



# Workforce Disability Equality Standard (WDES) 2023 Report

## 1. Introduction

The Workforce Disability Equality Standard (WDES) is an evidence-based standard that aims to help improve the experiences of Disabled staff in the NHS. The ten WDES metrics enable NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The WDES is mandated for provider trusts by the NHS Standard Contract. Provider trusts are required to publish a WDES annual report, which contains:

- A report that sets out the organisation's data for each metric
- A WDES action plan, which should set out how they will address the differences highlighted by each of the metrics data in the forthcoming 12 months
- A narrative on what progress has been made in delivering the objectives detailed in their WDES action plan.

The purpose of the WDES is to improve the workplace and career experiences of Disabled people working in and seeking employment in the NHS. The WDES [Data Analysis Report](#) provides key findings highlighting inequalities between the experiences of Disabled and non-disabled staff across all 10 metrics. This demonstrates the case for trusts to continue in 2023 to take urgent action to create an inclusive and diverse leadership; reduce bullying and harassment; improve recruitment of a diverse workforce; and improve the retention of Disabled staff.

The WDES will help foster a better understanding of the issues faced by Disabled staff and the inequalities they experience compared to non-disabled colleagues. Trusts will be able to look at key areas highlighted by their metrics data and will enable them to compare performance on a national, regional, trust type and size basis. The WDES will aid trusts to consider Disabled staff representation at all levels throughout the organisation and identify any barriers that stand in the way of career progression.

## 2. WDES Metrics and UHNM Performance

The WDES comprises of 10 Metrics that incorporate data from the following primary sources: the NHS Electronic Staff Record (ESR), the NHS Staff Survey and local HR and recruitment systems. Six of the WDES metrics are drawn from the national NHS Annual Staff Survey. The UHNM response rate for the 2022 staff survey was 33.2% with 24.3% of respondents (888 people) stating that they had a physical or mental health condition or illness lasting or expected to last 12 months or more. This compares to the peer average of 22.9%.

### Metric1: Percentage of Disabled staff compared with the wider organisation

In last year's WDES Action Plan, we set ourselves an organisation-wide target of disability declaration. In line with the national recommendation that this should be at least 4% in 2022 and in the longer term, be closer to 20% (the proportion of staff that have declared a disability or long-term condition in the NHS Staff Survey). We are currently at 3.7% of our workforce sharing that they have a disability on ESR, and this is an improvement from last year's position of 2.8%.



The WDES presents workforce data in 4 Agenda for Change clusters, and Medical & Dental professional group. The percentage of employees with a disability has increased in all clinical and non-clinical pay clusters compared to the previous year with a reduction in the number of disability unknown status.

Pay Cluster	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Unknown Headcount	Unknown %	Total
AfC Bands 1 (& under) 2,3 & 4	235	4.8%	3,560	72.8%	1,096	22.4%	4,891
AfC Bands 5,6 & 7	159	3.2%	3,645	74.2%	1,106	22.5%	4,910
AfC Bands 8a and 8b	22	4.2%	375	70.8%	132	25.0%	529
AfC Bands 8c, 8d, 9 and VSM	3	3.8%	58	72.5%	19	23.7%	80
Medical & Dental	14	1%	1,110	79.6%	271	19.4%	1,395
<b>Totals</b>	<b>433</b>	<b>3.7%</b>	<b>8,748</b>	<b>74.1%</b>	<b>2,624</b>	<b>22.2%</b>	<b>11,805</b>

UHNM uses recruitment monitoring and the ESR system to capture and record employee disability status. The Trust regularly encourages our workforce to update their ESR record and the number of records where colleagues have not disclosed their disability status has improved from 41% in 2020 to 22% at 31<sup>st</sup> March 2023. Nationally it is recognised that there is a significant under reporting across the country of the numbers of staff who disclose a disability on ESR, compared to those sharing this information when completing the anonymous NHS Staff Survey.

Positively, the percentage of UHNM colleagues that have declared their disability status on ESR has continued to improve year on year, with 77.8% of employees sharing their status compared to 59% in 2020. The percentage of staff that have shared they have a disability has increased from 2.8% last year to 3.7% (representing an additional 114 staff). Nationally, across England 3.7% of the NHS workforce is recorded as having a disability.

Disability Status	Headcount	%
Disabled	433	3.7
Not Disabled	8,748	74.1
Unknown	2,624	22.2
<b>Total</b>	<b>11,805</b>	<b>100%</b>

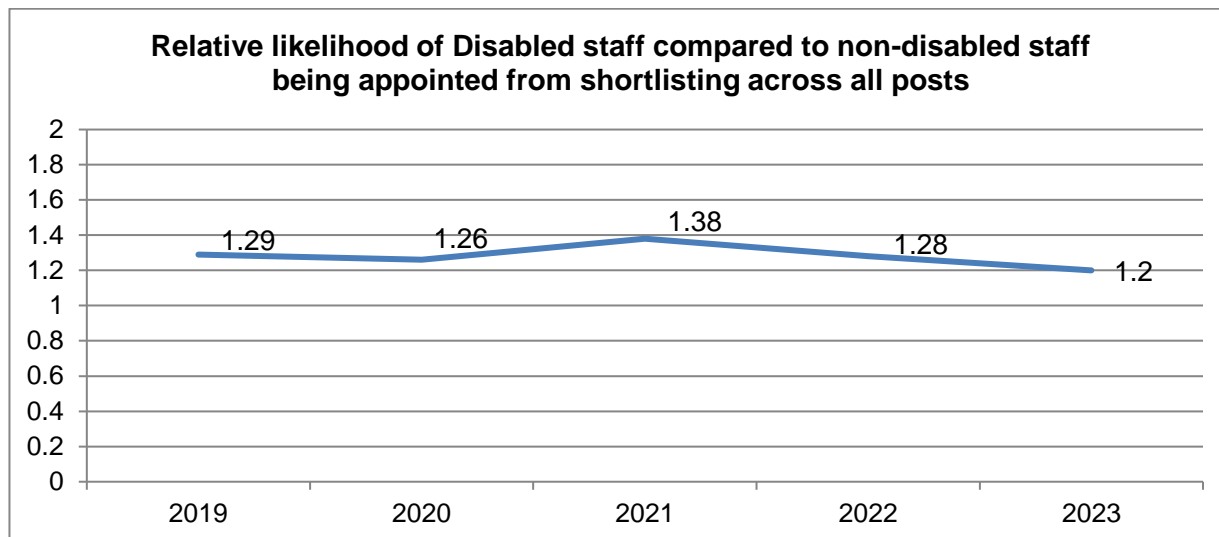
6.4% of non-clinical and 3.2% of the clinical workforce (excluding Medical and Dental) have declared a disability on ESR. This compares to the most recent national picture of 4.3% of non-clinical and 3.9% of clinical staff in 2019. Nationally it is recognised that Medical and Dental staff are less likely to declare a disability (1.1 %) compared to other clinical and non-clinical staff, and this is reflected at UHNM.

