

**Life Health, Leadership Masterclass - Building a better, healthier NHS with Leaders with Disabilities.**

7th December 2020

This event was held as part of Disability History Month

*(This transcript is a verbatim record of this event, created by palantypists. While all comments have been captured as they were spoken, some asides and housekeeping information has been edited for clarity.)*

**Welcome by facilitators**

RASHEED: We were pleased, about the numbers of people, the interest in today's event. It has been really fantastic. Thank you for taking the time. Hopefully we can get a lunch break as well! So please make sure you have had your lunch break, I am mindful of how hard you work across the NHS.

CHRISTINE:

“We thought about 50 people may come to the event but we've been overwhelmed with the response. It shows how important the conversation is.”

We have had to think about it logistically in terms of the numbers of people who want to have this conversation with us.

RASHEED: To add to that, we are seeing today as a real learning opportunity on so many fronts. To hear and to learn first-hand, where you are at, what is important to you, what are the challenges and the issues and the opportunities are. We are learning today as many are in terms of the technology, this is the Streamtext option but if there are other things that are not working, please let us know, it is how we will learn for an event like today. So in terms of tech housekeeping, we should have, one thing that is really important is the mute button. Please put yourself on mute if you are not talking. And you will find there are a number of buttons along the screen, mute, start/stop and the Chat Function. If you have discovered that, I know many of you have, type in who you are, what has brought you today. I can see that people are beginning to populate that. That is really fantastic, what people are sharing.

HELEN: Can I come in quickly? Do we have the option to see the slides and use the Streamtext at the same time or is it a case of minimising part? So that people can do both.

RASHEED: You will have to minimise the screen so, yes, it is a really good question, to have the Streamtext page up at the same time. I don't think there is way of showing both. We are recording the event in terms of main session. But you will be in breakout rooms that will not be recorded so share as much as you are comfortable with. We obviously want to hear you and your stories but share as much as you are comfortable with. The reason being we want to make the event available for those who could not make it here today.

CHRISTINE: To add, that if there is something that comes up for you that is confidential to share information, do please email us, we will respond.

RASHEED: We are about to begin. We are keeping an eye on the Chat Function throughout to provide whatever help and support that we can. As I have said, it is a learning event for all of us. Thank you for that. So, welcome everybody. Glad you are here. I will hand over to Christine to

give us some housekeeping and to tell us about yourself and to set the context for us today, Christine, we know you have been busy working on the workforce disability equality standard.

#### Disability Equality Standard

CHRISTINE: So, I will mention that I hope that people know that the workforce disability equality standard is a series of metrics, asking Trusts to send in data yearly against the metrics and we produce a report and we ask the Trusts to produce an action plan to measure the difference. What we have is a lot of data that we can then compare year by year. Nationally and the Trusts also have their own local data that they can look at to see how their workforce is progressing and how disability, equality is progressing in the Trust. We thought about 4% of non-clinical staff have said that they have a disability. 3.6% of clinical staff. This is on ESR, the electronic staff record. It is an increase of 0.5% on last year. We know that medical and dental staff are the group, the professional group that is least likely to say that they have a disability. 0.9% of consultants say that they have a disability. That is a 0.1 increase from last year.

‘Generally, the more senior you are, the less likely you are to say that you have a disability.

We know from the staff survey that about 18% of people say that they have a disability or a long-term condition.’

That compares with about 19% of working age adults. So, I guess from the data we know about a fifth of the workforce are disabled, a 5th of the NHS workforce. In terms of the staff survey there is data specifically looking at career opportunities: Does your Trust provide equal opportunities for career progression and promotion? In 2019 3.5% of disabled staff said yes to the question. In 2020, it had gone up by about 5% to 78%. There is still a 7% difference. So about 85% of non-disabled staff say yes to that question.

What it means is that career opportunities are not as significant for disabled staff.

We have asked Trusts if they have career opportunities targeted specifically at disabled staff. 24% in 2019 said yes, 43% in 2020 said yes. ‘

So that has gone up quite considerably. What the Trusts said, this was things like internships, mentorships and coaching. But what we have here is the data ... that tells one story. But there is also people's experiences, that can tell us a deeper and a much broader story.

