

Board of Directors' Meeting: 12 September 2024

Agenda item		142/24	
Report Title		Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2023/24 Action Plans	
Executive Lead		Rhia Boyode, Director of People & OD	
Report Author		Rhia Boyode, Director of People & OD	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	√
Well Led	√	Our partners	√
Consultation Communication		People & OD Assurance Committee: 20240805 Strategic People Group: 20240903	
Executive summary:		The Board is asked to note the report (Appendix 1&2) indicating improvement across the majority of measures and areas of concern against our WRES and WDES data standards. The WRES and WDES uses metrics from the staff survey along with headline data about proportion and representation of BME and disabled staff in recruitment, disciplinary and capability processes and in the workforce itself at senior and decision-making levels to measure levels of equality. The Trust has continued to prioritise delivery of the 2023 action plan and the Board are asked to note the 2023/24 WRES and WDES data and approve the Action Plans, for our Board review and publication in October 2024. This will be monitored at the EDI Group meetings under each of the six NHS National EDI High Impact Actions Improvement Plan with oversight at the People Committee. There is a direct link between equality and care meaning the WRES and WDES provide an important performance and quality marker.	
Recommendations for the Board:		The Board is asked to: Approve the report so that the action plan can be published by the deadline of 31 October 2024.	
Appendices:		Appendix 1: WRES 2023/24 Action plan Appendix 2: WDES 2023/24 Action plan	



Workforce Race Equality Standard & Workforce Disability Equality standard (WRES)& (WDES) 2023-24



1.0 Introduction

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are part of the NHS Standard Contract and support NHS organisations to be compliant with the Equality Act 2010 and the 2017 Regulations.

The action plans were approved at the Board of Directors on 12th October 2023. The plans include the Trust's priorities and what commitments are made for the following year to improve the Trust's performance against the NHS Workforce Equality Standards. An EDI Group is in place to support the implementation. In addition, bi-monthly EDI groups have been set up to govern the data further and form part of the 6 high impact actions (HIA) EDI Improvement Plan.

The data collected for both standards was submitted via the Strategic Data Collection Service (SCDS) NHS Digital database and the DCF online platform in May 2024. This report outlines the headlines from that submission, the comparison, and trends over the previous years and the actions already embedded into the plans. The intention is that this report is published as evidence in October 2024.

Over the past few years, inequality and the importance of EDI has been further highlighted by the disparity over protected groups; particularly BME and disabled staff who have underlying health conditions. The Trust has been working to tackle inequalities and the appetite for greater understanding and the need for change has deepened. The opportunity to embed our vision to provide excellent care for the communities we serve which is everyone's responsibility has never been more important.

This is an annual return, the data is collected from our ESR system as of March 31st 2024, the staff survey is data is from the 2023 survey. We submitted our national return to NHSE on 31st May 2024. Our 2024/25 action plan must be publicly available by 31st October 2024. Included in this paper is our progress against our previous actions plans and our future action plans for our both WRES and WDES.

At SaTH, we are committed to addressing any inequalities that exist for staff and welcome the WRES/WDES as a tool to transparently identify areas requiring improvement, thereby establishing, and maintaining inclusive workplaces for all.



2.0 The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce concerning Black and Minority Ethnic (BME) staff, with many methods being transferable to other groups. This NHS initiative was conceived by the national NHS Equality and Diversity Council, in collaboration with NHS staff and independent researchers. Addressing the challenge of ensuring BME staff are treated fairly, and their talents valued and developed is imperative for all NHS organisations for the following reasons:

- Research indicates that the unfair treatment of BME staff adversely impacts the care and treatment of all patients.
- Talent is wasted through inequities in the appointment, treatment, and development of a significant portion of the NHS workforce.
- Precious resources are squandered due to the negative effects of such treatment on morale, discretionary effort, and other related consequences.
- Studies show that diverse teams and leadership are more likely to foster innovation and enhance organisational effectiveness, which the NHS needs.
- Organisations with leadership compositions that do not reflect the communities they serve are less likely to deliver the patient-focused care required.

The WRES consists of nine indicators, divided across Workforce Data, the National NHS Staff Survey, and the Board of Directors Representation. These indicators are designed to help us track our progress in addressing workforce inequalities. This is a useful model to explain the WRES and the organisational responsibilities within it. [The Workforce Race Equality Standard \(youtube.com\)](https://www.youtube.com/watch?v=Kd8Z8Z8Z8Z8)

The WRES performance has shown improvements overall demonstrated in the data table in this paper. Overall, the number of BME workforce staff has increased from 21% last year to 27.9% this year, which is encouraging.