Staff Group	Disabled %
Non-clinical	6.4%
Clinical (excluding Medical & Dental)	3.2%
Medical & Dental	1%

The following table lists the health conditions declared on ESR:

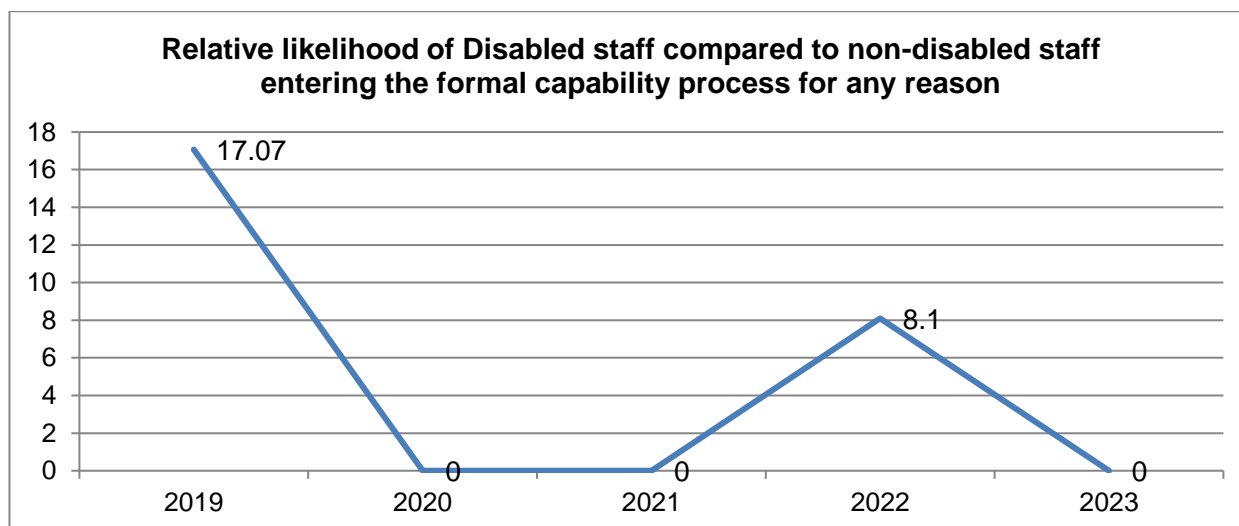
Disability Category	Headcount		
Learning disability/difficulty	107	Physical Impairment	46
Long-standing illness	142	Sensory Impairment	44
Mental Health Condition	48	Other	46

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



Analysis of recruitment activity recorded on the TRAC recruitment system shows that non-disabled applicants are 1.2 times more likely to be appointed from shortlisting compared to Disabled applicants (a metric of 1.0 represents equal likelihood of disabled and non-disabled applicants being appointed from shortlisting). A continued downward (positive) trajectory in our recruitment data compares with the most recent national average metric from 2021, which was 1.11.

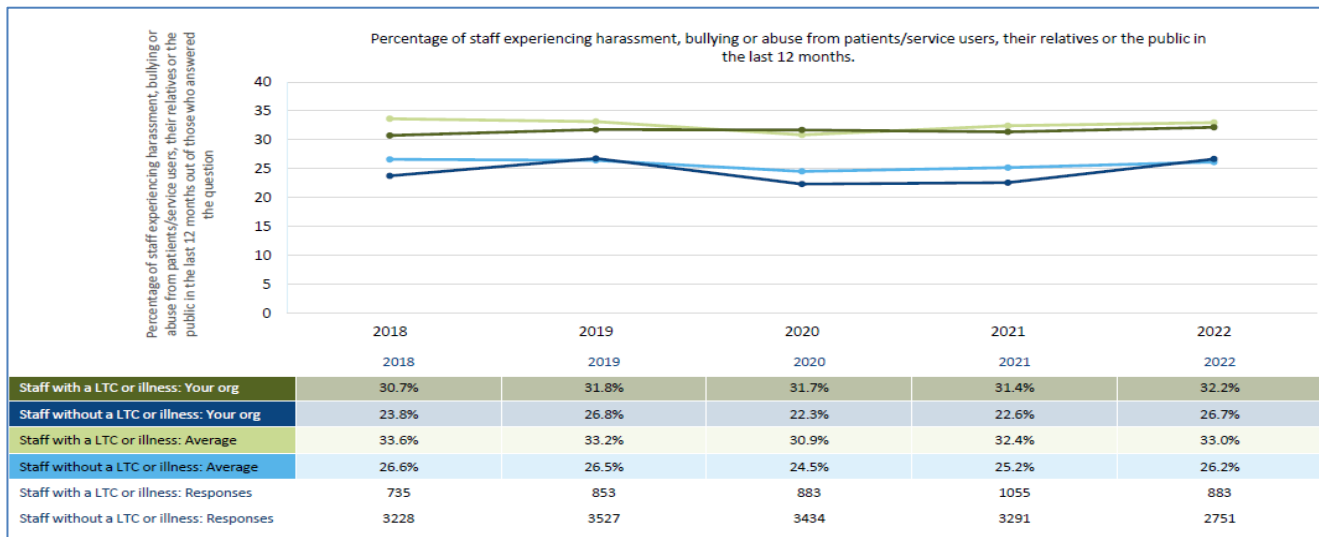
## Metric 3: Relative likelihood of Disabled staff compared to non-disabled staff entering into the formal capability process



