

Implementing the Workforce Race Equality Standard (WRES) is one of the mandated evidence based standards that is a requirement under the NHS standard contract. It aims to support organisations in improving understanding of multicultural colleague’s experiences and enable positive change by creating a more inclusive environment for all individuals working, or seeking employment, within the NHS.

WHTH is taking a strategic approach and focusing on transformational culture change. With the recent refresh of our Trust strategy and values, Equality Diversity, and Inclusion is a priority to achieve our Trust’s vision.

The nine WRES indicators

Nine equality indicators were developed in collaboration with the wider NHS five focus on workforce data and associated organisational practices and four come via the national NHS. These are detailed in the table below:

1	2	3	4	5	6	7	8	9
Workforce indicators				National NHS Staff Survey indicators (or equivalent)				Board representation indicator
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Relative likelihood of staff being appointed from shortlisting across all posts	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Relative likelihood of staff accessing non-mandatory training and CPD	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage believing that trust provides equal opportunities for career progression or promotion	In the last Percentage of staff who have personally experienced discrimination at work from manager/team leader or other colleagues in the last 12 months	This indicator presents the percentage difference between (i) the organisations’ Board voting membership and its overall workforce and (ii) the organisations’ Board executive membership and its overall workforce.

This report provides a summary of the key findings in this reporting period 2023/ 2024 in comparison to the previous year 2022/ 2023 against the nine WRES indicators as well as associated actions to achieve incremental improvement to staff experience.



Workforce Race Equality Standard 2023/2024 – key findings

The WRES report for 2023/2024 has recorded improvements in 6 out of the 9 indicators.

Improvement

Indicator 1: Representation

Multicultural representation has increased by **3.3%** overall. There has been year on year growth of multicultural colleagues joining the Trust.

Indicator 3: Formal disciplinary cases

We have seen year on year improvements (2021, **2.00**, 2022, **1.53**, 2023, **1.13**)

Indicator 4: Training

We are seeing year on year improvements in this metric (0.26 difference) as well as being more comprehensive in our data capture as it includes apprenticeship, CPD, leadership and bitesize learning.

Indicator 5: Bullying, harassment, and abuse from patients, relatives, and public

Multicultural staff face higher levels of bullying & harassment from service users than white staff. This is an improvement from last year of 1.16%, but still above the national average.

Indicator 6: Bullying, harassment, and abuse from colleagues

The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for multicultural staff (23.19%) than for white staff (22.73%). However, this year we have seen a significant improvement of a 3.51% difference from last year and below the national average.

Indicator 8: Discrimination

We have seen an improvement from last year of 1.67% which is also below the national average of 16.17%.

Decline

Indicator 2: Recruitment

We have declined by 0.16 from last year. We collaborated with our TRAC provider to understand the reporting system related to shortlisting and appointment numbers, and to develop a more accurate methodology.

Indicator 7: Equal opportunities for promotion and development

A lower percentage of multicultural staff (48.65%) than white staff (57.59%) felt the Trust provides equal opportunities for career progression or promotion.

Indicator 9: Board voting membership

As of 31st March 2024, our Board representation of 17.65% is not reflective of our overall workforce representation of 50.9%. This is a variance of 33% which is an increase from last year.

However, since the 31st of March, we have had changes in the Board team that would impact this data.



Internal comparison

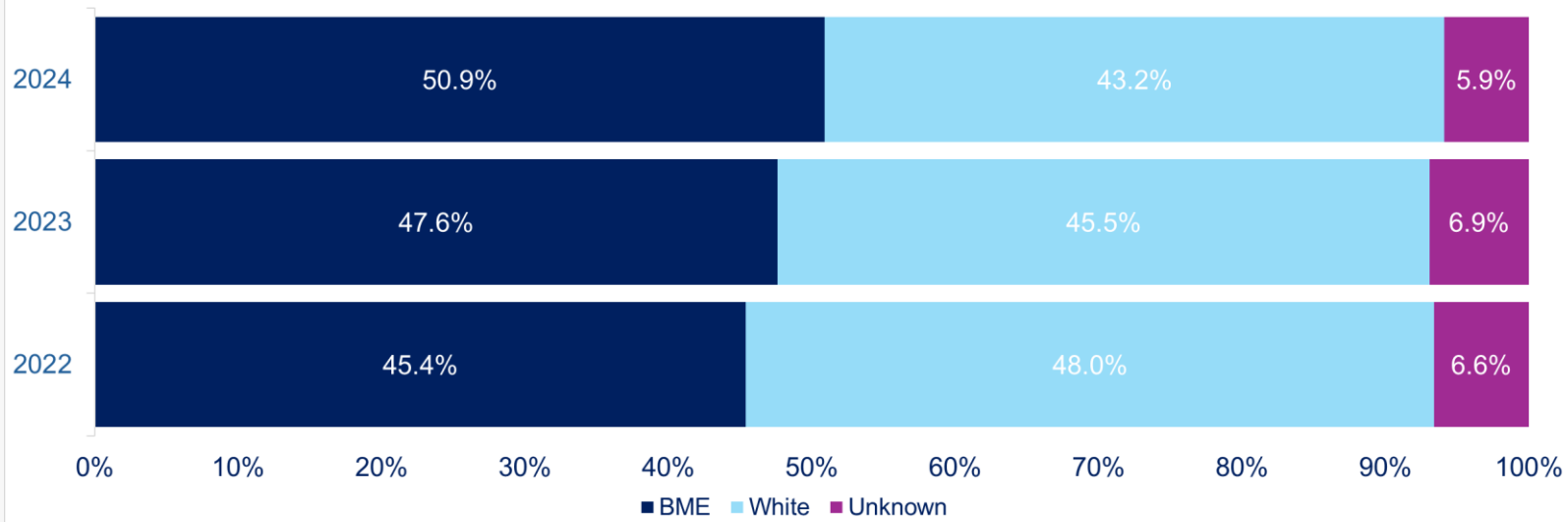
	Indicator (compare the data for White and BAME staff)	22/23	23/24	Difference
Workforce indicators				
1a	Overall workforce representation	47.6%	50.9%	Improved
1b	Percentage of staff in VSM compared with the percentage of staff in the overall workforce (<i>This data capture is a snapshot of the end of the financial year (31st March)</i>)	17.65%	11%	Decline
2	Relative likelihood of staff being appointed from shortlisting across all posts (A figure above 1:00 indicates that White candidates are more likely than BAME candidates to be appointed from shortlisting)	1.34	1.50	Decline
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (A figure above 1:00 indicates that BAME staff are more likely than White staff to enter the formal disciplinary process)	1.53	1.13	Improved
4	Relative likelihood of staff accessing non-mandatory training and CPD (A figure above 1:00 indicates that White staff are more likely than BAME staff to access non-mandatory training and CPD)	1.1	0.84	Improved
National NHS Staff Survey indicators (All other ethnic groups*)				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	32.2%	31%	Improved
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	26.7%	23.19%	Improved
7	Percentage believing that trust provides equal opportunities for career progression or promotion	48.7%	48.65%	Decline
8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	15.1%	13.47%	Improved
Board representation indicator				
9	Percentage of voting members of the Board representation by ethnicity	20%	17.9%	Decline