We know from data that the progress is slowly moving in the right direction, but we also know that COVID has come since we had the data. Our data is based on last year's information.

So, as a result we know that disabled people have been impacted by COVID in terms of shielding, working from home, adjustments at home, risk assessments and also the mental health impact of COVID. So, it makes this conversation really, really important.

‘Another key point is that 70% of people who use NHS services are themselves disabled or have a long-term condition.’

That shows us the importance of the healthcare services that we are providing. If we get this right, we get it right for disabled people as staff, and also for our patients and we get it right for the organisation, disabled people bringing insights and experience and expertise and bringing their talent into the organisation. We really want to realise that talent, expertise and potential. So, what I would say today, it is about the beginning of many more conversations. We need evidence. I would

flag today, now, that the evaluation, that is really important. If we are to have further conversations we need evidence on which to base that conversation and that potential funding for the future.

### **Breakout Discussion Prep**

To talk about the gifts we bring through ourselves and our disabilities

What needs to be prioritised to achieve career or leadership progression?

We have palantypists, we have them in four of the breakout rooms. But if you want to anybody a group with a palantypist, please flag it.

RASHEED: Thank you so much. I was thinking of the statistics and the key thing of the statistics is the individual stories and the individual people, their own aspirations, gifts and talents, that is what today is about, so it will be interesting in the breakout sessions what people are sharing and their own lived experience. But I wanted to take a moment to pose a few questions for you to think about. I'm a life coach, a leadership coach. I want you to be able to take the moment to think of your own story and your own calling. One thing that I am mindful about, many people, especially many in the NHS, be it that they are clinical, or if they are administrative, they are often busy thinking of other people's wellbeing and development, it is really important to take the moment to think about that of our own?

“So what are your passions? Gifts? What are your qualities in what are your talents? They might be very, very technical ones but they might also be very subtle ones. ”

My own career, I realise, when I realised I was good with people, I didn't realise it was a skill, until I paused to think about how can I utilise this. So think about the gifts or the qualities, the talents that you.

“So much of this conversation is often framed, be it disability, or race or some of the things that people can't, do what about the things that you bring?”

I want to invite you to reflect on your story and your journey. It is not always a straight road or a straightforward road like the one in this picture. It is often a rocky road, right? What is your story? What is your learning?

What would you say it your mission? What is your purpose? I know it is only a Monday and lunch time and I'm asking a big question about your mission and purpose! But I really do invite you to think about that mission, that purpose. I remember a session, I was lucky enough to run a session, it happened to be for women and BAME staff. One of the wonderful women there was a BAME and a wheelchair user and she was very quiet in the session. As the session developed, it was a 3-part programme, it is lovely to see her personality emerge, who she was, all of the gifts she brought. She is now, I am pleased to say, leading a disability network in her Trust and speaking in various places around the country about her journey. There is something about seeing that, it is so thrilling to see. People on that journey of what their leadership journey and calling is. So the message here is to know your magic, trust your magic. Use it. The point that Christine made about how everybody benefits by bringing these things to the door, it is really important.

So, I wanted to close before we hear from our other wonderful speaker, today, I'll share my ten points about what I call my leadership compass that you can perhaps see here. It is all about compassion, as well as leadership. I think if we are to crack this thing around diversity, long-term

health conditions, disability, which pretty much everyone will face if they are not facing or living with it at the moment there. Are a number of things, consciousness, to be consciousness, to be aware of others. To take ownership, each and every one of us. Like today, we need to measure, measure what is going on. We started off with the statistics of where we are, so we can see how things are moving forward. But it must be people-focused. It is why I feel that people are at the heart of today, there will be a lot that the Leadership Academy will want to take away from today. And it is about providing the safe space, the caring and the listening.

‘As a group, we cannot do things as we did them before, we have to shift and maybe COVID has given a prompt it does not have to be the same. It must be systemic. It is about storytelling; it will be interesting to hear the stories today and to integrate all of these things to learn from one here to benefit over there.’

It is ongoing and it needs to start now. So these are thoughts I wanted to share as we hear from our next speaker and then as you head into your breakout room. Without further ado, I would like to invite a leader, from the Leadership Academy, Fi Rodden. If you can take the screen and the stage. It will be lovely to hear about your story, your journey.

