**1. Introduction**

1.1 Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES). Published annually, our WRES progress report highlights the experience of BAME\* employees working within the Trust.

1.2 The WRES is a key component in how the Trust works to deliver tangible and sustainable improvement on race inclusion, also supporting how as an organisation we deliver on our obligations under the Public Sector Equality Duty.

1.3 The main purpose of the WRES is:

* to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
* to produce action plans to close the gaps in workplace experience between White and Black and Ethnic Minority (BAME) employees, and,
* to improve BAME representation at the Board level of the organisation.

1.4 The Trust’s 2023 WRES progress report is attached at **appendix one.** The data contained within the report is based on activity between the period of 1st April 2022 and 31st March 2023. We are required to submit our WRES performance data to the National WRES Team by 31 May 2023.

1.5 In addition to reporting the required nine WRES metrics, the Trust’s 2023 WRES progress report also sets out a range of actions that will be undertaken to address the inequalities identified. These actions are contained within the Trust’s EDI Strategy.

**2. Our WRES Performance Highlights**

2.1 BAME representation in our non-clinical workforce has increased at both bands 6 and 7 (7%.and 2% respectively)

2.2 Within the clinical workforce, there has been an increase at BAME representation at band 2 (14%), band 3 (10%), bands 4 and 5 (7%), band 6 (8%) and an increase in the proportion of BAME staff in the trainee medical group (8%). The improvements across AfC pay bands 4-6 are likely to have been impacted by international recruitment.

2.3 In terms of recruitment, the relative likelihood of appointment from a shortlist for white staff is 2.49, meaning that white candidates are 2.5 times more likely to appointed from a shortlist compared to BAME candidates

2.4 There is no difference in the likelihood of BAME staff entering a formal disciplinary process compared to white staff. This position is unchanged from the previous 12 months.

2.5 In terms of the 2022 NHS national staff survey metrics, The proportion of BAME employees reported via the national staff survey that they had experienced harassment or bullying from other employees has increased from 22.5% to 31%.

2.6 There has been an increase of 2.4% in the proportion of BAME employees who reported via the national staff survey that they had experienced discrimination at work from either their manager, team leader or other colleagues (from 15.4% to 17.8%).

2.7 The proportion of BAME employees who reported via the national staff survey that they believe that that the organisation provides equal opportunities for career progression or promotion has decreased by 8.2% compared to last year.

**3. Improving our WRES Performance**

3.1 It is clear from our 2023 WRES performance data that we need to more to improve in the following areas:

* Although not formally measured by the WRES metrics, the data does show that there remains progress to be made in relation to career progression of BAME staff. The Trust’s EDI Strategy has specific actions in relation to the development of targeted career progression approaches, tools and interventions.
* The staff experience metrics, as measured through the NHS national staff survey, the levels of bullying and harassment reported by BAME staff remains high, and is higher than in the previous year. There are specific actions within the Trust’s EDI Strategy to engage with our staff networks to better understand the lived experience of our BAME colleagues.
* The relative likelihood of BAME applicants being appointed from a shortlist, compared to white applicants, shows that BAME applicants are disadvantaged through the recruitment process. The Trust’s EDI Strategy has specific actions in relation to recruitment.

3.2 The Trust’s 2023 WRES progress report includes a range of specific actions aimed at improving our WRES performance. These actions are outlined within the Trust’s EDI Strategy.

3.3 The completion of specific actions outlined within the EDI Strategy Action Plan will help us to deliver tangible and measurable improvements in our WRES measures. This includes understanding the lived experiences of BAME employees and improving them (as measured through the NHS annual staff survey), examining local level data to identify inequalities, introducing targeted career progression opportunities for BAME employees and implementing the North West Anti-Racism Framework.

