



Workforce Committee Report

Workforce Disability Equality Standard (WDES) Submission 2022							
Report to:	Workforce Committee			Date:	12 th July 2022		
Report of:	Director for Workforce & Education			Prepared by:	Louisa Graham		
For approval	<input checked="" type="checkbox"/>	For noting	<input type="checkbox"/>	For discussion	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
Executive Summary:							
<p>The purpose of this report is to share the data which will form the submission and subsequent publication of the 2022 Workforce Disability Equality Standard (WDES) for our Trust. It sets out priority areas for action based on analysis of the results which include workforce data and findings from the latest staff survey. The Committee are asked to review and approve the contents of the report for publication and to consider the areas for action and associated next steps which are to consult with the Disability Inclusion Forum with regards to the results, understand their lived experience, the actions which will make the greatest impact and to seek feedback on the draft action plan, making changes where necessary.</p> <p>The priority areas recommended for action are those which are indicating disabled colleagues are being adversely impacted or disadvantaged according to the four-fifths rule are:</p> <p>Metric 4a – Percentage of colleagues experiencing harassment, bullying or abuse in the last 12 months from patients, service users or the public.</p> <p>Metric 4b – Percentage of colleagues experiencing harassment, bullying or abuse in the last 12 months from managers.</p> <p>Metric 4c - Percentage of colleagues experiencing harassment, bullying or abuse in the last 12 months from colleagues.</p> <p>Metric 6 – Percentage of colleagues who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.</p> <p>Metric 8 - Percentage of disabled staff saying their employer has made adequate adjustments to enable them to carry out their work.</p> <p>In addition to the specific metrics identified a general action is to increase the level of disclosure of disability across the whole workforce, to ensure we seek to increase representation of disabled colleagues across all roles and professions.</p> <p>It is recommended that the Committee, receive the report, note the content, approve the priority areas for action and approve external publication of our results.</p>							
Trust Strategic Aims and Ambitions supported by this Paper:							
Aims				Ambitions			
To offer excellent health care and treatment to our local communities				<input type="checkbox"/>	Consistently Deliver Excellent Care		<input type="checkbox"/>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria				<input type="checkbox"/>	Great Place To Work		<input type="checkbox"/>
To drive innovation through world-class education, teaching and research				<input type="checkbox"/>	Deliver Value for Money		<input type="checkbox"/>
					Fit For The Future		<input type="checkbox"/>
Previous consideration							

INTRODUCTION

The Workforce Disability Equality Standard (WDES) is a mandated requirement through the NHS standard contract which was launched in April 2019, making this the third WDES report. Organisations are instructed to report and publish their WDES data on an annual basis, illustrating organisational progress against ten indicators relating to workforce disability equality.

RESULTS

For each of the indicators the data is compared for Disabled colleagues and non-disabled colleagues. National staff survey averages and organisational results for the last 3 years have been included for comparative purposes where applicable to the metric being reviewed.

The approach used by both the national WDES team with regards to the ongoing Disability Disparity Audit work is to utilise the four-fifths (“4/5ths” or “80 percent”) rule to highlight whether practices have an adverse impact on an identified group, e.g. a sub-group of ethnicity or disability. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.8 or higher than 1.2, then the process would be identified as having an adverse impact.

Summary Data

Improvements have been seen for Disabled colleagues across the following indicators;

- **Metric 1 – Representation**, we have seen some increases in the percentage of disabled colleagues across our workforce as a whole, furthermore it is positive to note increase in clinical bands 7 and 8b, as well as in non-clinical bands 7 and 8c. Whilst there is much more work to do to increase disclosure of disability and supporting disabled colleagues to progress we are making small steps forward.
- **Metric 2 – likelihood of appointing disabled candidate from shortlisting**. This has improved in year and is now 0.01% above the expected disparity ratio range of 0.8-1.20.
- **Metric 4d - Percentage of colleagues saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it**. This score has both improved since last year and is within the race disparity ratio boundaries to indicate no adverse impact for disabled colleagues.
- **Metric 5 - Percentage believing the trust provides equal opportunities for career progression or promotion**. This score has both improved since last year and is within the disability disparity ratio boundaries to indicate no adverse impact for disabled colleagues.
- **Metric 7 - Percentage of colleagues saying that they are satisfied with the extent to which their organisation values their work**. This score has both improved since last year and is within the disability disparity ratio boundaries to indicate no adverse impact for disabled colleagues.
- **Metric 9 – Staff Engagement**. The disparity ratio has improved this year, is in line with the national average, and shows no adverse impact for disabled colleagues. Although the overall engagement score for disabled and non-disabled colleagues has reduced in comparison to last year.
- **Metric 10 – Board Representation**. 7.1% of voting Board members identify as having a disability, this has remained constant in the last year and above the NHS national average.

