Disability Network Chairs Development Programme South East

Summary Report

NHS England and NHS Improvement - South East

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“A hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles.” – Christopher Reeves

The Disability Network Chairs Development Programme seeks to develop the disability network leads’ confidence and skills in having a greater impact on representing the voice of NHS staff with disabilities in their respective organisations and systems.

This report has been written in quarter one of the reporting cycle for this programme.

Key Findings:

- Following successful completion of the workshops, the biggest increase in confidence was the ability to lead the staff Disability Networks.

- Confidence in developing the careers of others also saw a clear improvement. This had initially been the lowest area of confidence.

- Sessions received positive feedback and appreciation, commenting:

  “The session was very useful and the training session was enormously valuable”;

  “It was an environment where one felt that Network roles were really valued in delivering key messages, including how this works towards a larger national goal”.

- A further analysis relating to workplace experiences of staff with disabilities uncovered some concerning themes. For example, 58% of participants have experienced some form of abuse, discrimination or harassment from their colleagues or managers because of their disability. Interestingly, none of the participants reported abuse, discrimination or harassment from patients.

  These themes are explored further in the quantitative analysis and discussion and recommendations sections of this report.

Introduction

The NHS staff have been tirelessly working through the biggest challenge ever faced by the health care system. The pandemic has shone a light on pre-existing inequalities, and in many ways exacerbated them. Socio-economic factors, ethnic background, disability and age, have been found to play a huge role in increasing the likelihood of death from COVID. The Health Foundation's report "The same pandemic, unequal impacts" (2020) suggested that people with disabilities were two to three times more likely to be affected by COVID than the non-disabled.

In over 1.3 million NHS workers, only about four per cent declare their disability status on the Electronic Staff Record (ESR), but a twenty-one per cent data gap is filled by the 'unknown' and 'not disclosed' categories (NHS Digital, 2021). Chairs of the Disability Networks play a crucial role in cultural development of an organisation by creating an inclusive and diverse working environment that encourages visibility, respect and equity for staff with disabilities. The networks also provide a safe space for staff to find connections with each other, share experiences, and promote ways to raise and discuss concerns. However, organisational pressures, scarcity of resources, and a lack of dedicated time for network activities often become the cited barriers to the networks' growth, and/or barriers to meaningful engagement from staff.

The Disability Network Chairs Development Programme (DNCDP) was launched in February 2021 by the South East Equality, Diversity and Inclusion (EDI) team, and was funded by NHS England and NHS Improvement's Workforce Disability Equality Standard (WDES). It sought to improve individual and organisational workforce experience for the disability network leads by developing their skills and impact in representing the voice of NHS staff with disabilities in their respective organisations and systems. This programme was delivered over three 3-hour sessions by Karol Leszek Kuczera (Psychotherapist, EDI Programme Manager, NHS England and NHS Improvement, South East) and Cath Baxter (Professional Voice Coach), and was evaluated to measure its efficacy to support continuous improvement, and to inform future development of programmes in the South East.

This report summarises the findings from the DNCDP programme by evaluating the quantitative and qualitative survey data gathered pre- and post-workshop sessions.

The DNCDP programme will continue to evolve over the next 12 months with a specific focus on expanding and delivering co-designed interventions, to further the development of the Disability Network Chairs.

Objectives

The Disability Network Chairs Development Programme (DNCDP) was designed to address three key areas:

1. Individual development

Research has shown that staff with disabilities are held back for a range of reasons including lack of support for personal development, inconsistent appraisals with a paucity of opportunities to explore their career aspirations and identify progression opportunities. This programme sought to address this gap and provide a safe space for staff with disabilities to assess their needs and develop confidence without fear.

2. Organisational development

This programme aimed to give network chairs and leads the opportunity to develop skills to support their providers and ICS/STP to improve Disability equality, focus on WDES actions and aspirations, and reduce disability-related health inequalities. Disability Network Chairs and the wider disability staff network have historically been used as a resource to inform Boards, HR, Freedom to Speak Up Guardians (FTSUG) and Staff Side about needs of staff with disabilities and methods for increasing engagement. To ensure organisations get the best support from Disability networks to reduce inequalities and widen staff with disabilities stakeholder engagement, we needed to ensure Disability Network Chairs have the skills to speak to key decision-makers and communicate with confidence. This would help the rest of the workforce, which was our third theme.

3. Workforce development

Chairs of the Disability networks provide a steer for the network, help co-create a psychologically safe environment for staff members, and question decision- and policy-makers within the systems they operate. Therefore, developing Disability Network Chairs plays an important role at directly and indirectly supporting the workforce. This is achieved through highlighting to others their visibility and value, thus improving retention and attracting fresh staff into the NHS which supports our long-term plans to increase the workforce.

Methods

The Disability Network Chairs were recruited from January to February 2021 via online communication channels including: e-mail communication with the Disability staff networks, South-East Inclusion Network, Kent, Sussex Surrey EDI network, Twitter, LinkedIn, etc.

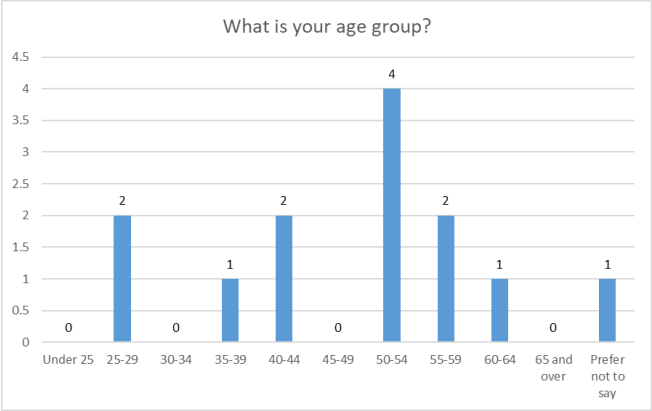
Twenty Disability Network Chairs signed up representing sixteen NHS organisations across the South East:

1 Sussex Community NHS Foundation Trust
2 Royal Surrey County Hospital NHS Foundation Trust
3 NHS South, Central and West CSU
4 Sussex Partnership NHS Foundation Trust
5 Buckinghamshire Healthcare NHS Trust
6 Oxford Health NHS Foundation Trust
7 Oxford University Hospitals NHS Trust
8 Surrey and Borders Partnership NHS Foundation Trust
9 Berkshire Healthcare NHS Foundation Trust
10 Brighton and Sussex University Hospitals NHS Trust
11 Surrey and Sussex Healthcare NHS Trust
12 Kingston Hospital NHS Foundation Trust
13 NHS Surrey Heartlands CCG
14 Buckinghamshire Healthcare NHS Trust
15 East Sussex Healthcare NHS Trust
16 Kent and Medway NHS and Social Care Partnership Trust

Participants completed three surveys: an enrollment questionnaire, a pre-session questionnaire, and post-session feedback. The enrollment questionnaire gathered relevant information about the participants, including any required reasonable adjustments and learning needs. The pre-session questionnaire aimed at gathering data about participants' experience in the NHS and their confidence levels in leadership, development of self and others, and communication skills. Following the session, participants were asked to reflect on the development of their confidence levels in the post-session feedback.