3.4 It is incumbent that we continue to progress our EDI journey at every level within the organisation. The delivery of the Trust’s new Organisational Development (OD) Plan 2023-2026 will help us to create a more inclusive and compassionate culture and improve the working lives of BAME employees. The OD Plan focuses on a number of priority actions including implementing a Civility Saves Lives Programme, improving team working and leadership and management capability, enhancing employee engagement and wellbeing, and further embedding the Trust’s values and behaviours.

**4. Next Steps**

4.1 We are required to submit and publish our WRES progress report annually as part of the NHS Standard Contract. Requirements for 2023 are in two stages, as below:

* Submit the Trust’s 2023 WRES performance data to the National WRES Team by 31 May 2023 *(it should be noted that this timescale has been significantly brought forward from the usual 31 August deadline).*
* Publish the Trust’s 2023 WRES progress report by 31 October 2023 – it will be available to view on the Trust’s website.

4.2 We expect to receive confirmation of the national and Greater Manchester WRES performance position in autumn 2023. This will help us to understand how our WRES performance compares with other NHS organisations and where we can share learning.

**5. Conclusion**

5.1 Working to advance diversity and inclusion has continued to be a high priority for the Trust, despite the significant operational challenges that we continue to navigate. It is evident from our 2023 WRES performance data that we still have much more to do improve the working lives of BAME employees and our talent pipeline if we are to achieve the ambitions of our Trust Strategy, and the NHS People Plan and People Promise.

*\*Note*

*‘BAME’ is an acronym that has been used to collectively classify people of Black, Asian and minority ethnic backgrounds. The UK Government has taken the decision, based on advice from the Race Disparity Unit (RDU), to cease the use of the term ‘BAME’, and instead utilise the term ‘ethnic minority’. The RDU are now working with data producers across government and the wider public sector to embed the new standards, and with the Office for Statistics Regulation (OSR) to review the use and impact of these standards. NHS mandated reports, such as the WRES, still utilise the term ‘BAME’.*

*The Trust will await NHS England direction on the implementation of the RDUs data standards, and in future reports will use the terminology that has been agreed universally for the NHS.*

**APPENDIX 1 – Workforce Race Equality Standard Report 2023**



Stockport NHS Foundation Trust

Workforce Race Equality Standard

(WRES) Report 2023



**Introduction**

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

* to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
* to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
* to improve BME representation at the Board level of the organisation.

This document reports on Trust’s activity between 1st April 2022 and 31st March 2023 against the WRES, in accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (indicator 9).

In addition to reporting the metrics required of the WRES, this report also sets out actions that will be undertaken to address the inequalities identified.

**The WRES Indicators**



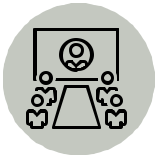
**Workforce indicators**

|  |  |
| --- | --- |
| Indicator | Descriptor |
| 1 | Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts |
| 3 | Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff |
| 4 | Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD). |



**National NHS staff survey indicators**

|  |  |
| --- | --- |
| Indicator | Descriptor |
| 5 | KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months |
| 7 | KF 21. Percentage believing that the trust (or organisation) provides equal opportunities for career progression or promotion |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues |



**Board representation indicator**

|  |  |
| --- | --- |
| Indicator | Descriptor |
| 9 | Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated:   * By voting membership of the Board * By executive membership of the Board |

**Reporting against the WRES indicators**

**Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff**

**Non-clinical workforce**

|  |  |  |  |
| --- | --- | --- | --- |
| **31st March 2022** | | **31st March 2023** | |
| White | 1392 | White | 1419 |
| BAME | 174 | BAME | 195 |
| Unknown | 26 | Unknown | 27 |
| Total | 1592 | Total | 1641 |

As of March 2023, within the non-clinical workforce, 85.5% of staff were White, and 11.8% of staff were from Black & Minority Ethnic backgrounds (a decrease of 0.88% on the previous year).

**Clinical workforce**

|  |  |  |  |
| --- | --- | --- | --- |
| **31st March 2022** | | **31st March 2023** | |
| White | 3104 | White | 2909 |
| BAME | 987 | BAME | 1135 |
| Unknown | 145 | Unknown | 133 |
| Total | 4236 | Total | 4177 |

As of March 2023, within the clinical workforce, 69.6% of staff are White, and 27% are from BAME backgrounds (a decrease of 3.7% on the previous year).