The following indicator shows a **deterioration** in the experience of our Disabled colleagues;

- **Metric 3 – Likelihood of entering formal capability process**. This metric has the highest disparity ratio at 5.56, however the numbers of disabled colleagues entering a formal capability process remains on average below 5 per year, therefore care must be taken when drawing a conclusion.

- **Metric 4a – Percentage of colleagues experiencing harassment, bullying or abuse in the last 12 months from patients, service users or the public.** The disparity ratio indicates a negative impact on disabled colleagues and has deteriorated in comparison to last year.
- **Metric 4b – Percentage of colleagues experiencing harassment, bullying or abuse in the last 12 months from managers.** The disparity ratio indicates a negative impact on disabled colleagues and has deteriorated in comparison to last year.
- **Metric 4c - Percentage of colleagues experiencing harassment, bullying or abuse in the last 12 months from colleagues.** The disparity ratio indicates a negative impact on disabled colleagues and has deteriorated in comparison to last year.
- **Metric 6 – Percentage of colleagues who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.** This score has improved since last year, however it still falls within the disparity ratio boundary indicating that there is an adverse impact for colleagues who are disabled (1.28).
- **Metric 8 - Percentage of disabled staff saying their employer has made adequate adjustments to enable them to carry out their work.** This score has deteriorated since last year by 8.2%, however is above the national average.

METRIC 1 – REPRESENTATION

This section details the percentage of colleagues in each of the AFC bands 1-9 and VSM for both clinical and non-clinical colleagues who are disabled and non-disabled compared with colleagues in the overall workforce.

Currently we know that 396 of our colleagues have recorded they have a long-term condition or disability which equates to 4.2% of our workforce. We understand from National Staff Survey completions however that 24.6% of those colleagues who took part in the staff survey indicated they have a long-term condition/disability (at least 958 colleagues – as only 50% of total workforce participate in staff survey, so this figure is likely to be more). If these colleagues updated ESR to reflect their long-term condition/disability, this would help to support greater accurate data for this metric, metric as well as metric 2, 3 and 9.

As displayed in the table below, disabled colleagues have stronger representation in non-clinical roles which are at apprenticeship level (Under Band 1), band 3, 7 and 8a. For a number of bands we have seen an increase in the percentage of disabled colleagues, of note is the band 4 and band 7 increase.

For clinical roles, there has been an increase in disabled colleague representation in apprenticeship level positions, band 7, and band 8db in comparison to 2021 data. For both clinical and non-clinical roles we need to take action to improve the percentage of disabled colleagues in more senior level roles, from band 8a and above.

Agenda for Change Workforce

Non-Clinical	% Disabled 2021	% Disabled 2022	Clinical	% Disabled 2021	% Disabled 2022
Under Band 1	0	12.5	Under Band 1	0	50.0
Band 1	0	0	Band 1	0	5.5
Band 2	3.9	4.2	Band 2	4.5	4.4
Band 3	6.0	6.6	Band 3	5.0	6.0
Band 4	3.7	4.5	Band 4	4.0	4.6
Band 5	3.4	3.0	Band 5	4.7	3.7
Band 6	2.7	2.5	Band 6	3.2	3.1
Band 7	5.2	6.9	Band 7	2.7	5.4
Band 8a	6.9	6.8	Band 8a	3.0	2.5
Band 8b	0	0	Band 8b	0	13.3
Band 8c	4.2	3.8	Band 8c	5.6	0
Band 8d	0	0	Band 8d	0	0
Band 9	0	0	Band 9	0	0
VSM	0	0	VSM	0	0
Total	4.2	4.7	Total	3.7	4.0

With regards to the Medical and Dental Workforce, there is limited levels of self-declaration of long-term condition, illness or disability, as illustrated in the table overleaf. Work needs to be undertaken with this workforce group to encourage self-reporting, changing perceptions around disclosing a disability and creating feelings of psychological safety in sharing this information with us as an employer.

