

**Board**

**5 November 2020**

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| **Title of the paper** | **Workforce Disability Equality Standard Report 2019-2020** |
| **Agenda Item** |  |
| **Presenter** | **Paul Da Gama, Chief People Officer** |
| **Author(s)** | **Arfan Bhatti, Inclusion & Diversity Manager** |
| **Purpose** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **For approval** |  | **For discussion** |  | **For information** | | **** | **** |  | |
| **Executive Summary** | This document reports on the Trust’s data and activity from April 2019 – March 2020.  We are reporting this information to Board in November following the reporting deadline extension from NHS England due to Covid-19.  The reporting period therefore demonstrates we have made progress in relation to disabled staff in the following metrics:   * experiencing discrimination from colleagues * feeling valued   The data shows we have not made progress in relation to disabled staff in the following metrics:   * experiencing harassment and abuse from patients/public * experience of equal opportunities for development and promotion * feeling pressured to come into work despite note feeling well enough to perform their duties   The above metrics are taken from the 2019 staff survey, which received almost 300 responses from disabled colleagues; around 6% of all employees.  The below metrics remain neutral and are influenced considerably by our low declaration rate on ESR, where only 1% of staff share the fact they have a disability:   * Representation * Appointment from shortlisting * Formal disciplinaries * Board diversity |
| **Trust strategic aims**  *(please indicate which of the 4 aims is relevant to the subject of the report)* | |  |  |  |  | | --- | --- | --- | --- | | Aim 1  Best quality care  Image result for quality care  *Objectives 1-5* | Aim 2  Great place to work  *Objectives 6-8* | Aim 3  Improve our finances    *Objective 9* | Aim 4  Strategy for the future  Image result for icon on strategy  *Objective 10-12* | |  |  |  |  | |
| **Links to well-led key lines of enquiry** | Is there the leadership capacity and capability to deliver high quality, sustainable care?  Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?  Is there a culture of high quality, sustainable care?  Are there clear responsibilities, roles and systems of accountability to support good governance and management?  Are there clear and effective processes for managing risks, issues and performance?  Is appropriate and accurate information being effectively processed, challenged and acted on?  Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?  Are there robust systems and processes for learning, continuous improvement and innovation?  How well is the trust using its resources? |
| **Previously considered by** | |  |  | | --- | --- | | Committee/Group | Date | | Diversability | 3 September 2020 | | Diversability | 17 September 2020 | | Diversability | 12 October | |
| **Action required** | The Board is asked to receive this report for assurance and to approve for publication. |

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**Agenda item: XXX**

**TRUST BOARD – 05 November 2020**

***Workforce Disability Equality Standard Report 2019/20***

**Presented by: Paul Da Gama Chief People Officer**

1. **Purpose**

This paper seeks to:

* provide a breakdown and analysis of the 2019-2020 Workforce Disability Equality Standard (WDES) findings.
* compare workplace and career experiences of Disabled and non-disabled staff
* raise awareness of disability within the Trust and outline some of the challenges that Disabled staff experience
* recommend next steps in Appendix 1. This plan has been developed in partnership with the Trust’s disabled staff network Diversability.

1. **Background**

The WDES was introduced in April 2019 and is mandated as part of the NHS Standard Contract. It is designed to improve workplace experience and career opportunities for disabled people working, or seeking employment, in the NHS.   
  
The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change. It forms part of future CQC inspections under the ‘well led’ domain.   
  
The WDES data for 2019-2020 was submitted to NHS England via the Strategic Data Collection Service on 25 August 2020. We are now required to publish an annual report for WDES with planned action to address the gaps.

Indicators 1 - 3 and 10 are produced via the Electronic Staff Record (ESR) from the reporting period of April 2019-March 2020. All other indicators are from the 2019 staff survey and therefore do not take into account actions taken during the pandemic (which caused this year’s reporting deadline to be extended).

1. **WDES performance for April 2019 – March 20**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | | **Direction of travel** | |
| **1** | Disabled staff in each of the Agenda for Change (AfC) Bands |  | Neutral |
| **2** | Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts. |  | **Positive** |
| **3** | Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. |  | **Negative** |
| **4a** | Disabled staff experiencing harassment, bullying or abuse from patients and colleagues |  | **Positive** |
| **4b** | Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. |  | **Positive** |
| **5** | Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. |  | **Negative** |
| **6** | Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. |  | **Positive** |
| **7** | Disabled staff saying that they are satisfied with the extent to which their organisation values their work |  | **Positive** |
| **8** | Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work |  | **Negative** |
| **9** | Staff engagement score for Disabled staff, compared to non-disabled staff |  | Neutral |
| **10** | Difference between the organisation’s Board and its overall workforce |  | **Positive** |

* 1. **Indicator one:**

**Disabled staff in each of the Agenda for Change (AfC) Bands**

\*Notes:

- VSM includes executive Board members and senior medical staff

- Includes all staff on permanent and fixed term contracts only (thereby excluding bank and locum staff).

