**1. Introduction**

1.1 The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which came into force on 1 April 2019. It enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled employees. This information is then used to develop a local action plan, and enables us demonstrate progress against the indicators of disability equality.

1.2 The WDES is important because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. It also leads to increased employee attendance and engagement, lower turnover and improved morale.

1.3 We are required to annually publish our WDES performance data. The Trust’s 2023 WDES progress report is attached at **appendix one**. The data contained within the report is based on activity between the period from 1April 2022 to 31March 2023. We are required to submit our WDES performance data to the National WDES Team by 31May 2023. It should be noted that this timescale has been significantly brought forward from the usual 31 August deadline.

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

**2. Our WDES Performance Highlights**

2.1 Our 2023 WDES performance shows that we are making some progress which supports the findings of the recent national staff survey results that evidenced that we are improving the working lives of disabled employees. The Trust’s overall score for the ‘We are compassionate and inclusive’ theme increased from 7.0 to 7.2, and same theme score relating to disabled respondents increased from 6.75 to 6.84.

2.2 The following changes have been seen in our WDES performance since last year:

* Within the non-clinical workforce there has been 0.5% increase in the proportion of employees self-reporting disability across AfC bands 1-4, a 1.0% increase across bands 5-7. There has been a small decrease of the number of staff without data held (unknown) – 2% at bands 1-4, 1.8% at bands 5-7 and 1.5% at bands 8A-8B.;
* Within the non-clinical workforce an increase an increase of 2.9% disabled staff across bands 8A-8B);
* there remains no change in the proportion of disabled staff at the most senior grades;
* a small increase in the proportion of disabled employees in our clinical workforce (1% at AfC bands 5-7 and 0.9% at bands 8A-8B);
* an increase in the proportion of disabled employees declaring via the NHS staff survey that they have experienced harassment, bullying or abuse from either patients/relatives (+4.1%) or from colleagues (+0.9%) representing a worsening position from the previous year;
* a 3.5% decrease in the proportion of disabled employees who via the NHS staff survey said they had reported any abusive treatment when it had occurred; and
* 70.7% of disabled respondents in the NHS national staff survey said that the organisation has made adequate adjustments to enable them to carry out their work. This is unchanged since last year and compares to the sector average of 71.8%.

2.3 Over the last 12 to 18 months we have taken action that may have contributed to the WDES performance described in section 2.2. This has included:

* Throughout Disability History Month in December 2022 we ran a campaign encouraging employees to update their disability data. This is an exercise that we will repeat annually and may have helped to increase the number of employees declaring a disability.
* Attended and delivered numerous recruitment events, and run widening participation programmes and pathways into employment work.
* Delivered disability equality training for managers and issued guidance on reasonable adjustments for managers and employees.
* Our staff network has been instrumental in, celebrating the International Day of Disabled People, National Day of Staff Networks and the NHS Equality, Diversity and Human Rights Week.

**3. Improving our WDES Performance**

3.1 It is clear from our 2023 performance data that we need to do more to improve the performance across the WDES metrics, particularly in relation to colleague experience.

3.2 The Trust’s 2023 WDES progress report includes a range of specific actions aimed at improving our WDES 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 WDES measures. This includes understanding the lived experiences of disabled 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 disabled employees and improving the working environment.

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 disabled employees. The OD Plan focuses on a number of priority actions including, 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 WDES progress report annually as part of the NHS Standard Contract. Requirements for 2023 are in two stages, as below:

* Submit the Trust’s 2023 WDES performance data to the National WDES Team by 31 May 2023.
* Publish the Trust’s 2023 WDES 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 WDES performance position in autumn 2023. This will help us to understand how our WDES 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 WDES performance data that we still have much more to do improve the working lives of disabled employees and our talent pipeline if we are to achieve the ambitions of our Trust Strategy, and the NHS People Plan and People Promise.

