Zero Tolerance to Ableism (Disability Discrimination) Framework and Reporting Tool

Hull University Teaching Hospitals NHS Trust

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1. Foreword

1.1. Purpose of Zero Tolerance to Ableism Framework

Ableism is very real both in society and across our NHS organisations, it characterises people as they are defined by their disabilities and as such inferior to non-disabled people. Yet, despite a large number of pledges over the years, we have seen inequalities persist, and some areas even get worse. The NHS is built on a founding principle of equality and social justice. It is more important than ever that, as public sector organisations, we are contributing to ensuring ableism has no place in our society and is addressed within the organisation.

Nationally, the Workforce Disability Equality Standard (WDES) was introduced in April 2019 to be run on an annual basis and established a number of measures that NHS Trusts must report on. What this has established is that, in addition to the direct incidents of ableism that Disabled staff face, there are also systemic factors that lead to Disabled staff experiencing less favourable treatment than their non-disabled colleagues.

In 2023, the measures indicated that disabled staff are more than twice as likely, to go through a formal capability process than non-disabled staff, and non-disabled colleagues are 1.5 times more likely to be appointed from a shortlist.

Nationally, 23.6% of NHS staff report having a long term condition or disability yet the National declaration rate of disability is only 4.9% and the 2022 staff survey nationally clearly demonstrates that disabled staff face significantly higher instances if Bullying and Harassment from Patients, Managers and Colleagues.

It is evidenced across the NHS that there are systemic factors at work that significantly impact upon the way in which Disabled staff are treated by the system and it isn't in a favourable way.

It is clear that work is needed to address these inequalities and there are matters that need to be tackled, but the systemic issues are more complex to solve than some of the more direct reports of ableism that will be made through the Zero Tolerance to Ableism reporting system.

Hull University Teaching Hospitals NHS Trust (HUTH) is committed to eliminating ableism in all of its forms in our organisation. The Zero Tolerance to Ableism Framework aims to empower staff to call out ableist attitudes and behaviour and encourage staff involved in incidents to access support. Ableism in any form will not be tolerated in HUTH, as we believe that we all have the right to work and live in an environment free from prejudice, stereotyping and discrimination.

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The Zero Tolerance to Ableism framework aims to:

- Provide clarity on what constitutes ableism, in all its forms and outline the anti-ableism expectations of staff
- Empower and enable staff to approach and manage incidents involving ableism effectively and in a timely manner
- Inform recipients or bystanders of ableist attitudes or behaviours to know what they can do next to report the incident or access support
- Educate staff on practical steps on how to approach supporting individuals
- Set clear and accessible ableism reporting pathways and defined support pathways for all those subjected to acts of ableism
- Setting of clear processes through which acts of ableism will be acted upon

HUTH believes all forms of diversity to be a positive asset and enriching to our organisation. Every individual and group within the Disabled community should be treated with dignity and respect and we are therefore committed to a zero tolerance approach on any negative, stereotypical or discriminatory attitudes and behaviour regarding disability. Taking a zero tolerance approach means speaking up against unacceptable behaviour from colleagues, or even patients and service users, and constructively challenging discrimination informally and formally.

At HUTH, we aim to fully support and encourage anyone who is experiencing, has experienced, or has witnessed any form of discrimination to tell us and to receive support and guidance. The framework outlines how staff can report incidents and how they can access support. The foundation of the framework is not to implement formal and harsh punishments where incidents of ableism are found; instead, the purpose of the framework is to educate and to reach resolution. More importantly, we want to ensure those reporting feel confident in doing so, confident in the process and supported through this experience, as we acknowledge how difficult sharing incidents of discrimination can be for staff, especially disabled staff.

This framework aims to support staff to learn and be supported to explore incidents, take responsibility for behaviours, understand their impact on others and consider how words and behaviours can cause harm. This framework recommends speaking up and engaging in open dialogue when incidents arise, allowing no problematic behaviour to be ignored.

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When we choose to be anti-ableist, we become actively conscious about issues surrounding disability and ableism and take actions to end disability related inequities in our daily lives. Being anti-ableist is believing that ableism is everyone's problem, and we all have a role to play in stopping it.

1.2. HUTH Anti-Ableist Statement

Better Stronger Fairer Together

Better

- We acknowledge that ableism exists in our hospitals and we accept responsibility for taking action wherever and whenever it occurs.
- We will educate ourselves and encourage conversation; challenge ourselves and learn from our mistakes.
- We will be considerate regarding the impact of our words and actions on others, and accept personal responsibility for understanding this impact even when it is unintentional.
- We can do better and we will do better.

Stronger

- Our differences are our strength. By recognising, accepting and celebrating our differences we will become even stronger.
- Through the networks we have developed, the voices of disabled staff and patients will be listened to and acted upon and incorporated into our strategy and our actions.
- We will strengthen our structures and systems, our policies and our procedures so that they remove barriers for disabled colleagues.
- We will improve the care of our patients and excel as an organisation by listening to the voices of all of our staff, learning from different cultures and experiences, and welcoming different perspectives into decision-making.

Fairer

- We shall be equitable in how we treat our staff and patients and in the decisions we make about them.
- Our disabled staff and patients will never be disadvantaged in terms of their opportunities and the quality of care they receive because of their disability.
- Our disabled staff shall have equitable access to career and professional development opportunities.

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- We will improve the representation of disabled staff across our organisation, particularly in senior roles.

Together

- We will be allies for our disabled colleagues and patients and ensure they never experience discrimination or poorer outcomes due to their disability.
- Inaction, apathy and neutrality are not acceptable when confronted by ableism. We shall stand together whenever we can as colleagues and allies.
- We will listen, understand and empathise with the experiences of ableism that colleagues may face.
- When we see discrimination, unfairness or injustice then doing nothing is not an option.

2. Key Stakeholders

2.1. Jonathan Lofthouse, Chief Executive

“Our differences are our strength”. This phrase from our Anti-Ableism Statement really strikes a chord with me. It cuts to the heart of my personal experience with neuro-diversity and more broadly my view on diversity, equality and inclusion.

Organisations that recruit people from similar backgrounds, with similar life experiences and similar viewpoints are suppressing debate and challenge. They deny themselves the benefit of increased creativity and innovation that comes with having a greater depth of knowledge and skills. The psychological phenomenon of Groupthink, where the desire for harmony and consensus often leads to a lack of challenge and poor decision-making, illustrates how a lack of diversity can manifest itself. I prefer that our organisation takes the opposite approach to recruitment, progression and team-building; where we draw from the widest pool of experience and talent available to us, and maximise the opportunities and knowledge that approach brings with it.

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We employ 399 staff with a recorded disability, and this is a demographic which is unique in its endless variation, as no two disabilities are identical. People might have visible or invisible disabilities, they may have been born with a disability or developed one later in life, either through natural aging or a life-event such as an accident or injury. That difference, that breadth of experiences, gives our population, those of us with a disability, our strength.

