



# Workforce Race Equality Standard (WRES)



# Introduction

The Workforce Race Equality Standard (WRES) is a set of specific measures (Indicators) which enables NHS organisations to compare the workplace and career experiences of our Black, Asian and Minority Ethnic (BME) and White staff.

Implementation of the WRES is a key component in how the Trust delivers tangible and continuous improvements on race inclusion and also supports how we deliver on our obligations under the Public Sector Equality Duty (PSED) to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This 2023 report contains the WRES performance data Indicators. Year on year comparison enables the Trust to demonstrate progress against the Indicators of race equality.

## WRES Reporting Requirements

Trusts are required to submit and publish the WRES annually as part of the NHS Standard Contract. Requirements for 2023 are in three stages, as below:

- Submit 2022 Trust WRES Dataset to NHS England by 31st May 2023.
- Submit 2022 Bank and Medical WRES June 2023.
- Publish and share this WRES progress report and action plan by 31st October 2023.

This progress report and action plan is produced from our data returns submitted from the Trust Electronic Staff Record (ESR) data in March 2023 and from the 2022 Staff Survey.

The WRES demonstrates our clear commitment to developing ourselves to be an exemplar employer and to supporting the UK Government's aims of increasing representation in the workplace to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

# Executive summary

Evidenced based research directly links fair treatment to better clinical outcomes and better experience of care for patients. We have a clear focus on creating a real sense of belonging for our people and patients across the Trust by improving engagement and awareness. Developing a more inclusive workplace is therefore a key element of our plans.

As outlined above, all NHS Trusts are required to report performance against a range of race and disability equality metrics on an annual basis. These are known as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), our submission has been made accordingly with data submitted to NHS England at the end of May 2023. There is much data, and some is taken from the National Staff Survey (NSS) 2022, which has previously been shared and discussed with the Board.

*By improving the experience for our colleagues, we will improve the experience of our patients. Engagement has a direct correlation to patient care (NHSE analysis of NSS data 2021).*

In particular, addressing harassment, bullying and abuse, fair recruitment and the implementation of reasonable adjustments for staff with long term health conditions, remain priorities and are outlined in the recently published NHS Equality, Diversity & Inclusion Improvement plan, which prioritises Six High Impact Actions. It has been agreed that we adopt the recently published NHS Equality, Diversity & Inclusion (EDI) Improvement plan and Six High Impact Actions, which includes introducing equality objectives for Board members.

It has also been agreed that the Trust will use the NHS EDI metrics, many of which are already being used. A national dashboard is being developed and is due to be shared next year.

Our workforce demographic continues to change, and we have worked to promote our ESR self-services to encourage staff to update their details without the need to go through any other staff member. Staff are therefore empowered to declare their ethnicity status with the assurance that they will be supported and enabled to be the best they can be with an employer that provides a great work experience.

Our WRES results and plans have previously been considered by our SaTH EDI Group formerly EDI Performance Group and shared with our Disability, Ability & Wellbeing Network (DAWN).





# Summary of our performance against the WRES Indicators 2022/23

## Indicator 1a Non-Clinical Workforce and 1b Clinical Workforce Representation

Percentage of staff in AfC (Agenda for change) pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

From a position of 13.8 % in 2020 we have seen an increase to 21% of our workforces declaring their ethnicity as BME. This is a continued positive trend in representation for 4 consecutive years.

Table 1 - WRES Indicator 1: Head count Pay bands - Number of Staff in overall workforce.

WRES Indicator 1: Head count Pay bands	White - number of staff in overall workforce	BME - number of staff in overall workforce	Overall % of BME Staff
2020	5497	890	13.8%
2021	5689	1069	15.6%
2022	5685	1317	18.6%
2023	5850	1576	21%

For information, the 2021 census showed population by ethnicity in Shropshire as White people 96.7% and Asian, Mixed, Black, and Other people as 3.3%. The population by ethnicity for Telford and Wrekin in the 2021 census was White people 88.2% and Asian, Black, Mixed and Other people 11.8%.



