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**Workforce Disability Equality Standard (WDES): Annual Report 2022**

1. **Introduction**

In 2015 the Equality & Diversity Council commissioned research looking at disability in the NHS workplace. This showed that staff with a disability consistently reported higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities. The purpose of the WDES is to improve the experience of staff with a disability working in, and seeking employment in, the NHS.

The WDES will help foster a better understanding of the issues faced by staff with a disability, supporting positive change through action plans and a more inclusive environment with an increased focus on disability and the voices of staff with a disability.

The WDES became mandatory for NHS Trusts and Foundation Trusts only in 2019. CityCare chose to complete the WDES from this date as to support this important agenda and demonstrate a commitment to support our staff with a disability.

1. **Executive Summary**

The WDES 2022 report compared to the previous year shows there has been an increase in the number of staff self-reporting a disability by 1.3%; actions were taken to increase self-reporting of disability through the electronic staff record and for managers to have regular supportive conversations with their staff. The Board have supported with awareness raising and an open dialogue.

There has been an in increase in the number of staff with a disability in AfC bands 1-4, 8a-8b and 8c-VSM showing more diversity within senior leaders. The highest percentage of staff with a disability remains within bands 5-7. Board representation has also increased across both Executive and Non-Executive members.

There has been a further increase in the proportion of candidates being appointed from shortlisting and no staff with a disability have entered the formal capability process.

There has been an increase in staff with a disability saying they have been bullied or harassed by patients/public of 4% with 3% less saying they have reported this. There has been a decrease in staff with a disability believing the organisation provides equal opportunities in career progression or promotion. There has been an increase in staff with a disability feeling pressure to come to work when not feeling well and a reduction of 8% saying they are satisfied with the extent to which the organisation values their work. There has been a reduction in the number of staff with a disability saying they had adequate adjustments to enable them to carry out their work by 6%. The data reflects the possible effects of pressures due to the Covid pandemic on lower staffing levels, staff redeployment and opportunities for career development.

There is agreed focus to improve supported with specific actions in the areas of, bullying and harassment, recruitment and promotion and the organisation making reasonable adjustments. It is important to further improve these areas which will also align with the NHS People Plan actions including overhaul of recruitment practice and the introduction of the civility and respect toolkit. Our disability staff network will be part of the decision-making process.

1. **Progress**

In order to gain an understanding of our staff with a disability and analyse the data, it is important for staff to feel able to disclose they have a disability and record this on the electronic staff record (ESR). Steps have been taken to increase this recording with an ongoing campaign to encourage staff to self-report and assistance for staff to complete this data.

There has been an in increase in the number of staff with a disability in AfC bands 1-4, 8a-8b and 8c-VSM showing more diversity within senior leaders. Board representation has also increased across both Executive and Non-Executive members.

There has been *continued improvement* in:

* No staff with a disability entered the formal capability process
* Recruitment from shortlisting of candidates with a disability has increased

The Disability, Ability and Wellness (DAWN) staff network group supports our staff with a disability with feedback through the EDI Committee and reporting to Board.

1. **Conclusion**

The fourth reporting period shows an increase in the number of staff recording they have a disability and an improvement in the number of staff with a disability within leadership roles and Board.

Areas highlighted for targeted actions include recruitment, bullying & harassment and reasonable adjustments.

Supporting staff with a disability through initiatives such as through staff network and diversity in decision making, health and wellbeing initiatives and conversations remain a priority during this reporting period.

**Workforce Disability Equality Standard**

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| **Date of this report** | July2022 |
| **Name of Provider Organization** | Nottingham CityCare Partnerships |
| **Name and Title of Board Lead for Workforce Disability Equality Standard** | Helen Marks Interim Director of People, Communication & Inclusion  |
| **Name and contact details of Lead Manager completing this report** | Fiona Cambridge Equality Diversity & Inclusion Managerf.cambridge@nhs.net  |
| **Name of Commissioners this report has been sent to** | NHS Nottingham & Nottinghamshire Integrated Care Board |

**Report on the WDES Indicators**

1. **Background Narrative**
2. Any issues of completeness of data

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| No |

1. Any matters relating to reliability of comparisons with previous years

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| No |

1. **Total Numbers of Staff**
2. Employed within this organisation at the date of this report

