Workforce Race Equality Standard (WRES)

Trust Report 2024 & Action Plan for 2024-25

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Contents

EXECUTIVE SUMMARY

This ninth annual Trust WRES Report and associated action plan is produced in compliance with the NHS Standard Contract, for publication and national benchmarking.

Overall, the Trust has seen a continued general improvement annually in our WRES indicators on an annual basis since the WRES was introduced. However, this year we see indications of a slowing rate of progress and decline in some key measures.

What's Improved:	What's Worse:
Improved on 4 measures, including: ✓ Overall Global Majority Heritage workforce representation ✓ Trust Board Global Majority Heritage representation ✓ Reduced Harassment, Bullying and Abuse from service users / public significantly ✓ Reduced Harassment, Bullying and Abuse from staff slightly	Worse on 4 measures, including: ! Recruitment score ! Disciplinary measure ! Belief in equal opportunities for career progression ! Discrimination at work from a manager/team leader or other colleagues

Key Messages
1. Global Majority colleagues are under-represented in most pay-bands, both non-clinical and clinical (except Clinical Band 5 and medical)
2. Global Majority colleagues have poorer experiences, particularly in relation to HBA and discrimination from service users, from staff and from managers
3. The disciplinary measure is a concern this year

   There remains a significant gap between white and Global Majority staff on perceptions of equal access to career progression

What we've done
We have refocussed our approach to Inclusion and Belonging and continuing to grow our culture of inclusion. Key work delivered in this period:-
1. Begun debiasing our recruitment and selection processes
2. Launched our Anti-Racism approach
3. Worked to reduce and prevent racial violence and aggression and HBA
4. Made explicit the responsibility for EDI and race inclusion through all our workforce, and increased leadership accountability

What we'll do as a result - Priorities for action 2024-25
In 2024-25 we are prioritising work on continuing to debias our people processes, with a particular focus on inclusive recruitment and talent management and targeted application of career conversations for Global Majority colleagues.

NSCHT Workforce Race Equality Standard (WRES) Report 2024

1.0 INTRODUCTION

The Workforce Race Equality Standard (WRES) is mandated annually as part of the NHS Standard Contract. We are accountable to NHS England, the Care Quality Commission (CQC) and to our local Integrated Care Board (commissioners) regarding meeting this obligation.

The WRES supports us to develop our Trust ambition to provide **outstanding inclusion** for all of our workforce as set out in our Combined People Plan 2023-28, see also section 4 for summary), our Trust Inclusion and Belonging Strategic Plan 2024-28 and to deliver against our Trust commitment to (The RACE Code). It also enables our performance on race inclusion to be monitored and benchmarked against comparator NHS organisations nationally.

This report contains the Trust's ninth annual WRES performance and our associated action plan. This will be published on our website and shared with NHS England and our ICB commissioners, as well as being reviewed as part of any CQC inspection processes as may be required. Performance against the 9 WRES indicators is illustrated in chart, table & narrative form.

Note: While the M-WRES (Medical WRES) and Bank-WRES were introduced in 2023, there is no requirement to undertake these additional processes in 2024. This report does, however, include summary data on the ethnicity of our medical and bank workforces for the purpose of internal monitoring and oversight.

1.1 TRUST WRES SUMMARY PERFORMANCE 2024

Overall, the Trust has seen improvement in a number of key WRES indicators on an annual basis since the WRES was introduced. This year we have seen some concerning potential indications for a slowing of progress and decline in one or two key measures (see below). Section 2.1 sets out a summary of Trust performance each year since 2018. National progress is set out in the chart at 2.2.   Section 3 holds more detailed analysis of Trust performance against national performance for each individual indicator.

What's Improved:
Improved on 4 measures, including:
- ✓ Overall Global Majority Heritage workforce representation (from 9.9% to 11.11%)
- ✓ Trust Board Global Majority heritage representation (to 21.43%, including a Global Majority NED for the first time)
- ✓ Reduced Harassment, Bullying and Abuse from Service Users / Public significantly (from 40.5% to 30.2%)
- ✓ Reduced Harassment, Bullying and Abuse from Staff slightly (from 22.1% to 20.8%)

What's Worse:

Worse on 4 measures, including:

- ! Recruitment score [worse (up) from 1.14 to 1.21]
- ! Disciplinary measure [worse (up) from no cases to score of 1.83]
- ! Belief in equal opportunities for career progression (down from 67.4% to 63.8%)
- ! Discrimination at work from a manager/team leader or other colleagues [worse (up) from 12.8% to 16.0%]

Key Messages

1. Global Majority staff continue to be significantly under-represented across the Trust in the majority of pay bands, non-clinical and clinical, with the exception of medical and band 5 clinical
2. One in 3 Global Majority Heritage staff have experienced HBA from service users and the public and one in 5 staff and
3. 16% of Global Majority Heritage staff have experienced discrimination at work (compared to <5% of White staff)
4. The disciplinary measure is a concern this year, although this is based on just 3 disciplinary cases involving Global Majority Heritage colleagues in 2023-24 (prone to skewing due to small size of organisation, small number of disciplinary cases and relatively small Global Majority Heritage workforce)
5. The gap between Global Majority and White staff on Bullying and Harassment from staff and managers has improved dramatically since 2018
6. The gap between Global Majority and White perceptions of equal opportunities remains significant

1.2 WHAT WE'VE BEEN DOING

Working to advance race diversity and inclusion has continued to be a high priority for the Trust. 2023 saw the creation of a new Combined People Plan 2023-28 with *Inclusive and Representative* at its very heart. We have continued to take a high-profile and multi-faceted approach to delivering on this specific agenda, including continuing our RACE Code journey and delivering wide-ranging education and learning for inclusion. In 2023-24 we refocussed our approach with the launch of our Inclusion and Belonging Strategic Plan 2024-28 and continuing to grow our culture of inclusion. Key work delivered in this period is summarised below. Further detail on progress with 2023-24 action is outlined in section 4.0 and Appendix 1.

1. Debiasing our people processes, particularly developing more inclusive recruitment processes (in particular using the work of Roger Kline and learning from recent NHS discrimination cases)
2. Launched our Anti-Racism Statement and begun work to deliver against this, including EDI objectives for our executive team
3. Taken steps to prevent and better respond to racial violence and aggression / HBA through developing our Just, Fair and Restorative Culture of Civility and Respect approach and change programme
4. Worked to make EDI and race inclusion everyone's business, including supporting leaders to take greater responsibility for their EDI data

1.3 PRIORITIES FOR ACTION 2024-25

Our WRES priorities for action for 2024-25 are summarised as below:-

1. **Debiasing of our people processes**, especially retention, recruitment and selection, career development and progression, disciplinary and capability processes and our workplace / reasonable adjustments approach

2. 'High visibility' focus around **anti-discriminatory approach**, creating a **great place to work** for all

3. **Reducing inequalities and health inequalities** in the Global Majority workforce

4. **Educating for Inclusion** – focus change away from positive action development programmes ('deficit model') towards programmes for the wider workforce, ensuring an environment in which diverse colleagues can thrive. Ensuring equitable or positive action access to development and career progression for diverse candidates. To include a focus on educating about our anti-racism approach and responding effectively to incidents of abuse, discrimination and incivility.

Figure 1: Trust Inclusion and Belonging Priorities, 2024-25

1.4 RECOGNISING DIVERSE ETHNIC IDENTITIES

It is important to recognise in this introduction that – far from being a homogenous group - the broad grouping as Global Majority belies a great diversity of cultures, national / continental backgrounds and identities. It is also recognised that some international ethnic identities are not recognised by the coding for ESR, leaving some colleagues unable to capture their specific ethnic identity.

Chart 1 below illustrates the Trust's many diverse ethnic identities, as self-reported by Trust staff in ESR. It is noted that by far the greatest grouping is Black / Black British – African. This is followed by Asian Indian, Pakistani and other Asian identities.

Whilst the majority of our plans to develop race inclusion will apply to all of our Global Majority workforce, we will endeavour to identify where there are particular issues and challenges for individual groups and may, on occasion, develop targeted plans for specific ethnic groups where the data suggests there is particular need for this approach to help us to attain more equitable outcomes.

