

SENIOR LEADERSHIP GROUP

Item 048
Purpose Information
 Action
 Monitoring

30 Aug 2022

Title Workforce Race and Disability Equality Standards (WRES/WDES) Report 2022
Author Mr N Makda, Equality, Diversity & Inclusion lead
Executive sponsor Mr K Moynes, Director of HR & OD & Kate Quinn, Operational Director of HR & OD

Summary: This report sets out our performance and approach to the Workforce Race & Disability Equality Standards (WRES/WDES) for 2022, highlighting areas of improvement and deterioration and plans moving forward.

- Recommendation:** SLG is asked to
- Note the content of this report
 - Enable an accountability framework that Influences the implementation of the WRES and WDES improvement action plans at divisional, department, team and individual level
 - Approve the submission and publication of the data on the NHS DCF system and on our corporate website, as per our contractual requirements.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objective The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

Impact

Legal	No	Financial	Yes
Equality	Yes	Confidentiality	No
Previously considered by:	N/A		

Introduction

1. Under the standard contract all NHS service providers including ELHT are required to provide information on their performance against the indicators set out in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). These are developmental performance frameworks which are intended to help drive improvements in staff experience in relation to race and disabilities equality.
2. This report contains the workforce race and disability equality standards (WRES/WDES) results for 2021/2022, this data is based on the period 1st April 2021 – 31st March 2022 including results from the staff survey that was carried out in autumn 2021. In this summary, data from the previous year is also reported. This is to understand if we have improved since last year and where more needs to be done to accelerate equality and inclusion for race and disabilities.
3. We have made great progress over the last year, with the majority of our WRES/WDES indicators moving in the right direction; which provides us with a measure of confidence that the steps we are taking are having the right impact. However, we still have a lot of work to do to in relation to less favourable experiences in
 - believing in fair progression and development
 - feeling pressured to come into work
 - feeling engaged and valued
 - experiencing harassment
 - not making reasonable adjustments, and
 - representation at senior and board level.

Workforce Race Equality Standards (WRES)

4. The WRES contains nine performance indicators
 - Four of the indicators relate specifically to workforce data
 - Four are based on data from responses to the annual NHS staff survey
 - One considers BAME Board representation

5. We believe that improving lives for our patients begins with improving how we learn, work and grow as colleagues. So, we're changing. We know that we need to develop a more inclusive culture where everyone feels seen and heard. By growing an ever more diverse workforce, we'll have a greater range of perspectives and knowledge in our ELHT community, meaning that we can provide patients at our hospital with even better care and represent the diverse communities we serve.
6. The 2022 Workforce Race Equality standard (WRES) results at appendix 2, page 8 show that ELHT has improved on 7 metrics and 3 metrics have declined.
7. A summary of our WRES metric 1 is at appendix 1 on page 6, narrative and commentary breakdown on WRES Metrics is at appendix 3 on page 9 and WRES improvement action plan is at appendix 7 on page 19 to show how ELHT is closing the remaining gaps in race equality.

Workforce Disability Equality Standards (WDES)

8. The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for disabled people working, or seeking employment, in the NHS.
9. The 2022 Workforce Disability Equality standard (WDES) results show that we have improved on 7 metrics, 5 metrics have declined and 1 has remained static see appendix 5 on page 15. The narrative and commentary breakdown of each metric and summary of our progress can be found at appendix 6 on page 16.

Improvement Action Plans

10. ELHT's approach to developing the WRES/WDES actions is constantly evolving and is based on the review of research, best practice and co-created together with our staff and staff network groups, reviewing the metrics data, developing objectives, and designing the actions set out in this improvement action plan.

11. The main methods used to establish the action plans include;

- previous work done to date
- big conversation events with BAME and Disabled colleagues
- staff network meetings
- information gathered from ESR and other sources e.g. staff survey
- workforce & recruitment monitoring data analysis
- feedback from training interventions
- 1:1 interviews & focus groups with BAME and Disabled colleagues
- literature search
- best practice from public, private and voluntary sectors

12. The action and interventions identified in this report are both behavioural and structural and form part of a significant culture change programme which takes commitment and ownership from all leaders and managers across the Trust.

- WRES improvement plan can be found at appendix 7 on page 19
- WDES improvement plan can be found at appendix 8 on page 31

Conclusion

13. The opportunity of reflecting back on the past year allows us to see the progress that has been made and as importantly what further progress we need to make to achieve these goals. This is a constant journey and whilst a lot of activity has taken place over the last year, when considering our WRES/WDES journey, it is important to look at the metrics over time, this gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline.

14. Implementing the WRES/WDES and acting on what the data tells us can have positive impact on improving our organisational culture, core to the Trust's People Plan is creating an inclusive workplace environment where all staff feel a sense of belonging and everyone has the opportunity to contribute. There is a wide variety of evidence that draws links between increased staff satisfaction and improved patient outcomes; as staff

will be happier and more likely to be able to excel at work. Consequently, we believe that if we are successful there will be an improvement in experience received by patients, relatives and carers.

Recommendation

15. It is recommended that the Senior Leadership Group (SLG)
- Note the content of this report
 - Enable an accountability framework that Influences the implementation of the WRES and WDES improvement action plans at divisional, department, team and individual level
 - Approve the submission and publication of the data on the NHS DCF system and on our corporate website, as per our contractual requirements.

Author: Nazir Makda, Equality Diversity & Inclusion Lead, 26 Aug 2022.

Appendix 1 - WRES Metric 1 BAME Staff in post as at 31st March 2022

Ethnicity & Band	Headcount	Headcount	Difference/Variance in number of staff over last 12 months
	2021	2022	
BAME	1855	2120	265
Under Band 1	4	7	3
Band 1	0	0	0
Band 2	365	396	31
Band 3	192	248	56
Band 4	118	96	-22
Band 5	415	504	89
Band 6	234	282	48
Band 7	71	93	22
Band 8A	24	27	3
Band 8B	2	3	1
Band 8C	3	3	0
Band 8D	2	4	2
Band 9	0	0	0
Very Senior Managers	3	4	1
Non AfC Consultants, non-consultants and Trainees	428	453	25

Metric 1a-non clinical- as at 31 March 2022			
Comparing White & BAME			
	White	BAME	Ethnicity Unknown/ Null
Under Band 1	10	6	0
Band 1	3	0	1
Band 2	1054	238	23
Band 3	496	104	10
Band 4	454	59	4
Band 5	220	32	2
Band 6	145	38	1
Band 7	137	46	1
Band 8A	85	16	0
Band 8B	50	2	0
Band 8C	25	2	1
Band 8D	8	4	1
Band 9	16	0	1
VSM	18	3	1