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



Stockport NHS FT

Workforce Disability Equality Standard

(WDES) Report 2023



**Introduction**

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Disability Equality Standard.

**The WDES Indicators.**



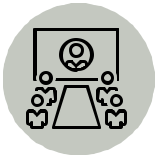
**Workforce indicators**

|  |  |
| --- | --- |
| Indicator | Descriptor |
| 1 | Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by:  • Non-Clinical staff & Clinical staff |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts |
| 3 | Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. |



**National NHS Staff Survey indicators**

|  |  |
| --- | --- |
| Indicator | Descriptor |
| 4 | a) Percentage of Disabled staff compared to non-disabled staff  experiencing harassment, bullying or abuse from:  i. Patients/Service users, their relatives or other members of the public  ii. Managers  iii. Other colleagues  b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. |
| 5 | Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. |
| 6 | Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. |
| 7 | Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. |
| 8 | Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. |
| 9 | a) The staff engagement score for Disabled staff, compared to non-disabled staff.  b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) |



**Board representation indicator**

|  |  |
| --- | --- |
| Indicator | Descriptor |
| 10 | Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:  • By voting membership of the Board.  • By Executive membership of the Board. |

**Reporting against the WDES Indicators.**

**Indicator 1: Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff**

Figure 1 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the non-clinical workforce, for both 2022 and 2023.

*Figure 1*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Change 2022-2023** | | |
|  | **Disabled** | **Not Disabled** | **Unknown** |
| **Cluster 1: AfC Bands <1 to 4** | 0.5% | 0.5% | -0.9% |
| **Cluster 2: AfC Bands 5 to 7** | 1.0% | -0.6% | -0.4% |
| **Cluster 3: AfC Bands 8a to 8b** | 2.9% | -3.3% | 0.4% |
| **Cluster 4: AfC Bands 8c to VSM** | 0.0% | -3.2% | 3.2% |

Summary analysis shows that:

* There has been a small increase in the proportion of staff self-reporting disability across clusters 1-3, and a respective fall in the unknowns.
* In Bands 8A-8B there has been an increase in the proportion of disabled staff.
* There remains no change in the proportion of disabled staff at the most senior grades.

Figure 2 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the clinical workforce, for both 2022 and 2023.

The table below shows the changes in the last 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Change 2022-23** | | |
|  | **Disabled** | **Not Disabled** | **Unknown** |
| **Cluster 1: AfC Bands <1 -4** | 0.4% | 1.6% | -2.0% |
| **Cluster 2: AfC Bands 5 to 7** | 1.0% | 0.8% | -1.8% |
| **Cluster 3: AfC Bands 8a to 8b** | 0.9% | 0.6% | -1.5% |
| **Cluster 4: AfC Bands 8c to VSM** | 0.0% | 0.0% | 0.0% |
| **Cluster 5: Med&Den Staff, Consultants** | 0.4% | 4.8% | -5.2% |
| **Cluster 6: Med&Den Staff, Career grade** | 0.0% | 9.4% | -9.4% |
| **Cluster 7: Med&Den Staff, Trainee grade** | -0.9% | -1.1% | 2.0% |

Summary analysis shows that:

* There has been a small increase in the proportion of disabled staff in Cluster 1, and in the career and consultant medical grades.
* There has been no change in Clusters 2, 3 and 4.
* The proportion of unknowns has fallen across almost all clusters.

**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 disabled staff being appointed from shortlisting across all posts | 0.95 | 1.15 | +0.2 |

The relative likelihood indicator is 1.15, which means there is no significant difference in the likelihood of appointment between disabled and non-disabled staff.

**Indicator 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2021 | Relative likelihood in 2022 | Difference +/- |
| Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. | 0 | 4 | +4 |

The relative likelihood of disabled staff entering the formal capability procedure has increased to 4, from 0. It should be made clear that this represents 1 disabled member of staff entering the process compared to 6 non-disabled staff.