2.1 WRES data summary ESR 2023/24

	WRES Clinical	White			Variation		BME			Variation		Ethnicity Unknown/Null			Variation
		2022	2023	2024	23 vs 24		2022	2023	2024	23 vs 24		22	23	24	23 vs 24
1a	Cluster 1: AFC Bands <1 to 4	88%	87%	82%	-5%		11%	13%	18%	5%		1%	1%	1%	0%
	Cluster 2: AFC bands 5 to 7	76%	72%	67%	-5%		23%	27%	32%	5%		1%	1%	1%	0%
	Cluster 3: AFC bands 8a and 8b	94%	93%	90%	-2%		6%	7%	10%	2%		0%	0%	0%	0%
	Cluster 4: AFC bands 8c to VSM	95%	94%	91%	-3%		5%	6%	9%	3%		0%	0%	0%	0%
	Total Clinical	81%	79%	74%	-5%		18%	20%	25%	5%		1%	1%	1%	0%
	Consultants	58%	57%	54%	-3%		41%	42%	46%	3%		1%	0%	0%	0%
	of which Senior Medical Manager	0%	80%	72%	-8%		0%	20%	28%	8%		0%	0%	0%	0%
	Non-Consultant Career Grade	22%	24%	16%	-8%		76%	75%	83%	8%		2%	1%	1%	0%
1b	Trainee Grades	39%	27%	20%	-7%		55%	72%	78%	6%		5%	2%	2%	0%
	Other	0%	0%	0%	0%		0%	0%	0%	0%		0%	0%	0%	0%
	WRES Non-Clinical	White			Variation		BME			Variation		Ethnicity Unknown/Null			Variation
		2022	2023	2024	23 vs 24		2022	2023	2024	23 vs 24		22	23	24	23 vs 24
1b	Cluster 1: AFC Bands <1 to 4	93%	92%	89%	-3%		6%	8%	11%	3%		0%	0%	0%	0%
	Cluster 2: AFC bands 5 to 7	96%	95%	92%	-3%		3%	4%	7%	3%		1%	1%	1%	0%
	Cluster 3: AFC bands 8a and 8b	96%	96%	95%	-1%		4%	4%	5%	1%		0%	0%	0%	0%
	Cluster 4: AFC bands 8c to VSM	90%	96%	92%	-4%		8%	4%	6%	2%		2%	0%	2%	2%
	Total non-clinical	94%	93%	90%	-3%		6%	7%	10%	3%		0%	0%	0%	0%

9	WRES Board of Directors	White			Variation
		2022	2023	2024	23 vs 24
	Total Board members - % by Ethnicity	88%	81%	84%	3%
	Voting Board Member - % by Ethnicity	92%	85%	87%	2%
	Non Voting Board Member - % by Ethnicity	75%	67%	75%	8%
	Executive Board Member - % by Ethnicity	89%	89%	89%	0%
	Non Executive Board Member - % by Ethnicity	86%	71%	80%	9%
	Overall workforce - % by Ethnicity	80%	78%	73%	-5%
	Difference (Total Board -Overall workforce)	7%	3%	11%	8%

BME				Variation	Ethnicity Unknown/Null				Variation
2022	2023	2024	23 vs 24		22	23	24	23 vs 24	
6%	13%	11%	-2%		6%	6%	5%	-1%	
0%	8%	7%	-1%		8%	8%	7%	-1%	
25%	33%	25%	-8%		0%	0%	0%	0%	
11%	11%	11%	0%		0%	0%	0%	0%	
0%	14%	10%	-4%		14%	14%	10%	-4%	
19%	21%	26%	5%		1%	1%	1%	0%	
-12%	-9%	-15%	-7%		5%	5%	4%	-1%	

2	WRES Likelihood	White			Variation
		2022	2023	2024	23 vs 24
	Relative likelihood of White staff being appointed from shortlisting compared to BME staff*	1.04	1.15	1.05	-0.09
	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff**				
3					
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff***	4.51	0.82	0.96	0.14

BME				Variation
2022	2023	2024	23 vs 24	
1.44	0.98	1.04	0.06	

3.0 The Workforce Disability Standard (WDES)

The Workforce Disability Equality Standard (WDES) comprises specific measures (metrics) that enable NHS trusts to compare the experiences of disabled and non-disabled staff. This information is utilised by trusts to develop local action plans and demonstrate progress against disability equality indicators.

This standard was introduced in 2019 and aims to decrease the inequality that disabled staff face within the NHS workforce. The standard is based on the social model of disability. This is a useful film explaining that model <https://youtu.be/0e24rfTZ2CQ>

WDES data is vital because research shows that motivated, included, and valued colleagues contribute to delivering high-quality patient care, increased patient satisfaction, and improved patient safety. The WDES helps facilitate positive changes for existing employees and foster a more inclusive environment for disabled individuals working in our Trust, it is partially modelled on the Workforce Race Equality Standard.

