	480	124
Appointed from Shortlisting	1334	99	388
Relative likelihood appointment from shortlisting	0.21	0.24	0.50



Summary

A figure below 1:00 indicates that a non-disabled candidate is more likely than disabled candidate to be appointed from shortlisting.

During 1 April 2021 – 31 March 2022, a non-disabled candidate being appointed over a disabled candidate is 1.16 times more likely.

Since the 2021 return, successful outcomes for disabled candidates have increased.

Work has already begun on reviewing the recruitment process to ensure it is as accessible as possible.

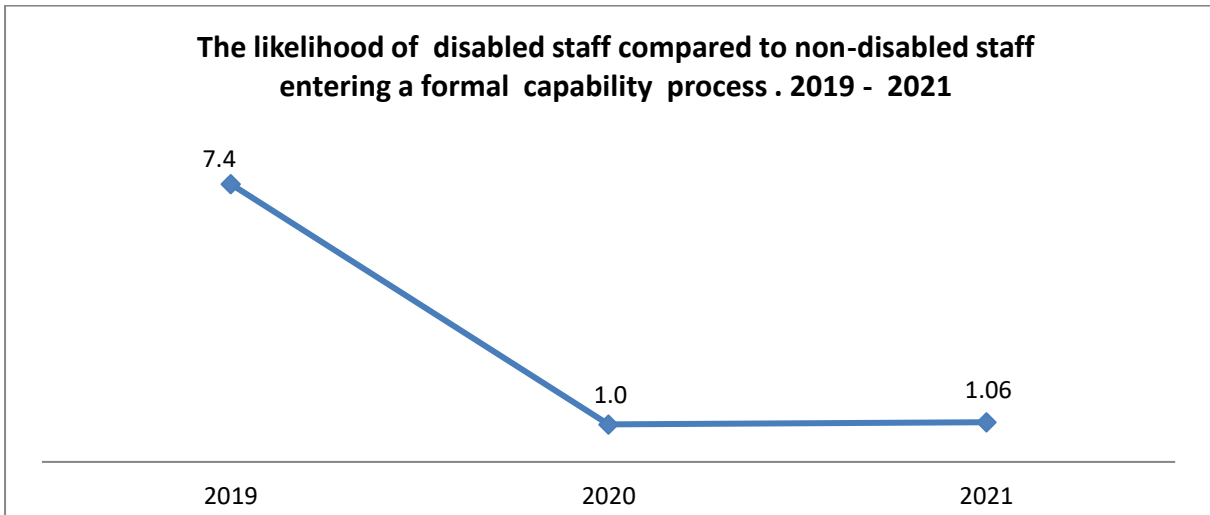
2.3 METRIC 3: Relative likelihood of non-disabled staff, compared to disabled staff entering the formal capability process, as measured by entry into the formal capability procedure

Definitions

- This metric was mandated in 2020.
- This metric is based on data from a two-year rolling average of the current year and the previous year.
- This metric looks at capability on the grounds of performance, rather than ill health.

Calculation Formula

	Non-Disabled	Disabled	Unknown
Number of staff entering a formal capability process	23.5	1.5	8.5
Likelihood of staff entering a formal capability process	0.00	0.00	0.00



Summary

A figure above 1:00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

The data shows us that over a 2-year period there is no significant bias towards disabled staff entering a formal capability process.

Metrics 4-9

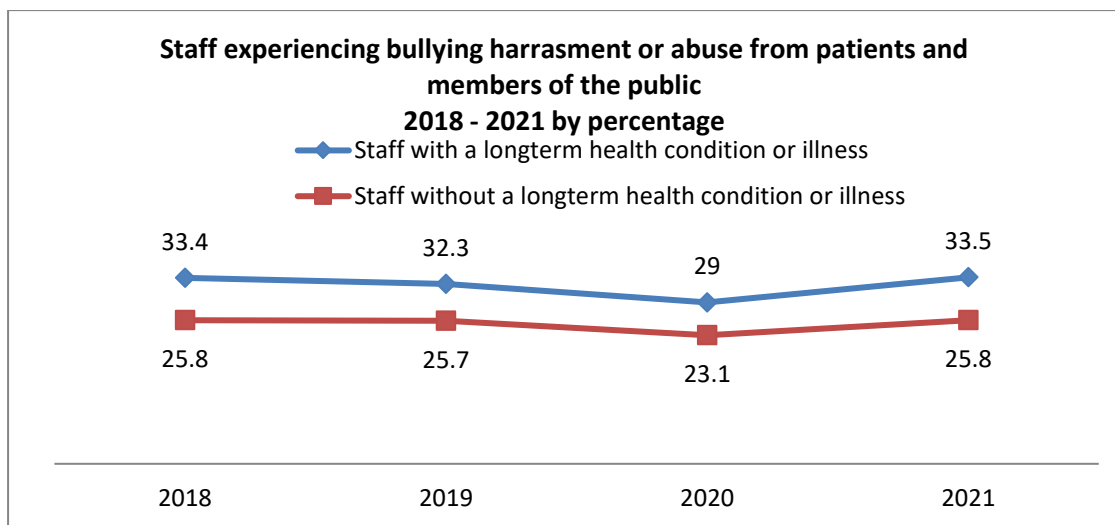
For each of the following metrics 4-9, data is drawn from the staff survey results. Data compares the experiences of our disabled staff and non-disabled staff. The WDES breakdowns are based on the responses to q26a. “Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more”?