**Narrative:**

Only 1% of staff have shared the fact they have a disability on ESR yet 19% of the working age population have a disability according to the House of Commons 2020 report Disabled People in Employment .

Overall, 3% of the NHS workforce nationally have declared a disability through ESR.  
  
The majority of disabilities are acquired during an individuals employment and most ESR input is completed at the start of employment.  
  
Anecdotally there is evidence to suggest many colleagues are unaware they have a disability and/or

are not comfortable sharing information on ESR from a confidentially as well as functionality perspective.

**Actions taken** (April 2019-March 2020)**:**

Launch of Diversability, a network for staff with disabilities and long-term health conditions. The network established a terms of reference with four key objectives, which include:

1. Be a support network for employees who consider themselves as having a Disability or Long Term Health Condition, working for West Hertfordshire Hospitals NHS Trust

2. Raise awareness within the Group of different disabilities

3. Raise awareness within the Trust of different disabilities

4. Improve the experience of staff who have a Disability/Long Term Health Condition

Further plans to implement these objectives are afoot and are included in the action plan, Appendix 1.   
  
Prior to the networks launch, our Disability Champion spent time across our three sites engaging with other disabled staff prior.  
  
Our Disability Champion also delivered 17 awareness raising sessions to a number of meetings ranging from Matron’s, Clinical Support and Student Induction. These sessions included a clear call to action for colleagues to update their ESR  
  
The Trust’s new appraisal process includes a section where line managers are required to follow-through disability and wellbeing issues and to provide appropriate support to staff and to their teams.

From a communications perspective we have been able to:

* mark and raise awareness on a number of disability related calendar dates
* publish a guide that instructs as well as empowers colleagues to update their ESR
* highlight the benefits of sharing diversity details on ESR in line with the WDES metrics
  1. **Indicator two:**

**Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.**

**Narrative:**The data demonstrates non-disabled staff are less likely to be appointed from shortlisting and is just outside the non-adverse range of 0.8 - 1.2.

This includes internal as well as external posts and is taken from 22 disabled, 719 non-disabled and 65 not declared successful appointments.

3% of successful appointments and therefore identify as Disabled applicants, with a further 8% not sharing their details with us.   
  
**Actions taken** (April 2019-March 2020)**:**  
  
The Trust operates a guaranteed interview scheme as part of our commitment to inclusion; whereby if applicants meet the essential criteria, they are guaranteed an interview.  
  
Our recruitment & selection guide “Choosing the best talent” promotes fairness and inclusion and is embedded in panel preparation material  
  
Our Recruitment Team participate in a number of interview panels to help ensure inclusive processes and also offer recruitment and selection training twice a year

* 1. **Indicator three:**  
     **Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Disabled staff | Non-disabled staff | Unknown |
| Entered formal capability process no. | 3 | 43 | 7 |
| Entered formal capability process % | 6% | 81% | 13% |
| All staff | 75 | 3845 | 1223 |
| All staff % | 1% | 75% | 24% |

**Narrative:**

* Refers to staff who have entered a formal investigation as prescribed by the local disciplinary process. Any occasional cases where disciplinary action is not preceded by an investigation

are also included in this definition.

* Staff who have been subject to an investigation, but for whom no further action was taken are also counted.
* Cases where mediation has taken place rather than any kind of formal investigation or disciplinary are not counted.
* In July 2019 NHS England/NHS Improvement published “A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS Workforce” which set a target for 51% of NHS organisations to be within the non-adverse range of WRES reporting, between 0.8 and 1.25, by 2020. We have also applied this in principle to our disabled colleagues and are pleased to fall within this range.
* NHS England also state disabled staff were more likely to enter formal capability processes in trusts that did not have separate processes for managing capability on the grounds of performance and ill health; reasonable adjustments policies; or champions for disability equality.

