**Workforce Disability Equality Standard (WDES): Annual Report 2020**

1. **Introduction**

In 2015 the Equality & Diversity Council commissioned research looking at disability in the NHS workplace. This showed that disabled staff 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 disabled staff working in, and seeking employment in, the NHS.

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

The WDES became mandatory for NHS Trusts and Foundation Trusts only in 2019. CityCare have chosen to completed 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 2020 report compared to the previous year shows an increase in the experience for disabled staff across some of the metrics whilst there is a decrease in the experience across others.

There has been a rise in the number of staff self-reporting a disability; 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 with a commitment to a co-mentoring programme in 2021 and increasing diversity in decision making.

There has been an in increase in the number of disabled staff; in band 1-8b in the organisation, who are satisfied with how the organisation values their work, in the number of staff saying they have adequate adjustments to carry out their work.

There is agreed focus to improve supported with specific actions in the areas of; bullying and harassment, recruitment, formal capability process and disabled staff feeling pressure to come to work when they do not feel well enough. Supporting disabled staff through initiatives such as the staff network, diversity in decision making, health and wellbeing initiatives remain a priority.

1. **Progress**

In order to gain an understanding of our disabled staff and analyse the data, it is important for staff to feel able to declare they have a disability and record this on the electronic staff record (ESR). Steps were taken to increase this recording with a campaign to encourage staff to self-report and assistance for staff to complete this data There has also been engagement and blogs from the Board which has resulted in an increase of 1.1% from the previous year with a commitment to continue this work.

The percentage of staff in each of the Agenda for Change (AfC) pay bands in April 2020 shows and increase from the previous year in staff declaring a disability across pay bands 2-8b. There is no increase from bands 8c and above.

The relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff shows a decrease on the previous year with 45% of disabled candidates hired compared to 66% of non-disabled and 25% not wishing to declare their disability status. To address this, CityCare have a guaranteed interview scheme, training in unconscious bias, patient and public involvement in senior interviews, management training, statement in adverts to support under-represented groups, part time and flexible working options and a Recruitment Task and Finish Group.

The relative likelihood of disabled people entering the formal capability process has increased in the reporting period for April 2020; the previous year this had been equal to non-disabled staff. Actions to address this include; an audit of cases, a refreshed managers toolkit and training, revision of Human Resources (HR) policy and unconscious bias.

The percentage of disabled staff experiencing bullying/harassment or abuse from patients/service users has improved. However, from managers this has increased by 1%. Actions to address bulling/harassment or abuse include; training, educating staff around reporting processes, Freedom to Speak Up, zero tolerance information to staff and the public, staff survey focusing on bulling and harassment, video for awareness raising and training, role model behaviours, co-mentoring and staff network support group.

The percentage of disabled staff believing the organisation provides equal opportunities in career progression is lower by 3% than the previous reporting period. Actions to address this include; managers training programme, staff network support group, protected release time for disabled staff to attending training and development.

The percentage of disabled staff who felt pressure to come to work despite not feeling well enough to perform their duties has increased from the previous year by 6%. Actions to address this include review of the sickness absence policy and procedures, You Said We Did actions from the annual staff survey along with staff network support group and on-going monitoring.

There has been an increase of 10% in the percentage of disabled staff who are satisfied with how the organisation values. Actions from the previous year had included You Said We Did initiatives from the annual staff survey, staff forums and Board lunches, listening meetings and celebration and wellbeing events and initiatives.

There has been an increase of 5% of disabled staff who agree their employer has made adequate adjustments to enable them to carry out their work to 80%. On-going initiatives include HR support and a personal health passport.

A staff network group supports our staff with a disability with feedback through the Equality & Diversity Committee and reporting to Board. A co-mentoring programme is being established to give senior managers and Board the opportunity to work with staff from protected groups, to gain feedback on experience and consider diversity in decision making.

1. **Conclusion**

Within the second reporting period of the WDES, the amount of staff competing the annual staff survey had increased from the previous year by 5% and there has been an increase in the number of staff declaring a disability on the ESR BY 1.1% which will also affect the results from the previous year, however, this may support a clearer picture.

