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| **WRES indicator** | **Actions** | **Lead** | **Progress** | **Outcome** | **Date** | **Status** |
| 1. % of BME staff, VSM (including Board members and senior medical staff) compared with the % of white staff in the overall workforce
 | * Develop and implement the Trust’s Model Employer Strategy
* Establish the Trust’s Reverse Mentoring programme
* Ensure succession plans are in place for all organisational and divisional senior leadership roles
* Establish a task and finish group to establish a process whereby internal promotions can be identified and monitored
* Analyse exit interview questionnaires from BME colleagues to ascertain the reasons for leaving the Trust
 | E, D & I LeadHead of HRHead of OD | * The Trust already has a succession planning process in place. Further work needs to be undertaken to ensure the process is embedding across the organisation
* Senior leaders identified through the succession planning process are automatically invited to the Senior Collaborative Leadership programme
* From the leaders who have attended the Senior Collaborative Leadership programme 54% have been promoted into senior leadership roles, of which 28% were from a BME background
 | * Close the gap between BME and white colleagues in senior leadership posts
* Establish if there is a pattern in treatment and experiences for BME colleagues
* The Trust meeting the Model Employer targets
* Each senior leadership post within the Trust has at least one successor identified
* The Trust can demonstrate that there is an equitable career progression process in place
 | Mar 23 | G |
| 2. Relative likelihood of staff being appointed from shortlisting across all posts. | * Develop a robust recruitment and selection training programme including sessions on unconscious bias
* Identify BME colleagues to sit on interviews
* Identify and train a pool of E, D and I trained interviewers
* Review where jobs are advertised externally and identify new areas to advertise.
 | Senior Resourcing ManagerE, D and I LeadCultural Diversity Network Lead | * A new recruitment and selection training programme has been developed and piloted in July with senior managers
* New Cultural Diversity Network established
 | * Increase in the number of BME applicants into Trust roles
* All managers trained in recruitment and selection training
* Members of the Cultural Diversity Network involved in improving recruitment and selection processes
 | Mar 23 | G |
| **WRES indicator** | **Actions** | **Lead** | **Progress** | **Outcome** | **Date** | **Status** |
| 3. Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation. | * Analyse reasons for staff entering the formal disciplinary process
* Monitoring of disciplinary cases by ethnicity
* Review the Trust’s current investigation skills training programme
* Review the pool of managers currently trained to undertake investigations
 | Head of HR | * The WRES report 21/22 demonstrates that there has been a significant reduction in the number of BME staff who have entered the formal disciplinary process
 | * All managers involved in investigations are appropriately skilled and trained
 | Mar 23 | G |
| 4. Relative likelihood of staff accessing non-mandatory training and CPD. | * Investigation to understand why there has been a reduction in the number of BME staff accessing non-mandatory training
* Ensure that all training undertaken by individuals is recorded accurately
* Ensure that all individuals have an appraisal
* Implement a reciprocal mentoring programme
* Ensure that all medical trainees have a Medical Supervisor
 | Head of OD | * A reciprocal mentoring programme is being developed with support from the NW NHS Leadership Academy
* Process in place to ensure that all medical trainees have a Medical Supervisor
* Organisational Training Needs Analysis project commenced in September
* New approach to appraisal being developed
 | * Members of the BME workforce provided with the opportunity to mentor members of the Board
* All members of the workforce have an appraisal whereby their training needs are identified, and those needs met
 | Mar 23 | R |
| 5. % of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 month | * Review all incidents of racism within each division
* Consider challenges posed to staff in relation to the care of patients who present racist behaviour
* Ensure that the Zero Tolerance Abuse from Patients policy is embedded across the organisation
* Ensure that staff affected by abuse are fully supported
 | Head of HRCultural Diversity Network | * Cultural Diversity Network established
* Zero Tolerance Abuse from Patients policy is being developed
* Psychological support available for colleagues who have experienced racist behaviour from patients
 | * To develop and sustain an anti-racist culture across the organisation
* To create opportunities for discussion, listening, learning and education to increase individual, team, and organisational awareness of racism
* To develop and create systems, policy and process to support reducing and managing incidents of racism to enable staff to feel able to come and be safe at work
 | Mar 23 | G |
| 6. % of staff experiencing harassment, bullying or abuse from staff in the last 12 months. | * Ensure that all managers received training around the E, D and I agenda
* Develop and implement a Civility and Respect Toolkit
* Continue to embed Just Culture principles
* Ensure all staff complete Freedom to Speak Up training
* Monitor reported cases of bullying & harassment through managers, Staff Side and HR
 | E, D, and I LeadHead of ODHead of HR | * B & H cases are monitored monthly at JNCC
* Managing inappropriate behaviour built into all leadership and management development programmes
* E, D and I training included in all leadership and management development training programmes
* Freedom to Speak Up training e-learning package available for managers and staff
* Just Culture principles embedded in all HR processes and procedures
 | * To create a culture where people feel included and valued
* All staff are aware of the behaviours expected of them
* Managers proactively address and manage poor behaviour
 | Mar 23 | G |
| 7. % believing that the Trust provides equal opportunities for career progression or promotion. | * Ensure that the Trust’s succession planning, and talent management processes are embedded across the organisation
* Develop and implement a reciprocal mentoring programme
* Set Model Employer trajectories
 | Head of OD | * A reciprocal mentoring programme is being developed with support from the NW NHS Leadership Academy
* The Trust already has a succession planning process in place. Further work needs to be undertaken to ensure the process is embedding across the organisation
 | * Staff believe that there is a fair and transparent promotion process in place
* Increase in the number of BME staff promoted into senior roles
 | Mar 23 | R |
| 8. In the last 12 months have you personally experienced discrimination at work from any of the following – management/team leader or other colleagues | * E, D, and I training included in all leadership and management training programmes
* Empower the Cultural Diversity Network to act as a safe space for staff to raise an issue
* Create additional safe spaces for staff to raise concerns e.g., Freedom to Speak Up Guardian
* Arrange a series of BME focus groups (Big Conversations) to understand perceived or real experiences of discrimination
 | E, D, and I LeadCultural Diversity Network Lead | * Freedom to Speak Up service in place
* Cultural Diversity Network in place
* E, D, and I training included in all leadership and management development programmes
 | * Creation of a culture of inclusiveness, honesty, and openness without fear of repercussion
 | Mar 23 | R |
| 9. Board Representation indicator, comparing the difference for White and BME staff. | * Reciprocal Mentoring programme being developed
* E, D, and I Board development programme to be developed
 | Head of OD | * A reciprocal mentoring programme is being developed with support from the NW NHS Leadership Academy
 | * Increased BME representation at Board level
 |  | G |