NHS
North Tees and Hartlepool
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Action Plan 2024-25

Primary Author(s) of this Action plan
Annemarie Stubbs, People Quality and Projects Manager
Nicola Hogarth, People Projects and Quality Partner
Kris Bell, EDI Engagement Lead

Sources of Information underpinning the Action Plan
Staff Survey data
Electronic Staff Records data
Trac Recruitment System
People Services databases
Feedback from the Ability Staff Network

Publication Date:
October 2024

North Tees and Hartlepool NHS Foundation Trust

It is intended that the WDES Action Plan will strongly align with those actions detailed within the WRES, Gender Pay Gap and EDS, whilst also reflecting the priorities of the six High Impact Actions of the NHS EDI Improvement Plan.

WDES Indicators	Agreed Actions	KPIs and Timelines for monitoring actions	How will actions be made sustainable
Indicator 1: **Recruitment**	Devise a training programme to support internal candidates who are applying for alternative roles within the Trust. Training to include advice on completing application forms, and interview/presentation skills. (Ongoing)	Training will initially commence during 2025/26 and continue thereafter. Key metrics include: - number of participants attending for training; - profile of participants by protected characteristic, staff group, etc. - number of staff who go on to obtain alternative positions, including promotion.	Training will be scheduled on a regular basis and will be promoted in the Trust's regular education bulletin. KPIs will be discussed at the EDI Steering Group.
	Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 1 will include: - ethnic minority representation across all grades by clinical and non-clinical staff groups; - recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting.	It is planned that the Culture Dashboard will go live in 2025/26. Metrics will be reported at both a Trust and Care Group level to understand local trends/themes.	The Dashboard will be reviewed at People Group and the EDI steering group on a quarterly basis. The dashboard will be reported and issued to Care Groups on a quarterly basis to share performance and data at a local level.

	(Ongoing)		
	Host a range of campaigns aimed at updating personal details on ESR, to ensure the Trust's workforce profile is as accurate as it can be and reflects the true picture of our workforce. Campaigns will include: - Issuing guidance on how to update My ESR; - Educating colleagues about the importance of updating personal details and how the data is used/allaying myths; - Hosting drop in sessions for colleagues to update their ESR record, where they do not have access to a PC or are unsure of how to complete this. (Ongoing)	Awareness campaigns commenced in August 2023, further sessions follow thereafter on a regular basis. The aim of this action is to reduce the number of non-disclosure of disability status.	There will be an ongoing requirement to review the data held on ESR to reduce the number of non-disclosures. Regular campaigns will be required throughout the year and on an ongoing annual basis to ensure records are updated throughout the employee journey to reflect individual changes in circumstances.
	Enhance existing recruitment internal audits to include monitoring of data in relation to interview panels and compliance with panel members attending recruitment & selection training. (Ongoing)	Audits are been undertaken, however the scope of the recruitment audit is being defined and led by the Projects and Quality Team. KPIs will include numbers and areas of non-compliance.	Ensuring panel compliance with R&S training will reduce the impact of unconscious bias and promote a culture of inclusivity which will ultimately support our aim to increase ethnic minority representation across the organisation. Non-compliance will be reported to the People Group.
	The Trust will continue to deliver recruitment & selection training, including values based	Refreshed training is now in place. KPIs include:	Delivery of recruitment and selection training is business as usual and

	recruitment and EDI considerations. This training was refreshed in 2022. (Completed)	- number of participants attending for training; - audit of compliance.	takes place on a regular basis for new recruiting managers. This training will be refreshed and updated to reflect any future procedural/legislative changes, including best practice.
	Continued development and implementation of the reciprocal mentoring scheme, with an aim of increasing representation for ethnic minority colleagues across all levels of the organisation. (Ongoing)	The trial pilot scheme will be launched in 2025/26 KPIs include: - number of participants of the scheme; - profile of participants by protected characteristic, staff group, etc. - number of staff who go on to obtain alternative positions, including promotion. - participant feedback to ensure continuous improvement.	Reciprocal mentoring will continue to be delivered across the organisation, twice a year.
	Implement audits in relation to recruitment data to identify numbers of applicants who are part of the Guaranteed Interview Scheme. (Ongoing)	Audits scheduled to commence Q4, 2023/2024 and then quarterly thereafter. KPIs include: - number of applicants who are part of the Guaranteed Interview Scheme; - number of applicants who go on to be shortlisted/appointed; - review of documentation to understand reasons for not being shortlisted/appointed.	Audits will continue to take place on a quarterly basis, with reports to the People Group. Discussions will identify themes and potential concerns, thereby resulting in additional actions.