**Actions taken** (April 2019-March 2020)**::**

* updating our Disciplinary Policy against GMC and NMC guidance to improve the running of investigations
* inclusion embedded into investigating managers training
* investigators appointed internally chosen from outside the area where the investigation is to be carried out to ensure impartiality. We never allow a grandparent manager to carry out the investigation
* the panel chair will have had no prior involvement with the case and where appropriate work in another division
* robust preliminary process overseen by senior managers prior to any disciplinary investigation being commissioned
* further tightening the preliminary process to ensure that where possible cases are resolved and managed informally with only the most serious cases progressing formally – this means collating all evidence in advance of an investigation to determine whether it is necessary to proceed in this way.
* outcome given on the day in majority of disciplinary cases. Only where time does not allow for this will we communicate the decision in writing and only with their consent
* if a challenge to a particular panel member or case investigator is received, the person can be changed
  1. **Indicator 4a (staff survey)**  
       
     **Disabled staff experiencing harassment, bullying or abuse (BHA) from patients, relatives or public**

**Narrative:**  
  
285 Disabled colleagues responded to this question in the 2019 staff survey, exactly the same that did so in 2018.   
  
**Actions taken** (April 2019-March 2020)**:**  
  
Running a campaign called the “Big 5” which focused on 5 key themes from the staff survey. The month of May was themed as “Protecting you” which included: (1) implementation of zero tolerance to violence/threatening behaviour posters (2) encouraging staff to report issues or concerns (which are taken up via Datix and investigated) (3) promoting our Speak Up Champions   
  
Our Security Team drafted a Memorandum of Understanding (MOU) between the Trust and Hertfordshire Constabulary in relation to requests for emergency police assistance during incidents involving a threat of harm to person(s) and at other times of exceptional crises where NHS staff cannot manage the incident alone. The Team also updated our Clinical Staff- Security Support Strategy as well as Violence & Aggression Policy.

**3.5 Indicator 4b (staff survey)  
Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.**

**Narrative:**132 Disabled colleagues responded to this question in the 2019 staff survey, 21 more than did so in 2018. **Actions taken** (April 2019-March 2020)**:**As part of the Trust's commitment to eradicating bullying and harassment, and encouraging staff to raise concerns as part of the Freedom to Speak Up campaign the Trust has more than 20 Speak Up Champions with whom staff can discuss and raise concerns that they may have.  
Providing staff with psychological safety as well as standing in order to better understand the kinds of BHA taking place and implementing interventions accordingly   
  
Continuing to implement a number of wellbeing events and initiatives, such as the Employee Assistance Programme  
  
Creating a new equality impact assessment which includes a comprehensive toolkit to equip staff with knowledge of discrimination and how to combat it.

* 1. **Indicator five (staff survey)**

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

**Narrative:**  
  
201 Disabled colleagues responded to this question in the 2019 staff survey, 15 fewer than did so in 2018.  
  
**Actions taken** (April 2019-March 2020)**:**  
  
Advertising acting up as well as vacancies in our bi-weekly Trust newsletter to promote transparency.  
  
Cultural competence of recruitment companies adhering to our inclusive procurement guidelines.   
  
Integration of training data records and ESR in order to monitor diversity in relation to continuous personal development   
  
Embedding a comprehensive annual appraisals process with a focus on behaviours, objectives and career aspirations.  
  
Running a campaign called the “Big 5” which focused on 5 key themes from the staff survey. June was themed as “Race for Equality” which called for staff to:  
  
**-** make sure staff know that it’s okay to talk about any equality issues andwho to speak to should they have any concerns  
**-** break down barriers by showcasing the various career progression options available for staff from different background  
  
April marked “Keep talking” in the “Big 5” campaign which enabled:

* staff to communicate to senior leaders in the organisation to highlight what they need to support the best quality care via “Back to the floor” as well as “Night walk” events

We also created and launched our new workforce 2020-2023 People Strategy which includes plans to:

* Become a recognised Teaching Hospital
* Provide a comprehensive careers development service encompassing advice, coaching, mentoring, networking and talent management
* Developing our staff to work differently; supporting, training and developing our existing workforce to work in new ways or perform new roles within the system
* Adapting some training courses to be deliverable on line; thus negating issues caused by accessibility to classrooms.
* Creating a coaching culture of distributed leadership where everyone can lead
* A new talent management framework setting out how we will attract and develop future leaders
* Providing quality improvement training at all levels to enable a culture of continuous improvement
* Give people the opportunity to develop outside of their specialism
  1. **Indicator six (staff survey)  
     Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

211 Disabled colleagues responded to this question in the 2019 staff survey, 12 more than did so in 2018

* 1. **Indicator eight (staff survey)  
     Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work**

182 Disabled colleagues responded to this question in the 2019 staff survey, 7 more than did so in 2018

**Actions taken** (for Indicators 6 + 8) (April 2019-March 2020)**:**

Our Managing Attendance Policy was updated in March 2019 and sets out a number of responsibilities in relation to disability in accordance with the Equality Act 2010.