It is evident from the **WDES** data we need to see more improvement in this standard and have identified this in our action plan, especially in likelihood indicator 3 (**Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff**) which was 3.09 in 2023 and 4.01 in 2024 (****A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.**) This has been made a priority in the 2024/25 plan with the next steps in an action plan (appendix 2) to measure our progress. We are dedicated to making this organisation an inclusive and welcoming place to work.

3.1 WDES Data Summary ESR 2023/2024

WDES Clinical	Disabled			Non-disabled			Unknown/Null		
		2024	Variation	2023	2024	Variation	2022	2024	Variation
	4%	5%	1%	88%	88%	1%	8%	7%	-1%
Cluster 2: AfC bands 5 to 7	4%	4%	0%	88%	89%	2%	9%	7%	-2%
Cluster 3: AfC bands 8a and 8b	4%	5%	1%	85%	85%	0%	11%	10%	-1%
Cluster 4: AfC bands 8c to VSM	0%	0%	0%	83%	91%	8%	17%	9%	-8%
Total Clinical	4%	4%	0%	88%	89%	1%	8%	7%	-2%
Medical & Dental Staff, Consultants	0%	1%	1%	90%	91%	1%	10%	9%	-1%
Medical & Dental Staff, Non-Consultants career grade	3%	4%	1%	92%	93%	1%	5%	4%	-1%
Medical & Dental Staff, Medical and dental trainee grades	2%	3%	1%	87%	92%	6%	11%	5%	-6%
Total Medical and Dental	2%	2%	1%	89%	92%	3%	10%	6%	-4%
Number of staff in workforce	4%	4%	1%	87%	89%	1%	9%	7%	-2%
WDES Non-Clinical	Disabled			Non-disabled			Unknown/Null		
	2023	2024	Variation	2023	2024	Variation	2023	2024	Variation
Cluster 1: AfC Bands <1 to 4	4%	5%	1%	85%	87%	1%	10%	8%	-2%
Cluster 2: AfC bands 5 to 7	5%	6%	2%	86%	86%	0%	10%	8%	-2%
Cluster 3: AfC bands 8a and 8b	5%	5%	0%	86%	88%	2%	9%	7%	-2%
Cluster 4: AfC bands 8c to VSM	2%	6%	4%	94%	89%	-5%	4%	5%	1%
Total Non-Clinical	4%	5%	1%	86%	87%	1%	10%	8%	-2%
WDES Board of Directors	Disabled			Non-disabled			Unknown/Null		
	2023	2024	Variation	2023	2024	Variation	2023	2024	Variation
Total Board members	0%	11%	11%	88%	79%	-9%	13%	11%	-2%
Voting Board members	0%	7%	7%	92%	80%	-12%	8%	13%	5%
Non-Voting Board members	0%	25%	25%	75%	75%	0%	25%	0%	-25%

		0%	11%	11%	100%	78%	-22%	0%	11%	11%
	Exec Board members									
	Non-Executive Board members	0%	10%	10%	85%	80%	-5%	15%	10%	-5%
	Difference (Total Board - Overall workforce)	-4%	6%	10%	0%	-10%	-10%	4%	3%	0%
	Difference (Voting membership - Overall Workforce)	-4%	2%	6%	4%	-9%	-13%	-1%	6%	7%
	Difference (Executive membership - Overall Workforce)	-4%	7%	10%	13%	-11%	-23%	-9%	4%	13%
WDES Likelihood		Disabled								
		2023	2024	Variation						
2	Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff*	1.03	1.25	0.22						
3	Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff**	3.09	4.01	0.92						

Key *A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting
 **A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.

3.2 WDES Summary from Staff survey results

Our national staff survey measures have all improved year on year with only reasonable adjustments seeing a dip of 0.1%. Also, from an inclusivity lens, it is pertinent to note that the number of colleagues sharing they have a condition has risen from circa 470 colleagues in 2019 to 770 in 2023.

Most positively, we see the percentage of colleagues experiencing harassment and bullying within any of the indicators being the lowest we have seen in 5 years. There is still work to be done as with several of the measures, as there is a disparity between SaTH and our benchmark organisations disabled colleague experience.

There is a notable difference between the staff experience of disabled colleagues and non-disabled colleagues within the Trust. Whilst this has improved year on year, it requires a focus and deepened understanding of how to address this disparity. Encouragingly numbers have returned to pre pandemic levels given the increase in respondents suggesting that the trajectory is positive.