What is the demographic make-up of the participants of the Disability Network Chair Development Programme?

The makeup of the group was less diverse in appearance due to the fact that it was a small group, so extrapolation of this data as a consideration of repeating the programme with other and larger groups would not be useful.



Age:

More than half of the survey respondents were over 50, though the spread of the age groups was reasonably even.

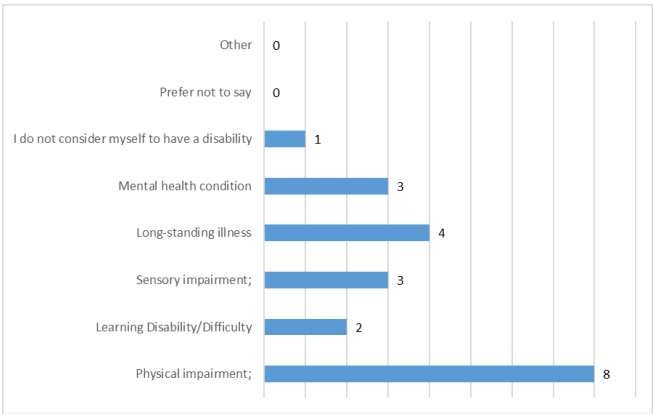
Gender

All but one respondents were female, and consider this the same gender as they were assigned at birth. The other respondent preferred not to declare their gender, but also considered this the same as the gender they were assigned at birth.

Disability

12 of the 13 respondents consider themselves to have a physical or mental health condition, disability or illness that has lasted or is expected to last for 12 months or more, and 1 does not. The majority of the respondents (8) said that they had a physical impairment, and 1 of those also had a mental health condition. 4 people had a long-standing illness, 3 had a sensory impairment, 3 had a mental health condition and 2 had a learning disability or difficulty.

As noted above, 1 had no disability



Ethnicity

10 of the respondents were White, 1 was of Mixed ethnicity, 1 was Asian or Asian-British and 1 preferred not to declare their ethnicity. There was no further sub-division of ethnicity.

Relationship status

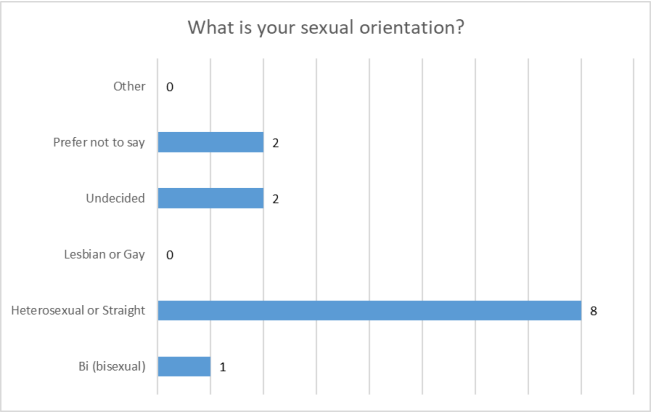
7 of the respondents were married, 3 were single, 1 was in a civil partnership and 2 preferred not to declare their status.

Faith

The majority of the group (6) were Christian, 3 held no religion, 1 was Atheist, 1 Buddhist and 1 Sikh. The person who chose the option 'other' identified as Agnostic.

Sexual orientation

8 of the group identified as heterosexual or straight. 1 selected bisexual, 2 were 'undecided', and 2 preferred not to declare.



Caring Responsibilities

As well as managing their own disability, 3 respondents were also secondary carers for someone else, 1 was a primary carer for an older adult, and 1 was the primary carer for a child. 7 respondents had no caring responsibilities, and 1 preferred not to declare this information. Nobody supplied more than 1 response to this question.

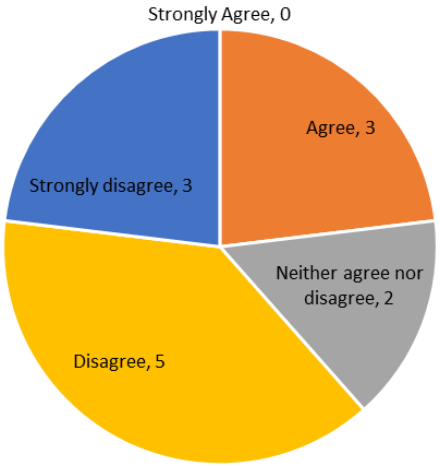
Pregnancy

When asked about any recent pregnancies, 11 respondents said that they have had no recent pregnancies, and 2 preferred not to answer.

How did the respondents feel about Disability in the NHS before the programme?

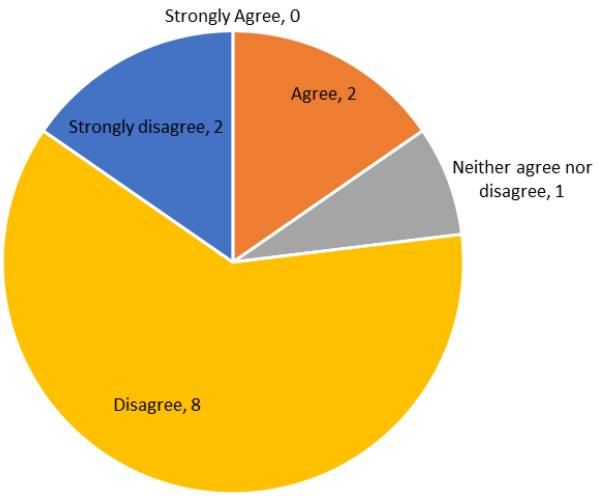
To assess the feelings of the respondents about how the NHS supports its staff with disabilities, a series of questions were asked at the start of the programme. The responses overall indicate that there is a need to do further work in this area within the NHS.