Ethnicities recorded at NSCHT (ESR data as at 31.03.24)
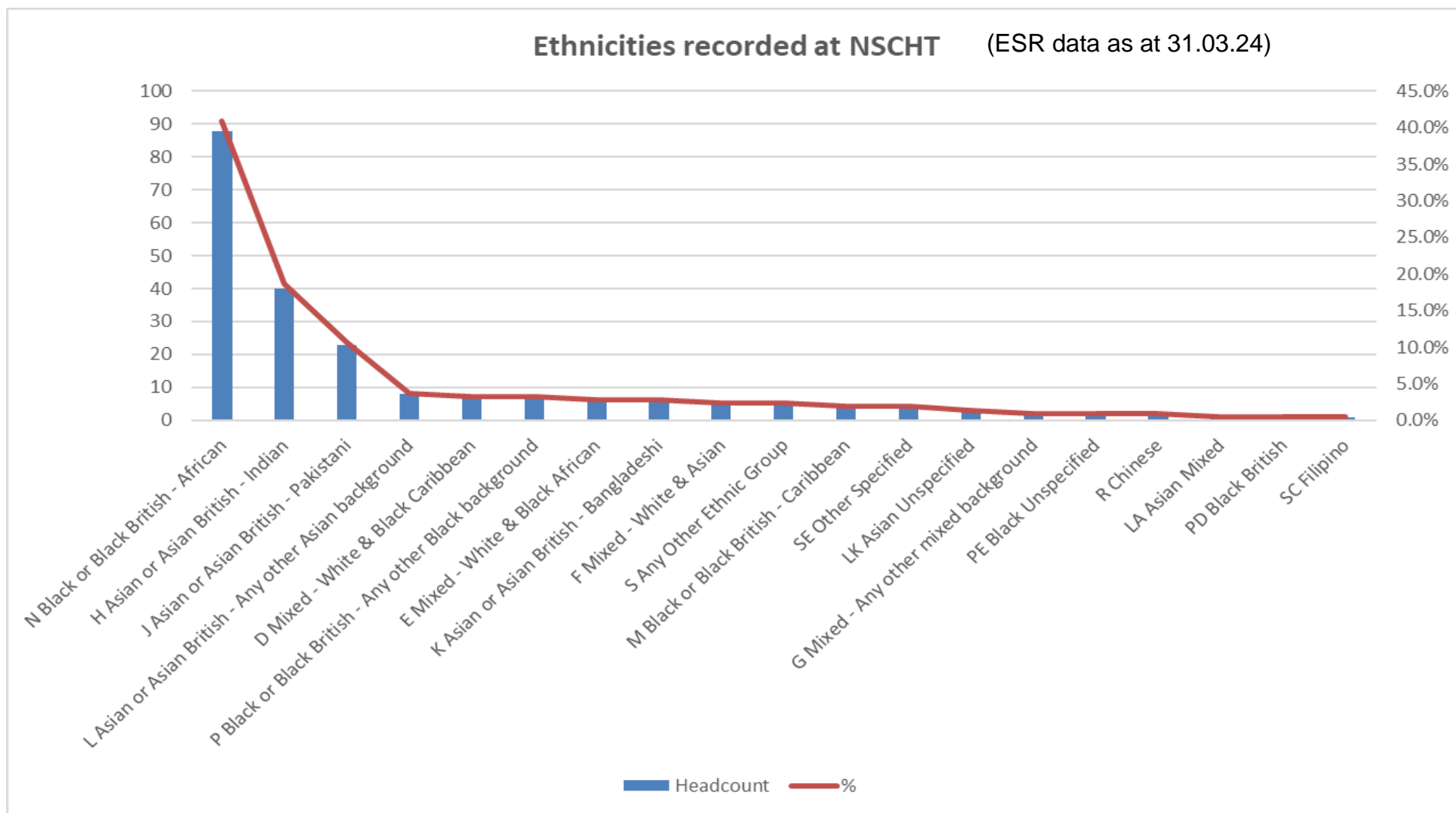
Chart 1: Trust Global Majority Ethnicities represented (headcount and percentage) as at 31.3.24 (source: ESR data)

2.0 2024 WRES OVERVIEW

2.1 TRUST SUMMARY PERFORMANCE OVER TIME AGAINST THE 9 WRES INDICATORS

Ind	Detail		2018..	..2021	2022	2023	2024	Trend chart	Trend 2023-24
1	W/F ethnic diverse profile (compared to local population (11.2%) _____)		6.5%	8.2%	9.1%	9.9%	**11.11%**		
2	Recruitment measure*		1.96	1.3	1.27	1.14	**1.21**		
3	Disciplinary measure*		10.52	4.35	0.00	0.00	**1.83**		
4	Training measure*		0.95	0.67	0.47	0.83	**0.74**		
5	HBA from patients / public*	Global Majority	43.3%	27.3%	30.1%	40.5%	**30.21%**		
		White	31.2%	27.6%	29.0%	26.0%	24.60%		
6	HBA from staff*	Global Majority	36.7%	16.7%	23.3%	22.1%	**20.83%**		
		White	16.1%	15.4%	13.6%	16.9%	16.13%		
7	Belief in Equal Opps for career progression	Global Majority	31.0%	53.6%	61.6%	67.4%	**62.77%**		
		White	67.2%	67.9%	70.0%	68.2%	67.33%		
8	Discrimination at work*	Global Majority	20.7%	12.5%	14.9%	12.8%	**15.96%**		
		White	6.7%	4.3%	3.6%	5.2%	4.76%		
9	Board Membership (compared to local population - - - -)		15.4%	21.4%	20.0%	14.3%	**21.43**		

Table 1: Trust 2024 Performance against the 9 WRES Indicators, 2018-2024

KEY: *denotes indicators where a low score is better _____ Global Majority Heritage staff _____ White staff - - - - - - - denotes 'equal treatment' (1.00)

2.2 NATIONAL WRES RESULTS TO 2022 FOR COMPARISON PURPOSES

The chart below is taken from the **National 2023 Workforce Race Equality Standard (WRES) data analysis report** (NHS England, published 18 March 2024), depicting average national performance annually since 2016. This provides information on the direction of travel nationally, for comparison against Trust performance. Generally, it can be seen that Trust performance (see section above) is in line with the national trend over time.

WRES indicator		WRES Year								Trend (national)		2024 (MH trusts)
		2016	2017	2018	2019	2020	2021	2022	2023			
1 Percentage of BME staff	Overall*	17.7%	18.1%	19.1%	19.9%	21.1%	22.4%	24.2%	26.4%		• Overall	Not yet available
	VSM*	5.4%	5.3%	6.9%	7.6%	7.9%	9.2%	10.3%	11.2%		• VSM	
2 Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.60	1.45	1.46	1.61	1.61	1.53	1.59			
3 Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.56	1.37	1.24	1.22	1.16	1.14	1.14	1.03			
4 Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14	1.12	1.12			
5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.1%	28.4%	28.5%	29.7%	30.3%	28.9%	29.2%	30.5%		• BME	31.4%
	White	28.1%	27.5%	27.7%	27.8%	27.9%	25.9%	27.0%	26.9%		• White	22.7%
6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.0%	26.0%	27.9%	29.3%	28.4%	28.8%	27.6%	27.5%		• BME	21.0%
	White	24.0%	23.0%	23.4%	24.4%	23.6%	23.2%	22.5%	21.7%		• White	16.8%
7 Percentage of staff believing that their trust provides equal opportunities for career progression or promotion **	BME			47.5%	44.6%	45.6%	44.0%	44.4%	46.7%		• BME	50.5%
	White			61.1%	59.0%	59.7%	59.6%	58.7%	59.4%		• White	61.8%
8 Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.0%	14.5%	15.0%	15.3%	14.5%	16.7%	17.0%	16.4%		• BME	13.9%
	White	6.1%	6.1%	6.6%	6.4%	6.0%	6.2%	6.8%	6.6%		• White	6.0%
9 BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%	14.0%	15.6%			Not yet available

Table 2: National WRES Performance against the 9 Indicators 2016-2023 (2024 for staff survey derived data only)

3.0 TRUST PERFORMANCE BREAKDOWN BY THE 9 WRES INDICATORS

Indicator 1: Workforce profile: Trust Global Majority Heritage Workforce Representation (compared to local population)

Our aim at North Staffordshire Combined Healthcare is to be representative of our overall Global Majority heritage workforce through all bands (clinical and non-clinical) including after medical staff are excluded.   The Trust's overall Global Majority heritage workforce (bank excluded) has increased further to **11.11%.** This is our best rate ever and a continued significant increase on our 2023 rate of 9.9%. However, this falls very slightly short of the local Global Majority heritage population (identified as 11.17% from the 2021 census). [This rate has continued to increase, with a rate of 11.5% as at end Quarter 1 of 2024-25.]

With 61.11% of Trust medical staff having Global Majority heritage (58.8% in 2023), this professional group significantly over-represents for Global Majority heritage and this position somewhat bolsters the overall Trust ethnic diversity rate. A breakdown of our medical WRES data is included in Appendix 1. When medical staff are **excluded**, our Trust overall ethnic diverse workforce reduces to 9.25% (up from 8.0% in 2023).

Other non-clinical groups are generally under-represented for ethnic diversity. The exception is our nursing workforce, specifically band 5 nurses. Our non-clinical workforce still lags further behind in terms of Global Majority representation.