**First Speaker – Fi Rodden: Head of Talent, South East at NHS Improvement and NHS England.**

‘The reason I’m talking is because I’ve got ADHD and I’m talking to you because I want you to see that you can be a leader, or if you are already a leader, that you can progress, that it is good to ask for help, I think that the last thing that is really important is that your weaknesses, as you perceive them, they are also your strengths.’

On preparing what I was to say for this, I was nervous. The reason I was nervous is the same reason why, as Chris was sharing that the number of people that share at work, that they have health conditions or disabilities is not as high as it really should be. That is because it feels vulnerable ...Will people treat me differently? Am I putting a badge on my arm that I cannot take off? Also

I recognise that I have internalised ableism. That while I will not consciously be thinking of these things, there is, there is a difference between what you think, for example, with long-term conditions, what you can do and what you genuinely deep down believe you can do are not always the same.

A big part of Rasheed's mission, a huge part of my job is about improving diversity at senior levels. Part of this is, I'm a proud person ... I don't want to be in my job, or I don't want to progress because I'm a diversity statistic, I want to do it because the work that I do is good and the approach that I take is good.

So a lot of reasons why I didn't want to do the session! So, I'm obviously here, and why was it so important to me? I think, you know, I saw a note in the chat earlier, that resonated for me when someone said: My mission some days is just to get out of bed in the morning.

I think that a big part of me is covering up is exhausting ...

I have talked to a number of colleagues with dyslexia, with chronic pain, with chronic breathing issues, with all sorts of issues, hearing ... all sorts of things and they are fantastic workers, they are fantastic people and really great leaders. but a lot of the time they don't talk about their health conditions, whether that is because of stigma or for whatever reason, it is covered up, until you are in the in-crowd.

‘So what is beautiful about the session is it is about growing the in-crowd, making it OK to ask for help. It is something that should happen as a standard. In terms of how I work, we should be asking what support others need first? It is tiring to have to constantly ask for adaptations and support.’

Chris' statistics, what really hit home for me is that 70% of patients and users have long-term health conditions or disabilities. It is about 2% of our most senior leaders disclosed that they have a disability. I'm sure it is higher but that difference is just too significant. If the NHS were designed afresh today, by a much more diverse group of people, and not just in terms of health conditions but race and all sorts of other protected characteristics, I think it would look different. My condition is a genetic condition that affects the connective tissues to make them too stretchy, the joints, blood vessels, skin, gut, everything. It leads to dislocations and many sorts of blood pressure issues and vision and hearing problems. I am also neuro divergent, that I prefer as a term to ADHD. I think it recognises it is a different way of thinking, more than a medical diagnosis, more than a medical model it comes with strengths as well. But it is also hard on a day-to-day basis. I recently was on a conference call and I managed to give myself two black eyes on the conference call ... thankfully I had my camera and I was muted but in order to listen well I need to be fidgeting and doing things, it is how I need to pay attention. I was standing on an exercise wobble board and using an exercise band to help with my other health condition issues, in the moment it flicked from the bottom of the board and smacked me in the nose and the eyes and I was streaming ... like I could not do anything. That is when the national lead on the call says, "Fiona is there anything to add on this?" So it can be quite real in how it impacts me on a day-to-day basis! So, these things and then what they call with, the freebies, the associated conditions, that I call them.

‘The amount of time I spend in health appointments, I think I should have a medical degree by now! It also obviously impacts my work. I think that a lot of the time, physically, with the type of issues that I have, I might be able to do things but I will pay for it for days for weeks for months depending on how much I break it. One of the questions that we need to hang on to is just because somebody can do something, doesn't mean that they always should. But a part of it is it most of the time you would not see it at all. For the fact it is mostly an invisible disability.’

Sometimes I have been in a wheelchair, or using a mobility aid, I am often strapped up but I've also gotten used to masking it. Normally a, I would be stimming constantly doing things if I am at home and I consciously try not to do it so much. If you are from the chronic he will condition community you may get it if I say: It takes a lot of spoons to do that on a daily basis, to try to fit into the mould ...I just wish that it did not take so much energy to do that. Classic is, in thinking about what I wanted to talk about, I rewrote this about four times just to take the tangents out. To try to keep it focused on what you have asked me to talk about. So, it is like a constant thing. But it also has definitely impacted my career.