**Table 2 - Chart showing Indicator 1a Non Clinical Workforce and 1b Clinical Workforce**

\*Data as at 31st March

			2022*				2023*		
Indicator	Data Item		Measure	White	BME	Ethnicity Unknown	White	BME	Ethnicity Unknown
Headcount of staff in each of the AfC Band 1-9 or Medical and Dental subgroups and VSM (including executive Board Members) compared with the headcount of staff in the overall workforce		Indicator 1a - Non-Clinical Workforce							
	1	Under Band 1	Headcount	2	0	0	5	0	0
	2	Band 1	Headcount	15	2	0	10	1	0
	3	Band 2	Headcount	532	59	4	543	66	1
	4	Band 3	Headcount	314	9	0	359	21	2
	5	Band 4	Headcount	292	9	1	315	15	2
	6	Band 5	Headcount	170	4	2	168	6	2
	7	Band 6	Headcount	100	5	0	111	6	0
	8	Band 7	Headcount	77	3	0	98	5	0
	9	Band 8a	Headcount	67	4	0	70	4	0
	10	Band 8b	Headcount	32	0	0	40	1	0
	11	Band 8c	Headcount	20	2	0	24	0	0
	12	Band 8d	Headcount	8	0	0	8	0	0
	13	Band 9	Headcount	5	1	0	8	1	0
	14	VSM	Headcount	11	1	1	9	1	0
		Indicator 1b - Clinical Workforce of which Non Medical							
	15	Under Band 1	Headcount	3	0	0	2	0	0
	16	Band 1	Headcount	0	0	0	0	0	0
	17	Band 2	Headcount	1056	100	9	1070	148	7
	18	Band 3	Headcount	313	72	7	352	72	4
	19	Band 4	Headcount	158	15	0	176	14	1
	20	Band 5	Headcount	686	491	12	617	531	11
	21	Band 6	Headcount	867	103	12	873	160	14
	22	Band 7	Headcount	468	27	10	491	36	10
	23	Band 8a	Headcount	125	6	0	130	9	0
	24	Band 8b	Headcount	45	5	0	56	6	0
	25	Band 8c	Headcount	13	0	0	9	0	0
	26	Band 8d	Headcount	2	0	0	3	0	0
	27	Band 9	Headcount	2	1	0	2	1	0
	28	VSM	Headcount	2	0	0	3	0	0
		Indicator 1b - Clinical Workforce Medical and Dental							
	29	Medical & Dental Consultants	Headcount	169	119	2	174	128	1
	30	Of which Senior Medical Manager	Headcount	0	0	0	0	0	0
31	Non-Consultant Career Grade	Headcount	47	162	4	24	75	1	
32	Trainee Grades	Headcount	83	117	11	100	269	7	
33	Other	Headcount	0	0	0	0	0	0	

Our aim is to increase the representation of BME staff at all levels within our organisation. Our figures and trends show that we have increased this over the previous four years from 13.8% in 2020 to 21% in 2023. We continue with our improvement journey and there are several initiatives and developments planned for 2023/2024, which should help to increase this figure further next year. (See appendix 1 WRES Action Plan 2023/24).

This year there have been separate returns introduced for Bank WRES and Medical WRES. The data from these submissions is included.

## Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

Data source: Trust's recruitment data

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood in 2023
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.82	1.06	1.15

WRES Indicator 2: Recruitment	BME shortlisted	BME appointed from shortlisting	% BME likelihood of being appointed from shortlisting	White shortlisted	White appointed from shortlisting	% White likelihood of being appointed from shortlisting
2020	765	143	18.69%	3345	1009	30.16%
2021	1026	381	37.13%	3555	1083	30.46%
2022	1490	496	33.29%	5236	1819	34.74%
2023	2611	776	29.72%	5116	1741	34.03%



For two consecutive years we have seen a decline in the relative likelihood of BME staff being appointed from shortlisting, compared to White staff. The data shows the gap is widening despite the initiatives to improve in this area. By way of explanation, a BME applicant in 2020 had an 18% likelihood of being appointed from shortlisting. In 2021 this saw a significant positive increase to 37%, which may have been linked to our overseas recruitment programme. However in years 2022 and 2023 this has decreased but not to 2020 levels.

We will continue to build on the work of addressing our recruitment offer by widening aspects of our advertisement campaigns. We introduced our Galvanise BME Leadership Programme and launched our new Talent Conversations for BME staff members to support their ongoing development which aims to lead to higher levels of retention and staff satisfaction.

There has also been a positive increase in participation within the staff networks with Executive Sponsors in place for each Network and underpinning governance structure.

### **Some recent Trust initiatives to promote inclusive recruitment in 2022/23**

- International nursing recruitment with an inclusion focus, bringing different cultures and experiences of staff into our organisation. International nurses social media group set up to ensure communication is improved for these individuals.
- Our Chief Executive is holding discussions with staff network groups and Executive Sponsors to establish our aims and objectives of the networks and to offer any additional support that may be needed.
- Assessment centres, the healthcare support worker programme and apprenticeships are now in place. Additional advice and support is given to our staff who are taking part in development training programmes. The Trust's Education Team has produced an Education Prospectus further details can be found using this link - [SaTH Education Prospectus by The Shrewsbury and Telford Hospital NHS Trust.](#)
- Our Flagship programme - offering flexible shift patterns to attract a wider range of applicants.

