



Meeting	30th January 2024		Board of Directors					
Report	Agenda Item 19a.		COCH Combined Workforce Equality Standards Reports and Action Plans					
Purpose of the Report	Decision		Ratification	X	Assurance	X	Information	X
Accountable Executive	Mark Dale				Acting Chief People Officer			
Author(s)	Surendra Shroff				EDI Lead			
Board Assurance Framework	1	• Recruitment						
	2	• Retention						
	3	• Staff Engagement						
	4	• Workforce Capacity						
Strategic Aims	Developing a strong team Countess culture.							
CQC Domains	Effective, Safe, Caring, Responsive & Well-Lead							
Previous Considerations	This document follows from the Workforce Race Equality Standard, Workforces Disability Standard and Gender Pay Gap 2023 submissions.							
Executive Summary	This report sets out the Trust's annual performance against the GPG, WRES and WDES Requirements and outlines actions we need to take within the workplace.							
Highlights	<p>Key highlights across the three reports:</p> <p>GPG - The difference in median hourly rate is £2.34 which represents a pay gap of 13.57%.</p> <p>Women make-up 87% of people employed within the lowest paid quartile.</p> <p>WDES - From being twice as unlikely to be appointed in 2020-2021, persons with disability were 1.29 times unlikely to be appointed in 2022-2023.</p> <p>There is a difference of 7 to 8 percentage points between disabled and non-disabled staff reporting experience of harassment, bullying or abuse from other colleagues or line managers.</p> <p>WRES - Increased representation of staff from BME backgrounds across AFC Bands 3 & 5 across clinical roles with no representation across bands 8 and above.</p> <p>Positive trend in staff from BME backgrounds accessing training opportunities.</p>							



<p>Recommendation(s)</p>	<p>The Committee is requested to:</p> <ul style="list-style-type: none"> • Note the assurance provided within the report. • Ratify the documents. • Receive and support updates for the plans.
<p>Corporate Impact Assessment</p>	
<p>Statutory Requirements</p>	<p>Meets the obligations of the Quality Contract Supports compliance with the Equality Act 2010</p>
<p>Quality & Safety</p>	<p>Improved compliance with Quality Contract</p>
<p>NHS Constitution</p>	<p>The NHS belongs to us all.</p>
<p>Patient Involvement</p>	<p>N/A.</p>
<p>Risk</p>	<p>Potential for litigation, CQC attention, failure to meet Quality Contract obligations</p>
<p>Financial Impact</p>	<p>Significantly reduces likelihood of litigation</p>
<p>Equality & Diversity</p>	<p>Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.</p>



GPG:

Equality, Diversity, and Inclusion (EDI) Compliance regarding Gender Pay Gap Reporting Requirements

1. Background

Following the Trust's 2023 GPG data submission, this report sets out actions we need to take to address the current gender pay gap within the workforce.

2. Purpose

The purpose of this report is to advise POD on the interpretation of the statistics of the annual Gender Pay gap (GPG) and demonstrate an action plan to identify and reduce pay gaps between men and women within the workforce. This reflects the national guidance to Trusts issued by the government Equalities Office and features as part of the Trusts obligations in its Quality Contract.

3. Current Position

Work has been undertaken to rationalise the number of groups in the structure.

The tier one board (assurance) committees include:

- Staff Network Leads.
- Staff Side Partnership.
- EDI Steering Group.

4. Recommendations

It is recommended that the Committee is asked to:

- Note the assurance provided within the report.
- Approve the documents to go to the Board.
- Approve the documents for publication.



Gender Pay Gap Data Report as of March 2023 and Action Plan for 2024

The Countess of Chester Hospital NHS Foundation Trust (CoCH) is committed to embedding equality and human rights across the whole organisation and to reducing inequality between any of the protected characteristics in the workplace. Under the Gender Pay Gap Regulations 2017, CoCH is required to report annually on gender pay gap, utilising a reporting framework set out by the Government Equalities Office (GEO) and to register with the GEO and submit its annual Gender Pay Gap Report (GPGR).

Gender Pay Gap Definition

The gender pay gap is a figure that shows the difference in the average pay between all men and women in a workforce. The gender pay gap is the difference between women's and men's average salary earnings, expressed as a percentage of men's earnings. It is a measure of women's overall position in the paid workforce and does not compare like roles.

How is this Different to Equal Pay?

In contrast, 'equal pay' is a more specific legal concept that deals with the pay differences between men and women carrying out comparable jobs. While the gender pay gap focuses on an average across the whole organisation across a variety of different role and pay bands. A large difference in the gender pay gap does not necessarily indicate unequal pay, which is determined by what people earn in comparable jobs.

What will the Gender Pay Gap Show?

The gender pay gap can indicate that there is some practice to address with regards to if women are in roles that are paid less than men, and potentially, the reasons for this. This may be due to varied reasons, examples of which are listed below. An organisation can look to put together an action plan to improve their Gender Pay Gap.

Examples of potential gender pay gap dynamics in organisations:

- Discrimination and bias in hiring and pay decisions.
- Women and men working in different industries and different jobs, with female-dominated industries and jobs attracting lower wages.
- Women's disproportionate share of unpaid caring and domestic work
- Lack of workplace flexibility to accommodate caring and other responsibilities, especially in senior roles.
- Women's greater time out of the workforce impacting career progression and opportunities.
- Lack of confidence among female staff seeking pay increases/leadership roles
- Occupational segregation
- Market-rate salaries. There's absolutely nothing wrong with setting market-rate salaries, but when this happens in sectors typically dominated by male workers, a gender pay gap can easily surface as a result.



The range of reasons as to why gender pay gap exists across different organisations in all the workforce sectors is a complex issue. It is important to note that a gender pay gap does not equate to the existence of an equal pay problem, though a gender pay gap may be a catalyst for organisations to look into any reasons as to why the gap exists.

COCH Gender Pay Gap Report 2023

The data tables below provide analysis on the Mandatory Gender Pay Gap Reporting for the 2022/23 financial year with the data as of 31st March 2023:

Table 1 displays the 2022 the mean (average) difference in hourly rate by gender and determines that women are paid £6.78 per hour less than their male colleagues, which is equivalent to a pay gap of 28.6%. This is an increase in the GPG of 2022 by £0.70 per hour.

In column 3, the median hourly rate by gender is also shown which demonstrates that the median figure for women is that they are paid £2.34 per hour less than men, which is equivalent to a pay gap of 13.57%.