The second reporting period of the WDES has highlighted improvement in the areas of disabled staff being satisfied with how the organisation values their work, making adequate adjustments to perform their duties and the number of staff within AfC pay bands 1-8b.

Four particular areas for actions have been agreed by staff network groups and the Board including; appointment of disabled staff from shortlisting, likelihood of disabled staff entering the formal capability process, bullying and harassment and feeling pressure to come to work. Actions are contained in appendix 2.

Supporting disabled staff 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.

Equality & Diversity Lead

September 2020

**Workforce Disability Equality Standard**

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| **Date of this report** | July 2020 |
| **Name of Provider Organization** | Nottingham CityCare Partnerships |
| **Name and Title of Board Lead for Workforce Disability Equality Standard** | Louise Bainbridge Director of Finance & Corporate Services |
| **Name and contact details of Lead Manager completing this report** | Fiona Cambridge Equality Diversity & Inclusion Leadf.cambridge@nhs.net  |
| **Name of Commissioners this report has been sent to** | Nottingham City Clinical Commissioning Group |
| **This report has been signed off by the Board by** | Louise Bainbridge Director of Finance & Corporate Services |

 **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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| There has been an increase in this reporting period of staff completing the survey from 57% in 2018 to 62% in 2019. A total of 20 more staff with a disability completed the survey this year therefore we will consider the impact of this |

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

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| --- |
|  1096  |

1. Proportion of  Disabled staff employed within this organisation at the date of this report

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| 5.5%  |

**3. Self-Reporting**

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

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| 5.5% disability 9.9% not declared & 0.6% unspecified  |

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

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| Chairman’s blog to highlight the importance of staff self-reporting. Campaign 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 Committee, 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 2019 to April 2020 (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 EDS2 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 Disabled staff 1.47%** Clinical non-disabled42.11% Clinical not declared/ specified 8.86% **Non-clinical disabled staff 2.70% (n11)**Non-clinical non-disabled staff 40.88% Non-clinical not declared /specified 3.94%  | *Cluster 1: AfC band 1, 2, 3 & 4*Disabled staff 3.25% | Compared to the previous year – the total number of disabled staff in cluster 1 has increased to 4.18% from 3.25%The highest proportion of disabled staff are within AfC bands 5, 6 & 7The lowest proportion of disabled staff are within bands 8c & above.Cluster 2 has 6.44% disabled staff, an increase from the previous year by 1.35%The total of disabled staff in cluster 3 is 3.22% - an increase on the previous year of 1.16%There are no staff with a disability within cluster 4 as per the previous year. There are 11% not declared / specifiedCluster 5 6 & 7 have no staff with a disability | **EDS2 Goal 3 - 1c Monitoring career pathways in promotion.** * The Equality & Diversity Committee regularly monitor and report to the Board on career progression & appointment of staff (disabled and non-disabled)
* New and established managers will undertake a management programme including E&D elements; WDES and recruitment, unconscious bias and cultural competency.
* We have widened the market with targeted advertising and engagement; social media, local communities, recruitment events.
* Fair & consistent recruitment panels with stakeholder engagement; values bases recruitment

**EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey**Engagement sessions with staff, focus on equality elements, report to Equality & Diversity Committee and Board with action plan. Up skill managers to support staff via management training programme. **Goal 3 - 3 a-e - review & extend training program, targeted training** **reflecting needs of the organization**Cultural competence & unconscious bias training rolled out with elements included within induction and HR training courses. **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours**Implementation of new appraisal system. Leadership & management training/opportunities for future leaders. On-going analysis and reporting of career progression within bands and consider staff survey results around career progression opportunities. |
| *Cluster 2: AfC band 5, 6 &7***Clinical disabled staff 5.03%** Clinical non-disabled 75.62% Clinical not declared / specified 7.70% **Non-clinical disabled staff 1.41% (n9)**Non-clinical non-disabled staff 9.74% Non-clinical not declared /specified 0.31%  | *Cluster 2: AfC band 5, 6 &7*Disabled staff 5.09% |
| *Cluster 3: AfC band 8a & 8b***Clinical disabled staff 3.22% (n1)**Clinical non-disabled 32.2% Clinical not declared / specified 6.45% Non-clinical disabled staff 0% Non-clinical non-disabled staff 45.16% Non-clinical not declared /specified 12.9%  | *Cluster 3: AfC band 8a & 8b*Disabled staff 1.16% |
| *Cluster 4: AfC band 8c, 8d,9 & VSM*Clinical disabled staff 0% Clinical non-disabled 11.11 % Clinical not declared / specified 0% Non-clinical disabled staff 0% Non-clinical non-disabled staff 77.77% Non-clinical not declared /specified 11.11%  | *Cluster 4: AfC band 8c, 8d,9 & VSM*Nil disabled |
| *Cluster 5: Medical & Dental Staff: Consultants**Nil disabled* | *Cluster 5: Medical & Dental Staff: Consultants**Nil disabled* |
| *Cluster 6: Medical & Dental Staff: non Consultant career grade* Disabled – 0%Non-disabled 100%  | *Cluster 6: Medical & Dental Staff: non Consultant career grade*Nil disabled |
| *Cluster 7 Medical & Dental Staff : medical & dental trainee grades*Nil disabled | *Cluster 7 Medical & Dental Staff : medical & dental trainee grades*Nil disabled |
| 2 | Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff being appointed from shortlisting across all posts. | **1.46** times higher for a non-disabled person to be appointed from shortlisting | 1.31 times higher for a non-disabled person to be appointed from shortlisting | 45% of applicants declaring a disability who were shortlisted were appointed at interview. 66% of shortlisted applicants who did not declare a disability were appointed.25% of shortlisted applicants who did not wish to declare whether they had a disability or not were appointed from shortlisting. | **EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement*** Guaranteed interview scheme
* Unconscious bias, cultural awareness sessions for appointing managers.
* Patient, public & staff involvement in senior interview panels
* Promoted Leadership & management training/ opportunities for current and future leaders .
* Regular reporting from NHS jobs discussion at E&D and HR/OD Group.
* Statement at advert: the organisation wishes to address imbalances within the organisation & welcomes applications from disabled people
* Offer part time or flexible working
* Support for managers in interviewing/recruiting staff with a disability
* Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting through HR/OD Group)
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| 3 | Relative likelihood of Disabled compared to that of non-disabled 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) | **2 times great for disabled staff** | Equal for both disabled and non-disabled staff | 1% of non-disabled staff1.66% of disabled staff1.72% of staff who did not declare or was unspecifiedThis has increased for staff declaring a disability since the last reporting period | **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours*** Management HR toolkit including training for all managers
* Revision of HR policy & HR training / unconscious bias
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|  | **Indicator****For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for Disabled & non-disabled staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 4a | SS Q13a Percentage of Disabled compared to non-disabled 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****Disabled 25%** **Non-disabled 12%**  | **i. patients / service** **users, their relatives or members of the public**Disabled 35% Non-disabled 21%  | **There has been an increase in this reporting period of staff completing the survey from 57% in 2018 to 62% in 2019. A total of 20 more staff with a disability completed the survey this year therefore we will consider the impact of this.**Disabled staff report a more negative experience than non-disabled staff in bullying/harassment from; patients and public/ managers and colleagues. However, there has been an improvement for disabled staff from the previous year in bullying/ harassment from patients/ public of 10% and has remained the same from colleagues. Bullying from Managers has increased by 1% this reporting period.Non-disabled staff show a 9% improvement in the area of bullying / harassment from patients/service users.There is a 1% increase compared to last year with bullying/ harassment from managers and other colleagues for non-disabled staff | **EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source*** Violence & aggression delivered at corporate induction
* Remind staff of safety measures in place & reporting process
* Refresh comms for patients around zero tolerance
* Cultural competence resources & training
* Establishment of disability staff network support group with reporting through E&D Committee – reporting & peer support with shared lived experience