Figure 1 (*overleaf*) shows the proportion of White and BAME staff in each of the AfC pay bands within the non-clinical workforce.

In summary the data shows:

* That there has been a significant increase in the proportion of BAME staff at band 6. There has also been a small fall in the proportion of BAME staff at band 5.

*Figure 1* shows the distribution of white and BAME staff, within the non-clinical workforce*,* 2022-2023.

The table below shows the changes at each AfC band between 2022 and 2023.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **% movement per band** | | |
| **AfC Band** | **White 2023** | **BAME 2023** | **Unknown 2023** |
| Band 1 | 4% | 0% | -4% |
| Band 2 | -2% | 2% | 0% |
| Band 3 | -1% | 1% | 0% |
| Band 4 | 1% | -1% | 0% |
| Band 5 | 2% | -3% | 1% |
| Band 6 | -7% | 7% | 0% |
| Band 7 | 0% | 2% | -2% |
| Band 8A | -1% | 0% | 0% |
| Band 8B | 0% | 0% | 0% |
| Band 8C | 0% | 0% | 0% |
| Band 8D | 0% | 0% | 0% |
| Band 9 | 3% | 0% | -3% |
| VSM | 0% | 0% | 0% |

Figure 2 (below) shows the proportion of White and BAME staff in each of the AfC pay bands within the clinical workforce.

In summary the data shows:

* There has been significant increase in the proportion of BAME staff across bands 2, 3, 4, 5 and 6, and a small increase in the proportion of BAME staff at band 7.

The table below shows the change between 2022 and 2023.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Movement per band | | |
|  | White 2023 | BAME 2023 | Unknown 2023 |
| Band 1 | 0% | 0% | 0% |
| Band 2 | -13% | 14% | 0% |
| Band 3 | -9% | 10% | -1% |
| Band 4 | -4% | 7% | -3% |
| Band 5 | -7% | 7% | 0% |
| Band 6 | -4% | 4% | 0% |
| Band 7 | -1% | 1% | 0% |
| Band 8a | 0% | 0% | 0% |
| Band 8b | -8% | 8% | 0% |
| Band 8c | 3% | -3% | 0% |
| Band 8d | 0% | 0% | 0% |
| Band 9 | 0% | 0% | 0% |
| VSM | 0% | 0% | 0% |

Figure 3 below shows the distribution of white and BAME staff over each of the career grades for the medical workforce.

The table below shows the changes between 2022 and 2023:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Movement between grades | | |
|  | White 2023 | BAME 2023 | Unknown 2023 |
| Medical & Dental Consultant | 1% | -1% | 0% |
| Medical & Dental Career Grade | 0% | 2% | -2% |
| Medical & Dental Trainee Grades | -8% | 8% | 0% |

There has an increase in the representation of BAME staff across the trainee and career grades, and a small reduction in the proportion of BAME staff at consultant grade.

**Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2022 | Relative likelihood in 2023 | Difference +/- |
| Relative likelihood of White staff being appointed from shortlisting compared to BAME staff | 2.10 | 2.49 | +0.39 |

Analysis of recruitment data there has been an increase in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff. A figure of 2.49 shows that there is 2.5 times more likelihood of a white candidate being appointed compared to a BAME candidate.

**Indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2022 | Relative likelihood in 2023 | Difference +/- |
| Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff | 0.77 | 1.14 | 0.37 |

The relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff is 1.14. This means that there is virtually no difference in the relative likelihood of white and BAME staff entering the formal disciplinary process.

**Indicator 4: Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2022 | Relative likelihood in 2023 | Difference +/- |
| Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD) | 0.81 | 2.44 | 1.63 |

There has been a significant increase in the relative likelihood of white staff accessing CPD compared to BAME colleagues. White staff are now more than twice as likely as BAME staff to access CPD.