Metric Indicator 1b - Clinical Workforce - as at 31 March 2022			
Comparing White & BAME			
	White	BME	Ethnicity Unknown /null
Under Band 1	9	1	2
Band 1	0	0	0
Band 2	686	158	5
Band 3	591	144	4
Band 4	233	37	3
Band 5	993	472	14
Band 6	1219	244	4
Band 7	537	47	5
Band 8A	198	11	2
Band 8B	30	1	0
Band 8C	14	1	0
Band 8D	6	0	0
Band 9	0	0	0
VSM	1	1	0

Indicator 1- Medical and Dental Consultants – as at 31 March 2022			
Comparing White & BAME			
	White	BME	Ethnicity Unknown /null
Medical & Dental Consultants	166	179	11
Of which Senior Medical Manager	32	17	0
Non-consultant career grade	50	179	10
Trainee Grades	42	95	11
Other	0	0	0

Number of staff in workforce – as at 31 March 2022		
Comparing White & BAME		
White	BME	Ethnicity Unknown /null
7496	2120	117

Appendix 2- Workforce Race Equality Standard (WRES) results 2022

Indicator number and description	2021	2022	RAG
Indicator 1: BME representation in the workforce by pay band			
BME representation in the workforce overall	19%	20.69%	↑
Indicator 2: likelihood of appointment from shortlisting			
likelihood ratio White / BME	2.03	1.82	↑
Indicator 3: likelihood of entering formal disciplinary			
likelihood ratio BME / White	0.87	1.10	↓
Indicator 4: likelihood of undertaking non-mandatory training			
likelihood ratio White / BME	1.62	2.39	↓
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months			
BME	25.6%	24.0%	↑
White	22.9%	21.0%	
Indicator 6: harassment, bullying or abuse from staff in last 12 months			
BME	24.5%	21.0%	↑
White	20.4%	18.0%	
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion			
BME	49.1%	50.0%	↑
White	66.3%	64.1%	
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months			
BME	16.3%	14.0%	↑
White	4.9%	5.0%	
Indicator 9: BME representation on the board			
BME	21.1%	28.8%	↑
White	78.9%	72.2%	

Appendix 3: 2021/22 Narrative on WRES Metrics for ELHT

The table below provides a commentary breakdown of each metric and summary of our progress. Although key improvements have been made, multiple metrics have deteriorated or remained static:

Metric Area (overall trend)	WRES 2021-2022: Where are we now?
Metric 1: Representation (Improving)	<p>BAME Representation has been increasing consistently in non-senior positions, interventions are in place to support this continued trend. The percentage of BAME staff at ELHT has seen a 2% increase in the last 12 months from 19% to 22% although this is not reflective of the local population of 28%.</p> <p>While a number of the pay bands are closely aligned to the Trust's overall ethnicity ratio, there is a clear underrepresentation of BAME staff at senior levels. The information also shows that there is an over-representation of BAME staff within the lower pay bands.</p> <p>To combat the impact of indicator 1 we need to consider more positive action initiatives like targeted talent management of BAME staff e.g. access to sponsorship, acting up and secondments opportunities, etc. See also links on point 2 and 7 below.</p>
Metric 2: Recruitment (Improving)	<p>White candidates were twice as likely as BME candidates to be appointed from shortlisting, in other words, there has been slight decrease since last year, although the changes are small and within expected yearly variation.</p> <p>A different approach containing more positive action initiatives is needed to create a vital step change in the way candidates are appointed. A large body of work is underway on reviewing recruitment processes at ELHT. Further analysis will be required to understand what the drivers are for shortlisting and appointments and what novel intervention can be applied to break the cycle given this continues to be a challenge nationally.</p>
Metric 3: Disciplinary Process (Minor fluctuations, needs improvement)	<p>A modest increase in the relative likelihood of BAME staff entering a disciplinary process vs. white staff was seen in the last 12 months. Although this increase may not be statistically significantly different from "1.0" or equity.</p> <p>In addition, the total number of formal disciplinary cases has halved which has been linked to a renewed set of interventions e.g. early resolution policy, FTSU staff guardian and champions, enabling voice via the staff networks, strategic oversight committee, etc.</p> <p>A senior review panel continues for all employee relations casework which reviews all cases and includes individuals with a key protected characteristic or where the case relates to a protected characteristic. It means reviewing allegations and initial facts before any casework is commissioned to determine whether formal action is justified and equitable and regular review of any cases that are commissioned.</p>

<p>Metric 4: Training (Declined, needs improvement)</p>	<p>White staff continue to have greater access to training and are more than 2.5 times as likely to access non-mandatory training as BAME staff, it exposes a deep inequity when considering that career progression remains inequitable. This needs investigation to understand why training is overlooked in BAME staff.</p> <p>Further work will be required to understand if a) BAME staff are being overlooked despite being under-represented in the workforce which would be highly concerning, b) if the non-mandatory training on offer is actually relevant to vacancies and career paths in the trust, c) if there is greater value in offering acting up, and experiential learning opportunities over training sessions considered in point b.</p>
<p>Metric 5 – 6: Harassment from staff and service users (Minor fluctuations, needs improvement)</p>	<p>The proportion of BAME staff experiencing harassment from staff and service users has decreased since the previous year, there has been no strong upward/downward trend on this metric – despite minor fluctuations, metrics 5-6 remains largely unchanged since 2016, indicating wider scale more intensive intervention is needed. Organisation wide cultural change will be needed to create a turning point in this metric where previously progress has not been made.</p> <p>Whilst our planned behavioural standards programme is expected to address incivility and microaggressions, wider interventions will need consideration to cause a step change in bullying from service users, staff and managers. The implications of under-reporting by BAME staff should also be considered.</p>
<p>Metric 7: Career progression (Unchanged, needs improvement)</p>	<p>The percentage of BAME staff that believe in equal opportunities for career progression has seen a modest increase in the last 12 months (from 49% to 50%) compared to 64% for white staff. There has been no strong decreasing/increasing trend for this metric, indicating that how BAME staff view fairness in career progression has not changed significantly since first reporting exposing a persistent inequality that needs a different approach to be addressed.</p> <p>Although a greater proportion of BAME candidates are being hired, this has not been reflected in an increase in the % of BAME staff believing in fair progression.</p> <p>A significant change in metrics 1 and 2 would have a direct impact on the staff confidence for progression within the Trust. Also a change in the organisational culture would directly effect BAME staff perception of fairness within the recruitment, retention and progression possibilities.</p> <p>In response, ELHT will develop a career progression framework with greater depth and breadth that plugs back-door practices will be needed to build confidence in BAME staff. A greater focus on providing internal opportunities e.g. experiential learning, secondments, shadowing, sponsorship, transparent acting up opportunities, succession planning to develop talent in-house and further developing our career workshops/ coaching. A key aspect of this will be retention ensuring availability of internal opportunities so that staff are not forced to seek opportunities outside of the trust.</p> <p>The perception of BAME colleagues is that there is a lack of opportunity for career progression and the need for all of the afore mentioned interventions not only backs up the perception but also adds to the concern, as white colleagues do not seem to need any of these interventions to progress.</p>