* Managers training & unconscious bias – Corporate Induction, management training & HR Recruitment training.
* Personal health passport for staff
* Role models; senior managers, Exec & Board – visibility with disability staff network & E&D Committee
* Reverse mentoring scheme
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| **ii. managers****Disabled 12%** **Non-disabled 5%**  | **ii. managers**Disabled 11% Non-disabled 4% |
| **iii. other colleagues**Disabled 21% **Non-disabled 11%**  | **iii. other colleagues**Disabled 21% Non-disabled 10%  |
| 4b | SS13d . Percentage of Disabled staff compared to non-disabled staff saying that they last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | **Disabled 49%** **Non-disabled 52%**  | Disabled 59.7% Non-disabled 56% | The % of disabled staff reporting bullying / harassment has reduced by 10% this reporting periodThis year, more non-disabled staff are reporting than staff with a disability | **EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source*** Equality training for staff & managers
* Whistleblowing & Freedom to Speak Up Champions network
* HR policy
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| 5 | SS Q14 . Percentage of Disabled staff compared to non-disabled staff believing that trust provides equal opportunities for career progression or promotion | **Disabled 81%** **Non-Disabled 90%**  | Disabled 84% Non-disabled 86%  | The % of disabled staff is less than non-disabled staff by 9% and compared to disabled staff last year is less by 3%. However, in numbers, there has been an increase of 12 staff with a disability believing the organisation provides equal opportunities compared to last yearNon-disabled staff have showed an improvement in this year of 4% | **EDS2 Goal 3 - 2 Equality of access to training and development*** Managers training programme
* Increase opportunity for development with clear pathways
* disability staff network
* Protected release time for disabled staff to attend training
* You Said We Did staff survey action plan
* Cultural competence and unconscious bias training to managers
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| 6 | Q11. Percentage of Disabled staff compared to non-disabled staff saying they have felt pressure from their manager to come to work, despite non feeling well enough to perform their duties | **Disabled 22%** **Non-disabled 16%**  | Disabled 16.7% Non-disabled 14%  | 6% more disabled staff felt pressure to come to work when non feeling well by their manager than non-disabled staffCompared to last year 5% more disabled staff felt pressure to come to work and an increase of 2% for non-disabled staff  | **EDS2 Goal 3.6 A represented and supported workforce*** Results from staff survey - You said we did action plan
* Sickness Absence policy implementation review
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| 7 | SS Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work | **Disabled 38%** **Non-disabled 49%**  | Disabled 27.6% Non-disabled 39.3%  | There has been an increase of 10% for both staff with a disability and those without feeling valued by the organisation compared to the previous yearFor staff without a disability, 10% more report feeling valued than staff with a disability | **EDS2 Goal 3.6 A represented and supported workforce*** Staff network support group to explore what would help raise staff satisfaction
* You said we did initiatives: valuing you process for staff, senior staff engagement & thank you, staff corporate and clinical forums, Board lunch engagement sessions, senior managers at team meetings, teleconference
* Work with disability staff network support group
* Listening meetings
* Celebration events for clinical & non clinical staff
* Well-being event in 2020
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|  | **The following metric only includes the responses of Disabled Staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 8 | Percentage of Disabled staff saying that their employer has made adequate adjustment/s to enable them to carry out their work | **80%**  | 75%  | There has been a 5% improvement in staff receiving adequate adjustments compared to last year | **EDS2 Goal 3.6 A represented and supported workforce*** HR support for workplace assessment
* Introduction of personal health passport
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|  | **NHS Staff Survey & the engagement of Disabled staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 9a | The staff engagement score for Disabled staff compared to non-disabled staff  | Disabled 6.3 Non-Disabled 6.7 | *Unable to populate– “the engagement score will be added to the prep-populated WDES spread sheet which is sent to organisations”* | CityCare did not have this information for the previous year therefore is unable to compare | **EDS2 goal 3 – 1 monitor Board representation*** Board to role model & champion
* Chairman’s blog
 |
| 9b | Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? *(if yes, provide an example of current action being taken in your WDES l report)* | Yes | Yes | The network support group was set up in 2019 to support staff with a disability. The network support group provide feedback into the Equality & Diversity Committee monthly & CityCare Board. CityCare’s Chair has highlighted disability in his Blog  | * Disability staff support network
* Engagement with network and feedback through E&D Committee & Board
* Chairman’s Blog
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|  | **Board representation** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg 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. -5.5%b. -5.5%No Board members have declared a disability | No previous reporting data |  |  |