Comparison to Regional & National Data

Indicator (compare the data for White and BAME staff)		WHTH 23/24	East of England 22/23	National 22/23
Workforce indicators				
1a	Overall workforce representation	50.9%	27.3%	26.4%
1b	Percentage of staff in VSM compared with the percentage of staff in the overall workforce	11%	-	11.2%
2	Relative likelihood of staff being appointed from shortlisting across all posts (A figure above 1:00 indicates that White candidates are more likely than BAME candidates to be appointed from shortlisting)	1.50	1.46	1.59
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (A figure above 1:00 indicates that BAME staff are more likely than White staff to enter the formal disciplinary process)	1.13	0.92	1.03
4	Relative likelihood of staff accessing non-mandatory training and CPD (A figure above 1:00 indicates that White staff are more likely than BAME staff to access non-mandatory training and CPD)	0.88	1.01	1.12
National NHS Staff Survey indicators (All other ethnic groups*)				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	31%	31.8%	30.5%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.19%	28.5%	27.5%
7	Percentage believing that trust provides equal opportunities for career progression or promotion	48.65%	45.9%	46.7%
8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	13.47%	17.4%	16.4%
Board representation indicator				
9	Percentage of voting members of the Board representation by ethnicity	17.9%	5.4%	10.8%

Percentage of staff in trust by ethnicity



Data Narrative

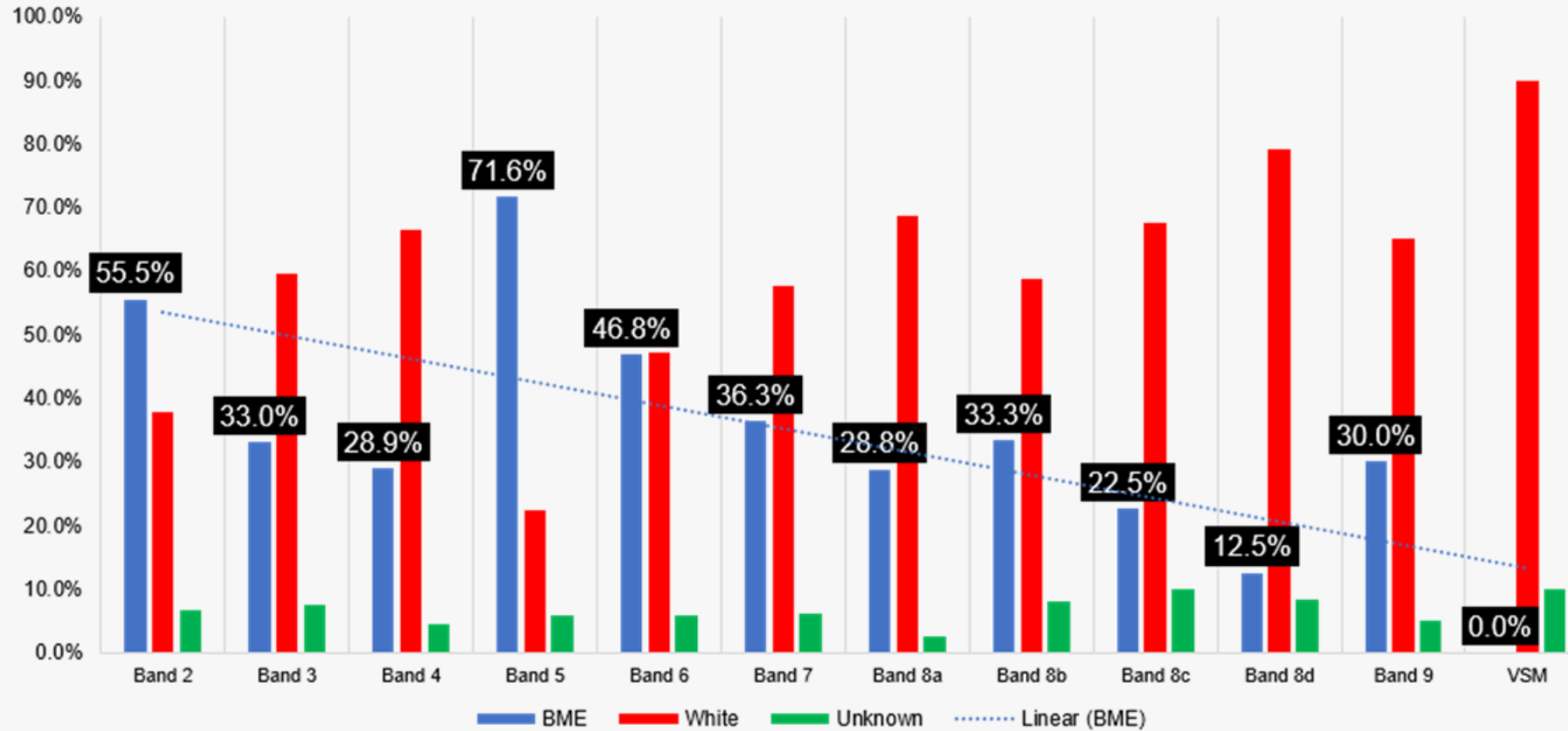
- Out of 227 NHS organisations, we are 51st highest regarding the overall multicultural representation.
- Our overall percentage of multicultural colleagues is around 50.9% (an increase of 3.3% difference from 2023).
- Our unknowns have declined by 1% from the previous year.
- Year on year growth of multicultural colleagues joining the Trust since 2020.
- We are above the National at 26.4%, East of England at 27.3%.
- We are more comparable to London at 52.1%.