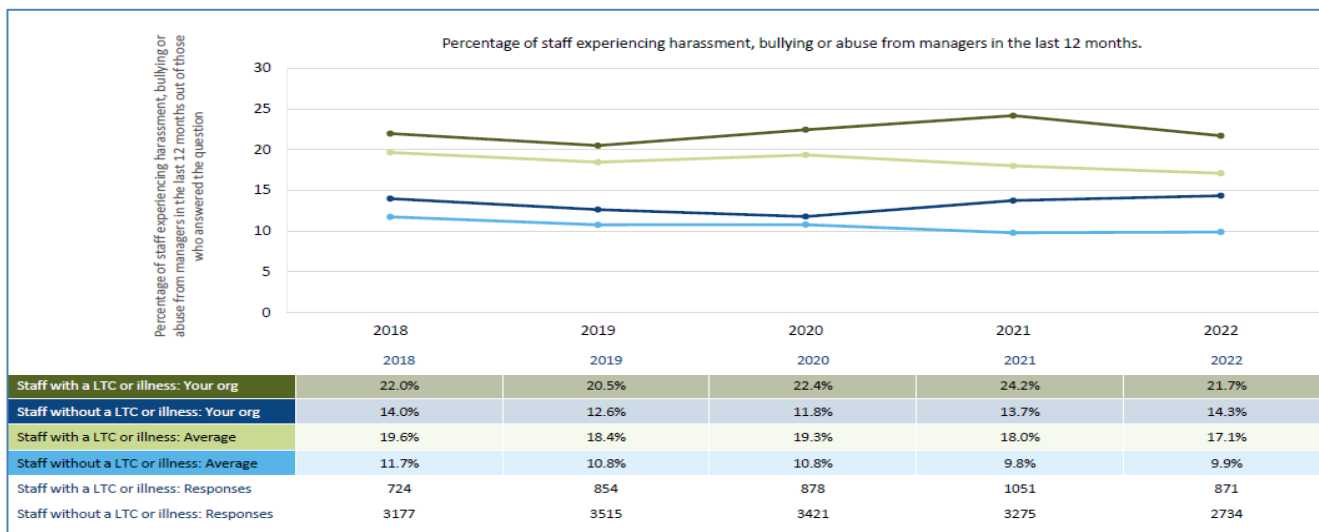
This metric is based on data from a two year rolling average of the current year and the previous year of entry into a formal capability process as recorded on the HR Case Tracker. From 2022 this metric is related to entry into the formal capability process for all reasons (previously the metric measured entry into the capability process due to performance issues only). Our Capability Policy is designed to be supportive and encouraging to enable our employees to reach the desired performance level through informal processes and hence very small numbers of staff enter the formal stage of the Policy.

Our data for the last two years tells us that on average only 2 disabled colleagues have entered the formal capability procedure compared to 23 non-disabled colleagues, and 13.5 colleagues with unknown disability status. This result gives a relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff score of 0.0.

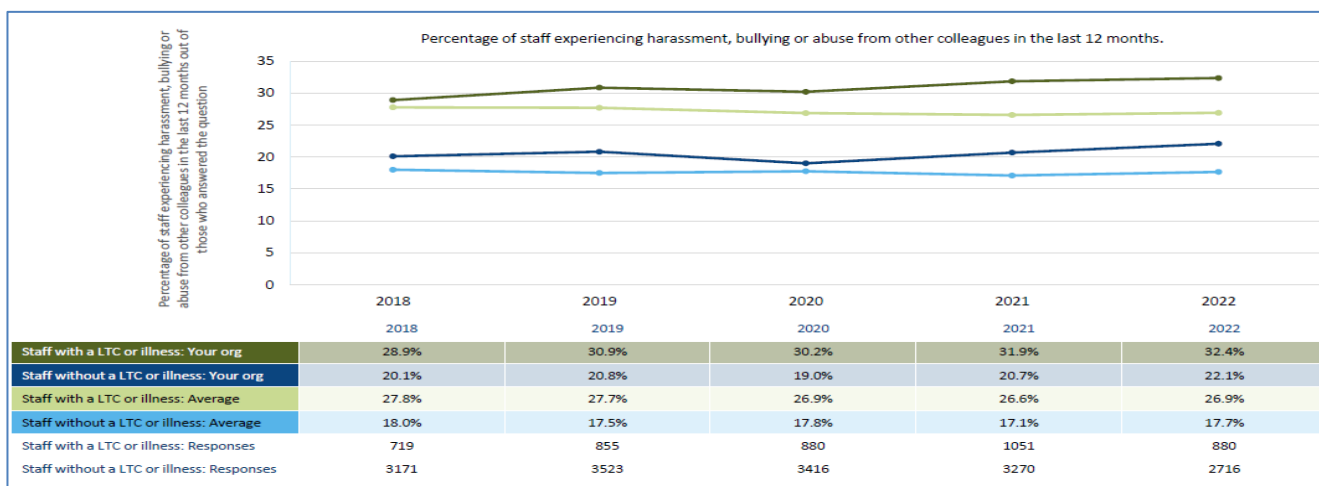
## Metric 4a: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months



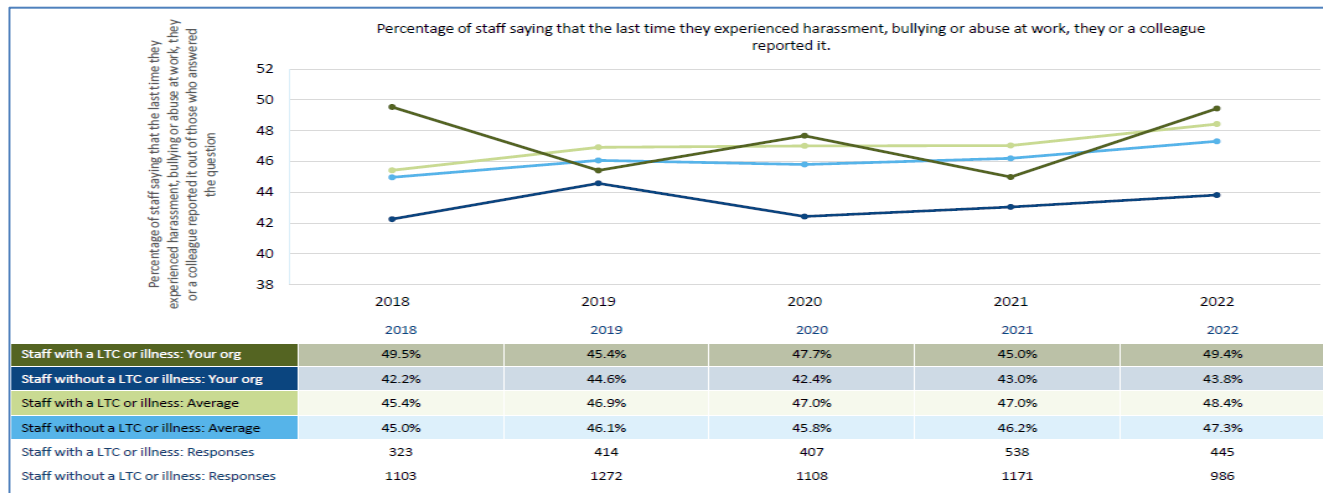
## Metric 4a: Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months