Table 2 provides a gender make-up by quartile, of the whole workforce establishment. Quartile 1 represents staff paid on lower salaries, with Quartile 4 representing the highest paid cohort of employees. Women account for 68% in quartile 4. The total percentage of women across the whole organisation 87% (1), so quartile 4 shows an underrepresentation of women, with quartile 2 being 81% and quartile 3 84%.

Table 1

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£23.69	£17.23
Female	£16.91	£14.89
Difference	£6.78	£2.34
Pay Gap %	28.62%	13.57%

Table 2

Quartile	Male	Female	Male %	Female %
1	144	953	13%	87%
2	249	1042	19%	81%
3	190	1004	16%	84%
4	384	810	32%	68%



Table 3

Grade	Male		Female		Difference in hourly wage	Percentage difference
	Count of Employee	Average of Hourly Rate	Count of Employee	Average of Hourly Rate		
Apprentice		£6.83	10	£7.59	-£0.76	-11%
Band 1	13	£13.70	34	£15.10	-£1.40	-10%
Band 2	218	£12.38	1230	£12.09	£0.30	2%
Band 3	101	£12.49	481	£12.06	£0.43	3%
Band 4	37	£13.62	246	£13.31	£0.32	2%
Band 5	137	£16.16	886	£16.81	-£0.65	-4%
Band 6	84	£19.34	526	£20.03	-£0.69	-4%
Band 7	73	£22.91	342	£22.93	-£0.02	0%
Band 8a	38	£25.93	115	£25.97	-£0.05	0%
Band 8b	11	£30.79	25	£30.01	£0.78	3%
Band 8c	6	£34.07	17	£37.10	-£3.03	-9%
Band 8d		£45.04	7	£42.82	£2.21	5%
Band 9		£49.80		£50.64	-£0.84	-2%
Consultant	144	£51.52	75	£49.83	£1.69	3%
Other Ancillary				£11.58	-£11.58	100%
Other M&D	119	£31.56	92	£27.87	£3.68	12%
Senior Manager					£0.00	100%
Exec Director		£83.82		£81.41	£2.41	3%
Non-Exec Director		£11.78		£6.94	£4.84	41%
Grand Total	997	£23.51	4099	£16.92	£6.59	28%

Table 3 above provides a pay band-based representation of the workforce establishment, to adhere to GDPR, headcounts less than 6 are not displayed.

Table 4

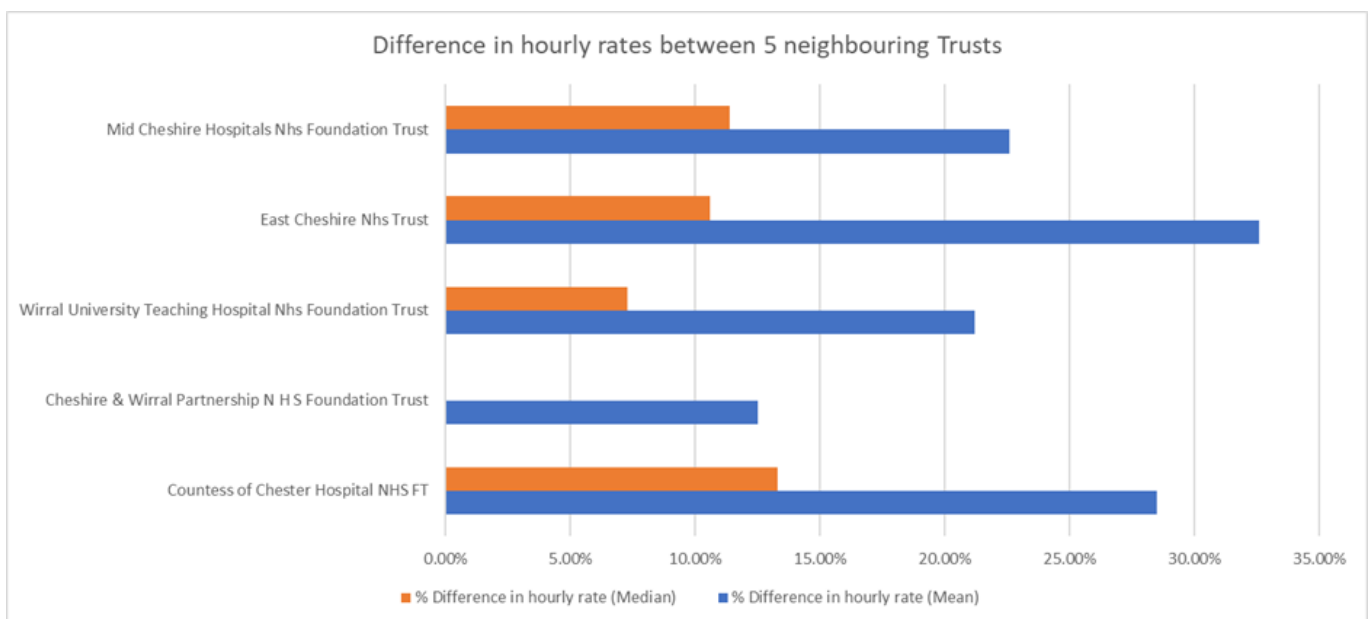


Table 4 above provides the difference in hourly rates between 5 neighbouring Trusts.



Employer	Employer Size	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)
Countess of Chester Hospital NHS FT	5,000 to 19,999	28.50%	13.30%
Cheshire & Wirral Partnership NHS Foundation Trust	1,000 to 4,999	12.50%	0%
Wirral University Teaching Hospital NHS Foundation Trust	5,000 to 19,999	21.20%	7.30%
East Cheshire NHS Trust	1,000 to 4,999	32.60%	10.60%
Mid Cheshire Hospitals NHS Foundation Trust	5,000 to 19,999	22.60%	11.40%

As compared to the 5 neighbouring Trusts in the region we rank 2nd highest for the mean difference in hourly pay rates and at a 16-point variance on this metric. This suggests there is significant work that still needs to be done to improve the mean percentage and reduce the hourly pay gap between men and women.

Bonus Pay

The two tables above provide information on bonus payments to employees and gender, including headcount (table 6) for this reporting period. It can be seen from table 5, that women were paid as a mean average £1160.02 and as a median there was no difference to their male counterparts, pay gaps of 14% and 20% respectively.