- Trust **Non-Clinical** Ethnic Diverse Workforce: **4.5%** (marginally up from 4.3% in 2023)
- Trust **Clinical** (Medical Excluded) Ethnic Diverse Workforce: **12.09%** when excluding medical staff (up from 9.1% in 2023)
- Trust **Overall** Workforce (excluding medical):   **9.25%** (whole Trust excluding medical, up from 8.0% in 2023)

Our **non-clinical representation** is consistently under-represented for ethnic diverse colleagues in all levels except for Band 8c (amounting to only one person) and Board membership. The lack of improvement made in non-clinical Global Majority Heritage representation is extremely disappointing, unacceptable and remains a strong priority for action. For our **clinical workforce**, the picture is similar, except for band 5 (predominantly nursing staff) where ethnic diverse colleagues are over-represented. This may be deemed to relate to disproportionately low rates of career progression from band 5 into more senior bands for Global Majority colleagues in comparison to white counterparts. Table 3 below shows that the Trust under-represents overall in all 'clusters', except for medical. Trust workforce ethnicity data as at 31st March 2024 is set out in the tables and charts below.

band/group	2023			2024		
	Global Majority	**White**	**Unknown**	**Global Majority**	**White**	**Unknown**
band <1-4	7.3%	89.9%	2.9%	**9.87%**	89.47%	0.66%
band 5-7	9.3%	89.6%	1.1%	**9.68%**	89.33%	0.99%
band 8a-9	3.5%	94.1%	2.4%	**3.74%**	96.26%	0.00%
Medical	58.8%	35.3%	5.9%	**61.11%**	37.50%	1.39%
TOTAL	**9.9%**	**88.0%**	**2.1%**	**11.11%**	**88.11%**	**0.78%**

Table 3 Summary Data – Whole Workforce 2024 – By 'Cluster' group

- **Data in the table shows our best yet ethnic diverse representation** (11.11%). Progress recorded in increasing diversity in all cluster groups.

- **Remains slightly below the local population rate of 11.17%** (from 2021 census) as at 31.3.24 (but surpassed in Q1, 24-25).

- **Key challenge remains around under-representation throughout majority of staff groups and bands, see below**

NSCHT Clinical staff workforce ethnicity 31.3.24

Shows clinical workforce under-representation in majority of bands, except bands 3 & 5 and Medical staff.

Local Global Majority Heritage population (11.17%)

	< Bd 1	bd 1	bd 2	bd 3	bd 4	bd 5	bd 6	bd 7	bd 8a	bd 8b	bd 8c	bd 8d	Medical
Global Majority	6.3%	0%	6.3%	18.0%	5.0%	21.1%	7.2%	6.4%	1.2%	3.7%	4.5%	0.0%	61.1%
White	93.8%	0%	93.8%	81.3%	94.2%	77.4%	91.7%	92.7%	98.8%	96.3%	95.5%	100.0%	37.5%
Not Known	0.0%	0%	0.0%	0.6%	0.7%	1.5%	1.1%	0.9%	0.0%	0.0%	0.0%	0.0%	1.4%

NSCHT Non-Clinical staff workforce ethnicity 31.3.24
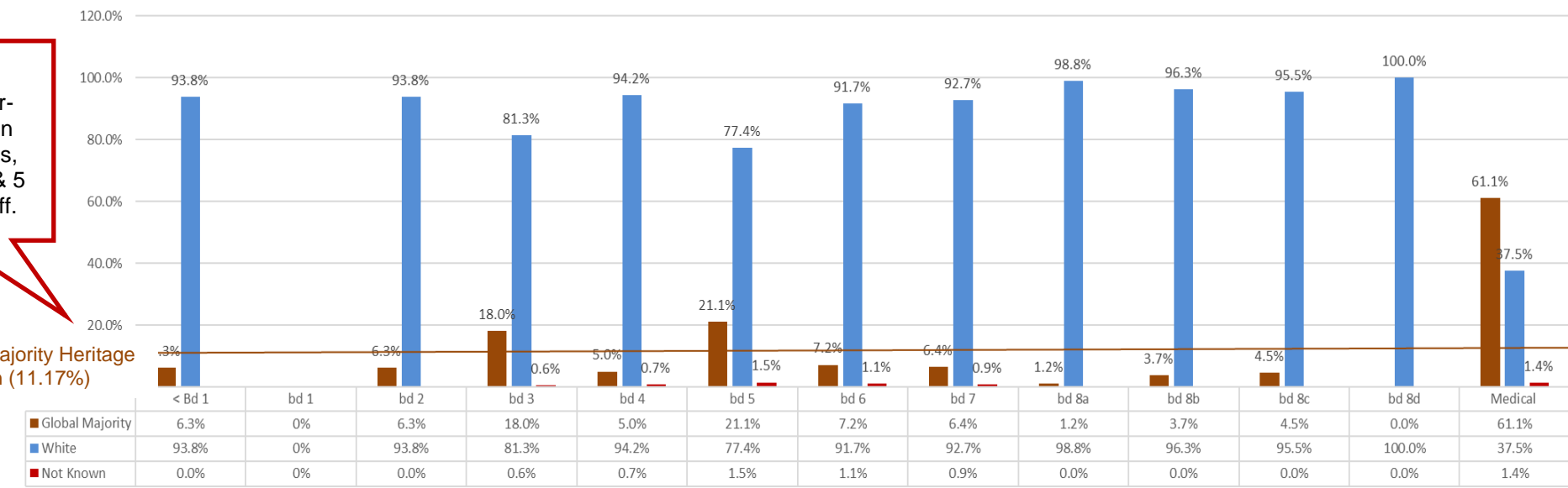
Chart shows significant non-clinical workforce Global Majority under-representation in all bands except bands 8c and 8d (and these relate to a headcount of 2 Global Majority individuals (one in each banding))

Local Global Majority Heritage population (11.17%)

	< Bd 1	bd 1	bd 2	bd 3	bd 4	bd 5	bd 6	bd 7	bd 8a	bd 8b	bd 8c	bd 8d
Global Majority	0.0%	0.0%	5.7%	0.8%	5.1%	3.4%	8.8%	0.0%	7.7%	0.0%	16.7%	12.5%
White	100.0%	100.0%	94.3%	98.3%	93.2%	96.6%	91.2%	100.0%	92.3%	100.0%	83.3%	87.5%
Not Known	0.0%	0.0%	0.0%	0.8%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Figure 2: Trust Clinical and Non-Clinical Workforce as at 31st March 2024

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Trust Medical Staff 31.3.24

	Medical Career grade	Medical Consultant	Medical Trainees
Global Majority %	44.0%	66.7%	73.9%
White %	52.0%	33.3%	26.1%
Not Known %	4.0%	0.0%	0.0%

Local Global Majority Heritage population (11.17%)

Overall Medical Workforce:

61.11% Global Majority Heritage

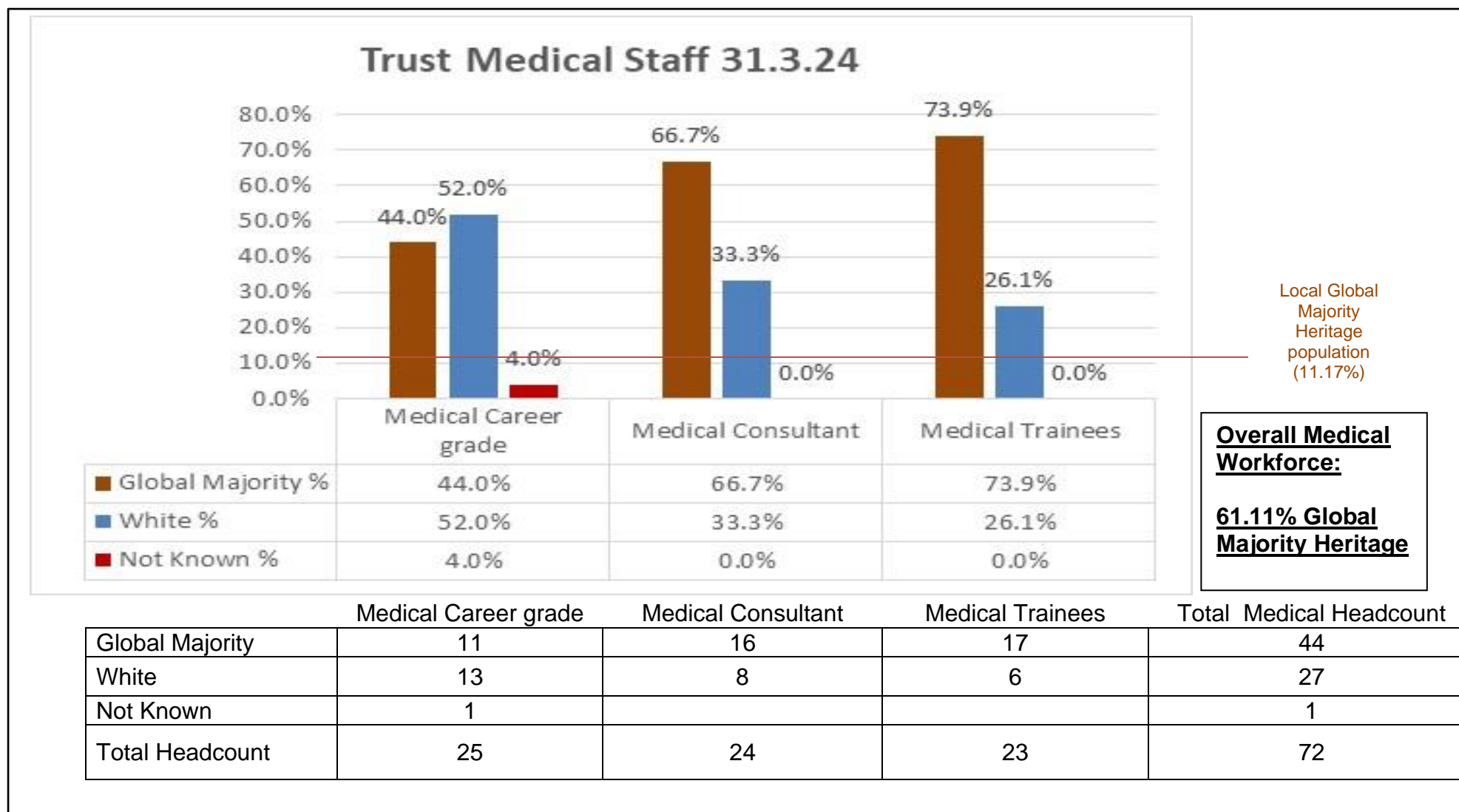|	Medical Career grade	Medical Consultant	Medical Trainees	Total Medical Headcount
Global Majority	11	16	17	44
White	13	8	6	27
Not Known	1			1
Total Headcount	25	24	23	72