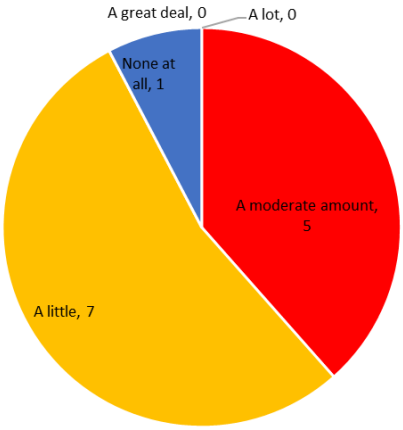
- Overall, the participants felt that the NHS does not recognise the particular health needs of staff with disabilities, nor are reasonable adjustments made to enable staff with disabilities to undertake their work effectively.
- They also largely felt that the recruitment and promotion processes are not fair to staff with disabilities, and that the Disability Staff Networks are not particularly allowed or encouraged to be part of the decision-making processes in the workplace.
- Although none of the respondents had experienced any form of harassment or bullying from patients, service users or their families, 7 of the 13 had experienced harassment, bullying or abuse in the workplace from other staff, because of their Disabilities.



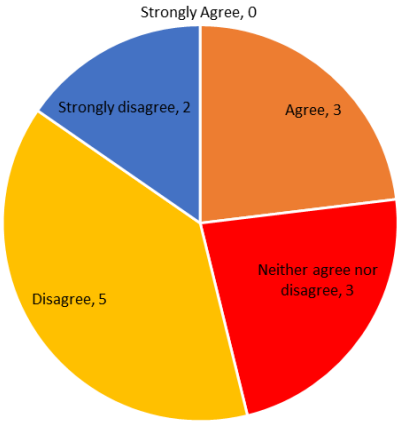
To what extent do you agree/disagree that the NHS recognises the particular health & wellbeing needs of staff with disabilities?

Based on your experience, to what extent do you agree/disagree that NHS recruitment, selection, and promotion processes are fair to staff with disabilities?

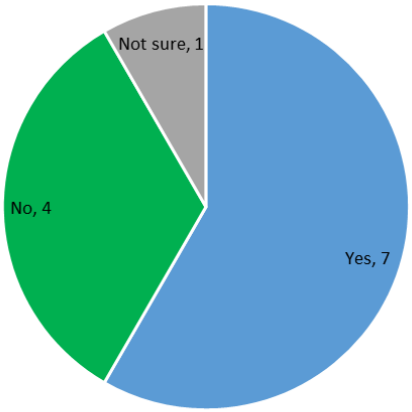




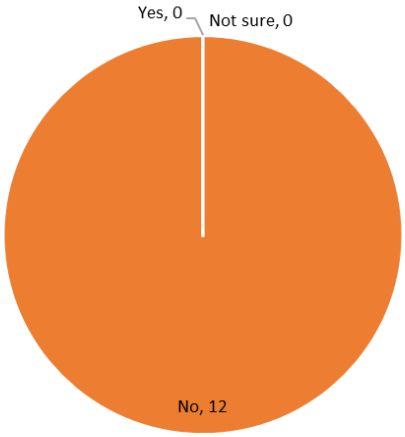
Based on your experiences, to what extent do you feel that Disability Staff Networks are allowed and encouraged to be part of the decision-making processes in the NHS?



Based on your experience, to what extent do you agree/disagree that employers of staff with Disabilities make adequate adjustments to enable you to carry out your work (e.g flexible working, equipment, …)



In the last 12 months, have you personally experienced bullying, harassment or abuse at work from your manager or colleagues because of your disability?



In the last 12 months, have you personally experienced harassment, abuse or physical violence from patients/service users/families because of your disability?

Confidence – Key points of the programme

The participants were asked questions about their confidence levels in leading the network, and having the relevant skills to do so. These questions were asked both before and after the session in order to analyse the impact of the programme as it progressed. For survey one, there were thirteen responses and for survey two, ten.

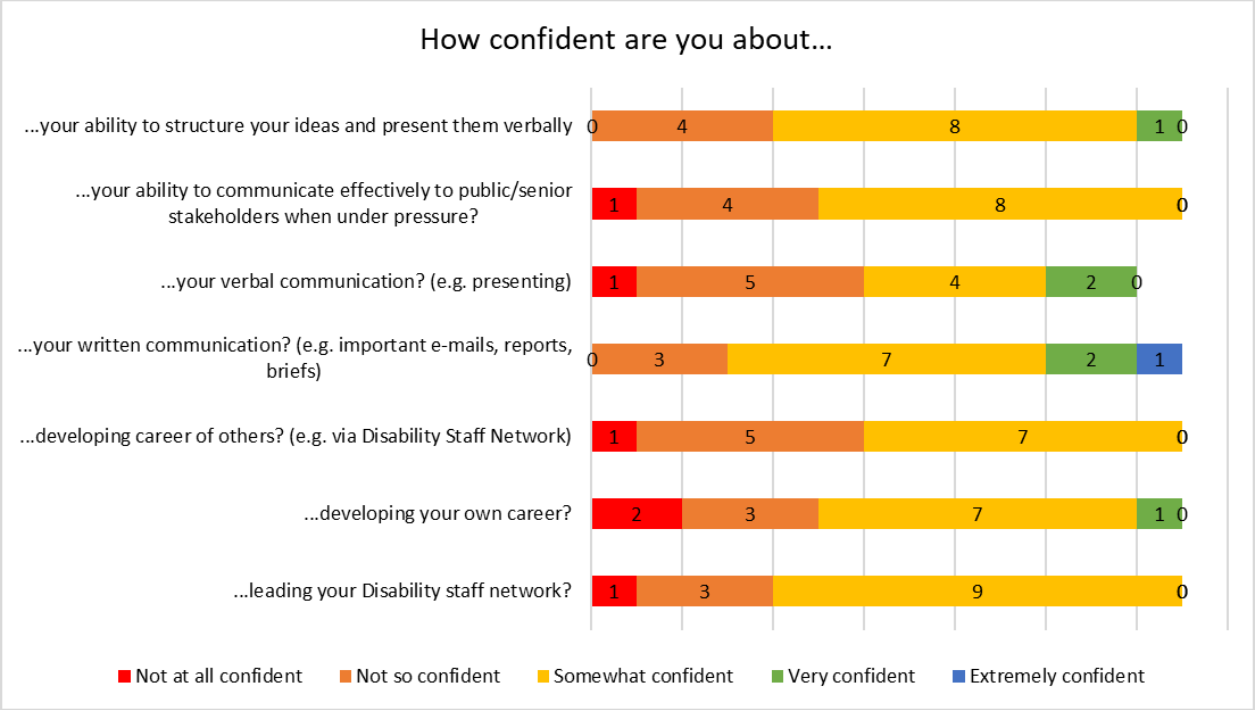
The first 2 charts demonstrate responses for each survey separately, and use the colours **red**, **orange**, **yellow**, **green**, **blue** to differentiate the scale. **Green** and **blue** demonstrate higher confidence levels.