	2020	2021	2022	2023	2024
BAME	40%	42%	45.4%	47.6%	50.9%
White	53%	50%	48%	45.5%	43.2%
Unknown	7%	8%	6.6%	6.9%	5.9%



WRES Indicator 1b: Representation - Band 1-9 and VSM

All AFC



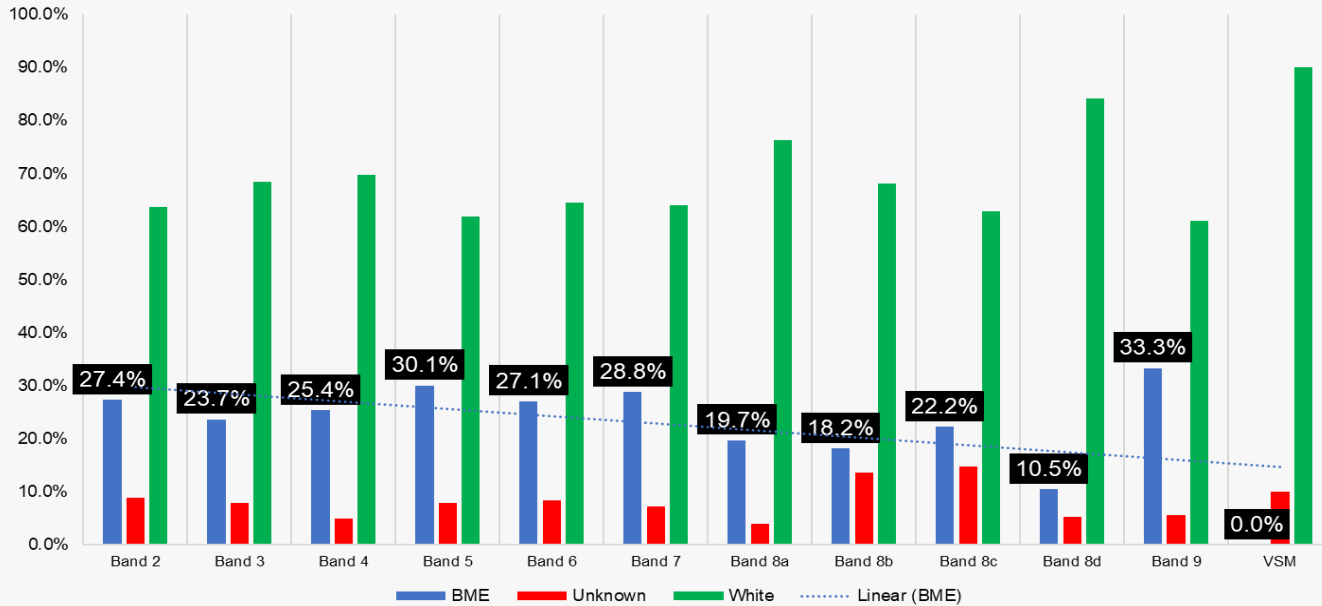
Data Narrative

- The majority of our multicultural colleagues are within Band 5 and Band 2 roles.
- This is due to the high % of multicultural colleagues in Nursing and Health Care Assistant roles.
- The lowest representation is within Band 8d and VSM.
- Significant decrease in representation as the bands increase.
- Unknown ethnicity information is particularly high around the lower bands and some of the higher posts (8b and VSM). This is an especially notable variance that could potentially skew the data further.
- There is still further work needed to obtain proportional representation across all bandings however year on year improvements are being seen.



WRES Indicator 1b: Representation - Band 1-9 and VSM (Non-clinical)

Non-Clinical



Data Narrative- this slide shows the representation breakdown within Afc Non-Clinical roles

2023 multicultural representation was – 24.1%

2024 multicultural representation has increased to - 25.3%

The graph does not demonstrate the ceiling effect to the same extent as proportional representation is being achieved across several bands.

Nevertheless, overall representation still tapers off with the higher bandings, as seen below, except for band 9.

- Our **declines** from 2023 are within Band 3, Band 8a and VSM
- Our biggest **improvements** from 2023 are within Band 4, Band 6 and Band 8c
- Our CFO (Chief Finance Officer) post was vacant at the time of the data cut, affecting the 17.65% decline and ongoing recruitment process.
- Next year, we will review progression data to see if differences/declines between bands have any correlation to internal career progression.

