

NHS Workforce Race Equality Standard (WRES)

Action Plan 2024-25

Primary Author(s) of this Action plan

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

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North Tees and Hartlepool NHS Foundation Trust

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

WRES Indicators	Agreed Actions	KPIs and Timelines for monitoring actions	How will actions be made sustainable
Indicator 1: Recruitment and Promotion	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. (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.

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 well on the way.KPIs include:number of participants attending for training;audit of compliance.	Roll out at organisational level. If managers don't complete the training they will not be allowed to undertake any part of the recruitment process.
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)	 To trial pilot scheme will launch 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.
Implement a Culture Dashboard to report on key workforce metrics relating to EDI.	It is planned that the Culture Dashboard will go live in 2025/26.	

Indicator 2:

Appointments	 The Dashboard Metrics for WRES Indicator 2 will include: recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting; staff movements/promotion data. (Ongoing) 	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)	 Updated Policy and related documentation introduced 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	Refreshed training is now well on the way.	Roll out at organisational level. If managers don't complete the training

	values based recruitment and EDI considerations. This training was refreshed in 2022. (Completed)	KPIs include:number of participants attending for training;audit of compliance.	they will not be allowed to undertake any part of the recruitment process.
	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)	 To trial pilot scheme will launch 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.
	Consider the use of more inclusive interview panels and support for internal applicants in this area. (New)	Review and discuss action to take forward with Staff Network Leads early 2025 Feedback from this is to be reporting into the EDI Steering Group.	To be discussed at the EDI Steering Group for further consideration
Indicator 3: Disciplinary	 Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 3 will include: number of formal disciplinary cases for ethnic minority colleagues. (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. 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.	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 Trust continues to embed the Cultural Ambassadors Programme, whereby a nominated CA is appointed for all informal and formal disciplinary cases involving ethnic minority colleagues. (Ongoing).	 The Cultural Ambassador programme commenced in this Trust in 2021 and CAs are actively involved in cases. KPIs include: Reduction in the number of formal disciplinary cases involving ethnic minority colleagues. 	The Cultural Ambassador programme is now embedded but we need to review how we can include in other operational practices and policy processes.

	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: Education	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.
	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)	 To trial pilot scheme 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 consideration should be given to the requirement for the Trusts to record all training via ESR for consistency purposes. (New)	Plan for a campaign to launch in 2025/26	To be discussed at the EDI Steering Group for further consideration.
Indicator 5: Bullying Harassment from the Public	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
	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		Ongoing promotion of the policy and staff engagement campaigns to raise

bullying/harassment from the public, colleagues and managers. (Ongoing)	 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. 	awareness of staff support mechanisms. Review of policy to be completed by December 2024
The Trust continues to review data relating to violent incidents across the organisation via the Keeping People Safe Group. (Completed)	 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.
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 from 2022-23 due to the procurement of a new InPhase system).	Implementation of a new InPhase system is expected in Q4 2023/24, however this may carry over into 2024/25.	New fields to be implemented on Inphase to support with reporting against protected characteristics
Further analysis of this key finding is to be undertaken to identify hotspots, and development of department specific action plans to address any areas of concern	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

	(New)		
Indicator 6: Bullying Harassment from Staff	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. (Completed)	 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.
	 Implement a Culture Dashboard to report on key workforce metrics relating to EDI. The Dashboard Metrics for WRES Indicator 6 will include: number of informal cases relating to staff concerns about Dignity & Respect; number of formal cases and outcomes relating to staff concerns about Dignity & Respect; (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.
	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.	Appoint a Domestic Abuse and Violence Lead - August 2023. Sign up to the sexual safety charter – September 2023.	Formal Policy to reinforce zero tolerance of sexual harassment. Future campaigns to be developed to promote ongoing awareness of

(Ongoing)	Review policies and support offered to staff who experience issues related to sexual safety – Q4 2023/24. Create a safe space for colleagues to discuss and tackle matters of sexual safety – Q3 2023/24.	policies and the range of support available for staff.
 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. 	 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.
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.	
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 staff. (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.
The Trust will continue to deliver an internal Mediation Service to resolve workplace issues between staff, colleagues and managers.	The Trust's Mediation Service is well established across the organisation with recruitment of additional mentors as and when needed. KPIs include:	The mediation service continues to be promoted across the organisation. Referrals for mediation are a regularly recommended as a result of

	(Ongoing)	 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. 	cases linked to the Dignity and Respect Policy.
	We will seek feedback from those staff who have been directly involved in cases of bullying and harassment to understand how they felt during the process. Look at case reviews, identify good practice etc. (New)	Through completion of internal pulse surveys, staff survey. Engagement with people services reps and Freedom to Speak Up Guardian at staff network meetings. Review feedback during 2025 and feedback actions to EDI Steering Group	Outcome and actions to be discussed at the EDI Steering Group for further consideration
Indicator 7: Equal opportunities	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 7 will include: recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting; staff movements/promotion data. (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. (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.
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. 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.
	Explore perceived barriers to equal opportunities and career progression via the Ethnic Minority Staff Networks and Leads and develop additional actions to address any areas of concern. (New)	Dedicate a specific staff network meeting to discuss in 2025 Feedback actions to the EDI Steering Group	Outcome and actions to be discussed at the EDI Steering Group for further consideration
Indicator 8: Discrimination from a Leader	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:	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.

 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. 	 number of participants attending sessions; profile of participants by protected characteristic, staff group, etc. participant feedback to ensure continuous improvement. 	
 Implement a Culture Dashboard to report on key workforce metrics relating to equality, diversity and inclusion. To be reported at both a Trust and Care Group level to understand local trends/themes. (Ongoing). The Dashboard Metrics for WRES Indicator 8 will include: number of informal cases relating to staff concerns about Dignity & Respect; number of formal cases and outcomes relating to staff concerns about Dignity & Respect; (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 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;	There will be an ongoing requirement to deliver training to managers.

	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. (Completed)	 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 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.
Indicator 9: Board Representation	 Implement a Culture Dashboard to report on key workforce metrics relating to equality, diversity and inclusion. To be reported at both a Trust and Care Group level to understand local trends/themes. (New). The Dashboard Metrics for WRES Indicator 9 will include: Ethnic minority representation across all grades by clinical and non-clinical staff groups. 	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.

 recruitment data, including the number of ethnic minority applicants and likelihood of being appointed from shortlisting. (Ongoing) 		
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.
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 to commence 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 BAME representation at Board Level to ensure our Board is reflective of our overall workforce, services and local communities.	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 for consideration.
(New)		