All responses were anonymised, therefore we were unable to do direct progress comparisons for individuals, however, we assessed the overall picture for each question from before the session to after. The other charts in this section review changes in confidence levels between surveys: a trend towards the right of the chart demonstrates increasing levels of confidence.

Survey 1 – Overall Confidence before the session

This initial survey found a relatively low confidence level in the areas we asked about. As mentioned above, greens and blues to indicate higher levels of confidence for each question.

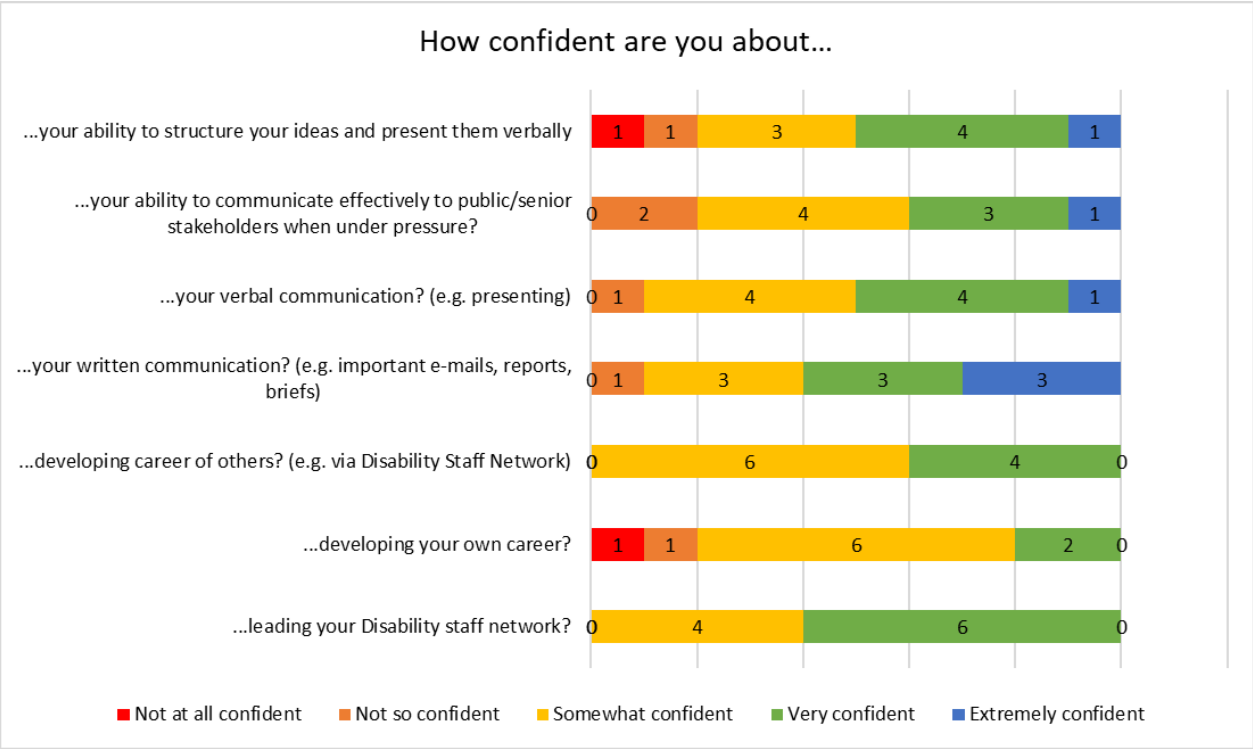
Highest confidence was noted in written communication. The lowest confidence level was in developing the careers of others, and themselves.



Survey 2 – Overall Confidence after the session

The repetition of the questions enabled us to see that after the workshop confidence levels increased. One person was not at all confident about their ability to structure their ideas and present them verbally, but all other areas showed improvement from the previous responses. The highest confidence level was still in written communication, and the biggest increase in confidence appeared to be around leading their Disability Staff Networks. Confidence in developing the careers of others saw a

clear improvement following the first workshop, though it had been the lowest area of confidence initially.



Surveys 1 & 2 – Confidence level changes

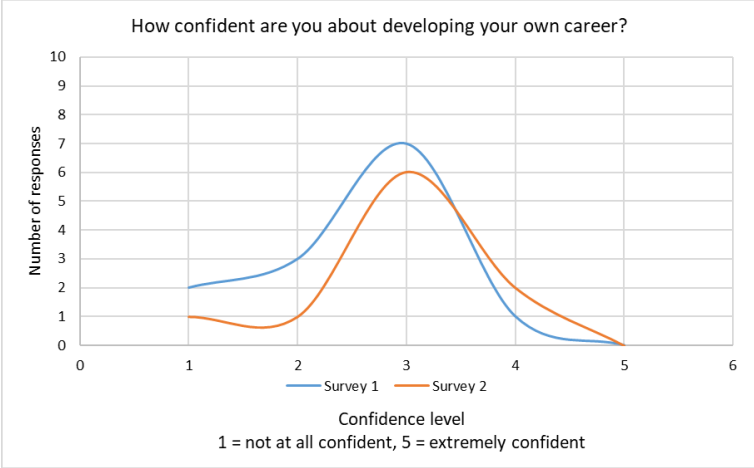
These charts review the confidence levels throughout the programme.
Please note: improvement is indicated by the trend shifting towards the right of the chart rather than upwards.

How confident are you about leading your Disability staff network?

Nobody felt they were 'not at all confident' after the session – down by 1, or 'not so confident' – down by 3. 6 now felt they were 'very confident' when this had previously been 0.

How confident are you about developing your own career?

