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**Workforce Disability Equality Standard (WDES): Annual Report 2020**

1. **Introduction**

In 2015 the Equality & Diversity Council commissioned research looking at disability in the NHS workplace. This showed that disabled staff consistently reported higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities. The purpose of the WDES is to improve the experience of disabled staff working in, and seeking employment in, the NHS.

The WDES will help foster a better understanding of the issues faced by disabled staff; supporting positive change through action plans and a more inclusive environment with an increased focus on disability and the voices of disabled staff.

The WDES became mandatory for NHS Trusts and Foundation Trusts only in 2019. CityCare have chosen to completed the WDES from this date as to support this important agenda and demonstrate a commitment to support our staff with a disability.

1. **Executive Summary**

The WDES 2021 report compared to the previous year shows an improvement in the experience for disabled staff across all of the metrics with the exception of one; percentage of disabled staff saying their employer has made adequate adjustments to enable them to carry out their work.

There has been a rise in the number of staff self-reporting a disability; actions were taken to increase self-reporting of disability through the electronic staff record and for managers to have regular supportive conversations with their staff. The Board have supported with awareness raising and an open dialogue with the reciprocal mentoring programme beginning in 2021 and increasing diversity in decision making.

There has been an in increase in the number of disabled staff in AfC bands 1-4 with the highest percentage of staff with a disability are within bands 5-7.

There is agreed focus to improve supported with specific actions in the areas of; bullying and harassment, recruitment and the organisation making reasonable adjustments. Whilst the areas of bullying & harassment and recruitment have significantly improved from the previous period, it is important to further improve these areas which will also align with the NHS People Plan actions including overhaul of recruitment practice and the introduction of the civility and respect toolkit. Our staff networks will be reviewed and become part of the decision making process with the support of our reciprocal mentoring programme.

1. **Progress**

In order to gain an understanding of our disabled staff and analyse the data, it is important for staff to feel able to declare they have a disability and record this on the electronic staff record (ESR). Steps are taken to increase this recording with a campaign to encourage staff to self-report and assistance for staff to complete this data .

There has been an in increase in the number of disabled staff in AfC bands 1-4 at 33%, the highest percentage of staff with a disability are within bands 5-7 at 63% and bands 8a and above there is 1% with a disability.

There has been *significant improvement* in several areas:

* No staff with a disability entered the formal capability process
* Recruitment from shortlist of staff with a disability increased by 17%
* Disabled staff saying they are satisfied with the extent to which the organisation values their work by 17%
* Disabled staff reporting bullying & harassment by increased by 14%
* Disabled staff believing the organisations provides equal opportunities in career progression increased by 7%
* A reduction in bullying & harassment from patients by 5%, managers by 4% and colleagues by 1%
* Disabled staff feeling pressure from their manager to come to work when not feeling well enough decreased by 2%

A staff network group supports our staff with a disability with feedback through the EDI Committee and reporting to Board. A reciprocal mentoring programme is being established to give senior managers and Board the opportunity to work with staff from protected groups, to gain feedback on experience and consider diversity in decision making.

1. **Conclusion**

The third reporting period of the WDES has highlighted improvement in all areas with the exception of one, adequate adjustments are made to support disabled staff which has reduced by 1%.

Areas highlighted for targeted actions include: recruitment and bullying & harassment which, although show improvement we are committed to improve further. The area of adequate adjustments will also have a focus.

Supporting disabled staff through initiatives such as through staff network and diversity in decision making, health and wellbeing initiatives and conversations remain a priority during this reporting period.