Line managers:

* To be proactive in supporting employee wellbeing to prevent sickness absence
* Ensure employees are informed of attendance procedures, certification and local reporting procedures at their local induction
* Maintain appropriate contact with employees during their absence
* Notify employees of support available to them including Occupational Health and Employee Assistance Programme (EAP)
* Identify stress triggers that relate to their employees and take actions to mitigate these through regular Stress Risk Assessments
* Sustain healthy workplace conditions, appropriate roster arrangements and rest times to support in maintaining good health

The Policy also states for disability-related short term absence, it is appropriate for the stage 1 and subsequent meetings to go ahead; however the Trust will delay issuing sanctions where absences have been caused by the employee’s disability.  
  
Advice on specific cases must be sought from OH and the Employee Relations Team if they have a disability or long-term health condition.

Phased returns  
Phased returns are also embedded into the policy and involve Occupational Health undertaking a clinical assessment to facilitate a successful return to work for employees, which may comprise of a temporary review of work activities or alteration in hours where appropriate. It is linked to medical appropriateness and not to length of absence.

Phased returns are limited up to four weeks for all employees and up to an additional 2 weeks where the absence is related to a disability/long-term health condition.

During a phased return, employees will receive full pay. Where an employee is unable to return to their full hours after the phased return, there will be a permanent contractual reduction in hours and pay.

Reasonable adjustments  
For employees with a disability or long term health condition, an episode of sickness absence may be unrelated to their disability or condition. Where it is related, the Trust has a duty under the Equality Act 2010 to make reasonable adjustments, which may include:

* Delaying the stage 1 meeting
* Adapted equipment
* Physical changes to the environment
* Changes to working hours, patterns, location or
* Time off for treatment or appointments which would normally be managed around current work commitments where possible
* Disability-related absences will be recorded as sickness absence but flagged as disability related in order that disability and non-disability related absences can be identified separately.

Training & events  
An event marking International Day for People with Disabilities which included a speaker who gave an insight into living with an invisible disability and the workplace adjustments that can be made to accommodate  
  
Surbhi Shah from Mills and Reeve Solicitors led a training session for all H.R staff on Disability Discrimination, covering:

* understand when a member of staff would be considered disabled
* describe the basic principles of disability discrimination
* understand the duty to make reasonable adjustments
* managing a disabled employee under the capability process – using a case study
  1. **Indicator seven (staff survey)**

**Disabled staff saying that they are satisfied with the extent to which their organisation values their work**

288 Disabled colleagues responded to this question in the 2019 staff survey, 1 fewer than did so in 201

**3.9 Indicator nine (staff survey)  
Staff engagement score for Disabled staff, compared to non-disabled staff**

289 Disabled colleagues responded to this question in the 2019 staff survey, 2 fewer than did so in 2018.  
  
**Actions taken** (for indicators 7 & 9) (April 2019-March 2020)**:**

Launching our staff network Diversability (terms of reference are set out in 3.1 of this report)

Our “Big 5” campaign in July was themed as “We value you” which included our very first Star of Herts awards ceremony.

Another “Big 5” campaign was themed as “Looking after you” which focused on health and wellbeing as well as career development. Activities included a Wellbeing Café, promotion of a “Going home checklist” to help colleagues achieve a work/life balance as well as promoting our wellbeing offering which not all staff are fully aware of.

Prior to the pandemic breaking out we also ran monthly “Birthday breakfasts” for all colleagues to attend with one of the senior leaders. During the breakfast a conversation regarding ideas were initiated enabling visible and compassionate leadership to be strengthened.  
  
During Christmas “We value you cards” rewarding all staff for going the extra mile and showing staff that we value them which can be exchanged for a drink and a muffin.

Our Long Service Awards are also held annually for all those that have worked for WHHT for longer than 15 years, as they reach each five year threshold.

Appendix 2 also details a number of broader health and wellbeing related activities which are particularly applicable for colleagues with long term health conditions and mental health conditions.

**3.9 Indicator ten:**

**Percentage difference between the Board voting and our overall Disabled representation**

**Narrative:**

* Our disabled board representation (6%) is higher than our overall disabled representation (1%).
* Nationally 2.1% of board members are Disabled; 1 percentage point lower than the percentage of Disabled staff in the wider workforce

**Actions taken:**

* Our Chief People Officer emailing all Board members asking them to share their diversity details on ESR to help inform the above metric
* addressing the lack of diversity in very senior management through developing a Trust reverse mentoring programme. The first year of implementation is with BAME mentees, with 2021/2022 earmarked for disabled mentees
* Chief Executive ensuring all Executive Directors meet equality, diversity and inclusion objectives as part of the appraisal process
* Disability inclusion is championed by our Chief People Officer, who is the executive lead for diversity and inclusion
* Increasing our Inclusion & Diversity Manager from a part-time to full-time post to increase inclusion of our Disabled staff (who works closely with our Chief People Officer)

1. **WDES action plan**

The WDES action plan can be found in the Appendix and sets out how the Trust seeks to improve its performance in relation to each of the indicators.   
  