**Indicators 5-8: The figure below summarise the staff survey data that is used to inform the WRES submission.**

|  |  |  |
| --- | --- | --- |
| Measure | 2022 Score | 2023 Score |
| % of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | 23.6% | 28.5% |
| % of BAME staff reported experiencing harassment, bullying or abuse from staff in last 12 months | 22.5% | 31% |
| % of BAME staff said they had experienced discrimination at work from either their manager, team leader or other colleagues | 15.4% | 17.8% |
| % of BAME staff believed that the organisation provides equal opportunities for career progression or promotion | 52.2% | 44% |

There has been in increase in the proportion of BAME staff reporting bullying harassment or abuse across all metrics (i.e. from patients, other colleagues and managers)

The proportion of BAME respondents who believed that that the organisation provides equal opportunities for career progression or promotion has decreased by 8.2% compared to the previous year.

**Indicator 9: Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | White | BAME | Unknown |
| Board Membership | 12 | 2 | 3 |
| Of which;  Voting Board Members | 11 | 2 | 2 |
| Non-voting Board Members | 1 | 0 | 1 |
|  | | | |
| Board Membership | 12 | 2 | 3 |
| Of which;  Exec Board Members | 8 | 0 | 1 |
| Non-Exec Board Members | 4 | 2 | 2 |
|  | | | |
| Number of staff in overall workforce | 4478 | 1476 | 170 |
| Overall Workforce % by ethnicity | 73.1% | 24.1% | 2.8% |
|  | | | |
| Total Board members by ethnicity (%) | 70.6% | 11.8% | 17.6% |
|  | | | |
| Difference Board membership to overall workforce | -2.5% | -12.3% | 14.9% |

**Action Planned**

The Trust’s EDI Strategy 2022-2025 outlines our approach to accelerating our EDI journey. Below are the specific actions contained within the EDI Strategy that will seek to address some of the issues highlighted in our 2023 WRES metrics. Progress of the EDI action plan is monitored by the Trust’s Equality Diversity & Inclusion Steering Group.

**Priority 1: Workforce**

**Objective 1: Recruitment**

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to ‘Advance equality of opportunity between people who share a protected characteristic and those who do not.’