<p style="text-align: center;">Metric 8: Experiencing discrimination</p> <p style="text-align: center;">(Minor fluctuations, needs improvement)</p>	<p>Discrimination has fluctuated since first reporting but the overall trend is static. More will need to be done to eliminate all forms of discrimination – easily accessible and responsive concern raising routes will be critical in ensuring discrimination can be raised, addressed and not dismissed.</p> <p>The percentage of BAME staff experiencing discrimination from a colleague or manager has slightly improved since last year (16.3% to 14.0%). This means there has been no significant change, or upwards/downward trend regarding discrimination. As with other metrics where no visible progress has been made, a different approach is needed to create an impact as any discrimination is not acceptable.</p> <p>ELHT has rolled out the behavioural standards framework that will seek to reach every member of staff by 2023 to embed inclusive behaviours to improve the experience of our people. Scaling of our reverse mentoring programme will also seek to foster a greater understanding between colleagues of different backgrounds.</p> <p>ELHT has committed to providing an equal workplace for all staff within our overall Trust objectives hence as part of the Festival of Inclusion in Sep 2022 our Executive Directors will be creating a “safe space” for BAME colleagues to have the opportunity to speak directly to the Executive Directors to better understand their experience, their perceptions of discrimination, ensuring cases of discrimination are taken seriously and not dismissed.</p> <p>A number of routes are available to staff to seek support outside of their line manager if they have been a victim of discrimination, these routes will need continued review to ensure they are responsive to the needs of our people and that cases are not being suppressed.</p> <p>These interventions, along with persistent awareness campaigns will aim to create a reducing trend for this metric. Progress will be reviewed next year to understand if we have created this change.</p>
<p>Metric 9: Board composition (Improving)</p>	<p>An increase in the representation of Black and Minority Ethnic (BAME) people at Board level. This figure has progressively increased in the last 12 months from 22% to 28% meaning that our BAME board representation is more than the BAME workforce representation of 22%.</p>

Appendix 4 - WDES Metric 1 Staff with disability in post as at 31st March 2022

Disability & Band	Headcount	Headcount	Difference/Variance in number of staff over last 12 months
	2021	2022	
Disability	350	381	31
Band 1	0	0	-
Band 2	98	102	4
Band 3	57	61	4
Band 4	25	25	-
Band 5	57	62	5
Band 6	62	71	9
Band 7	23	24	1
Band 8A	5	9	4
Band 8B	1	2	1
Band 8C	1	1	-
Band 8D	1	2	1
Band 9	1	1	-
Very Senior Managers	1	0	-1
Non AfC Consultants, non-consultants and Trainees	18	21	3

WDES Metric 1a-NON-CLINICAL- as at 31 March 2022				
Comparing disabled & non-disabled				
	Disabled	Non-disabled	Disability Unknown	Total Headcount
Under Band 1	0	0	0	0
Band 1	0	2	2	4
Band 2	67	640	589	1296
Band 3	22	365	230	617
Band 4	16	366	131	513
Band 5	13	182	60	255
Band 6	5	105	66	176
Band 7	6	109	60	175
Band 8A	3	62	39	104
Band 8B	1	28	19	48
Band 8C	1	10	13	24
Band 8D	1	8	4	13
Band 9	1	11	6	18
VSM	0	8	7	15
Other Bank/Agency	6	38	38	82

WDES Metric 1 NON-CLINICAL as at 31 March 2022				
Comparing disabled & non-disabled				
	Disabled	Non-disabled	Disability Unknown	Total Headcount
AfC bands 1,2, 3 and 4	105	1373	952	2430
AfC Bands 5, 6 and 7	24	396	186	606
AfC Bands 8a and 8b	4	90	58	152
AfC Bands 8c, 8d, 9 and VSM	3	37	30	70
TOTAL	142	1934	1264	3340

WDES Metric 1 CLINICAL- as at 31 March 2022				
Comparing disabled & non-disabled				
	Disabled	Non-disabled	Disability Unknown	Total Headcount
Under Band 1	0	0	0	0
Band 1	0	0	0	0
Band 2	35	356	441	832
Band 3	39	440	262	741
Band 4	9	164	87	260
Band 5	49	763	727	1539
Band 6	66	928	450	1444
Band 7	18	407	145	570
Band 8A	6	139	68	213
Band 8B	1	17	11	29
Band 8C	0	6	7	13
Band 8D	1	5	1	7
Band 9	0	0	0	0
VSM	0	5	7	12
Other Bank/Agency	1	7	23	31

WDES Metric 1 Other includes any other Non-medical & dental and Non-AfC posts as at 31 March 2022				
Comparing disabled & non-disabled				
	Disabled	Non-disabled	Disability Unknown	Total Headcount
Medical & Dental Staff, Consultants	1	296	60	357
Medical & Dental Staff, Non-Consultants career grade	7	183	65	255
Medical & Dental Staff, trainee grades	13	59	71	143
Total clinical	225	3237	2229	5691
Total medical & dental	21	538	196	755
Total clinical & non-clinical	388	5709	3689	9786

WDES Metric 1 Clinical summary by pay band grouping at 31 March 2022				
Comparing disabled & non-disabled				
	Disabled	Non-disabled	Disability Unknown	Total Headcount
AfC bands 1)and under) 1, 2, 3 and 4	83	960	790	1833
AfC Bands 5, 6 and 7	133	2098	1322	3553
AfC Bands 8a and 8b	7	159	79	242
AfC Bands 8c, 8d, 9 and VSM	1	16	15	32

Appendix 5- Workforce Disability Equality Standard (WDES) results 2022

Indicator number and description	2021	2022	RAG
Indicator 1: Representation of Staff with disabilities in the workforce by pay band			
Disability representation in the workforce overall	4%	4.1%	↑
Indicator 2: likelihood of appointment from shortlisting			
likelihood ratio without disability/ with disability	1.13	0.88	↑
Indicator 3: likelihood of entering the formal capability process			
likelihood ratio with disability	2.35	0.00	↑
Indicator 4a: harassment, bullying or abuse from patients, relatives or the public in last 12 months			
Disability	31%	29%	↑
Without disability	21%	22%	
Indicator 4b: harassment, bullying or abuse from managers in last 12 months			
Disability	17%	16%	↑
Without disability	9%	7%	
Indicator 4c: harassment, bullying or abuse from other colleagues in last 12 months			
Disability	25%	22%	↑
Without disability	13%	12%	
Indicator 4d: Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months			
Disability	56%	46%	↓
Without disability	49%	49%	
Indicator 5: belief that the trust provides equal opportunities for career progression or promotion			
Disability	58%	55%	↓
Without disability	66%	64%	
Indicator 6: Felt pressure from their manager to come to work, despite not feeling well enough			
Disability	33%	32%	↑
Without disability	25%	24%	
Indicator 7: Satisfied with the extent to which their organisation values their work.			
Disability	42%	33%	↓
Without disability	54%	48%	
Indicator 8 : Employer has made adequate adjustment(s)			
staff with disability	78%	71%	↓
Indicator 9: Engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.			
Disability	6.9%	6.6%	↓
Overall Trust	7.2%	7.1%	
Indicator 10: Disability representation on the board			
Disability	6%	6%	↔
Without disability	72%	72%	
Not declared	22%	22%	

Appendix 6- 2021/22 Narrative on WDES Metrics for ELHT

The table below provides a commentary breakdown of each metric and summary of our progress.