Some of the “big ticket” items in relation to the action plan include: a review of our Occupational Health provision, recruiting a new Wellbeing Co-Coordinator and Apprentice as well as a co-produced WDES action plan and report.

1. **Governance**

Overall accountability for our equality and diversity agenda is held with our People, Education and Research Committee (PERC) which is a sub-committee of the Board and chaired by a non-executive Director. It meets and reviews this work every two months.

Diversability, the Trust’s disabled staff network are also a crucial stakeholder in relation to formulating the plan in Appendix 1 and monitoring its implementation.

Our Great Place to Work meetings are also aligned against the Trust’s People Strategy implementation plan.

1. **Risks**

Non-compliance with WDES would lead to a breach of the standard NHS contract.

Implementation of planned action, as outlined in Appendix 1 could be impacted if there is a second spike in Covid-19 infections.

1. **Recommendations**

The Board is asked to receive this report for assurance and approve for publication.

**Paul Da Gama**

**Chief People Officer**

**12 October 2020**

**Appendix 1 – WDES Action Plan 2020-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WDES Metric** | **Action** | **Measure** | **Date** | **Lead** |
| **1) Representation** | Increase disability data via ESR | Targeted communication to shielders to include action to update ESR  Videos with disabled colleagues sharing they have updated ESR  Decrease “Unknowns” from 27% to 22% (around 250 staff members)  Rolling out ESR self-service and supporting all staff to use it with complete coverage of ESR, including increased data on the demographic and diversity of our people. | May 2021 | Disability Champion  Deputy Director for Human Resources |
| Increase + diversify Diversability membership | Increase emails list to 100  Ensure representation in each Division and across all 3 sites | May 2021 | Diversability |
| Increase awareness, representation and inclusion of People Directorate | Annual D&I training for all H.R staff | May 2021 | Inclusion & Diversity Manager |
| **2.** **Shortlisting** | Overhaul recruitment and promotion practices to ensure staffing reflects the diversity of the community as well as regional and national labour markets *(People Plan action)* | Review (a) Approval to Recruit (b) Secondment & Acting Up (c) Redeployment (d) Recruitment & Selection policies; and clearly communicate any changes | Oct  2020 | Recruitment Manager |
| Ensure recruitment materials are accessible | Audit recruitment web pages in line with governments new Accessibility [regulations](https://www.gov.uk/government/news/regulations-on-the-accessibility-of-new-public-sector-websites-come-into-force) | Feb 2021 | Disability Champion |
| Recruit and train more diverse representatives to interviewing panels | Training sessions commencing targeting disabled colleagues | Jan 2021 | Inclusion & Diversity Manager |
| **3.** **Disciplinary** | Monitor the level of disciplinary action taken against disabled staff throughout the year | Quarterly figures included in Integrated Performance Report/diversity dashboard | Sept 2020 | Head of Employee Relations |
| Eliminate the disability gap when entering into a formal disciplinary process | Ensure non-adverse range of reporting between 0.8 - 1.25 | January 2021 | Head of Employee Relations |
| Audit legalistic and retributive language with language that promotes a just culture and explore embedding a decision tree checklist to help managers decide whether formal action is essential | Updated Disciplinary Policy | May  2021 | Head of Employee Relations |
| **4a.** **Bullying, harassment and abuse from patients, relatives and public** | Undertake further analysis of hot spot areas | Include incidents from Datix and other sources in 2021 WDES report | Ongoing | Datix Team |
| Update the Management of Violence & Aggression policy | Produce: (a) information on unacceptable behaviour;  (b) guidance for staff experiencing abuse from patients with cognitive impairments | Dec 2020 | Head of Security |
| Increase security staff | Hire: (1) a dedicated Security Officer (SO) in A&E/ AAU; and  (2) an additional Supervisor SO to cover nightshifts and weekends | Dec 2020 | Head of Security |
| **4b.** **Bullying, harassment and abuse from staff** | Increase awareness and accessibility of Freedom to Speak Up (FTSU) | Hire a Freedom to Speak Up Guardian  Launch FTSU post boxes to allow a method of additional access for staff, particularly for staff who do not have access to computers/IT  Drop in sessions set up for all 3 sites from September- December 2020  Trust bullying and harassment zero tolerance campaign led by CEO  Review and then communicate behavioral boundaries as well as appraisal and performance management process, speaking up conversations to be encouraged between manager and staff members  Commission a quarterly West Herts staff bullying and harassment  Increase FTSU Champions disabled representation and include diversity and inclusion training during onboarding process  Provide bullying and harassment training to line managers | April 2021 | Freedom to Speak Up Guardian |
| Increase staff wellbeing initiatives | Recruit and onboard a new Wellbeing Co-Coordinator and Apprentice  Discuss equality, diversity and inclusion as part of health and wellbeing conversations on topics such as: appropriate PPE, home working and access to psychological support  (People Plan action) | March 2021 | Wellbeing Team |
| Increase staff awareness of bullying, harassment or abuse and where they can access support | Create a [guide](https://email.nhs.net/owa/redir.aspx?REF=vtmPMe9gIrUD3zxVHZuRFTA6rea25WAQbweAWq6Yxvt2EAIq5GrYCAFodHRwczovL3d3dy5uaHNlbXBsb3llcnMub3JnLy0vbWVkaWEvRW1wbG95ZXJzL0RvY3VtZW50cy9MaW5lLWluLXRoZS1TYW5kLWJvb2tsZXQucGRm) on “How to react, act and report” bullying, harassment and abuse  Increase staff wellbeing initiatives via new Wellbeing Strategy, including a new prayer room  Discuss equality, diversity and inclusion as part of health and wellbeing conversations on topics such as: appropriate PPE, home working and access to psychological support (People Plan action) | March 2021 | Wellbeing Team |