Source: NHS Staff Survey 2021 Benchmark Reports (nhsstaffsurveys.com)

NB: Historically there are more staff that declare a disability completing the staff survey (n.875 in 2021) than declare their disability status on ESR at the Trust (n.352).

2.4.1 METRICS 4 (a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives, or other members of the public



Summary

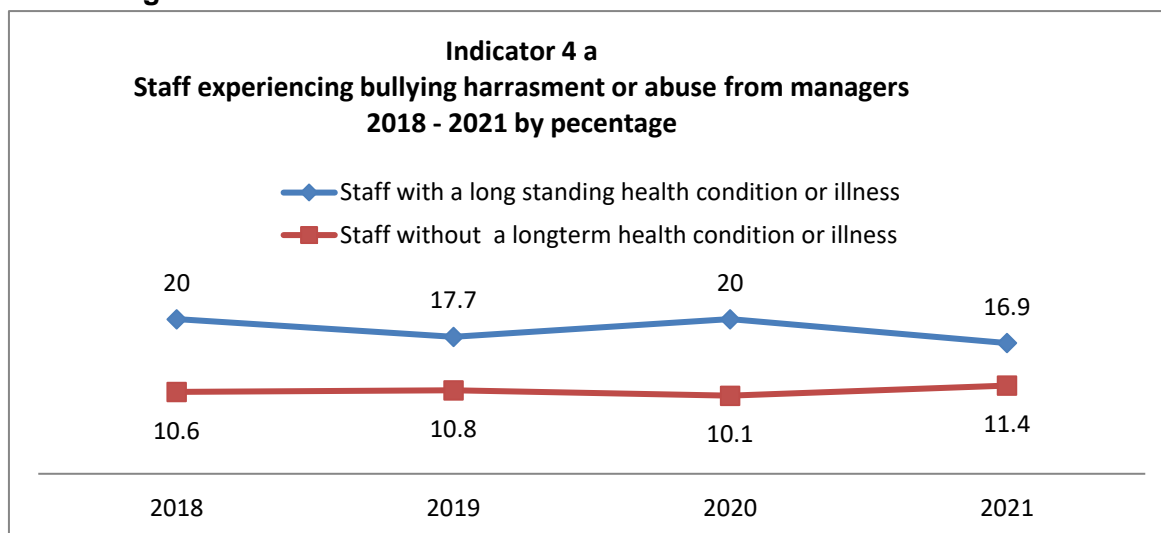
The national average for staff with a long-term health condition or illness is 32.4%

All staff have seen an increase in 2021 in from bullying harassment and abuse from patients and members of the public.

Staff members with a long-term health condition or illness are disproportionately affected than those who do not disclose a long-term health condition.

33.5% represents a head count of 293 staff who completed the staff survey that declared a long-term health condition or illness on ESR.

ii. Managers



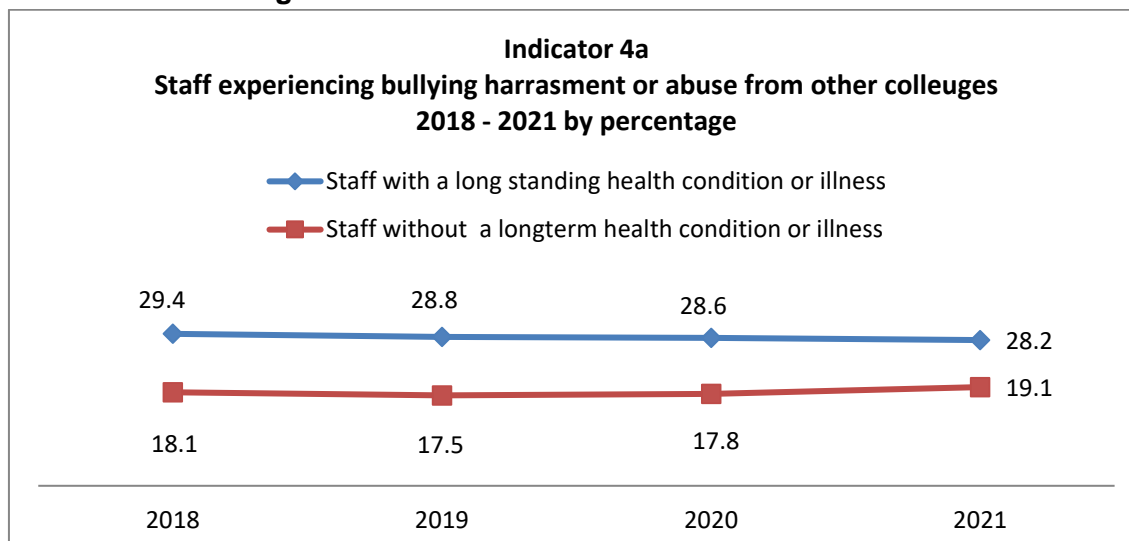
Summary

The national average in 2021 for this metric for staff with a long-term health condition or illness is 18%. ESHT is below that average.

147 staff, who completed the survey, with a long-term health condition or illness responded as having experienced bullying and harassment from their managers.