EDI Lead

July 2021

**Workforce Disability Equality Standard**

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| **Date of this report** | July 2021 |
| **Name of Provider Organization** | Nottingham CityCare Partnerships |
| **Name and Title of Board Lead for Workforce Disability Equality Standard** | Deborah Hayman Director of Finance and Corporate Services |
| **Name and contact details of Lead Manager completing this report** | Fiona Cambridge Equality Diversity & Inclusion Lead  [f.cambridge@nhs.net](mailto:f.cambridge@nhs.net) |
| **Name of Commissioners this report has been sent to** | NHS Nottingham & Nottinghamshire Clinical Commissioning Group |
| **This report has been signed off by the Board by** | Lou Bainbridge Chief Executive Officer |

**Report on the WDES Indicators**

1. **Background Narrative**
2. Any issues of completeness of data

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| No |

1. Any matters relating to reliability of comparisons with previous years

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| None |

1. **Total Numbers of Staff**
2. Employed within this organisation at the date of this report

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| 1105 |

1. Proportion of Disabled staff employed within this organisation at the date of this report

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| 6.3% |

**3. Self-Reporting**

1. The proportion of total staff who have self-reported their Disability

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| 6.33% disability 8.9% not declared & 0.63% unspecified |

1. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

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| Awareness raising and during training to encourage staff to self-report with information as to why and how this is used, instructions how to self-report and support from HR & Workforce to add to ESR system for staff who are not able/confident to do this themselves. Managers have been asked to encourage staff to self-report. The amount of staff self-reporting has increased during this report period. |

1. Are any steps planned during the current report period to improve the level of self-reporting by ethnicity

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| Continued promotion through staff disability support network and Equality & Diversity Committee, through staff communications and newsletters, staff and senior staff role models, promote benefits of reporting to staff and what information is used for, benefits of targeted communication, guidance for ESR reporting, managers meaningful discussion during supervision and appraisal & personal health passport |

1. **Workforce Data**
2. What period does the organisation’s workforce data relate to?

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| April 2020 to April 2021 (exception indicator 3 which is a rolling two year period) |

