Workforce Disability Equality Standard (WDES)

Action Plan 2022-23

Our organisational commitment to advancing the equality and experience of Disabled people at work

Terminology

For the purposes of this report and in line with national metrics, the term 'disabled staff' and 'non-disabled staff' are used to describe the two groups of staff referred to in this report. St George's and its staff encourages the use of 'staff *with* a disability' and 'staff without a disability' respectively as preferred terminology to foster better inclusion, reduce disability associated stigma and recognise the disability is not one's identity but rather something people live with.

Disability is a Core Strand of Our D&I Agenda

Everyone who works at St George's, or applies to work in the Trust, should expect to be treated fairly and valued equally irrespective of age, disability, race, ethnicity, gender, gender identity, religion or belief, sexual orientation, marital status, or pregnancy and maternity status. These are known as protected characteristics. The Trust is committed to enabling everyone in the Trust to achieve their full potential in an environment characterised by dignity and mutual respect.

In August 2020, St George's developed a wider organisational Diversity and Inclusion Action Plan that aims to support and strengthen the equality and experience of our staff who represent all of the protected characteristics. While many of the outcomes and deliverables set out in this plan will also benefit staff with a disability, it is deemed important to have a connected but separate action plan that specifically focuses on disability.

We hope that the action plan we set out below, nested within our wider organisational D&I action plan, reflects the extent and authenticity of this ambition.

Our Ambition

Serving a diverse population of 1.3 million and with over 9000 employees, St George's University Hospitals Trust is the largest healthcare provider in South West London. It is crucial that the diversity of our workforce reflects the diversity of the communities we serve, and we are pleased that in 2022 the number of Electronic Staff Record (ESR) declarations for people with a disability has increased. We will continue to reinforce the importance of declaring one's disability on ESR to ensure adequate representation, resource allocation and support and importantly, reduce stigma by building inclusion.

St George's is committed to building a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. As well as being well-represented across all levels, we must ensure that people from marginalised groups, including people with a disability, are actively and always included, and that this inclusion is felt *authentically* at a personal level. Lip-service will not suffice.

Achieving strong diversity and inclusion of people with a disability at St George's will offer significant benefits for our organisation:

- Delivery of better patient care, because…
    - Staff who feel included, engaged, and supported have greater personal resources and resilience to offer thorough and compassionate care
    - Staff who are differently abled may offer enhanced empathy and support to patients due to their lived experience of disability
    - Patients with disabilities may be more able to identify with and relate to our staff with a disability
- Stronger team performance by maximising our blend of skills, talents, knowledge, and professional experience
- Stronger individual performance by enabling staff with a disability to use their disability at work as advantage instead of a disadvantage
- Improved retention of our staff, especially our staff with a disability (including staff who may later become affected by a disability)
- A reduction in bullying, harassment, discrimination, and other forms of exclusion by building greater understanding, appreciation and respect for people with disabilities
- Supporting our organisational journey towards adopting a more compassionate and inclusive culture

> *Our ambition is to create an organisation - and a reinforcing culture - that not only offers equality and a positive experience for all our colleagues with a disability, but one that actively nurtures and celebrates our physical and mental differences in ability. We strive for this in the certainty that our rich diversity and a universal sense of belonging will be integral to our success as a healthcare organisation.*

Background

The WDES was introduced in 2019 and is designed to improve the experiences of people with a disability working in or seeking employment within the NHS. This mandated collection of evidence-based metrics helps an organisation understand more about the experiences of its staff. The 10 metrics on which we report against each year are included in the table opposite.

The WDES report compares data between Disabled and non-Disabled staff to identify disparities and barriers in the workplace. These findings inform the organisation's WDES Action Plan, which aims to directly address inequalities faced by Disabled members of staff.

We are pleased that the NHS, our parent organisation, is currently the only UK employer that mandates its member organisations to report annually on its representation and inclusion of Disabled people. However, our ambition is to go far beyond what is mandated, and to become a truly great employer of Disabled people, and an exemplar for other NHS Trusts.