Metric Area (overall trend)	WDES 2021-2022: Where are we now?
Metric 1: Representation (Minor Improvement)	<p>The percentage of disabled staff in both the non-medical and medical workforce is very low. The proportion of staff that are recorded a disability is 4.01% and there has been a marginal increase of 30 additional staff compared to the previous year, appendix 4 on page 12 shows the workforce by pay band and disability.</p> <p>There are high percentage (37%) of the workforce which have not disclosed their disability status compared to the best performing Trust in the country with declaration of 13.4%. This reflects the focus across ELHT to improve reporting and visibility of disabilities and ensuring records are accessible through self-service access and up dated when new colleagues join ELHT.</p>
Metric 2: Recruitment (Improving)	<p>The likelihood of a disabled applicant being appointed from shortlisting has improved from 1.13 times in 2021 to 0.88 times in 2022 this indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.</p> <p>The Trust is part of the Department of Work and Pensions scheme and is a Disability Confident Employer, and therefore operate a guaranteed interview scheme for disabled applicants who meet the minimum person specification.</p>
Metric 3: Capability Process (Improving)	<p>The data set for this metric is very small with only 19 cases recorded for formal capability this year. A small data set means that the addition or removal of one or two cases can have a significant impact on the calculation of relative likelihood.</p> <p>This year's data shows that the relative likelihood of Disabled staff entering the formal capability process is 0. This is because no cases involving Disabled members of staff have been recorded this year.</p> <p>This significant improvement has continued from the previous year and suggests work carried out to improve the knowledge, skills and confidence of how to support staff with a disability in the workplace is having an impact.</p> <p>HR has continued to ensure that managers receive training on the relevant Trust policies, including the disciplinary and capability, and that the training will include raising awareness of how biases can occur and reinforce the need for fairness and consistency when applying Trust policies.</p> <p>The Trust will continue to review capability cases relating to disability each year with the aim to identifying and addressing any variation in experience or outcome.</p>
Metric 4 – 4c: Harassment from staff, managers and service users (Minor fluctuations,	<p>The % of disabled staff experiencing harassment from staff, managers, patients and service users has marginally decreased since last year, in line with the reduction also seen by non-disabled staff.</p> <p>The staff networks including DAWN and the Mental Health Staff network continue to be as a source of peer to peer advice and support for staff.</p>

<p style="text-align: center;">needs improvement)</p>	<p>The Trust continues to improve awareness of the Freedom to Speak up Guardian and champions, who provides a confidential service for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their disability or long term health condition.</p> <p>The Trust has a number of policies including the Trust's Early Resolution policy which provides effective support for staff experiencing harassment.</p>
<p style="text-align: center;">Metric 4d: Report harassment (Declined, needs improvement)</p>	<p>A greater proportion of disabled staff feel less confident to report harassment, bullying or abuse when they receive it since the previous year (56% to 46%), whilst the % of non-disabled staff who feel comfortable has remained the same (49% to 49%).</p> <p>As part of the Festival of Inclusion in Sep 2022 our Executive Directors will be creating a "safe space" for courageous conversations and healthy challenge, to role model behaviours and set an example so that colleagues with a disability and LTHC have the opportunity to speak directly to the Executive Directors to better understand their experience, their perceptions of reporting such experiences, assessing whether there are barriers that prevent reporting, and working to reduce incidents.</p> <p>A key priority is to communicate and promote the work of 'Freedom to Speak Up' staff guardian and champions and to encourage reporting of bullying, harassment or abuse at work.</p>
<p style="text-align: center;">Metric 5: Career progression or promotion (Unchanged, needs improvement)</p>	<p>The % of disabled staff that feel there is equal opportunity for progression has slightly decreased by 3% (58% in 2021 to 55% in 2022), the same trend has been seen in non-disabled staff.</p> <p>A number of initiatives are underway to address this, including the EDI recruitment review project, providing internal opportunities e.g. experiential learning, secondments, shadowing, transparent acting up opportunities, succession planning to develop talent in-house and further developing our career workshops/ coaching and a robust career progression framework that plugs back-door practices will be needed to build staff confidence.</p>
<p style="text-align: center;">Metric 6: Feeling pressured (Unchanged, needs improvement)</p>	<p>The proportion of disabled staff feeling pressured to come into work has largely remained the same as the previous year. The data shows that 32% of disabled staff have felt pressured to come to work despite not feeling well enough to perform their duties, a decrease of 1% in the last year. The gap between the experience of disabled and non-disabled staff is significant, at 8%, with 24% of non-disabled staff reporting that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.</p> <p>The Trust recognises this is an indicator which requires further investigation and intends to hear as many voices as possible from our staff with a disability to understand better the reasons and develop targeted actions to reduce presenteeism.</p> <p>We know from what staff have already told us that this may be as a result of pressure that staff are putting on themselves rather than pressure from managers and therefore requires the Trust to work more closely with staff to make improvements.</p> <p>The Trust's Sickness Absence policy has been revised including a review of the stages and disability leave guidelines which allows staff with a</p>