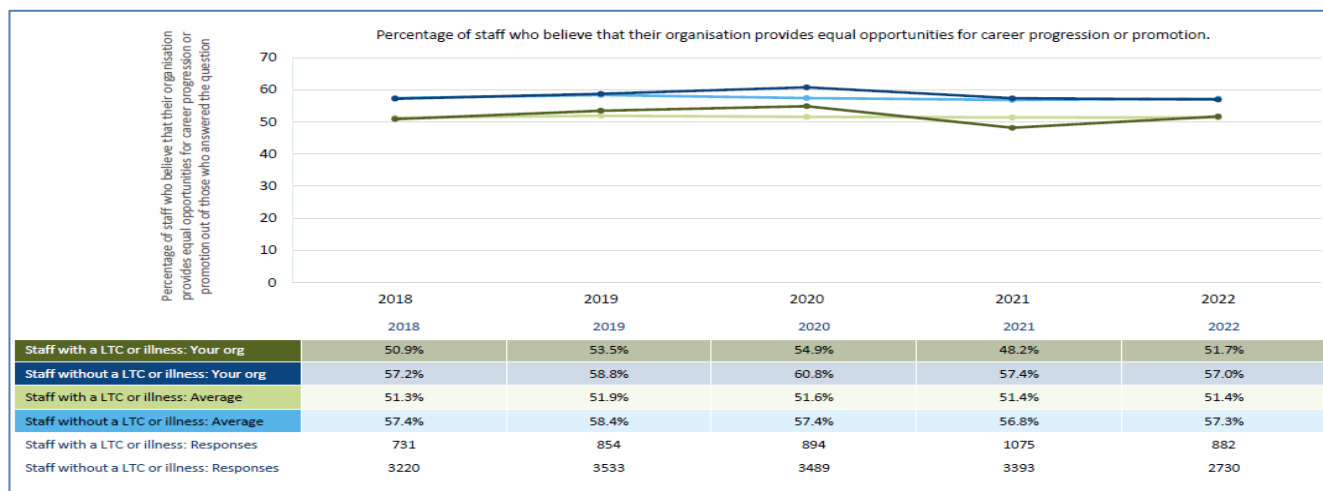
## Metric 4a: Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months



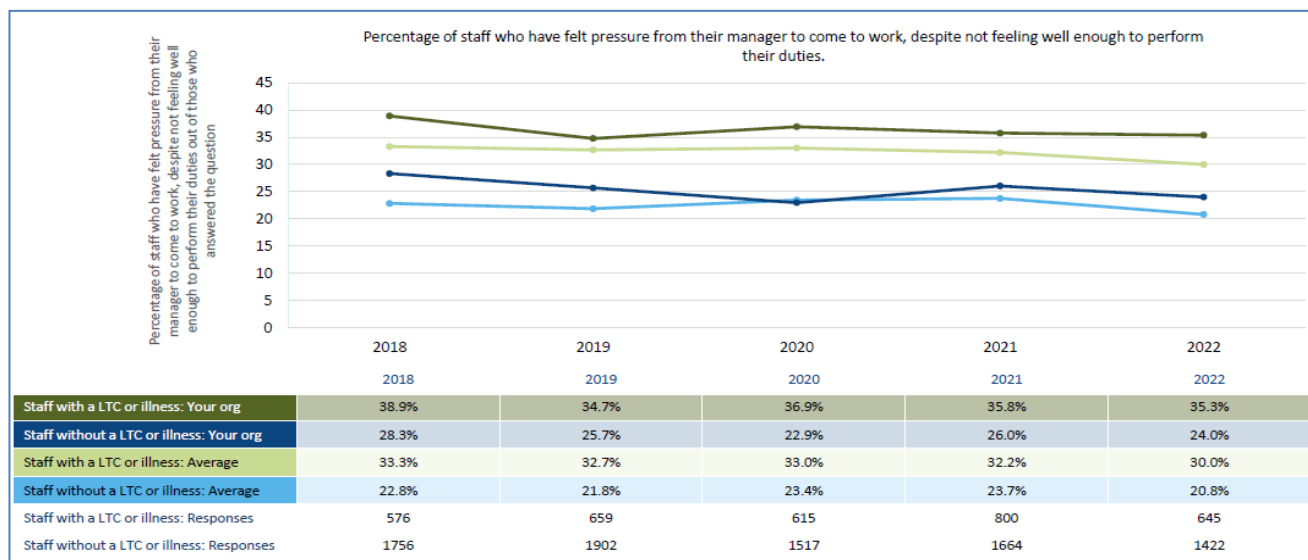
## Metric 4b: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