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| --- |
|  1120  |

1. Proportion of staff with a disability employed within this organisation at the date of this report

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| 7.6%  |

**3. Self-Reporting**

1. The proportion of total staff who have self-reported their Disability

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| 7.6% disability 7% not declared 4% unspecified  |

1. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

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| Awareness raising and during training to encourage staff to self-report with information as to why and how this is used, instructions how to self-report and support from HR & Workforce to add to ESR system for staff who are not able/confident to do this themselves. Managers have been asked to encourage staff to self-report. The amount of staff self-reporting has increased during this report period. |

1. Are any steps planned during the current report period to improve the level of self-reporting by disability

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| Continued promotion through staff disability support network and Equality, Diversity Inclusion Committee, through staff communications and newsletters, staff and senior staff role models, promote benefits of reporting to staff and what information is used for, benefits of targeted communication, guidance for ESR reporting, managers meaningful discussion during supervision and appraisal & personal health passport |

1. **Workforce Data**
2. What period does the organisation’s workforce data relate to?

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| April 2021 to April 2022 (exception indicator 3 which is a rolling two-year period) |

**4. Workforce Disability Equality Indicators**

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|  | **Indicator**For each of these four workforce indicators, the Standard compares the metrics for staff declaring a Disability and those who do not | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to Equality Delivery System(EDS) evidence and corporate Equality Objectives** |
| 1 | *Percentage of staff in each of the AfC bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by the following clusters** *Cluster 1: AfC band 1, 2, 3 & 4*
* *Cluster 2: AfC band 5, 6 &7*
* *Cluster 3: AfC band 8a & 8b*
* *Cluster 4: AfC band 8c, 8d,9 & VSM*
* *Cluster 5: Medical & Dental Staff: Consultants*
* *Cluster 6: Medical & Dental Staff: non-Consultant career grade*
* *Cluster 7 Medical & Dental Staff : medical & dental trainee grades*
 | *Cluster 1: AfC band 1, 2, 3 & 4***Clinical staff with a disability 6%** Clinical staff without a disability 75%Clinical not declared/ specified 19%**Non-clinical staff with a disability 10%**Non-clinical staff without a disability staff 81%Non-clinical not declared /specified 9%**% in cluster 1 of the whole workforce:****Staff with a Disability 37%** | *Cluster 1: AfC band 1, 2, 3 & 4***Clinical staff with a disability 5%** Clinical staff without a disability80% Clinical not declared/ specified 15% Non-clinical staff with a disability 6%Non-clinical staff without a disability staff 86% Non-clinical not declared /specified 8% **% in cluster 1 of the whole workforce:****Staff with a disability 33%** | There has been an increase in the number of staff with a disability within AfC bands 1-4 from the previous year. For clinical staff there has been a +1% increase and for non-clinical staff a +4% increase. Cluster 1 represents 37% of staff with a disability in the overall workforce.Cluster 2 (bands 5, 6 & 7) remains the same as last year and has the highest % of staff with a disability within the overall workforce at 57% with the largest number of these being non-clinical staff.Cluster 3 (bands 8a & 8b) Has an increase of +10% of clinical staff with a disability and 5% overall in the workforce +4% on the previous yearCluster 4 (bands 8c-VSM) has a +14% increase of non-clinical staff with an overall representation of 1% of the whole workforce which was previously nil last year.There has been improvement in staff with a disability in senior roles supporting diversity in decision making; AfC bands 8a to VSM represent 6% of the whole workforce | **EDS2 Goal 3 - 1c Monitoring career pathways in promotion.** * The Equality, Diversity & Inclusion Committee monitor and report to the Board on career progression & appointment of staff (disabled and staff without a disability) Identify gaps of staff with a disability in pay bands for targeted recruitment
* We have widened the market with targeted advertising and engagement, social media, local communities, recruitment events
* Overhaul of recruitment processes
* A talent management system will be established
* Fair & consistent recruitment panels with stakeholder engagement using values-based recruitment
* New and established managers will undertake a management programme including WDES and recruitment

**EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey*** Engagement sessions with staff, focus on equality elements, report to EDI Committee and Board
* Upskill managers to support staff via management training programme and cultural awareness training.
* Liaise with staff network to produce actions from the staff survey results.