Metric 1	% Disabled staff in AfC pay-bands compared with the % of staff in the overall workforce (for both clinical and non-clinical groups)
Metric 2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts
Metric 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
Metric 4	*Staff Survey Q13*: % Disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups b) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
Metric 5	*Staff Survey Q14*: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
Metric 6	*Staff Survey Q11*: % 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
Metric 7	*Staff Survey Q5*: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
Metric 8	*Staff Survey Q28b*: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
Metric 9	a) The staff engagement score for Disabled staff, compared to non-disabled staff b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?
Metric 10	% difference between the organisation's Board voting membership and its organisation's overall workforce

Looking Forward to 2022-23

Identifying Priority Themes

Based on our experiences of delivering last year's WDES Action Plan (2021/2022) as outlined in the main report, and the analysis of our WDES metrics within it, it is important that key foundations of support and awareness are laid to ensure continued development of staff and line management capacity in these areas as well as building on the success of last year.

In addition, increased visibility of this community will be critical to success in working towards workplace equality and a better experience of working at St George's.

Though our staff with a disability are recognised as a community that empowers and enriches our workforce, they often feel overlooked and misunderstood. Maintaining an open dialogue with our staff, responding appropriately and taking action will help ensure that progress is purposeful, and these staff members feel valued.

To better understand and tackle the workplace inequalities experienced by our staff with a disability, we must continue to work with key stakeholders to examine policies, practices and training provisions that affect them.

Monitoring
To support the delivery and success of this action plan and the desired outcomes, progress will be reported quarterly via our site Culture, Equity and Inclusion Programme Board and our Group People Committee.

Targets and Success Measures
This action plan has been devised to address the challenge of achieving a sustainable difference in closing the gap in workplace inequalities between people with a disability and those without a disability. How successful we are in meeting this challenge will be demonstrated via our progress against each NHS Workforce Disability Equality Standard (WDES) indicator and our Staff Survey Results

Structure of the Action Plan
The action plan will be delivered through a structured programme management approach. The specific actions have been grouped into 3 sections and linked to the relevant WDES indicator/s. Many of the planned actions will contribute toward more than one indicator, so primary and secondary indicators have been listed where relevant.

Section 1: Improving Equal **Representation** of People with a Disability

- **Metric 1:** % Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMs) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)

- **Metric 2:** Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts

- **Metric 10:** % difference between the organisation's Board voting membership and its organisation's overall workforce

Section 2: Building an **Anti-Discrimination** Culture

- **Metric 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

- **Metric 4:** Staff Survey Q13: % Disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups; and b) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- **Metric 5:** Staff Survey Q14: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

Section 3: Improving **Managerial and Organisational Support** for Staff with a Disability

- **Metric 6:** Staff Survey Q11: % 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

- **Metric 7:** Staff Survey Q5: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

- **Metric 8:** Staff Survey Q28b: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

- **Metric 9:** a) The staff engagement score for Disabled staff, compared to non-disabled staff; and b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Each section includes one or more projects with associated desired outcomes, actions, executive/operational leads, a projected delivery date and a measure/target.

Project	A title for the project
Desired Outcome	A statement of what the project will achieve or deliver for the trust
Actions	Each project is broken down into one or more key actions. These describe the main milestones, outputs, products or activities to be completed which will result in the desired outcome
Exec/Operational Lead	Each action will be associated with an overall exec level sponsor (SRO) and one or more operational leads who will usually deliver the work involved.
Delivery Date	A projected date for the completion of each action. Potential delays will be escalated and communicated, and dates may need to be adjusted as priorities shift and new ones emerge.
Measure & Target	The measure describes the factor that we will measure (e.g. number of staff trained, or % of Disabled staff at Band 8a) and the target sets a goal of how many (e.g. 100 people, or 48%)

In addition, for each indicator, a RAG rating has been applied:

Rag Rating	Definition
Green	No variance between disabled and non-disabled staff experience
Amber	Some variance between disabled and non-disabled staff experience
Red	Significant variance between disabled and non-disabled staff experience