### **Retention Group looking at various projects of improvement to help with recruitment and retention of our BME staff.**

- Working towards more diverse interview and assessment panels for all Band 7 and above positions, and for all assessment centre panels. This is encouraged for posts at all levels.
- Positive approaches to advertising vacancies, included greater use of diverse workforce images and wording encouraging applications from under-served/under-represented groups through large scale promotional campaigning.
- Improving the experiences of our BME staff by offering more development programmes and activity encouraging our BME staff to apply for these opportunities.



### Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Data source: Employee relations data

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood in 2023
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.67	1.44	1

### Comparison Data:

WRES Indicator 3: Formal disciplinary proceedings	BME workforce overall	BME formal disciplinary proceedings	% likelihood of BME staff entering the formal disciplinary proceedings	White workforce overall	White formal disciplinary proceedings	% likelihood of White staff entering the formal disciplinary proceedings
2020	890	1	0.11%	5504	14	0.25%
2021	1069	1	0.09%	5689	8	0.14%
2022	1317	4	0.30%	5685	12	0.21%
2023	1576	5	0.32%	5850	19	0.32%

While the overall instances of disciplinary proceedings have risen, it is noteworthy that unlike previous years, there is no discernible disparity between white and BME staff.

We have been working to reduce the number of disciplinary cases by applying much greater diligence in the early stages when an incident arises, using the Restorative Just and Learning Culture Framework approach. This change (in part) has resulted in the very low number of disciplinaries in 2023 (24 in total, and 16 in the previous year). However, with such small numbers of disciplinary cases and a BME workforce of 21% it is likely that even a small number of BME cases (even one) can result in a BME over representation and a negatively ranked score on this indicator. This indicator remains a key challenge for us. However, with further embedding of the Trust's approach and use of the Restorative Just and Learning Culture framework checklist, we are confident that disciplinary investigations are only being applied when necessary and appropriate due diligence is being adopted to help eliminate effects of any potential bias that may be present.





## Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD

Data source: Employee relations data

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood in 2023
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	2.26%	4%	0.82%

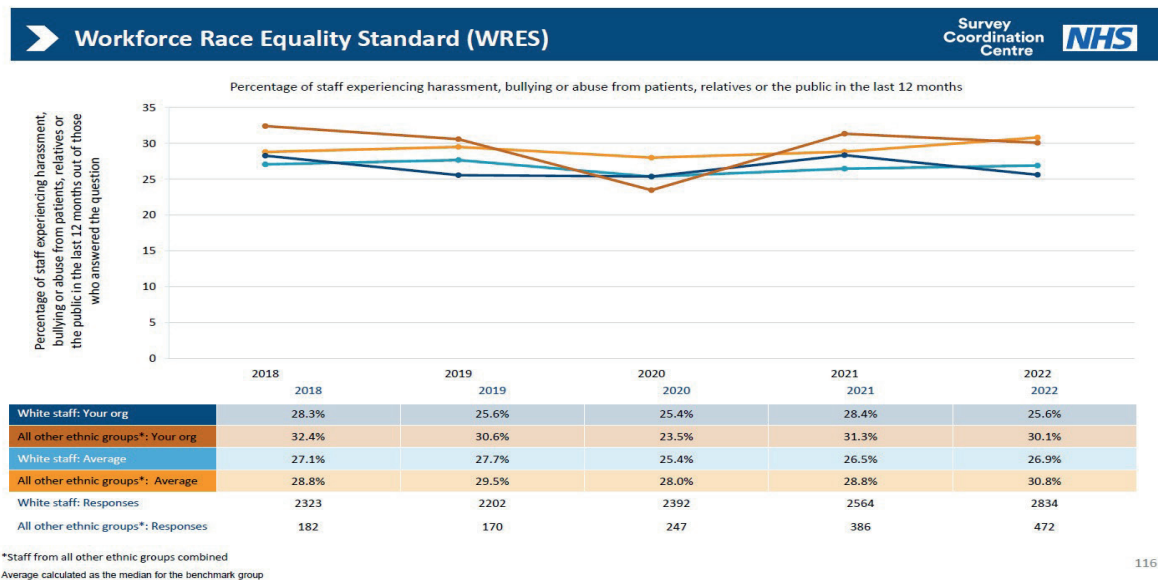
### Comparison Data:

WRES Indicator 4: Non-mandatory training uptake	BME workforce overall	BME non-mandatory training uptake	% likelihood of BME staff accessing non-mandatory training and CPD	White workforce overall	White non-mandatory training uptake	% likelihood of White staff accessing non-mandatory training and CPD
2020	890	187	21.01%	5504	2007	36.46%
2021	1069	6	0.56%	5689	86	1.51%
2022	1317	11	0.84%	5685	214	3.76%
2023	1576	70	4.44%	5850	214	3.66%

Since 2020 there has been an overall low uptake of access to non-mandatory training across all staff groups. This is a concern for us, as personal development is a prerequisite for BME staff to be able to achieve promotion. However it is worth noting that non-mandatory uptake of training during 2020/21 was impacted due to the COVID-19 pandemic and although we are still recovering from this, in 2023 the gap has closed. The focus will continue to be on increasing access to non-mandatory training for all staff. Initiatives in collaboration with the ICS have been put in place, such as the Talent Portal and Galvanise Programme to offer additional support to staff groups outside statutory or mandatory training. The Trust continues to strengthen development opportunities for ethnic diverse colleagues.

