

Workforce Disability Equality Standard

(WDES) Report 2024



**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.

This document reports on the Trust’s workforce data and activity between 1 April 2023 and 31 March 2024.

**The WDES Indicators**



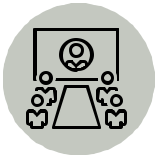
**Workforce indicators**

|  |  |
| --- | --- |
| 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 2023 and 2024.

*Figure 1*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Change 2023-2024** | | |
|  | **Disabled** | **Not Disabled** | **Unknown** |
| **Cluster 1: AfC Bands <1 to 4** | 1% | -1% | 0% |
| **Cluster 2: AfC Bands 5 to 7** | 0% | 0% | -1% |
| **Cluster 3: AfC Bands 8a to 8b** | 2% | -2% | 0% |
| **Cluster 4: AfC Bands 8c to VSM** | 0% | 0% | 0% |

Summary analysis shows that:

* There has been a small increase in the proportion of staff self-reporting disability across bands 1-4 (1%) and 8a and 8b (2%)
* There has been virtually no other significant changes in the non-clinical workforce.

Figure 2 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the clinical workforce, for both 2023 and 2024.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Change 2023-24** | | |
|  | **Disabled** | **Not Disabled** | **Unknown** |
| **Cluster 1: AfC Bands <1 -4** | 1% | 1% | -2% |
| **Cluster 2: AfC Bands 5 to 7** | 1% | 0% | -1% |
| **Cluster 3: AfC Bands 8a to 8b** | 1% | -1% | 0% |
| **Cluster 4: AfC Bands 8c to VSM** | 0% | 0% | 0% |
| **Cluster 5: Med&Den Staff, Consultants** | 2% | 15% | -17% |
| **Cluster 6: Med&Den Staff, Career grade** | 2% | 13% | -15% |
| **Cluster 7: Med&Den Staff, Trainee grade** | 0% | 3% | -3% |

Summary analysis shows that:

* There has been a small increase in the proportion of disabled staff in Clusters 1,2 and 3 and medical clusters 5 and 6 (Consultants and SAS grade doctors).
* There has been significant reduction in the proportion of unknown data, in particular across the medical workforce.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2023 | Relative likelihood in 2024 | Difference +/- |
| Relative likelihood of disabled staff being appointed from shortlisting across all posts | 1.15 | 1.03 | 0.12 |

Disabled staff are equally likely to be appointed from shortlisting as non-disabled staff. There is no statistical difference in the likelihood of disabled staff being appointed from a shortlist compared to non-disabled staff. This a small improvement on the metric from last year.

**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 2023 | Relative likelihood in 2024 | 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 | 4 | 9 | +5 |

There has been a significant increase in the relative ration of disabled staff entering the capability procedure, compared to the previous 12 months. It should be noted that the figures represent 3 disabled people and 8 non disabled people entering the process.

**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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022 | | 2023 | | 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 | 33.62% | 25.89% | 26.03% | 20.47% | -7.59% | -5.42% |
| Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months | 19.93% | 10.00% | 14.78% | 6.60% | -5.15% | -3.40% |
| Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months | 26.17% | 15.69% | 19.15% | 10.77% | -7.02% | -4.92% |
|  |  |  |  |  |  |  |
| Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | 46.12% | 45.74% | 44.26% | 45.72% | |  |  | | --- | --- | | -1.86% | -0.02% | | -0.02% |

There has been a fall in the proportion of disabled staff experiencing harassment, bullying or abuse from either patients/relatives or from managers (7.59%), with a similar fall in the proportion reporting harassment from colleagues (7.02%). Similarly, there was a fall in the proportion of non-disabled staff experiencing this treatment. The reductions are larger for disabled staff.

There has been a small decrease in the proportion of disabled staff reporting any abusive treatment when it had occurred (-1.86%).

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022 | | 2023 | | 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. | 52.59% | 57.40% | 51.10% | 60.19% | -1.49% | 2.79% |

Disabled staff are less positive than non-disabled staff in relation to believing that the Trust provides equal opportunities for career progression or promotion. The score for disabled staff has declined slightly in the last 12 months, whereas the score for non-disabled staff has increased by 2.79%.

**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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022 | | 2023 | | 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 | 28.54% | 20.74% | 25.45% | 16.74% | -3.09% | -4.00% |

Disabled staff are less positive than 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. There has been a small fall in this metric for both disabled and 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022 | | 2023 | | 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. | 31.90% | 42.69% | 36.19% | 47.54% | 4.29% | 4.85% |

Disabled staff are less positive than non-disabled staff when asked if they are satisfied with the extent to which their organisation values their work. There has been an improvement in this score for both disabled staff and non disabled staff in the last 12 months.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | Change |
| Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. | 70.69% | 79.70% | 9.01% |

79.7% of disabled staff say that the organisation has made adequate adjustments to enable them to carry out their work. This is an increase of 9.01% in the previous 12 months.