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 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 E&D Committee, progress against EDS2 actions & reported to Board |

**WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLAN 2020**

| **No** | **Indicator** | **Action/Next Steps** | **Outcomes Measure** | **CityCare & Integrate Care System Strategic Plans**  | **Lead** |
| --- | --- | --- | --- | --- | --- |
| 2 | Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff being appointed from shortlisting across all posts.*findings:* *1.46 times higher for non-disabled person to be appointed compared to 1.31 last reporting period* | Recruitment:* Add statement at advert: the organisation wishes to address imbalances within the organisation & the organisation welcomes applications from people with a disability (and other under-represented groups)
* Offer part time & flexible working on-going
* Unconscious bias training for managers
* Support for managers in interviewing/recruiting staff with a disability
* Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting through HR/OD Group)
 | Increased recruitment of staff declaring a disability: NHS Jobs | CityCareMake CityCare a great place to work ICSA happier workforceEquality Diversity & Inclusion Planning, attracting & recruiting peopleRetaining staffEnabling cultural change & leadership development  | ED & HR |
| 3 | Relative likelihood of disabled compared to non-disabled staff entering the formal capability process*Findings:2 times greater for staff with a disability 1.66% disabled staff & 0.97% for non-disabled staff* | * Audit of cases to assess themes – is case linked to disability
 | Report through Equality & Diversity Committee with recommended actions from findings | CityCareMake CityCare a great place to work ICSA happier workforceEquality Diversity & Inclusion Retaining staffEnabling cultural change & leadership development  | HR |
| 4. | Percentage of disabled compared to non-disabled staff experiencing harassment/bullying/ abuse from i. patients / service users /  relatives or members of  the publicii. managersiii. other colleagues*findings:**i. disabled staff 35%,*  *non-disabled staff 21%**ii. disabled staff 11%,*  *non- disabled staff 4%**iii. disabled staff 21%,*  *non-disabled staff 10%* | * Staff network support group review with reporting through E&D Committee – reporting & peer support with shared lived experience
* Managers training & unconscious bias – corporate Induction, management training & HR Recruitment training.
* Survey of staff around bulling & harassment
* Datix reporting with protected characteristic
* Personal health passport for staff
* Role models; senior managers, Exec & Board – visibility with disability staff network & E&D Committee
 | Targeted survey results Improvement in annual staff survey results 2019Datix reporting reduction | CityCareMake CityCare a great place to work ICSA happier workforceEquality Diversity & Inclusion Retaining staffEnabling cultural change & leadership development  | ED & OD |
| 6. | Q11. Percentage of Disabled staff compared to non-disabled staff saying they have felt pressure from their manager to come to work, despite non feeling well enough to perform their duties*Findings: disabled staff 22%, and increase on the previous period of +5.3%. for non-disabled staff 16%, an increase of 2% from the previous period*  | * Personal health passport
* Sickness and absence process; review and inform managers & staff
* Health and wellbeing conversations at regular one to one management supervision
 | Improvement in annual staff survey results 2020Feedback from disability/LTC staff network | CityCareMake CityCare a great place to work ICSA happier workforceEquality Diversity & Inclusion Retaining staffEnabling cultural change & leadership development  | ED & HR |

**Assurance & Monitoring:**

Collaboration will be with the disability staff network support group, the Equality & Diversity Task and Finish Group and the Human Resources & Organisational Development Group

Progress will be monitored through the Equality & Diversity Committee

Assurance will be provided to the Clinical Commissioning Group