My own experience is one where I have been underestimated for most of my life. Written off even. People assume that because of my neuro-diversity there are things I can't do, that my ambitions need to be curbed. Well, I think I'm doing ok, so far. These assumptions are what we now call ableism – the discrimination, stereotyping, and social prejudice against people with actual, or perceived physical or mental disabilities. And, it's something that is simply unacceptable.

I am extremely proud to be the Chief Executive who launches our Anti-ableism framework and statement, setting out how we intend to promote what ableism is, our commitment to educating our workforce about the power of diversity, and how we will stand together to confront ableism in all of its forms. The organisation I lead will be one where we embrace diversity and acknowledge the many benefits it can bring to our patients through better innovation, creativity, knowledge and experience. Our differences are not a hindrance, they are our strength.

2.2. Elaine Hillaby, Chair of the Disability Staff Network

Following in the footsteps of the outstanding work of the BAME Staff Network and their 'Zero Tolerance to Racism' framework. We, as a network wanted to launch a Zero Tolerance to Ableism Framework.

I don't think ableism as a concept is known by many non-disabled people and many may not have heard the term before.

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As an ‘ism’ it is not as visible as racism, but it is just as prevalent. Ableism is the belief that non-disabled people are inherently superior to disabled people and unfortunately many assumptions and discriminations are built on that idea.

As a network we want to make ableism visible and understood, in order to demonstrate that it is unacceptable to view staff and patients as lesser for conditions and/or impairments that they hold.

The sad fact is that most disabled staff will have endured micro-aggressions, verbal and physical abuse on a daily basis, before they even reach their place of work. So to have those micro-aggressions and abuse continue when they reach work, can cause an inescapable spiral of self-doubt and can crush self-confidence and self-worth.

Most disabled people see these micro-aggressions as just one of those things you just have to ‘put up with’; as many disabled people don’t want to make a fuss or draw attention to themselves for fear of reprisals. So many disabled staff feel the need to ‘mask’ or hide their disability or impairment rather than be on the receiving end of unwanted comments, inappropriate questions and negative assumptions and this can exacerbate existing physical and mental conditions.

This shouldn’t be the case. It is my hope that the framework will give staff and patients the courage to share their experiences in order to help us foster meaningful change within the Trust and create an environment of psychological and physical safety for all our disabled staff and patients. We want staff to be able to bring their authentic selves to work and be seen for their talents and skills not for perceived inabilities in a trust that values equity and inclusion.

I want to thank everyone within the network, who have helped us pull the framework together and I am hopeful together we can improve the experiences of our disabled colleagues.

Ableism. Know better. Do better.

3. Who is this framework for?

Everyone.

This framework is applicable to everyone who works within HUTH. It is a document to be used by individuals and groups, including:

- Recipients of ableist attitudes and behaviour
- Bystanders who have witnessed acts of ableism
- Staff members who have had their behaviour highlighted as ableist.

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- Line managers who have become aware of an ableist incident
- Senior management

Every member of staff has a responsibility to eliminate ableist attitudes, behaviour and discriminatory practices within HUTH. We should not just be ‘against’ ableism but instead, we must strive to be actively anti-ableist. It is everybody's responsibility to foster and work actively to maintain a compassionate and inclusive culture and working environment.

The principal of this framework is that if everyone knows better they’ll do better. Each of you have a role and responsibility in translating the framework guidance into everyday life. When confronted with an ableist incident involving staff, patients or service users you should be comfortable in enacting the practical steps within this framework.

This framework is spilt into two sections:

- What to do if you experience ableism personally or as a witness
- Defining what ableism is

4. How to Report Ableism

4.1. Ableism in the workplace

We expect all staff to report incidents involving ableism formally through the Trust Zero Tolerance to Ableism (Disability Discrimination) reporting system. Everything you need to know about how to report covered in this section:

1. Responding to ableism aimed personally at me from staff, patients or service users
2. Responding to ableism between staff within the workplace as an upstander (interpersonal ableism and micro-aggressions)
3. Responding to systemic ableism
4. Responding to ableism from patients or service-users
5. Responding to being called out for ableist behaviour

How do I do it?

All ableist behaviours should be reported using our reporting tools.

If you believe that you have been subjected to ableism in any form by a staff member, patient or service user then you should report the incident using the Trust reporting system. By reporting an incident, you will contribute to our understanding of ableism within HUTH and ensure the relevant interventions and support are offered to emerging hot-spot areas.

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Reports will be addressed with individuals when named or with teams if they are identified as hot spots when collating data.

Our primary concern at HUTH is that:

- The ableist behaviour stops
- There is resolution between all involved
- Timely support and learning opportunities are made available and accessed

How do you report ableism within HUTH?

We encourage all staff members to ensure any ableist behaviour is reported using the confidential Trust reporting system. This can be accessed by scanning the QR code using your smartphone or visiting https://forms.hull.nhs.uk/discrimination/. Anything ableism related incidents ideally would be submitted using this system instead of DATIX, but DATIX remains an option for reporting. All other reports of discrimination can continue being reported using the DATIX system.

How will your information be used and who can view it?

This is a secure reporting system where your information will be confidentially handled by a select few members of a Circle Group. There are several reporting options available to you:

- Fully disclose your details and agree that you can be mentioned when feeding back or taking action with teams and individuals
- Leave your details (for a progress update) but remain anonymous to the team or individual, being aware that no action may be taken until a wider theme or hot spot emerges
- Do not leave your details and remain completely anonymous, being aware that no action may be taken until a wider theme or hot spot emerges.

Please be aware that if you choose to submit your report anonymously the Trust will not be able to contact you at any stage to provide you with feedback. In order to be contacted and informed about progress by the Circle Group you should complete the form providing as

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much relevant information as you can, as well as your contact details. These details will not be shared with anyone outside of the circle.

4.2. Systemic ableism

Reporting

We would ask that staff who experience what they believe to be systemic ableism still use the reporting system to raise their concerns and inform the Trust so that they can be triaged through the Circle Group.

The triaging of systemic issues is more than likely to go to groups with a special interest in the area that can then take a longer-term view of how to address the inequity.

Interventions

If the systemic ableism outlined involves a specific issue, such as believing that a disabled member of staff was not appointed to a role due to their disability, then this can be triaged to an individual or team to investigate the specific interview process that they were involved in.

If, however, the issue raised is more generic about the structure of the interview processes that we utilise being inherently unfair to people to whom language and unknown questions are an issue, then that will be triaged to a group tasked with examining the recruitment process in its totality. They will then make short and long term recommendations to implement a new system where possible.

4.3. Ableism from patients and service users

Reporting

We would ask that staff who experience or witness incidents of an ableist nature involving service users utilise the reporting system to inform the Trust so that they can be triaged through the Circle Group. However, staff can still report incidents via DATIX as this will be forwarded to Security who will then in turn notify the Circle Group for incorporation into the Heat Map (See Circle Group).

Practical actions that you can carry out

Some patients are not inhibited from expressing ableist attitudes when they access services. Ableism is not something anyone, including healthcare staff, should have to tolerate but, unfortunately, disabled healthcare staff continue to experience ableism from some visitors and patients they care for. Patients should not be able to rely on the doctor-patient relationship to shield them should they abuse NHS staff on grounds of disability. Feeling

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confident to speak up and call out ableist behaviour from patients and service users is essential.