**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 | 6.94 | 7.08 | 6.49 |

The engagement score for disabled staff is lower than that of non-disabled staff (7.08 compared to 6.49 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. Development of a carer’s passport.
2. Celebration of International Day of Disabled People.
3. Celebration of national day of staff networks.
4. 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 | 13 | 1 |
| Of which;  Voting Board Members | 0 | 11 | 1 |
| Non-voting Board Members | 0 | 2 | 0 |
|  |  |  |  |
| Board Membership | 0 | 13 | 1 |
| Of which;  Exec Board Members | 0 | 7 | 0 |
| Non-Exec Board Members | 0 | 5 | 1 |
|  |  |  |  |
| Number of staff in overall workforce | 325 | 5429 | 482 |
| Overall Workforce % by disability | 5% | 87% | 8% |
|  |  |  |  |
| Total Board members by disability (%) | 0% | 92.9% | 7.1% |
|  |  |  |  |
| Difference Board membership to overall workforce | -5% | 5.9% | -0.9% |

**Appendix Two: Benchmarking data**

Benchmarking data is available against the Workforce Disability Equality Standard: 2023 data analysis report for NHS trusts[[1]](#footnote-1). This report is published in March of each year, and the latest benchmarking data is provided up to 2023. The Trust submission will form part of the 2024 benchmarking report.

**WDES Indicator 1: Workforce Representation**

The chart below shows the comparison of national, NW and Trust level data in relation to the proportion of disabled staff in the workforce. The proportion of disabled staff across all categories is higher than the national averages. The proportions of disabled staff is comparable to the national benchmarks.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nationally | | | | Trust | | | |
|  | Total | Non-Clinical | Clinical | Medical/Dental | Total | Non-Clinical | Clinical | Medical/Dental |
| Disabled | 4.9% | 5.8% | 5.0% | 2.2% | 5% | 6.1% | 4.9% | 2.0% |  |
| Non-Disabled | 78.4% | 77.8% | 79.1% | 75.2% | 87% | 86.6% | 87.2% | 96.1% |
| Unknown | 16.6% | 16.4% | 15.9% | 22.6% | 8% | 7.9% | 7.9% | 2.0% |

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

The chart below shows the relative likelihood of disabled staff being appointed from a shortlist, compared to the national data set. The data shows that from a high position in 2021, the Trust scores are now comparable to national averages, and show there is no difference in the likelihood of disabled people being appointed from a shortlist.

**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.**

The chart below shows the benchmarking data for indicator 3 (National data only). The national picture represents a deteriorating position for the likelihood of disabled staff entering the formal capability procedure. Over the same period, the Trust scores are significantly higher than the benchmark. It should be noted that the numbers are small, which may exaggerate the differential.

**Staff survey benchmarking data WRES**

**Percentage of disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.**

The data below shows the proportion of disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months. The Trust scores under the national average and is approaching the GM average.

**Percentage of disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months.**

The chart below shows the Percentage of disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months. Whilst the proportion has fallen over the last 12 months, the Trust score still is higher than GM average, but has just dropped below the national benchmark. The has fallen over the past 5 years.

**Percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.**

The chart below shows the percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. There has been variation over the last 5 years, but currently the Trust score is below local and national averages.

**Percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.**

The chart below shows the percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. The Trust score varied over the last 5 years, but consistently below both local and national averages

**Percentage of disabled staff who believe that their organisation provides equal opportunities for career progression or promotion.**

The chart below shows the percentage of disabled staff who believe that their organisation provides equal opportunities for career progression or promotion. The Trust score has varied significantly over the last 5 years, and despite being much higher, is now within local and national benchmarks.

**Percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

The chart below shows the percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. The Trust scores have tracked closely to local and national averages.

**Percentage of staff satisfied with the extent to which their organisation values their work.**

The chart below shows the percentage of staff satisfied with the extent to which their organisation values their work. The Trust score has been historically lower than the benchmarks, but now tracs against local and national benchmarks.

**Staff Engagement scores (Disabled Staff)**

The chart below shows the staff engagement scores (Disabled Staff) for the Trust and the benchmark averages. Over the reporting period, the engagement score for disabled staff has fallen, but recently increased, but is still below the benchmark.

**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 |

1. [NHS England » Workforce Disability Equality Standard: 2023 data analysis report for NHS trusts](https://www.england.nhs.uk/long-read/workforce-disability-equality-standard-2023-data-analysis-report-for-nhs-trusts/) [↑](#footnote-ref-1)