SN	INDICATORS	DEMOGRAPHICS	2019	2020	2021	2022	2023
1	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.	Staff with LTC or illness: Your org	29.21%	32.96%	33.28%	32.24%	26.09%
2	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	Staff with LTC or illness: Your org	24.84%	24.05%	19.15%	19.50%	14.42%
3	Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months.	Staff with LTC or illness: Your org	32.62%	31.36%	33.03%	30.70%	29.13%
4	Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	Staff with LTC or illness: Your org	30.23%	34.18%	30.98%	29.19%	27.53%
5	Percentage of staff satisfied with the extent to which their organisation values their work.	Staff with LTC or illness: Your org	37.00%	28.36%	27.74%	29.115	32.23%
6	Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out work.	Staff with LTC or illness: Your org				74.66%	74.56%
7	Staff engagement score (0-10)	Staff with LTC or illness: Your org	6.24	6.08	5.95	5.97	6.14

3.3 Progress against 2023/24 WRES and WDES Action Plans

A range of activity has already been undertaken as part of the agreed 2023 WRES and WDES/ Action plan, including:

- Our Board have all developed and agreed a set of EDI objectives and communicated their commitment, these have been shared widely in the Trust, and the staff networks have a Board member sponsoring them.
 - The EDI team provided food and drink bags alongside our Chaplains to our staff for EID celebrations in March/April 2023 and 2024.
 - South Asian Heritage Month Celebrations in August 2023, EDI team engaged with over 200 staff and added members to our Networks.
 - Black History was celebrated in October 2023 and here are plans to conduct a further EDI event in October 2024.
 - Reviewing and updating the EDI intranet page, to give staff information about joining the networks and our EDI Events calendar and guidance for on how to contact the EDI Team and get involved. These will share the next steps and agendas so all colleagues can get involved.
 - Relaunch of staff networks with a recruitment drive for co-chairs, and new Job descriptions have been produced, the TOR is being finalised, this has strengthened in the numbers of our staff memberships Race Equality & Inclusion network 135 in July 2023 to 195 in July 2024, DAWN 56 in July 2023 to 151 in July 2024, SaTH Pride network 72 in July 2023 to 182 in July 2024. Multi faith and Belief network has increased from 15 to 24 in July 2024, this network was only created in 2023 due to staff feedback.
 - Disability, Ability and Wellbeing Network (DAWN) engagement numbers have been strengthened through EDI Events (figures 56 last July 2023 to 151 July 2024). The group are also looking into a hosting a Menopause and Neurodiversity subgroup.
 - Figures still show that our disabled colleagues need more support across the Trust, so we need to continually support our colleagues through our Mental Health Awareness sessions. Training session on Neurodiversity has been developed on LMS.
 - Our EDI calendar has been refreshed this year with various events which continue to engage staff and give them a sense of belonging. The events celebrate and marks specific diversity and religious dates within the year to promote awareness and deepen understanding. They also provide information about how to get more involved in the staff networks.
 - The Trust has introduced a lead nurse/midwife AHP for EDI who has built effective relationship to address areas of improvement as part of a wider collaboration to deliver EDI initiatives to make a difference to both colleagues and service users.
 - Over sixty champions have been identified from all divisions and a training package has been developed. 2 training days took place on the 26th and 31st of January 2024 attended by 30 of the champions. External training providers delivered a bespoke and interactive programme including anti- racism, Active Bystander, LGBT awareness and the Human Library. EDI training incorporated in several of the management and leaderships programmes we offer, including STEP (Striving for Excellence Program) and Recruitment for Managers training.
 - EDI induction training given to our Internationally Educated Colleagues (IEC).
 - EDI Training by EDI Nurse Lead in 2023/2024 includes: Active Bystander training for theatre team, Active Bystander training session for a mix of ward managers, matrons and patient experience team, cultural competency training for line managers, theatre clinical leaders, radiology band 7 team, some ward teams. A plan has been agreed to train 226 clinical leaders in nursing, midwifery and AHP workforce in anti-racism, active bystander, LGBT awareness and cultural competency. Currently awaiting CPD allocation funding confirmation to progress.
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- A support forum for IEC was created as a safe space for colleagues to share their experiences with the Lead Nurse/ AHP for EDI and the Deputy Chief Nurse for Workforce and People. 3 sessions have been held so far with another planned in August 2024.