In the moment:

- Don't ignore ableism because it is directed at a colleague rather than you personally. Intervene as an upstander, and feedback the impact of the behaviour
- If it is safe to do so, listen to the service user's concerns but be clear that their ableist actions or words are not acceptable if they wish to be treated by us. Be specific in the open and honest feedback they receive as some people may not be aware what they are saying is an issue. Overall, it is important to be clear that ableism towards our staff will not be tolerated in any form, intentional or unintentional.
- If you do not speak up in the moment, then record what was said or done, with verbatim quotes if possible, so there is a record of the incident. If other people were present and witnessed the incident, make a note of their names and job titles so they can be asked for statements during any subsequent investigation.

Actions following the incident

The level of response will be dependent upon the seriousness of the incident and the outcome of any investigation.

- Patients should not be rewarded for their ableist behaviour by having their treatment and care transferred to an non-disabled colleague, unless that would lead to an immediate likelihood of patient harm.
- As with discussions with staff, the principle will be to correct behaviours via education in the first case. The Circle Group will highlight incidents and the service users involved to Health Group Business support for those invitations to discussions to be issued. Verbal warnings with a follow up letter may be issued to the individuals involved.
- Patient notes can be flagged with a warning sign regarding ableist behaviour; this will be actioned though security and Health Group Business support.
- The staff members involved can have facilitated meetings or can ask for the discussion to be had on their behalf. Feedback can be given on the behalf of a staff member and the offence explained.
- Records will be kept of service users involved and should behaviours not be corrected then matters will be escalated. For example, limitations on service users accessing our services, or in the case of continued extreme ableist behaviours, the Trust will

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escalate to the police and report incidents as disability aggravated hate crimes. The police have committed to support the Zero Tolerance to Ableism approach by the Trust and fully endorse this stance.

- Staff experiencing ableist behaviours and/or harassment outside of their normal working hours in their personal lives have the option to report the incident through the Zero Tolerance to Ableism reporting tool, and the Circle Group can triage them directly to the police who have committed to send police officers out to visit the member of staff in an environment they feel comfortable with.

6. Circle Group

6.1. What is the Circle Group?

The Circle Group will:

- Identify the most suitable routes for resolution. They may identify a number of individual and/or group level interventions that should take place. Some of these will involve support from other partners.
- Examine all incoming reports and agree between the members where to triage each report to.
- Review the hot spot areas as they appear and develop interventions, triaging and signposting to the relevant partner for implementation.
- Collate all information around cases and receive regular feedback about cases, following up with individuals as to how the cases are progressing for them.
- Provide feedback on themes to the Board, the Disability Staff Network and Workforce Transformation Committee.

6.2. Who is in the Circle Group?

- Equality, Diversity and Inclusion Manager (Chair)
- Organisational Development Representative (Deputy Chair)
- Freedom to Speak up Guardian
- Human Resources Business Partner by rotation
- Chair and or Deputy Chair Disability Staff Network

6.3. Why should you report ableist incidents?

By submitting your report, you will ensure that either you or the relevant individuals involved in the incident will receive timely support and that the appropriate interventions will be delivered, guided by the Circle Group.

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All reports of ableism will help build a picture of the nature of ableism within HUTH by the use of a Heat Map methodology. This will enable emerging hotspot areas to be identified and supported. It will enable the organisation to understand where issues exist, what those issues are, and then take action to address those issues.

6.4. What else should I do?

It is important to make a note or keep a diary of the details of any relevant incidents. If the incident has caused you to change the pattern of your work or social life, or if it has had any effect on your health, you should include this information as well when describing the impact within your report.

Bystanders have an important role to play in the effort to address ableism. You do not have to experience ableism first hand to report it. If you observe someone else experiencing ableist behaviour you are strongly encouraged to report it.

6.5. Timeframes

It is expected that from identifying the appropriate intervention to reaching a resolution for the concern raised, the timeframe will be approximately four weeks. If this timeframe cannot be met or is not appropriate in the circumstances, the staff involved will be notified and a reason provided.

6.6. Possible Circle Group interventions

As the Trust introduces a Zero Tolerance to ableism reporting system and framework to eliminate ableism within the organisation, it is important to outline what the potential formal outcomes for staff who commit acts of ableism might look like.

Initially, as the framework embeds within the Trust, the emphasis will be on educating people via conversations, tailored training sessions, facilitated discussions, mediation, and coaching, to develop the culture of the Trust to be that of an inclusive one, whereby unintentional, culturally unintelligent micro-aggressions can be addressed. This will foster a greater self-awareness and encourage more reflection, accountability and consideration of the impact of words/behaviours.

Facilitated discussions take place if an individual does not feel comfortable to approach a person directly to discuss their concerns/behaviour. This is where the discussion would be supported by an impartial partner (trained coach, mediator, pastoral services). The meeting should be planned in advance; you should decide on a location where you can hold an open, frank conversation in private. You should allow sufficient time, including time for a break

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should this be required. As a facilitator it is important to remain objective and non-judgemental at all times, focussing on the behaviour and not the person.

This will not be possible for all incidents, and some of the online reports might prompt the Circle Group to triage to a more formal route to the address the behaviours involved in the incident reported. Factors, such as the pattern, repeated nature of the ableist behaviour and the seriousness of the behaviour, will influence the range of interventions guided by the Circle Group.

6.7. Possible formal interventions

Organisational Development

Where issues are identified as being part of team culture within a service then the Circle Group may triage to the OD team to work with local management and HR teams. This approach would be intended to support the team to develop and implement bespoke interventions that will enable the team to bring about change in the area. The process would also support feedback being given on the behalf of the individual, from a series of themes/hotspot issues and/or the offence(s) explained.

Working with Managers – up skilling and supporting leadership capability

This is an intervention that can be used when a manager has ignored or remains passive in resolving team behaviours that are ableist. A supportive and mentoring approach enables them to provide the necessary challenge, feedback and actions needed to ensure that they and their team or specific individuals:

- Understand the consequences of their behaviours
- Have a zero tolerance approach in their area
- Create actions for themselves, their team or the individuals involved to prevent the issue re-emerging. Feedback may be given on the behalf of the individual, from a series of themes/hotspot issues and/or the offence(s) explained

Mediation

Though the mediation process itself doesn't have formal outcomes, the referral to mediation by the Circle Group would be with an understanding that all parties have to agree to mediation.

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Staff Conflict Resolution Process

Depending on the nature of the report made, and with the agreement of the individual making the report, the Circle Group may signpost the resolution to the HR department to address via the Staff Conflict Resolution and Professionalism policy.