WDES Action Plan 2022/23

Section 1: Improving Equal Representation of people with a Disability

Metric 1: % Disabled staff in AfC pay-bands (or medical and dental subgroups and VSMs) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)

Green - Progress 2021/22	2021	2022
	2%	3%

Metric 2: Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts

Red - Progress 2021/22	2021	2022
	1.08	1.21

Metric 10: % difference between the organisation's Board voting membership and its organisation's overall workforce

Green - Progress 2021/22	2021	2022
	-2%	6%

Project	Desired Outcome	Actions	Exec Lead	Operational Lead	Delivery Date	Measure / Target
Increase Declaration Rates	Staff feel safe and supported to share their disability status in the workplace, leading to more accurate ESR declaration rates.	Develop a communications plan that amplifies the voices and experiences of staff with disabilities in the workplace. Highlighting the barriers that can be face and where successful adjustments and learning have taken place to improve staff experience.	SGH CN	D&I Lead	31/03/23	Increased declaration rate on ESR
		Work with Staff Engagement Lead to promote importance of declaration as part of the staff survey.	SGH CN	D&I Lead	31/03/23	Increased declaration rate on ESR

		Contact all staff to highlight the importance of ensuring their ESR is up to date and includes information in relation to protected characteristics.	SGH MD	D&I Lead	31/03/23	Increased declaration rate on ESR
Recruitment Inclusion Specialist Scheme	Improved candidate experience at interview and increased transparency in decision making, leading to increased representation at senior levels	Working with current RIS', SWL Hub and recruiting managers to reinforce that the RIS scheme is intended to drive inclusive recruitment practices and reduce bias **for all protected characteristics.**	SGH MD	D&I Lead	31/03/23	Maintain 85%+ compliance with the RIS scheme
		Review current RIS training material to reinforce emphasis on all protected characteristics, particularly disability. Specifically ensuring all newly trained RISs; • Are aware the Trust commitments in relation to the Disability Confident Scheme • Ensure adjustments are offered within the recruitment process as appropriate	SGH MD	D&I Lead	31/01/23	Feedback from participants on quality and relevance of training
		As part of the RIS criteria expansion, staff with disabilities and/or other protected characteristics will be encouraged and supported to become a trained Recruitment Inclusion Specialist.	SGH MD	D&I Lead	31/04/23	200 RIS members trained (in total), with a minimum of 5% with a declared disability

Section 2: Building an Anti-Discrimination Culture

Metric 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

Green - Progress 2021/22 and Comparison to London Average	2021	2022
	-	4.44

Metric 4: Staff Survey Q13: % Disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups; and b) saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Amber - Progress 2021/22	2021	2022
	a)35.8% / b)23.5%	a)34.8% / b)21.1%

Metric 5: Staff Survey Q14: % Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

Red - Progress 2021/22	2021	2022
	42.7%	40.1%

Project	Desired Outcome	Actions	Exec Lead	Operational Lead	Delivery Date	Measure / Target
Disability Awareness for all staff	Improved awareness and support, leading to staff with disabilities feeling safe, supported, and valued colleagues and the organisation.	Promote new eLearning module to ensure embedded across organisation	D.GCPO (Culture)	D&I Lead	Ongoing	100% compliance by April 2023
		Complete annual review of feedback from Disability Awareness module	D.GCPO (Culture)	D&I Lead	31/12/24	Ideas and recommendations for improving the training
		Work with staff network and Freedom to Speak Up to conduct bespoke team discussions around disability inclusion; Attending local departmental meetings to promote disability inclusion and awareness	D.CPO (Culture)	D&I Lead, FTSU Guardian	31/03/23	Improved experience of staff as measured by relevant staff survey results