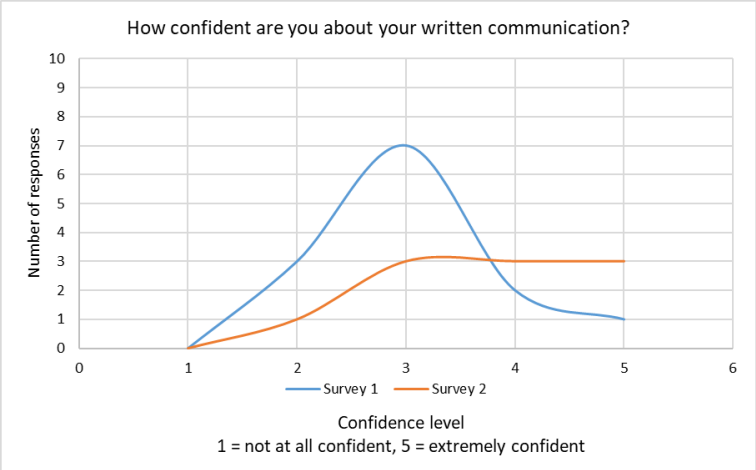
One less person felt they were 'not at all confident', and 2 fewer were 'not so confident'. 2 now felt they were 'very confident' where this had previously been 1.



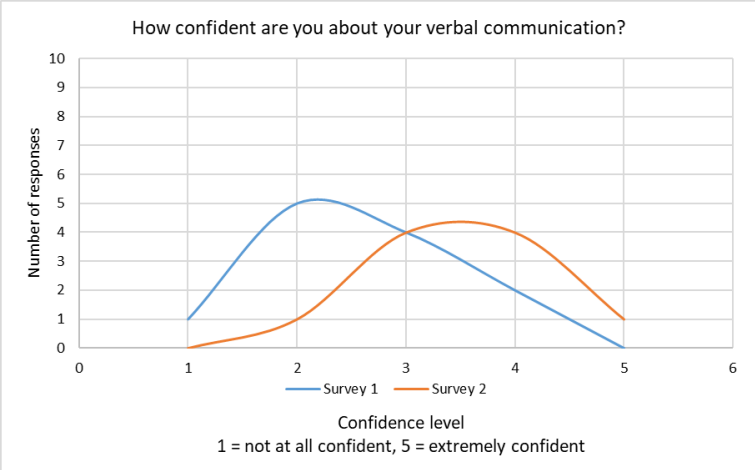
How confident are you about developing the careers of others? (e.g. via Disability Staff Network)

We can see that all responses moved from the lower to mid range, and from the mid to higher range of confidence.

How confident are you about your written communication? (e.g. important e-mails, reports, briefs)



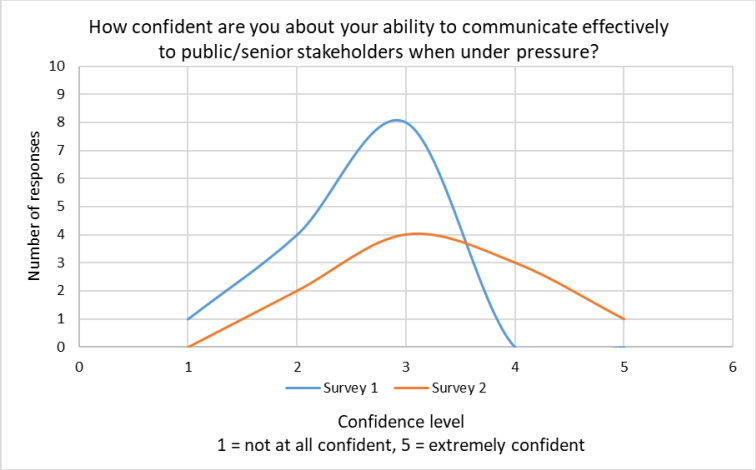
Responses moved slightly into the higher range of confidence, with 2 fewer people selecting 'not so confident', and more people selecting both 'very confident' and 'extremely confident'.



How confident are you about your verbal communication? (e.g. presenting)

Responses moved towards the higher range of confidence. Nobody considered themselves 'not at all confident', and the number who chose 'not so confident' dropped from 5 to 1. Twice as many people chose 'very confident', and there was now 1 person who chose 'extremely confident' where this had previously been 0.

How confident are you about your ability to communicate effectively to public/senior stakeholders when under pressure?

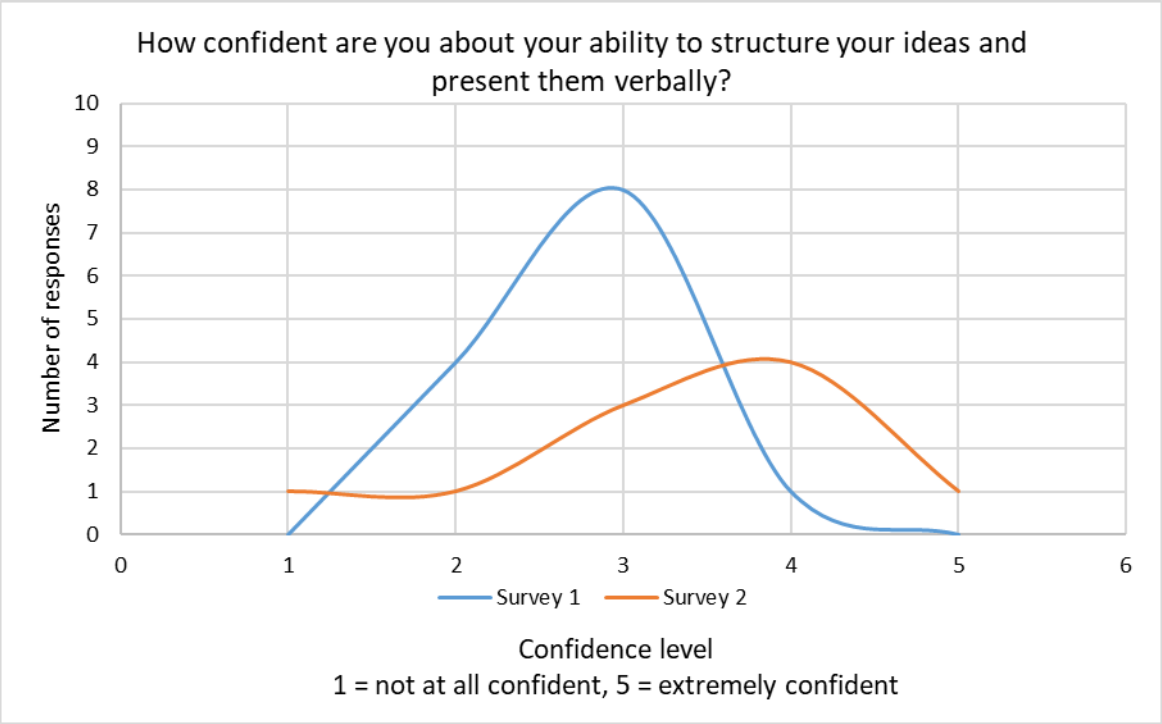


We can see that again the responses moved more towards the higher range of confidence. Nobody chose 'not at all confident', and half the number selected 'not so confident' after the session as before. Where nobody had felt positive levels of

confidence beforehand, now 4 people chose ‘very confident’ and ‘extremely confident’.