Medical and Dental Workforce

Role	% Disabled Background 2021	% Disabled Background 2022
Consultants	0.5	0.9
Non-consultant career grade	0	1.3
Trainee grades*	0	0

*Excludes Lead Employer Medical and Dental Trainees

The progression disability disparity ratio below compares the progression of non-disabled colleagues through an organisation with the progression of disabled colleagues. If the disparity ratio is greater than 1.0 this means that progression favours non-disabled colleagues. If it is below 1.0 this means that progression favours disabled colleagues. The disparity ratios for Agenda for Change colleagues is calculated at three tiers which are:

- Lower to middle – band 5 and under
- Middle to upper – bands 6 – 7
- Upper - bands 8a and above

As shown in the tables below and overleaf for this years data, for non-clinical colleagues there have been improvements for lower tiers, where the disparity ratio indicates no adverse impact with regards to progression. Whilst the middle and the upper tiers also fall within the disparity ratios they have indicated a slightly worsened position than previous years.

For clinical colleagues, this was a different picture with all of the disability disparity ratios improving for colleagues with a disability when compared against last years data. The upper tier saw the biggest improvement in the last 12 months. The lower tier for clinical colleagues whilst improved indicates that disabled colleagues are adversely impacted with regards to progression.

Progression Disability Disparity Ratios for Non-Clinical Colleagues in AFC Bands

	Lower to Middle	Middle to Upper	Lower to Upper
2022	1.12	1.01	1.14
2021	1.16	0.86	1.00
2020	0.90	0.97	0.88

Progression Disability Disparity Ratios for Clinical Colleagues in AFC Bands

	Lower to Middle	Middle to Upper	Lower to Upper
2022	1.39	0.70	0.96
2021	1.50	1.24	1.86
2020	1.44	0.91	1.31

METRIC 2– LIKELIHOOD OF APPOINTMENT FROM SHORTLISTING

The table below, indicates the likelihood of disabled and non-disabled candidates being appointed from shortlisting. The disparity ratio for this indicator has improved since last year, moving to 1.23 in 2021 to 1.21 in 2022. This is very slightly above the disparity ratio boundary of 1.2, indicating that there is still further work to do to reduce any adverse impact for disabled candidates and colleagues.

	2021		2022	
	Disabled (n=)	Non-Disabled (n=)	Disabled (n=)	Non-Disabled (n=)
Number of shortlisted applicants	1580	42274	2070	49228
Number appointed from shortlisting	161	3330	247	3915
Relative likelihood of appointment	29.70%	36.47%	34.45%	41.72%
Disparity ratio	1.23		1.21	

METRIC 3 – LIKELIHOOD OF ENTERING FORMAL CAPABILITY PROCESSES

Metric 3 indicates disabled colleagues are 5.56 times more likely to enter the formal capability process which is a clear outlier, this is a further increase from last years results. Upon reviewing the supporting data, the average cases are very low, therefore care must be taken before drawing a conclusion, on average in 2022 there being 4 formal capability cases involving disabled staff and on average 13.5 formal capability cases for non-disabled colleagues. The number of colleagues who have declared a disability on ESR has increased in ESR in the last 12 months by nearly 9% from 344 in 2021 to 395 in 2022. However we are aware that this still may not reflect the number of colleagues who may have a disability or long term health condition in our workforce.