**4. Workforce Disability Equality Indicators**

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|  | **Indicator**  For each of these four workforce indicators, the Standard compares the metrics for staff declaring a Disability and those who do not | **Data for reporting year** | **Data for previous year** | | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 1 | *Percentage of staff in each of the AfC bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by the following clusters*   * *Cluster 1: AfC band 1, 2, 3 & 4* * *Cluster 2: AfC band 5, 6 &7* * *Cluster 3: AfC band 8a & 8b* * *Cluster 4: AfC band 8c, 8d,9 & VSM* * *Cluster 5: Medical & Dental Staff: Consultants* * *Cluster 6: Medical & Dental Staff: non Consultant career grade* * *Cluster 7 Medical & Dental Staff : medical & dental trainee grades* | *Cluster 1: AfC band 1, 2, 3 & 4*  **Clinical Disabled staff 5%**  Clinical non-disabled  80%  Clinical not declared/ specified 15%  Non-clinical disabled staff 6%  Non-clinical non-disabled staff 86%  Non-clinical not declared /specified 8%  **% in cluster 1 of the whole workforce:**  **Disabled 33%** | *Cluster 1: AfC band 1, 2, 3 & 4*  Clinical Disabled staff 3%  Clinical non-disabled  80%  Clinical not declared/ specified 17%  Non-clinical disabled staff 6%  Non-clinical non-disabled staff 86%  Non-clinical not declared /specified 8%  **% in cluster 1 of the whole workforce:**  **Disabled 29%** | | There has been an increase in the number of staff with a disability within clusters 1 & 2 (bands 1-4) from the previous year.  Cluster 2 (bands 5, 6 & 7) has the highest % of staff with a disability within the whole workforce at 63% with the largest number of these being clinical staff.  Cluster 3 (bands 8a & 8b) has 1% of staff with a disability within the whole workforce.  Cluster 4 (bands 8c-VSM) has no staff declaring a disability | **EDS2 Goal 3 - 1c Monitoring career pathways in promotion.**   * The Equality & Diversity Committee regularly monitor and report to the Board on career progression & appointment of staff (disabled and non-disabled) Identify gaps of disabled staff in pay bands for targeted recruitment * We have widened the market with targeted advertising and engagement; social media, local communities, recruitment events * Overhaul of recruitment processes to ensure diversity in panels * A talent management system will be established * Fair & consistent recruitment panels with stakeholder engagement using values based recruitment * New and established managers will undertake a management programme including WDES and recruitment   **EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey**   * Engagement sessions with staff, focus on equality elements, report to Equality & Diversity Committee and Board with action plan. * Upskill managers to support staff via management training programme and cultural awareness training. * Liaise with staff network to produce actions from the staff survey results.   **Goal 3 - 3 a-e - review & extend training program, targeted training**  **reflecting needs of the organization**   * Cultural awareness training rolled out * Cultural intelligence training for our Board and senior managers * Reciprocal mentoring programme with Board and senior managers working with staff from diverse groups * Elements included within corporate induction and HR training courses, including recruitment, appraisal   **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours**   * Implementation of new appraisal system * On-going analysis and reporting of career progression within bands * Consider staff survey results around career progression opportunities |
| *Cluster 2: AfC band 5, 6 &7*  Clinical disabled staff 6% (  Clinical non-disabled 86%  Clinical not declared / specified 8%  **Non-clinical disabled staff 14%**  Non-clinical non-disabled staff 83%  Non-clinical not declared /specified 3%  **% in cluster 2 of the whole workforce:**  **Disabled 63%** | *Cluster 2: AfC band 5, 6 &7*  Clinical disabled staff 6%  Clinical non-disabled 85%  Clinical not declared / specified 9% (n49)  Non-clinical disabled staff 12%  Non-clinical non-disabled staff 85%  Non-clinical not declared /specified 3%  **% in cluster 2 of the whole workforce:**  **Disabled 68%** | |
| *Cluster 3: AfC band 8a & 8b*  Clinical disabled staff 8%  Clinical non-disabled 67%  Clinical not declared / specified 25%  Non-clinical disabled staff 0%  Non-clinical non-disabled staff 82%  Non-clinical not declared /specified 18%  **% in cluster 3 of the whole workforce:**  **Disabled 1%** | *Cluster 3: AfC band 8a & 8b*  Clinical disabled staff 8%  Clinical non-disabled 77%  Clinical not declared / specified 15%  Non-clinical disabled staff 0%  Non-clinical non-disabled staff 78%  Non-clinical not declared /specified 22%  **% in cluster 3 of the whole workforce:**  **Disabled 2%** | |
| *Cluster 4: AfC band 8c, 8d,9 & VSM*  Clinical disabled staff 0%  Clinical non-disabled 100% (n1)  Clinical not declared / specified 0%  Non-clinical disabled staff 0%  Non-clinical non-disabled staff 75%  Non-clinical not declared /specified 25%  **% in cluster 4 of the whole workforce:**  **Disabled nil** | *Cluster 4: AfC band 8c, 8d,9 & VSM*  Clinical disabled staff 0%  Clinical non-disabled 100% (n1)  Clinical not declared / specified 0%  Non-clinical disabled staff 0%  Non-clinical non-disabled staff 88%  Non-clinical not declared /specified 12%  **% in cluster 4 of the whole workforce:**  **Disabled nil** | |