I gave up on ambition ... I was really ambitious when I first joined the NHS as a Band 3 analyst. I wanted to be achieve of an acute Trust. -- I wanted to be a chief expectative of a Trust. I had a 20-year plan. Classic neurodivergent don't have the same barriers as others do. I walked into the chief executive to ask for a job and I spent lots of time with them, asking them what did they love about the job and what not so that could understand how to get there.

‘I tried really hard and I burnt out a number of times and I recognised that I could not do those hours, I couldn't do the reading that they were taking home every weekend. I didn't, I could not meet the mobility needs, I could not do the travel. So in my heard, really in my heart, I went: I can't be a leader. It was the best decision that I made. Instead of success looking like career progression through the ranks and the hierarchy, it became defined to what did I care about?’

I did find it. If you have ADHD, it is the best thing to do, to find out what you are really passionate about. Then a fantastic leader that I worked with took me aside to say: I would like to ask you to move into thinking of a leadership position here. I said I didn't see how I could do it with my health conditions. She said, Tell us what you need? What support do you need? We will make sure you get it She told me she believed in me. That was huge.

It made me recognise that even though I have studied, at length, what does good leadership look like and the various types of leaders you can have, in my heart I still believed that leaders look like the leaders I had seen doing things the way that I had seen them do. When we say it does not matter what we say if your leaders look the same to people, that is what leaders look like. That is what it was for me. So, it made me go if I want to be a leader, I have to see the strengths that it gives me.

I'm not somebody who likes to think about disability as a super power as honestly I struggle to accept them on a day-to-day basis and it is day by day. But the different things it does for me, I tell people that I believe in them, not in a Peter Pan, I believe in fairies kind of way but in a genuine, sharing the positives you see in people. I Everybody needs that, but particularly those from marginalised groups who are wondering whether they can do it, whether they can cope, whether they can do that next thing.

I'm hugely driven by my passion. I have to love something in order to pay attention to it. I have probably got at least one line manager on, ex-line manager on the call who would recognise that. I decided at one point when I had such a bad burn-out I didn't know I would be able to work again, at all. That I had to find the thing that I cared about, because even if I just did that one thing, then that might help. And it has. I get recognised for that enthusiasm in what I'm working on. I rewrote this about four different times, what I wanted to say. I over-prepare to the nth degree. Which is a blessing and curse but I have to do it to manage my disabilities and issues that I have, because I don't know on a given day how I'm going to be. And I think the last thing that we touched on in the chat box earlier was, the gift is that I'm exhausted all the time, my brain is constantly trying to do three different things at once. I have two very young probably neurodivergent kids as well, and I get overwhelmed, and I think when you are exhausted, you just have to let it go. So I guess it's probably more present than Peter Pan, but there you go.

I think if there are three things you take away, I will say them again, good leaders ask for help. I don't do it on your own, you have to figure out what support you need. You need to ask for it. You need to, as a routine, ask other people what support they need.

Not based on their occupational health report or their medical diagnosis. It's just asking people what they need. You need to remember that the thing you see .. is also your strength.

You can be a leader. You just have to change what you think a leader looks like.

If we're going to try and complete my mission, which is to try and improve diversity of our most senior leaders in the south-east, we need you to be a part of it.

CHRISTINE: I can see people clapping. I'm going to do that, too. I think that's really powerful testimony from a leader. Who's also got a disability and long-term condition. Fi said some really powerful things, and some key things about asking for help, about the invisibility of disability, the need for speaking about what you need.

And that we can all be leaders, disability doesn't mean you can't, in some ways you bring additional things into your workplace. That can benefit that workplace. So I would like to invite people to just say things in the chat. We're going to have a brief two or three minute conversation before we go into breakout rooms to just respond to what Fi said and if it chimes with your experience, say that.

If there's particular thing you want to say, just do feel free to type in the chat and say that, too.

RASHEED: I was just thinking, I was very touched by that, and I loved that moment when Fi invited us to just have our cameras and everyone to see and connect with each other and just be in the space. It was just lovely seeing people's faces and just feeling that energy was really, really powerful. Some of the comments already coming in.