Figure 3:   Trust Medical Workforce ethnicity by role, as at 31st March 2024

[Note: The M-WRES or Medical WRES is suspended nationally for 2024, but that above data is included for Trust information]

Trust Bank Only Ethnicity Profile

Bank Only Workers Ethnicity as at 31.3.24 (n=326)

- 7, 2%
- 20, 6%
- 10, 3%
- 65, 20%
- 224, 69%

Legend:
- Asian Ethnicity
- Black Ethnicity
- White Ethnicity
- Other Ethnicity
- Ethnicity not Recorded

Substantive Workforce Ethnicity as at 31.3.24 (n=1935)

- 15, 1%
- 14, 1%
- 86, 4%
- 115, 6%
- 1705, 88%

Legend:
- Asian Ethnicity
- Black Ethnicity
- White Ethnicity
- Other Ethnicity
- Ethnicity not Recorded

Ethnicity Group	headcount	percentage	
Asian Ethnicity	20	6.13%	
Black Ethnicity	65	19.94%	29.14%
Other Ethnicity	10	3.07%	
White Ethnicity	224	68.71%	
Ethnicity not Recorded	7	2.15%	
TOTAL BANK ONLY	326	100.00%	
Global Majority Heritage	95	29.14%	

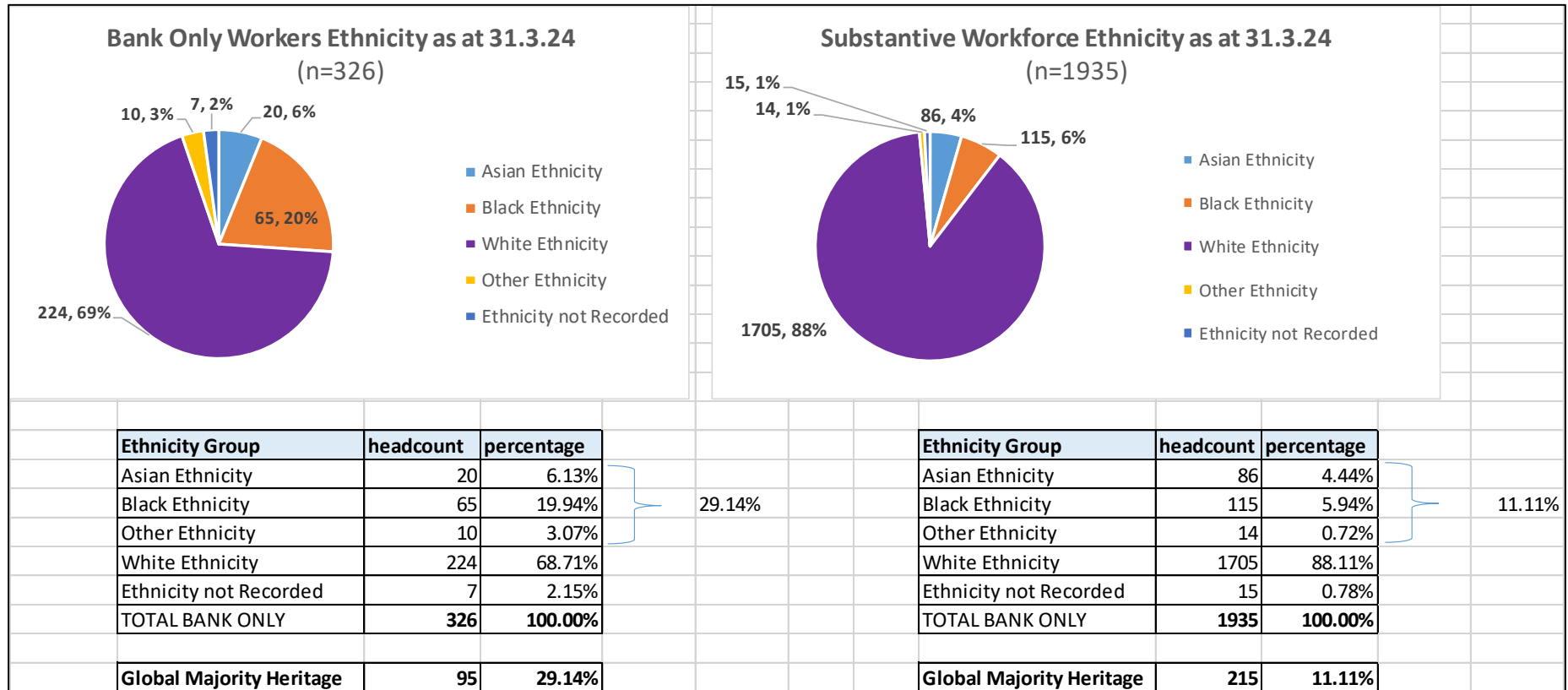| Ethnicity Group	headcount	percentage	
Asian Ethnicity	86	4.44%	
Black Ethnicity	115	5.94%	11.11%
Other Ethnicity	14	0.72%	
White Ethnicity	1705	88.11%	
Ethnicity not Recorded	15	0.78%	
TOTAL BANK ONLY	1935	100.00%	
Global Majority Heritage	215	11.11%	

Figure 4: Trust Bank Worker Workforce ethnicity profile, as at 31st March 2024

[Note: The Bank-WRES is suspended nationally for 2024, but that above data is included for Trust information]

It is noted that the Trust's Bank (only) workforce remains considerably more ethnically diverse than our regular workforce at 29% Global Majority heritage. It is interesting that this figure has increased since March 2023, when the Bank was 20% ethnic diverse. The total number of bank workers has increased by a headcount of 86 in this period. Almost 20% of bank workers are black, and 6% Asian, compared to 6% and 4.5% respectively in the substantive workforce.

Trust Clinical and Non-Clinical Workforce as at 31st March 2023 and 2024 (headcount and percentages)

CLINICAL WORKFORCE

Pay Band Equivalent	2023 Global Majority	White	Not Known	Grand Total	Global Majority %	White %	Not Known %	2024 Global Majority	White	Not Known	Grand Total	Global Majority %	White %	Not Known %
Under Band 1	2	21	1	24	8.3%	87.5%	4.2%	1	15		16	6.3%	93.8%	0.0%
band 1					0.0%	0.0%	0.0%					0.0%	0.0%	0.0%
Band 2	1	12		13	7.7%	92.3%	0.0%	1	15		16	6.3%	93.8%	0.0%
Band 3	30	251	9	290	10.3%	86.6%	3.1%	57	257	2	316	18.0%	81.3%	0.6%
Band 4	10	131	1	142	7.0%	92.3%	0.7%	7	131	1	139	5.0%	94.2%	0.7%
Band 5	35	146	5	186	18.8%	78.5%	2.7%	42	154	3	199	21.1%	77.4%	1.5%
Band 6	28	332	2	362	7.7%	91.7%	0.6%	26	333	4	363	7.2%	91.7%	1.1%
Band 7	13	208	2	223	5.8%	93.3%	0.9%	15	217	2	234	6.4%	92.7%	0.9%
Band 8 - Range A	2	71	2	75	2.7%	94.7%	2.7%	1	85		86	1.2%	98.8%	0.0%
Band 8 - Range B	1	25		26	3.8%	96.2%	0.0%	1	26		27	3.7%	96.3%	0.0%
Band 8 - Range C	1	19	1	21	4.8%	90.5%	4.8%	1	21		22	4.5%	95.5%	0.0%
Band 8 - Range D		2		2	0.0%	100.0%	0.0%		2		2	0.0%	100.0%	0.0%
subtotal	**123**	**1218**	**23**	**1364**	**9.0%**	**89.3%**	**1.7%**	**152**	**1256**	**12**	**1420**	**10.7%**	**88.5%**	**0.8%**
Medical Career grade	11	9	2	22	50.0%	40.9%	9.1%	11	13	1	25	44.0%	52.0%	4.0%
Medical Consultant	14	11	2	27	51.9%	40.7%	7.4%	16	8		24	66.7%	33.3%	0.0%
Medical Trainees	15	4	0	19	78.9%	21.1%	0.0%	17	6		23	73.9%	26.1%	0.0%
subtotal	**40**	**24**	**4**	**68**	**58.8%**	**35.3%**	**5.9%**	**44**	**27**	**1**	**72**	**61.1%**	**37.5%**	**1.4%**