We will ensure current employees and future talent with protected characteristics are offered equality of opportunity and fair access to*.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **What we will do:** | **How we will know we have had impact:** | **Timescales - to be achieved by:** | **Targets** |
| 1. | We will build relationships with local organisations supporting people with protected characteristics into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/Long Term Condition (LTC) | We will see an increase in the number of people shortlisted/appointed from people with protected characteristics and individuals with disabilities /LTC | Y1 Establish recruitment networks and processes | 2021 baseline – 134 interviewed disabilities  Y1 – 10% increase on baseline (147)  2021 baseline – 26 offers disability  Y1 – 10% increase on baseline (29) |
| 2. | We will routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice | We will see an increase in the number of people shortlisted / appointed from people with protected characteristics | Y1 Establish directory | Disability as above  2021 baseline – 575 interviewed BAME  Y1 – 10% increase on baseline (633)  2021 baseline – 85 offers BAME  Y1 – 10% increase on baseline (94) |
| 3. | We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all mangers with responsibility for current and future recruitment and selection | We will see an increase in job offers made to people with protected characteristics from shortlisting and a reduction in the shortlisting to success relative likelihood ratio for BAME and disabled / LTC, tracked within WRES / WDES | Y1 Implement awareness training package | Disability and BAME increases as per 1 and 2 |
| 4. | We will work with managers to reduce barriers into employment by reviewing and drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community  We will work with ‘Pure Innovations’, those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes. | We will see an increase in job applications from people with protected characteristics | Y1 Pilot Division to refine programme | Disability and BAME increases as per 1 and 2 |
| 5. | We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics | We will see an increase in flexible working across our workforce | Y2 Track impact via WDES, GPG and flexible working data  Y3 Continue tracking impact and review | 2021 baseline – 1.15% of workforce in flexible working pattern (69). |
| 6. | We will continue to work closely with our recruiting managers across Divisions to build competency in the Two Tick employment practice (Disability Confident Employer Accreditation Scheme) to remove barriers to employment for Disabled people. Working towards becoming a Level 3 Accreditation: Disability Confident Leader | We will see an increase in employment of disabled staff in our organisation, tracked within WDES | Y2 Gap analysis of progress to date against standard and create action plan  Y3 implement action plan | Disability increases as per 1 |
| 7. | We will work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning | We will see a reduction in the BAME progression disparity ratio | Y1 Create BAME talent pool | BAME increases as per 2 |
| 8. | We will develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for recruiting managers. E.g., offering maternity / paternity and returner’s scheme support packages; more flexible work patterns: part-time; job share or compressed hours. | We will see an increase in the success rates of people with protected characteristics in the recruitment process at senior grade levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps, tracked within WDES and GPG reports | Y1 Review employment packages, identify improvements and create recruiting manager tool kits | Disability and BAME increases as per 1 and 2  GPG baselines - Mean GPG 23%, Median GPG 4%  Y1 – Mean GPG 22%, Median 3.5%  Quartile baselines -  Quartile 3: 86% female  Quartile 4: 71% female  Y1 - Quartile 3 85% female  Quartile 4 72% female |
| 9. | We aspire to introduce diverse interview panels for selection processes for all Bands 8A and above. To manage the potential for any unconscious bias in recruitment processes. This may include people on the interview panel from below Band 8A and discharged using the pool EDI Champions network across the Trust. | We will see an increase in the success rates of people with protected characteristics applying for jobs successfully at senior levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps | Y1 Create pool of EDI Champions and promote to recruiters | Disability and BAME increases as per 1 and 2  GPG impacts as per 9  Board of Directors diversity demographics increase by end of Y3. |

**Objective 2: Retention**

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to ‘Advance equality of opportunity between people who share a protected characteristic and those who do not.’ We will ensure current employees and future talent with protected characteristics are treated with equability and stay with the organisation as ‘a great place to work’, as per the 2022-2025 Trust Strategy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **What we will do:** | **How we will know we have had impact:** | **Timescales - to be achieved by:** | **Targets** |
| 10. | We will work in partnership with our medical leaders to offer coaching to female consultants to improve rates of successful female applications for the Clinical Excellence Awards (CEAs) | We will see an increase in the number of female applicants securing a Clinical Excellence Award and a reduction in the mean and median bonus pay gap | Y1 Establish senior clinical coaching support for CEA | Baseline – 29% female; 42% male receiving bonus  Y1 – 32% female |
| 11. | We will ensure reasonable adjustments are in place, insofar as operational requirements allow for staff with disabilities / LTC to maximise the time they are available to perform, without feeling pressured to attend work if unwell. Where operational requirements mean staff must attend site, all reasonable adjustments shall be made to assist our staff in performing their duties. Training and support to line managers on these adjustments to be provided, with a particular focus on clinical environments | We will see a reduction in lost working hours from staff with disabilities / LTC and a further reduction in these staff being taken through the capability process | Y1 Brief managers on reasonable adjustment guidance | Baseline capability disparity ratio 1.22  Y1 – 1.15 |
| 12. | We will re-establish the Reciprocal Mentoring Scheme for BAME and Disabled Staff to support making applications for leadership roles | We will see an increase in internal successful applications for senior roles | Y1 Establish senior mentor network for BAME talent Pool and disabled / LTC staff | Baseline BAME middle to upper progression disparity ratio – 2.03  Y1 – 1.9 |

**Objective 3: Progression**

*Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to ‘Advance equality of opportunity between people who share a protected characteristic and those who do not.’*