How confident are you about your ability to structure your ideas and present them verbally?

As we can’t know if the person who scored themselves as ‘not at all confident’ in the second survey previously completed the first survey, nor can we determine if someone’s confidence reduced following the initial workshop session, or if that score was from a new respondent. All other options moved in a positive direction, towards more confidence. 3 fewer people chose ‘not so confident’, and 3 more chose ‘very confident’ after the session.



What are the specific needs of staff with disabilities in the NHS: Qualitative analysis

We conducted a thematic analysis of the survey responses and how they map against some of the dimensions and actions outlined in the People Plan (NHS England, 2020)

Question (Pre-Event Questionnaire):

"To what extent do you agree/disagree that the NHS recognises the particular health & wellbeing needs of staff with disabilities? What, in your opinion, should the NHS do to further improve the health & wellbeing of staff with disabilities?"

Thirteen respondents provided a tick-box response to this pre-event question; of these, eleven respondents also provided comment responses.

Themes in Comment Responses

The most prevalent theme within the comments is the **need for the NHS to support disabled staff**, referred to by six respondents. Respondents commented that, for example, when disabled staff members undertake development opportunities such as training and education, extra support should be offered to check in with staff with disabilities to ensure that accessibility problems have not arisen, particularly during work placements or on rotation in new teams. Disabled colleagues in development should also be actively supported by disabled role models in senior roles who are visibly championed, for example reciprocal mentoring programmes should be offered. There should be better support and less red tape for staff to declare their disability as well as gaining support and equipment. For staff who are currently employed and are diagnosed with a disability, smoother pathways should exist to support them to move into roles which allow them to utilise their skills and remain working. Different kinds of disabilities should be recognised by NHS employers and they should provide a more personalised approach for supporting disabled staff. There should be better support for managers as there is too much variation in support offered. Financial and system support is needed, for example central funding for reasonable adjustments, rather than decisions being taken by local managers. The lack of support offered to disabled staff was also mentioned, with one respondent claiming that NHS employers very much wait to be begged for support, for example by not offering the Access to Work assessments as standard, and people with certain conditions certainly get discriminated against as opposed to supported.

Another theme within the comments is **managers**, referred to by three respondents. For example, conversations between line managers and staff about reasonable adjustments need to be normalised across the board. Line managers should not be able to make decisions on the funding of reasonable adjustments; there should be a central funding system in place. Managers and staff alike should receive disability awareness training, such as Welcoming All Customers customer service and accessibility training.

Culture is another theme within the comment responses, referred to by three respondents. For example, the understanding of disabilities should be embedded within the working culture of the NHS. Reasonable adjustments should become part of the NHS employer's health and wellbeing culture, such as by offering Access to Work assessments as standard. One respondent described how they believed an outdated ableist culture exists within many clinical teams, whereby disabled colleagues are seen as less capable.

Three respondents referred to **training** in their comments. For example, staff should be trained in disability awareness and starting conversations about disability in the workplace, and this needs to be offered to all staff on a regular basis to equip them with the language and confidence they need to talk about everyone's health and wellbeing needs. All staff and managers should be offered Welcoming All Customers customer service and accessibility training. When disabled staff are undertaking development opportunities such as training and education, communication between NHS organisations and external providers needs to be improved so that disabled staff are automatically given the help and support they need while studying and in post, especially during work placements or on rotation in new teams.

Another theme within the comments was **reasonable adjustments**, referred to by two respondents. Both respondents expressed the need for reasonable adjustments to be centrally funded within each organisation, to remove the financial burden on individual teams, to prevent the subsequent reticence of disabled staff to come forward and ask for what they need, and to avoid line managers being forced to make these funding decisions themselves.

Summary of Themes in Relation to the NHS and the Health and Wellbeing Needs of Staff with Disabilities	**Overlapping Themes**
● Support ● Managers ● Culture ● Training ● Reasonable Adjustments	● Support and Training ● Support and Managers ● Support and Reasonable Adjustments ● Managers and Training ● Managers and Reasonable Adjustments ● Culture and Reasonable Adjustments

Question (Pre-Event Questionnaire):

"Based on your experience, to what extent do you agree/disagree that NHS recruitment, selection, and promotion processes are fair to staff with Disabilities? What are the barriers? Do you have any recent examples?"

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question; of these, eleven respondents provided comment responses.

Themes in Comment Responses

Interviews was a theme within the comments, referred to by three respondents. The personal experience of one respondent was that their neurodiversity and how it presents is an obstacle in interviews, because interviewers are looking for someone with a neurotypical personality like theirs and so do not engage well with neurodiverse interviewees. Another comment related to how most NHS organisations use interview as their sole method of selection, and very few vacancies offer work trials or taster days, which some disabled applicants may find preferable and more accommodating to their needs. This issue is compounded by the current situation where interviews are being conducted almost entirely online and this may further disadvantage many disabled applicants, including those with sensory impairments.

Another theme within the responses was **promotion and career advancement**, referred to by three respondents. For example, one respondent stated that staff with disabilities often lack the confidence to apply for internal promotions and development opportunities, as they may not want to “rock the boat” and are already grateful for any reasonable adjustments which have been put in place for them.

Disabled staff are often put off advancing beyond a certain level by a lack of visible role models and the inflexibility of hours of senior roles. Another obstacle disabled staff may face in terms of advancing their career is a lack of equitable funding for training, qualifications and opportunities offered to staff who work part-time due to their disability, particularly if they are on zero-hours contracts. Sometimes managers do not understand how to support disabled staff and use a blanket Human Resources policy where absence due to disability is viewed as regular sickness and this negatively impacts promotion opportunities.

Another theme within the responses was **support**, mentioned by three respondents. For example, some recruiters and managers do not understand how to support disabled staff in their roles. Additionally, when nursing areas are supported with good staffing levels, these can be accommodating work settings for some disabled nurses.