Table 5

Average & Median Bonus		
Gender	Avg. Pay	Median Pay
Male	£8,036.93	£4,746.00
Female	£6,876.91	£4,746.00
Difference	£1,160.02	£0
Pay Gap %	14%	0%



Table 6

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	15	4618	0.32%
Male	42	1225	3.43%

GPG Action Plan

Trust:	Countess of Chester NHS Foundation Trust
Year:	2023/2024
Primary Author(s):	Surendra Shroff (Equality, Diversity & Inclusion Lead)
Plan Endorsed By:	Nicola Price (Director of People & OD)
Sources of Information Underpinning the Plan:	Gender Pay Gap 2023, Women’s Staff Network

Actions GPG	Please Specify which actions are different to current practice, and which are continuum	Please specify KPIs and timelines for monitoring the actions	How will the actions be sustainable
Action 1:	Undertake thorough analysis of workforce data especially where there is a gender pay gap, to better understand who is applying for and being appointed to roles and take steps to spot and address any patterns identified.	May 2024	Improvements will be made and sustained through better communication, language including gender neutral adverts and branding.
Action 2:	Monitor and report on the male / female profile for applicants, shortlisted candidates, and appointments, at all levels and across all occupations and working patterns.	March with quarterly reports to EDISG and POD.	This will be integrated with the GPG reporting function which should help the Trust take targeted action to reduce the gender pay gap where it exists.



Action 3:	Identify the gender split amongst different pay grades, and how the pay gaps vary between these pay grades across AFC and Medical pay scales.	May 2024	This will be integrated with the GPG reporting function which should help the Trust take targeted action to reduce the gender pay gap at different levels and across different pay scales.
Action 4:	Establish focus groups to discuss why there are higher proportions of women in the lower quartiles and lower proportions in the higher quartiles.	April 2024	Feedback gathered will be used to inform specific measures that can be taken to achieve a more balanced representation of women across lower and higher quartiles within the workforce.
Action 5:	Undertake work to investigate why more men than women are successful in being awarded Clinical Excellence Awards now called National Clinical Impact Award Scheme (NCIAS) and put in place a mechanism to encourage and support women doctors and consultants to apply for them.	May 2024	This will be sustained through targeted and effective communication and raising awareness of the NCIAS including routine monitoring.
Action 6:	Establish a mechanism to inform and support activities of the Women's Staff Network on gender specific HR issues and nominate an exec board sponsor to the network.	January 2024 – Ongoing	This will be sustained through collaboration between the Women's Staff Network, Comms, HR, Education, EDI, and OD.



WRES:

Equality, Diversity, and Inclusion (EDI) Compliance regarding Workforce Race Equality Standard (WRES) 2023

1. Background

Previously POD accepted the statistics for WRES. Following this, full reports were constructed to reflect the data and an action plan produced for WRES.

2. Purpose

The purpose of this report is to advise POD on the interpretation of the statistics of the annual Workforce Race Equality Standard (WRES) and demonstrate an action plan to drive improvement based in the quantitative data of ESR and the qualitative data of the Trusts Staff Survey Results 2022. This reflects the national guidance to Trusts issued by NHS England, and features as part of the Trusts obligations in its Quality Contract.

3. Current Position

Work has been undertaken to rationalise the number of groups in the structure.

The tier one board (assurance) committees include:

- Staff Network Leads.
- Staff Side Partnership.
- EDI Steering Group.

4. Recommendations

It is recommended that the Committee is asked to:

- Note the assurance provided within the report.
- Approve the documents to go to the Board.
- Approve the documents for publication.



Workforce Race Quality Standard (WRES) Metric and Action Plan 2023-2024

Countess of Chester NHS Foundation Trust is committed to meeting the requirements of the Workforce Race Equality Standard (WRES) for NHS Trusts and this is our ninth publication against this standard.

Publication of the WRES reports and action plan are a requirement as set out under the NHS Standard Contract within the annual Quality schedule.

The Workforce Race Equality Standard (WRES) is a set of nine specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of employees who are white British compared to employees from ethnic minorities or BAME background. NHS organisations use the metrics data to develop and publish an action plan, building on high impact actions shared in the first ever EDI improvement plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of race equality to create the cultures of belonging and trust that will improve retention, recruit from the widest possible talent pool, and provide sustainable careers.

The WRES is important, because research shows that a motivated, included, and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. NHS providers are expected to show progress against the indicators of workforce equality, including a specific indicator to address the low numbers of BAME board members across the organisation. The WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes.

WRES must now focus on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep-rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race.

Continuous embedding of accountability to ensure key policies have race equality built into their core, so that eventually workforce race becomes everyday business.

As a result of collecting evidence to support our WRES submission, we have some areas for improvement from the National Staff Survey (undertaken in 2022). Therefore, the action plan below sets out our primary work to address these areas. The plan covers the next 12-month period, until 31st October 2024.

Key themes from the workforce data analysis and NHS Staff Survey results have helped inform the Trust's priorities, as highlighted in the action plan overleaf.

The key themes relate to:

- Securing Senior Leadership support for the WRES action plan.
- Ensuring access to leadership opportunities through providing positive action
- Reducing negative and unconscious bias towards colleagues from a BAME background.
- Ensuring the contributions of our BAME colleagues are acknowledged and appreciated as an essential and fundamental part of NHS history and in its survival.
- Promoting the Trust's affirmative commitment toward its BAME colleagues through national and bespoke events as well as acknowledging several awareness days.



- Working to ensure a zero-tolerance culture on racism and supporting colleagues to raise concerns should they occur.
- Working to improve the representation of BAME colleagues who have a at Executive and Trust Board level.

The action plan will be monitored by the Trust’s BAME Staff Network and Staff Side Partnership. It will have a place on the Equality and Inclusion Steering Group agenda and will feature as a key link to our EDS2 and Equality Strategy 2023-2026.

The WRES Metrics

Below the Trust provides the results set out from the nine specific measures (metrics) of the WRES.