314 staff, who completed the staff survey, without a long-long term health condition or illness responded as having experienced harassment and bullying from a manager.

iii. Other colleagues



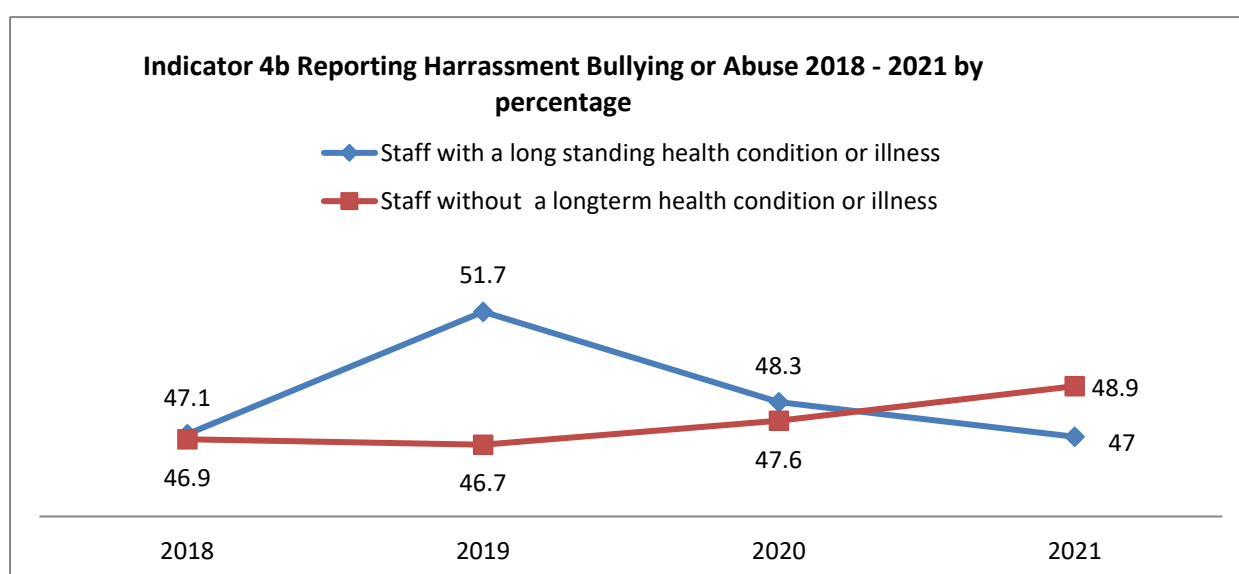
Summary

The national benchmark for staff with a long-term health condition or illness is 26.6%. ESHT is slightly above this average.

28.2% represents a headcount of 246 staff who completed the staff survey with a long-term health condition or illness that responded as having experienced harassment and bullying from another colleague.

527 (19.1%) staff without a long-term health condition or illness who completed the survey, that responded that they experienced harassment and bullying from another colleague.

2.4.2 METRIC 4(b): Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



Summary

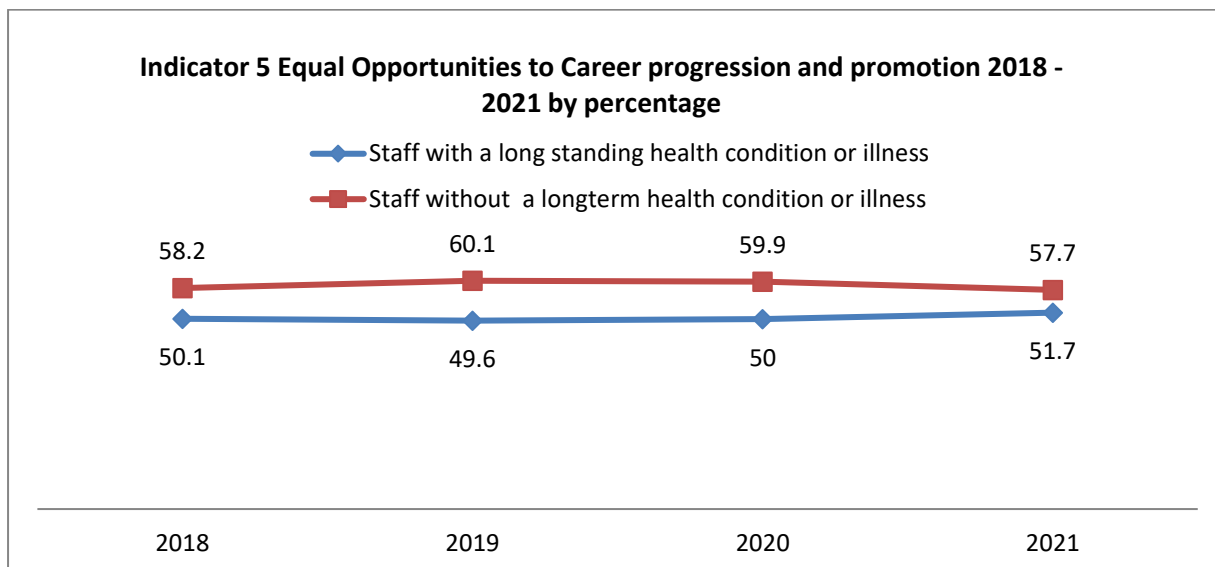
The national average for staff with a long-term health condition at work, say that they or a colleague reported harassment or bullying is 47%. ESHT is equal to that average. This represents a headcount of 389 for staff with a long-term health condition or illness who completed the survey.