**Goal 3 - 3 a-e - review & extend training program, targeted training** **reflecting needs of the organization*** Cultural awareness training rolled out
* Cultural intelligence training for our Board and senior managers
* Coaching & mentoring offer
* EDI included within corporate induction and HR training courses, including recruitment, appraisal

**EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to EDI values & behaviour*** On-going analysis and reporting of career progression within bands
* Staff survey results around career progression opportunities
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| *Cluster 2: AfC band 5, 6 &7***Clinical staff with a disability 6%**Clinical staff without a disability 79%Clinical not declared / specified 15%**Non-clinical staff with a disability 14%**Non-clinical staff without a disability 83%Non-clinical not declared /specified 3%**% in cluster 2 of the whole workforce:****Staff with a disability 57%** | *Cluster 2: AfC band 5, 6 &7*Clinical staff with a disability 6% Clinical staff without a disability 86% Clinical not declared / specified 8% **Non-clinical staff with a disability 14%** Non-clinical staff without a disability staff 83% Non-clinical not declared /specified 3% **% in cluster 2 of the whole workforce:****Staff with a disability 63%** |
| *Cluster 3: AfC band 8a & 8b***Clinical staff with a disability 18%**Clinical staff without a disability 65%Clinical not declared / specified 17%Non-clinical staff with a disability 0%Non-clinical staff without a disability staff 73%Non-clinical not declared /specified 27%**% in cluster 3 of the whole workforce:****Staff with a disability 5%** | *Cluster 3: AfC band 8a & 8b*Clinical staff with a disability 8% Clinical staff without a disability 67% Clinical not declared / specified 25% Non-clinical staff with a disability 0% Non-clinical staff without a disability staff 82% Non-clinical not declared /specified 18% **% in cluster 3 of the whole workforce:****Staff with a disability 1%** |
| *Cluster 4: AfC band 8c, 8d,9 & VSM*Clinical staff with a disability 0% Clinical staff without a disability 0%Clinical not declared / specified 0% **Non-clinical staff with a disability 14%**Non-clinical staff without a disability staff 86%Non-clinical not declared /specified 0%**% in cluster 4 of the whole workforce:****Staff with a disability 1%** | *Cluster 4: AfC band 8c, 8d,9 & VSM*Clinical staff with a disability 0% Clinical staff without a disability 100% (n1)Clinical not declared / specified 0% Non-clinical staff with a disability 0% Non-clinical staff without a disability staff 75% Non-clinical not declared /specified 25% **% in cluster 4 of the whole workforce:****Staff with a disability nil** |
| Cluster 5: Medical & Dental Staff: nil Consultant’s nil **No Staff with a disability** | Cluster 5: Medical & Dental Staff: nil Consultant’s nil **No Staff with a disability** |
| Cluster 6: Medical & Dental Staff:Consultant career grade **No Staff with a disability**Staff without a disability 100%  | Cluster 6: Medical & Dental Staff:Consultant career grade**No Staff with a disability**Staff without a disability 100%  |
| Cluster 7 Medical & Dental Staff : medical & dental trainee grades**No Staff with a disability** | Cluster 7 Medical & Dental Staff : medical & dental trainee grades**No Staff with a disability** |
| 2 | Relative likelihood of Staff with a disability being appointed from shortlisting compared to staff without a disability staff being appointed from shortlisting across all posts. | **0.85 times more likely for a candidate without a disability to be appointed than a candidate with a disability**  | **0.925 times likely for a candidate without a disability to be appointed from shortlisting**  | ***A figure showing less than 1 indicates it is more likely a candidate with a disability is appointed from shortlisting***Following the improvement from the previous year, there has been significant improvement in the recruitment of staff with a disability  | **EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement*** Guaranteed interview scheme for candidates declaring a disability
* Disability Confident Scheme
* Cultural awareness training & EDI focused recruitment training
* Patient, public & staff involvement in senior interview panels
* Promoted Leadership & management training/ cultural intelligence training
* Reporting from NHS jobs to EDI Committee
* Statement at advert: the organisation wishes to address imbalances within the organisation & welcomes applications from candidates with a disability
* Offer part time or flexible working
* Support for managers in interviewing/recruiting staff with a disability
* Diversity on recruitment panels including staff with a disability
* Liaison with disability staff network