If anyone has been moved to speak, feel free to put your hand up and we will take a comment or two that way as well.

CHRISTINE: We have lots of comments about Fi. That's really inspirational, what you've said.

Openness and honesty is really so valuable. Thank you for share can your story.

Fi: Thank you for saying that everyone. I'm so unbelievably touched by those comments. The thing I will say is, inspiration is because you connect with it, because you recognise it, and it's true to you. So I think sharing our stories, this is why I'm here, because I want to hear other people's stories as well.

Thank you.

### **Breakout Groups**

RASHEED: It's warmed things nicely. People are primed for the breakout groups. For those people who are keen to know what's going to happen with the breakout groups, I'm going to share a slide while you are looking at the comments to let us know what you are going to be talking about. It's going to be lovely hearing your own thoughts and comments. I'm going to bring this up now. So now it's going to be your turns. We really want you in your breakout groups to consider two questions. You will be in your breakout groups for 20 minutes, but it's going to go so quickly. The first question is, and it's so opt given what Fi said, what gifts do we bring through being ourselves and through our disabilities? Ten minutes. And what needs to be prioritised to help achieve career and leadership progress.

Some people have been touching on that in the chat box. Those are the two questions. We've got a facilitator in each group in case we need, if it gets rowdy or time-keeping or anything like that, we've got that. Rooms 1 to 4 will have the palantypists. If you do need that support, type that in the chat box. Or if the breakout room doesn't resonate with you, I'm going to be in the main room, you can have a chat with me if we want to. We are about to open up those breakout rooms shortly. Those are the two questions. What gifts do we bring through ourselves and our disabilities. And what needs to be prioritised to achieve career leadership progress, just to say that this session won't be recorded, so share whatever you are wanting. We have a facilitator in each group who is going to type the key headlines.

Enjoy your time in your breakout groups.

### **Breakout Sessions were not recorded.**

## Plenary

We are wanting to open it out into a little bit of a discussion after this, but Christine, I bet there's lots of food for thought, certainly from what I have heard.

CHRISTINE: To give a flavour of our group, we talked about the importance of sharing stories, and the power of that as well and I think we felt that from Fi's story, how powerful it can be and how much it can chime with people's experience and set up other conversations, so it's not just the conversation of itself, it's also the ripple effect that can have.

We talked a lot about flexible working as well and how important that is. Not just reducing hours, sometimes people think about flexible working in a rigid way, but this is also about breaks and about all sorts of things around how you can work differently with flexible working. We also talked about what people can do, focus on what people can do, rather than what people can't do. And the importance of bringing in positiveness and talent into those discussions, disability is an asset as well as some of the adjustments and help that people might need as well.

That is for us. But we are looking for some of the themes that came in from yourselves. Rasheed, we are having a look now, there's a lot of information coming through from the groups.

RASHEED: I wonder if we should invite one or two of them to unmute and share and then we can read some of the others. I can see room 9 have got theirs in quickly. Room 9, Nick, you kindly were typing away from.

Are you happy to share yours.

>> Hi Rasheed, hi everybody.

Really good discussions in our group. In terms of what are the gifts that we bring, and for ourselves and our disabilities and abilities, we had a life-long passion for inclusion and making a difference. We recognise that we should be valued and tell others about the value that they bring. Speaking out against injustice and discrimination. Accept that we can't tackle challenges every day. Sometimes we need to stop fighting and have a down-day or a bit of a rest because of our disabilities. Time to recuperate. Bring empathy to colleagues who might be struggling. Gift of helping others. We were very passionate about giving and kindness to others. We are adaptable and resourceful. And kind and understanding. Then in terms of our second part, what needs prioritising to achieve career and leadership progress, we had your health, so we need to look after our own health and our employers need to support us to maintain good health and well-being. We need to be brave and identify our needs and seek help.

We were talking about how many people don't disclose in the workplace and keep it secret. We need opportunities to progress. We were talking about shadowing, secondments and perhaps ways of looking at the way job roles, job carving and that kind of thing, being a bit more creative and flexible.

It's really important to value life and work experience and not just academic achievement, for some of us it's really hard to go on courses, to get the course work done. Is that enough?

RASHEED: It's so rich. And everybody is paying a lot of attention, let's go to you Katherine.