| Cluster 5: Medical & Dental Staff: nil Consultants nil  **Nil disabled** | Cluster 5: Medical & Dental Staff: nil Consultants nil  **Nil disabled** | |
| Cluster 6: Medical & Dental Staff:  Consultant career grade **Nil disabled**  Non-disabled 100% | Cluster 6: Medical & Dental Staff:  **Disabled nil**  Non-disabled 100% | |
| Cluster 7 Medical & Dental Staff : medical & dental trainee grades  **Nil disabled** | Cluster 7 Medical & Dental Staff : medical & dental trainee grades  **Nil disabled** | |
| 2 | Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff being appointed from shortlisting across all posts. | **0.925 times likely for a candidate without a disability to be appointed from shortlisting** | **1.46** times higher for a non-disabled person to be appointed from shortlisting | | **A figure showing less than 1 indicates it is more likely a candidate with a disability is appointed from shortlisting**  There has been significant improvement in the recruitment of staff with a disability on the previous reporting period. | **EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement**   * Guaranteed interview scheme for candidates declaring a disability * Cultural awareness training for appointing managers. * Patient, public & staff involvement in senior interview panels * Promoted Leadership & management training/ cultural intelligence training including opportunities for current and future leaders . * Regular reporting from NHS jobs discussion at EDI Committee and HR/OD Group. * Statement at advert: the organisation wishes to address imbalances within the organisation & welcomes applications from disabled people * Offer part time or flexible working * Support for managers in interviewing/recruiting staff with a disability * Diversity on recruitment panels including staff with a disability * Liaison with disability staff network * Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting through HR/OD Group) |
| 3 | Relative likelihood of Disabled compared to that of non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.  (2 year rolling period on the grounds of performance and not ill-health) | **No staff with a disability entered the formal capability process** | 2 times great for disabled staff | | Compared to the previous reporting period, no staff with a disability entered the formal capability process | **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours**   * Management HR toolkit * Training for managers * Revision of HR policy * Revision of HR training * Cultural awareness training * Audit and deep dive into previous cases of staff with a disability entering the capability process |
|  | **Indicator**  **For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for Disabled & non-disabled staff** | **Data for reporting year** | **Data for previous year** | | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** | | |
| 4a | SS Q13a Percentage of Disabled compared to non-disabled staff experiencing harassment, bullying or abuse from  i. patients / service users / relatives or members of the public  ii. managers  iii. other colleagues | **i. patients / service** **users, their relatives or members of the public**  **Disabled 20%**  Non-disabled 12% | **i. patients / service** **users, their relatives or members of the public**  Disabled 25%  Non-disabled 12% | | There has been improvement in the number of staff with a disability experiencing bullying & harassment from patients and the public, managers and other colleagues compared to the previous year. | **EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source**   * Introduction of Civility & Respect Toolkit (NHSE&I) with civility and respect champions working in liaison with Freedom to Speak Up * Deep dive survey into bullying & harassment of staff * Civility and respect delivered at corporate induction * Cultural awareness training & Cultural intelligence for senior managers & Board * Awareness raising of safety measures in place & reporting process * Refresh comms for patients around zero tolerance * Revision of disability staff network support group with decision making * Managers training, corporate Induction, management training & HR Recruitment training, cultural awareness and cultural intelligence * Covid-19 risk assessment and personal action plan to support staff with disability * Role models; senior managers, Exec & Board – visibility with disability staff network & E&D Committee * Reciprocal mentoring programme with senior managers and staff from diverse groups | | |
| **ii. managers**  **Disabled 8%**  Non-disabled 5% | **ii. managers**  Disabled 12%  Non-disabled 5% | |
| **iii. other colleagues**  **Disabled 20%**  Non-disabled 11% | **iii. other colleagues**  Disabled 21%  Non-disabled 11% | |
| 4b | SS13d . Percentage of Disabled staff compared to non-disabled staff saying that they last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | **Disabled 63%**  **Non-disabled 59%** | Disabled 49%  Non-disabled 52% | | There has been a significant increase in the amount of staff with a disability reporting bullying & harassment or abuse and also for those without a disability compared to the previous year.  Staff with a disability who experience bullying & harassment are more likely to report it. | **EDS2 Goal 3 - 4 when at work staff are free from abuse, harassment bullying and violence from any source**   * Civility and respect toolkit and champions * Awareness raising around importance of reporting * Freedom to speak up champions * Training for staff & managers * HR policy revision to include civility and respect toolkit * Bystander action | | |