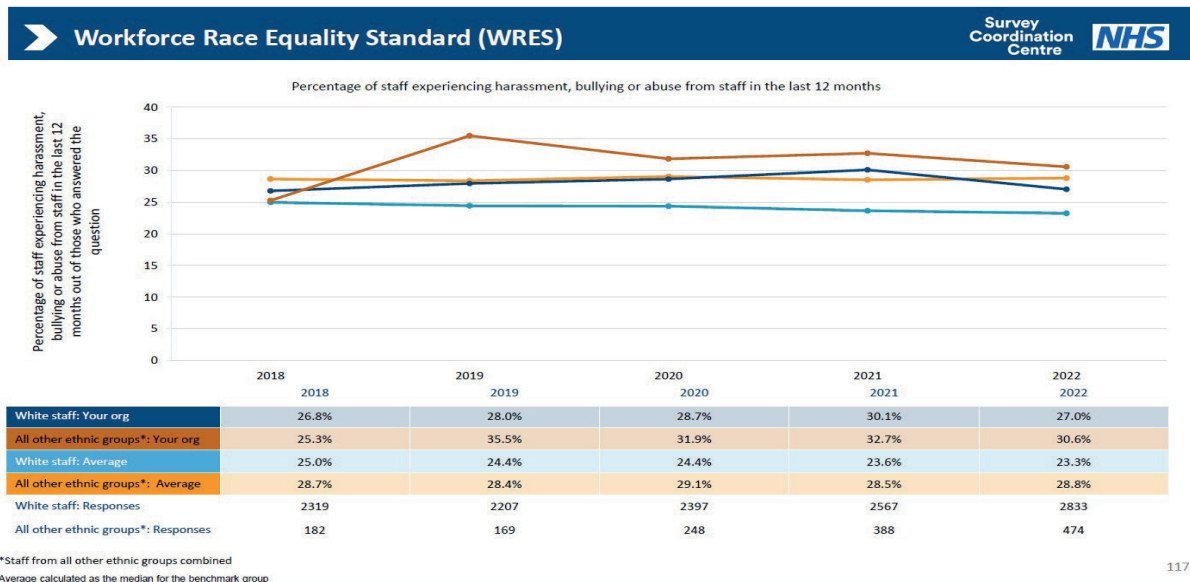
## Indicators 5 - 8 Staff Survey feedback

### Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months



Through the Staff Survey, staff have reported experiencing fairly consistent rates of bullying, harassment and abuse from patients, relatives or the public over the five year period from 2018 to 2022. To support staff in this area we launched (in collaboration with the ICS) the Work without Fear campaign. A new Harassment and Discrimination group has been established and is attended by Freedom To Speak Up Guardians, the EDI team and People and OD Business Partners.

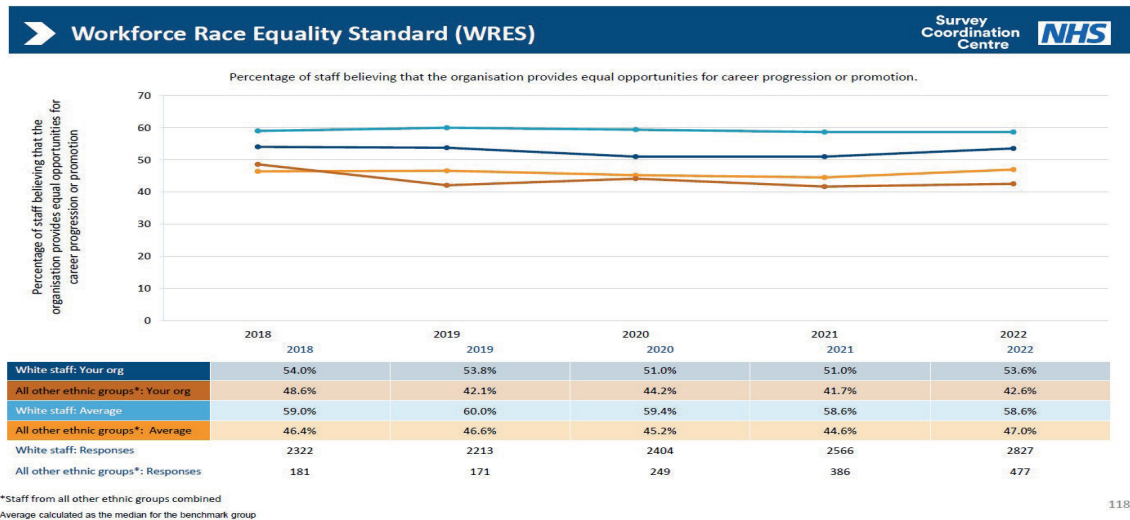
## Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



The data shows our BME staff experiencing harassment, bullying or abuse from staff in the last 12 months in our organisation is 30.6% which is above the national average of 28.8% in 2022. However, we have improved since last year which was 32.7%.