NON-CLINICAL WORKFORCE

Pay Band Equivalent	2023 Global Majority	White	Not Known	Grand Total	Global Majority %	White %	Not Known %	2024 Global Majority	White	Not Known	Grand Total	Global Majority %	White %	Not Known %
Under Band 1					0.0%	0.0%	0.0%		5		5	0.0%	100.0%	0.0%
Band 1		3		3	0.0%	100.0%	0.0%		3		3	0.0%	100.0%	0.0%
Band 2	5	84		89	5.6%	94.4%	0.0%	5	83		88	5.7%	94.3%	0.0%
Band 3	3	97	9	109	2.8%	89.0%	8.3%	1	116	1	118	0.8%	98.3%	0.8%
Band 4	2	57	1	60	3.3%	95.0%	1.7%	3	55	1	59	5.1%	93.2%	1.7%
Band 5	2	42	1	45	4.4%	93.3%	2.2%	2	57		59	3.4%	96.6%	0.0%
Band 6	3	31		34	8.8%	91.2%	0.0%	3	31		34	8.8%	91.2%	0.0%
Band 7		21		21	0.0%	100.0%	0.0%		20		20	0.0%	100.0%	0.0%
Band 8 - Range A	1	19	1	21	4.8%	90.5%	4.8%	2	24		26	7.7%	92.3%	0.0%
Band 8 - Range B		13		13	0.0%	100.0%	0.0%		10		10	0.0%	100.0%	0.0%
Band 8 - Range C	1	3		4	25.0%	75.0%	0.0%	1	5		6	16.7%	83.3%	0.0%
Band 8 - Range D		8		8	0.0%	100.0%	0.0%	1	7		8	12.5%	87.5%	0.0%
subtotal	**17**	**378**	**12**	**407**	**4.2%**	**92.9%**	**2.9%**	**18**	**416**	**2**	**436**	**4.1%**	**95.4%**	**0.5%**
VSM (exclg NEDs)	2	6		8	25.0%	75.0%	0.0%	1	6		7	14.3%	85.7%	0.0%
TOTAL WF	**182**	**1626**	**39**	**1847**	**9.9%**	**88.0%**	**2.1%**	**215**	**1705**	**15**	**1935**	**11.1%**	**88.1%**	**0.8%**

Table 4: Table with Trust Workforce Ethnicity as at 31.3.23 and 31.3.24: Clinical, Medical and Non-Clinical - headcount and percentages

3.11 WRES ASPIRATIONAL TARGET

It is well-documented that Global Majority Heritage workers are most under-represented in more senior NHS roles (with the exception of medical roles). To address this situation, the **WRES Aspirational Target** seeks to work towards equitable representation in roles at band 8A+ by 2028.

This year, we have revised our Trust Aspirational Target for 2028 based on our updated knowledge of our local ethnic diverse population, as provided by the 2021 Census (11.17%), to the below (see Figure 5 below).

| Existing Profile: Trust Band 8a-8d establishment as at 31.03.24					Aspirational profile (by 2028) – based on local population rate of 11.17%: Planned Equitable Distribution in 2028				
Banding / Equivalent	**Global Majority**	**White**	**Total**		**Global Majority**	**White**	**Total**		**No. of ethnic diverse appointments needed to be equitable**
Bd 8A	2	24	26		3	23	26		**+1 Global Majority Heritage colleague** (2023: +1)
Bd 8B		10	10		1	9	10		**+1 Global Majority Heritage colleague** (2023: +1)
Bd 8C	1	5	6		1	5	6		No change required (2023: no change required)
Bd 8D	1	7	8		1	7	8		No change required (2023: no change required)
TOTAL	**4**	**46**	**50**		**6**	**44**	**50**		**+2 Global Majority Heritage 8A-B colleagues** (+2) required

Table 5: Trust 2024 Workforce Profile compared to Aspirational Target Workforce Profile (by 2028)

To achieve our WRES Aspirational Targets by 2028, the Trust would need to convert / appoint **two more** Global Majority Heritage individuals into Band 8 (A-D) roles, as illustrated in Table 5 above (based on current Trust establishment).

To support this aspiration, we will seek to develop and progress existing colleagues with Global Majority Heritage in combination with external recruitment and will always seek to be 'spoiled for choice' in terms of the diverse pipeline of suitable internal applicants.

WRES Recruitment Score 2024:   **1.21**   - **Worse** (up) from 1.14 in 2023
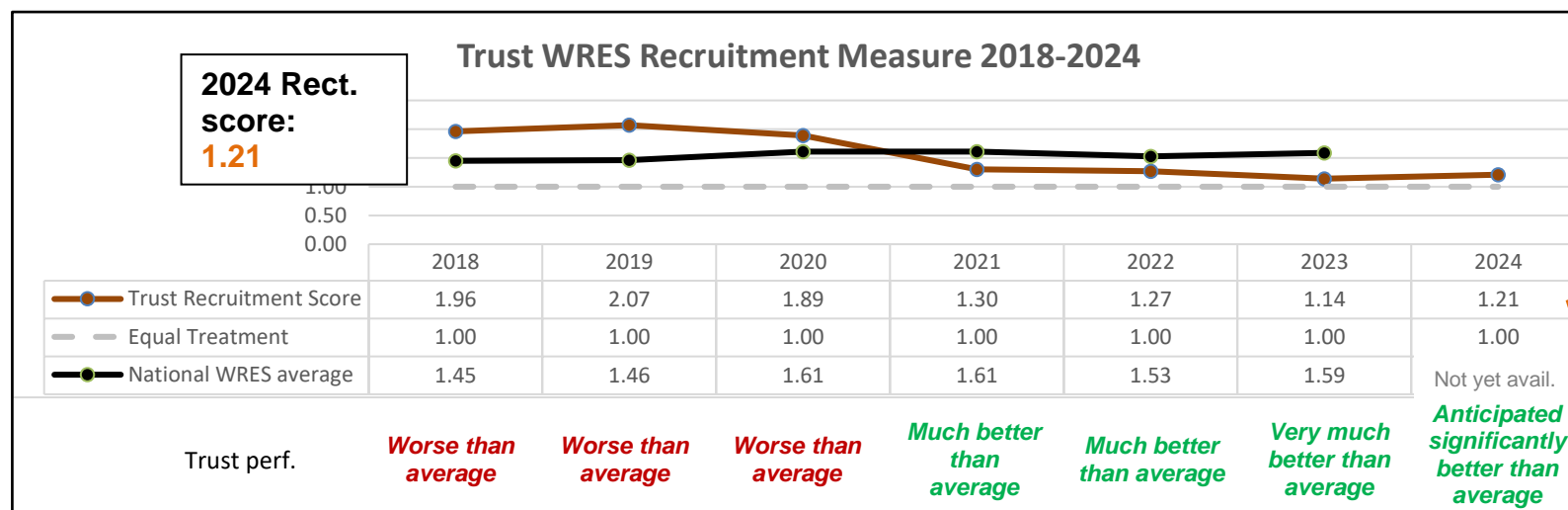
WORSE THAN 2023:

Our Recruitment score has slipped back in 23-24 but is likely to remain much better than the national rate.

Further focus is needed to regain / exceed previous position. We will continue our focus on achieving and maintaining a score equal to or less than 1.00.

Trust WRES Recruitment Measure 2018-2024

2024 Rect. score: 1.21

	2018	2019	2020	2021	2022	2023	2024
Trust Recruitment Score	1.96	2.07	1.89	1.30	1.27	1.14	1.21
Equal Treatment	1.00	1.00	1.00	1.00	1.00	1.00	1.00
National WRES average	1.45	1.46	1.61	1.61	1.53	1.59	Not yet avail.
Trust perf.	*Worse than average*	*Worse than average*	*Worse than average*	*Much better than average*	*Much better than average*	*Very much better than average*	*Anticipated significantly better than average*

Chart 2 : WRES recruitment scores 2018 – 2024 (Trust scores compared with national average), Staff Survey 2023

The above score is calculated from shortlisted and appointed data from Trust recruitment and selection activities over the period April 2023 – March 24. A more complete analysis of our recruitment activities is included below for 2023-24 (and 2022-23). It is noted that there is a significant reduction in the proportion of applicants with Global Majority Heritage at application-to-interview stage, with a much smaller further reduction at interview-to-appointment stage, with a corresponding increase in the proportion of White candidates.