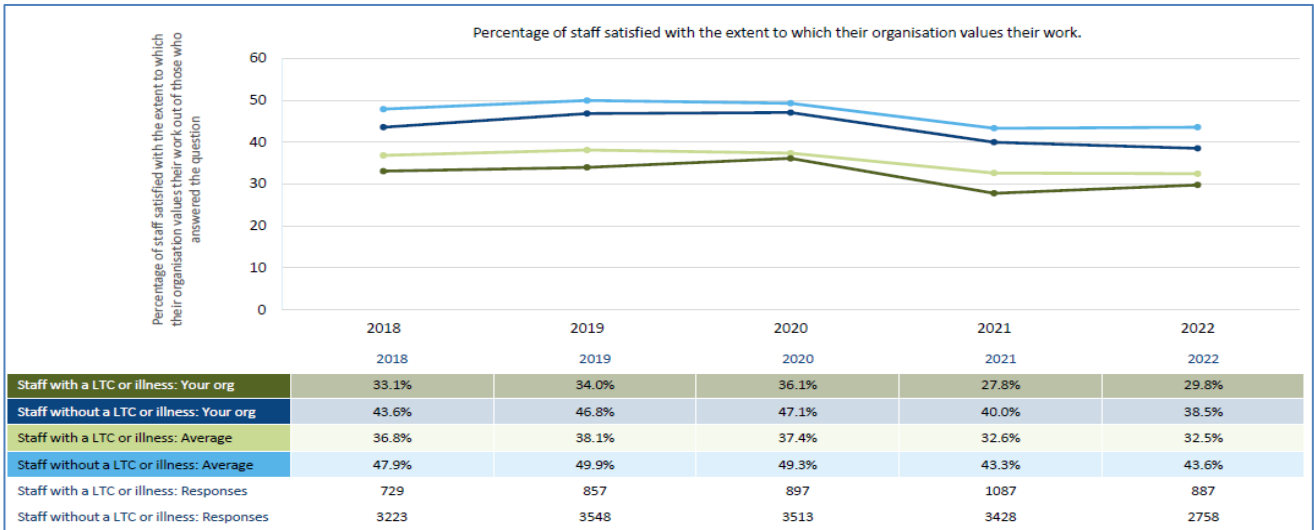
## Metric 5: Percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion



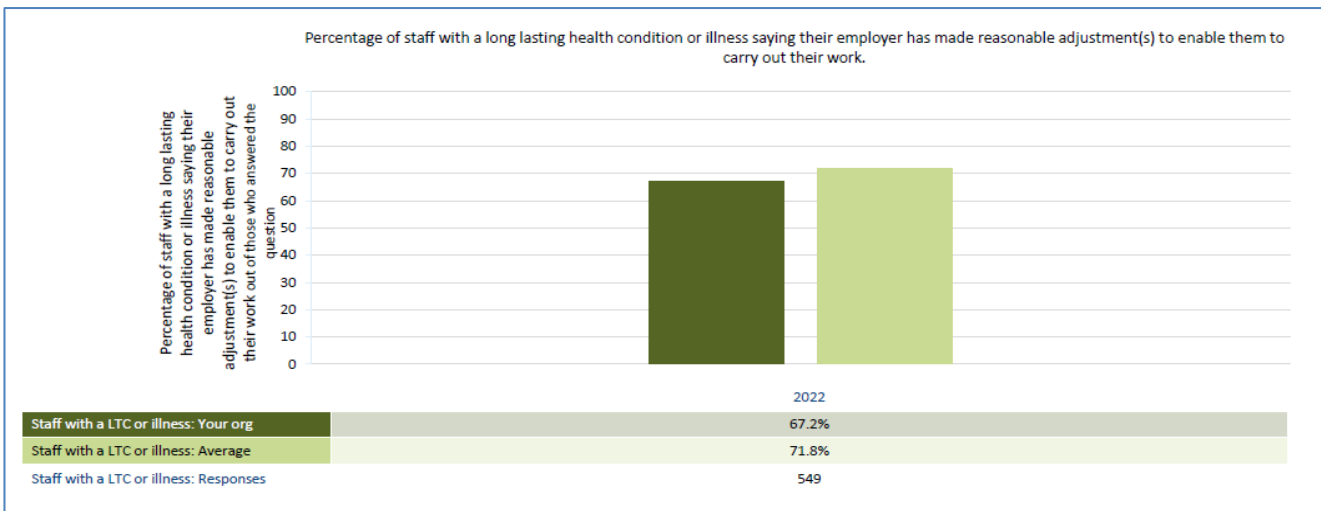
## Metric 6: Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



## Metric 7: Percentage of staff satisfied with the extent to which the organisation values their work

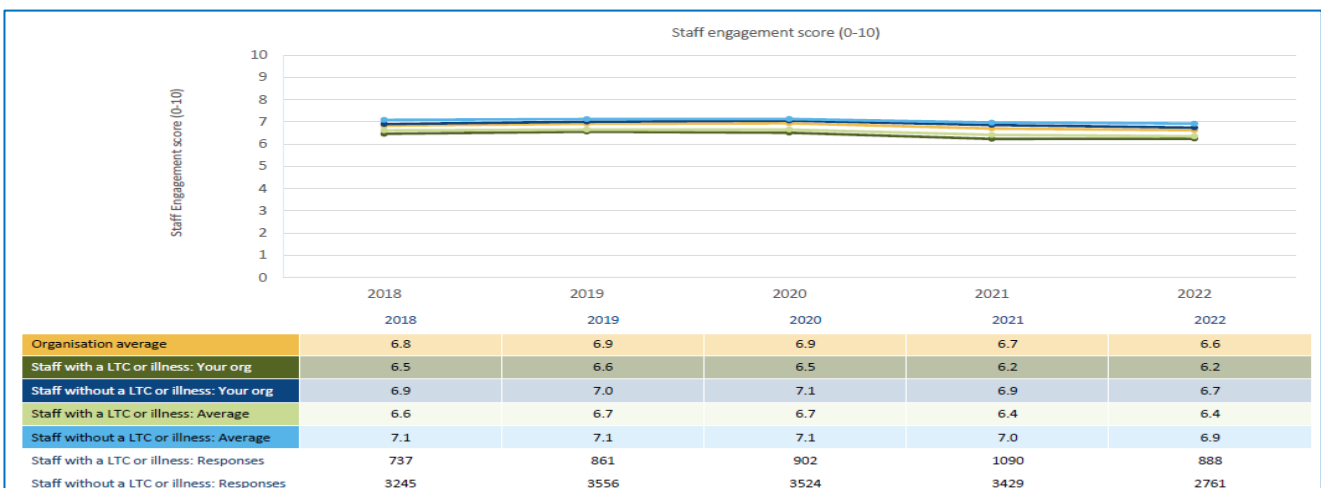


## Metric 8: Percentage of staff with a long lasting health condition or illness saying the organisation has made reasonable adjustments to enable them to carry out their work



There has been a reduction in the number of colleagues who report that the organisation has made reasonable adjustments to enable them to carry out their work.