We continue to encourage staff to report incidents of racial abuse and bullying. We continue to promote our Freedom to Speak Up access routes, in addition to the employee relations for raising of such concerns.

## Indicator 7 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

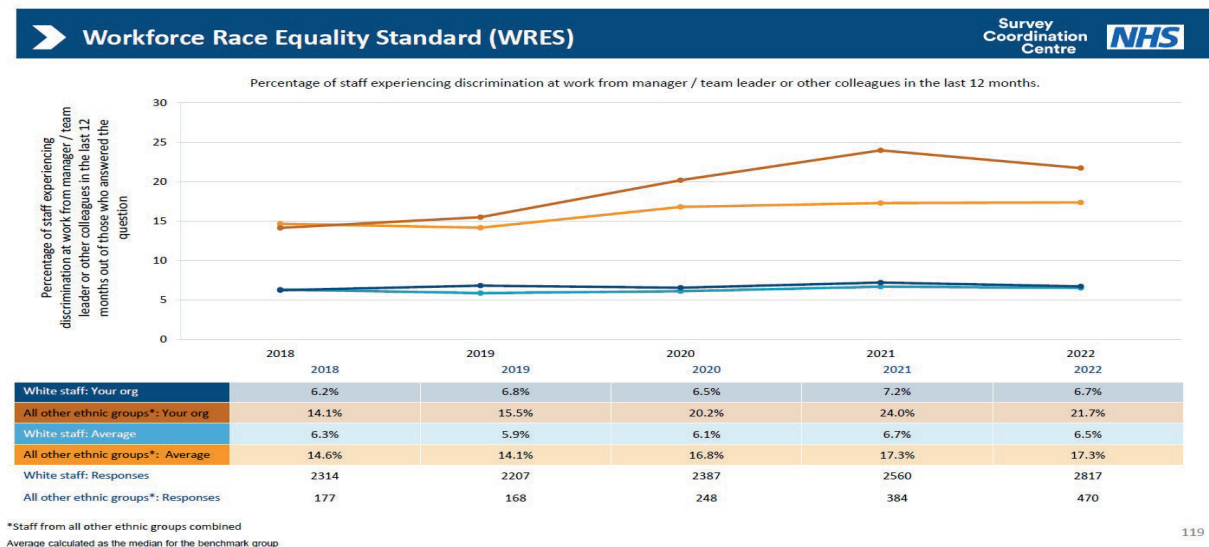


The data shows that staff from All Other Ethnic Groups report about 10% more negatively in this area. To address this, we have introduced our Galvanise BME Leadership programme and launched new Talent Conversations to support ongoing development.





## Indicator 8 - Percentage of staff experiencing discrimination at work from Manager/Team Leader or other colleagues in the last 12 months



An analysis of the survey data reveals a significant contrast in reported experiences of harassment or bullying within our workforce. White staff indicate a 6.7% occurrence of such incidents originating from colleagues, whereas their counterparts from other ethnic backgrounds report a markedly higher rate of 21.7%. The difference between these scores is a matter of concern and highlights the needs for more engagement and participation with all of our staff. This will give us more of an understanding of the challenges faced by our diverse workforce.

We seek to ensure a positive working environment and working relationships which enable all individuals to perform to their best. We will continue to work to create a culture in which all colleagues feel supported equitably. We will continue to work to close the gap on experiences of discrimination for staff who identify as having BME heritage and those who don't.

## Indicator 9 Percentage difference between the organisations' Board voting membership and its overall workforce

Data source: ESR

	Intention	2022			2023		
		White	BME	Ethnicity Unknown	White	BME	Ethnicity Unknown
Percentage difference between the organisations' Board voting membership and its overall workforce  Note: only voting members of the Board should be included when considering this indicator	Total Board members	14	1	1	13	2	1
	of which: Voting Board members	11	0	1	11	1	1
	Non-voting Board members	3	1	0	2	1	0
	Exec Board members	8	1	0	8	1	0
	Non-exec Board members	6	0	1	5	1	1
	Number of staff in workforce	5685	1317	75	5850	1576	63
	Total Board Members - % by Ethnicity	87.50%	6.30%	6.30%	81.3%	12.5%	6.3%
	Voting Board Members - % by Ethnicity	91.70%	0	8.30%	84.6%	7.7%	7.7%
	Non-voting Board Members - % by Ethnicity	75%	25%	0%	66.7%	33.3	0%
	Executive Board Members - % by Ethnicity	88.90%	11.10%	0%	88.9%	11.1%	0%
	Non-executive Board Members - % by Ethnicity	85.70%	0%	14.30%	71.4%	14.3%	14.3%
	Overall Workforce - % by Ethnicity	80.30%	18.60%	1.10%	78.1%	21%	0.8%
	Difference (Total Board - Overall workforce)	7.20%	12.40%	5.20%	3.2%	-8.5%	5.5%