Lack of understanding was referred to by three respondents. For example, there can be a complete lack of awareness or understanding surrounding disability, even from the people that are supposed to be leads. Some recruiters do not understand how to support staff in their roles, and some managers do not understand how to support disabled staff.

Bias was discussed by two respondents. For example, some recruiters being biased against disability, and line managers without experience of disabled people having unconscious bias and rejecting disabled individuals for jobs and promotions.

Fear of declaring disability was another theme which was referred to by two respondents. One respondent was concerned about a fear of discrimination if a disability is shared. Another described how a colleague of theirs who has mental health

disorder does not declare this on their job application forms due to fear of not even getting an interview, even if they are well qualified for the role they are applying for.

Another theme mentioned was the **physical suitability of work environments**, mentioned by two respondents. For example, some work environments may not be suitable for a member of staff with physical disabilities, such as many areas of nursing which can be a physically challenging job for even the most able. Another respondent described how they are not able to physically work in or see many departments before applying for a post.

Summary of Themes in Relation to Recruitment, Selection, and Promotion Processes for Staff with Disabilities in the NHS	Overlapping Themes
● Interviews ● Career Advancement ● Support ● Understanding ● Bias ● Fear of Declaring Disability ● Physical Suitability of Work Environments	● Interviews and Fear of Declaring Disability status ● Support and Career Advancement ● Support and Understanding

Question (Pre-Event Questionnaire):

"Based on your experiences, to what extent do you feel that Disability Staff Networks are allowed and encouraged to be part of the decision-making processes in the NHS? How could this be improved?"

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question; of these, nine respondents provided comment responses.

Themes in Comment Responses

The most prominent theme raised by five respondents was the need for Disability Staff Networks to make **meaningful connections** with other professionals and committees within their organisation, particularly those who have the power to effect change. For example, Disability Networks should make connections with the right people, be part of the management team and link in with staff who have decision-making powers. Key Network members should be on the executive and non-executive committees, with the Networks being included when changing, writing or updating policies. Additionally, the Networks need to be autonomous from, but work closely with, the Human Resources, Operational Development and Equality, Diversity & Inclusions leads in order to raise issues and find real solutions that are implementable for all staff.

Another theme mentioned was **inclusion**, referred to by three respondents. For example, chairs need to share the benefits of an inclusive work environment. Networks should be included when changing, writing or updating policies. One respondent described how, at their Trust, lip service seems to be the norm, with equality and inclusion not really being understood.

Summary of Themes in Relation to Disability Staff Networks Being Allowed and Encouraged to be Part of the Decision-Making Processes in the NHS	**Overlapping Themes**
● Connections ● Inclusion ● Funding	● Connections and Inclusion

Question (Pre-Event Questionnaire):

"Based on your experience, to what extent do you agree/disagree that employers of staff with Disabilities make adequate adjustments to enable you to carry out your work (e.g. flexible working, equipment...)? How could this be improved?"

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question: of these, nine respondents provided comment responses.

Themes in Comment Responses

The most prominent theme raised was **managers,** referred to by six respondents. For example, simpler processes should exist between line managers, Human Resources and Occupational Health. Requests should be considered by managers. Disabled staff should be encouraged and supported to request adjustments, particularly staff on zero-hours contracts who might frequently change line managers. It is suggested that clear policies should be in place and staff should be made aware of how these apply to them, as opposed to the current situation where many staff find the provision of reasonable adjustments are at the discretion of individual managers, and if a manager blocks a request, the staff member may have to go to Human Resources which can make the workplace experience very unpleasant.

Two respondents linked the theme of managers to the theme of **variability**. For example, approval of adjustment requests can seem variable and be dependent on the manager and type of work the employer is employed to do. One respondent described how, within their Trust, the provision of adjustments varies widely from team to team, with some managers providing full adjustments as a matter of course, and others refusing to offer flexible hours or changes to working conditions, believing it would be unfair to nondisabled staff. The respondent's view was that training is

necessary to tackle outdated, ableist attitudes that still prevail within many services, particularly clinical teams, in relation to adjustments.

Encouragement was another theme mentioned by two respondents. For example, employees need to be encouraged to declare their disability so that their employer can make sure that their needs are met. Disabled staff should be encouraged and supported to request adjustments, particularly staff on zero-hours contracts who might frequently change line managers.

A theme raised by two respondents was **support**. For example, there should be simpler processes between Human Resources, Occupational Health and line managers, with more joined-up working to break down those barriers so that the staff member feels that everyone is supportive.

Human Resources was a theme mentioned by two respondents. For example, clear policies should be in place to avoid individual line managers blocking reasonable adjustment requests, forcing the employee to escalate the matter to Human Resources. There should be simpler processes between Human Resources, Occupational Health and line managers to improve support for disabled employees.

The **type of work** was discussed by two respondents. For example, adjustments seem variable dependent on the manager and type of work the employer is employed to do. Outdated ableist attitudes still prevail within many services, particularly clinical teams.

Summary of Themes in Relation to Employers of Staff with Disabilities Making Adequate Adjustments

- Managers
- Variability
- Encouragement
- Support
- Human Resources
- Type of Work

Overlapping Themes

- Managers and Variability
- Managers and Encouragement
- Managers and Support
- Managers and Type of Work
- Managers and Human Resources
- Human Resources and Support
- Support and Encouragement
- Variability and Type of Work

Question (Pre-Event and Post-Event Questionnaires):

"How confident are you about leading your Disability staff network, developing your own career, developing the career of others, your written communication, your verbal communication, your ability to communicate effectively to public/senior stakeholders when under pressure and your ability to structure your ideas and present them verbally?"

Pre-Event Questionnaire

There were thirteen respondents to the pre-event questionnaire who provided confidence ratings; three respondents provided comments.

Themes in Comment Responses

There were no themes.

Post-Event Questionnaire

There were ten respondents to the post-event questionnaire who provided confidence ratings; eight respondents provided comments.

Themes in Comment Responses

Positive feedback was the most prevalent theme, with all eight respondents complimenting the session. For example, the programme was "*brilliant and easy to remember, really great session, excellent session, the session was really good, the session was very useful and the training session was enormously valuable*". Cath was an "*enthusiastic, supportive and knowledgeable coach*", One respondent found the course really interesting with plenty of take-away skills to communicate with impact and bring others along the journey. They found the session so valuable, relevant to current practice and the environment encouraging and supportive - "*it was an environment where one felt that Network roles were really valued in delivering key messages, including how this works towards a larger national goal*".