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| 3 | Relative likelihood of Disabled compared to that of staff without a disability staff entering the formal capability process, as measured by entry into the formal capability procedure.(2 year rolling period on the grounds of performance and not ill-health) | **No staff with a disability entered the formal capability process** | **No staff with a disability entered the formal capability process** | As per the previous reporting period, no staff with a disability entered the formal capability process | **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours*** Management HR toolkit
* Training for managers
* Revision of HR policy
* Revision of HR training
* Cultural awareness training
 |
|  | **Indicator****For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for Disabled & staff without a disability staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned e.g., link to EDS2 evidence and corporate Equality Objectives** |
| 4a | SS Q13a Percentage of Disabled compared to staff without a disability staff experiencing harassment, bullying or abuse from i. patients / service users / relatives or members of the publicii. managersiii. other colleagues | **i. patients / service** **users, their relatives or members of the public**Staff with a disability 24%Staff without a disability 20% | **i. patients / service** **users, their relatives or members of the public**Staff with a disability 20% Staff without a disability 12%  | There has been an increase in bullying & harassment from patients & public of 4% for staff with a disability and 8% for staff without a disability staff. Service changes during Covid may have contributed to this.Bullying & harassment from managers and colleagues remains the same as the previous year  | **EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source*** Introduction of Civility & Respect Toolkit (NHSE&I) with civility and respect champions working in liaison with Freedom to Speak Up
* Cultural audit includes bullying & harassment of staff
* Civility and respect delivered at corporate induction & managers training
* Cultural awareness training
* Awareness raising of safety measures in place & reporting process
* Disability staff network support group with decision making
* Manager’s training, corporate Induction, management training & HR Recruitment training, cultural awareness and cultural intelligence
* Covid-19 risk assessment and personal action plan to support staff with disability
* Role models; senior managers, Exec & Board – visibility with disability staff network & EDI Committee
 |
| **ii. managers**Staff with a disability 8%Staff without a disability 4%  | **ii. managers**Staff with a disability 8% Staff without a disability 5%  |
| **iii. other colleagues**Staff with a disability 20% Staff without a disability 11%  | **iii. other colleagues**Staff with a disability 20% Staff without a disability 11%  |
| 4b | SS13d. Percentage of Staff with a disability compared to staff without a disability staff saying that they last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | Staff with a disability 60%Staff without a disability 57% | Staff with a disability 63%Staff without a disability 59% | There has been a decrease in the number of staff with a disability reporting bullying & harassment or abuse and for those without a disability compared to the previous year. Staff with a disability who experience bullying & harassment are more likely to report it. | **EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source*** Civility and respect toolkit and champions
* Awareness raising around importance of reporting
* Freedom to speak up champions
* Training for staff & managers
* HR policy revision to include civility and respect toolkit
* Bystander action
* Cultural audit
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| 5 | SS Q14. Percentage of Staff with a disability compared to staff without a disability staff believing that trust provides equal opportunities for career progression or promotion | Staff with a disability 56%Staff without a disability 60% | Staff with a disability 88%Staff without a disability 92% | There has been a significant decrease in the number of staff with a disability believing the organisation provides equal opportunities for career progression from the previous year.This may be due to on-going staffing pressures during Covid with decreased access to learning & development | **EDS2 Goal 3 - 2 Equality of access to training and development*** Managers training programme
* Leadership programme
* Talent management process
* Increase opportunity for development with clear pathways
* Disability staff network
* Protected release time for staff with a disability to attend training/ development
* Staff survey action plan
* Cultural awareness training to
* EDI embedded into leadership and management programmes
 |
| 6 | Q11. Percentage of Staff with a disability compared to staff without a disability staff saying they have felt pressure from their manager to come to work, despite non feeling well enough to perform their duties | Staff with a disability 33%Staff without a disability 14% | Staff with a disability 20%Staff without a disability 15% | There has been an increase in the number of staff with a disability feeling pressure to come to work from their manager. This may be affected by decreased staffing levels and on-going Covid pressures  | **EDS2 Goal 3.6 A represented and supported workforce*** Staff survey actions