	Headcount			Percentages		
2023-24	Applications	Shortlisted	Appointed	Applications	Shortlisted	Appointed
Global Majority Heri	3843	612	149	55.7%	29.5%	24.8%
not disclosed	124	40	34	1.8%	1.9%	5.7%
white	2931	1422	418	42.5%	68.6%	69.6%
TOTAL	**6898**	**2074**	**601**	**100.0%**	**100.0%**	**100.0%**

2022-23	Applications	Shortlisted	Appointed	Applications	Shortlisted	Appointed
Global Majority Heri	1176	397	106	55.7%	29.5%	24.8%
not disclosed	111	73	45	1.8%	1.9%	5.7%
white	3193	1719	523	42.5%	68.6%	69.6%
TOTAL	**4480**	**2189**	**674**	**100.0%**	**100.0%**	**100.0%**

Table 6 : Trust Recruitment Data by Ethnicity 2023-24 (2022-23 bottom table)

Trust R&S activity by ethnicity 2023-24

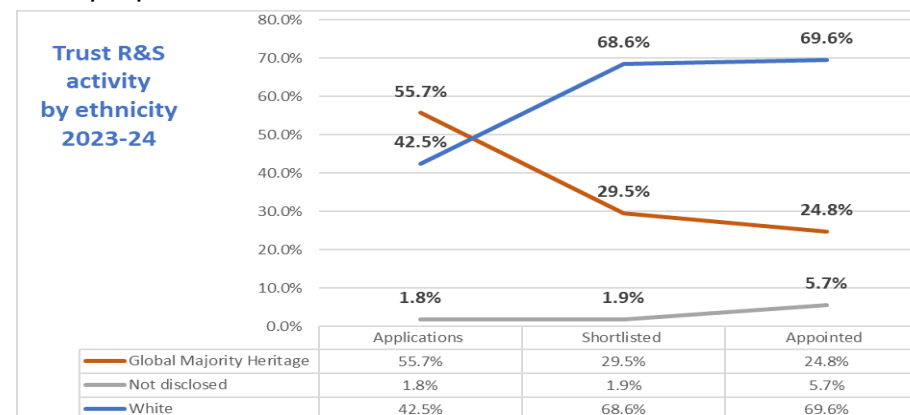|	Applications	Shortlisted	Appointed
Global Majority Heritage	55.7%	29.5%	24.8%
Not disclosed	1.8%	1.9%	5.7%
White	42.5%	68.6%	69.6%

Chart 3 : Ethnicity through the Trust R&S Process 2023-24

Indicator 3: Disciplinary Measure: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

WORSE THAN 2023:

Our Disciplinary Measure score has slipped back significantly in 23-24. However, it must be noted that this relates to just 3 disciplinary cases involving Global Majority Heritage colleagues.

Our 2023 performance on this measure is likely to be much worse than the average nationally, due to skewing.

Further focus is needed to regain / exceed previous position and to achieve and maintain a score equal to or less than 1.00.

WRES Disciplinary Measure
Score 1.83

	2018	2019	2020	2021	2022	2023	2024
NSCHT Disciplinary Measure score	10.52	0.88	1.39	4.35	0.00	0.00	1.83
Equal Treatment	1.00	1.00	1.00	1.00	1.00	1.00	1.00
National average score	1.24	1.22	1.16	1.14	1.54	1.03	Not yet avail.
Trust performance	*OUTLIER: Much worse than average*	*Better than average*	*Worse than average*	*OUTLIER: Much worse than average*	*Much better than average*	*Average*	*Anticipated much worse than average*

Chart 4   WRES Disciplinary Measure, year-on-year performance, Staff Survey 2023

There were 3 disciplinary cases in the Trust in 2023-24 involving colleagues with Global Majority Heritage, compared to 13 involving White colleagues. Set against the overall Global Majority workforce, this represents an over-representation of Global Majority Heritage in our Trust disciplinary cases, depicted by a disciplinary measure score of **1.83**. This is, however, set against a background of no cases (0) in the previous 2 years involving Global Majority heritage individuals. Due to the low number of disciplinaries and relatively small ethnic diverse workforce in the Trust, this measure has been seen to be vulnerable to swinging widely (seen particularly in 2018 & 2021 as above) in the event of even a small number of ethnic diverse colleagues going through a formal process.

With the continued embedding of our Just and Fair Culture of Civility and Respect approach and associated investigations checklist, we continued to work to ensure that disciplinary investigations are only being applied when absolutely necessary and appropriate rigour adopted to help reduce or eliminate the effects of any potential bias that may be present. Trust colleagues have also this year undertaken development in relation to learning from national tribunal cases (including Michelle Cox) and reviewed practises in light of this.

	Disciplinary cases 2022-2023	Disciplinary cases 2023-24
Global Majority Heritage	0	**3**
White	11	**13**
Ethnicity not known	0	**0**
TOTAL CASES	11	**16**

Table 7 Trust Disciplinary Cases by ethnicity 22-23 & 23-24

Indicator 4: Training Measure: Relative likelihood of Global Majority colleagues accessing non-mandatory training compared to White staff

This indicator assesses the proportion of Global Majority Heritage colleagues accessing **at least one piece of non-mandatory/non-core-required development**, compared to White colleagues.

Historically, the Trust has had a training measure score skewed in favour of Global Majority Heritage staff (see table to right). 2024 is no exception, with a score of **0.74**. However, as in previous years, this score is heavily influenced by the impact of our medical workforce on the data. At North Staffordshire Combined Healthcare, 61% of our medical staff are of Global Majority heritage as at 31.3.24. These medical colleagues amount to 19% of our overall Global Majority Workforce. Medical staff all undertake additional CPD (non-mandatory training) and, because of the higher proportion of medical staff with Global Majority identity, this artificially skews the training measure.
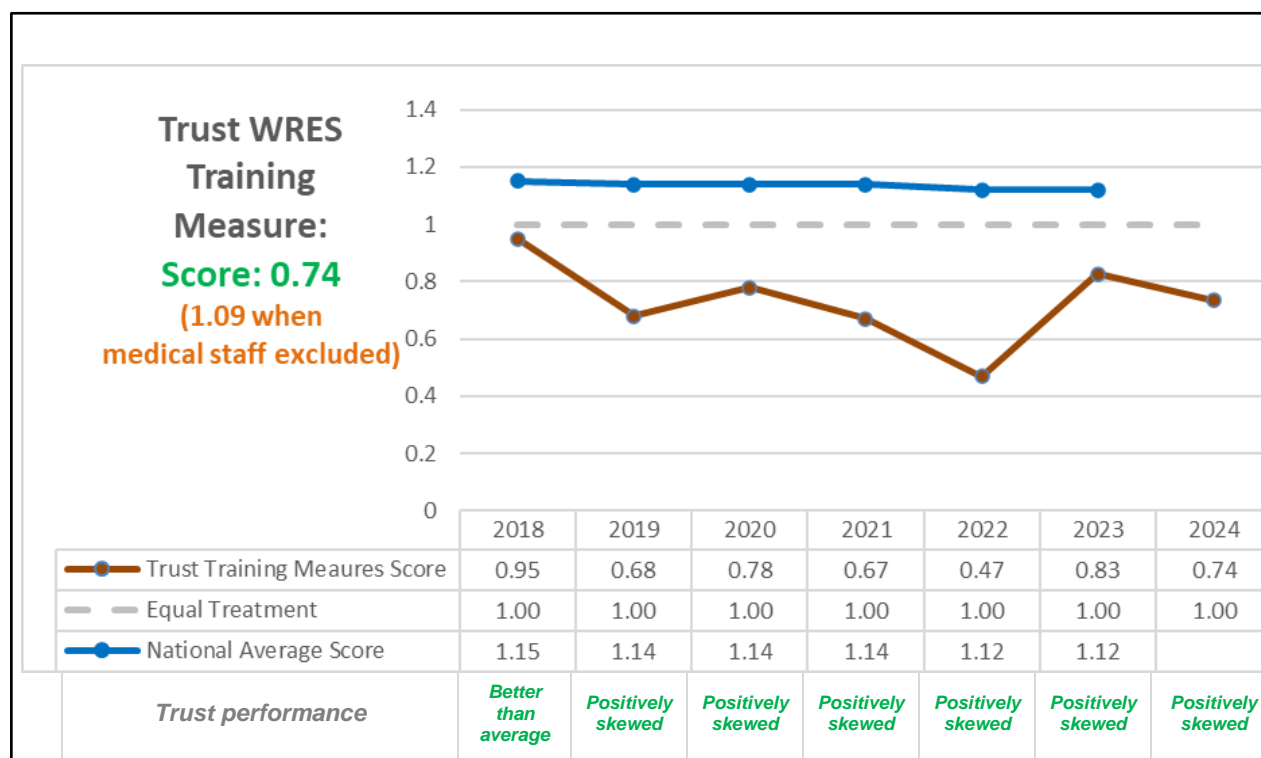
Chart 5: WRES Training Measure, year-on-year performance, Staff Survey 2023

	2018	2019	2020	2021	2022	2023	2024
Trust Training Meaures Score	0.95	0.68	0.78	0.67	0.47	0.83	0.74
Equal Treatment	1.00	1.00	1.00	1.00	1.00	1.00	1.00
National Average Score	1.15	1.14	1.14	1.14	1.12	1.12	
Trust performance	Better than average	Positively skewed	Positively skewed	Positively skewed	Positively skewed	Positively skewed	Positively skewed

When medical staff are removed from the data, the 2024 score changes to **1.09,** ie slightly pitched in favour of White colleagues. This means the reality for most of our Global Majority colleagues is that it is (almost 10%) less likely to access non-mandated training than it is for their White counterparts.   It is also noted that the training measure is a relatively crude measure and does not contain any measure of the nature, level or duration of the additional training undertaken. Further, more detailed analysis of this may well reveal a further layer of inequity for Global Majority colleagues.