| **5.** **Equal opportunities** | Increase opportunities for disabled staff to have a direct line of communication with individuals working in roles they are aspiring to | Quarterly opportunities through channels such as: “Career Lounges” with speakers hosting a Q&A |  | Disability Champion |
| Extend capacity for coaching across the Trust | Introduction of more in-depth coach training programmes to provide more available coaches within the organisation  If capacity is increased sufficiently, allowing the Trust’s coaching service to be available on demand to all staff | Dec 2021 | Head of Education, Learning and Developmentb |
| Explore sponsorship programme | Explore: application criteria and costing | Feb  2020 | Inclusion & Diversity Manager |
| Explore possibility of integrating disability data into the Trust’s Learning Management Systems for the provision of better disability data. | Review to take place in Spring 2021 after tender for LMS is complete | June 2021 | Head of Education, Learning and Development |
| Review more non-mandatory training provision in respect of the possibility of remote delivery (or the option of this) | Review to take place in Q3 and Q4 20/21  Remote options to be made available as appropriate | March 2021 | Head of Education, Learning and Development |
| **6 & 8** **Presenteeism**  **&**  **Reasonable adjustments** | Ensure colleagues who have to shield are integrated back into the workplace safely and/or supported to work remotely | Regular calls from Absence Hub  Half day training sessions for shielders returning to work  Shielders completing additional risk assessment on their return to work  Thank you’s to staff, including shielders with planned week dedicated to staff recognition | Sep 2020 | Absence Support Hub / Training Team / Occupational Health |
| Explore infrastructure and produce resources to empower and support colleagues working remotely | Upload guide on conducting inclusive meetings on intranet  Explore interactive platforms to support meeting engagement | Sep  2020 | Disability Champion |
| Create awareness of social model of disability (which WDES is underpinned by) | Ensure EIA’s are completed at start of new policy formation rather than at end via updated template  Embed disability and accessibility requirements in the design process | Ongoing | Inclusion & Diversity Manager  &  Director for Environment |
| Ensure a safe working environment for our disabled staff | Improving uptake of the flu vaccination in underrepresented ‘at risk’ groups  Procure clear face masks and establish application criteria  Produce “Please communicate clearly” badges to mitigate hearing challenges due to face masks | Jan  2021 | Occupational Health |
| Produce training sessions as well as resources to increase awareness of discrimination | Update mandatory training module on Acorn  Annual (online) refresher training  Targeted training for line managers | April  2021 | Inclusion & Diversity Manager |
| Produce a Disability Passport | Finalise design, promote through comms and embed into policies and processes | May 2021 | Disability Champion |
| Complete a detailed review of Occupational Health | Optimise the service  Present to the Senior Leadership Team later this year |  | Dr Lucy Wright, Occupational Health |
| **7 & 9**  **Feeling valued & engaged** | Create targeted interventions following the COVID19 specific staff survey with an emphasis on well-being support and boosting morale | Direct mail to all staff thanking them for their efforts during Covid.  Socially distanced thank you events with feedback from staff.  National Staff survey in October/November 2020 in addition to Covid Staff Survey undertaken in June 2020.  Long service awards of which some will be in person and some virtual planned for the middle of November 2020 | Dec  2020 | Deputy Director for Human Resources |
| Provide staff with psychologically safe environments to raise concerns | Safe space sessions to understand experience and perceptions and develop appropriate actions accordingly  Promote Speak Up Champions | Ongoing | Diversability/  Freedom to Speak Up Guardian |
| Mitigate effect if stressful environment and improve mental wellbeing caused by pandemic | Creating a comprehensive wellbeing, engagement and recognition plan  Specific interventions for colleagues with mental health as well as long term health conditions  Developing new guidance on agile working to accommodate better flexibility with the workforce while making them feel valued  System wide business case supporting psychological support, staff benefits and compassionate leadership training  Re-engaging with well-being champions in order to support better levels of engagement particularly during the pandemic period  Re-engaging with Mental Health First Aid Trainers with new training planned | Jan 2021 | Wellbeing Team |
| **10.** **Board diversity** | Continue a direct line of communication between executive members and Diversability | Minutes of the meeting sent for inclusion in PERC paper | Ongoing | Disability Champion |
| **All indicators** | Explore targeted interventions at Divisional level | Produce Disability data from WDES metrics specifically for Divisions | Dec  2020 | Inclusion & Diversity Manager |
| Continue to work with other organisations to review and provide fresh perspective on our work | Conduct an audit and assurance service through BDO  Participate in the NHS Diversity & Inclusion Partners Progamme 2020/2021  Contribute and influence a system wide approach at ICS level | Ongoing | BDO |
| Review governance to ensure staff networks contribute and inform decision-making | Establish renewed sponsorship monetary amount for Diversability  Create a memorandum of understanding between Diversity & Inclusion team and Diversability | March  2021 | Disability Champion |
| Review the Risk Register and identify any gaps and potential risks race equality may face. | Recorded on Datix, scored and the Trust-wide impact clearly assessed in accordance with risk management practices  Identified controls to mitigate risks | Ongoing | Inclusion & Diversity Manager |
| Review the Diversity & Inclusion policy | Embed all of the recommendations following BDO audit | May 2021 | Inclusion & Diversity Manager |