48.9% represents a head count of 1351 without a long-term health condition or illness.

The data shows us that there is a slight decline in reporting harassment and bullying for staff with a long-term health condition or illness and a slight increase for staff without a long-term health condition or illness.

Metrics 4a and 4b show increases of bullying and harassment for all colleagues from patients, carers, managers, and colleagues. Work has already begun on ways to reduce these figures with two task and Finish Groups looking at bullying and harassment and violence and aggression. This will remain a priority for 2022/23 and the Trust will continue to support the system wide work in this area.

2.5 METRIC 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.



Summary

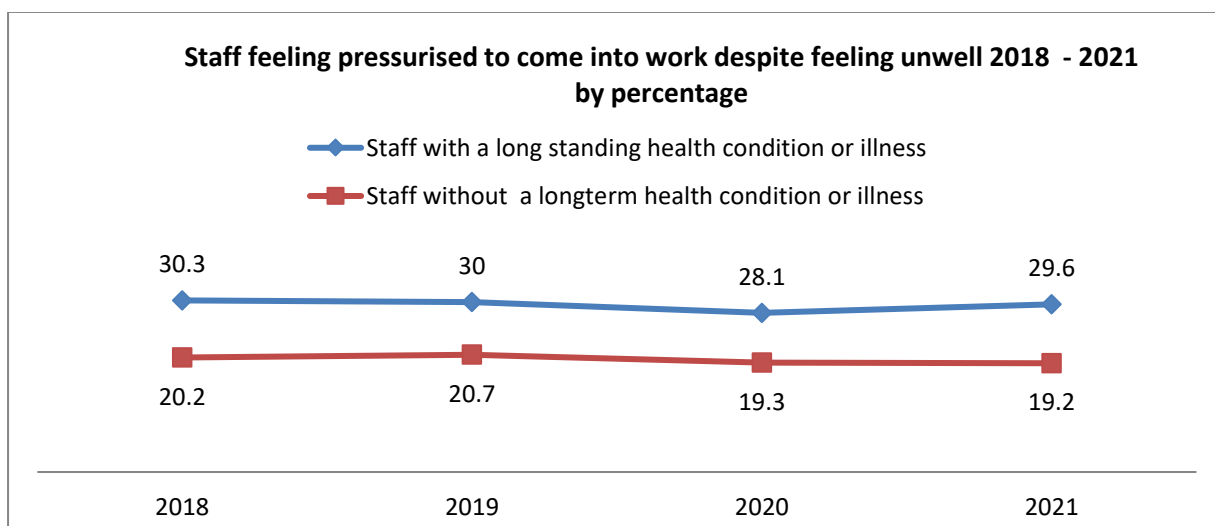
The national average for staff with a long-term health condition or illness feeling that their Trust acts fairly with progression is 51.4%

ESHT is slightly above the national average at 51.7%, which represents a headcount of 452 staff with a long-term health condition or illness who completed the survey.

57.7% represents a headcount of 1594 staff without a long-term health condition or illness who completed the survey.

The data suggests that there is a slight increase in staff with long-term health conditions and a slight decrease in staff without long-term health conditions feeling that the Trust acts fairly with progression.

2.6 METRIC 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



Summary

The national benchmark for staff with a long-term health condition or illness feeling pressure to come into work feeling unwell is 32.2%

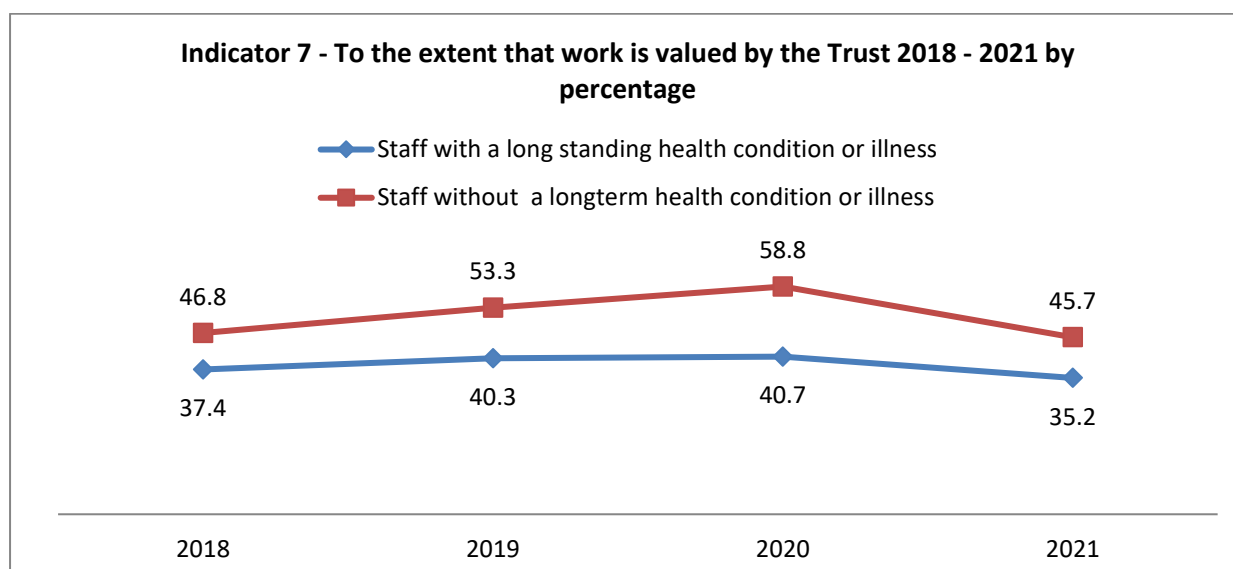
ESHT is below the national average at 29.6%, which represents a headcount of 259 staff with a long-term health condition or illness feeling pressured to come into work feeling unwell who completed the survey.