- The IEC support forum identified several areas where actions could improve their experience. A survey to confirm and seek additional data was conducted and completed by 118 IEC. The results have been shared and actions agreed. These actions feed into the 6 high impact actions (HIA) from the NHSE EDI Improvement Plan.
- EDI Mandatory Training is provided to Doctors and AHP's monthly.
- Weekly meetings continue with EDI and Discrimination & Harassment Group to review cases/performance reviews, where discrimination is reported and working through what improvements can be made to investigation processes.
- We continue to offer a broad and comprehensive wellbeing platform to our staff and through our EDS2022 work carried out in 2023 we are working collaboratively with areas to support staff to manage obesity, diabetes, asthma, and COPD.
- EDI and recruitment team (through our Retention Group) continue to work on our Inclusive recruitment programme.
- The ICS steering group has been relaunched and a renewed focus and EDI action plan is in place more recently hosting and chairing the ICS EDI Steering group and leading EDI development session and subsequently delivered at SaTH Board of Directors.
- Our Galvanise Leadership Programme has helped 40% of participants gain promotion with a further 30% actively seeking promotion. A further 19 are due to attend the next cohort in September.
- Our talent conversation/appraisal now incorporates EDI objectives for all.
- Civility and Respect Sessions have continued to be rolled out across the Trust to support Cultural Transformation, bookable via LMS for individuals and bespoke sessions for teams to address and support team development. We also have included our EDI Champions who have been trained to take this work forward.
- New monthly EDI Data meetings have been set up to review and ensure the Governance arrangements are in place: these consist of WRES and WDES, EDI 6HIA, EDS2022, Gender and Race pay gap.
- We have redesigned the way we collate apprenticeship data so numbers can be monitored. Also, we are exploring intelligence around providing opportunities for internationally recruited colleagues to access apprenticeships removing systemic barriers, so they feel SaTH is an inclusive place to work and live.
- Review disciplinary data and cases, disciplinary policy and processes and propose a plan for change in line with just culture.
- People Advisory are supporting staff through reasonable adjustments when asked for assistance.
- Work is underway to ensure that the personal data held in ESR is correct by asking colleagues to review and confirm their data. This will allow the Trust to conduct not only the mandated Gender pay gap report but also the Ethnicity and Disability pay gap to ensure the inclusive and fairness for all. The Trust now sits that 5150 colleagues have confirmed the accuracy of their data.
- There are planned sessions as per the requirements of Equality Delivery Service 2022 (EDS2022) in July, August, October, and November 2024 and will be shared within the Race Equality and Disability, Ability and Wellbeing network meetings.
- We are currently scoping the leadership development programme offer for our disabled colleagues. The aim is for this to be available across the system and support talent pool development work.
- There will be a deep dive into our WRES and WDES data to ensure our BME colleagues are getting the same opportunities as our white colleagues in higher banded roles within our medical workforce.

4.0 Risks

- 4.1 EDI continues to be a high priority within the organisation. It is important that the work is supported and led across the Trust to make real sustainable cultural change. The EDI resource is small and focuses on services and directorates developing their own equality objectives being key to success. Divisional leaders need to own their EDI work, using the WRES and WDES data pertinent to their areas. Without this, the work may remain compliant but will not mature into integrated and healthy challenge to change the status quo and to ensure we are consistently innovative. Embedding equality across the organisation including, for example, identification of EDI Influencers in the Trust is vital and we hope to ensure this through our newly appointed EDI Champions.
- 4.2 It is evident from the **WDES** data that we need to see more improvement in this standard and have identified this in our action plan, especially in likelihood indicator 3 (**Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff**) which was 3.09 in 2023 and 4.01 in 2024 (****A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.**) This has been made a priority in the 2024/25 plan.
- 4.3 The action plans have been created by Workforce alone due to the timescales of reporting and data submissions. To grow true traction and transformational change they require further Divisional People plans, Networks and Trust support to build upon and embed. This will support the shared ownership needed to successfully deliver this agenda.
- 4.4 The WRES highlights that the Board and the Medical senior leadership is not representative of the workforce. With the Board, whilst numbers are small, assurance of the data must take place in the first instance then a longer-term succession plan considered. For the medical leadership the consultant level is virtually a 50/50 split of BME and White. However, the White leadership is 80% and the BME is 20%. Into the future, the non-consultant and trainee grades are 75% BME and 25% White. We must consider the development and growth of this workforce to remain representative of the colleagues being led.



5.0 Conclusion

Overall, the Board will note the positive upward trend of data showing improvement across the majority of measures against our WRES and WDES data standards, the Trust has continued to prioritise delivery of the 2023 action plan and the Board of Directors are asked to support the 2024 action plan (appendices 1 and 2) to continue this positive trend.

5.1 The Board of Directors is asked is asked to:

- Note the 2023/24 WRES and WDES data and approve the Action Plans, for our Board review and publication in October 2024.
- Support the Action Plan 2024/25. This will be monitored at the EDI Group meetings under each of the six NHS National EDI High Impact Actions Improvement Plan.