**Appendix 2**

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| **Mental Health** | |
| **ACTION** | **IMPACT** |
| * **Employee Assistance Programme –** a 24-hour helpline available to all providing access to counselling, both telephone and face to face, support and a general adviceline. | Relies on being communicated well – take up is slowly growing, though low. Current figures indicate that if usage continues at current level, 14% of staff will have used the service over a year. |
| * **Shift Your Stress** – a flexible online programme based on Acceptance and Commitment Therapy (ACT) – can be completed in anything from five weeks to twelve months, depending on what suits the individual. | We know that many staff either cannot be released or don’t have the time to attend face to face workshops. This has proved popular so far with 70 registrations in the five months since October. Is charged per registration |
| * **Understanding Stress and Building Resilience** – half day sessions across all sites. A three hour workshop that has received excellent feedback across the Trust. Have also offered a reduced one-hour option to certain areas on request. | Evaluations from these sessions are consistently extremely positive with 93% of attendees saying that they felt better able to cope following the course.  Propose 6 sessions in total, funded in part via annual budget |
| * **Weekly visit from onsite counsellor** to rotate across areas of need. Runs successfully in the Medical wards and A&E, is in the process of starting in Maternity. Costs are charged 50/50 to the relevant divisions. This was originally set up by ITU who continue to self-fund this for themselves. | Feedback has shown that many staff are reluctant to seek counselling and claim to be coping when in fact they are not. Many have benefitted from talking to the counsellor in the workplace on an informal basis and managers have reported on occasion that this has prevented some taking sick leave. Counsellor can also be called upon when an incident occurs in another area ensuring a more pro-active approach and lessening the likelihood of long-term impact |
| * **Monthly relaxation days** – these provide an opportunity for staff to book a subsidised monthly massage treatment. Runs monthly at Watford and bi-monthly at SA and HH, all usually fully booked | These take place on the last Friday of each month in Watford, and the third week of each month at SA and HH alternately. They are part-funded by staff.and enable to take some time out at minimal cost (£5) after a stressful week. Excellent feedback – has helped some to relax where they haven’t previously been able to and has helped some with reducing pain due to stress and tension, which contributes to many MSK problems. Always busy. |
| * **Mental Health First Aid and Awareness Training** – awareness courses for managers and colleagues to help them to recognise signs that might otherwise go unnoticed, and provide them with the tools to help them manage and support others and themselves | Not understanding or recognising mental health issues can lead to a variety of difficulties for individuals and teams. Problems not necessarily related to the workplace could be picked up sooner and appropriate support offered to individuals concerned. Promotes better understanding between colleagues and can contribute to a reduction in the perception of bullying and harassment. Each course can provide training for 25 people. |
| * **Mindfulness courses** – offered as a 90-minute introductory session with lunch provided. Is a highly rated lifestyle change used in many businesses that include Transport for London, Google, GlaxoSmithKline, the Home Office, the Cabinet Office, KPMG, and Pricewaterhouse Coopers. Attendees will be able to find out how Mindfulness can help and take away the tools to practise with. | Benefits include improvements to physical and mental health, with an increased ability to be resilient and manage stress. TfL, for example, has seen the number of days taken off because of stress, anxiety and depression fall by 71% since introducing employees to mindfulness |
| * **Schwartz round lunches -** The Schwartz Rounds run on a monthly basis. | Always highly rated and well attended. Feedback consistently shows how much staff and students value the opportunity to share and reflect on the emotional impact of their roles |
| * **Printing** | Producing a bi-monthly newsletter with a calendar of events, plus posters for all activity and mental wellbeing folders |
| **Health Awareness** | |