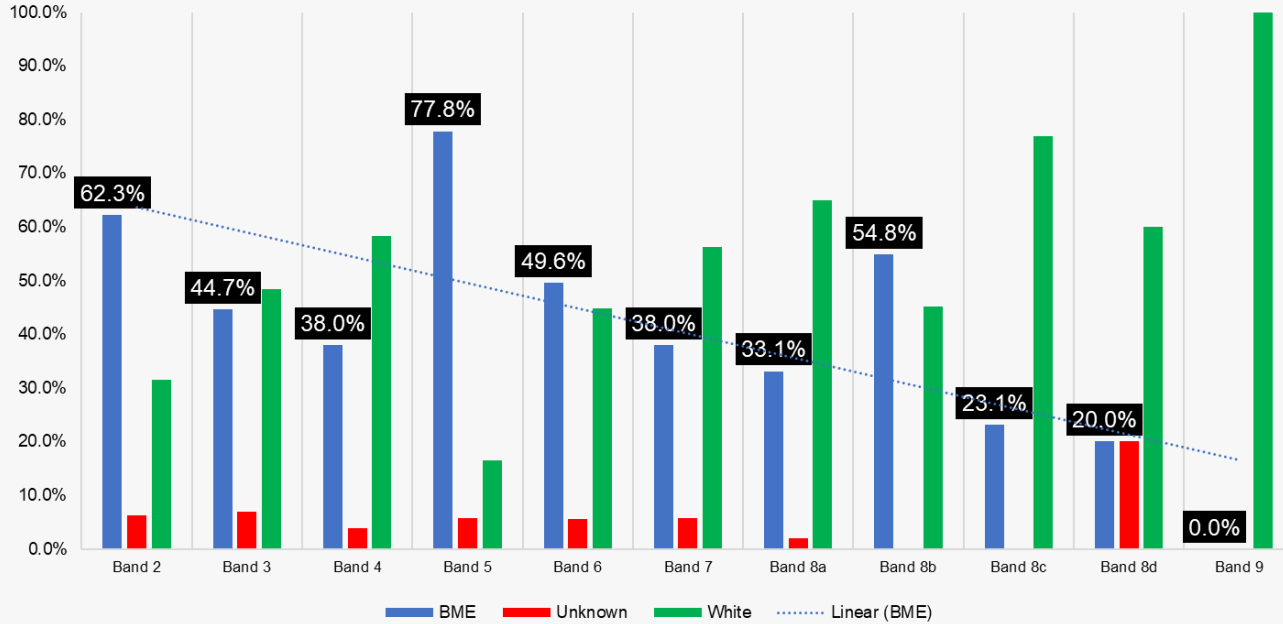
Non-Clinical BME	2024	2023	Diff		Non-Clinical	BME	Unknown	White	Grand Total
Band 2	27.39%	24.70%	2.69%		Band 2	43	14	100	157
Band 3	23.68%	25.25%	-1.56%	▼	Band 3	72	24	208	304
Band 4	25.37%	21.83%	3.54%		Band 4	104	20	286	410
Band 5	30.06%	28.85%	1.22%		Band 5	49	13	101	163
Band 6	27.10%	23.53%	3.57%		Band 6	29	9	69	107
Band 7	28.83%	28.71%	0.12%		Band 7	32	8	71	111
Band 8a	19.74%	23.88%	-4.14%	▼	Band 8a	15	3	58	76
Band 8b	18.18%	18.18%	0.00%		Band 8b	8	6	30	44
Band 8c	22.22%	17.24%	4.98%		Band 8c	6	4	17	27
Band 8d	10.53%	10.53%	0.00%		Band 8d	2	1	16	19
Band 9	33.33%	33.33%	0.00%		Band 9	6	1	11	18
VSM	0.00%	17.65%	-17.65%	▼	VSM	0	1	9	10

To note: this does not include non-execs



WRES Indicator 1b: Representation - Band 1-9 and VSM

Clinical



Data Narrative- this slide shows the representation breakdown within Afc Clinical roles

2023 multicultural representation was – 53.2%

2024 multicultural representation has increased to – 57.1% (this is a **3.9%** increase from 2023 and higher than the overall workforce percentage)

Notably, significant year of year increases are due to large scale international recruitment. However, due to international recruitment being paused and more focus on local pipelines, we expect these year or year increases to slow.

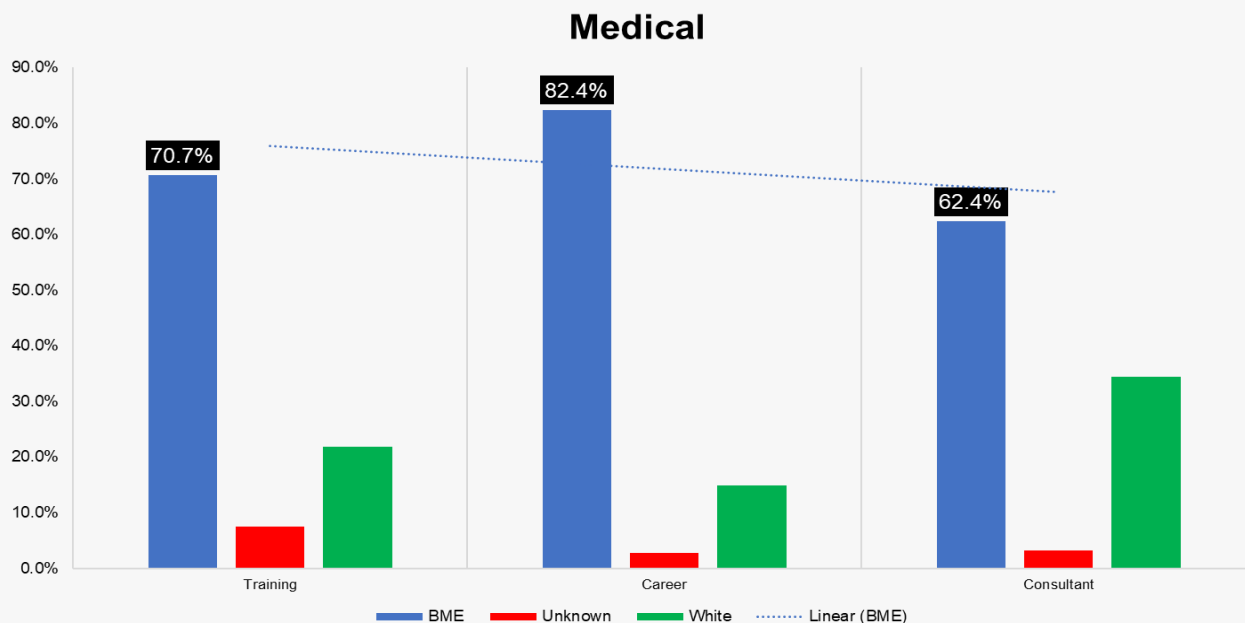
- Our **declines** from 2023 are within Band 3, Band 4, Band 8a and Band 9
- Our biggest **improvements** from 2023 are within 8b and 8c with notable increases and no unknowns
- Band 8d is the only band with no change
- The multicultural overrepresented in Band 2 (62.29%) and particularly Band 5 (77.83%), is largely attributed to international nurses. Both of which have increased on last year.
- This aligns with the national picture whereby multicultural representation is highest in this banding, which is the base grade for registered nurses.
- Proportional representation decreases more significantly than non-clinical roles in terms of banding