19.2% represents a headcount of 530 staff, who completed the survey, without a long-term health condition or illness feeling pressured to come into work feeling unwell.

The data shows us that there is an increase in staff with long-term health conditions feeling pressured to attend work and a slight decline in staff without long-term health conditions.

A disability and health passport has been introduced to support staff and their managers in having conversations about health and reasonable adjustments. The work to promote this will continue in 2022/23.

2.7 METRIC 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.



Summary

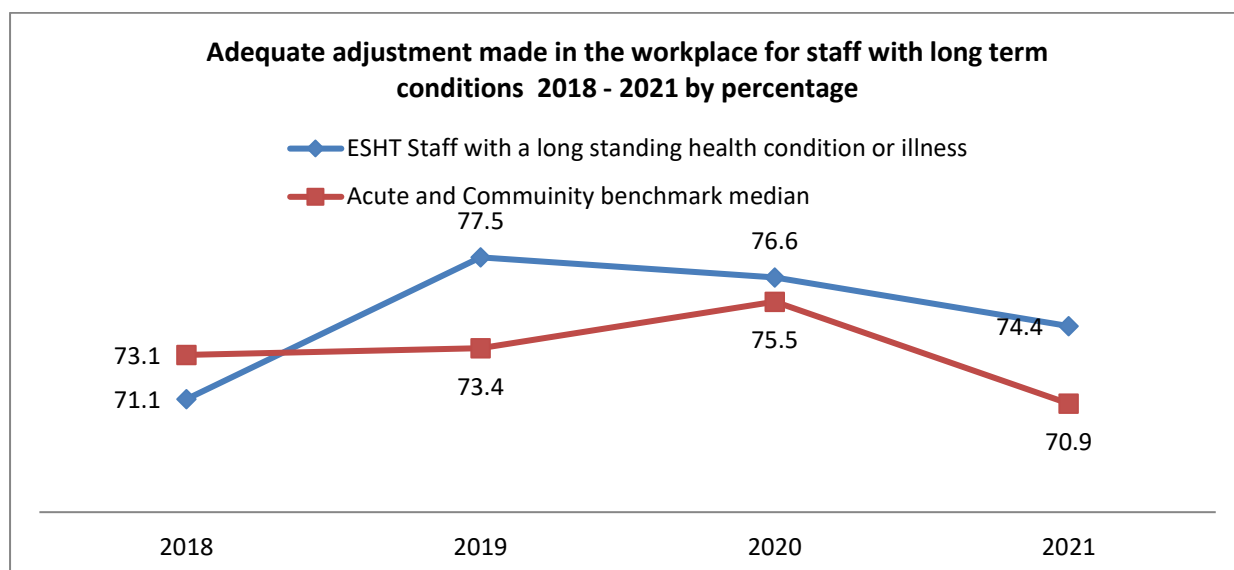
The national average for staff with a long-term health condition or illness feeling that the Trust values their work is 32.6%.

ESHT is above the national average at 35.2%, which represents a headcount of 308 staff, who completed the survey, with a long-term health condition or illness feeling valued in the workplace.

45.7% represents a headcount of 1262 staff, who completed the survey, without a long-term health condition or illness feeling valued in the workplace.

The data indicates that staff without a long-term health condition or illness feel more valued for the work that they do compared to staff with long-term conditions or illness.

2.8 METRIC 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This metric only includes the response of Disabled staff.