	2021		2022	
	Disabled (%)	Non-Disabled (%)	Disabled (%)	Non-Disabled (%)
Number of colleagues entering the formal capability process	1.02	0.22	1.01	0.18
Disparity ratio	4.72		5.56	

METRIC 4 – BULLYING, HARRASSMENT OR ABUSE

METRIC 4A – PERCENTAGE OF STAFF EXPERIENCING HARASSMENT, BULLYING OR ABUSE FROM PATIENTS, SERVICE USERS OR THE PUBLIC IN THE LAST 12 MONTHS

The data displayed overleaf highlights an improvement from last years WDES reporting position for the extent to which colleagues with a disability, LTC or illness experience bullying, harassment or abuse from patients, service users or the public. With a disparity ratio of 1.48, this is it considered to have an adverse impact for colleagues with a disability, LTC or illness compared with colleagues without a disability, LTC or illness as it falls below the range of 0.8 – 1.2. Our disparity ratio is more favourable for disabled colleagues than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	27.7%	18.7%	1.48	Deterioration
National Benchmark	32.4%	25.2%	1.78	Improvement

Performance for this indicator as indicated in the table below has continued to deteriorate in the last 2 consecutive years.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	27.1%	20.8%	1.30	Deterioration
2019	30.6%	23.6%	1.29	Improvement
2018	34.5%	24.0%	1.44	No comparator

METRIC 4B – PERCENTAGE OF STAFF EXPERIENCING HARASSMENT, BULLYING OR ABUSE FROM MANAGERS IN THE LAST 12 MONTHS

The data displayed below focusses on colleagues who have a disability, LTC or illness who have experienced harassment, bullying or abuse from managers. The disparity ratio is concerning and show a greater adverse impact for disabled colleagues than in previous years for this indicator, it is also higher than the national benchmark, indicating a need for further immediate action.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	14.7%	7.4%	1.98	Deterioration
National Benchmark	18.0%	9.8%	1.83	Deterioration

Performance for this indicator over time as displayed below has been mixed, however the 2021 data is the worst position since WDES reporting was initiated.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	16.5%	9.8%	1.68	Improvement
2019	19.2%	11.3%	1.69	Deterioration
2018	20.4%	12.5%	1.63	No comparator

METRIC 4C – PERCENTAGE OF STAFF EXPERIENCING HARASSMENT, BULLYING OR ABUSE FROM COLLEAGUES IN THE LAST 12 MONTHS

The data displayed below focusses on colleagues who have a disability who have experienced harassment, bullying or abuse from colleagues. The disparity ratio is concerning and show a greater adverse impact for disabled colleagues than in previous years for this indicator, it is also higher than the national benchmark, indicating a need for further immediate action.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	24.2%	14.0%	1.72	Deterioration
National Benchmark	26.6%	17.1%	1.55	Deterioration

Performance for this indicator over time as displayed below has been mixed, however the 2021 data is the worst position since WDES reporting was initiated.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	26.7%	17.3%	1.54	Deterioration
2019	26.7%	18.5%	1.44	Improvement
2018	29.0%	18.1%	1.60	No comparator

METRIC 4D – PERCENTAGE OF STAFF SAYING THAT THE LAST TIME THEY EXPERIENCED HARASSMENT, BULLYING OR ABUSE AT WORK, THEY OR A COLLEAGUE REPORTED IT

The data found that 46.6% of colleagues with a disability, LTC or illness and 46.1% of colleagues without a LTC or illness reported if they experienced harassment, bullying or abuse. The disparity ratio falls between 0.8 – 1.2 indicating for this metric there is no adverse impact for colleagues with a disability, LTC or illness. The organisations score is very slightly better than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	46.6%	46.1%	1.01	Improvement
National Benchmark	47.0%	46.2%	1.02	Same

Performance for this indicator over time as displayed below has been mixed, however the 2021 data is an improved position.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	49.4%	46.1%	1.07	Deterioration
2019	48.3%	47.2%	1.02	Deterioration
2018	46.5%	46.2%	1.01	No comparator

METRIC 5 – CAREER PROGRESSION AND PROMOTION

The data found that 52.8% of colleagues with a disability and 60% of colleagues without a disability believed that our organisation provides equal opportunity for career progression or promotion. The disparity ratio falls between 0.8 – 1.2 indicating for this metric there is no adverse impact for colleagues with a LTC or illness. The organisations score is very slightly better than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	52.8%	60.0%	0.88	Improvement
National Benchmark	51.4%	56.8%	0.90	Deterioration

Performance for this indicator over time as displayed below remained constant.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	55.4%	61.6%	0.89	Deterioration
2019	53.8%	61.8%	0.87	Improvement
2018	51.8%	58.1%	0.89	No comparator