1a) Non Clinical Staff	2020/2021			2021/2022			2022/2023		
	% WHITE	% BME	% ETHNICITY UNKNOWN/NULL	% WHITE	% BME	% ETHNICITY UNKNOWN/NULL	% WHITE	% BME	% ETHNICITY UNKNOWN/NULL
Bands 1	91.3%	6.1%	2.6%	89.0%	8.0%	3.0%	89.8%	10.2%	0.0%
Bands 2	92.0%	3.6%	4.4%	93.1%	3.2%	3.7%	94.8%	3.1%	2.1%
Bands 3	95.9%	2.6%	1.5%	93.4%	4.4%	2.2%	94.7%	4.5%	0.8%
Bands 4	94.5%	4.8%	0.7%	95.8%	3.5%	0.7%	94.9%	4.4%	0.7%
Bands 5	92.5%	3.0%	4.5%	92.8%	3.6%	3.6%	94.5%	2.2%	3.3%
Bands 6	100.0%	0.0%	0.0%	98.4%	1.6%	0.0%	98.2%	1.8%	0.0%
Bands 7	94.3%	3.8%	1.9%	93.4%	3.3%	3.3%	98.4%	1.6%	0.0%
Bands 8a	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	96.7%	0.0%	3.3%
Bands 8b	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bands 8c	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bands 8d	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bands 9	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
VSM	77.8%	0.0%	22.2%	83.3%	0.0%	16.7%	83.3%	0.0%	16.7%

1b) Clinical Staff	2020/2021			2021/2022			2022/2023		
	% WHITE	% BME	% ETHNICITY UNKNOWN/NULL	% WHITE	% BME	% ETHNICITY UNKNOWN/NULL	% WHITE	% BME	% ETHNICITY UNKNOWN/NULL
Bands 1	100.0%	0.0%	0.0%	87.5%	12.5%	0.0%	88.9%	11.1%	0.0%
Bands 2	92.9%	5.3%	1.9%	92.1%	6.6%	1.3%	91.0%	7.8%	1.2%
Bands 3	87.2%	10.2%	2.6%	80.4%	18.8%	0.8%	76.4%	22.9%	0.6%
Bands 4	94.2%	3.7%	2.1%	94.8%	2.2%	3.0%	95.8%	2.8%	1.4%
Bands 5	86.9%	10.9%	2.2%	75.6%	23.6%	0.8%	61.7%	37.5%	0.8%
Bands 6	94.8%	3.7%	1.4%	94.1%	4.5%	1.5%	93.3%	5.5%	1.3%
Bands 7	94.5%	3.1%	2.4%	95.0%	3.0%	2.0%	93.9%	3.5%	2.6%
Bands 8a	94.3%	3.8%	1.9%	94.5%	3.6%	1.8%	94.2%	5.0%	0.8%
Bands 8b	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bands 8c	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bands 8d	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bands 9	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
VSM	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%

Indicator		2020/21	2021/22	2022/23
1	Percentage of BAME staff (e.g., Percentage of staff in each band/grade compared to overall workforce)	See spreadsheet above	See spreadsheet above	See spreadsheet above

The figures for non-clinical bands continue to show that the majority of BAME staff are employed in lower bands with little or no representation after band 5, and zero after band 7. Progress is minimal over the 3 years. For clinical staff, the figures show that there is better representation across the grades with increased representation from band 5 to 8a over the last 3 years. For medical and dental staff, representation of BAME people across the grades and at higher levels is significantly more than the local population and staff demographics. The figures show a year-on-year increase of BAME staff at each grade.



2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants	White staff are 1.99 times more likely to be appointed from shortlisting.	White staff are 0.66 times more likely to be appointed from shortlisting.	White staff are 0.82 times more likely to be appointed from shortlisting.
<p>This indicator shows that in 2020/21 white shortlisted applicants were nearly twice as likely to be appointed as counterparts from a BAME background. In the following years this has dropped dramatically, less likely in 2021/22 and 2022/23. This is due to the international recruitment initiative in the following years. Figures below 1 indicate that shortlisted BAME applicants are more likely to be appointed.</p>				
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	BAME staff are 1.15 times more likely than white staff to enter the formal disciplinary process	BAME staff are 0.33 times more likely than white staff to enter the formal disciplinary process	BAME staff are 0.59 times more likely than white staff to enter the formal disciplinary process
<p>In 2020/21 BAME staff were 1.15 times more likely to enter the formal disciplinary process than their white colleagues. 1 would indicate an equivalent likelihood however in 2021/22 it dropped to BAME staff being 0.33 times proportionally more likely, that is less likely to enter the process than their white colleagues. There has been a slight rise to this in 2022/23 however BAME staff are still less likely to enter the process than white colleagues. To some extent a larger BAME workforce base in 2021/22 to 2022/2023 has helped to reduce the proportionality.</p>				
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff	White staff are 9.58 times more likely to access non-mandatory training and CPD.	White staff are 4.48 times more likely to access non-mandatory training and CPD.	White staff are 1.11 times more likely to access non-mandatory training and CPD
<p>There was a large disparity between white and BAME staff accessing non-mandatory training in 2020/21 with white staff being nearly 10 times more likely to access non-mandatory training. Again, there has been a reduction in these figures over the following years with white staff being 5 times more likely in 2021/2022 and 1.11 times in 2022/23. 1 would indicate equivalent likelihood. Both the increase in the BAME base and the availability of courses on ESR & other electronic means has helped in decreasing this. It will want monitoring over the coming years to ensure the indicator remains around 1.</p>				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, service users, relatives, or the public in last 12 months	26.4% - White 29.8% - BAME	30.4% - White 40.0% - BAME	28.5% - White 33.9% - BAME
<p>The % of staff overall experiencing harassment, bullying or abuse from patients, service users, relatives, or the public has decreased from the previous year, however, figures show that this is still significantly more likely for staff from BAME backgrounds.</p>				



6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	22.8% - White 24.8% - BAME	24.8% - White 36.2% - BAME	24.3% - White 34.6% - BAME
<p>The overall % staff experiencing harassment, bullying or abuse from other staff in the last 12 months has decreased only slightly from previous year. There remains a significant gap between the likelihood of bullying and this figure indicates that BAME staff are more likely to experience it.</p>				
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	51.9% - White 38.0% - BAME	50.2% - White 27.1% - BAME	50.5% - White 30.6% - BAME
<p>There remains a significant gap between white and BAME staff, with regards to perception regarding equal opportunities. This is despite the second year of the Trusts 'Elevate' leadership program and BAME staff rising in representation at clinical A4C bands. This indicates that more work needs to be done to promote opportunities and celebrate successes.</p>				
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleague	5.6% - White 14.0% - BAME	6.6% - White 22.7% - BAME	6.2% - White 24.0% - BAME
<p>The data shows a large disparity between BAME and White staff personally experiencing discrimination at work from a manager/team leader or other colleague with BAME staff significantly more likely to experience discrimination.</p>				
9	BAME board membership (difference between the organisations' Board voting membership and its overall workforce)	-8.44%	-11.2%	-10.1%
<p>The BAME board voting membership indicator compares the proportional BAME representation of the Board against the total BAME representation of the workforce. If the figure was positive the board would have greater BAME representation than the overall workforce. Negative figures indicate that the board membership has less BAME representation than the BAME makeup of the workforce and for the past three years the values are a negative mirror of the total BAME % of the overall workforce indicating there has been no BAME representation in the board voting membership.</p>				