Clinical BME	2024	2023	Diff
Band 2	62.29%	56.68%	5.60%
Band 3	44.67%	53.61%	-8.94%
Band 4	37.97%	40.12%	-2.14%
Band 5	77.83%	72.85%	4.98%
Band 6	49.60%	46.82%	2.79%
Band 7	37.97%	33.68%	4.29%
Band 8a	33.12%	34.42%	-1.29%
Band 8b	54.84%	48.28%	6.56%
Band 8c	23.08%	20.00%	3.08%
Band 8d	20.00%	20.00%	0.00%
Band 9	0.00%	33.33%	-33.33%

Clinical	BME	Unknown	White	Grand Total
Band 2	403	40	204	647
Band 3	109	17	118	244
Band 4	60	6	92	158
Band 5	853	62	181	1096
Band 6	375	42	339	756
Band 7	191	29	283	503
Band 8a	52	3	102	157
Band 8b	17	0	14	31
Band 8c	3	0	10	13
Band 8d	1	1	3	5
Band 9	0	0	2	2

To note: this does not include non-execs

WRES Indicator 1b: Representation - Medical



Data Narrative - this slide shows the representation breakdown within medical roles

2023 multicultural representation in all medical roles

Medical – 66.4%

2024 multicultural representation in all medical roles

Medical – 70%

- We have seen improvements in all grades within the medical roles
- However, the highest figures for multicultural doctors who are not in a formal training programme or consultant posts.
- In line with consultants, they have access to a study budget of £1,000 per year and 30 days over 3 years for parity.

Medical BME	2024	2023	Diff
Training	70.71%	65.93%	4.78%
Career	82.42%	80.47%	1.95%
Consultant	62.38%	61.15%	1.24%

Medical	BME	Unknown	White	Grand Total
Training	198	21	61	280
Career	150	5	27	182
Consultant	199	10	110	319

To note: this does not include non-execs

Actions taken during 2023 – 2024

- Recruitment of an SAS and LED tutor, responsible for medical training, career guidance, and pastoral support.
- Bi-monthly meetings to discuss MWRES data.
- Submitted a bid to NHSE EoE for funding to support a SAS programme of courses (each course is expected to accommodate 20 doctors).
- IMG trainees are provided with an enhanced induction program at the foundation year level, this is a two-week induction before the Preparing for Professional Practice week.



WRES Indicator 2: Recruitment

Recruitment Indicator 2 - 2024	BME	White	Unknown
Number of shortlisted applicants	4275	1755	310
Number appointed from shortlisting	529	326	82
Likelihood of shortlisting/appointed	12.4%	18.6%	26.5%
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	▼	1.50	

To note: A figure about 1:00 indicates that white candidates are more likely than multicultural candidates to be appointed from shortlisting

Data narrative

The 2023 national average was 1.59 and in East of England was 1.46. (we are therefore better than the national and slightly under EOE)

- Although we shortlisted and appointed more multicultural candidates than White, our overall ratio shows White are 1.5 times more likely to be appointed from shortlisting than multicultural candidates.
- No monitoring information is shared, shortlisting is blind.
- Due to a higher number of multicultural applicants applying for roles with one appointment this could impact this data.
- It is important to note some VSM, and executive posts along with international recruitment campaigns are not included in the TRAC reporting so could impact this data.
- 75% of Trusts have this imbalance where white applicants are more likely to be appointed and is considered the most difficult metric to change.

Actions taken during 2023 – 2024

- We collaborated with our TRAC provider to understand the reporting system related to shortlisting and appointment numbers, and to develop a more accurate methodology.
- A soft launch of Values based recruitment as part of the selection process in September 2023, this included a new interview assessment form and scoring matrix that incorporated values into the overall decision-making process and to actively encourage diverse panel members were present on all job roles for 8a and above.
- Updated recruitment and selection policy.
- Delivered a selection of recruitment events across the year to support community engagement.
- To note: international nursing campaigns are currently paused (December 2023) and therefore may impact data for next year.