The Trust has in previous years participated in offering a positive action development programmes (most notably Stepping Up / New Futures, as well as the Aspirant Leaders Programme and Developing You: Developing Me) to Global Majority heritage colleagues. This approach has been suspended from 2024-25. Instead, should funding and capacity allow, we will shift our focus to programmes that create a working environment in which Global Majority colleagues can thrive and in which they will gain equitable access to the same development opportunities as everyone else. We will monitor the impact of this change of approach on the training measure score in 2025 and beyond.

Indicator 5: Harassment, bullying & abuse from patients/public (*% staff experiencing from patients, relatives or the public in last 12 mths*)

- Improved significantly from 2023 position
- Marginally better than national average rate for Global Majority Heritage staff
- Worse than the Trust and national rates for White staff

Our 2024 WRES score for HBA from patients and the public (2023 staff survey data) fell from a peak of 40.5% to 30.2%. This position is slightly better than average (31.4%) for Global Majority colleagues nationally. Sadly, it remains higher than the Trust (and national) rate of HBA from patients and the public towards White colleagues (by nearly 6 percentage points). It is pleasing that the size of the gap between Global Majority and White experience on this measure has reduced considerably from the previous year, when the difference was 14.4%. It is noted that this gap varied considerably over the years, ranging from just 0.3% in 2021 to the 14.4% gap in 2023.
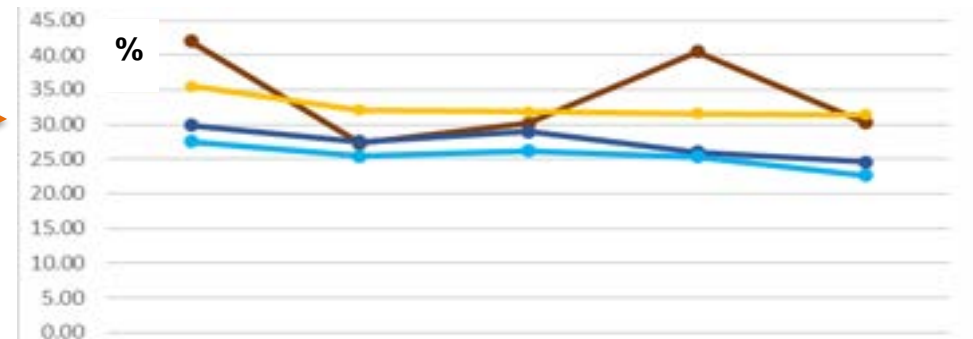
WRES Year	2020	2021	2022	2023	2024
NSCHT Global Majority %	42.00	27.27	30.14	40.48	30.21
NSCHT White %	29.88	27.57	28.96	26.00	24.60
National Global Majority %	35.54	32.12	31.79	31.54	31.43
National White %	27.55	25.40	26.16	25.37	22.66
NSCHT BME responses	50	55	73	84	96

Chart 6: HBA by Patients & Public: WRES 2020-2024, Staff Survey 2023

Indicator 6: Harassment, bullying and abuse from staff (% of staff experiencing harassment bullying and abuse from staff)

Marginal improvement on 2023 score. Equivalent to national average score for Global Majority Heritage colleagues.
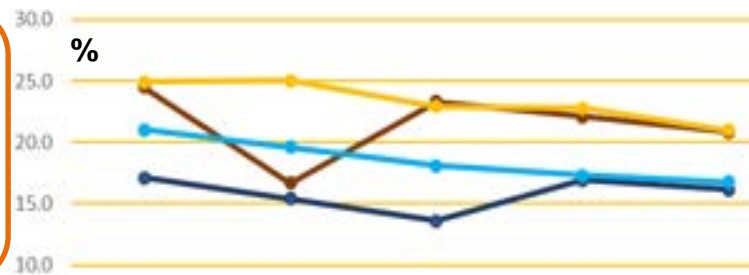

WRES Year	2020	2021	2022	2023	2024
NSCHT Global Majority %	24.50	16.70	23.30	22.10	20.83
NSCHT White %	17.10	15.40	13.60	16.90	16.13
National Global Majority %	24.90	25.00	22.90	22.80	20.98
National White %	21.00	19.60	18.10	17.30	16.78
NSCHT BME responses	49	54	73	86	98
NSCHT White responses	720	869	966	1126	1116

In 2024 WRES (2023 staff survey), we saw a slight improvement (1.27 % points) for the second year in a row in relation to Global Majority heritage colleagues experience of HBA from fellow staff. Whilst any improvement is valued, it is clear that the gap in experience between Trust White staff and Global Majority colleagues has not changed considerably, remaining at a difference of nearly 5 percentage points.   The Trust rate on this measure has been broadly equivalent to the national rate for Global Majority staff over the past 5 years, with the exception of 2021 (2020 survey) which appears to be an outlier with a much lower rate of HBA from colleagues. Regardless, it is clear that **one in five** ethnic diverse colleagues experiencing HBA from fellow colleagues remains unacceptable and we continue to work to prevent and more effectively respond to incidents of this nature, and to support and encourage individuals to report such behaviours so that they can be appropriately addressed.

Chart 7:   HBA by Staff: WRES 2020-2024, Staff Survey 2023

Indicator 7 - Belief in Equal Opportunities (EO) - *% of staff who believe the Trust offers EO for career progression and promotion*
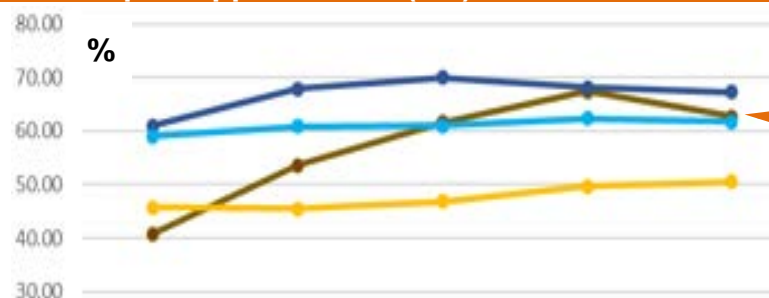
- Position has fallen back (worse) to 2022 level
- Score worse for Trust Global Majority colleagues than White colleagues
- Remains significantly better than national comparator

WRES Year	2020	2021	2022	2023	2024
NSCHT Global Majority %	**40.82**	**53.57**	**61.60**	**67.44**	**62.77**
NSCHT White %	**60.97**	**67.90**	**70.02**	**68.17**	**67.33**
National Global Majority %	45.80	45.54	46.84	49.65	50.50
National White %	59.04	60.90	60.98	62.33	61.82
NSCHT BME responses	49	56	73	86	94
NSCHT White responses	720	866	964	1128	1108

Chart 8: Belief in Equal Opportunities: WRES 2020-24, Staff Survey 2023

It is disappointing that our Belief in Equal Opportunities measure score fell in 2024 (2023 survey). The 2024 score represents the return of a gap between the experience of Global Majority and White colleagues (no gap in 2023). Though not as big as in previous years, the gap in perceptions of equal opportunities for 2024 is almost 5%. Despite the reduction in this measure, the Trust's score remains 12 percentage points ahead of the comparative national score for Global Majority heritage colleagues.

We will work to improve this measure through our inclusive recruitment change programme and visibly demonstrating our commitment to achieving race equality in all aspects of employment.

Indicator 8 - Experience of discrimination at work in the last 12 months

Sadly, in the 2024 WRES (2023 staff survey), 16% of Global Majority heritage colleagues said they experienced discrimination at work – this is a higher rate than at any point in the last 5 years. This rate slightly (2%) exceeded the national rate for Global Majority workers.

The gap between the experience of Global Majority and White colleagues on this measure has grown to 11%.