## Metric 9: Staff engagement score



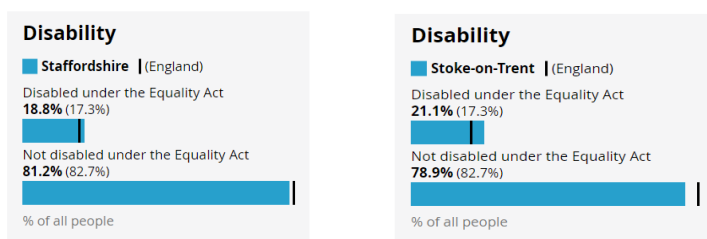
**Metric 10: Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by the voting membership of the Board and executive membership of the Board**

Disability Representation	2023
Difference Total Board : Overall Organisation	7.44%
Difference Voting Membership : Overall Organisation	4.66%
Difference Executive Membership : Overall Organisation	6.33%

Boards are expected to be broadly representative of their workforce. The percentage difference between the organisation’s Board membership and its organisation’s overall workforce is a positive 7.44% and an improvement on last year. The national WDES average board representation is 3.7%.

**Disability in our local communities:**

The 2021 census shows the prevalence of disability within our local populations. Both Staffordshire and Stoke on Trent demonstrate a higher proportion of people stating that they have a disability under the Equality Act compared to the population of England.



**3. The actions we have taken to advance disability equality during 2022/23**

During 2022/23, we have undertaken the following actions and activities to ensure the voice of disabled colleagues are heard, and delivered against our agreed priorities which were to:

- 1) Introduce ‘Disability Champions’ across the organisation
- 2) Introduce a reasonable adjustments procedure
- 3) Launch the Sunflower Lanyard Scheme for hidden disabilities
- 4) Embed equality, diversity and inclusion into divisions, directorates and departments
- 5) Continue to grow the membership and influence of the Disability & Long Term Conditions Staff Network

**UHNM Disability Champions**

Disability Champions are UHNM colleagues and members of the Trust’s Disability & Long Term Conditions Staff Network who are passionate about supporting staff with disabilities/LTC. Champions have undertaken specialist disability training and can support other colleagues and new starters at by:

- Being a confidential listening ear for colleagues with a disability or long term health condition
- Provide an informal and friendly ‘buddy’ role to colleagues who may be newly diagnosed or new to the organisation with a disability or long term health condition
- Raise awareness of the Tailored Adjustments Plan and Trust requirements to put in place reasonable adjustments as outlined in our Reasonable Adjustments Procedure
- Signpost colleagues to additional staff support and resources
- Support colleagues with a disability, neurodiversity or long term condition whether seen or hidden to have a voice
- Support the organisation to improve workplace experiences for colleagues with disabilities and long term health conditions



A list of our Disability Champions is available on our Disability Champions intranet page.

Themes from contacts to our Disability Champions are discussed at Network meetings, to help us identify issues and topics that are important to our colleagues.

### UHNM Disability Champions

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- Raise awareness of the Tailored Adjustments Plan and Trust process for reasonable workplace adjustments
- Signpost colleagues to additional staff support and resources
- Support colleagues with a disability, neurodiversity or long term condition whether seen or hidden to have a voice
- Support the organisation to improve workplace experiences for colleagues with disabilities and long term health conditions



Georgia Fox, Senior Recruitment and Retention Officer

*My reasoning for becoming a 'Disability Champion' is that I am passionate about creating a kind and respectful culture across the Trust as well as a fair Recruitment process with equality and without discrimination. I hope I can play my part by supporting staff with disabilities and long term health conditions. Whether you need a listening ear or require some further staff support, please reach out as I would be more than happy to help.*

### UHNM Reasonable Adjustments Procedure

Our Staff Network has been involved in the creation of our Reasonable Adjustments Procedure, to be launched shortly. It is important to demonstrate our commitment to equity and inclusion with a formal process that will help our disabled colleagues to feel supported, engaged and able to deliver their full potential, as well as being clear about our responsibilities as an employer and expectations for line managers. It is also designed to support talent attraction and retention, productivity, and performance. Evidence shows that trusts that have a reasonable adjustment policy perform better across all the metrics derived from the NHS Staff Survey.

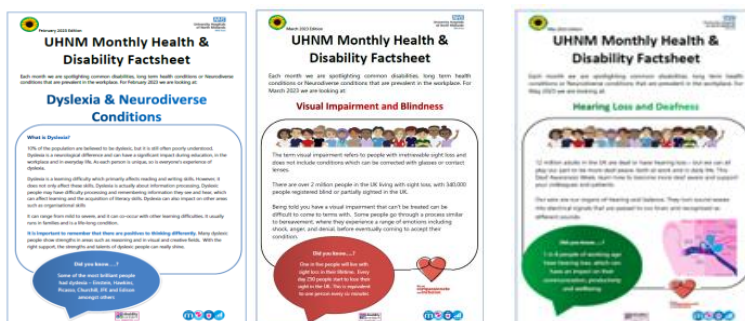
The procedure provides clear guidance about reasonable adjustments and outlines processes, the support available and the role of different functions such as HR, Occupational Health and IT.

### Focus on Hidden Disabilities

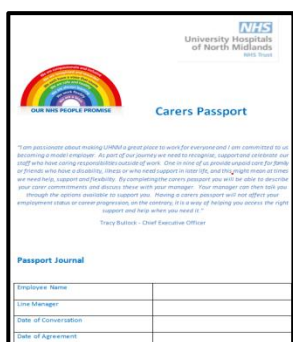
We introduced the Sunflower lanyards during Disability History Month. The Hidden Disabilities Sunflower is a discreet sign that the wearer has a hidden disability and may need additional support. Lanyards are available for colleagues that request one free of charge. An awareness campaign and promotion for patients and service users will continue throughout 2023-24.



We have produced monthly factsheets on particular long term conditions, and below are some examples of our range of factsheets covering hidden disabilities:



### UHNM Carers Passport



Our new Carers Passport has been launched for UHNM staff who care for family or friends who have a disability, illness or who need support in later life. The passport has been designed with the intent of offering assistance to colleagues who have caring responsibilities which may affect their work now or may do in the future.