Another prominent theme was **appreciation**, with four respondents expressing thanks for the session alongside positive feedback.

Four respondents requested **further sessions**. For example, respondents described how the session left them wanting to do more in the future, *"the session was wonderful...more please"*, further sessions would be extremely helpful and they *"really, really hope"* more sessions could be run as it was incredibly useful.

Practice was a theme within the comment responses, referred to by three respondents. For example, *"some really helpful tips and good opportunities to practice them"*. One respondent believed that it would not be until they put things they have learnt during the session into practice that they would really know what effect it had had. Another respondent stated they would definitely get into the habit to practice, practice and practice!

Three respondents discussed a **disability specific session/s**. For example, a request for further session/s specifically relating to disability and how this can affect confidence and composure. Also, a request for a session designed specifically with the disabilities of the participants in mind, such as how neurodiverse conditions can affect speaking. One respondent worried that the session was another case of trying to transfer an initiative that worked for BAME Networks directly over to Disability Staff Networks without sufficiently acknowledging the shift in demographic and needs.

Summary of Themes Relating to Other Thoughts and Comments (Post-Event)

- Positive Feedback
- Appreciation
- Request for Further Sessions
- Practice
- Tailored Session Designed for a Disabled Audience

Overlapping Themes

- Positive Feedback and Appreciation
- Positive Feedback and Request for Further Sessions
- Positive Feedback and Practice
- Request for Further Sessions and Tailored Session Designed for a Disabled Audience

Discussion and recommendations:

This programme sought to improve individual and organisational workforce experience for the Disability Network Leads by developing their skills to have a greater impact on representing the voice of NHS staff with Disabilities in their respective organisations and systems. The key measure of the effectiveness of this programme was the development of confidence in the participants to be able to present to and communicate effectively with senior stakeholders, the career development of self and others, and leading their Disability Networks. It needs acknowledging that the participants entering this development programme varied considerably in terms of their own career development, maturity of the networks they lead (in some cases, participants were only setting up their networks), and leadership skills and abilities. The challenge for the trainers was to create an environment in which all participants could learn and develop new skills to carry to their respective organisations, to help develop others. The data gathered through the surveys showed that, following the workshop, the participants' confidence levels in several key areas had increased.

The composition of the participants suggested a significant gender disparity ratio, all by one of the participants were women. A further exploration of this topic would help to better understand whether a greater burden is indeed placed on gender roles and whether women may generally take a leading role in supporting networks. This may be difficult for two reasons: firstly, men may be discouraged to access support via the disability networks due to lower representation and visibility. Secondly, a greater burden may be placed on women to support others. More research is required to identify gender disparity in disability leadership.

Electronic Staff Record (ESR) declaration rates of Disability remain a significant challenge. "*ESR enables the recording and reporting of data to help organisations demonstrate compliance with equality legislation. It also assists in comparing the experiences of staff [...] and in determining action where necessary*" (ESR News, 2021). Given the twenty-one percent disability data gap filled by the 'unknown' and 'not disclosed' categories (NHS Digital, 2021), more needs to be done to support increasing visibility of Disability at all organisational levels. NHS employers need to do more to positively support staff with Disabilities in order to feel psychologically safe to declare that information. This was further supported by the qualitative analysis of themes derived from the open-ended survey questions, which determined that colleagues with Disabilities should be actively supported by disabled role models in senior roles, for example reciprocal mentoring programmes should be offered. There should also be better support and less red tape for staff to declare their Disability as well as gaining support and equipment to help utilise their skills and remain working.

58% of participants also reported bullying, harassment or abuse at work from managers or colleagues because of their disability. This stands in stark contrast to the lack of such behaviours from patients. This may be suggestive of significant problems with the workplace culture. Managers should receive better support and training on how to support staff with Disabilities, as too much variation in the offer of support was identified. Our participants also felt that line managers should not be making decisions on the funding for reasonable adjustments, and suggested that there should be a central funding system in place. Colleagues also should receive disability awareness training. It was also suggested that clear policies should be in place and staff should be made aware of how these policies apply to them. Our participants identified that many staff find the provision of reasonable adjustments to be at the discretion of individual managers, and if a manager blocks a request, the staff member may have to go to Human Resources which can make the workplace experience very unpleasant.

Participants of the DNCDP also commented on the need for Disability Staff Networks to make meaningful connections with other professionals and committees within their organisation, particularly those who have the power to affect change. Participants also felt that the Networks should be included when changing, writing or updating policies. One respondent described how, at their Trust, lip service seems to be the norm with equality and inclusion not really being understood.

This report set out to summarise the findings from the DNCDP workshops and career experience of the disability network leads. The key survey measures looked at changes in confidence levels, and how they developed following successful completion of the workshops. The evaluation of this programme shows a clear, positive, progression towards developing higher confidence in the key areas of communicating effectively with senior stakeholders, career development of self and others, and leading Disability Networks.

To facilitate the continuation of learning and the building of a strong network and community of practice, the South East EDI team will continue to work with leads of the Disability Networks over the next twelve months.

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Appendix:

DNCDP Flyer

NHS England and NHS Improvement

Disability Staff Network Chairs Development Programme

For all NHS Disability Network Chairs* in the South East Region

Launch meeting on 19/02/2021, 10:00 a.m. to 13:00 p.m. via MS Teams (other dates also available)

Join us for the launch of the Disability Network Chairs Development Programme.
Run by NHS England and NHS Improvement in the South East, this is a unique and timely development opportunity. At the launch, we will explore the types of support and input that you need and would find useful, so you can develop and grow in your role.

The NHS England and NHS Improvement's South East Equality, Diversity and Inclusion team secured funding to support your career development, training, and coaching. We will provide a range of support and development to advance you, and give you practical tools to help and support others in the South East. This session will help you develop your unique way of communicating with others and as Disability Network Chairs help bring about positive change in your workplace.

What's on offer?

Communicating with Impact

In this training session, leading UK Voice and Public Speaking expert Cath Baxter will guide you step by step, how to communicate with impact. This fully interactive training session will explore tools to enable you to confidently deliver your messages. Become positively conscious of the power of your own voice (message) whilst championing the voices of others, and influencing senior leaders.

Register your interest today using the link below, or scan the QR code

http://bit.ly/disability-se

*or equivalent

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NHS England and NHS Improvement - South East