Figures are automatically calculated on the WRES template.

### Summary WRES and Staff Survey metrics

#### Areas we have seen improvements for BME staff

- While the overall instances of disciplinary proceedings have risen by 1 case, it is noteworthy that unlike previous years, there is no discernible disparity between white and BME staff
- Positive increase in BME staff in band 7 and band 8

#### Continued areas for more focus and improvement for BME staff:

- Appointment to roles across all posts, especially monitoring our performance against our band 7 and above objective
- Formal disciplinary processes and entry into such processes
- Accessing non-mandatory training and Continuous Professional Development (CPD)
- Staff experiencing harassment, bullying or abuse from patients, relatives, the public, or colleagues
- Greater participation in staff survey
- Equal opportunities for career progression and promotion
- Representation in Senior and Board level roles

## National guidance and additions this year to WRES

### NHS six high impact actions and EDI dashboard

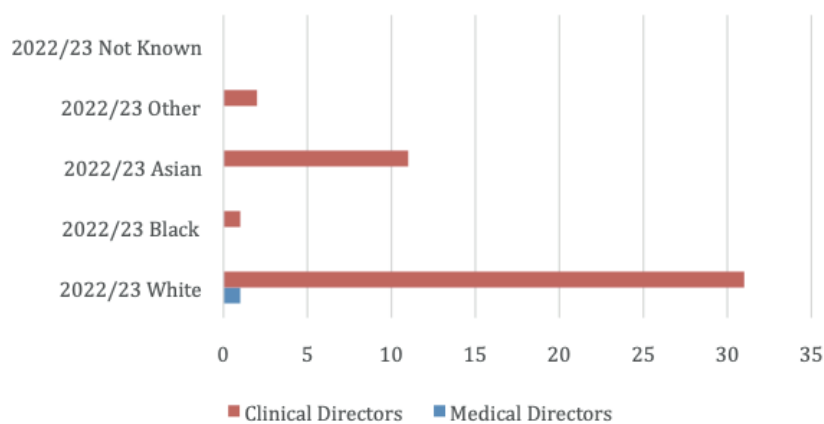
Six High Impact EDI Actions for the NHS were published in June 2023. These have been considered by the SaTH EDI Group (formerly EDI Performance Group) and Operational People Group, which agreed these should be adopted. Our EDI plan will be aligned to the High Impact Action headings. As the national dashboard is being developed we are using these metrics to develop our own dashboard.

### Medical WRES data

#### Metric 1a - Medical & Dental

The number of staff in each medical and dental subgroup by ethnicity (based on the workforce as of 31st March 2023)

	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
Medical Directors	1	0	0	0	0
Clinical Directors	31	1	11	2	0



## Metric 1b Clinical Excellence Awards

The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award by ethnicity (based on the financial year)

The Clinical Excellence Awards for 21/22 and 22/23 were a split award as per COVID-19. There was no application round so the figures will be the same in each column.

Metric 1b - Clinical Excellence Awards	2021/22 White	2021/22 Black	2021/22 Asian	2021/22 Other	2021/22 Not Known
Eligible	149	8	80	12	2
Applied	149	8	80	12	2
Awarded	149	8	80	12	2
Metric 1b - Clinical Excellence Awards	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
Eligible	154	10	82	9	6
Applied	154	10	82	9	6
Awarded	154	10	82	9	6

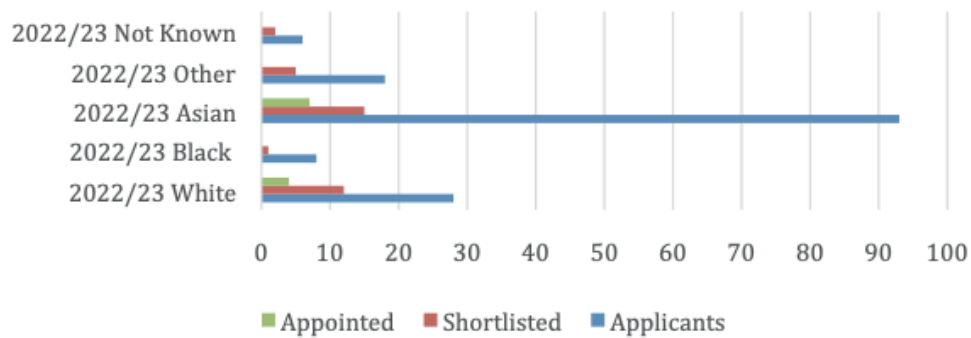




## Metric 2 - Consultant Recruitment

The number of Consultants recruited by ethnicity based on the financial year 2022/23.