Disciplinary Process

There are 3 ways that the Circle Group can signpost to the HR department/Line Management to initiate a formal investigation in line with the disciplinary process:

- If the incident is of sufficient weight and the individual reporting doesn't believe that there is a possibility of an informal resolution.
- If the incident is so serious that it crosses the line into potential gross misconduct and needs to be dealt with as such, irrespective of the views of the individual making the report.
- If attempts to educate and correct behaviours have failed and micro-aggressions are consistently repeated, either with the original reporter or other people, then the Circle Group will refer to initiate a formal disciplinary investigation. It should be noted that if persistent micro-aggressions occur and it is believed that these move beyond being culturally unintelligent to being ableist, then they will be dealt with appropriately with direct ableism being investigated as gross misconduct.

The range of responses for a disciplinary investigation range from no case to answer, through a number of warning stages to potential dismissal if the incident is serious enough. The 'no case to answer' in this context will not be applicable as there will be some level of supportive learning intervention offered.

7. Circle Group Partners

The Circle Group will work with the following partners to deliver the informal and formal interventions for those involved in incidents.

7.1. Chair / Deputy Chair of the Disability Staff Network

The Disability Staff Network currently meets on a monthly basis and has been instrumental in initiating the Zero Tolerance to Ableism framework within the Trust. The Chair and Deputy Chairs receive frequent feedback on issues from staff. Part of their role is to signpost staff to the reporting system and to give them pastoral support where required. They will also help to triage incidents as part of the Circle Group and, in their roles, will receive feedback from the

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Circle Group Chair/Deputy on an ad hoc basis and via a more formal report on a quarterly basis to the network.

7.2. Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian is a nationally instigated role through the National Guardians Office that was brought about to support NHS staff to report issues of concern. Currently the FTSUG does receive a number of reports of incidences which are then signposted on, mainly to Line Managers and HR. The Freedom to Speak Up Guardian will continue to be an additional point of contact for staff, and the Guardian will also signpost staff to report incidents via the reporting tool. The FTSUG prepares a regular board report of activity.

7.3. Equality, Diversity and Inclusion Manager

The objective of the EDI Manager is to make the Trust a more inclusive place to work for staff of all protected characteristics, and impacting positively on patient care and health outcomes that reduce Health Inequalities for Service Users.

The EDI Manager will work closely with Staff Networks and Trust leadership to explore and introduce systemic changes that will bring about fairness and inclusivity in behaviours and Trust processes. The EDI manager will also be responsible for monitoring the effectiveness of the Zero Tolerance to Ableism Framework and make recommendations to improve its efficacy.

7.4. Human Resources

The Human Resources Team play an essential role in partnering with the Circle Group as the majority of the triaging from the group is likely to be directed to them to establish resolutions for the staff reporting incidents of ableism. These will vary from liaising with managers to establish informal resolutions that meet the individual’s needs, through to supporting commissioning managers to initiate a Terms of Reference and formal investigation. They will also play an instrumental role in giving support and guidance to staff and guide them to use the reporting tool

7.5. Occupational Health

The Occupational Health Team provide a specialist service relating to the impact of work on health and vice versa, and the Circle Group and managers can make referrals to them for support and to initiate counselling if required. They are advocates for staff and can support them and signpost them to the Zero Tolerance to Ableism reporting tool if necessary, or

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report on their behalf with consent. They can also inform the Circle Group directly if they are identifying trends in the Trust.

7.6. Organisational Development

The Organisational Development Team have supported cultural transformation work and view the organisation through an Equality, Diversity and Inclusion lens. They have been very involved in the EDI agenda as they view inclusivity as one of the key drivers to the positive development of the Trust. They will work closely with the Circle Group in respect to team related interventions, as they are often confided in when delivering interventions by people reporting incidents of ableism directly to them. Sometimes these may be systemic issues and they can either signpost people to the reporting tool or make the reports directly.

7.7. Mediation Service

The Mediation Team offer the opportunity to individuals who have issues with other members of staff to have informal discussions to see if a common ground can be reached to resolve those issues. If there is an allegation of ableist behaviour involved, that will be established at the outset, as both parties have to agree to mediation for it to be successful. The Circle Group will likely refer to mediation when incidences of low level micro aggressions occur, and it is the desired way to resolve by the reporter.

7.8. Education

The Education Team work closely with the Disability Staff Network and are responsible for designing and delivering the Trust's Diversity, Equality and Inclusion training.

7.9. Coaching Network

The Coaching Network supports employees within the Trust, this often includes Disabled staff who are going through various issues. They have supportive 1-2-1 conversations using coaching techniques, and will signpost staff to use the reporting tool. The Coaching Network will support the Circle Group by offering coaching to those who would benefit from it.

7.10. Security Services

The Security Team are often involved with ableism that stems from patients and service users. They will be the immediate response to incidents that happen in clinical areas and will also respond to many of the Datix reports that come in. They currently address ongoing patient issues with the police and local authorities and are in many cases responsible for liaising with authorities to issue antisocial behaviour orders and issue warning letters with the terms of behaviour required for certain patients when on our premises.

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7.11. Trade Unions

The various Trade Unions within the Trust are the Staffside representatives that formally consult with the Trust management through various groups. They consist of full time Trade Union representatives, employee representatives with dedicated facilities time, and local representatives. They currently receive many of the reports of ableism from their members, and support and signpost them to management to deal with issues. This will continue, but they will also signpost people to report issues through the Zero Tolerance to Ableism reporting tool. The Trade Unions are very supportive of the agenda to eliminate ableism in all forms, in particular the micro aggressions that masquerade as “banter”, but can at times be conflicted when they represent members accused of disability discrimination.

7.12. Pastoral and Spiritual Services

The Pastoral Team are very much on the front line and witness much of the ableism that our staff encounter, so are aware of issues of disability that can impact staff. They offer pastoral support to individuals currently but have limited interventions. Being on call, the team are keen to become more involved in providing non-denominational support to colleagues in distress, and supporting the anti-ableist stance of the Trust in both a reactive and proactive manner. They possess the skillset to work with patients/service users or staff and give them feedback when reports have been made. They also will play the role of active champions of the Zero Tolerance to Ableism framework.

8. Defining What Ableism Is

8.1. What is ableist behaviour?

In order to feel empowered to speak up and challenge ableism, we must understand how ableism shows up. Ableism is discrimination and social prejudice against people with disabilities or who are perceived to have disabilities, with the belief that disabled persons are inferior to non-disabled persons. Ableism can take the form of ideas and assumptions, stereotypes, attitudes and practices, physical barriers in the environment, or larger scale oppression. It is the belief that Ableist attitudes and behaviours can be intentional or unintentional, conscious or unconscious and it shows up in our organisations in different forms.

Ableism can be individual, interpersonal, institutional and structural, ranging from overt to covert. This can include derogatory name-calling, insults, threats and ableist jokes, ridicule of an individual for ability, ableist graffiti and images, micro-aggressions, making persistent comments about ability or condition, use of out-dated language, ableist jokes, and

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stereotypical assumptions based on an individual's disability or condition and not using the individual's name or adopting a nickname. This can be experienced in an NHS setting between staff, or demonstrated by patients and service users.

Individual Ableism

Refers to the beliefs, attitudes, and actions of individuals that support or perpetuate ableism in conscious and unconscious ways. These are the prejudices and biases held by an individual towards others of differing abilities and conditions

Examples include believing disabled people are inferior to non-disabled people, not hiring a disabled person because of the assumption they will be a drain on resources, assuming a disabled person does not have the capacity to be in full time employment.