Appendix 1 WRES Action Plan 2024/25

NB

1. Response rates have increased by approx. 30 (data captured in brackets advises of respondent numbers)
2. Indicators 2-4 are from the data extracted on 31.3.24
3. Indicators 5-8 are from staff survey data in 2023

WRES indicator	2022-2023	2023-2024	Vs National or Benchmark 2023	2024-2025 action planning	Governance Route
2.Relative likelihood of white staff being appointed from shortlisting (2024)	1.15 Top quartile result	1.05	Acute 1.58 National 1.59	<ol style="list-style-type: none"> 1. EDI Team and recruitment team developing inclusive recruitment programme. 2. Relaunching of the Staff Networks to give them a voice in more EDI projects. 3. Continue with EDI Training modules for new and existing staff. 4. EDI Champions to explore avenues of work within the recruitment process. 5. To offer a career guidance to colleagues regarding job applications and interview practice to better prepare colleagues for shortlisting and interview. 6. Talent conversations have been relaunched with aspirational career conversations to further enhance those, feedback from these will be monitored. 7. Scoping of talent development pool to gather the aspirational data to support retention and allow career opportunities for all. 	High Impact Action 2
3. Indicator 3 Relative likelihood of BME staff entering the formal disciplinary process (2024)	0.98 Top 10% in the country	1.02	Acute 1.02 National 1.03	<ol style="list-style-type: none"> 1. EDI Team will continue to support the Recruitment for Managers training module. 2. Support and guidance provided for our EDI Champions to support our BME colleagues in a peer-to-peer model. 3. Continue to support the Discrimination and Harassment Group to address concerns in a timely manner. 4. People Advisory team and Investigating officers to receive additional training on investigations through a racial lens. 	High Impact Action 6
4. likelihood of White staff accessing non- mandatory training and CPD compared toBME staff (2024)	0.82	0.96	Acute 1.15 National 1.12	<ol style="list-style-type: none"> 1. Review and monitor access data from the LMS. 2. Continue to promote our Training modules at EDI events. 3. Monitor and challenge apprenticeship access data ensuring that any systemic issue are addressed. 	High Impact Action 2 and 5

5. % of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last year (2023)	BME 30.08% White 25.62% (472)	BME 24% White 20.55% (500)	Av BME 28.11% White 24.72%	<ol style="list-style-type: none"> 1. Provide clear awareness and guidance for on Zero Tolerance and ensure the posters and flowcharts are visible in our departments and wards. 2. Ensure all concerns that are held by the discrimination and harassment group are investigated and feedback on a timely basis. 3. Empowering staff to call out negative/bullying behavior. Additional support will be available, via Allyship through our Staff Networks, FTSU and our EDI Champions. 4. Roll out Active bystander workshops /speaking out culture. 	High Impact Action 6
6. % of staff experiencing harassment, bullying or abuse from staff in the last year (2023)	BME 30.6% White 27.04% (474)	BME 28.5% White 23.14% (499)	Av BME 26.2% White 22.37%	<ol style="list-style-type: none"> 1. Advancing the recognition, understanding and impact of racism and discrimination within teams 2. Improve Cultural competence, knowledge of micro aggression and removing bias. 3. Supporting staff through time of uncertainty and its impact on health and wellbeing. 4. Increase visibility of EDI team and championing EDI best practice. 5. To continue to support and promote the Civility and Respect programme within the Trust. 	High Impact Action 6
7. % of staff believing that the Trust provides equal opportunities for career progression or promotion (2023)	BME 42.56% White 53.56% (477)	BME 46.08% White 55.82% (497)	BME 49.64% White 58.84%	<ol style="list-style-type: none"> 1. Promote our Talent portal. 2. Promote and communicate our Galvanise Programme for Leadership programme for Ethnic minorities. 3. Reintroduce an onboarding team to ensure that new colleagues have all they need to flourish at SaTH. 4. Promote our new talent conversation (formerly appraisal) with the further option for a career conversation. 5. Promote and evaluate our trial of providing questions before interviews scheme. 6. Continue to work with Recruitment on how to make recruitment more inclusive. 7. Offer training and “drop in” sessions for colleagues to gain assistance with application forms and job interview skills. 8. Utilise the Stay and Thrive project International Recruitment toolkit to measure and identify any further opportunity for improvement. 	High Impact Action 2 and 5