	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
Applicants	28	8	93	18	6
Shortlisted	12	1	15	5	2
Appointed	4	0	7	0	0



## Bank WRES data

### Indicator 2 - Number of bank workers entering the formal disciplinary process in the last 12 months (including externally provided bank workers)

These data show that two White and one Black African members of staff entered the formal disciplinary process in the last 12 months.

Number of bank workers entering the formal disciplinary process in the last 12 months (including externally provided bank workers)																
White			BME													
			Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
British	Irish	background	White and Black Caribbean	White and Black African	White and Black Asian	Background	Indian	Pakistan	Bangladesh	Background	Caribbean	African	Background	Chinese	Any other ethnic group	Not stated
2												1				

### Indicator 3 - The number of dismissals by ethnic grouping for bank workers over a 12 month period (conduct and capability cases only)

These data show that two White British and one Black African members of staff have been dismissed in the last 12 months.

The number of dismissals by ethnic grouping for bank workers over a 12 month period (conduct and capability cases only)																
White			BME													
			Mixed				Asian or Asian British				Black or Black British		Other Ethnic Groups			
British	Irish	background	White and Black Caribbean	White and Black African	White and Black Asian	Background	Indian	Pakistan	Bangladesh	Background	Caribbean	African	Background	Chinese	Any other ethnic group	
2												1				
																Not stated

## Progress against WRES Action Plan 2022-2023

The action plan was developed by our Race, Equality & Inclusion Network and is monitored by this Network and the People and OD Committee. The network offers a place for staff to come together, share experiences and facilitate learning and development. From Ward to Board, this is very much a network for 'Allyship' where all staff are encouraged to support and help progress our work on race equality.

The table below provides an update on the actions and includes the planned actions for 2023/24.

	Objective	Intention	Responsibility	By	Progress	Action for 2023/24
1	<p>Develop the new BME staff network and seek Chair/ Co-Chair from within the network.</p> <p>Ensuring members feel supported and encouraged to participate.</p> <p>Develop a robust communications and marketing plan for the networks and encourage Active Allies</p>	To increase staff voice and engagement from key staff groups	Equality Diversity & Inclusion Lead	Dec 2020	Continue to track progress	BME Executive Director continues to attend listening events to form priorities with the BME Network and Executive team.
2	Review Staff survey findings for Harassment and bullying by staff colleagues	Improve on figures 2019 35% 2018 25.3%	Equality, Diversity & Inclusion Lead & FTSU Lead	Jan 2021	EDI and FTSU team working together on Anti Racism Plan. Civility Respect & Inclusion programme - Data levels remain consistent since 2019.	EDI and FTSU team working together on Anti Racism Plan. Civility Respect & Inclusion programme - Data levels remain consistent since 2019. To address supporting staff in this area the Trust has launched (in collaboration with the ICS) the Work without Fear campaign on how to report incidents to ensure consistency across all wards and departments. A new discrimination and harassment group has been established attended by Freedom to Speak Guardians, EDI team and senior HR Business Partners.



## Progress against WRES Action Plan 2022-2023 (cont.)

	Objective	Intention	Responsibility	By	Progress	Action for 2023/24
3	Conduct confidential survey and Listening Events of BME staff in conjunction with (FTSU) Guardians	To increase staff voice and engagement from key staff groups	Equality, Diversity & Inclusion Leads	Mar 2021	On-going continuous listening events and Human libraries and EDI events.	CEO co-ordinated meeting with all Network members Articles to be included in NHS Impact
4	Embed the Cultural Calendar develop a programme of events to mark: Holocaust Memorial Day South Asian History Month Gypsy and Traveller Month Black History Month	To create an inclusive workplace, valuing diversity and creating a sense of belonging	Equality, Diversity & Inclusion Lead & Communications Lead	Mar 2021	EDI Team working with ICS on upcoming events to ensure there are events throughout the year	Calendar to support events of cultural significance with further plans to expand the programme of events for the year ahead.
5	Introduce a BME Development Programme. Cultural Ambassador Programme	To support career development and progression and develop organisational learning	Head of Workforce Transformation and OD and Workforce Equality Lead	Mar 2021	Working with our ICS partners we have established a EDI Training package/ programme for our staff. In 2022 we have also launched our Galvanise reverse mentoring programme.	Leadership programs, re-run for cohort #2 the Galvanise mentoring programme. Talent management