Interpersonal Ableism

This occurs between individuals. This is the bias that occurs when individuals interact with others and their personal ableist beliefs affect their public interactions. Examples range from overt to covert behaviours including public expressions of ableism, often involving slurs, biases, hateful words or actions, or exclusion, and discriminatory behaviours that include micro-aggressions.

Institutional Ableism

This refers to unfair policies and discriminatory practices within institutions that produce outcomes that consistently favour non-disabled individuals over disabled individuals putting them at a disadvantage. This often produces inequitable outcomes for individuals with a disability, intentionally or not. Individuals within institutions can perpetuate institutional ableism if they uphold the unfair practices and they remain unchallenged.

Examples within recruitment include a recruiting manager rejecting candidates based on their disability or assumptions made regarding their capability due to possessing a disability their ability that's actually discriminatory. Managers refusing to offer reasonable adjustments to disabled staff citing that it will be 'too costly' to the organisation.

Structural Ableism

The overarching system of ability bias across institutions and society. It goes beyond specific individuals and institutions and is a feature of the social, economic and political systems in which we exist. It operates at the societal level and is the power used by the dominant group to provide members of the group with advantages, while disadvantaging the non-dominant group, by consistently applying the 'Medical Model of disability' when engaging with disabled

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staff. Examples of the impact include access to health services, health inequality outcomes and the disability pay gap. This includes laws and public policies, institutional practices, cultural norms and representations that perpetuate inequity.

8.2. Ableism varies from overt to covert

Ableism ranges from overt to covert. Overt behaviour refers to obvious and apparent behaviour, while covert refers to behaviour that's not openly displayed. Research suggests that covert forms of discrimination, though often normalised and overlooked, are as harmful as overt forms of discrimination. Results suggest subtle discrimination is as important to consider and address as its overt counterpart.

Overt Ableism

Overt ableism is intentional, obvious and harmful attitudes and behaviours towards a disabled individual or group which can include blatant use of hateful speech, insults and derogatory remarks directed towards disabled people with an intention to intimidate, exclude, scare, mock or terrorise. These are easier to see and describe compared to covert examples as they demonstrate a conscious acknowledgement of ableist attitudes and beliefs.

Covert Ableism

Covert ableism is discrimination that is more subtle or hidden, which requires us to become more skilful at pinpointing it. It can be disguised in nature which allows people to claim 'plausible deniability', such as denying an act of ableism and undermining any claim of harm. Often, covert examples are socially accepted and practiced, and can be passed off as being legitimate and normal. However, the negative impact of the actions are felt by those on the receiving end who feel excluded, uneasy, marginalised, silenced or rejected.

Examples of covert ableism include:

- Denial of ableism (interpersonal, institutional, structural)
- Invalidating or disbelieving the experiences of disabled people
- Silence which gives permission
- Intentional or unintentional micro-aggressions
- Favouring or prioritising non-disabled staff over disabled staff
- Refusing to understand that non-disabled privilege exists.
- Being tokenistic
- Coded ableist language or actions
- Stereotyping individuals and groups

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- Excluding the voices of disabled people in decision making
- Hiring discrimination
- Glass ceiling at work with fewer progression opportunities for disabled people
- Being more likely to be taken through a disciplinary process
- Being more likely to be taken through a capacity process

8.3. Micro-aggressions

Micro-aggressions are a form of covert ableism. They are everyday actions that (intentionally or unintentionally) communicate hostile, derogatory or negative messages towards a person or a group, based on an aspect of their identity, such as ability. They are less obvious than overt forms and can be invisible and difficult to name. The negative impact of micro-aggressions affects everyone. When left unchallenged, they create toxic working environments and this can lead to poor wellbeing and mental health, including depression, anxiety and feelings of loneliness, low job satisfaction and disengagement among staff.

They fall into the three categories of micro-assaults, micro-insults and micro-invalidation.

Micro-Assaults

Micro-assaults are overt and conscious. They occur when people behave in a discriminatory manner with the intention of offending or excluding someone.

Some examples of micro-assaults are:

- Verbal examples include ableist slurs and name-calling
- Nonverbal examples include belittling a disabled persons need for mobility devices , assistive technology or additional mental health support
- Telling an ableist joke and ending with “I was just joking.”
- Assuming someone with a disability and learning difference is incompetent
- Consistently not speaking to or asking a disabled person directly instead speaking or asking their companions.
- Consistently using ablest language and terms including ‘psycho’. ‘retard’ or ‘spaz’
- Using a condescending voice to explain something to a disabled person.
- Constantly accusing a disabled person as being ‘lazy’ or ‘faking their condition’.
- Interrupting a disabled person when they are speaking or completing their sentences because they’re “being too slow” making their point.

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Micro-Insults

Micro-insults are another form of subtle micro-aggression in which people unintentionally communicate discriminatory messages to members of targeted groups.

In comparison to micro-assaults, micro-insults are much less obvious but just as harmful. These verbal and behavioural micro-insults are harmful because people mean them to be complimentary and are unaware that it may cause offense. An example of an ableist micro-insult that a disabled person may experience is someone telling them that they are 'so brave.'

People may say things that appear to be compliments, but they convey the idea in conjunction with negative stereotypes. For example:

- Saying someone is "definitely on the spectrum" with no proof
- Being overly complimentary, even if pleasantly surprised at someone's ability, such as telling a disabled person, 'oh you can do that too?!'
- Telling someone, '"What is actually wrong with you"
- Telling someone "You don't look disabled."
- Eye rolling, sniggering or mocking someone with a disability
- Intentionally not extending social invites, to avoid making allowances for disabled colleagues.

Micro-Invalidations

Micro-invalidations can come from a place of trying to defuse the situation, but it denies the reality of the recipient's feelings and experience. Ableism denying statements can often stem from 'ability-blindness', and are demonstrated when one claims that they do not see Disability or the impact of ableism. Claiming you do not see ableism is a form of ableism in itself, as it perpetuates ableism, and prevents acknowledgement of ableism existing in individuals and systems. Invalidating the reality of the discrimination that targeted groups experience is harmful, as it ignores ableism and does not help eliminate it.

Examples of micro-invalidations/ ableism denying statements include:

- A staff member telling another that they are blind to someone's ability or condition, 'I don't see your disability' or that ableism does not exist, this includes statements such as 'I don't see your disability' or 'You just seem so normal to me".
- Claiming that 'I am a good person, I did not intend to cause harm' and expecting their behaviour to be overlooked
- 'I'm sure they didn't mean anything by that'.

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- ‘You’re being oversensitive’.
- ‘You’re imagining it’.
- ‘You should try to fit in more’.
- ‘You just don’t understand what they meant’
- ‘You are just being too demanding’

8.4. Intention versus Impact

The behaviour in question may or may not have been intended to cause harm; however, if it has negatively impacted the recipient causing them to feel uncomfortable and upset, then it is the impact that requires attention and support. Here, there is often a gap in intention vs impact (what is felt and experienced by recipients in reality). Focusing on the impact of behaviours is more valuable, as it is future-focused, and encourages individuals to understand why their behaviour was problematic, consideration of how it must have felt for the recipient, and clear expectations of how their behaviour needs to shift. Focusing on intent alone will not bring the behavioural shift.