METRIC 6 – PRESSURE TO COME TO WORK WHEN NOT FEELING WELL ENOUGH

The data found that 27.9% of colleagues with a disability and 21.7% of colleagues without a disability, LTC or illness felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. The disparity ratio falls just outside of the 0.8 – 1.2 range at 1.28 indicating for this metric there is an adverse impact for colleagues with a disability, LTC or illness. The organisations score is very slightly better than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	27.9%	21.7%	1.28	Improvement
National Benchmark	32.2%	23.7%	1.36	Improvement

Performance for this indicator over time as displayed below remained constant, with 2021 results being the first year we have seen a more noticeable improvement in the disparity ratio.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	29.9%	21.9%	1.37	Deterioration
2019	29.4%	21.6%	1.36	Deterioration
2018	32.1%	24.0%	1.33	No comparator

METRIC 7 – FEELING VALUED

The data found that 35.8% of colleagues with a disability and 47% of colleagues without a disability felt satisfied with the extent to which the organisation values their work. The disparity ratio falls below the 0.8 – 1.2 range at 0.76 indicating for this metric there is an adverse impact for colleagues with a LTC or illness. The organisations score is very slightly worse than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	35.8%	47.0%	0.76	Improvement
National Benchmark	32.6%	43.3%	0.75	Same

Performance for this indicator over time as displayed below shows that the disparity ratios have steadily improved since 2018.

Organisation Data Over Time

	Colleagues with a LTC or illness	Staff without a LTC or illness	Disparity Ratio	Change From Previous Year
2020	41.0%	51.4%	0.79	Improvement
2019	39.5%	48.4%	0.82	Improvement

2018	39.1%	47.0%	0.83	No comparator
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METRIC 8 – ADEQUATE ADJUSTMENTS

This metric is concerned with the percentage of staff with a disability, LTC or illness who say the organisation has made adequate adjustments to enable them to carry out their work, 72.6% of colleagues with a disability, LTC or illness believed this has been their experience. We are unable to apply the disparity ratio to this metric as we do not have comparison data for colleagues who do not have a LTC or illness, as they are not invited to give feedback to this item in the National Staff Survey if they do not self-disclose to fall into having this protected characteristic. The organisations score is very slightly worse than the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Colleagues with a disability, long term condition or illness	Change From 2020
Lancashire Teaching Hospitals	72.6%	Deterioration
National Benchmark	70.9%	Same

Performance for this indicator over time has been mixed and typically around 70-80% of colleagues with an LTC or illness feeling adequate adjustments have been made to support them to carry out their work across this period.

Organisation Data Over Time

	Colleagues with a disability, long term condition or illness	Change From Previous Year
2020	80.8%	Improvement
2019	74.7%	Improvement
2018	73.3%	No comparator

METRIC 9 – ENGAGEMENT AND HAVING A VOICE

METRIC 9A – STAFF ENGAGEMENT SCORE

Colleagues with a disability had an engagement score of 6.4, those colleagues without a disability, LTC illness level of engagement was 7.0 and the organisation average was 6.8. This indicates that disabled staff continue to feel less engaged than non-disabled staff. The disparity ratio falls within the 0.8 – 1.2 range at 0.91 indicating for this metric there is no adverse impact for colleagues with a LTC or illness. The organisations score is the same as the national benchmark.

Organisation Data for 2021 and National Benchmark Comparator

	Disabled	Non-Disabled	Disparity Ratio	Change From 2020
Lancashire Teaching Hospitals	6.4	7.0	0.91	Improvement
National Benchmark	6.4	7.0	0.91	Improvement

Performance for this indicator has remained stable until this year where we have observed a slight improvement in the disparity ratio for this metric.