* Sickness Absence policy review
* Staff network liaison
* Cultural awareness training
* Refreshed wellbeing conversations during management supervision
* Health passport implementation
 |
| 7 | SS Q5. Percentage of Staff with a disability compared to staff without a disability staff saying that they are satisfied with the extent to which their organisation values their work | Staff with a disability 37%Staff without a disability 49% | Staff with a disability 55%Staff without a disability 59% | In 2021 there had been a significant increase in staff with a disability saying they are satisfied with extent to which the organisation values their work.In 2022, there has been an 18% decrease for staff with a disability and 10% for staff without a disability.  | **EDS2 Goal 3.6 A represented and supported workforce*** Staff network support group explore what would help raise staff satisfaction
* Staff survey initiatives:
* Well-being support – sessions & information/guidance
* Disability staff network
 |
|  | **The following metric only includes the responses of Staff with a disability** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned e.g., link to EDS2 evidence and corporate Equality Objectives** |
| 8 | Percentage of Staff with a disability saying that their employer has made adequate adjustment/s to enable them to carry out their work | 73% | 79% | There has been a decrease in the number of staff with a disability saying they have received adequate adjustments. This may be in part due to alternative working arrangements during Covid-19 with staff redeployment & return to roles | **EDS2 Goal 3.6 A represented and supported workforce*** H&S Team workplace assessments with HR support
* Covid risk assessment action plan including considering if staff at working at home
* Health passport implementation with staff ownership & regular review
* Wellbeing conversations with staff review & stress risk assessment & regular monitoring of adjustments
* New starters at induction encouraged to declare and ask for adjustments
* HR system in place to highlight to recruiting manager if new starter declared a disability and prompt for adjustments/wellbeing plan
 |
|  | **NHS Staff Survey & the engagement of Staff with a disability** | **Data for reporting year** | **Data for previous year** | **Implications of this data and background narrative** | **Action taken and planned e.g., link to EDS2 evidence and corporate Equality Objectives** |
| 9a | The staff engagement score for Staff with a disability compared to staff without a disability staff  | Staff with a disability 6.6Staff without a disability 7 | Staff with a disability **6.**9 Staff without a disability 7.4 | The engagement score has decreased for all staff  | **EDS2 goal 3 – 1 monitor Board representation & 3.6 a represented and supported workforce*** Board to role model & champion
* Staff network support group promotion
 |
| 9b | Has your trust taken action to facilitate the voices of Staff with a disability in your organisation to be heard? *(if yes, provide an example of current action being taken in your WDES report)* | Yes  | Yes | The network support group, Disability, Ability & Wellness Network, provide diversity in decision making in the organisation and providing feedback into the Equality, Diversity & Inclusion Committee & to CityCare Board. Members will participate in the reciprocal mentoring programme working with Board and senior leaders | **EDS2 goal 3 – 1 monitor Board representation & 3.6 a represented and supported workforce*** Disability staff support network
* Engagement with network and feedback through EDI Committee & Board
* Diversity in decision making including participating in reciprocal mentoring programme
* Participate in Task & Finish Groups reviewing recruitment and bullying & harassment, WDES action plans, policy and guidance review
* Involved in content of cultural awareness training
* Disability staff network
 |
|  | **Board representation** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned e.g., link to EDS2 evidence and corporate Equality Objectives** |
| 8 | Percentage difference between the organisations Board voting membership and its overall workforce:1. By voting member of the Board
2. By executive membership of the Board
 | a. **+12.4%**b. **+9%** | a. – 6.3%b. – 6.3%No Board members have declared a disability | There has been an increase in the number of staff declaring a disability overall in the organisation along with an increase in Exec and Non-Exec Directors of the Board declaring a disability.  | **EDS2 goal 3 – 1 monitor Board representation*** Consideration of diversity within Board on appointment of new members, Exec and Non-Exec
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5.Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain”.