8. In the last year have you personally experienced discrimination at work from your manager, team leader or other colleagues (2023)	BME 21.7% White 6.71 (470)	BME 18.33% White 6.17% (502)	BME 16.17% White 6.73%	<ol style="list-style-type: none"> 1. Increase and communicate our zero tolerance messaging. 2. Strengthen all of our staff networks. 3. Strengthen the EDI training by providing more sessions. 4. Promote the Leadership Academy Manager Training to develop inclusive workplaces as part of management development.¹ 5. Work with our HR and OD Business Partners and Operational Managers to monitor and review Divisional WRES to understand and support any local issues and address them. 	High Impact Action 6
9. % difference between the organisations Board voting membership and its overall % of BME staff in the workforce (2024)	Total -9% Voting 8% Exec 11%	Total -15% Voting 7% Exec 11%	Total -10.9%	<ol style="list-style-type: none"> 1. Promote Board EDI Objectives 2. Promote SaTH values. 3. Encourage Board level attendance in Staff Networks to ensure minority voices are heard. 4. Ensure that all our held data is correct at Board level. 5. Promote leadership development to ensure Board is reflective of its workforce 	High Impact Action 1 and 2

[1. https://www.leadershipacademy.nhs.uk/programmes/core-managers-developing-inclusive-workplaces/](https://www.leadershipacademy.nhs.uk/programmes/core-managers-developing-inclusive-workplaces/)



Appendix 2 WDES Action Plan 2024/25

NB

4. Staff survey response rates were on average 780. They have increased by approx 10
5. Indicators 2, 3, 9 & 10 are from the data extracted on 31.3.24
6. Indicators 4- 8 are from staff survey data in 2023

WDES data 2024 Action plan for 2024-2025

WDES indicator	2022-2023	2023-2024	National or Benchmark 2023	2024-2025 action planning	Governance route
2. Indicator 2 Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts (2024)	1.03	1.24	0.99	<ol style="list-style-type: none"> 1. Continue to work with recruitment to ensure a fair recruitment process by providing interview questions early enough to accommodate any neurodiverse candidate (currently in pilot and evaluation stages). 2. Continue to work in the Inclusive Recruitment Project. 3. Continue to support our Disability, Ability and Wellbeing Network gaining feedback and insight on how to improve colleague experiences. 4. Talent conversations have been relaunched with aspirational career conversations to further enhance those. 5. Scoping of talent development pool to gather the aspirational data to support retention and allow career opportunities for all. 6. To provide a disabled colleague development programme across our ICS. 7. To offer a career guidance to colleagues regarding job applications and interview practice to better prepare colleagues for shortlisting and interview. 	High Impact Action 2
3. Indicator 3 Relative likelihood of disabled staff entering the formal capability process compared to non-disabled (2024)	3.09	4.00	2.17	<ol style="list-style-type: none"> 1. To work with our People Advisory service and Unions to understand and monitor this indicator. 2. Review Managers and HR teams have the expertise to consider all reasonable adjustments have been exhausted before a capability process is entered. 3. Work collaboratively with other organisations to scrutinize our process to ensure we are fair and consistent. 	High Impact Action 6

4a. Indicator 4% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months.	Disabled 32.2% Non disabled 24.8%	Disabled 26.1% Non disabled 19.4%	Disabled 30.3% Non Disabled 23.8%	<p>1.The Trust continues to alert staff on the “Zero tolerance to abuse” via poster advertising and role modelling with dealing with incidents.</p> <p>2.Continued to ensure concerns are heard, responded to through the Discrimination and Harassment group meeting.</p> <p>3.Introduce the EDI Champions in different areas to support colleagues experiencing any form of discrimination and harassment.</p> <p>4.Continue to signpost colleagues to the Freedom to Speak Up Guardians and to access support via our Psychology service where required.</p>	High Impact Action 6
4b % of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled 19.5% Non Disabled 11.4%	Disabled 14.4 Non Disabled 8.7%	Disabled 15.9% G Non Disabled 8.7	<p>1. Continue to alert Managers on the “Zero Tolerance to Abuse” of any kind.</p> <p>2. Continue to provide training for managers through the STEP Programme and ensure they are aware of the importance of linking their thinking with regards disabled colleagues and supporting the needs of long-term conditions (LTC)</p> <p>3. Offer learning experiences such as the Human Library to develop understanding of conditions and how colleagues could be supported.</p>	High Impact Action 6
4c % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled 30.7% Non-Disabled 20.2%	Disabled 29.1% Non-Disabled 16.8%	Disabled 25.9% Non-Disabled 16.6%	<p>1. Continued to engage with FTSU (including their ambassadors) and our EDI Champions, working in different areas to support colleagues experiencing any form of bullying and harassment.</p> <p>2. Alert colleagues on the Zero Tolerance to any form of Abuse. Ensure the Zero Tolerance Posters are in use, promoted and colleagues are supported in their enforcement.</p> <p>3. Continue with our Civility and respect programme training rollout.</p>	High Impact Action 6
4d % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled 47.9% Non-Disabled 44.5%	Disabled 51.3% Non-Disabled 47.8%	Disabled 50.4% Non-Disabled 49.3%	<p>1. Continue to encourage staff speaking up through the EDI Team and the Freedom to Speak up Guardians. This year sees a relaunch of FTSU Ambassador network to further support this.</p> <p>2. Continue to support staff through the Discrimination and Harassment group meeting ensuring all concerns are heard and resolved as quickly as possible.</p>	High Impact Action 6