**Indicator 4: a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:**

**i. Patients/Service users, their relatives or other members of the public**

**ii. Managers**

**iii. Other colleagues**

**b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2021 | | 2022 | | Change | |
|  | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff |
| Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | 28.70% | 21.90% | 33.60% | 26.00% | 4.90% | 4.10% |
| Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months | 16.60% | 9.10% | 19.90% | 10.00% | 3.30% | 0.90% |
| Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months | 22.70% | 14.00% | 26.60% | 15.70% | 3.90% | 1.70% |
|  |  |  |  |  |  |  |
| Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | 43.70% | 49.20% | 46% | 45.70% | 2.40% | -3.50% |

There has been an increase in the proportion of both disabled and non-disabled staff reporting bullying and harassment across all metrics. The rate of change is higher for disabled staff.

**Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2021 | | 2022 | | Change | |
|  | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff |
| Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. | 55.4% | 58.8% | 52.6% | 57.4% | -2.80% | -1.40% |

Disabled staff are less positive than non-disabled staff in relation to believing that the Trust provides equal opportunities for career progression or promotion. There has been a decline for both disabled and non-disabled staff against this metric.

**Indicator 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2021 | | 2022 | | Change | |
|  | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff |
| Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. | 33.90% | 21.30% | 28.50% | 20.70% | -5.40% | -0.60% |

Disabled staff are less positive than no-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. The proportion of disabled staff that have felt such pressure has decreased in the last 12 months, at a greater rate than non-disabled staff.

**Indicator 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2021 | | 2022 | | Change | |
|  | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff | Disabled staff | Non-disabled staff |
| Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. | 30.00% | 41.60% | 31.90% | 32.70% | 1.90% | -8.90% |

There has been a small improvement in the proportion of disabled staff who agree that the organisation values there work, however, 8.9% fewer of non-disabled respondents believe the same compared to the year before.

**Indicator 8:** Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2021 | 2022 | Change |
| Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. | 70.8% | 70.7% | -0.1% |

70.7% of disabled staff say that the organisation has made adequate adjustments to enable them to carry out their work. This is virtually unchanged in the last 12 months and compared to an average of 71.8% across the sector.

**Indicator 9: a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)**

(a) Staff Engagement Scores of Disabled Staff v Non-Disabled Staff.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Trust Score** | **Not disabled staff** | **Disabled staff** |
| Engagement Score | 6.8 | 6.9 | 6.3 |

The engagement score for disabled staff is lower than that of non-disabled staff (6.3 compared to 6.9 respectively).

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? **Yes**

The Trust has an established network for disabled staff (DAWN). The network is represented on the trust Staff Side Partnership Forum (SPF). In the last 12 months, the network and its members have been instrumental in:

1. Celebration of International Day of Disabled People.
2. Celebration of national day of staff networks.
3. Promotion of the staff network throughout NHS Equality, Diversity and Human Rights week.

**Indicator 10: Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:**

* By voting membership of the Board.
* By Executive membership of the Board.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Disabled | Not Disabled | Unknown |
| Board Membership | 0 | 17 | 0 |
| Of which;  Voting Board Members | 0 | 15 | 0 |
| Non-voting Board Members | 0 | 2 | 0 |
|  |  |  |  |
| Board Membership | 0 | 17 | 0 |
| Of which;  Exec Board Members | 0 | 8 | 0 |
| Non-Exec Board Members | 0 | 9 | 0 |
|  |  |  |  |
| Number of staff in overall workforce | 251 | 5266 | 585 |
| Overall Workforce % by disability | 4.11% | 86.30% | 9.59% |
|  |  |  |  |
| Total Board members by disability (%) | 0% | 100% | 0% |
|  |  |  |  |
| Difference Board membership to overall workforce | -4.11% | -13.7% | -9.59% |

**Action Planning**

The Trust’s EDI Strategy and associated action plan sets out the targets, based upon and monitored against the annual WRES and WDES return.

**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 |