| * **Lunchtime talks –** topics arranged this year have been healthy eating, the menopause and migraine | Talks are arranged in response to feedback and direct requests from staff.  A nutritional therapist discusses how best to eat to sustain energy over long shifts, providing healthy ideas and recipes to save time and money. Feedback has shown these to be well-received and very helpful to those that attended – a 50% increase of attendance on last year |
| * **Health events** - held monthly in line with the national calendar to raise awareness of their own wellbeing and encourage a healthy lifestyle * **Seated mini massage** treatments are offered at all events and also delivered in the workplace to wards/areas where staff are unable to get away to attend events | Depending on the nature of the event, costs could include mini massage treatments, equipment, hospitality, promotional literature and taster sessions  Apart from helping to relax and reduce pain, these act as an incentive to bring staff to awareness events to inform and encourage a healthy lifestyle |
| * **Health challenge prizes** – recent challenges have been the North Pole walking challenge and the Biggest Loser weight loss challenge | Workplace activity challenges (cycling / walking ) have been re-introduced with staff forming teams to compete for prizes. Positive feedback has shown these challenges have benefited staff engagement as well as increasing physical activity levels and raising morale. |
| * **Health checks** – Busy staff often find it difficult to make the time to visit a GP when they need to and offering them health checks is one way of trying to keep on top of potential areas of concern, alerting them to make that appointment if results are less than desirable. * **Health MOTs** – 15 min 1:1 appointments with a health advisor – an increase to five days across all sites twice each year as these were heavily oversubscribed and much in demand each time * **Cholesterol and blood glucose testing** on each site twice each year | With the opportunity and encouragement to check their health statistics regularly, along with information available to educate and inform, the health profile statistics provided would be expected to improve |
| **Financial Wellbeing** | |
| * **Pre-retirement seminars –** a full day seminar for those thinking of retiring within the near future to help them with planning for the future * **Mid-career seminars –** half day sessions to explain the NHS pension and encourage people to plan ahead * **Pension tax guidance and support –** a full day of group and individual counselling sessions initially aimed at those paying tax at the higher rate. | There is a clear link between financial wellbeing and mental health, with money worries contributing to stress and anxiety. These seminars have always had positive feedback and been well attended but a new provider is currently being sought and the cost is likely to increase. The retirement seminars however are also a source of income as places are sold to HCT.  Multiple changes in tax allowances for pension scheme members have caused it to become more complex than before and employees need help with understanding their options. |
| **Reward and Recognition** | |
| Rewarding employees for positive behaviour, loyalty or long service can be a cost-effective way of demonstrating Trust values. In turn, employees who feel that they have been rewarded for a job well done may become more engaged and improve their productivity.   * **Annual tea parties** - an opportunity for directors to talk to staff and say thank you. All staff are invited, and engagement currently runs at approximately 15%. Positive feedback received each year.   The larger tea parties are run at all three hospitals with a smaller version also arranged at Jackett’s Field (Physiotherapy) and Gate House in Welwyn (Procurement) | Those staff that have been with the NHS for a great length of time carry with them a wealth of valuable experience that is lost when they decide to move on to other trusts. They need to feel valued and appreciated. By recognising their value and rewarding them for their loyalty, this will help to retain some that may otherwise not remain with the organisation.  Employees need to feel that their contribution is valued, that the organisation cares about their wellbeing and is ready to offer help when needed. This is referred to as “perceived organisational support', the effects of which have been studied and found to be   * Increased commitment * Improved job satisfaction and mood * Increased interest in work * Increased performance * Decreased psychological strain * Increased desire to remain working for the organisation * Decreased withdrawal (including decreased lateness, absenteeism and turnover) |
| * **Long service awards –** an event held annually for all those that have worked for WHHT for longer than 15 years, as they reach each five year threshold |