>> A lot of what has already been said, but we also talked about how the necessity of identifying coping mechanisms can make us quite imaginative and think outside the box.

Other people witnessing that happening can help them with that as well.

We talked about the need to be very, very organised. And especially around time and effort. Then that led into talking about priorities, the priorities should be around flexibility and support and encouragement and also, I personally felt quite strongly that the higher up you go in management, it seems the more of your own life outside of work you are supposed to sacrifice to support your working life. I feel like that needs adjustment, jobs should be set within the 40 hours, 35 hours, 30 hours, whatever they are meant to be in and it shouldn't include so much work outside that.

Even people without challenges of disability struggle to do them. But definitely as Fi was saying, excluded people who have other challenges and issues with energy and time management.

RASHEED: RASHEED: Room 13 it is.

>> Hello, yes, I am trying to catch up with everything. I do use subtitles. So yes we talked about gifts around the ability to problem solve, and look at things from a different perspective.

So some of the group were neurodivergent and that brings a different way of looking at problems and looking at situations, so that's an absolute gift.

We also talked about needing to have accessibility from the get go, so rather than having it as an add-on or something you are only asked about your needs if somebody with needs happens to turn up but giving people accessible an environment in the first place to enable people to join up, for starters, to make it an attractive place for people to work.

There was a discussion around buddy systems, and a reverse monitoring programme, which has been trailed elsewhere with members of the BAME community with having executives buddy up with somebody in the community, to ask those open-ended questions, and enable that dialogue so they can get lived experience and there was some discussion around that. And then we also talked about other opportunities for getting that lived experience, so we talked about potential of using some sort of simulation experiences, but maybe focussed on the problem solving rather than the shock to the system of a non-disabled person sometimes those can be scary for people.

So making sure they highlight the positive and the gifts those bring in allowing people to think about things in a different way.

RASHEED: That's really rich.

CHRISTINE: Let's go to one more room. Then I think maybe just we open it up to anyone who wants to say anything further.

RASHEED: Don't be shy.

>> Hello, I was in room 10. We spent a lot of time introducing ourselves and getting to know each other. Because

I think quite a few of us were in areas where we haven't really had the opportunity to speak to other people who were either in leadership areas or going forward into leadership areas with conditions that can make life a bit more challenging.

But one of the gifts we thought were very key were us being able to relate to others and put ourselves in the other people's situations, even if we haven't necessarily lived exactly what they have been through. I think the key thing, when you live with some of these conditions, you start to

realise how different they are for different people. So I've got fibromyalgia and it's not the pain that is the problem, it's fatigue but for my friend it is the other way and it's just that opening up.

Yes, being honest and open with each other and as someone else mentioned, our desire to not let injustice lay down and not be ignored. One of the things we touched on but didn't get an answer to was how you can progress clinically with some of our conditions, so I have had to drop my hours down and I am a clinical staff member and there is concern from my managers, my leaders, that I may not be able to do my role any more, but to have that concern put on me is a bit of a thing, so it's more, I would be interested to see how other people have managed that, but leadership it seems that people being working from home, people seem to be able to support the junior staff better with mentoring and that kind of thing.

RASHEED: Thank you all the groups for feeding back. That last point, Clare's last point, brings us to this open discussion that we wanted to have. I want to just put this slide up just to prompt this opening up of the discussion. It sounds as though you are all beginning to think about. What are the things we can all do.

Clare's question there pointed to me to that.

- What can we all do, or that we may even be doing. What action based on today will you be taking and I think the "you" is each and every one of us.
- What would you like from the Academy.

Anyone got any thoughts on that, please feel free to type it into the chat box. It would be lovely to hear the comments live in the room. Hearing people's thoughts live in the room has been very powerful. What can we all do, what action will you be taking and what action would you like from the Academy. Maybe Christine, it might be a good moment as we begin to think about that, for you to tell us a bit about some of the next steps, or hopes moving forward from today.

### **Next Steps**

>> CHRISTINE: Next steps, while you are adding some information in the chat, next steps, we're going to take all of this away.

We need evidence and we've got some evidence from here, but we will also get evidence from the evaluations.