WRES Action Plan

Trust:	Countess of Chester NHS Foundation Trust
Year:	2023/2024
Primary Author(s):	Surendra Shroff (Equality, Diversity & Inclusion Lead)
Plan Endorsed By:	Nicola Price (Director of People & OD)
Sources of Information Underpinning the Plan:	NHS Staff Survey 2019-2022, ESR/Employee Relations Data & NHS Jobs

Actions WRES	Please Specify which actions are different to current practice, and which are continuum	Please specify KPIs and timelines for monitoring the actions	How will the actions be sustainable
<p>Action 1:</p> <p>Recruitment and Promotion</p>	<p>Establish the Elevate Leadership program (ELP) alumni and focus group to discuss challenges to career progression for staff from BME backgrounds across clinical and non-clinical roles in the Trust.</p> <p>Implement the Trust's Leadership Framework and Talent and Succession Planning Strategy and address under representation of staff from BME backgrounds in management roles across AFC Band 7 and above.</p> <p>Continue with the rollout of Elevate Leadership Program for staff from BME backgrounds and review the peer-to-peer mentoring in place.</p>	<p>Alumni/ focus group to be established by January 2024 with meetings to be held in February/March 2024.</p> <p>By 31st March 2024 – Ongoing.</p> <p>Ongoing with updates to EDISG.</p>	<p>Feedback from the alumni and focus groups will help inform rollout of the Leadership, Skills & Talent Framework and sustained by workforce development activities, in a targeted manner.</p> <p>This will be sustained by embedding inclusive practices across the work of the talent board.</p> <p>This will be sustained by embedding ELP into Trusts Leadership talent and succession strategy.</p>



<p>Action 2: Appointments</p>	<p>Introduce inclusive recruitment training for line managers and work with the Talent Board to identify and improve access to leadership development and succession planning opportunities for staff from BME Backgrounds.</p>	<p>Ongoing with quarterly updates to EDISG.</p>	<p>This will be sustained by the promotion of inclusive recruitment practices across HR.</p>
<p>Action 3: Disciplinary</p>	<p>Work with HRBPs across Divisions to identify and offer targeted support to respective staff and line managers to spot issues and deal with them in a timely and effective manner.</p> <p>Introduce quarterly monitoring of staff from BME backgrounds entering the formal disciplinary process.</p>	<p>March 2024. Ongoing with quarterly updates to EDISG.</p>	<p>Progress on this will be sustained through routine monitoring of disciplinaries across the workforce.</p> <p>Progress on this will be sustained through routine monitoring of disciplinaries across the workforce.</p>
<p>Action 4: Education</p>	<p>Introduce quarterly monitoring of staff from BME backgrounds supported to access non-mandatory training and work with respective HRBP and Divisions to increase training access in a fair manner across the Trust.</p>	<p>Quarterly updates to EDISG.</p>	<p>This will be sustained by enlisting support from successful role models to raise awareness of opportunities and share personal experience of overcoming barriers.</p>
<p>Action 5: Bullying and Harassment from Public</p>	<p>Build on the Civility and Culture Roadshow and promote zero tolerance in public facing areas across the Trust and put-in-place a clear mechanism to support staff to respond to incidents of racism from patients and the public.</p> <p>Set-up and deliver the bystander training and build on the network of trainers.</p> <p>Publish the Trust Anty Racism Pledge and Strategy.</p>	<p>March 2024 with quarterly updates to EDISG.</p> <p>March 2024 – Ongoing.</p> <p>December 2023.</p>	<p>This will be sustained by adopting a zero-tolerance approach.</p> <p>This will be sustained by embedding wellbeing questions as part of staffs' appraisal and day-to-day wellbeing conversations.</p> <p>This will be embedded by adopting a zero-tolerance approach and by implementing the anti-racism strategy.</p>



<p>Action 6: Bullying and Harassment from Staff</p>	<p>Keep relevant EDI Policies and processes up-to-date and ensure employees know where they can access information and support.</p> <p>Review and refresh the Trust's EDI Education provision and publish the 2024 training calendar.</p> <p>Refresh relevant content for and deliver staff induction EDI sessions.</p> <p>Promote the role of Freedom to Speak-Up Guardian (FTSU) and actively encourage reporting concerns via staff induction, Comms and BAME Staff Network.</p>	<p>Ongoing.</p> <p>February 2024.</p> <p>December 2023 - Ongoing.</p> <p>Ongoing with quarterly updates to EDISG.</p>	<p>This will be achieved by promoting key EDI messages through Comms and publishing an annual calendar of events.</p> <p>This will be sustained by embedding EDI within education strategy and training delivery.</p> <p>This will be sustained by building on induction program in an incremental manner.</p> <p>This will be sustained by embedding FTSU engagement activities across staff networks.</p>
<p>Action 7: Equal Opportunities</p>	<p>Use launch of the Leadership, Talent, and Succession Strategy to identify targeted positive action measures.</p>	<p>March 2024.</p>	<p>This will be sustained through strategic workforce planning, activities, and initiative.</p>
<p>Action 8: Discrimination from a Leader</p>	<p>Introduce quarterly monitoring of incidents of discrimination experienced by staff from their line manager or anyone in authority.</p> <p>Set up and deliver training in the following areas: Unconscious Bias (for managers), Bystander Training (for anyone), and Macro and Micro aggressions training.</p>	<p>Ongoing with quarterly updates to EDISG.</p> <p>January 2024 – Ongoing.</p>	<p>This will be sustained by embedding inclusive practices across workforce recruitment development, progression, and retention.</p> <p>This will be sustained by developing EDI competencies within the workforce.</p>
<p>Action 9: Board Representation</p>	<p>Board member to be nominated as a sponsor to BAME Staff Network.</p>	<p>December 2023.</p>	<p>This will be sustained through 1-1 sessions between staff network leads and sponsor.</p>



WDES:

Equality, Diversity, and Inclusion (EDI) Compliance regarding Workforce Disability Equality Standard (WDES)

1. Background

Previously POD accepted the statistics for WDES. Following this, full reports were constructed to reflect the data and an action plan produced for WDES.