	Review to be actoned in relation to local advertising and the reporting and recording of disabilities on the electronic staff record (ESR). (New)	Review is undertaken in 20205/26 and findings reported into EDI Steering Group Improvements will be seen in the WDES Staff 2025 Staff Survey Metrics	Outcome and actions to be discussed at the EDI Steering Group
Indicator 2: Appointments	Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 1 will include: - ethnic minority representation across all grades by clinical and non-clinical staff groups; - recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting. (Ongoing)	It is planned that the Culture Dashboard will go live in 2025/26. Metrics will be reported at both a Trust and Care Group level to understand local trends/themes.	The Dashboard will be reviewed at People Group and the EDI steering group on a quarterly basis. The dashboard will be reported and issued to Care Groups on a quarterly basis to share performance and data at a local level.
	Refresh and improve Trust processes in relation to appraisal. This will include updated policy documentation and roll out of a new appraisal form which incorporates SMART goals and talent management. (Ongoing)	New Policy and related documentation introduced August 2023. KPIs include: - monitoring of appraisal compliance rates; - reduction in the number of staff who have not had an appraisal;	Appraisal compliance is regularly monitored and reported on a monthly basis as part of the workforce dashboard. Further consideration as to how this can be incorporated into the Culture dashboard.

		- profile of non-compliant staff by protected characteristic, staff group, etc.	
	Enhance existing recruitment internal audits to include monitoring of data in relation to interview panels and compliance with panel members attending recruitment & selection training. (Ongoing)	Audits are been undertaken, however the scope of the recruitment audit is being defined and led by the Projects and Quality Team. KPIs will include numbers and areas of non-compliance.	Ensuring panel compliance with R&S training will reduce the impact of unconscious bias and promote a culture of inclusivity which will ultimately support our aim to increase ethnic minority representation across the organisation. Non-compliance will be reported to the People Group.
	The Trust will continue to deliver recruitment & selection training, including values based recruitment and EDI considerations. This training was refreshed in 2022. (Completed)	Refreshed training is now in place. KPIs include: - number of participants attending for training; - audit of compliance.	Delivery of recruitment and selection training is business as usual and takes place on a regular basis for new recruiting managers. This training will be refreshed and updated to reflect any future procedural/legislative changes, including best practice.
	Continued development and implementation of the reciprocal mentoring scheme, with an aim of increasing representation for ethnic minority colleagues across all levels of the organisation. (Ongoing)	The trial pilot scheme will be launched in 2025/26 KPIs include: - number of participants of the scheme; - profile of participants by protected characteristic, staff group, etc.	Reciprocal mentoring will continue to be delivered across the organisation, twice a year.

		- number of staff who go on to obtain alternative positions, including promotion. - participant feedback to ensure continuous improvement.	
	Work with the recruitment team to identify ways of enhancing the promotion of our disability confident accreditation and educate managers on what this means. (New)	Refresh Recruitment training to managers to include disability confident leader information	Recruitment training will continue to be delivered across the organisation,
Indicator 3: **Capability**	Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 1 will include: - ethnic minority representation across all grades by clinical and non-clinical staff groups; - recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting. (Ongoing)	It is planned that the Culture Dashboard will go live in 2025/26. Metrics will be reported at both a Trust and Care Group level to understand local trends/themes.	The Dashboard will be reviewed at People Group and the EDI steering group on a quarterly basis. The dashboard will be reported and issued to Care Groups on a quarterly basis to share performance and data at a local level.
	The Trust will continue to deliver a case review process for employee relations (ER) cases to promote opportunities for sharing lessons learned and ensure continuous improvement of our people practices processes. (Ongoing)	The case review process is now well established and takes place on a regular basis. KPIs include: - Lessons learned; - Recommendations, including changes to policy and procedure.	Key points of learning and improvement actions are shared as part of the monthly People Practices report to the Trust's Executive team.