	<p>disability additional time off work to manage their disability or long term health condition.</p> <p>The supporting staff with disability policy includes a best practice tool on supporting and managing staff who have a disability and / or long term health conditions.</p>
<p>Metric 7: Values their work (Unchanged, needs improvement)</p>	<p>33% of disabled staff said that they are satisfied with the extent to which their organisation values their work. This is a 9% decrease from the previous year. There is a disparity between the percentage of non-disabled staff (48%) compared to the percentage of disabled staff (33%) reporting that they are satisfied with the extent to which their organisation values their work.</p> <p>Plans are in place for work to be carried out in the Trust to improve understanding, raise awareness, and increase opportunities for our staff with a disability to feel valued and heard, such as the reverse mentoring programme will having a positive impact. Nevertheless, the Trust recognises the low engagement and overall satisfaction of staff with a disability or long term health condition to be a priority and as a result will raise the profile of disability during Disability History Month in November.</p>
<p>Metric 8: Adequate adjustment(s) (Unchanged, needs improvement)</p>	<p>The proportion of disabled staff receiving adjustments to carry out their work has decreased since last year by 7%; a disability passport is being developed coupled with the wellness action plan and manager's awareness of access to work funding will support in providing adjustment and adaptations for disabled colleagues.</p> <p>Car parking is an example of a broader priority for reasonable adjustments, The DAWN staff network and EDI Lead is already influencing change in thinking about how staff blue badge holders may be able to park closer to their places of work, which has been the priority for many members.</p>
<p>Metric 9: Engagement score, facilitate the voices of Disabled staff (Unchanged, needs improvement)</p>	<p>The engagement score for disabled and non-disabled staff has remained static. Colleagues with a disability are actively involved in the disability and mental health staff network groups which are pivotal to elevating the voices of disabled staff and will ensure a safe and confidential space for staff to share experiences.</p> <p>The staff networks have led big conversation events to build the Trust's understanding of the lived experience of colleagues with a disability, where actions were proposed which have been incorporated within the improvement plan at appendix 8 on page 28.</p> <p>Colleagues with a disability have been involved in a review of the trust's recruitment policies and practices, festival of inclusion, attendance management review, staff survey conversations, etc.</p>
<p>Metric 10: Board composition (Unchanged, needs improvement)</p>	<p>Board representation remains unchanged since the previous year. 5% of the Trust Board self-report to be Disabled, which is higher than the overall workforce. This is however a small data set and as such the addition or removal of one or two people will impact the percentage representation significantly. The data shows that 74% have not disclosed their disability status and there is also no disabled staff in the Trust's Executive membership or voting member. The Trust will use the learning from the WRES work to improve on this metric.</p>

APPENDIX 7- RACE EQUALITY (WRES) IMPROVEMENT ACTION PLAN 2021-2023

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric	
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver					
1.LEADERSHIP							
Executive, Senior Management and Board buy-in. Unified approval from the Trust Board to examine and initiate change, plus extending this to other executives and senior management colleagues sharing an interest in the subject for their input and involvement in formulating a strategy.	Operational Director of HR/OD	<ul style="list-style-type: none"> • Reverse Mentoring of Trust Board members • Exec Panel with BAME • Board approval of WRES • People Plan Strategies in place • Improved BAME representation on Board • Strategic BAME Committee • ICS REMEDI programme • Race Equality Change Agents Programme (RECAP) 	1. Buy-in from other senior and middle managers 8a and above by engaging in the BAME staff network, Inclusion group and other initiatives like festival of inclusion	Sep-21	G	All	
			2. Set up a BAME Strategic Oversight Committee	Aug- 21	G	All	
			3. Reverse Mentoring for Trust Board members	Mar-21	G	All	
			4. All senior managers in Divisional Triade and band 7 and above to engage in reverse mentoring	Nov-23	AG	All	
Develop EDI statement of intent and incorporate equality and Inclusion within the Behavioural Standards.	Operational Director of HR/OD	Inclusion Statement of intent published Behavioural Standards Framework in place	5. Develop statement of intent and embed Inclusion within Trust Behavioural Standards and practices	Sep-21	G	All	

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
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Boards must embed accountability. Start by setting clear measurable time limited goals, ensuring managers and staff understand why, and then holding themselves (and their managers) to account. There should be consequences and/or incentives when agreed diversity goals are not met as for any other key performance indicator (KPI) helping build their capacity and confidence at every level, recognising that requires investment of time and determination by leaders.	Divisional Directors	'Let's Talk About Race' literature review paper by Arif Patel, associate director	6. Contact picker institute to provide WRES data aggregated by division and directorates	Nov-22	AR	5-8
	Associate Director of Wellbeing Divisional General Managers	Inclusion Group Board Development session by Simon Fanshawe, Diversity by Design	7. WRES data to be shared with all Divisional Management Boards and Directorate Managers to make required improvements.	Mar-23 and then quarterly	AR	All
Increase the number of executive and non-executive board members from a BAME background in ELHT	Operational Director of HR/OD	<ul style="list-style-type: none"> o 1 x Medical Director o 4xNed's o Shadow Board o Appraisal o Reverse mentoring o Equality statement in NED vacancy adverts 	8. Talent management and succession for BAME staff to progress to Executive Director positions	Ongoing	AG	9
Board and senior leaders to be champions on Race Equality	Operational Director of HR/OD	<ul style="list-style-type: none"> o Chief Exec is BAME network exec sponsor o Non-exec Director EDI Board sponsor o Festival of inclusion o Reverse mentoring o Staff networks 	9. Board member to sponsor BAME network	Sep-21	G	All

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric																																				
<p style="text-align: center;">Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver</p>																																										
Create a new Star Award for Inclusion	Operational Director of HR/OD	<ul style="list-style-type: none"> 1st Inclusivity award part of star awards 	10. To start at the next Star awards in 2022	July-22	G	All																																				
BAME network is going to be really crucial is supporting Board members learn about Race equality so plan more panel sessions with the Exec team	Operational Director of HR/OD	<ul style="list-style-type: none"> 4 Board members attend the BAME network meetings Chief Exec is the exec sponsor for the network 	11. Quarterly meetings to invite exec team to BAME network meetings	Sep-21 & then quarterly	G	All																																				
Implement the actions arising from the WRES Race Disparity ratio (RDR)	Operational Director of HR/OD	<ul style="list-style-type: none"> Baseline has been worked out by the WRES team Ratio has decreases in 2022 	12. Deliver Race Disparity Ratio actions	June-23	AG	1,2,7,9																																				
2. RECRUITMENT																																										
<p>NHSEI WRES Model Employer action to improvements in recruitment of additional ethnic minority people in senior leadership positions over the next 4 years to reach equity for bands 6 and above.</p> <p>Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025.</p>	<p>Operational Director of HR/OD</p> <p>DGM's</p> <p>Divisional Directors</p>	<p>Recent Improvements</p> <ul style="list-style-type: none"> 4 x band 8d 1 x Medical Director 4 x Ned's <p>Participation in 'getting to Equity' programme by CNO and Senior BME nurse which is influencing leadership development for bands 4-7</p>	<p>13. WRES Model Employer Goal / target is 19% for bands 6 and above roles,</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Band</th> <th>Current position</th> <th>Additional required</th> <th>Target for 2025</th> </tr> </thead> <tbody> <tr><td>6</td><td>277</td><td>74</td><td>351</td></tr> <tr><td>7</td><td>81</td><td>49</td><td>130</td></tr> <tr><td>8a</td><td>26</td><td>26</td><td>52</td></tr> <tr><td>8b</td><td>3</td><td>10</td><td>13</td></tr> <tr><td>8c</td><td>3</td><td>4</td><td>7</td></tr> <tr><td>8d</td><td>4</td><td>2</td><td>6</td></tr> <tr><td>9</td><td>0</td><td>3</td><td>3</td></tr> <tr><td>VSM</td><td>4</td><td>2</td><td>6</td></tr> </tbody> </table>	Band	Current position	Additional required	Target for 2025	6	277	74	351	7	81	49	130	8a	26	26	52	8b	3	10	13	8c	3	4	7	8d	4	2	6	9	0	3	3	VSM	4	2	6	<p>Year on year improvements until Dec-25</p>	AR	1,2,7,9
				Band	Current position	Additional required	Target for 2025																																			
				6	277	74	351																																			
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Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
<p style="text-align: center;">Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver</p>						
<p>Review and audit the whole recruitment cycle, getting the basics right by ensuring fair and consistent recruitment and selection processes – including formal and soft promotion and development activities</p> <p>Implementation of the NHSEI’s 6 key actions on overhaul of recruitment and promotion</p> <p>i. Ensure ESMs own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by:</p> <p>a) Setting specific KPIs and targets linked to recruitment.</p> <p>b) KPIs and targets must be time limited, specific and linked to incentives or sanctions</p>	<p>Operational Director of HR/OD</p> <p>Head of Education</p> <p>Deputy Director of HR</p> <p>Head of Resourcing</p> <p>Head of Medical Staffing</p> <p>EDI Lead (supported by staff network members)</p>	<ul style="list-style-type: none"> o Recruitment process mapping exercise with staff networks completed o EDI recruitment review task & finish group and action plan in place o Recruitment & Selection Training 	<p>14. Complete the recruitment audit against the organisational policies and processes</p> <p>15. Ensure all senior posts Band 7 and above within the organisation include a BAME member as part of the interview panel</p> <p>16. Introduce a system of ‘comply or explain’ to ensure fairness during interviews. This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.</p> <p>17. Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies</p> <p>18. Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.</p> <p>19. Overhaul interview processes to incorporate:</p>	<p>June-23</p>	<p>AR</p>	<p>1,2,7,9</p>