*We will ensure current employees and future talent with protected characteristics are enabled into senior leadership positions to drive lived experience into the heart of decision-making to ensure services are designed, developed, and delivered with inclusivity*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **What we will do:** | **How we will know we have had impact:** | **Timescales - to be achieved by:** | **Targets** |
| 13. | Through our approach to Talent Management and our people plan, we will target female, BAME and disabled staff on development programmes and support managers with succession strategies to enable diversity and inclusion | We will see more staff with protected characteristics progressing and being promoted internally. Increased equality of progression on staff survey score and the progression ratio metric | Y1 Create a protected characteristic talent pool | BAME progression disparity ratios between band clusters as per 13. |
| 14. | We will actively create and promote developmental opportunities including access to leadership courses, secondments, shadowing, work experience and mentoring to BAME and disabled / LTC staff operating to optimise readiness for senior leadership roles. We will ensure that the mentorship programme is reciprocal such that senior leaders can appreciate the specific issues encountered by staff with protected characteristics | We will see more staff with protected characteristics progressing and being promoted. Increased equality of progression on staff survey score and the progression ratio metric | Y1-2 Establish mentoring programmes for people with protected characteristics | As per 14 |

**Priority 2 Culture**

**Objective 1: Staff Experience**

*Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to ‘foster good relations between people who share a protected characteristic and those who do not’. We will ensure employees with protected characteristics are able to work, free from discrimination, bullying and harassment in an inclusive work culture that embraces diversity.*

To address the disparity evident in the poorer experience of staff with protected characteristics as evidenced above, there needs to be a renewed leadership focus to ensure all managers and team leaders are trained and aware of their responsibilities to create the necessary conditions for a more diverse and inclusive place of work for all staff with protected characteristics:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **What we will do:** | **How we will know we have had impact:** | **Timescale- to be achieved by:** | **Targets** |
| 15. | We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group. | We will see an increase in staff joining staff networks. Clear leader ownership to empower the network with network members having direct access to Sponsors providing a platform for peer-to-peer confidence. Improvement in National Staff Survey (NSS) reporting. | Y1-2 Review staff networks identify improvements, refresh process, brief managers, and relaunch  Y2-3 Track implementation and effectiveness | Membership growth  Y1 5 new members per group  Y2 7 new members  Y3 10 new members |
| 16. | We will embed EDI capability and competence objectives for inclusive leadership and management practice into all personal development plans to be reviewed annually | Improved staff experience of management reported in the NSS, WRES and WDES | Y2 Review leadership programmes and identify how to integrate  Y3 Implement | Y2 determine baseline for a number of programmes and identify how to integrate  Y3 Implement and measure how many staff receive training |
| 17. | Using the Anti Racism Framework (ARF), we will incorporate the ‘Hate Crime and Respect’ campaign that is currently focussed on reducing abuse towards staff from patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be included in staff / team briefings and other literature available to all staff and linked to FTSU process | Greater incident reporting and an overall reduction in staff reporting Bullying Harassment and Abuse in the NSS over the three-year period. | Y1-2 Review existing programmes and incorporate ARF. Develop process and implement  Y3 Implement and track impact | Y1 determine baseline of reported incidents  Y2/3 Increased staff reporting |
| 18. | Using the Cure Model as our platform we will build into our existing leadership programme (clinical and non-clinical) equality Masterclasses to develop staff competence around EDI and Protected Characteristics | We will see improvements in staff experience evidenced in the NSS | Y1 Create leadership training package  Y2 Implement and track impact  Y3 Continue tracking impact and review | Increases as per 19. |
| 19. | We will develop a rolling events calendar to align with national and local campaigns/events such as PRIDE, Black History Month, Disability Awareness Week which will raise awareness of the discrimination faced by people with protected characteristics and to foster good relations between protected and non-protected characteristics | Seeing an improvement in staff experience, by raising the awareness of protected characteristics | Y1 Roll out calendar of events and programme schedules  Y2 review and continue | Y2 Develop events calendar and promote. Establish baseline of attendance  Y3 establish % increase in attendance |