It is a 'live' document offering the assistance to carry out an open conversation with colleagues/line managers which relates to relevant Trust policies and allows access to the right support and help when it is needed.



# Enable Leadership Programme



A key strand of our cultural development programme has been the introduction of a new leadership programme for line managers that has been designed to embed appreciative, compassionate and inclusive leadership within UHNM, entitled Enable. The programme was successfully launched at the beginning of April 2022. In the first year of activity we have trained over 600 staff. The programme has a focus on increasing awareness and understanding of diversity and inclusion, and creating a culture where everyone who works at UHNM feels valued and included.



## Being Kind

Our Being Kind approach to creating a kind, respectful and inclusive culture was launched in October 2022 at the UHNM Leadership Conference. The Being Kind approach includes our Being Kind Behaviour Compact, created with our staff, and includes guides for colleagues and managers. The Being Kind approach complements our new Resolution Policy, also launched in 2022.



## EDI Dashboard

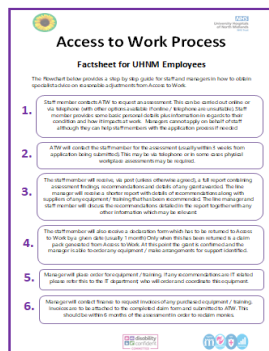
Effective from April 2023 we have created EDI dashboards for each of our Divisions so that they can monitor key EDI metrics, and use these to identify EDI priorities in their areas. Metrics within the dashboard are correlated with areas identified for improvement from the WDES and other staff experience feedback. This includes metrics relating to disability recruitment, access to reasonable adjustments and experience of bullying and harassment by disability status.

### EDI Dashboard Metrics

% BAME in workforce	% BAME in Bands 8A and above	Race Disparity Ratio	BAME Recruitment Likelihood
% agree Reasonable Adjustments put in place?	Disability Recruitment Likelihood	% satisfied with opportunities for flexible working	
Harassment, bullying or abuse by colleagues	% Belief in equal opportunities for career development and promotion	Harassment, bullying or abuse by managers	

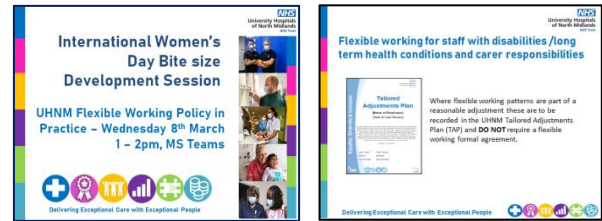
## Disability History Month 2022

In November 2022, the focus was on creating a disability positive and inclusive workplace, promoting our support for colleagues with a disability or long term health condition, as well as launching our Disability Champions initiative.



## Flexible Working

We marked International Women's Day with a webinar about the options available to all colleagues within our flexible and agile policies, recognising the benefits of a healthy work-life balance for our colleagues, and how this in turn supports attraction and retention of our workforce. Within the webinar we took the opportunity to clarify the difference between agile and flexible working as a reasonable adjustment for colleagues with a disability, and how the Tailored Adjustments Plan is the process rather than the Trust formal flexible and agile working policies.



## Reciprocal Mentoring

We commenced our second cohort of reciprocal mentoring in early 2023, where a senior leader within the Trust is mentored by a person from a protected group, which includes colleagues with disabilities. This form of mentoring can be effective in supporting culture change by establishing greater awareness of the organisational, cultural, leadership and system wide inequalities which prevent career progression and development for those in underrepresented groups. It flips the usual mentoring relationship on its head, so that senior leaders have the opportunity to listen, learn and co-create a more inclusive culture for the benefit of our staff and patients.

## 4. Conclusions

The WDES has been developed and continues to be underpinned by the ethos of 'nothing about us without us'. Through their lived experiences, our colleagues with disabilities or long term health conditions have crucial insight and expertise about how they will be affected by actions and decisions. We are committed to ensuring that our disabled colleagues are involved in shaping our equality, diversity and inclusion priorities and have opportunities to contribute and influence our activities to improve disability equality at UHM. This year's WDES metrics show some positive improvements:

- 0.9% increase in disability representation across the organisation recorded on ESR
- Improvement of 0.08 in the likelihood ratio of applicants with a disability being appointed from shortlisting compared to applicants without a disability
- No difference between the likelihood of colleagues with a disability entering the formal capability process compared to colleagues without a disability
- 2.5% reduction in the percentage of colleagues with a disability reporting experience of bullying, harassment or abuse from managers
- Improvement of 4.4%, and better than the peer average percentage of colleagues that stated that the last time they experienced bullying, harassment or abuse that they reported it
- Improvement of 3.5% in the percentage of colleagues with a disability that believe that the Trust offers equal opportunities for career progression or promotion, which is also better than the average
- 0.5% improvement in colleagues with a disability reporting feeling pressured by their manager to come into work, despite not feeling well enough to perform their duties
- 2% increase in the percentage of colleagues with a disability who are satisfied with the extent to which the organisation values their work

- An improvement in disability board representation and better than the WDES national average
- No change in the staff engagement score

Metrics that have deteriorated are:

- 0.8% increase in the percentage of colleagues with a disability reporting experiencing harassment, bullying or abuse from patients/service users, their relatives or the public. This metric has also deteriorated for colleagues without a disability, which has increased by 4.1%
- 0.5% increase in the percentage of colleagues experiencing harassment, bullying or abuse from other colleagues. This metric has also deteriorated for colleagues without a disability, which increased by 1.4%
- 6.5% deterioration in the percentage of disabled colleagues who reported that the organisation put reasonable adjustments in place to enable them to carry out their work

We have identified a number of actions, informed by our Disability and Long Term Conditions Staff Network that we will focus on during 2023-24.

- Launch the reasonable adjustments procedure with the aim of increasing knowledge of the importance of equity and meeting individual needs
- Continued focus on our Being Kind approach
- Spotlight Neurodiversity in the workplace
- Continue to grow the membership, influence and empowerment of the Disability & Long Term Conditions Staff Network
- Review the Trust Sickness Absence Management Policy and the Capability Policy

Progress will be measured by improved metric results in the 2023 Staff Survey, 2024 WDES submission, divisional EDI dashboards and the monitoring of other relevant metrics including the Employee Voice feedback and the lived experiences of our Disability and Long Term Conditions Staff Network membership.