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
<p style="text-align: center;">Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver</p>						
			<p>a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.</p> <p>b) Ensure adoption of values based shortlisting and interview approach</p> <p>c) Consider skills-based assessment such as using scenarios</p> <p>d) Adopt resources, guides and tools to help leaders and individuals have productive conversations about race</p>			
3. EDUCATION / DEVELOPMENT / TALENT MANAGEMENT						
Talent Management of BAME staff	<p>Operational Director of HR/OD</p> <p>Head of Education</p> <p>Associate Director of OD</p>	<ul style="list-style-type: none"> ○ Review of leadership and management development programmes ○ Talent Management strategy 	<p>20. Develop talent management pathway for BAME staff to include acting up opportunities, stretch assignments, secondments, coaching & mentoring, etc.</p> <p>21. Organise talent panels to:</p> <p>a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch</p>	<p>May-23</p> <p>May-23</p>	AR	1,2,7,9

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
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			<p>and Acting Up assignments must be advertised to all staff</p> <p>b) Agree positive action approaches to filling roles for under-represented groups</p> <p>c) Set transparent minimum criteria for candidate selection into talent pools</p>			
<p>Developing future leaders via workforce planning Adopt a 'hire for attitude, train for skills' approach and fulfil the equity and inclusion agenda. Targeting schools and colleges</p>	<p>Operational Director of HR/OD</p> <p>Head of Education</p> <p>DGM's</p>	<ul style="list-style-type: none"> o Work experience o Step into the NHS o Apprenticeships 	<p>22. Review the workforce planning exercise undertaken by HR for upcoming positions within each division or directorate over the next 5-years develop a bespoke undergraduate learning and development pathway</p>	<p>June-23</p>	<p>AR</p>	<p>1,2,7,9</p>
<p>Enhanced EDI training for managers at all levels</p> <p>Training and development, Improve both cultural awareness and managerial training. Elaborate on the existing unconscious bias training and/or (as literature suggests) develop a bespoke cultural awareness training package (either in-house or with UCLan), structured through lived experiences of ELHT staff.</p>	<p>Head of Education</p> <p>EDI Lead</p>	<ul style="list-style-type: none"> o Part of Core Mandatory training o Bespoke sessions on unconscious bias being delivered o Inclusive Leadership training for band 5's and above 	<p>23. Strengthening the Cultural & Religious Awareness, Unconscious Bias training and launch new mandatory 'Becoming Race Confident' training to include a series of hard-hitting scenarios acted out by BAME staff sharing their stories and tips to encourage behavioural and mind-set change for Race confident line management</p> <p>24. Produce a manager's best practice guide with links to outside best practice to support an anti-racist culture</p>	<p>Ongoing</p> <p>Nov-23</p>	<p>AG</p>	<p>All</p>

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
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<p>Bespoke Career development workshops to help BAME colleagues with their progression.</p> <p>Targeted programmes that can help to address historic imbalances in access to development and career progression for ethnic minority staff.</p>	EDI Lead	<ul style="list-style-type: none"> ○ Diverse Leaders ○ Engaging managers ○ Workshops are part of the festival of inclusion 2022 ○ NHS leadership programmes e.g. stepping up ○ Shadow Board 	<p>25 Develop a bespoke career development workshop for bands 2-4 and a separate workshop for bands 5 and above to include career coaching for BAME staff so that they can learn the skills to enhance their prospects for progression and support leadership development of BAME staff both internal and external</p>	Sep-22	AG	1,2,7,9
4. COMMUNICATION & ENGAGEMENT						
<p>Through a regular drum beat of communications raise the profile and visibility of BAME staff in many of our publications, channels, events and web resources</p> <p>Proactive communication Before, during and after any implementations, an effective communication sub-strategy is imperative. In this instance formulating a 'campaign' type approach using social media, staff bulletins and the intranet could be advantageous.</p>	Director of Communication	<ul style="list-style-type: none"> ○ Festival of Inclusion ○ Risk Assessments ○ Awareness days ○ Inclusion Wall ○ Events e.g. Black History Month, etc. ○ Podcast ○ Chief Execs messages around anti-racism 	<p>26. Through a regular drum beat of communications raise the profile and visibility of our BAME workforce in many of our publications, channels, events, and web resources</p>	Ongoing	G	All

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
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A committee with a voice, reviewing the remit, makeup, leadership and objectives of the BAME network. Consider proportionately representing peer groups and renaming to Race Equality Committee. Also, enable an opt in/out option for all BAME staff i.e. the BAME network and revise methods of communication in line with the new sub-strategy.	BAME Network Co-Chairs	<ul style="list-style-type: none"> o TOR o Meetings well attended o Progress is tracked o Current arrangements working well o Good engagement, good mix of makeup of network o Shortlisted for the HSJ award 2021 	<p>27. BAME staff network group to monitor and scrutinise progress on race equality WRES actions</p> <p>28. Improve awareness of BAME staff network to increase membership and attendance</p>	Ongoing	G	All
EDI Statement of Intent and visible pledge is displayed across all sites	Director of Communication	<ul style="list-style-type: none"> o Published in Other News o Inclusion Wall 	29. Physical, Virtual and Visible display across all areas	July-21	G	All
Include staff stories to be shared at Trust Board to highlight the lived experience of BAME staff	Operational Director of HR/OD	<ul style="list-style-type: none"> o Black History Month 	30. BAME staff to share stories at board meetings	Dec-22	AR	All
Workshops and discussions. Participants should be empowered to discuss their experiences, good, bad or indifferent without the fear of repercussion.	Operational Director of HR/OD DGM's BAME Co-Chairs	<ul style="list-style-type: none"> o Let's talk about Race delivered during FOI o Coaching and mentoring managers o Finance, Procurement and AHP half day EDI sessions 	<p>31. Develop Let's talk about race workshops for facilitators</p> <p>31. Schedule Let Talk About Race sessions within divisions</p>	Jan 2022 & then quarterly	AR	All