2. Purpose

The purpose of this report is to advise POD on the interpretation of the statistics of the annual Workforce Disability Equality Standard (WDES) and demonstrate an action plan to drive improvement based in the quantitative data of ESR and the qualitative data of the Trusts Staff Survey Results 2022. This reflects the national guidance to Trusts issued by NHS England, and features as part of the Trusts obligations in its Quality Contract.

3. Current Position

Work has been undertaken to rationalise the number of groups in the structure.

The tier one board (assurance) committees include:

- Staff Network Leads.
- Staff Side Partnership.
- EDI Steering Group.

4. Recommendations

It is recommended that the Committee is asked to:

- Note the assurance provided within the report.
- Approve the documents to go to the Board.
- Approve the documents for publication.



Workforce Disability Equality Standard (WDES) Report and Action Plan 2023-2024

Countess of Chester NHS Foundation Trust is committed to meeting the requirements of the Workforce Disability Equality Standard (WDES) for NHS Trusts and this is our fifth publication against this standard.

Publication of the WDES reports and action plan are a requirement as set out under the NHS Standard Contract within the annual Quality schedule.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan, building on high impact actions shared in the first ever EDI improvement plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality to create the cultures of belonging and trust that will improve retention, recruit from the widest possible talent pool, and provide sustainable careers.

The WDES is important, because research shows that a motivated, included, and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The WDES puts data into the hands of people in NHS organisations who best understand the experiences of their disabled staff and how to make positive change. A more inclusive environment for disabled people working and seeking employment in the NHS is better for our people, for teams and for patients.

As a result of collecting evidence to support our WDES submission, we have identified both statistical gaps in our data alongside some areas for improvement from the National Staff Survey (undertaken in 2022). Therefore, the action plan below sets out our primary work to address these areas. The plan covers the next 12-month period, until 31st October 2024.

Key themes from the workforce data analysis and NHs Staff Survey results have helped inform the Trust's priorities, as highlighted in the action plan overleaf.

The key themes relate to:

- Securing Senior Leadership support for the WDES action plan.
- Promoting the use of ESR self-service to improve the known disability status of our workforce.
- Working to improve reasonable adjustments to support applicants and employees who have a disability or long-term condition in applications and work-based adjustments.
- Reducing negative and untoward conduct towards colleagues who have a disability.
- Promoting the Trust's affirmative commitment toward its colleagues who have a disability or long-term health condition through national and bespoke events as well as acknowledging a number of awareness days.
- Working to improve the representation of colleagues who have a disability or long-term condition at Executive and Trust Board level.

The action plan will be monitored by the Trust's Disability Staff Network, Neurodiversity Staff Network, and Staff Side Partnership. It will have a place on the Equality and Inclusion Steering Group agenda and will feature as a key link to our EDS2 and Equality Strategy 2023-2026.

Engagement may also be sought with the Staff Carers network, Human Resources Department and Occupational Health Team.



The WDES Metrics

Below the Trust provides the results set out from the ten specific measures (metrics) of the WDES.

1a) Non Clinical Staff	2020/2021			2021/2022			2022/2023		
	% Disabled	% Non-disabled	% Disability Unknown/Null	% Disabled	% Non-disabled	% Disability Unknown/Null	% Disabled	% Non-disabled	% Disability Unknown/Null
Bands 1	4.4%	72.2%	23.5%	5.6%	67.4%	27.0%	12.2%	59.2%	28.6%
Bands 2	3.2%	82.3%	14.5%	3.5%	83.9%	12.6%	4.7%	82.4%	12.9%
Bands 3	4.1%	80.2%	15.7%	4.8%	81.3%	14.0%	4.9%	84.5%	10.6%
Bands 4	3.5%	84.1%	12.4%	5.6%	83.3%	11.1%	3.6%	86.1%	10.2%
Bands 5	3.0%	80.6%	16.4%	4.8%	83.1%	12.1%	9.9%	80.2%	9.9%
Bands 6	6.4%	87.3%	6.4%	7.9%	84.1%	7.9%	5.3%	89.5%	5.3%
Bands 7	3.8%	84.9%	11.3%	4.9%	82.0%	13.1%	3.2%	90.3%	6.5%
Bands 8a	7.4%	85.2%	7.4%	3.6%	89.3%	7.1%	6.7%	90.0%	3.3%
Bands 8b	0.0%	92.9%	7.1%	0.0%	93.3%	6.7%	0.0%	100.0%	0.0%
Bands 8c	0.0%	60.0%	40.0%	11.1%	66.7%	22.2%	0.0%	90.9%	9.1%
Bands 8d	0.0%	80.0%	20.0%	0.0%	1.0%	0.0%	14.3%	85.7%	0.0%
Bands 9	0.0%	100.0%	0.0%	0.0%	1.0%	0.0%	0.0%	100.0%	0.0%
VSM	0.0%	82.9%	11.1%	9.1%	90.9%	0.0%	0.0%	100.0%	0.0%

1b) Clinical Staff 2023	2020/2021			2021/2022			2022/2023		
	% Disabled	% Non-disabled	% Disability Unknown/Null	% Disabled	% Non-disabled	% Disability Unknown/Null	% Disabled	% Non-disabled	% Disability Unknown/Null
Bands 1	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Bands 2	2.7%	89.9%	7.4%	3.1%	90.4%	6.6%	4.9%	87.6%	7.6%
Bands 3	5.1%	76.2%	18.7%	3.2%	85.5%	11.4%	3.5%	86.9%	9.6%
Bands 4	2.7%	85.9%	11.5%	1.9%	85.4%	12.7%	1.4%	87.4%	11.2%
Bands 5	3.9%	83.9%	12.3%	4.1%	84.7%	11.1%	3.8%	89.9%	6.2%
Bands 6	2.1%	84.3%	13.5%	2.7%	85.5%	11.8%	4.0%	86.2%	9.8%
Bands 7	2.1%	82.6%	15.4%	2.2%	85.5%	12.3%	3.2%	86.0%	10.8%
Bands 8a	2.9%	86.7%	10.5%	3.4%	86.3%	10.3%	4.2%	88.3%	7.5%
Bands 8b	0.0%	90.9%	9.1%	0.0%	90.9%	9.1%	0.0%	91.3%	8.7%
Bands 8c	10.0%	90.0%	0.0%	8.3%	91.7%	0.0%	8.3%	91.7%	0.0%
Bands 8d	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	75.0%	25.0%
Bands 9	0.0%	0.0%	100.0%	0.0%	50.0%	50.0%	0.0%	60.0%	40.0%
VSM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%