| 5 | SS Q14 . Percentage of Disabled staff compared to non-disabled staff believing that trust provides equal opportunities for career progression or promotion | **Disabled 88%**  **Non-disabled 92%** | Disabled 81%  Non-Disabled 90% | | There has been a significant increase in the number of staff with a disability believing the organisation provides equal opportunities for career progression, however this is still lower than staff who are not disabled | **EDS2 Goal 3 - 2 Equality of access to training and development**   * Managers training programme * Talent management process * Increase opportunity for development with clear pathways * Disability staff network * Protected release time for disabled staff to attend training/ development * You Said We Did staff survey action plan * Cultural awareness and cultural intelligence training to managers | | |
| 6 | Q11. Percentage of Disabled staff compared to non-disabled staff saying they have felt pressure from their manager to come to work, despite non feeling well enough to perform their duties | **Disabled 20%**  **Non-disabled 15%** | Disabled 22%  Non-disabled 16% | | There has been a decrease in the amount of staff with a disability feeling pressure to come to work from their manager | **EDS2 Goal 3.6 A represented and supported workforce**   * Results from staff survey - You said we did action plan * Sickness Absence policy review * Staff network liaison * Cultural awareness training | | |
| 7 | SS Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work | **Disabled 55%**  **Non-disabled 59%** | Disabled 38%  Non-disabled 49% | | There has been a significant increase from the previous year in staff with a disability saying they are satisfied with the extent to which the organisation values their work, however this is lower than those without a disability | **EDS2 Goal 3.6 A represented and supported workforce**   * Staff network support group to explore what would help raise staff satisfaction * You said we did initiatives: valuing you process for staff, senior staff engagement & thank you, staff corporate and clinical forums, Board lunch engagement sessions, senior managers at team meetings, teleconference * Reciprocal mentoring programme with Board and senior managers * Listening meetings * Celebration events for clinical & non clinical staff * Well-being support – sessions & information/guidance | | |
|  | **The following metric only includes the responses of Disabled Staff** | **Data for reporting year** | **Data for previous year** | | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** | | |
| 8 | Percentage of Disabled staff saying that their employer has made adequate adjustment/s to enable them to carry out their work | **79%** | | 80% | There has been a slight decrease in the amount of staff with a disability saying they have received adequate adjustments. This may be in part due to alternative working arrangements during Covid-19 with staff working from home | **EDS2 Goal 3.6 A represented and supported workforce**   * H&S Team workplace assessments with HR support * Covid risk assessment action plan including considering if staff at working at home | |
|  | **NHS Staff Survey & the engagement of Disabled staff** | **Data for reporting year** | | **Data for previous year** | **Implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** | |
| 9a | The staff engagement score for Disabled staff compared to non-disabled staff | **Disabled 6.9**  **Non-disabled 7.4** | | Disabled 6.8  Non-Disabled 7.2 | The engagement score has increased for all staff | **EDS2 goal 3 – 1 monitor Board representation**   * Board to role model & champion | |
| 9b | Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? *(if yes, provide an example of current action being taken in your WDES l report)* | Yes | | Yes | The network support group provide diversity in decision making in the organisation and providing feedback into the Equality & Diversity Committee & CityCare Board. Members participate in the reciprocal mentoring programme working with Board and senior leaders | * Disability staff support network * Engagement with network and feedback through E&D Committee & Board * Diversity in decision making including participating in reciprocal mentoring programme * Participate in Task & Finish Groups reviewing: recruitment and bullying & harassment, WDES action plans, policy and guidance review * Involved in content of cultural awareness training * Listening meetings with senior managers | |
|  | **Board representation** | **Data for reporting year** | | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** | |
| 8 | Percentage difference between the organisations Board voting membership and its overall workforce:   1. By voting member of the Board 2. By executive membership of the Board | a. – 6.3%  b. – 6.3%  No Board members have declared a disability | | a. -5.5%  b. -5.5%  No Board members have declared a disability | There has been an increase in the number of staff declaring a disability however there are no members of the Board declaring a disability therefore the % is lower this year | **EDS2 goal 3 – 1 monitor Board representation**   * Consideration of diversity within Board on appointment of new members, Exec and Non-Exec | |