Employee Relations Indicator 3 - 2024	BME	White	Unknown
Number of staff entering the formal disciplinary process in the financial year	8	6	1
Likelihood of staff entering the formal disciplinary process	0.27%	0.24%	0.29%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	▲	1.13	

To note: A figure about 1:00 indicates that multicultural staff are more likely than white staff to enter the formal disciplinary process

Data narrative

- Continuous year on year improvements (2021, **2.00**, 2022, **1.53**, 2023, **1.13**). This shows we are moving towards more equitability demonstrating that the actions implemented have made an impact.
- This year for formal disciplinary cases, maintaining high professional standards for doctors (MHPS) cases was included in line with reporting requirements.
- We have undertaken a deep dive, by looking at additional data cuts to further understand the situation and to identify actions that will have the most meaningful impact.

Actions taken during 2023 – 2024

- Updates made to disciplinary policy, special leave policy, flexible working policy and grievance policy to be more compassionate and supportive to staff.
- The disciplinary process has been revised and a pre-liminary assessment form and independent triage panel have been introduced. This process supports consistency and fairness in the incident review, emphasising learning, and informal resolution.
- EDI representation included on all triage panels.
- A quarterly audit tool has been implemented to track the number of formal & informal investigations.
- New HR system (caseworker) launched in June 2024 to effectively manage both formal and informal disciplinary cases.



WRES Indicator 3: Formal disciplinary cases – Afc & MHPS

To note: The small numbers involved could impact the calculations and cause various year on year.

Employee Relations Indicator 3 - 2024 (Without MHPS Cases)	BME	White	Unknown
Number of staff entering the formal disciplinary process in the financial year	6	6	1
Likelihood of staff entering the formal disciplinary process	0.20%	0.24%	0.29%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	▲ 0.85		


MHPS	BME	White	Unknown
Number of staff entering the formal disciplinary process in the financial year	2	0	0

Data Narrative

- National requirements for the Trust to report all formal disciplinary cases as one, locally we have reviewed both Afc and MHPS separately as they are two separate processes.
- This year we had 4 MHPS cases of which 2 were disciplinary related.
- The data shows us that the Afc process does not have a discriminate effect, with equity improving significantly compared to 1.53 in the previous year when the report just included Afc data.
- However, all MHPS involve multicultural – this has influenced the overall score on the previous slide and demonstrated that actions for 2024/2025 need to be more focused on MHPS
- A relative likelihood for MHPS cannot be calculated due to no white or unknown numbers.

Actions taken during 2023 – 2024

- Undertaken review of MHPS policy & procedures.
- A proposal has been circulated to reform the existing policy, including preliminary inquiry stage and informal resolutions.
- Regular engagement and feedback sessions to support the review of the procedure.

Training Indicator 4 - 2024		BME	White
Number of staff accessing non-mandatory training and CPD in the financial year		653	486
Likelihood of staff accessing non-mandatory training and CPD		21.9%	19.3%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff			0.88

To note: A figure about 1:00 indicates white staff are more likely than BAME staff to access non-mandatory training and CPD

Data Narrative

- We are seeing year on year improvements in this metric (0.26 difference) as well as being more comprehensive in our data capture as it includes apprenticeship, CPD, leadership, and bitesize learning.
- However, it does not capture all non-mandatory training e.g. QI and corporate nursing led sessions. Moreover, sessions such as simulation do not capture ethnicity
- To consider that this does not reflect the perception of career development within this report and further data collection is needed to understand those who are not able to access courses (for example recording expressions of interest).

Actions taken during 2023 – 2024

- Increased our data collection as last year we used CPD data only.
- We now have an online portal for apprenticeship data collection.
- TNA process has been redeveloped to look at all staff groups and divisions have been provided with demographic details to support equitable development. TNAs are also looking at the whole education piece such as internal courses, management training, and apprenticeships.
- Collaborative working with staff networks to improve communication and offer access to training ahead of wider workforce.



WRES Indicator 5: Bullying and Harassment (patients & public)

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

	2021	2022	2023
White staff: Your org	28.06%	28.92%	23.92%
All other ethnic groups*: Your org	29.36%	32.16%	31.00%
White staff: Average	26.47%	26.91%	24.72%
All other ethnic groups*: Average	28.84%	30.82%	28.11%

Data narrative

- Multicultural staff face higher levels of bullying & harassment from service users than white staff.
- This is an improvement from last year of 1.16%, but still above the national average.
- The national picture shows that it remains a concern that more than 1 in 4 of any ethnicity experience abuse or harassment from the public, and that there is an upward trend for this in most regions.
- Previously the focus has been on workforce behaviours and how we treat each other with kindness and compassion.
- This year, linked to our new Trust values and behaviours, we will run a separate campaign aimed at patients, relatives, and the public.



WRES Indicator 6: Bullying and Harassment (colleagues)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

	2021	2022	2023
White staff: Your org	23.40%	22.79%	22.73%
All other ethnic groups*: Your org	23.64%	26.70%	23.19%
White staff: Average	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.53%	28.81%	26.20%

Data narrative

- The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was slightly higher for multicultural staff (23.19%) than for white staff (22.73%).
- This pattern has been similar for the last 3 years.
- However, this year we have seen a significant improvement of a **3.51%** difference from last year, at its lowest since 2019.
- We are also below the national average.
- We recognise that improvements are still needed, our new Trust values and behaviours will set expectations of what behaviours are acceptable and not acceptable.

Actions taken during 2023 – 2024

- The Trust has signed the Sexual Safety in Healthcare – organisational charter.
- The Trust has signed the Anti-racism pledge with divisional sign up. An Anti-racism policy has also been developed and launched.
- The Trust ran a campaign to redesign, through co-creation, the new Trust wide values. Working across the organisation to refine and finalise our behavioural framework aligned to our new Trust values.
- Freedom to Speak Up training made mandatory for all our staff.
- Several specific recruitment campaigns have recently taken place to attract Champions from specific areas of the trust and diverse backgrounds.
- The FTSU training includes a section on how to manage difficult conversations and active listening skills. A section on 'active listening' has also been added to our Manager's Guide to Freedom to Speak Up.
- The Difference Matters and Respect Me projects have provided an insight and assessment of employee opinions and experiences of our speak up service with valuable insights into the underlying beliefs and behaviours contributing to a our speak up culture. The Difference Matters project was aimed at all our staff who do not describe themselves as UK White.