1c) Medical & Dental Staff 2023	2020/2021			2021/2022			2022/2023		
	% Disabled	% Non-disabled	% Disability Unknown/Null	% Disabled	% Non-disabled	% Disability Unknown/Null	% Disabled	% Non-disabled	% Disability Unknown/Null
Medical & Dental Staff, Consultants	0.4%	87.6%	12.0%	0.7%	83.3%	16.0%	0.8%	91.7%	7.5%
Medical & Dental Staff, Non-Consultants career grade	1.4%	64.1%	34.5%	0.0%	66.4%	33.7%	0.0%	90.8%	9.2%
Medical & Dental Staff, Medical and dental trainee grades	0.0%	32.5%	67.5%	0.3%	35.1%	64.6%	2.8%	97.2%	0.0%
Other	0.0%	66.7%	33.3%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%

Indicator & Comparator		2020/21	2021/22	2022/23
1	Representation % of Disabled staff by band compared with the % of staff in the overall workforce	See spreadsheet above	See spreadsheet above	See spreadsheet above

The table above indicates that in non-clinical roles, disabled staff are adequately represented at band 7 and below, with less representation at band 8 and above. In clinical roles, representation overall is significantly less than non-clinical, but adequately represented still at band 7 and below. In medical roles, representation of staff with disabilities and long-term conditions is significantly lower.



2	Recruitment	Non-Disabled staff are 1.79 times more likely to be appointed from shortlisting.	Non-Disabled staff are 1.59 times more likely to be appointed from shortlisting.	Non-Disabled staff are 1.28 times more likely to be appointed from shortlisting.
<p>The above indicator demonstrates that proportionally a non-disabled shortlisted applicant is more likely to be appointed, in 2020/2021 they were 1.79 times more likely (nearly twice as likely). If the indicator were 1 then proportionally shortlisted applicant whether disabled or non-disabled would have the same likelihood of being appointed. The figures for 21/22 and 22/23 show that this is moving the right direction with non-disabled shortlisted applicants being 1½ times more likely to be appointed in 21/22 and reducing to 1¼ times more likely in 2022/23. If the indicator falls below 1 the disabled shortlisted applicants would be more likely to be appointed, than non-disabled counterparts.</p>				

The above indicator demonstrates that proportionally a non-disabled shortlisted applicant is more likely to be appointed, in 2020/2021 they were 1.79 times more likely (nearly twice as likely). If the indicator were 1 then proportionally shortlisted applicant whether disabled or non-disabled would have the same likelihood of being appointed. The figures for 21/22 and 22/23 show that this is moving the right direction with non-disabled shortlisted applicants being 1½ times more likely to be appointed in 21/22 and reducing to 1¼ times more likely in 2022/23. If the indicator falls below 1 the disabled shortlisted applicants would be more likely to be appointed, than non-disabled counterparts.

3	Capability	Disabled staff are 0.73 times more likely than disabled staff to enter the formal capability process.	Disabled staff are zero times more likely than disabled staff to enter the formal capability process. In 2021/2022 there were no disabled staff entering the formal capability process.	Disabled staff are zero times more likely than disabled staff to enter the formal capability process. In 2022/2023 there were no disabled staff entering the formal capability process.
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The capability indicator is based on an average over the previous two years. If the indicator were 1 it would mean both disabled and non-disabled staff would proportionally have the same likelihood of entering the formal capability process. In 2020/21 proportionally, disabled staff were 3/4 times more likely to enter the process than non-disabled staff. In the following two years there have been no disabled staff entering the formal process, so this indicator has been zero or not likely to enter compared to non-disabled staff.

4a	Harassment, Bullying or Abuse	32.7% - Disabled 25.0% - Non-Disabled	35.1% - Disabled 29.7% - Non-Disabled	35.1% - Disabled 27.6% - Non-Disabled
<p>The Staff Survey indicator 4a for 2022 demonstrates disabled staff are more likely to experience bullying and abuse from patients compared to their non-disabled colleagues</p>				

The Staff Survey indicator 4a for 2022 demonstrates disabled staff are more likely to experience bullying and abuse from patients compared to their non-disabled colleagues



4b	<p>Harassment, Bullying or Abuse</p> <p>Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Managers</p>	<p>18.3% - Disabled</p> <p>10.4% - Non-Disabled</p>	<p>18.3% - Disabled</p> <p>11.7% - Non-Disabled</p>	<p>17.7% - Disabled</p> <p>10.3% - Non-Disabled</p>
<p>The Staff Survey indicator 4b for 2022 demonstrates disabled staff are more likely to experience bullying and abuse from Managers compared to their nondisabled colleagues</p>				
4c	<p>Harassment, Bullying or Abuse</p> <p>Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Other colleagues</p>	<p>24.7% - Disabled</p> <p>15.2% - Non-Disabled</p>	<p>25.9% - Disabled</p> <p>18.8% - Non-Disabled</p>	<p>27.0% - Disabled</p> <p>19.6% - Non-Disabled</p>
<p>The Staff Survey indicator 4c for 2022 demonstrates disabled staff are more likely to experience bullying and abuse from other colleagues compared to their nondisabled colleagues</p>				
4d	<p>Harassment, Bullying or Abuse</p> <p>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</p>	<p>47.1% - Disabled</p> <p>45.7% - Non-Disabled</p>	<p>48.6% - Disabled</p> <p>43.2% - Non-Disabled</p>	<p>46.0% - Disabled</p> <p>46.7% - Non-Disabled</p>
<p>The Staff Survey indicator for 2022 demonstrates that incidents of bullying and harassment are equally as likely to be reported by disabled and non-disabled staff.</p>				
5	<p>Career Progression</p> <p>Percentage of Disabled staff compared to non - disabled staff believing that the Trust provides equal opportunities for career progression or promotion</p>	<p>42.3% - Disabled</p> <p>52.9% - Non-Disabled</p>	<p>41.8% - Disabled</p> <p>50.0% - Non-Disabled</p>	<p>41.1% - Disabled</p> <p>50.3% - Non-Disabled</p>
<p>People with disabilities are more likely to believe that the Trust does not provide equal opportunities</p>				
6	<p>Presenteeism</p> <p>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</p>	<p>36.0% - Disabled</p> <p>22.3% - Non-Disabled</p>	<p>32.6% - Disabled</p> <p>24.0% - Non-Disabled</p>	<p>32.8% - Disabled</p> <p>19.2% - Non-Disabled</p>
<p>Disabled staff are more likely to have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties</p>				