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| Please see full action plan |

6. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

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| Attached action plan to reviewed at EDI Committee, progress against EDS2 actions & reported to Board |

**WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLAN 2022**

| **Indicator** | **Action/Next Steps** | **Outcomes Measure** | **CityCare & Integrate Care System Strategic Plans**  | **Lead** |
| --- | --- | --- | --- | --- |
| Relative likelihood of staff with a disability being appointed from shortlisting compared to staff without a disability staff being appointed from shortlisting across all posts.*findings:* *hired from shortlisting:****Staff with a disability 55%*** *Staff without a disability 47%* | * We will engage with stakeholders, prospective employees & the local community to attract under-represented employee groups including those with a disability
* We will compare workforce diversity to local population & produce actions to increase the numbers of staff with a disability recruited
* Using the Disability Confident Scheme we will improve the experience of candidates in the recruitment process and existing staff experience
* The Disability, Ability & Wellness Network (DAWN) will support in the review of recruitment policy & process of staff retention
* Develop a talent management process with increased opportunity for development with clear pathways
* Productive conversations about disability will be supported through EDI induction & Managers EDI Training & tools
* The recruitment offer will include part time, flexible & agile working
* Executive and senior manager’s job descriptions to include essential criteria of knowledge & skills in supporting and addressing the EDI agenda
 | Increased recruitment of staff declaring a disability: NHS Jobs | CityCare: Raise awareness of CityCare among prospective employees & communityBuild capability & skills of our peopleCityCare cultural auditICS: A happier workforceEquality Diversity & Inclusion Planning, attracting & recruiting peopleRetaining staffEnabling cultural change & leadership development NHS People Plan:Overhaul recruitment & promotion processes to reflect diversity of community Senior leadership represents the diversity of the NHSStaff networks can contribute & inform decision making process  | EDI & HR &L&E & DAWN |
| Percentage of staff with a disability saying their employer has made adequate adjustments to carry out their work*findings: 73%*  | * Develop tools to assist in conversations about disability including health passport & disability leave
* Within Personal Development Review for managers, objectives to include how they address inequalities and evidence their support for staff with disabilities
* DAWN members to be consulted in the development of the agile working policy
* DAWN to participate in the review of cultural awareness training for all staff
* DAWN to facilitate the development of reasonable adjustment processes including timeline for review
* HR Management Training will include the reasonable adjustment processes to educate managers on available adjustments & process
 | Annual staff survey  | CityCare: Raise awareness of CityCare among prospective employees & communityBuild capability & skills of our peopleCityCare cultural auditNHS People PlanDiscuss EDI as part of health and wellbeing conversations | EDI & HR & OD& DAWN |
| Percentage of disabled compared to staff without a disability staff experiencing harassment/bullying/ abuse *findings:**i. from patients: staff with a disability* ***24%****,* *staff without a disability staff 20%**ii. from managers staff with a disability* ***8%*** *staff without a disability staff 4%**iii. from colleagues* *staff with a disability* ***20%*** *staff without a disability staff 11%* | * Review data and understand how CityCare compares locally and nationally
* Managers to be upskilled to discuss disability and reasonable adjustments in supervision & appraisal in order to address communication of sensitive messages
* EDI to be embedded in People Management and Leadership programmes
* DAWN to participate in the refresh of the Dignity at Work policy to focus on Civility & Respect
* WDES indicators to be included in performance objectives for Senior leaders and Executives
* DAWN to work with Freedom To Speak Up Guardians to build confidence with under-represented staff groups
* Staff network support group engagement to contribute and inform & further explore safe space to discuss experiences
* Explore cultural ambassadors within the organisation
 | Targeted survey results Annual staff survey results Datix reporting reduction | CityCare Strategy Develop our peopleDiverse, inclusive and culturally skilled organisation & programmes of change to ensure a culture where everyone feels valued & their voice is heardCityCare cultural auditICSA happier workforceEquality Diversity & Inclusion Retaining staffEnabling cultural change & leadership development NHS People PlanPrevent & tackle bullying & harassment and create culture of civility & respectDiscuss as part of health and wellbeing conversationsStaff networks can contribute & informWork with Freedom to Speak Up guardians | EDI & OD & DAWN |