WRES Indicator 7: Equal opportunities for promotion and development

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

	2021	2022	2023
White staff: Your org	57.96%	58.32%	57.59%
All other ethnic groups*: Your org	50.29%	48.74%	48.65%
White staff: Average	58.64%	58.65%	58.84%
All other ethnic groups*: Average	44.56%	47.00%	49.64%

Data narrative

- A lower percentage of multicultural staff (48.65%) than white staff (57.59%) felt the Trust provides equal opportunities for career progression or promotion (8.94% difference).
- This data reflects the Staff Survey free text comments and verbal feedback we receive from staff on the perception of not having equal opportunities.
- For consideration, this Staff Survey question doesn't align with the indicator 4 data, and therefore, further work to explore this deeper is needed for next year.

Actions taken during 2023 – 2024

- The Trust celebrated National Learning at Work Week across all our sites.
- Bespoke sessions were offered for the Staff Networks.
- We have partnered with the Chamber of Commerce to deliver a series of courses.
- We have assigned a communication lead within the L&D team to improve awareness and communication of the services available to staff.
- We have promoted any ICB/ EoE career development opportunities for ethnic minority staff.
- Trained multicultural colleagues to become career coaches to support career progression for other multicultural colleagues, acting as mentors/ role models and creating.

Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months

	2021	2022	2023
White staff: Your org	6.85%	6.54%	8.24%
All other ethnic groups*: Your org	14.18%	15.14%	13.47%
White staff: Average	6.67%	6.52%	6.73%
All other ethnic groups*: Average	17.28%	17.33%	16.17%

Data narrative

- A higher percentage of multicultural staff (13.47%) than white staff (8.24%) experienced discrimination from other staff.
- This is an improvement from last year of 1.67%.
- This is below the national average of 16.17%.

Actions taken during 2023 – 2024

- The Trust has signed the Anti-racism pledge with divisional sign-up. An Anti-racism policy has also been developed and launched.
- Reviewed and updated the EDI policy.
- Reviewed and updated our EIA form and guidance.
- The EDI mandatory training module is being redeveloped to become more localised to our Trust and the Trust's EDI commitment and agenda.
- Cultural and interpersonal awareness sessions have been incorporated within leadership and steps are being taken to look at developing standalone sessions with an accompanying engagement plan.



WRES Indicator 9: Board voting membership

Trust Board 9 - 2024	BME	White	Unknown
Total Board members	18%	71%	12%
of which: Voting Board members	25%	67%	8%
: Non Voting Board members	0%	80%	20%
of which: Exec Board members	13%	88%	0%
: Non Executive Board members	22%	56%	22%
Number of staff in workforce	51%	43%	6%
Difference (Total Board - Overall workforce)	-33%	27%	6%
Difference (Voting membership - Overall Workforce)	-26%	23%	3%
Difference (Executive membership - Overall Workforce)	-38%	44%	-6%

Data narrative

- As of 31st March 2024, our Board representation of 17.65% is not reflective of our overall workforce representation of 50.9%.
- This is a variance of 33% which is an increase from last year.
- However, since the 31st of March, we have had changes in the Board team that would impact this data.

Our five year Trust strategy that launched on 4 April 2024 highlights the below;

Continuously strive to ensure everyone feels welcome, included, and supported in achieving their full potential. We will address discrimination – direct and indirect – through behaviour, policies, practices and cultures.

This commitment supports our WRES action plan and means:

- Demonstrating inclusive and compassionate leadership behaviours, proactively advocating the inclusion agenda and challenging unwanted behaviours.
- Building an inclusive, anti-discriminatory workplace by combatting racism, bullying, discrimination and harassment.
- Improving proportional representation of ethnicity, gender, disability and sexual orientation in all roles and bands.
- Debiasing recruitment and access to development to drive career progression, leadership, and promote diversity of thought.
- Continuing to invest in staff health and wellbeing to reduce health inequalities, increase resilience, and engagement.
- Fostering collaborative relationships across the Trust.
- To increase the view of multicultural staff believing that trust provides equal opportunities for career progression or promotion.

 Our vision, values and priorities

Excellent patient care, together

Empowered



We are all listened to and are accountable for what we do. We achieve our potential through continuous learning, teaching and education.

Compassionate



We care about patients and colleagues. We always support each other and show kindness by considering the impact of our actions and decisions.

Professional



We set high standards for ourselves and others, delivering brilliant basics every day. We are calm, measured, fair and respectful; and commit to continuous improvement.

Inclusive



We value diversity and individuality in all its forms. We actively seek contributions from patients, partners, and colleagues. We speak out against discrimination.

The next few slides show our action plan aligned to the WRES indicators, High Impact Actions & NHS People Promise.