## Progress against WRES Action Plan 2022-2023 (cont.)

	Objective	Intention	Responsibility	By	Progress	Action for 2023/24
6	Develop Positive Action recruitment activity such as: Targeted media and publicity campaigns Improve representation in publicity and marketing materials Develop positive case studies of existing employees	To increase representation in the Trust of underrepresented groups	Head of Recruitment & Equality Diversity & Inclusion Lead	Mar 2021	EDI and Recruitment working together on recruitment project, updating the current processes and paperwork. Workshop established in retention group.	Increase BME representation in all stages of recruitment, in particular monitoring band 7 and above improvement
7	Review Implement Diversity elements of Leadership Academy and Manager Training and include Unconscious Training and Cultural Competence	To ensure our managers and Leaders are skilled and trained in diversity management	Head of Workforce Transformation and OD and Workforce Equality Lead	Mar 2021	Additional Training modules and masterclasses created for leaders	

# Conclusion and Recommendation

The significance of WRES data reporting within the NHS cannot be overstated, as it serves as a compass guiding us towards a more equitable and inclusive healthcare environment. The Board, is committed to scrutinising the realities faced by our diverse workforce. As we deliver to the report, it becomes evident that transformative change takes time, unwavering support, investment, sustained commitment and optimism. An aspect that emerges is the need to foster greater participation from BME staff in the staff survey to ensure a more comprehensive data return and drive more impactful improvements. This is important both in terms of encouraging wider engagement and collaborating synergistically with ICS partners. A collective effort is required to encourage greater engagement, ensuring a richer and more accurate portrayal of our workforce's experiences and perspectives.

A recent independent article (Lord Adebawale, 2022 CBE), stressed the need for deep seated cultural change in the NHS on race inclusion, essential to avoid putting patients and staff who are people of colour at risk.

The need to develop greater race inclusion and equality continue to remain both an immediate and a long-term commitment. Our people need a compassionate and inclusive culture, where all colleagues feel looked after, valued and have a sense of belonging.

The Trust has made progress over the past few years. However, collectively as individuals, as an organisation and working as a system we need to continue to address the cultural and organisational factors which means BME experience poorer employment prospects and experiences than their white counterparts in the NHS on a range of indicators.

We have also recently commenced work on #InclusiveHR.

## Appendix 1 - WRES Action Plan 2023/24

Action	Measure	Review	Responsible Officer	EDS 2 & High Impact Action (HIA) alignment
Continue to develop our Trust Board and senior leadership as EDI Champions/ Embed and support our leaders to achieve the senior leader objectives and targets on EDI, including board members.	WRES Metric 1-9	Annually	People & OD Director	Inclusive Leadership & HIA 1 & 3
Support our staff networks to develop; review the purpose and align with executive mentoring to ensure our people are supported to speak up and feel heard. Ensure the governance structure is robust and put monitor its progress.	WRES Metric 4-8	Annually	People & OD Director	A represented and supported workforce & HIA 1 & 4
Engender a culture where staff feel a real sense of belonging and allyship. Review HWB, reward and recognition workstreams to ensure we support education and inclusion programmes.	WRES Metric 1-9	Bi Annually	People & OD Director	Inclusive Leadership & HIA 2
Culturally enrich our organisation by reflecting the diverse communities we serve. Continue to work with the Integrated Care System (ICS) and Patient Participation to improve this.	WRES Metrics 1-2 & 9	Bi Annually	People & OD Director	Improve patient access and experience & HIA 4 & 6
Review and evaluate our inclusive leadership development and set direction for talent management to embed the approach and increase representation at band 7 and above.	WRES metric 1-2, 4, 7 & 9	Bi Annually	People & OD Director	Inclusive Leadership & HIA 2
Enrich our Organisational development offer, so staff are informed and empowered, and people experience for all is improved.	WRES metric 4-8 Staff Survey	Bi Annually	People & OD Director	A represented and supported workforce Inclusive Leadership & HIA 1 & 6



## NHS Equality, Diversity, and Inclusion Improvement Plan

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for all to improve the employee experience. The actions set out are intended to positively impact groups and individuals beyond the terms and definitions of protected characteristics as defined in the Equality Act 2010.

The high impact action plan is developed to be intersectional. It recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The improvement plan sets out six targeted actions, listed below to address the prejudice and discrimination - direct and indirect - that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

### High impact action 1:

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

### High impact action 2

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

### High impact action 3:

Develop and implement an improvement plan to eliminate pay gaps.

### High impact action 4:

Develop and implement an improvement plan to address health inequalities within the workforce.

### High impact action 5:

Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff.

### High impact action 6:

Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

**Source:** NHS England » [NHS equality, diversity and inclusion improvement plan](#)