The Head of Employee Relations role continues to have independent oversight of all ER cases. (Completed)	Lead Investigator role created August 2021, which has now evolved into a Head of ER role.	The Head of People Services prepares a monthly People Practices report which is presented for discussion at Executive Team.
The Trust continues to deliver People Practices training, which includes a focus on unconscious bias and Just Culture. (Ongoing)	The training programme is now in place to equip managers with the skills required to undertake ER cases.	Policies are regularly updated to reflect changes in practice and legislative requirements. People practices is training refreshed to take account of any such changes.
The Menopause Policy was launched in October 2022 to support colleagues who are experiencing symptoms of the menopause and consideration of reasonable adjustments where symptoms may be affecting their work. (Complete).	The policy is now in place, which includes a range of support mechanisms for staff. To consider monitoring of KPIs including: - Number of staff accessing menopause support; - Number of staff requiring reasonable adjustments linked to menopause.	Reference to the Menopause Policy is included in attendance management training for managers. The policy is promoted to staff via the menopause support group. Future development work will now align with South Tees.
The Trust will continue to review and benchmark against regional benchmarks as well as responses from previous years.	Review is to be undertaken in 20205/26 and reported into EDI Steering Group	Outcome and actions to be discussed at the EDI Steering Group for further consideration

Indicator 4: **Bullying Harassment from Public, Managers, Colleagues and the reporting of this**	Identify and implement actions in relation to the letter dated 23 June 2023 (Sexual Safety of NHS Staff and Patients) circulated by the Chief Delivery Officer at NHS England. (Ongoing)	Formal Policy to reinforce zero tolerance of sexual harassment. Future campaigns to be developed to promote ongoing awareness of policies and the range of support available for staff.	Monitoring results from Staff Survey and other reporting systems. Compliance to be measured by People Group
	Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 1 will include: - ethnic minority representation across all grades by clinical and non-clinical staff groups; - recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting. (Ongoing)	It is planned that the Culture Dashboard will go live in 2025/26. Metrics will be reported at both a Trust and Care Group level to understand local trends/themes.	The Dashboard will be reviewed at People Group and the EDI steering group on a quarterly basis. The dashboard will be reported and issued to Care Groups on a quarterly basis to share performance and data at a local level.
	The Trust strives to maintain working and learning environments in which honesty, integrity and respect are consistently reflected in personal behaviour and standards of conduct. An employee code of conduct is being developed, which sets out the standards of behaviour expected from all employees across the organisation. Equality of Opportunity and the prevention of bullying and harassment is central to the code of conduct.	The code of conduct is scheduled to be launched during Q3/Q4 2023/24. KPIs include: - Increased staff survey responses relating to staff engagement; - Reduction in the number of cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from colleagues and managers.	The code of conduct strongly aligns to formal Trust policies including the Dignity and Respect and Disciplinary policies. Where unacceptable or inappropriate behaviour is identified, this will be managed in accordance with these policies.

		(Completed)		
	Enhance processes for supporting colleagues who experience violence and/or aggression from patients. Managers are required complete the Supporting Staff Action Plan, however it is not possible under current processes to report on compliance with this requirement. (Ongoing)	The Trust uses Datix to record incidents of violence or aggression from patients/the public. A request has been made to update Datix to include prompts relating to completion of the Supporting Staff Action Plan – Q4 2023/24. The Trust has now moved to a new system called Inphase which captures details of incidents of violence or aggression from patients/the public with relevant prompts.	Compliance to be measured by the Keeping People Safe Group.
	Review and refresh the Trust's Management of Stress Policy, to ensure continued support for staff experiencing bullying/harassment from the public, colleagues and managers. (Ongoing)	New Policy to be ratified Q4 2023/24. KPIs include: - Number of patient/public incidents recorded on Datix; - Number of informal concerns about staff experience recorded by People Services Team; - Number of formal concerns about staff experience recorded by People Services Team, including outcomes.	Ongoing promotion of the policy and staff engagement campaigns to raise awareness of staff support mechanisms. Review of policy to be completed by December 2024
	Develop an EDI calendar of events to promote EDI engagement across the organisation and culture a sense of inclusivity and belonging. A sample of events to include: - What is EDI? - Staff Network intersectionality.	The calendar was developed in May 2023, with the first events commencing June 2023, and taking place monthly thereafter. KPIs include:	The EDI engagement sessions will continue on a monthly basis.