Career progression

WRES indicator - 2, 4, 5, 6, 7, 8 & 9

People Promise – We are always learning, We each have a voice that counts, We are a team

High Impact Actions - 1 & 2

Priority area	Action & timeline	Lead
Career development	<ul style="list-style-type: none"> To improve the promotion and communication of all training and learning opportunities available (ongoing). Provide support and training for colleagues who need preparation for job interviews, job applications, or CV writing (September 2024). Pilot “Scope for Growth – Career Conversations” as part of an approach to talent management and consider how this can be rolled out within the organisation with consideration towards a targeted approach for global minority staff (January 2025). Develop an enhanced development provision for SAS, LED and IMG doctors (October 2024). 	<ul style="list-style-type: none"> Head of L&D
Embed Values based recruitment (VBR) across all roles to improve consistency of selection and promotion processes	<ul style="list-style-type: none"> Revise existing VBR documentation to reflect new values (interview assessment forms, JDs, Adverts, Q bank) (July 2024). Provide guidance and resources to assist recruiting managers with the application of VBR (including values-based questions to support managers (August 2024). Revise and overhaul policy – obtain feedback and approval from associated governance groups. (September 2024). Make diverse panels mandatory for 8a and above (October 2024). Reasonable adjustment guide developed with ICB for consistency (October 2024). Training programmes for managers - selection and assessment and cultural awareness bias. Interview and assessment preparation support for internal candidates (September 2024). Improve communication channels. Launch the new recruitment & selection toolkit for managers with focus on reducing bias in recruitment & selection, and ensuring our processes are inclusive. 	<ul style="list-style-type: none"> Head of recruitment & Workforce Improvement Lead
Embed our Trust value – Inclusion	<ul style="list-style-type: none"> In line with the new Trust values, to develop a new talent based appraisal (including wellbeing & flexible working) (November 2024). Include an EDI objective as part of the annual appraisal for all staff (November 2024). Promoting our Trust Board’s commitment to our new Trust value inclusion (Summer 2024). 	<ul style="list-style-type: none"> People Promise Manager & Staff Experience Team
Improve data insights	<ul style="list-style-type: none"> Record demographic information of those enquiring for training (ongoing). Record demographic information for the simulation sessions (ongoing). Develop deeper analysis of the Trust data around career progression and multicultural Nursing & Midwifery career development journeys with targeted engagement to increase diversity (September 2024). 	<ul style="list-style-type: none"> L&D simulation & Staff Experience Team

Staff Experience

WRES indicator 1, 5, 6, 7, 8 & 9

People Promise – We are safe and healthy, We are compassionate and inclusive, We are recognised and rewarded, We are a team

High Impact Actions 1, 5, 6 & 8

Priority area	Action & timeline	Lead
Foster good relations and understanding between colleagues and lived experiences	<ul style="list-style-type: none"> Continue to grow our reciprocal mentoring programme to increase understanding and shared experiences of different lived experiences (next Cohort October 2024). Increase and embed our cultural and interpersonal awareness sessions with standalone sessions provide bitesize sessions to improve accessibility and engagement plans (September 2024). Roll out active bystander training (September 2024). Launch a new EDI training module with wider engagement across all roles (August 2024). Review and update internal internet pages including Wellbeing & EDI (September 2024). Show the Trust's commitment to our staff networks by introducing protected time to our Staff network chairs and developing local action plans per staff network to make meaningful improvements (July 2024). 'Staff Diversity Census' with a focus on information and communication, ensuring we reach all staff groups (September 2024 & March 2025). 	Head of Staff Experience & Workforce Improvement Lead
Reduce the conditions in which bullying, discrimination, harassment, and physical violence at work occur	<ul style="list-style-type: none"> Develop a new communication campaign to reduce abuse from patients/ visitors (summer 2024). Promote the Trust's anti-racism commitment and policy and celebrate action that shows this being embedded across the organisation (July 2024). Develop anti-racism and anti-bullying and harassment toolkit (September 2024). Progress actions related to the Sexual safety charter (in line with NHS England timeline August 2024). Roll out campaign during anti-bullying week (working with hotspot areas to target issues in specific teams) (November 2024). Holding regular 'big conversations' with senior leaders and safe spaces for staff networks (summer 2024). Work with key stakeholders to raise the profile of race equality across the Trust, including the development of Allies (August 2024 ongoing). 	Workforce Improvement Lead
Embed our Trust value – Inclusion	<ul style="list-style-type: none"> Launch and embed new Trust values behavioural framework (July 2024 onwards). Develop an Equality, Diversity & Inclusion strategy with a refreshed set of strategic equality objectives (September 2024). 	AD of OD & Culture
Board members to have measurable EDI objectives	<ul style="list-style-type: none"> Deliver an EDI/ Culture programme for the Board team over 12-18 months (September 2024 onwards). To add the new Board EDI objectives into the Board Assurance Framework to ensure it is being actioned and measured (July 2024). 	AD of OD & Culture & CPO
Improve data insights	<ul style="list-style-type: none"> To undertake a detailed pay gap review with an external consultant to develop impactful recommendations (August 2024). Introduce a divisional diversity dashboard to look at representation across different staff groups and to consider intersections such as ethnicity and gender together (September 2024). 	AD of OD & Culture & Head of Staff Experience

HR Processes

WRES indicator 3, 5, 6, 7, 8 & 9

People Promise We are compassionate and inclusive

High Impact Actions 6

Priority area	Action	Lead
Reduce the conditions in which bullying, discrimination, harassment, and physical violence at work occur.	<ul style="list-style-type: none"> To explore developing a resolution framework (ongoing). Hold regular engagement and feedback sessions on HR processes (ongoing). 	AD of Operational HR
Formal processes	<ul style="list-style-type: none"> Implement MHPS toolkit to support referrals (August 2024). To implement a triage panel for MHPS to check and challenge whether referrals need to enter formal processes (August 2024). Launch the new Equality Impact Assessment (EIA) form and guidance and improve competency around the process (August 2024). 	AD of Operational HR & Workforce Improvement Lead
Divisional awareness and engagement	<ul style="list-style-type: none"> To regularly inform our senior managers, middle managers, and the wider workforce of the Trust EDI agenda and priorities (July 2024 ongoing). Regular discussions at relevant management meetings on the EDI agenda to empower divisions to develop local priorities and action plans (July 2024 ongoing). Introduce EDI KPIs to divisional performance (in line with the launch of new performance). To review the current EDI Steering Committee to include a wider representation and involvement from divisions (July 2024). 	AD of OD & Culture & Head of Staff Experience & Workforce Improvement Lead & HRBP's