Summary

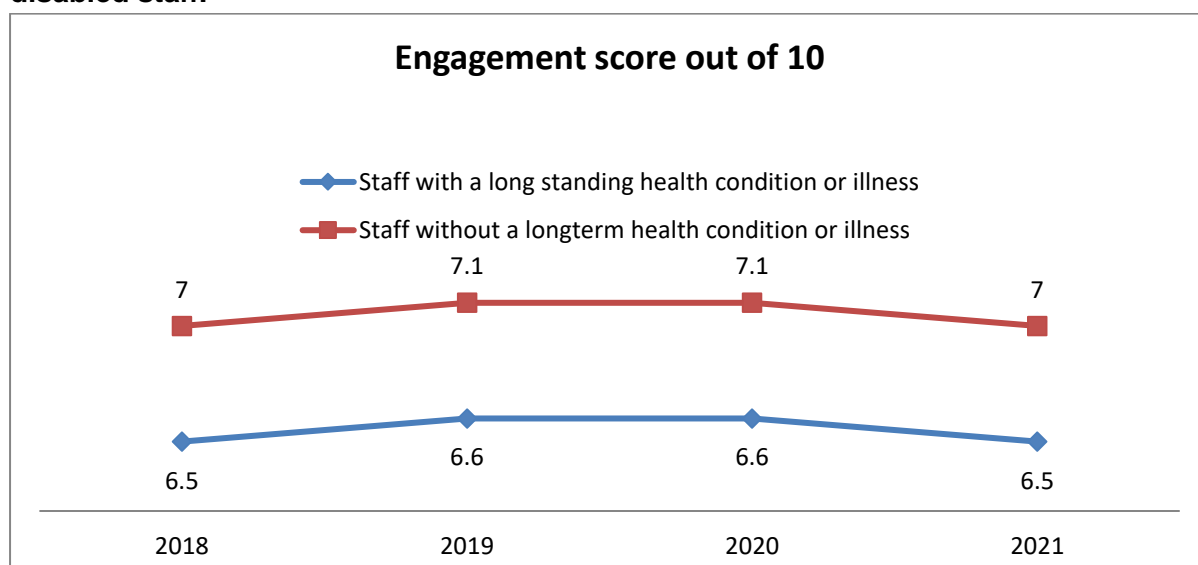
During 2021, ESHT (74.4%) was above the benchmark median for Acute and Community Trusts of 70.9% for making adequate adjustments in the workplace

74.4% represents a headcount of 651 staff that responded to adequate adjustments made in the workplace.

The percentage of staff with a long-lasting health condition saying their employer has made adequate adjustment(s) has fallen for the third consecutive year but remains above benchmark median.

A disability and health passport has been introduced to support staff and their managers in having conversations about health and reasonable adjustments. The work to promote this will continue in 2022/23.

2.9 METRIC 9a: The staff engagement score for Disabled staff, compared to non-disabled staff.



Summary

The national average engagement score for staff with a long-term health condition or illness is 6.4 out of a score of 10.

ESHT engagement score for staff with a long-term health condition or illness is 6.5, this has remained relatively unchanged over the last four years and repeatedly below that is staff without a long-term health condition or illness.

Further promotion of the (dis)Ability staff network as a forum to take Trust initiatives for discussion will take place in 2022/23.

2.9.1 METRIC 9b: Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Yes

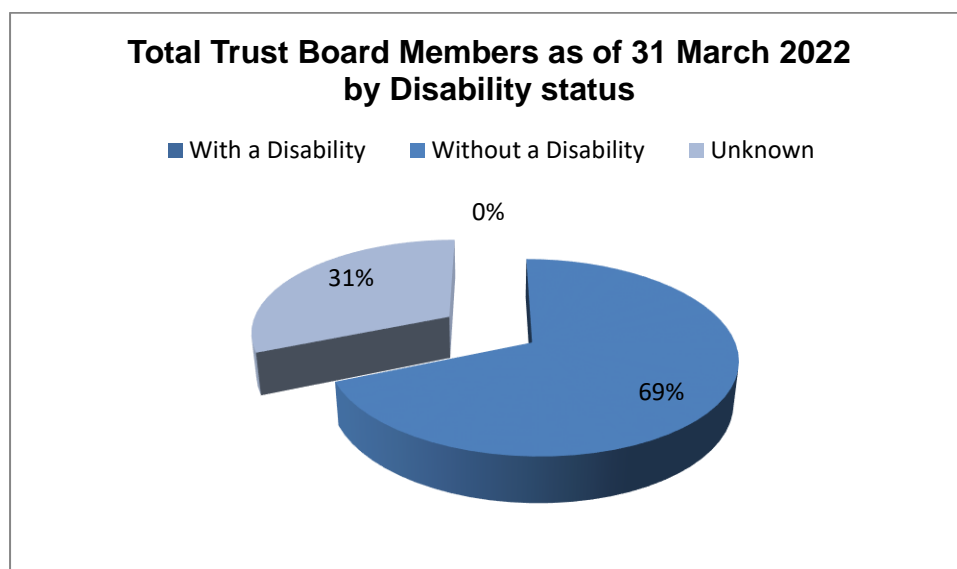
We have an independently run (Dis)Ability staff network that meets bi-monthly and has an elected Chair along with an Executive Board sponsor that supports the staff network's objectives.

Members of the network are invited and included in our WDES Task and Finish group that meet bi-monthly to ensure actions are driven into tangible outcomes. Our network chair is also a member of the Workforce Equality Group that feeds into the People and Organisation Development committee.

To ensure that the voices of disabled staff are amplified across the Trust, the Trust Board sponsor, Chief Executive Officer and Chief Peoples Officer meet with the (Dis)Ability staff network chair on a regular basis. This gives our (Dis)Ability staff network Chair direct contact to Trust Board members so that they are informed around the working experience and progress of staff that have a disability or long-term health condition.