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
<p style="text-align: center;">Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver</p>						
Undertaking regular and independent survey/ consultation and feedback from all BAME staff across the trust and the staff group to direct this with appropriate access to resources	Non-Exec Director EDI Board Lead Champion	Staff Survey Inclusion Continuum	33 Send out staff survey to all BAME staff and improve on last year's completion rates	Annually	G	All
5. EMPLOYEE RELATIONS						
<p>Integrated support infrastructure, empower divisional and/or profession specific, BAME champions to work alongside and support the Staff Guardian (including the newly appointed BAME champions).</p> <p>Eliminating the ethnicity gap in relation to numbers of staff entering formal disciplinary processes - introduction of Employee Relations Review Panel</p>	Staff Guardian Head of HR	<ul style="list-style-type: none"> ○ Employee relations case review group in place ○ Early Resolution policy ○ FTSU Staff Guardian and Champions ○ Mediation Service ○ Employee Relations training ○ Representation from white and non-white colleagues on investigations, resolutions and facilitated meetings 	<p>34. Recruit of BAME FTSUP staff champions</p> <p>35.HR to share current live employee relations cases by ethnicity with BAME network</p> <p>36.Seek clearer and measurable mechanisms (informal/formal) to enforce action addressing those involved in discriminatory behaviour or not adhering to Trust EDI policies</p>	<p>Completed</p> <p>Sep-22</p> <p>Nov-22</p>	<p>G</p> <p>AR</p>	3,5,6,8

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
<p style="text-align: center;">Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver</p>						
<p>Amendments to the Trust's policy framework to ensure policies support the removal of racism from the workplace and allow for positive action to be taken where it can be objectively justified i.e. Zero Tolerance against all forms of discrimination</p> <p>Seek clearer and measurable mechanisms (informal/formal) to enforce action addressing those involved in discriminatory behaviour or not adhering to trust EDI policies.</p>	<p>Deputy Director of HR</p> <p>Associate Director of patient experience</p>	<ul style="list-style-type: none"> ○ A sub-group has been set up to look at micro-aggressions, etc. ○ Behavioural Standards in place 	<p>37 A positive first step will be the explicit definition of racial abuse as a specific gross misconduct (in addition to discrimination) in the Disciplinary policy. Social media policies to be amended to define that the publishing, sharing, encouraging or promoting of racist material will be treated as a gross misconduct</p>	Feb-23	AR	3,5,6,8
6. EMPLOYEE WELLBEING						
Risk assessment of all BAME staff	Deputy Director of HR/OD	<ul style="list-style-type: none"> ○ All BAME staff risk assessed ○ Comprehensive Occupational Health Service offers ○ Wellbeing conversations 	<p>41. External audit of risk assessments</p> <p>42. Appropriate support in place to mitigate background risk</p> <p>43. The Covid vaccination programme will need to ensure every effort is made to get good coverage in black, Asian and minority ethnic (BAME) staff.</p>	<p>Ongoing</p> <p>Ongoing</p>	G	N/A

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
	Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver					
BAME staff needs to be supported with protected time to attend network meetings similar to staff side to support with the EDI agenda	Operational Director of HR/OD	<ul style="list-style-type: none"> Draft paper for protected time for chairs of staff networks 	44. Protected time and funding for network members to attend meetings and support events	Jan-23	AR	All
7. SERVICE DELIVER / PATIENT EXPERIENCE						
Prayer room at Burnley site needs to be renovated as it's in a very poor condition with no access to washing facilities	Deputy Chief Nurse DGM Estates Chaplaincy Manager	<ul style="list-style-type: none"> 5 daily prayers Friday Prayer Catering for genders Individual meditation New site identified in BGTH 	45. Major improvements required to wash facilities and renovation of the prayer facilities	Sep-23	AR	N/A
Explore options for enabling accessible prayer rooms at Accrington Pendle, Clitheroe and other community sites.	Deputy Chief Nurse DGM Estates Chaplaincy Manager		46. Find suitable sites across satellite hospitals	Sep-23	AR	N/A

Description of Objective Recommendation	Accountable Lead(s)	Progress	Actions	Timescales	RAG	WRES Metric
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver				
<p>Appointment of a woman spiritual counsellor predominantly for Burnley women and new born centre.</p> <p>Support the workload of the current Muslim Chaplain with appointment of another colleague at least as part time to provide cover for the unmet additional demand and as cover when the chaplain is away on leave or holidays.</p>	Deputy Chief Nurse Chaplaincy Manager	<ul style="list-style-type: none"> ○ 2-part time Muslim females recruited. ○ Draft business case paper to be submitted to SLG 	<p>47. Recruit a woman spiritual care staff to support BGTH & new born centre</p> <p>48. Recruit more staff to support the Imam</p>	Aug-21 Dec-23	G AR	1,2,7
Catering for BAME staff spiritual and cultural needs whilst at work	Line managers	<ul style="list-style-type: none"> ○ Cultural & religion awareness training 	49. Guidance for managers to support staff to observe their cultural and religious rituals whilst at work	Mar-23	AR	N/A
Work to be undertaken to explore/validate that clinical and patient care interventions are based on best practice, up to date and appropriate for local BAME communities.	Director of Operations Director of Quality & Safety Director of Nursing	Awaiting EDS 3 roll out	<p>50. Implement Goals 1&2 of the Equality Delivery system focussing on Race and ethnicity</p> <p>51. Equality Impact assessments for all policies, practices, events, decision-making processes and functions</p>	Dec-23	AR	N/A
To increase the scale and pace of NHS action to tackle healthcare inequalities	Head of midwifery EDI lead	Task & Finish group	52. Carry out a pilot study in the experiences of BAME women accessing maternity services	Jul-23	AR	N/A