	- Bringing Bias to the forefront. - Awareness of hidden disabilities. - Imposter syndrome/improving confidence. - Belonging in the workplace. - Emotional intelligence. - Celebrating differences. (Completed)	- number of participants attending sessions; - profile of participants by protected characteristic, staff group, etc. - participant feedback to ensure continuous improvement.	
	The Trust continues to review data relating to violent incidents across the organisation via the Keeping People Safe Group. (Complete)	KPIs include: - Identification of hotspot areas; - Identification of anomalies, for example a sudden increase in incidents, or an increase of a particular theme.	KPIs are reviewed by the KPS Group on a monthly basis, with managers invited to attend the meeting to discuss concerns and agree where additional staff support may be required.
	Develop a communications campaign to promote a culture of inclusion and belonging, focusing on a range of different staff experiences and encouraging staff to share their own personal stories. (Ongoing)	Campaign to launch in 2024/25 KPIs include: - Increased staff survey responses relating to staff engagement; - Reduction in the number of cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from colleagues and managers.	Following the launch of the campaign, it is intended that sessions will continue on a monthly basis. Implementation of regular ongoing podcasts

	Enhance current data collection/reporting processes for violent incidents involving patients/members of the public. The aim is to include as many protected characteristics as possible, which will allow for targeted interventions linked to protected characteristics, i.e. ethnicity, gender, sexual orientation, etc. (Ongoing – deferred due to the procurement of a new system).	Implementation of a new InPhase system is expected in, however this may carry over into 2024/25.	It is possible to use the current system to report on racially or sexually aggravated incidents and this information is considered by the KPS group on a monthly basis. Additional reporting will commence following the procurement of the new system.
	The Trust will continue to deliver Difficult Conversations and Difficult Situations Training for managers, which includes emphasis on values and behaviours. (Completed)	Revised training programme commenced October 2022. KPIs include: - Number of managers attending for training; - Reduction in the number of cases linked to dignity and respect. Improved staff survey scores relating to violence, bullying and harassment from colleagues and managers.	There will be an ongoing requirement to deliver training to managers.
	The Trust will continue to promote awareness of our zero tolerance approach to bullying and harassment, including sources of support for colleagues. (Completed)	Campaigns take place on a regular basis as part of: - Anti-bullying week - EDI calendar of events - Staff Network promotion KPIs include:	There will be an ongoing requirement for promotion of the Trust's zero tolerance approach to B&H.

		- Reduction in the number of cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from patients, colleagues and managers.	
	The Trust will continue to deliver an internal Mediation Service to resolve workplace issues between staff, colleagues and managers. (Ongoing)	The Trust's Mediation Service is well established across the organisation with recruitment of additional mentors as and when needed. KPIs include: - Reduction in the number of formal cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from patients, colleagues and managers.	The mediation service continues to be promoted across the organisation. Referrals for mediation are a regularly recommended as a result of cases linked to the Dignity and Respect Policy.
	Ensure that the experiences of staff with a disability continue to improve including signposting to specific avenues such as Freedom to Speak Up. (New)	Run an event to wider conversation on staff experiences of harassment and abuse Take forward activity to support anti bullying awareness raising campaigns throughout 2025/26 Engage with staff to understand barriers to reporting and seek solutions KPIs include:	Reduce the percentage incidence of harassment, bullying & abuse Ongoing activities and events to be discussed at the EDI Steering Group for further consideration