Organisation Data Over Time

	Disabled	Non-Disabled	Disparity Ratio	Change
2020	6.7	7.1	0.94	Same
2019	6.6	7.0	0.94	Same
2018	6.6	7.0	0.94	No comparator

METRIC 9B – FACILITATING THE VOICES OF DISABLED STAFF TO BE HEARD

Whilst this is not measured as part of the National Staff Survey therefore it is not possible to share performance in the last 12 months or the disparity ratio for this metric. There is a Living with Disability Ambassador Forum set up within the Trust, along with a Neurodiversity Group offering support and a forum to discuss lived experiences. We are fortunate to have Kate Smyth as Non-Executive Director to be a Board level champion and national lead for disabled colleagues to ensure we continue to strive to improve the experiences of colleagues with a disability, LTC or illness and ensure their voices are heard with responsive actions taken.

METRIC 10 – BOARD MEMBERSHIP

7.14% of the Board's voting membership identify as having a disability, this is greater than the NHS average of 3.7%. Further actions are required to understand if there are a proportion of Board members who have not disclosed their disability or long term illness/condition, as well as taking supportive actions which continue to increase the diversity of Board membership.

WDES ACTION PLAN

Organisations are mandated to produce a detailed WDES action plan, elaborating on the priority areas identified in this report and setting out the next steps with milestones for expected progress against the WDES metrics. The actions to supporting improvements against WDES are incorporated within the Workforce and Organisational Development strategic action plan for equality, diversity and inclusion. A copy of the draft strategic action plan is provided in Appendix 1. The draft strategic action plan, alongside this WDES report will be discussed with colleagues who participate in the organisations Living with Disability Inclusion Forum.

The strategic action plan will need to address the priority areas for improvement as found through the analysis of our data against the 10 WDES indicators alongside the views, ideas and actions valued by colleagues in the Disability Inclusion Forum. For clarity the strategic action plan for the next 12 months to support WDES improvements are:

- Increase the likelihood of disabled applicants being shortlisted across all posts
- Reduce the likelihood of disabled colleagues entering the formal capability procedure
- Reduce the % of 'not known' against the disability field in our electronic staff record
- Improve the experience of disabled colleagues in respect of experiencing harassment, bullying or abuse from patients, relatives or other members of the public; managers and other colleagues
- Reduce the percentage of disabled colleagues saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- Increase the percentage of disabled staff saying they are satisfied with the extent to which the organisation values their work.

Agreed actions will form part of the wider action plan for the Equality, Diversity and Inclusion agenda under the Equality Strategy and the Our People Plan.

Next steps:

- To share this report with the Living with Disability Inclusion Forum to seek their views and lived experience in relation to these findings as well as to understand the actions they believe will help to reduce inequality and increase inclusion.
- To share the draft Workforce and Organisational Development strategic action plan for equality, diversity and inclusion and seek their views on the content, understand what else forum members would want to see and make further amendments based on feedback.
- Submit results and action plan to the WDES team.
- Communicate results and action plan to our workforce through
 - Sharing results and actions with the Equality, Diversity and Inclusions Steering Group, for consideration as to how themes from the WDES report can support both corporate and divisional levels actions.
 - Sharing through Divisional Workforce Committee meetings.
 - Sharing further updates with the Disability Inclusion forum.
 - Managers Update Sessions.
 - Specific organisation wide communications in conjunction with the Communications team.
- Publish our results and action plan externally on the Trust website
- The strategic action plan will be implemented, with progress measured through the Equality Strategy Group and outcomes will be reviewed utilising the 2022 Staff Survey in conjunction with 2022 workforce data results.

FINANCIAL IMPLICATIONS

Research evidence indicates that, when organisations are more diverse and have a greater focus on inclusion colleagues report greater engagement, there is a correlation with safer care for patients, reduced turnover, less sickness absence and improved financial performance.

LEGAL IMPLICATIONS

Unsatisfactory progress may leave the Trust open to legal challenges. We are required to demonstrate all staff have access to provision of services and are not discriminated against because of a protected characteristic.

RISKS

Unsatisfactory progress would be a risk to our reputation; both as a provider of Excellent Care with Compassion but also as an employer of choice.

IMPACT ON STAKEHOLDERS

Research evidence within the NHS tells us that the experiences of our colleagues acts as a good barometer for the experience of our patients; the more positive the experience of our colleagues, the more positive the experience of our patients.

RECOMMENDATIONS

It is recommended that the Committee:

- Receive the report and note the content.
- Approve the priority areas for action.
- Approve publication of our results externally.