7	<p style="text-align: center;">Feeling Valued</p> <p>Percentage of Disabled staff compared to non - disabled staff saying that they are satisfied with the extent to which their organisation values their work</p>	<p>28.1% - Disabled</p> <p>45.9% - Non-Disabled</p>	<p>22.3% - Disabled</p> <p>32.6% - Non-Disabled</p>	<p>25.3% - Disabled</p> <p>30.9% - Non-Disabled</p>
<p>Disabled staff are less likely than non-disabled staff to say that they are satisfied with the extent to which their organisation values their work</p>				
8	<p style="text-align: center;">Workplace Adjustments</p> <p>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</p>	<p>Average – 75.5%</p> <p>Trust average - 72.7%</p>	<p>Average – 70.9%</p> <p>Trust Average - 66.2%</p>	<p>Average - 71.8%</p> <p>Trust Average – 67.7%</p>
<p>Trust average has increased from last year, but still falls under the national average</p>				
9	<p style="text-align: center;">Staff Engagement</p> <p>The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</p>	<p>Trust average 6.9</p> <p>Disabled staff 6.5</p> <p>Non-Disabled staff 7.1</p>	<p>Trust average 6.4</p> <p>Disabled staff 5.9</p> <p>Non-Disabled staff 6.5</p>	<p>Trust average 6.3</p> <p>Disabled staff 6.0</p> <p>Non-Disabled staff 6.4</p>
<p>Staff Engagement has increased slightly and is closer to the Trust average, but staff with disabilities are still less likely to score as high for Trust engagement compared to non-disabled staff.</p>				
10	<p style="text-align: center;">Board Representation</p> <p>Disabled board membership (difference between the organisations' Board voting membership and its overall workforce)</p>	<p>-3%</p>	<p>-3%</p>	<p>-4%</p>
<p>Indicator 10 looks at the proportional disabled representation of the voting board membership against the total disabled representation of the Trust workforce, in 2022/2023 the disabled staff represented 3.98% of the total workforce in the previous 2 years it was nearer 3%. The figure of -4% demonstrates that proportionally there is no disabled representation in the voting membership of the board and similarly in the two previous years. If the percentage of disabled representation of the voting membership was equivalent to that of the workforce this figure would be zero. Only a slight change to the voting membership of the board would change this indicator to a positive figure.</p>				



WRES Action Plan

Trust:	Countess of Chester NHS Foundation Trust
Year:	2023/2024
Primary Author(s):	Surendra Shroff (Equality, Diversity & Inclusion Lead)
Plan Endorsed By:	Nicola Price (Director of People & OD)
Sources of Information Underpinning the Plan:	NHS Staff Survey 2019-2022, ESR/Employee Relations Data & NHS Jobs

Actions WRES	Please Specify which actions are different to current practice, and which are continuum	Please specify KPIs and timelines for monitoring the actions	How will the actions be sustainable
Action 1: Recruitment and Promotion	Set up focus group with disabled staff to discuss recruitment initiative and career development opportunities for persons with disability.	February 2024	Feedback from focus group discussions will be incorporated across relevant HR and OD activities and processes.
Action 2: Appointments	Undertake Disability Confident Level 3 Accreditation and rollout inclusive recruitment training to line managers.	January 2024 - Ongoing	This will be sustained by embedding Disability, Equality and Inclusion issues in the workplace including across strategic workforce planning activities and processes.
Action 3: Capability	Develop current mechanism to identify and offer targeted support to respective staff and line managers to spot issues and deal with them in a timely and effective manner.	February 2024 - Ongoing	Progress on this will be sustained through routine HR, OD, Comms disability staff network and education activities.



<p>Action 4: Bullying, Harassment and Abuse</p>	<p>Explore in greater depth the lived experiences of disabled staff at work and outline measures to improve them.</p>	<p>May 2024 - Ongoing</p>	<p>This will be achieved by embedding disability inclusion issues across the Civility & Culture Framework.</p>
<p>Action 5: Equal Opportunities for Career Progression</p>	<p>Undertake a scoping study to map job roles and create career pathways for disabled staff. Consult with disabled staff and take specific and targeted action to improve disability declaration rates on ESR.</p>	<p>March 2024</p>	<p>This will be achieved by embedding career progression of disabled staff across the leadership, skills, and talent framework. And by engendering sense of confidence and belonging among disabled staff.</p>
<p>Action 6: Pressure to Attend Work Whilst Unwell</p>	<p>Rollout reasonable adjustments and unconscious bias training for line managers and staff.</p>	<p>January 2024 - Ongoing</p>	<p>This will be embedded through periodic review of EDI, HR, Education and disability staff network activities and feedback from reasonable adjustments.</p>
<p>Action 7: Feeling Valued</p>	<p>Consult on and introduce job shadowing opportunities for disabled staff.</p>	<p>April 2024</p>	<p>This will be sustained through routine inclusive workforce development activities and targeted initiatives as required.</p>
<p>Action 8: Reasonable Adjustments</p>	<p>Establish the reasonable adjustment intranet page to support line managers and service leads in their day-to-day work on addressing disability issues in the workplace.</p>	<p>December 2023</p>	<p>This will build on and be sustained through current support offered to divisions across the Trust.</p>



Action 9: Staff Engagement	Launch the disability and neurodiversity staff networks and create opportunities for disabled staff to get involved in network activities.	December 2023	This will be sustained through workforce engagement, inclusion and well-being events and activities.
Action 10: Board Representation	Nominate Executive Board Members as sponsors to the Disability and Neurodiversity Staff Networks.	December 2023	This will be sustained by routine one-to-ones between network leads and their exec sponsors. And by growing the network of inclusion and diversity champions across the Trust.