Appendix 8 - WDES Improvement Action Plan 2022-2023

Metric	Objective	Action/s	Why	Lead/s	Timescale	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver						
1	Increase the number of staff declaring their disability status via the ESR from 4.1% to at least 6.0%.	<ul style="list-style-type: none"> ○ Work with the Disabled staff network to develop a communications campaign highlighting the benefits of declaring. ○ Hold an engagement session with colleagues to explore any challenges that they may have encountered in using ESR. 	Necessary to improve the data quality	Associate Director of OD ESR Lead Head of Communications DAWN & Mental Health Staff Network Chairs	To be completed by Mar 23	AR
2	Keep the ratio below 1.00 to Reduce the inequality in recruitment appointment from shortlisting	<ul style="list-style-type: none"> ○ Undertake quarterly review of recruitment activity and present analysis to finance & performance committee and the DAWN and MH staff networks for feedback. ○ Disabled staff to be appropriately trained to participate on recruitment panels. ○ Staff network chairs to be involved in the EDI Recruitment review project 	To improve career progression prospects for Disabled staff (see action 5 below)	EDI Lead ESR Lead	Q2 in sep 22 Q3 in Dec 22 Q4 in Mar 23 Apr 23 Ongoing	AG AR G

Metric	Objective	Action/s	Why	Lead/s	Timescale	RAG
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3	Keep the ratio below 1 for the relative likelihood of Disabled colleagues entering the capability process (on the grounds of performance)	<ul style="list-style-type: none"> Review cases of Disabled staff currently in performance management. 	To increase the confidence of staff entering into the capability process that they will be treated fairly	HR Business Partners	Ongoing	G
		<ul style="list-style-type: none"> Hold engagement meeting with Disabled staff, networks and trade union partners to explore how any bias in the performance management system can be removed. 		Head of HR	Ongoing	G
4-4d	Reduce the incidence of Disabled colleagues experiencing harassment, bullying and abuse from staff, managers, patients and the public (currently patients/public stands at 29%, Manager is 16% and staff is 22%) Encourage disabled staff to report incidence of harassment, bullying discrimination and abuse.	<ul style="list-style-type: none"> Enhance and promote speaking up regarding lived experience during disability history month. 	Part of the overall organisational goal to create an inclusive culture	Head of Communications	To be completed by Dec 22	AG
		<ul style="list-style-type: none"> Develop case studies for use in management training to help reduce incidents. 		EDI Lead	Mar 23	AR
		<ul style="list-style-type: none"> Include in staff network meeting agenda item to explore what further work can be done to build an inclusive, compassionate and culturally sensitive workplace that supports a zero tolerance policy of harassment, bullying and abuse. 		Staff Network Leads Associate Director of OD	Jan 23 meeting	AR
		<ul style="list-style-type: none"> Embed Behavioural Standards Framework Via the FTSU staff guardian encouraging disabled staff to challenge and report poor behaviours 		EDI Lead Workforce Innovation & Design Manager	Apr 23	AG

Metric	Objective	Action/s	Why	Lead/s	Timescale	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver						
5	Reduce inequality and bring parity in career progression opportunities between Disabled and non-disabled colleagues.	<ul style="list-style-type: none"> ○ Implement requirement for an Equality Champion to sit on recruitment and selection panels. ○ Monitor selection processes for acting up and secondment positions to identify any potential adverse impact on Disabled staff. ○ Review appraisal paperwork of Disabled staff who have been in same post or pay band level for three years to evaluate whether they have had opportunities for career development. ○ Develop talent management programme that will support Disabled colleagues to progress up seniority – helping organisation to ensure that the workforce is more representative at middle to senior levels. 	See action 2 above	EDI Lead EDI Lead OD Consultant Associate Director of OD EDI Lead	Apr 23 Mar 23 Mar 23 Mar 23	AR

Metric	Objective	Action/s	Why	Lead/s	Timescale	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver						
6	Reduce level of presenteeism experienced by Disabled staff from 32% to at least 24%.	<ul style="list-style-type: none"> ○ Explore presenteeism at the Attendance Management Task & Finish review group ○ Review agile/home working and allowing more flexible working times/styles to ensure that it is fully supportive of colleagues with a disability. ○ Embed wellbeing conversations in PDR. 	Create a healthier workplace for staff and improve wellbeing for all	Head of HR DAWN & Mental Health Staff Network Chairs OD Consultant	Ongoing	AG
7	Increase percentage of Disabled staff satisfaction rate from 33% to at least 50%.	<ul style="list-style-type: none"> ○ Establish a sub-group, with Disabled staff and other key partners, to explore issues and identify interventions to improve the satisfaction rate. ○ Develop a series of training sessions for middle managers to explore their responsibility in relation to workplace disability equality: what they should be doing about it and how they can set expectations for leadership. ○ Work with DAWN and mental health staff networks to produce a staff stories book highlighting staff who are positive about working in the trust and feel valued. 	Part of the overall organisational goal to create a sense of belonging and to ensure disabled staff feel, recognised, supported, appreciated and valued.	DAWN & Mental Health Staff Network Chairs EDI Lead DAWN & Mental Health Staff Network Chairs Head of Communications	Nov 22 Apr 23 Dec 22	AR

Metric	Objective	Action/s	Why	Lead/s	Timescale	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver						
8	Increase percentage (from 71% to at least 85%) of Disabled staff that feel that their request/s for reasonable adjustments have been adequately managed.	<ul style="list-style-type: none"> Develop disability passport which allows individuals to easily record information about their condition, any reasonable adjustments they may have in place and any difficulties they face. 	Create a healthier workplace for staff and improve wellbeing for all	Associate Director of Wellbeing & OH	Oct 22	AG
		<ul style="list-style-type: none"> Review and develop a more supportive and effective approach to the management of requests for reasonable adjustments. 		EDI Lead	Mar 23	AR
		<ul style="list-style-type: none"> Develop guidance case studies for line managers on how to arrange reasonable adjustments for their staff. 		EDI Lead	Mar 23	AG
9	Reduce gap in staff engagement scores from 6.6% to at least 7.2%.	<ul style="list-style-type: none"> Continue to raise the profile and visibility of disabled staff in many of our publications, channels, events and web resources 	Create a culture and environment where Disabled staff feel able to speak up and have a voice	Head of communications	Ongoing	AG
		<ul style="list-style-type: none"> Identify and work with Disabled staff in senior positions to develop and share personal stories about their lived experience in blogs/podcast. 		Associate Director of OD	Nov – Dec 22	AR
		<ul style="list-style-type: none"> Celebrating Disability History Month” via hosting a series of virtual road shows and 			Nov – Dec 22	AR

Metric	Objective	Action/s	Why	Lead/s	Timescale	RAG
	<p>Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver</p>					
		<p>stands across the Trust, to engage directly with staff and public</p> <ul style="list-style-type: none"> Develop an engagement plan that will provide opportunities for all staff to join the DAWN and mental health network groups (targeting all staff recognises that there are Disabled colleagues who have not yet declared their disability/long-term condition). 		<p>DAWN & Mental Health Staff Network Leads</p> <p>EDI Lead</p> <p>DAWN & Mental Health Staff Network Leads</p>	<p>To be developed between November 22 and March 23.</p>	<p>AG</p>