		- Reduction in the number of formal cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from patients, colleagues and managers.	
Indicator 5: **Equal opportunities, career progression & promotion**	Extend the Trust's Gender Pay Gap reporting requirements to understand differences by gender and ethnicity, and also between clinical and non-clinical roles. (Ongoing).	Extended reporting to commence from 2025/26. KPIs include: - Understanding the Ethnicity Pay Gap by clinical/non-clinical roles. - Reduction in the Trust's overall Gender Pay Gap.	Extended reporting will form the basis of all future gender pay gap reports. Targeted interventions will be identified as part of the gender pay gap action plan.
	Devise a training programme to support internal candidates who are applying for alternative roles within the Trust. Training to include advice on completing application forms, and interview/presentation skills. (Ongoing)	Training will initially commence during 2025/26 and continue thereafter. Key metrics include: - number of participants attending for training; - profile of participants by protected characteristic, staff group, etc. - number of staff who go on to obtain alternative positions, including promotion.	Training will be scheduled on a regular basis and will be promoted in the Trust's regular education bulletin. KPIs will be discussed at the EDI Steering Group.
	Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 1 will include:	It is planned that the Culture Dashboard will go live in 2025/26.	The Dashboard will be reviewed at People Group and the EDI steering group on a quarterly basis.

	- ethnic minority representation across all grades by clinical and non-clinical staff groups; - recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting. (Ongoing)	Metrics will be reported at both a Trust and Care Group level to understand local trends/themes.	The dashboard will be reported and issued to Care Groups on a quarterly basis to share performance and data at a local level.
	Refresh and improve Trust processes in relation to appraisal. This will include updated policy documentation and roll out of a new appraisal form which incorporates SMART goals and talent management. (Ongoing)	New Policy and related documentation introduced August 2023. KPIs include: - monitoring of appraisal compliance rates; - reduction in the number of staff who have not had an appraisal; - profile of non-compliant staff by protected characteristic, staff group, etc.	Appraisal compliance is regularly monitored and reported on a monthly basis as part of the workforce dashboard. Further consideration as to how this can be incorporated into the Culture dashboard.
	Enhance existing recruitment internal audits to include monitoring of data in relation to interview panels and compliance with panel members attending recruitment & selection training. (Ongoing)	Audits are been undertaken, however the scope of the recruitment audit is being defined and led by the Projects and Quality Team. KPIs will include numbers and areas of non-compliance.	Ensuring panel compliance with R&S training will reduce the impact of unconscious bias and promote a culture of inclusivity which will ultimately support our aim to increase ethnic minority representation across the organisation. Non-compliance will be reported to the People Group.
	The Trust will continue to deliver recruitment & selection training, including values based	Refreshed training is now in place.	Delivery of recruitment and selection training is business as usual and

	recruitment and EDI considerations. This training was refreshed in 2022. (Completed)	KPIs include: - number of participants attending for training; - audit of compliance.	takes place on a regular basis for new recruiting managers. This training will be refreshed and updated to reflect any future procedural/legislative changes, including best practice.
	Continued development and implementation of the reciprocal mentoring scheme, with an aim of increasing representation for ethnic minority colleagues across all levels of the organisation. (Ongoing)	The trial pilot scheme will be launched in 2025/26 KPIs include: - number of participants of the scheme; - profile of participants by protected characteristic, staff group, etc. - number of staff who go on to obtain alternative positions, including promotion. - participant feedback to ensure continuous improvement.	Reciprocal mentoring will continue to be delivered across the organisation, twice a year.
	Further analysis of the key finding to be undertaken to identify hotspots, and development of department specific action plans to address any areas of concern (New)	Staff Survey findings to be reviewed for 2024 in March 2025. Review and feedback to EDI Steering Group/Organisational Development Team.	Outcome and actions to be discussed at the EDI Steering Group for further consideration
Indicator 6: **Felt pressure from their manager to come to work**	Enhance processes surrounding the health and wellbeing conversation between managers and colleagues. The conversation has been embedded into the annual appraisal process and 1:1 templates, however further consideration is taking place as	Discussions to take place as part of the annual ESR assessment in 2024/25 KPIs will include: - Number of conversations recorded on ESR;	Once the information is being recorded on ESR, it is expected that this information will be reported through the People Group.