Often, misapplied humour and ‘banter’ represents the gap between intention and impact. Banter can be well intended as a bit of informal fun in the workplace; however, the underlying biases, stereotypes or messages expressed to the recipient can still be ableist and cause a negative impact. This Zero Tolerance to Ableist framework includes banter that communicates an underlying ableist bias in the definition of ableism.

8.5. Examples of ableist behaviours and likely interventions

Common micro-aggressions disabled staff experience that may be corrected via education:

Micro Insults

- Teasing
- Nicknames
- Tutting
- Eye rolling
- "You don't look disabled"

Micro Invalidations

- Organising events and not including everyone
- Exclusion on a regular basis
- "I don't see disability"
- "You're being too sensitive"

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Examples of ableist behaviours that may require either a formal intervention or education:

Micro Assaults

- Deliberately referring to someone's capability regularly
- Isolating behaviours, blocking promotion
- Refusing reasonable adjustments
- Constantly undervaluing
- Micro management
- Purposely allocating difficult tasks to humiliate

Common forms of direct ableism requiring a formal intervention:

Overt Assaults

- Gesticulating inappropriately whilst talking
- Inappropriate actions or comments linked to ability
- Intrusive personal questions, such as enquiries about someone’s condition or ability for intimacy
- Intimidating or threatening language or behaviour
- Shouting at, including via email
- Aggressive behaviour or threats
- Physical injury or harm
- Stalking
- Telling discriminatory jokes

9. How to be an upstander

9.1. Responding to ableism in the moment

What should I do in the moment? Become an upstander!

The following section lays out advice and guidance on how you might personally respond in the moment, and why it’s important to speak up, even if you wish to remain anonymous.

Responding to ableist behaviour between staff within the workplace (Interpersonal ableism and micro-aggressions)

When we witness ableist behaviour, we will decide to do or say something (and become an upstander), or to simply let it go (and remain a passive bystander). Responding to ableism requires us to become upstanders who take action. To understand what we mean by upstander we must understand the term, bystander effect. This phenomenon is when no one

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in a group of witnesses chooses to disrupt a problematic event; and the more people present, the less likely people are to help a person in need or distress. This diffusion of responsibility can make well-intentioned people complicit in whatever acts of discrimination they silently witness.

9.2. What is an upstander?

- Upstanders avoid silent complicity. They take steps to speak up or step in to keep a situation from escalating, or to disrupt a problematic situation.
- Upstanders strive to intervene early and often
- Upstanders play a key role in preventing, discouraging, and/or intervening
- Upstanders are aware of when behaviour is inappropriate and problematic and choose to challenge it.
- Upstanders create cultures that actively reject harmful or discriminatory behaviour.
- Upstanders call out biased behaviour

9.3. What stops us from speaking up and intervening?

In order to act, we first need to understand what stops us. Our internalised narrative can stop us from becoming upstanders as we can freeze and struggle to find the words. We may feel that we are too busy, have no time, unsure who to speak to, unsure if the situation is serious enough, or we fear the consequences of speaking up. We wonder:

- Did I really hear and see that?
- Is there something about their relationship that I do not know?
- Did they bring the behaviour on themselves?
- Do I have any influence or authority here?
- Will anything even happen if I intervene? What will others think about my intervention?
- No-one else is doing anything so I shouldn't either. Someone else will say something
- Will there be retaliation aimed towards me?

Let's speak up anyway! Just do it.

Our silence is extremely damaging because the recipient of the behaviour may feel painfully unsupported, and possibly as though they have no allies within the workplace. It also creates a false consensus that ableist behaviour is acceptable and gives permission for it to continue. Every time an act happens it becomes more normal. Therefore, it is essential that we become upstanders. Non-disabled colleagues are in a unique position to become upstanders

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and challenge ableist behaviour, as they do not carry the same emotional toll that comes with being on the receiving end of abelism and then also having to challenge it.

Inappropriate behaviour remaining unchallenged really serves to undermine our efforts to develop an inclusive culture at HUTH. As we know, continued exposure to systemic and casual discrimination increases stress and elevates cortisol, compromises mental health and can even lead to physical pain. The anti-ableist expectation of every staff member is that they become an upstander if it is safe to do so.

Please remember! Only intervene if you believe that you and others are physically safe, and there is no risk of escalation. You can ask someone to help if you do not feel confident intervening or having any conversations alone.

9.4. Upstander Approaches and Practical Actions

In the moment

If you witness micro-aggression then you should intervene and support the person who experienced it. This will provide support and encouragement, and provide reassurances to those experiencing micro-aggressive behaviour that they are not alone, and thus consciously creating and supporting an inclusive environment and culture.

- Distraction/Interruption. Interrupt the person and interaction, change the subject, start a conversation, create a diversion. The goal is to immediately stop the conversation to prevent further harm from occurring. This applies in a situation you think might become problematic. It could include telling the recipient that they need to take a call, or you need to speak to them. Ask the recipient of the behaviour if they are OK or if they need help. Seek a 1-2-1 following the incident.
- Direct challenge. Describe clearly and succinctly what you see happening and state what you think about it. This could include telling the person to stop, calmly stating why the statement or behaviour has offended you using a set of words that you feel comfortable with, such as: “That is not OK”, “I do not like that”, “I feel really uncomfortable when you make statements like that and I do not want you to do it again” etc. Immediacy is an important component of correcting behaviour. Use ‘I’ statements, rather than speaking up on the behalf of the recipient of the ableist behaviour. Change the focus to yourself by stating the impact that the behaviour has had on yourself and how you would like the person to respond. Such as: “I don’t like ableist jokes. Please don’t make them anymore.”

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- Seek clarity and ask probing questions. Ask probing questions to the individual responsible for the ableist behaviour, to help them understand their statements and actions and how they can be perceived as rude, threatening, or harmful. Because ableist micro-aggressions are often the consequences of unconscious bias, they may not always be aware that their statements and actions are harmful. Therefore, asking probing questions can be an effective way to create the cognitive dissonance that is necessary to recognise that their statements or actions are problematic. For example, observers could ask: “I think I heard you say to a disabled staff member “Oh you look so normal. What did you mean by that?” or “I want to make sure I understand you, were you saying that you think disabled people don’t look normal?” In most instances, these questions will prompt them to reflect and reconsider what they said. Come from curiosity, not judgment. Explore their perception of the impact of their words or behaviour, do they see how it could be perceived? Provide feedback of your perception of the impact on you, sharing your opinion and feelings.
- Silent stare/ body language – a disapproving look or not smiling at a ‘joke’. Seek a 1-2-1 following the incident.