UHNM WDES Action Plan 2023-24			
WDES Metric	Action / Recommendation	Timescale	Progress Rating
Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce	<ul style="list-style-type: none"> <li>Continue to act upon the under representation of staff sharing their disability status by regularly encouraging all staff to update their disability status, or updating 'unknown' status via ESR and other communications. Aim for a 4.0% target, as recommended by WDES and incremental increases over coming years</li> </ul>	Q4	B
Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	<ul style="list-style-type: none"> <li>Use the EDI Dashboard to present Divisional data on the diversity of their recruitment and the likelihood of disabled applicants being appointed from shortlisting compared to non-disabled applicants</li> <li>Submit a bid, with system provider organisations for a bespoke positive action leadership programme, Calibre, designed for disabled staff in the NHS and wider public sector. It is unique because it addresses the problems disabled staff face in the workplace as well as enables organisations to better support them. The second part of the programme will be a system peer mentor programme to create a legacy of disability mentors</li> <li>Continue system wide implementation of the 6 High Impact Changes to recruitment practice and work with the UHNM Recruitment Team ensuring that disability inclusion is an attraction tool for recruitment campaigns</li> </ul>	In place	B
		Q2	
		On-going	GB
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	<ul style="list-style-type: none"> <li>Launch the reasonable adjustments procedure with the aim of increasing knowledge of the importance of equity and meeting individual needs to enable people to reach their potential</li> <li>Review of the Sickness Absence Management and Capability Policies, using lived experience feedback from colleagues to inform changes</li> <li>Continue to work closely with our Staff Side colleagues to ensure that all reasonable adjustments have been put in place for disabled staff and that the capability policy has been applied in a consistent and supportive manner</li> </ul>	Q3	GB
		Q4	GA
		In place	B

<p>Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from</p> <ul style="list-style-type: none"> <li>patients /service users, their relatives or other members of the public</li> <li>Managers</li> <li>Other colleagues</li> </ul>	<ul style="list-style-type: none"> <li>Continue to embed our Being Kind approach with: <ul style="list-style-type: none"> <li>Being Kind Training roll out plan and focus on creating a culture of giving and receiving respectful feedback</li> <li>ENABLE leadership programme for all line managers</li> <li>Our NHS People Masterclass</li> </ul> </li> <li>Refreshed EDI statutory and mandatory training with enhanced focus on disability inclusion</li> </ul>	<p>On-going</p> <p>Q2</p>	<p><b>B</b></p> <p><b>GA</b></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>	<ul style="list-style-type: none"> <li>Continue to work closely with Trust FTSU Guardians in raising awareness of safe speaking up channels for our disabled workforce and build confidence to speak up</li> <li>Continue with the second cohort of the Reciprocal Mentorship Programme including colleagues with a disability</li> <li>Discuss experiences of harassment, bullying or abuse with Disabled staff, through the safe space protected time within staff network meetings</li> </ul>	<p>In place</p> <p>Q1</p> <p>In place</p>	<p><b>B</b></p>
<p>Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion</p>	<ul style="list-style-type: none"> <li>Implement the refreshed Performance Development Review (PDR) process, linking the review with the Tailored Adjustments Plan to ensure colleagues have the right support and adjustments in place to reach performance objectives and career aspirations using Scope for Growth</li> <li>Introduction of our new inclusive talent management approach for career progression</li> <li>Submit a bid, with system provider organisations for a bespoke positive action leadership programme, Calibre, designed for disabled staff in the NHS and wider public sector. It is unique because it addresses the problems disabled staff face in the workplace as well as enables organisations to better support them. The second part of the programme will be a system peer mentor programme to create a legacy of disability mentors</li> </ul>	<p>Q2</p> <p>Q4</p> <p>Q2</p>	<p><b>GA</b></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>	<ul style="list-style-type: none"> <li>Review of Sickness Absence Management Policy</li> <li>Promote the need to review the Tailored Adjustments Plan during return to work interviews, following periods of disability related sickness, ensuring that reasonable adjustments, including disability leave and/or referrals to Access to Work are in place.</li> </ul>	<p>Q4</p> <p>Q3</p>	<p><b>GS</b></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>	<ul style="list-style-type: none"> <li>Promote the UHNM Disability and Long Term Conditions staff network and increase membership and ensure NHS best practice for staff networks is implemented with a new Network Vision</li> <li>Use national campaigns such as Disability History Month to drive engagement and raise understanding and awareness across the organisation and positive value of employing disabled people through our work creating a sense of belonging for all</li> <li>Creation of the Employee Experience Network, bringing together all of the voluntary peer support roles including Disability Champions</li> </ul>	<p>Q3</p> <p>On-going</p> <p>Q2</p>	<p>GA</p> <p>B</p>
<p>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work</p>	<ul style="list-style-type: none"> <li>Raise awareness of the Workplace Reasonable Adjustments Procedure and line manager responsibilities. Promote the Tailored Adjustments Plan, Reasonable Adjustments Procedure and Disability Champions during recruitment, induction and on boarding</li> <li>Share positive stories and scenarios that highlight the difference adjustments can make and that the majority of adjustments have no cost or cost than £100</li> <li>Promote our commitment and expectations in supporting colleagues with the right adjustments within the revised EDI mandatory training, and,</li> <li>Launch the refreshed PDR process, which includes prompts to review the Tailored Adjustments Plan during the conversation</li> <li>Revision of Sickness Absence Management Policy and Capability Policy</li> <li>Launch of accredited Mental Health First Aid training</li> <li>Focus on supporting colleagues with Neurodiversity with a range of resources and awareness for line managers</li> </ul>	<p>Q3</p> <p>Q3</p> <p>Q2</p> <p>Q2</p> <p>Q4</p> <p>Q1</p> <p>Q4</p>	<p>GA</p> <p>GS</p> <p>B</p> <p>GS</p>
<p>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce</p>	<ul style="list-style-type: none"> <li>Encourage all Board members to share their disability status</li> <li>Disability Network Executive Sponsor to continue to champion disability issues with the Trust Board and be a member of the Disabled NHS Directors Network</li> </ul>	<p>On-going</p> <p>In place</p>	<p>B</p>

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed or B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.