Individual Support	Staff with disabilities feel they have a safe space to share their experience and receive impartial, unbiased advice and guidance	Provide 121 support and guidance to staff members with disabilities in navigating complex processes in relation to their disability and workplace adjustments.	D.CPO (Culture)	D&I Lead	Ongoing	Improved experience of staff as measured by relevant staff survey results
		Working in collaboration with ESTH to explore introducing Disability Advice Line	D.CPO	D&I Lead	31/04/23	
Embedding our Values Based Behaviours	Clear expectations of behaviour are communicated and understood by all staff, supporting development of more inclusive day to day behaviours and Trust culture	Values based behaviours are integrated throughout the employee lifecycle including: • Values based recruitment • Corporate and local Induction • Values based appraisal • Talent management	D.CPO (Culture)	AD. C&OD	31/10/23	Improved staff survey scores: feeling valued, discrimination, B&H, and engagement
		Incorporating our values-based behaviour into all management and leadership development interventions, including the Management Fundamentals Toolkit and our future Group-wide approach to multi-disciplinary leadership development.	D.CPO (Culture)	AD. C&OD	31/04/24	All existing and new management interventions are value-based
		Supporting priority local team interventions on culture development projects, including local translation and integration of our values-based behaviours	D.CPO (Culture)	AD. C&OD	Ongoing	Improvement in local staff survey results and other measures TBD for each intervention.
Supporting Staff to Raise Concerns	Empowering staff to speak up and report D&I concerns, and feeling safe to do so	Regular review and triangulation of qualitative and quantitative data to identify emerging D&I related issues, e.g. working with FTSU, H&S and Security teams in response to incidents/Datix	G.CCAO	D&I Lead, F2SU Lead	Ongoing	Improved experience of staff as measured by relevant staff survey results
		Clarify and reinforce existing channels for raising concerns	G.CCAO	D&I Lead, F2SU Lead	Ongoing	

Section3: Improving Managerial and Organisational Support for Disabled Staff

Metric 6: Staff Survey Q11: % 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

Red - Progress 2021/22	2020	2021
	35.1%	35.2%

Metric 7: Staff Survey Q5: % Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

Red - Progress 2021/22	2020	2021
	34.9%	31.1%

Metric 8: Staff Survey Q28b: % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

Red - Progress 2021/22	2020	2021
	71.5%	63.0%

Metric 9: a) The staff engagement score for Disabled staff, compared to non-disabled staff; and b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Red - Progress 2021/22	2020	2021
	6.6	6.2

Project	Desired Outcome	Actions	Exec Lead	Operational Lead	Delivery Date	Measure / Target
Guidance and Processes	Staff feel safe to access support, and our support teams provide clear and consistent guidance to staff in relation to disability and adjustments in the workplace	Work with OH and staff networks to identify gaps in support and reduce stigma with accessing OH and other support services.	G.CPO	D&I Lead, OH Team	31/07/23	Recording of reasonable adjustment requests; Feedback on experience from staff; Improved staff survey indicators
		Work with key teams that are involved in disability inclusion to ensure they are appropriately trained	G.CPO	D&I Lead, SGH HRD	31/07/23	
		Review and update current Employment of Disabled People policy	G.CPO	D&I Lead	31/12/22	

Calibre programme	Improved understanding and awareness of the types of disabilities and how these impact members of staff	Support Calibre 2022 graduates to use their influence to further the learning of non-Disabled staff and help raise awareness of disabilities in the workplace.	G.CPO	D&I Lead	28/02/23	Feedback on progress from graduates
Line Manager Training on Reasonable Adjustments	Improve staff satisfaction with the level of workplace adjustment(s) implemented to support them to carry out their work	Promote new eLearning modules to ensure embedded across organisation.	G.CPO	D&I Team	31/04/23	100% compliance by April 2023
		Complete annual review of feedback from Essential Workplace Adjustments e-Learning modules.	G.CPO	D&I Team	31/04/23	Ideas and recommendations for improving the training; Feedback on the quality of service form staff
		Review Essential Workplace Adjustments guidance pack and incorporate feedback/learn lessons from staff engagement with the content.	G.CPO	D&I Team	31/12/23	
Executive Team Pledges	The expectation of all staff to be involved in tackling exclusion and discrimination is role modelled	Group and Site Executive Team and Board members to share one personal SMART action which they will take to improve the working lives of those from minority groups	G.CEO	D&I Lead	31/12/22	**100%** of Exec team comply