5.Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain”.

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| Please see full action plan |

6. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

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| Attached action plan to reviewed at E&D Committee, progress against EDS2 actions & reported to Board |

**WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLAN 2021**

| **Indicator** | **Action/Next Steps** | **Outcomes Measure** | **CityCare & Integrate Care System Strategic Plans** | **Lead** |
| --- | --- | --- | --- | --- |
| Relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff being appointed from shortlisting across all posts.  *findings:*  *hired from shortlisting:*  ***Disabled staff 62.5%***  *Non-disabled 60%* | A comprehensive recruitment action plan has been developed  Below are over-arching actions:   * Identify gaps in AfC pay bands/staff groups for disabled staff & compare to population served * Develop innovative methods of recruitment & advertising * Add diversity to shortlisting panels * Values based recruitment & specific EDI questions * Written justification for non-appointment * Training for recruiting managers to be equality representatives & for staff attending interviews * Cultural awareness training for staff & Cultural Intelligence training for Board & senior leaders * Reciprocal mentoring programme for Board and senior leaders and staff from diverse groups * Add statement at advert to attract under-represented groups * Offer part time & flexible working * Executive and senior manager’s job descriptions include essential criteria of knowledge & skills in addressing EDI issues * Review & refresh recruitment policy * Take into account evidence of bullying & harassment and discrimination when a person is applying for any senior post including director level * Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting through HR/OD Group) * Staff network group participation | Increased recruitment of staff declaring a disability: NHS Jobs | CityCare: Make CityCare a great place to work  ICS:  A happier workforce  Equality Diversity & Inclusion  Planning, attracting & recruiting people  Retaining staff  Enabling cultural change & leadership development  NHS People Plan:  Overhaul recruitment & promotion processes to reflect diversity of community  Senior leadership represents the diversity of the NHS  Staff networks are able to contribute & inform decision making process  NHS People Promise  We work flexibly  We each have a voice that counts  We are compassionate & inclusive | EDI & HR &  L&E |
| Percentage of disabled staff saying their employer has made adequate adjustments to carry out their work  *findings: 79%* | * Develop tools to assist in conversations about disability * Staff Personal Development Review to include personal objective in addressing inequalities * Cultural awareness training for managers * Reciprocal mentoring programme * Staff network group participation | Annual staff survey | NHS People Plan  Discuss EDI as part of health and wellbeing conversations  NHS People Promise  We are safe & healthy  We each have a voice that counts  We are compassionate & inclusive | EDI & HR & OD |
| Percentage of disabled compared to non-disabled staff experiencing harassment/bullying/ abuse  *findings:*  *i. from patients: disabled staff* ***20%****,*  *non-disabled staff 12%*  *ii. from managers disabled staff* ***8%*** *non-disabled staff 5%*  *iii. from colleagues*  *disabled staff* ***20%*** *non-disabled staff 11%* | * Staff network support group engagement to contribute and inform * Cultural awareness training * Reciprocal mentoring programme for Board/senior managers and staff from diverse groups * Roll out of NHSE&I Civility & Respect toolkit including results of bullying & harassment deep dive survey * Review and refresh Dignity at Work and associated policies * Discuss in health and wellbeing conversations during one to one management supervision * Work with Freedom To Speak Up Guardians | Targeted survey results  Annual staff survey results  Datix reporting reduction | CityCare  Make CityCare a great place to work  ICS  A happier workforce  Equality Diversity & Inclusion  Retaining staff  Enabling cultural change & leadership development  NHS People Plan  Prevent & tackle bullying & harassment and create culture of civility & respect  Discuss as part of health and wellbeing conversations  Staff networks are able to contribute & inform  Work with Freedom to Speak Up guardians  NHS People Promise  We are safe & healthy  We are compassionate & inclusive  We each have a voice that counts | EDI & OD |

**Monitoring:** Collaboration will be with the disability staff network support group, the EDI Task and Finish Group and the Human Resources & Organisational Development Group with progress will be monitored through the EDI Committee and assurance the Board