despite being unwell	part of the electronic staff record standards which will allow for more accurate reporting via ESR. (Ongoing)	- Reduced number of colleagues who have not had a H&WB conversation; - Analysis of workforce profile to understand how many disabled colleagues have/have not had a conversation;	
	The Trust continues to deliver Attendance Management training to line managers, which includes advice surrounding reasonable adjustments and raising awareness of how an individual's disability can affect their performance, including how to identify triggers, which indicate that someone is struggling at work. (Ongoing).	Revised training programme commenced April 2022. KPIs include: - Number of managers attending for training; - Reduction in the number of formal cases linked to capability for disabled staff. - Improved staff survey scores relating to WDES metric 6.	There will be an ongoing requirement to deliver training to managers.
	The Menopause Policy was launched in October 2022 to support colleagues who are experiencing symptoms of the menopause and consideration of reasonable adjustments where symptoms may be affecting their work. (Completed)	The policy is now in place, which includes a range of support mechanisms for staff. To consider monitoring of KPIs including: - Number of staff accessing menopause support; - Number of staff requiring reasonable adjustments linked to menopause.	Reference to the Menopause Policy is included in attendance management training for managers. The policy is also promoted to colleagues via the menopause support group, which meets on a regular basis and is publicised via staff newsletters, etc. Future development work will now align with South Tees.
Indicator 7:	Develop a communications campaign to promote a culture of inclusion and belonging,	Campaign to launch in 2024/25	

Organisation values work	focusing on a range of different staff experiences and encouraging staff to share their own personal stories. (Ongoing)	KPIs include: - Increased staff survey responses relating to staff engagement; - Reduction in the number of cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from colleagues and managers.	Following the launch of the campaign, it is intended that sessions will continue on a monthly basis. Implementation of regular ongoing podcasts
	The Ability Staff Network is well established in the Trust with monthly meetings taking place attended by a number of core members. Executive Sponsors to be appointed as part of Trusts Board level to champion and improve visibility of senior level. The Freedom to Speak Up Guardian regularly attends meetings of the Ability network. (Ongoing)	The Ability Staff Network was established in 2021. The KPIs are more qualitative and include: - Staff feedback on the true impact of policies and procedures; - Participation in various campaigns to share staff experience and raise awareness of disabilities.	The Ability Staff Network will continue to meet on a monthly basis, with actions taken forward based upon staff feedback.

	Continued development and implementation of the reciprocal mentoring scheme, with an aim of increasing representation for ethnic minority colleagues across all levels of the organisation. (Ongoing)	The trial pilot scheme will be launched in 2025/26 KPIs include: - number of participants of the scheme; - profile of participants by protected characteristic, staff group, etc. - number of staff who go on to obtain alternative positions, including promotion. - participant feedback to ensure continuous improvement.	Reciprocal mentoring will continue to be delivered across the organisation, twice a year.
	Host a group Disability Awareness Day for colleagues who have a disability or long-term condition (New)	Plan event for 2025 and annually thereafter. KPIs include: - number of participants attending sessions; - participant feedback to ensure continuous improvement.	The event will be scheduled on a annual basis and will be promoted throughout the Trusts

Indicator 8: **Reasonable Adjustments**	The Trust continues to deliver Attendance Management training to line managers, which includes advice surrounding reasonable adjustments and raising awareness of how an individual's disability can affect their performance, including how to identify triggers, which indicate that someone is struggling at work. (Ongoing).	Revised training programme commenced April 2022. KPIs include: - Number of managers attending for training; - Reduction in the number of formal cases linked to capability for disabled staff. - Improved staff survey scores relating to WDES metric 8.	There will be an ongoing requirement to deliver training to managers.
	The Menopause Policy was launched in October 2022 to support colleagues who are experiencing symptoms of the menopause and consideration of reasonable adjustments where symptoms may be affecting their work. (Completed).	The policy is now in place, which includes a range of support mechanisms for staff. To consider monitoring of KPIs including: - Number of staff accessing menopause support; - Number of staff requiring reasonable adjustments linked to menopause.	Reference to the Menopause Policy is included in attendance management training for managers. The policy is also promoted to colleagues via the menopause support group, which meets on a regular basis and is publicised via staff newsletters, etc. Future development work will now align with South Tees.
Indicator 9: **Staff engagement**	Develop a communications campaign to promote a culture of inclusion and belonging, focusing on a range of different staff experiences and encouraging staff to share their own personal stories. (Ongoing)	Campaign to launch in 2024/25 KPIs include: - Increased staff survey responses relating to staff engagement; - Reduction in the number of cases linked to dignity and respect;	Following the launch of the campaign, it is intended that sessions will continue on a monthly basis. Implementation of regular ongoing podcasts

