Indicator	2020-2021 actual	2021-2022 Action
Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce.	3%	<ul> <li>Prominent representation from staff disability/LTHC</li> <li>Named Exec Sponsor for staff with DLTHC</li> <li>Continued promotion of benefits of disclosing, promotion of support and resources available.</li> <li>Visible role models</li> <li>visibility of good practice/ examples of adjustments made physical/work planning/times</li> <li>Visibility of Senior Staff with disability/LTHC- a video sharing their story. How having a disability/LTHC has not been a barrier to progression</li> </ul>
Relative likelihood of Disabled staff compared to non- disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.	GSTT 1.06% RBH 1.8%	<ul> <li>Developmental feedback given to all candidates including staff with disability/LTHC</li> <li>Improve awareness of inclusive practices including use of language, adjustments during application , diverse shortlisting, robust selection criteria, diverse interview panel and developmental feedback , increased awareness of staff disclose their disability/LTHC at application phase -</li> <li>Sharing of video</li> <li>Greater awareness/knowledge and competence for managers on supporting staff with DLTHC/ND- what constitutes a disability/LTHC</li> <li>Review of inclusive language which can deter staff from disclosing</li> <li>Embed positive action charter extending to DLTHC with clear progress metrics</li> <li>Promote disability confident status and application of it during recruitment.</li> </ul>
Relative likelihood of Disabled staff compared to non- disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	GSTT 1.06% RBH 0%	<ul> <li>Embedding training for Managers in Just and learning methodology and culture</li> <li>Review of Just Culture process/themes to include DLTHC cases</li> <li>Embedding training for managers in having compassionate and sensitive conversations how to co create effective and safe working adjustments</li> </ul>
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other	GSTT 34% RBH 23%	<ul> <li>Expand and include disabilities and long term health conditions In line with Trust zero tolerance staff campaign</li> <li>Enhance Sunflower Lanyard initiative to encourage and support staff disclosure.</li> <li>managers trained in how to support staff who experience negative and unwanted behaviour from patients/public</li> <li>Review of B&amp;H cases, review of measures in place and evaluation of process.</li> </ul>

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members of the public? In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	GSTT 21% 15% RBH-	<ul> <li>Improve awareness and support in raising concerns and escalation process</li> <li>Continue to roll out and embed health and Wellbeing support for staff</li> <li>Specific sessions aimed at departments promoting values and speaking up.</li> <li>Increase awareness of and attendance at EDI workshops for all to develop competence/awareness</li> <li>Monitoring and evaluation of managers attendance at EDI workshops, evaluating effectiveness, based on staff with DLTHC experience</li> <li>Embed EDI objective linked to DLTHC within local EDI action plans</li> <li>Embed EDI objective into PDR's specifically for managers</li> <li>Managers to actively monitor and promote stat/man non-compliance through monthly team reports (AP)</li> <li>Increase awareness of support mechanisms within the Trust such as Inclusion Agents, Speaking up and health and wellbeing • Use of a listening avenues i.e listening ear via the DAWN network, Roll out and evaluate Active Bystander training</li> </ul>
		<ul> <li>Roll out and embed use of stall health passports with reasonable adjustments and resource pack for managers Increase take up of Reverse Mentoring to advance cultural competence</li> </ul>
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	GSTT 29% 25% RBH	<ul> <li>Increase awareness of and attendance at EDI workshops</li> <li>Strengthen values and respectful behaviour demonstrated and challenged when not happening</li> <li>Include and embed DLTHC within local EDI action plans including staff survey actions</li> <li>Embed EDI objective into PDR's specifically for managers</li> <li>Increase awareness of support mechanisms within the Trust eg Inclusion Agents, Speaking up, networks</li> <li>Improve and roll out Disability Awareness Training</li> </ul>
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	GSTT 53% RBH 46%	<ul> <li>Enhance and promote speaking up regarding lived experience via disability events/ national events,</li> <li>Development of a conversation framework akin to having difficult conversations,</li> <li>Increase awareness of support mechanisms within the Trust eg Inclusion Agents, Speaking up, networks</li> <li>Inclusion Agents that specifically support DLTHC and/or mentor support specifically linked for staff with a DLTHC</li> <li>Buddy or Peer support within Inclusion agents and Speaking Up groups specifically for staff with DLTHC</li> </ul>

Does your organisation act fairly with regard to career progression/promoti on, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	GSTT 67% RBH 83%	<ul> <li>Promote and embed equity of opportunity work through the positive action charter</li> <li>Promote fair recruitment and selection processmonitor and report based on DLTHC</li> <li>Diverse panels to include disability</li> <li>Identify platforms to learn/hear about staff lived experiences</li> <li>Review and monitor work-streams on inclusive recruitment</li> <li>Support and promote process from advert to appointment</li> <li>Review of panel member representation to include DLTHC</li> <li>Align with staff survey action plans</li> </ul>
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.	GSTT 31% RBH 25%	<ul> <li>Accuracy of recorded?</li> <li>Disclosure Week x2 per year to encourage disclosure</li> <li>impact of Covid had on data/results (WFH has increased and may have forced staff to disclosure)</li> <li>Wider piece on reasonable adjustments- what they look like post Covid and how to continue new ways of working</li> </ul>
Percentage of Disabled staff compared to non- disabled staff saying that they are satisfied with the extent to which their organisation values their work	GSTT 44% 46% RBH	<ul> <li>What life looks like post Covid for staff with DLTHC</li> <li>Piece on micro-management and its impact specifically linked to higher numbers of staff WFH</li> <li>Retain momentum of attendance at staff networks</li> <li>More collaborative work across all staff networks</li> <li>Continued collaborative working with EDI Team and HRBP's</li> </ul>
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	GSTT 75% RBH 83% %	<ul> <li>Retaining momentum of reasonable adjustments</li> <li>Review of reasonable adjustments survey via DLTCH</li> <li>What constitutes a reasonable adjustment? Provide an outline of what it may look like for managers</li> <li>Review RBH measures to identify how/what actions they took to increase reasonable adjustments rate</li> </ul>
The staff engagement score	GSTT 7.1	<ul> <li>Separate data specifically highlighting outcomes which relate to DLTHC- this applies to all indicators</li> </ul>

or Disabled staff, compared to non- disabled staff and he overall engagement score or the organisation.
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