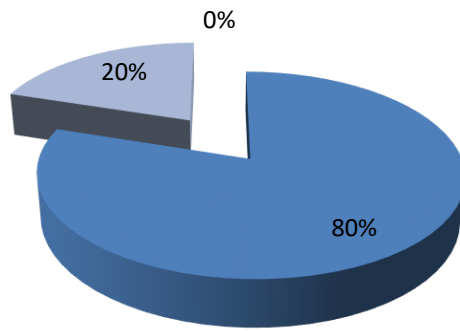
2.10 METRIC 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board
- By Executive membership of the Board



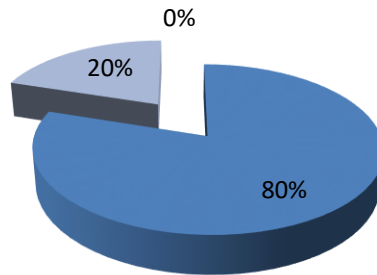
Percentage of voting Trust Board members by disability status as of 31 March 2022

■ With a Disability ■ Without a Disability ■ Unknown



Total Non-voting Trust Board Members as of 31 March 2022

■ With a Disability ■ Without a Disability ■ Unknown



2021 Summary

- The data captured on ESR shows that there are no Trust Board members that have declared a disability as of 31 March 2022.

3.0 Summary of Activities 2021/22

3.1 Health & Wellbeing

As we continue to feel the effects of the Covid-19 pandemic, the Trust also continues to implement robust Risk Assessments to support all staff including those with a long-term health condition or illness. At the start of 2022, information regarding mandatory vaccines for NHS staff surfaced. In recognition of the impact this may have on disabled staff the Trust ran panel discussions, support groups, pop up events and clinical and emotional support to guide staff through the tremulous time.

The Trust is also providing a positive experience to staff who were shielding due to Covid-19 by undertaking risk assessments prior to their return to work and implementing appropriate support measures where necessary to ensure they feel sufficiently safe to return to the workplace. Our Health & Wellbeing Team has a dedicated team that offer support to managers and staff these include:

- Mental Health First Aiders
- Visits to wards and departments
- Bespoke wellbeing support for individuals and teams.

We recognise that to maximise some individuals' experience at work, reasonable adjustments need to be made to enable staff to carry out their role without additional barriers.

Looking after our staff with a long-term health condition or illness remains a key priority for 2022/23

3.2 (Dis)Ability Staff Network

Throughout 2021/22 the (Dis)Ability Network continued to run bi-monthly meeting with ad-hoc compassionate check-ins during times of heightened covid-19 pressures. The (Dis)Ability Network have regular input into the EDI agenda and have contributed to significant changes across the Trust. Alongside the Equality, Diversity and Inclusion Team, the (Dis)Ability Network Chair developed the (Dis)Ability and Health Passport to encourage staff who have a disability and managers to track their health status and manage their reasonable adjustments. Feedback from the passport has been positive and the Trust continues to promote it through quarterly training sessions and via Trust wide communications.

Other highlights from the year include:

- Disability History Month was celebrated with the guest speaker Paralympian Hannah Cockcroft
- Diversity dialogues and staff quiz.
- Increase in the membership of the network from around 40 – 50 members.

3.3 Organisation Development (OD)

To support our (Dis)Ability staff network our OD team have provided dedicated career progression sessions to network members. The (Dis)Ability staff network chair meets regularly with the OD team and their sessions consist of developing leadership skills and personal development within leadership.

3.4 (Dis)Ability and Health Passport, Reasonable Adjustments and Access to Work

The (Dis)Ability and Health passport and supporting documents (Reasonable Adjustments and Access to Work) have been implanted across the Trust with training sessions being delivered every quatre.

Our next steps include integration of the passport within recruitment documentation.

We envisage that the success of the implementation of the passport may encourage more staff to declare their disability or health condition on ESR.

4.0 Conclusion

This is the fourth year that the Workforce Disability Equality Standard has operated which now gives us the opportunity to make a comparison to the previous years. This report includes some comparisons which indicate that we made some progress in improving the experience staff with disabilities and some comparisons where progress remains static or has experience has declined.

Over the duration of 2021 and into 2022, the Covid 19 pandemic has continued to be of influence on our workforce. Many of our staff who have disabilities have been shielding, are self-isolating or are working remotely. Efforts have been directed to ensure that these members of staff were fully supported by the Trust where possible and included in meetings

using MS Teams and other technology applications. At the beginning of 2022, NHS Trusts were faced with the proposition of mandatory Covid-19 vaccinations. In response to the concerns of staff, including disabled staff, we ran people panels, pop-up events and educational videos to inform staff on what implications the mandatory vaccination may have on them. These events also provided the space for staff to ask questions about the vaccination, and for the Trust to listen to concerns and act upon them where possible.

The majority of workforce across all clusters in both our clinical and non-clinical workforces are either non-disabled or not disclosed. During 2021/22 there has been a push for staff to self-disclose their protected characteristics, this will continue into 2022/23. There are several suggestions that may contribute to the gap in our data. This includes staff developing long-term health conditions or illnesses after commencing employment and not informing Human Resources (HR). We also recognise that some people may choose to keep their status private but will disclose this on an anonymised survey such as the Staff Survey – this may lead to discrepancies within the data. Other staff may feel that they will be unfairly disadvantaged by disclosing their disability and choose to keep it private.

This list is not exhaustive and further exploration is needed to understand and begin closing the data gap; this will be considered in the 2022 action plan.

With employee relation cases, it is pleasing to note; for two years running there is no overrepresentation between staff that has a long-term health condition or illness with those that does not within the formal capability cases.