And we're going to look at what we can do from here, so more conversations. We can see what we can fund in future. We'll certainly look at what the recommendations are, your thoughts about some of the barriers and some of the next steps we need to take. I think there is a key thing, our question about gifts, how we can maximise that, how we can maximise stories, but also how we can bring in the many strengths that our disabled people have in the NHS and can bring that in to their workplace, but also how we can use that wider in terms of networks and also nationally.

So I think there's every opportunity for much more to come. I think this is really the start of a process, rather than the middle or the end.

RASHEED: Very much so. I can see people are beginning to type, so I'm going to give you a few more minutes if you want to type thoughts in. It would be lovely to maybe invite some people who are

perhaps wanting to unmute and share and to voice any of those things. We will take all this stuff away. I'm one of these people, I don't know about you Christine, I'm one of these people on lots of social media, I love the chat boxes and seeing what people have got to say. I love those kind of comments.

Again, just maybe a moment to say at this point, these general sessions for people who weren't able to attend, it's wonderful that people who weren't able to make today are going to be able to watch this back and to be able to enjoy and get involved in the conversation.

>> Can anyone watch it, even if they weren't registered?

RASHEED: Good question. I know that, I wonder if Helen is there, from the academy, that question I'm going to defer to Helen.

HELEN: For those of you that have been on, we will send you a link out to our website, and we can put that through YouTube, but equally, there is a slide there, we're going to share the slides with you. We are going to produce information in an easy read text, absolutely people can go through to just the South East Leadership Academy website and we will put the details up for that. You don't have to have been on this session to be able to look up the information on there.

>> I know we were talking about next steps, but what sort of tangible - are we going to be invited to another master class or another session? How is it going to look?

CHRISTINE: Yes, so I think we need to take it away and have discussions, but I would commit to doing further webinars. I'm sure, and I'm certain we will commit to that. Because I think this webinar has brought us so much useful information and I think it's really helpful for us to have the conversations and take those away. For sure, more webinars, but we are also looking at career development and what we can fund. There's a budget and we can look at career development programmes. We are funding programmes in trusts and looking to see if those can be expanded out to other trusts too. It's a first step. The other thing I think we're quite cognisant of is the change of Covid and the challenges that presents. That means we all need to think a bit differently. So I think in terms of next steps in career, we will be having that as a key area in terms of our discussions.

RASHEED: Wonderful. We are getting comments in. People are sharing things, which is also really incredible. I was really struck by one of the points that one of the speakers was making about just having that conversation and meeting other people who are going through many of the same things and what is their experience of being a leader and how do you balance this. Anyone wanting to unmute and share? You can put your hand up and just unmute and be bold and we will take that comment.

>> I would like to speak. I'm lucky. I'm whatever, I don't what the word is, I don't have a disability myself but I have a daughter who has a physical disability. She doesn't have an arm. She's growing older, she has cognition and learning challenges, she's probably got dyslexia. I would like this forum to be open for people like me who are passionate and leaders and who can make an influence and have impact and for me that's about being a mum, not a person with a disability myself. I hope that feels okay to everybody.

>> RASHEED: Thank you for saying that. There was a discussion around this and that feeling of wanting it to be broad for reasons including that for those people who have a real strong personal interest or care, thank you for making that point.

>>: I was going to say something. Earlier on somebody was say being not looking at the ... the adaptations and getting a place accessible. One of the things that I have been working with, something that I wanted to find out from people, really, is to find out if people are working towards, still battling to get reasonable adjustments or they are working towards making their workplace inclusive? And which ... which is more salient at the moment as a regional, as a national thing?

Are we just still trying to get adjustments still met or looking to see if we can make workplaces inclusive?

RASHEED: A very powerful point. Anyone want to speak to that point? I'm sure there is a chance to say something in the chat box.

>>: I'm Samantha, I have a learning disability. So I find it hard to write on the chat box. I have a learning disability, mental health and epilepsy.

I run the health group the NHS for people with learning disabilities but with me mental health it sometimes takes me away from it because of my mental health because of having mental health break downs and things like that, my epilepsy and my diabetes. Yes ...