		- Improved staff survey scores relating to violence, bullying and harassment from colleagues and managers.	
	Develop an EDI calendar of events to promote EDI engagement across the organisation and culture a sense of inclusivity and belonging. A sample of events to include: - What is EDI? - Staff Network intersectionality. - Bringing Bias to the forefront. - Awareness of hidden disabilities. - Imposter syndrome/improving confidence. - Belonging in the workplace. - Emotional intelligence. - Celebrating differences. (Completed)	The calendar was developed in May 2023, with the first events commencing June 2023, and taking place monthly thereafter. KPIs include: - number of participants attending sessions; - profile of participants by protected characteristic, staff group, etc. - participant feedback to ensure continuous improvement.	The EDI engagement sessions will continue on a monthly basis.

	The Trust will continue to promote awareness of our zero tolerance approach to bullying and harassment, including sources of support for colleagues. (Completed)	Campaigns take place on a regular basis as part of: - Anti-bullying week - EDI calendar of events - Staff Network promotion KPIs include: - Reduction in the number of cases linked to dignity and respect; - Improved staff survey scores relating to violence, bullying and harassment from patients, colleagues and managers.	There will be an ongoing requirement for promotion of the Trust's zero tolerance approach to B&H.
Indicator 10: **Board Representation**	Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 1 will include: - ethnic minority representation across all grades by clinical and non-clinical staff groups; - recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting. (Ongoing)	It is planned that the Culture Dashboard will go live in 2025/26. Metrics will be reported at both a Trust and Care Group level to understand local trends/themes.	The Dashboard will be reviewed at People Group and the EDI steering group on a quarterly basis. The dashboard will be reported and issued to Care Groups on a quarterly basis to share performance and data at a local level.

Host a range of campaigns aimed at updating personal details on ESR, to ensure the Trust's workforce profile is as accurate as it can be and reflects the true picture of our workforce. Campaigns will include: - Issuing guidance on how to update MyESR; - Educating colleagues about the importance of updating personal details and how the data is used/allaying myths; - Hosting drop in sessions for colleagues to update their ESR record, where they do not have access to a PC or are unsure of how to complete this. (Ongoing)	Awareness campaigns commenced in August 2023, further sessions follow on a regular basis. The aim of this action is to reduce the number of non-disclosure of disability status.	There will be an ongoing requirement to review the data held on ESR to reduce the number of non-disclosures. Regular campaigns will be required throughout the year and on an ongoing annual basis to ensure records are updated throughout the employee journey to reflect individual changes in circumstances.
Refresh and improve Trust processes in relation to appraisal. This will include updated policy documentation and roll out of a new appraisal form which incorporates SMART goals and talent management. (Completed)	New Policy and related documentation introduced August 2023. KPIs include: - monitoring of appraisal compliance rates; - reduction in the number of staff who have not had an appraisal; - profile of non-compliant staff by protected characteristic, staff group, etc.	Appraisal compliance is regularly monitored and reported on a monthly basis as part of the workforce dashboard. Further consideration as to how this can be incorporated into the Culture dashboard.

	Continued development and implementation of the reciprocal mentoring scheme, with an aim of increasing representation for ethnic minority colleagues across all levels of the organisation. (Ongoing)	The trial pilot scheme will be launched in 2025/26 KPIs include: - number of participants of the scheme; - profile of participants by protected characteristic, staff group, etc. - number of staff who go on to obtain alternative positions, including promotion. - participant feedback to ensure continuous improvement.	Reciprocal mentoring will continue to be delivered across the organisation, twice a year.
	A review is to be undertaken in relation Board members in terms of positive action, to encourage Disability representation at Board Level to ensure our Board is reflective of our overall workforce, services and local communities. (New)	Review is to be undertaken in 20205/26 and findings reported into the EDI Steering Group	Outcome and actions to be discussed at the EDI Steering Group