Actions after the moment has passed

- All incidents are to be reported. Regardless of whether you are the recipient of the behaviour, a bystander or a line manager, you are expected to report the incident on the Trust reporting system. It is important to document the incident or pattern of events as evidence. If you are a bystander or line manager who has become aware of the incident, you should communicate that the incident will be reported with all involved through 1-2-1 private discussion.
- Have a 1-2-1 conversation.
- Escalate to a more senior member of staff within the team. If you don’t feel safe to speak up and intervene then speak with a senior member of staff within the team.

Once the incident has ended, have 1-2-1 open and honest conversations with:

1. The recipient of the ableist behaviour.
    - Check in to see how they are, and establish what their needs might be. Support them to report the incident and understand avenues for support, signposting effectively. Dealing with actual or threats of ableism can have an effect on an employee’s health and wellbeing and they may feel that they need further support.

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- Validate their experience by letting them know you believe their experience rather than debate or question it. This has the opposite effect of gaslighting and shows the person that you saw/heard it too, and that they did not imagine the ableist behaviour.
- Show them they have value as a person and you care by compassionately listening to their experience.
- Affirm their group identity, this shows that you, as an ally, are willing to speak out against micro-aggressions and injustices because you know their group is just as important as any other group. This puts less pressure on the person to cover or distance themselves from their identity.

2. The individual responsible for the ableist behaviour.
    - Address the person privately to explain why the act was offensive and how it is misaligned with the shared values within HUTH (of welcoming environments, treating others with dignity and respect, trust, compassion and inclusion). Here you can open the dialogue by taking a questioning and coaching approach. Understand and assess their intention and perspective before asserting that the behaviour needs to stop and cannot continue.
    - Ask to speak to them about the behaviour/incident that has caused you concern. Outline how it has made you feel, and work with them to agree next steps, informing them that the incident will be reported and there will be Circle Group involvement.
    - Example phrases may be:
    - Seek clarity ‘Tell me more about _____’
    - Offer an alternative perspective: ‘Have you considered_____’
    - Speak your truth ‘I don’t see it the way you do. I see it as ______’
    - Find common ground: “We don’t agree on __________ but we can agree on __________.”
    - Give yourself the time and space you need ‘Can we revisit the conversation about ____ tomorrow?’
    - Set boundaries ‘Please do not say____ again to me or around me’
    - As a line manager you should use the Trust Staff Charter and Anti-Ableism statement when speaking to the individual to explain that the Circle Group will guide the next steps. However, the line manager as an upstander, is required to

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intervene in the situation and speak up on the behalf of the individual and take necessary actions.

9.5. What do you do if you have been called out for a micro-aggression?

A colleague may have called you out on a comment or action that is ableist. You may not have intended to cause harm but now you are aware that it is offensive, what can you do? As someone who wants to be a good ally to colleagues, you should try the following:

- Don't make it about you. You may feel awkward and uncomfortable but it does not help the situation to be defensive. If a colleague shares that they were harmed by your words or actions, then you should listen and focus on their perspective, not focus on defending on yourself and the need to prove that you are a good person. The more time spent defending yourself and denying the feedback, the less time you may spend learning from the situation. An often problematic response that comes from a place of defensiveness and privilege is 'they are playing the disability card'. This is an extremely harmful statement that denies the feelings and lived experience of the individual and dismisses that anything harmful took place. Remember to listen - when you know better, you should do better.
- Listen. Your priority is to make sure the other person feels heard. The individual has chosen to be brave and share your impact on them and therefore listen to what they have to say with an open mind. Try to reframe your thinking to recognise that it is positive to receive feedback about how you are showing up and gives you an indication of how to grow and learn.
- Sincerely apologise. It is natural to feel defensive but replace this with curiosity and empathy and offer a genuine apology. Try to address the harmful comment or action, acknowledge the impact that it had, and commit to doing better. It is natural to experience feelings of guilt, shame, vulnerability, fragility, anger or confusion after being called out but try to not make your apology about you, instead it should be about understanding how you can do better and learn.
- Seek to understand on your own time. If you do not grasp how what you said or did was prejudiced or hurtful, this may be because you are in a privileged positon. Individuals may respond differently following an event, some may want to educate you and teach you about how your impact was harmful. Others may wish for you to use your own initiative and time to research and further your understanding. Either of those

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responses are normal. Researching on Google and asking the opinion of others can be an effective way of making use of this learning opportunity.

- Consider following up. Follow up with the individual to let them know ‘that you care’ and that you were ‘grateful that they gave you honest feedback’. This follow-up should not be about receiving validation or thanks for following up but it should be about taking steps to make your colleague feel more respected.
- Keep working on it. Everyday is a school day. We all have opportunities to become better, open-minded, anti-ableist people and this requires ongoing work. Commit to growing, learning and course correcting at every opportunity. This is the mark of a true inclusive leader within HUTH.

Do

- Make the other person feel heard and follow their lead in the conversation.
- Offer a genuine apology that acknowledges the impact and harm your comment caused.
- Keep striving to be better. It requires grace, humility, and commitment.

Don’t

- Fall prey to the fundamental attribution error. You can still be a good, well-intentioned person who said something offensive.
- Make the conversation about you. Instead, express gratitude for your colleague’s trust and belief that you’re capable of evolving.
- Overdo your apology by laying on your privileged guilt. Your apology should be sincere and should centre the individual.

10. Scenarios

The following scenarios describe a variety of incidents relating to ableism. They include realistic overt and covert examples with insight into practical next steps and how incidents were resolved, with an outline of the intervention and the rationale behind it.

10.1. Scenario 1

A colleague disclosed they have dyslexia to their senior manager. The manager reacted sceptically stating “are you sure? Really?”

The colleague became very reluctant to share any more information with the senior manager and also became more cautious about who they shared their information with in future. As a

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consequence the colleague did not feel able to ask for reasonable adjustment that they needed.

Intervention

The Circle Group met to discuss the report, and decided that an option available was to triage the issue to Organisational Development for an individual intervention with the Manager, that might include diversity awareness training via the inclusivity academy.

The Circle Group consequently contacted the individual involved asking whether they wanted formal or informal processes to be instituted, and if they felt that the individual intervention would work for them, and this was their desired outcome.

Rationale

This is an example of micro invalidation as the senior manager has not acknowledged the disclosure the colleague has given them to be true and therefore invalidating their lived experience.

10.2. Scenario 2

A junior doctor with a visual disability was sitting at the nurse’s station on a ward on a weekend shift updating a patient’s notes on Lorenzo. One of the registrars passed by with a group of medical students and made the comment “Should have gone to Specsavers” to the junior doctor sat at the desk. He then walked off with the medical students.

Initially the junior doctor was very shocked by the comment, as most of the staff on the ward were aware of their visual impairment. This then gave way to anger as the registrar had deliberately made the comment to appear funny in front of his colleagues at the disabled junior doctor's expense. Comments of the same nature continued for the rest of the shift.