RASHEED: Thank you so much for sharing that. I can imagine you are also busy on the phone! It sounds like people want your help and support all the time. But that is important to bear in mind. I bet you, Christine, is it something that you hear a lot. Yes, Samantha and reflecting it back to ask Christine through the workforce disability standard, I wonder if many people are in a similar situation to Samantha, whereby the issue, you are supporting but then the timeout you may need for your own support as well?

>>: It is like a group for health, a health group. For people with learning disabilities.

CHRISTINE: Thank you, Samantha for that. we are looking at what support people need as well. Is thinking about what we can do for that. This is discussing people's own individual needs.

>>: It sometimes gets in the way with regards to my mental health.

CHRISTINE: Thank you.

>>: Can I say something, quickly. It leads tonne that a little bit. I work within the primary care mental health service. We have an employment pathway, supporting people who have got employment issues and have been experiencing mental health issues, so that they can get psychological support and employment support. We see a lot of people who obviously have long-term health conditions or disabilities who are maybe experiencing difficulties in their employment around getting reasonable adjustments or sickness absence, trying to return to work. Having difficult conversations with their manager so.

One of the other things I would say, have a look in terms of your local IAP service to see if there is an employment service to get support with mental health we know people with disabilities and alternative conditions have been affected in COVID, myself included. I've been shielding. I have not seen anyone in about 9 months. So, there is support out there.

Actually, it is really, really difficult and we can support with things like reasonable adjustments, how to have the conversations which sometimes it can make you feel quite alone if things are quite difficult for you. We see some great practice from employers of our clients and we have also seen some very poor practice, where we have had to really support people. So I wanted to say on a

personal level if you are struggle at all, obviously, to reach out to the services, as they are there to support you as well. Obviously, sharing our own stories within this environment too.

RASHEED: That's wonderful. If you are able to, otherwise we can do that, to type into the chat, that general point you were making. in terms of people for look up their IAP. If we can, Katherine, I can see you have your hand up. Please.

KATHERINE: We do have a poll and a question I wanted to put into the chat for those when may want to note their thoughts.

RASHEED: Wonderful. I can't believe, Christine, we are heading towards the final bit and there are some technical bits and pieces to do. Thank you, Katherine.

CHRISTINE: There is a big health and wellbeing offer for all NHS staff. If you don't know about it, look on the NHS England website and I will see if I can send information after this and I will do a link to the health and wellbeing offer.

There is lots of support there for all of the staff. So, I am going to close now ... to say, as I have said, we are taking away the learning from this wonderful session. Thank you everyone for your participation, for everything you have said. I hope it has been useful to you as well. There is something about the session being for our learning to take away but this is about you, how you experienced it, if you met other people, sharing your own stories. I hope it was useful too. We are going to be having more conversations. As I mentioned. And do have more conversations. Take this away to others. Share the link, talk about this event. There will be more.

We want you to complete the evaluation. As I mentioned we need evidence to get funding and to be able to do are no things. We can do that with the evidence from the evaluation. Please share it and please, the demographics are important so that we know the different groups, that they are accessing this and how to meet different people's needs to reach out to a range of people as far as possible.

If this has raised any issues for you, or if you felt you want to talk to somebody please email [nhsi.selll@nhs.net](mailto:nhsi.selll@nhs.net) to provide support, signpost you, put in you touch with local networks, councillors or coaches as needed. Rasheed, I don't know if you have any final words? Before the end of the session?

RASHEED: Finally, to thank to so many people. To the Leadership Academy for putting this on, all of the team who are here, behind the scenes working on the event. Thank you so much to the palantypists, to the facilitators. And thank you so much to the speakers and to Fi for sharing personal stories and most importantly, thank you to each and every one of you for the rich input for today, today has been about you, what you brought to the table, what you shared so kindly and generously today. Apologies for some of the technical and the other things that were not in place or did not quite work as we had hoped. That is part of the learning journey that we are all on. A huge thank you to everybody. Please do continue the conversation and please do continue sharing and being the advocates that you are and continuing the conversation and hopefully there will be future events where we can meet again, share and continue that. Please do share the links when they appear with the colleagues and so on. Have yourself a lovely late lunch if you did not get a chance to have lunch before today's event. Thank you so much for being here today.

CHRISTINE: Thank you.

RASHEED: Take good care. Goodbye.

HELEN: Merry Christmas. Goodbye.