Indicator 5 % of staff believing that their organization provides equal opportunities for career progression or promotion.	Disabled 48.6% Non-Disabled 52.7%	Disabled 49.7% Non-Disabled 55.3%	Disabled 51.5% Non-Disabled 57.5%	<ol style="list-style-type: none"> 1. We are scoping a leadership development programme for Disabled colleagues with a view to this being available across the ICS for delegates and support networking. 2. Utilise EDS22 findings from Domain 3 (Inclusive Leadership) to inform further work (in progress scheduled for October/November 2024) 3. Promote and encourage all colleagues to attend the job application and interview preparation workshops/webinars. 	High Impact Action 2
Indicator 6 % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled 29.2% Non-Disabled 21.3%	Disabled 27.5% Non-Disabled 18.9%	Disabled 28.6% Non-Disabled 19.5%	<ol style="list-style-type: none"> 1. Continued focus on Wellbeing conversations and how managers can have high quality ones with colleagues. Encouraging flexibility and adaptability whilst still meeting service needs. 2. Encourage staff and managers to use our EAP (Help) and bring in Occupational Health support at the earliest stage. 3. Support all staff through Health and Wellbeing walkabouts to ensure our staff are feeling well and know how and where to access support. 4. Promote resources through the networks. 5. Utilise findings from the EDS2022 Domain 2 (health and wellbeing) to inform further work (in progress July/August 2024) 	High Impact Action 4

Indicator 7 % staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled 29.1%	Disabled 32.2%	Disabled 35.7%	<ol style="list-style-type: none"> 1. Continue to encourage staff by appreciating the work they do by issuing Trust wide E Briefs from our Executives, Awards of Recognition, Trust awards and star cards. 2. Relaunch of the talent conversation and the training on delivering those messages. 3. Use of staff networks to communicate recognition to colleagues. 	
Indicator 8 % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	74.7 %	74.6%	73.4%	<ol style="list-style-type: none"> 1. Continue to recognise and promote the importance of a quality wellbeing conversation for all staff. 2. Provide support for staff who are Neurodiverse and promote the LMS training for neuro typical colleagues to gain a competence around how to support their colleagues. 3. Ensure there are facilities for BSL and interpreters. 4. Accessibility and social model consideration on both sites PRH/RSH. 5. Ensure that outside agencies support in providing reasonable work adjustments where applicable (i.e. Access to Work) 6. To ensure that DAWN network and EDI team review HTP works from a social mobility lens. 	High Impact Action 4
Indicator 9 9a The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	Disabled 5.97 Non-Disabled 6.43	Disabled 6.14 Non-Disabled 6.73	Disabled 6.46 Non-Disabled 7.04	<ol style="list-style-type: none"> 1. Continue to offer support and guidance through our Disability, Ability and Wellbeing Network. 2. Engage staff in EDI Events regarding Disability Month events. 3. Work with our HR and OD Business Partners and Operational Managers to monitor and review Divisional WDES to understand and support any local issues and address them. 	
9b Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)	Yes	Yes	Yes	<ol style="list-style-type: none"> 1. Continue to support staff through our Disability Ability and Wellbeing Network (DAWN). Relaunch the advertising of the network and accessibility to the group itself (providing QR codes so you can join anywhere) 2. Suggestion boxes deployed in designated areas for all staff, giving staff opportunity to contribute and suggest ways they can be better served. Suggestions will be managed and addressed via the DAWN networks. 	

Indicator 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce	Total 0%	Total 10.5%	Total 5.7%	<ol style="list-style-type: none">1. Ensure the data remains accurate.2. Look at the longer-term development plan of future Board leaders from a social mobility perspective to maintain representation at Board level.3. Continue to have Board and senior sponsorship in staff networks.	High Impact Action 1 and 2
	Voting 0%	Voting 6.7%	Voting 5.6%		
	Exec 0%	Exec 11.1% **2024	Exec 5.4% ** 2023 numbers		