Intervention

The Circle Group met to discuss the report, and decided that the comment by the Registrar was unacceptable and met with the Junior Doctor to understand whether they wanted a formal intervention, however the Doctor only wanted an informal intervention to flag to the Registrar the impact of their comment and for the colleagues to know that they should have as upstanders corrected the registrar, so the EDI Manager met with the Registrar to explain the consequences of their behaviour and Organisational Development did a team intervention, that includes disability and micro aggression, allyship and upstanding awareness training and team development sessions.

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If the behaviours persist then more formal interventions will be enacted with the registrar perpetrating the behaviours.

Rationale

This is an example of a micro insult. An overt statement deliberately meant to insult or cause harm. It was an overt act under the guise of banter and was unnecessary and unwarranted in the situation and nobody issued a challenge to the behaviour.

10.3. Scenario 3

A candidate with arthritis attending a job interview is asked to complete a typing test using a standard keyboard. The candidate can type 40 words per minute using an adapted keyboards, but only 20 words per minute on a standard keyboard. An adapted keyboard was not offered and she was not offered the post on the ground of that her typing speed was too slow.

Intervention

The Circle Group met to discuss the report and discussed the incident with HR and opened discussions with the person who set up the parameters for the test at the interview to raise awareness with them of the importance of inclusive recruitment practices.

Rationale

This is an example of direct discrimination as the candidate was not offered the correct equipment in order to offer her best opportunity at interview.

10.4. Scenario 4

A female ward clerk who is a full time wheelchair user has a male colleague grab the handles of her wheelchair without asking and proceeds to wheel her around the ward and push her out into the corridor, in front of a group of colleagues who were laughing and cheering. The male colleague stating the incident was only just a “bit of fun”.

The ward clerk as left visibly shaken and she observed none of her colleagues came to assist her. She was left feeling upset and having thoughts of whether she had been over sensitive to the incident.

Intervention

The Circle Group met to discuss the report and directly communicated back to the ward clerk to check on her wellbeing and also discuss the incident with her and whether she would like to make a formal complaint of assault. If she want to take it further they should be supporting and encouraging the victim to report the matter to the police as a hate crime/assault.

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The group also spoke directly to the colleague who perpetrated the behaviour to inform him that whilst the victim didn’t wish to involve the police, the behaviour described constituted gross misconduct under the Trust's disciplinary policy and would be formally investigated through HR processes and could result in his dismissal.

It was also discussed that the issue needs to be triaged to Organisational Development for a team intervention that included disability and micro aggression awareness training and team development sessions.

Rationale
This is an example of a physical assault and as such can have serious consequences for the perpetrator including criminal action. For a non-disabled person to touch any part of a disabled persons wheelchair or mobility equipment whilst they are using it, is a violation of their personal space and as such it is equal to placing their hands on any intimate part of the person’s body. It is also traumatising for the person in the wheelchair, as they cannot see what is happening behind them and they also have no control of where they are being taken.

11. Anti-ableist expectations

11.1. All individuals

The anti-ableist expectations of all individuals (all members of a team and employees of HUTH):

- Carry personal responsibility for their own behaviour at all times
- Provide allyship to Disabled colleagues and act as an upstander
- Demonstrate compassionate and inclusive leadership behaviours, such as listening to colleagues, understanding their experience, and empathising with them before exploring possible next steps.
- All individuals are expected to report incidents involving ableism using the Trust reporting tool at the earliest opportunity in order to capture data
- All individuals must partake in interventions to resolve any complaints
- All individuals should recognise that line managers need to carry out their people management responsibilities in line with Trust policies

11.2. Line managers

The anti-ableist expectations of line managers:

- Encourage reporting of all ableist incidents via the Trust reporting system and take reported incidents of ableism at work seriously

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- The role of line manager is key in tackling discrimination within the workplace and setting the tone for an anti-ableist workplace.
- Line managers role model and lead on promoting inclusion, maintain the focus on tackling ableism and escalate, signpost and follow up where necessary
- Constructively challenge behaviours that do not support an anti-ableist workplace and help others to learn to do better
- Create a culture free from micro-aggressions by noticing when micro-aggressions take place and address them by listening to those involved and taking action.
- Actively listen to staff without dismissing their lived experience
- Look inward and be prepared to reflect on your past and present bias that may have impacted the careers of your staff. This includes accepting feedback with humility and committing to making things better.
- Create psychologically safe spaces for staff to be able to talk openly and share their experience, without repercussions or judgement
- Ensure that staff understand the methods and timing of reporting, and that it is carried out in a timely manner
- Support staff who raise concerns with them, both before, during and after the concerns have been raised

11.3. Senior management team

The anti-ableist expectations of the senior management team and HUTH:

- Encourage reporting of all ableist incidents via the Trust reporting system and take reported incidents of ableism at work seriously
- Ensure that staff are aware of this framework and understand the methods and timing of reporting incidents
- Provide immediate support to staff who experience ableist attitudes and behaviour by listening to the account of the incident and discussing the options available to them.
- Support the investigation of significant incidents
- Commitment to provide timely support to individuals who have experienced ableism at work
- Take appropriate action against members of the public who abuse staff based on ableism
- Take practical steps to eliminate ableism from the workplace

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12. Support

12.1. Equality, Diversity and Inclusion Lead

- Phone number: (9) 07590034701
- Email: mano.jamieson2@nhs.net

12.2. Disability Staff Network

- Email: hyp-tr.disability@nhs.net

12.3. Security Department

- Phone number: (9) 07769135718
- Email: joe.moore6@nhs.net

12.4. Organisational Development

- Phone number: 01482 674113 / (88) 4113
- Email: n.sajja@nhs.net

12.5. Human Resources

- Phone number: 01482468400 / internal: 7668400
- Email: hyp-tr.esc.helpdesk@nhs.net

12.6. Mediation Service

- Phone number: 01482 468630 / (76) 68630
- Email: suzanne.bilsdon@nhs.net

12.7. Freedom to Speak Up Guardian

- Phone number: (9) 07825722523
- Email: frances.moverley@nhs.net

12.8. Spiritual and Pastoral Services

- Phone number: 01482 675966 / (88) 5966
- Email: hyp-tr.chaplaincy.team@nhs.net

12.9. Occupational Health

- Phone number: (HRI) 01482675059 / (88) 5059 or (CHH) 01482623051 / (77)3051
- Email: hyp-tr.health.occupational@nhs.net

13. References

Other policies and procedures relevant to the matters covered in this Zero Tolerance Framework include:

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- CP379 – Incident Reporting Policy
- CP169 – Raising Concerns at Work (Whistleblowing) Policy
- CP110 – Trust Security Management Policy
- CP137 - Health and Safety Policy
- CP003 – Handling Complaints, Concerns, Comments and Compliments Policy
- CP205 – Critical Incident Stress Management for Staff Policy
- CP250 –Managing Capability Policy
- CP024 – Disciplinary Policy and Procedure
- CP334 – Equality, Diversity and Inclusion in Employment Policy
- CP036 – Grievance Policy and Procedure
- CP413 – Maintaining High Professional Standards Policy
- CP089 – Recruitment and Selection Policy
- CP107 – The Prevention and Management of Stress at Work Policy
- CP269 – Staff Conflict Resolution and Professionalism Policy

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