The robust and fair management of all disciplinary cases is a focus for the Operational HR team who are committed to ensuring that continuous improvements continue to address the experience for all staff involved in a capability or disciplinary matter and avoiding formal processes wherever possible

This year's results also indicate that we are above the national average for making adequate adjustments in the workplace, although this figure has fallen from last year a more detailed investigation will be commissioned.

The results also indicate a reduction in disabled staff experiencing harassment, bullying or abuse from colleagues and managers; however, percentages increased for disabled staff experiencing harassment, bullying or abuse from patients.

A Trust wide initiative has been implemented to take a deep dive into the culture of bullying and harassment within the Trust. Through collaboration with our Violence and Aggression group sub-group, Violence and Aggression Steering group and input from the ICB, the Trust will review ways of encouraging staff to speak up, report incidents of harassment and abuse and target incivility within the workplace. This is being supplemented by the new post – Director of Culture – whose role will be dedicated to ensuring the Trust values are enacted in the workplace.

Finally, the Trust Board have 31.25% of its members that have not disclosed their disability status. Members should be encouraged to declare their disability status during 2022/23 to 100%.

5.0 Our top priorities for 2022-24

Raise the profile of colleagues with a disability to ensure they feel engaged and supported to meet their potential.

To decrease the numbers of colleagues who are 'undeclared' on ESR whether they consider themselves to have a disability or not.

Support the continued development of the (dis)Ability Staff Network, the chair and Executive Support.

Look into data relating to bullying and harassment and the recording and reporting of incidents that are related to a person's disability.

Review of reasonable adjustments process to include continuing to promote the (Dis)Ability and Health Passport and increase knowledge, access to and understanding of reasonable adjustments.

Ensure our sites and facilities meet national requirements on accessibility.

6.0 WDES Action plan 2022-2024

WDES Metrics	Disabled applicants less likely to be appointed through the recruitment process than non-Disabled applicants			
	Action	Outcome	Lead	Timescale
1 2	<p>Phase one - Draft template of interview questions has been shared and piloted with the recruitment team and managers. Feedback received and amendments made.</p> <p>Phase two - Interview template distributed to all managers before interview</p> <p>Phase three - People panel and training being developed to embed knowledge.</p> <p>Phase four - Review and continue to make improvements</p>	A regular review of the recruitment processes will help ensure they are fair and inclusive.	Recruitment Team	December 2022
1 2	Advertise the staff networks on recruitment documentation	ESHT more likely to be seen as an employer of choice.	Recruitment Team	October 2022
	Become a Disability Confident Leader	Provide a structure for addressing HR/ recruitment issues around providing appropriate support to disabled staff and candidates	HR Manager EDI Facilitator	January 2023 *Application from has been submitted to Disability Confident Leader Accreditor. A follow up conversation will take place

				to provide the evidence for the grading.
Disabled staff are disproportionately affected by bullying and harassment				
5 6 8	Include disability within datix reporting form	To ensure that ESHT provides a safe and healthy environment for staff who have a disability	Health and Safety Manager	April 2023
5 6 8	Trust and System Wide Review on Violence and Aggression within the Trust	Reduce incidences of violence and aggression	Associate HR Director-OD & Staff Engagement Staff Engagement & Wellbeing	March 2023
Percentage of disabled staff able to easily access appropriate reasonable adjustments				
8	Embed Reasonable Adjustment process throughout the Trust	Increase number of Reasonable Adjustments in the Trust. Improvements of disabled staff satisfaction specifically related to adjustments	EDI Team	March 2023
	Investigate centralised funding and asset register for Reasonable Adjustments (e.g., Access to work)		EDI Team	December 2022
1 9	Continue to improve ESR self-reporting of disability data	Decrease the numbers of staff who are undeclared on ESR whether they consider themselves to have a disability or not for a fuller picture of staff within the Trust	EDI Team	September 2024
Percentage of disabled staff accessing career promotion or progression				
4 7	Promote structures that support career progression and opportunities for disabled staff	Create equal and equitable opportunities for disabled staff	OD Team	March 2023
1 5 7	Monitor learning and development attendance by disability status		OD Team Training Team	April 2023
Continue to raise the profile of disability across the Trust				

5 7 9	Diversity Dialogue session to be held on numerous topic - one being (Dis)Ability	Facilitate conversations on potentially sensitive topics and subjects	EDI Team	Ongoing until September 2024
	Promote the (Dis)Ability Staff Network to increase the voice of disabled staff	Facilitate the voice of disabled staff members and initiate positive change	Staff network	Ongoing until September 2024
All	Celebrate the contribution of disabled staff to the experience of patients at ESHT	Increasing profile of staff experiences in the workplace so that ESHT is seen as an employer of choice	EDI Team Jacqui Fuller	Ongoing until September 2024
5 7 9	Increase awareness of the diversity makeup of teams	Embed the diversity toolkit across ESHT	EDI Team	September 2023
7 9	Increase Health and Wellbeing offer to staff with disabilities	Increase number of Reasonable Adjustments in the Trust. Improvements of disabled staff satisfaction specifically related to adjustments	Health and Wellbeing Team	June 2023
7 8 9	Increase number of accessible toilet facilities	Improvements of disabled staff satisfaction specifically related to adjustments	Estates and facilities	March 2023
5 6 7 8	Ensure representation of disabled staff at Staff Partnership Forum	Ensuring all staff have a voice within the Trust	Melanie Adams	September 2023