As part of our anti-racism approach, we will ensure that all our teams and leaders are tasked with and equipped to root out bias and challenge discrimination effectively when it is encountered. While colleagues experience discrimination in the workplace, we cannot offer our ambition of a great place to work, nor our vision of inclusion and belonging

- Worst position in last 5 years for Global Majority colleague experience of discrimination
- Global Majority colleague experience of discrimination worse than for White colleagues locally & nationally
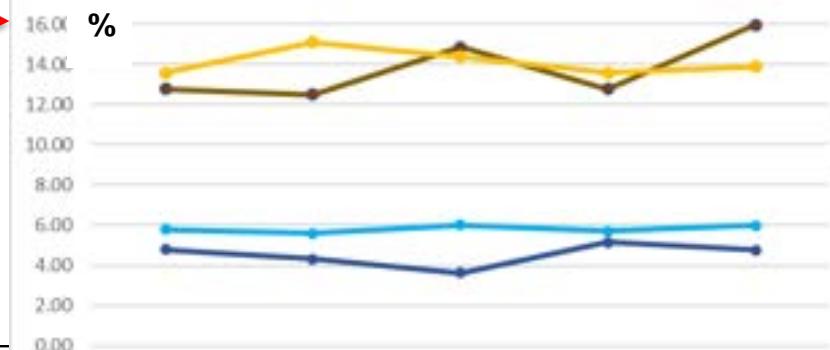
WRES Year	2020	2021	2022	2023	2024
NSCHT Global Majority %	**12.77**	**12.50**	**14.86**	**12.79**	**15.96**
NSCHT White %	**4.79**	**4.31**	**3.63**	**5.16**	**4.76**
National Global Majority %	13.60	15.10	14.40	13.60	13.90
National White %	5.80	5.60	6.00	5.70	5.99
NSCHT BME responses	47	56	74	86	94
NSCHT White responses	710	858	964	1125	1114

Chart 9: Experience of discrimination: WRES 2020-2024, Staff Survey 2023

Indicator 9: Trust BME Board membership

2024	Global Majority headcount	White headcount	Global Majority %	White %
Executive Directors	2	5	28.57%	71.43%
.. Of which: Voting members	2	3	40%	60%
Non-Executive	1	6	14.29%	85.71%
..Of which: Voting members	1	5	16.67%	83.33%
Total board members	3	11	21.43%	78.57%

Table 8: Global Majority Board Membership at NSCHT, 31.3.24

- Global Majority Heritage board headcount has increased to 3 (from 2) members.
- This is made up of 2 Executive and (for the first time) one Non-Executive member.
- All 3 Global Majority Heritage Board Members have voting rights.
- Our overall position of 21.43% Global Majority Heritage Board Members and 28.57% Global Majority Heritage Executive members is highly favourable, far exceeding ethnic diversity in both our local workforce and population and the latest published national rates.

		2016	2017	2018	2019	2020	2021	2022	2023	2024
BME board membership (all Exec and NED members)	National WRES report	7.1%	7.0%	7.4%	8.4%	10%	12.6%	14.0%	15.6%	*Not yet available. To be published early 2025*
	NSCHT performance	**7.7%** *Better than average*	**7.7%** *Better than average*	**15.4%** *Better than average*	**14.3%** *Better than average*	**23.1%** *Better than average*	**21.4%** *Better than average*	**20.0%** *Better than average*	**14.3%** *Worse than average*	**21.43%** *Anticipated much better than average*

Table 9: Trust board Global Majority representation compared to national average, 2016-2024

The Trust is proud to have strong Global Majority representation at Board level compared to our local population and to be one of the few Trusts nationally with a Black CEO and Black medical director. We are delighted to now for the first time also have Global Majority heritage representation within our non-executive director team. Overall, board membership is 21.4% ethnic diverse (2 members of the board team), which far exceeds the local population rate (11.20%).

Our Trust Board members have again proudly demonstrated outstanding passion and commitment for inclusion, on the local and national stage through 2023-24. Our executive team have undertaken development on inclusion in 2024 and committed to delivering impactful objectives on inclusion through their Directorates.

4.0 WHAT HAVE COMBINED BEEN DOING TO ADVANCE THE WRES OVER THE PAST 12-18 MONTHS?

Inclusion and belonging have continued to be centre-stage to our People approach at Combined. We have been developing and refining our approach, with a focus on ensuring that all individuals and groups in our workforce experience a great place to work, where they are included, valued, supported and cared about. In other words, that all our colleagues feel that they belong.

We continue to use our Combined People Plan to shape and measure the impact of our work to improve inclusion, including race inclusion, in particular by:

- *Celebrating & recognising diversity*
- *Developing a culture of justice, belonging & inclusivity*
- *Being representative of our diverse communities at every level*

Key work programmes to advance race inclusion through 2023-24 included:-

Figure 5: Combined People Plan 2023-28 at a glance summary

- Progressing our **RACE Code** journey, including launching our **Trust anti-racism statement** in October 2023
- **3 Inclusion School sessions** – including a session entitled *Putting Inclusion at the Heart of our People Processes* with a key focus on race inclusion
- Progressing our **#InclusiveHR** change programme with our People Directorate, with the aim of 'practising what we preach' and leading by example on equality
- Further extending our roll-out of **Comfortable Being Uncomfortable** *with Race and Difference* cultural education programme
- A range of Talent and **Leadership Development** offers incorporating education on Inclusion for all participants:
  - High Potential Scheme
  - Connects leadership programme
  - Trust Leadership Academy
- Continued investment in 2023-24 in **positive action on race development** programmes:
  - *New Futures* – 3 Trust colleagues concluded their New Futures journey with an 86% attendance rate
  - *Developing You: Developing Me* Talent Acceleration Programme: one Trust pairing participated in this new pilot programme
- With ICS partners, commencing our **WRES Champions** and **Reciprocal Mentoring** programme journeys
- Our **ENRICH Staff Network** continued to grow in its influence and impact on Trust activities and decision making
- Our **Inclusion Trailblazers Project** delivered a range of changes to remove barriers to equity and effect greater inclusion

Further detail on our WRES action plan 2023-24 progress at *Appendix 1. For more detail on progress with our wider Inclusion programme of work, see our Inclusion and Belonging Annual Report 2024 on the Trust's Inclusion and Belonging Page (publication due Oct 2024).*

5.0 WRES ACTION PLANNED FOR 2024-25

Our focus in 2024-25 will be on 'doing fewer things better', maximising the measurable impact of change interventions action, and working to ensure the sustainability of these outcomes, summarised as below [for full detail, see Appendix 2].

1. **Delivering key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme,** including to:
   - o Launch and roll-out our new Inclusive Recruitment Toolkit and Inclusive Recruitment Development programme
   - o Review posts at band 8A+ to better understand the issues / reasons behind lack of diversity in appointments at this level (NEW)
   - o Respond effectively to feedback from staff about experiences of recruitment process from a race / protected characteristic perspective (NEW)

2. **Reducing racial inequalities and health inequalities for our workforce, including:**
   - o Ensure equitable access to health and wellbeing offers for all staff (our workforce as a microcosm of our local population)
   - o Support inclusive talent management and career development / progression for all, through targeted promotion of our career development workshops and career conversations for Global Majority colleagues   (NEW)
   - o All executive directors to set and deliver against one or more EDI objectives for their Directorates in 2024-25 (race inclusion and career progression for our Global Majority workforce identified as key priority) (NEW)
   - o Introduce and embed an HR / EDI Dashboard for all services and Directorates to support accountability for positive change in each service (NEW)
   - o Deliver the Trust's first Ethnicity Pay Gap report, including analysis at service and Directorate levels (NEW)

3. **Progressing our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones**
   - o Deliver a targeted high-profile and impactful communications plan around anti-racist practise
   - o Actively debiasing our Trust Disciplinary and Improving Performance processes, and access to Flexible Working and Flexible Retirement, using a critical race lens (NEW)
   - o People Ops Team to proactively seek to review protected characteristics at the outset of all employee relations processes and to gain agreement for these to be updated where applicable. (NEW)
   - o Consult, listen and respond effectively to the voice of our ENRICH Network on a wide range of workforce matters

4. **Educating for Inclusion: advancing a supporting programme of education to underlie our work in priorities 1, 2 and 3 above:**
   - o A leadership educational supporting deeper understanding of race and racism and how to eliminate this in the workplace (NEW)
   - o Programme of education on responding effectively to incidents of abuse, discrimination, incivility
   - o A Leadership Academy development on race inclusion (NEW)
   - o Education-based activities to celebrate race-themed dates in the inclusion calendar
   - o Build on our investment in HPMA Anti-Racist Leadership Programme, WRES Champions and Reciprocal Mentoring by involving participants in leading elements of anti-racism culture change

6.0 CONCLUSIONS AND RECOMMENDATIONS

Whilst we are pleased to report on continued progress in key sections of our WRES results 2024, the areas where there has been negative progress, together with the highly disturbing incidents of racially-motivated civil unrest witnessed in our City of Stoke-on-Trent in August 2024 are pertinent reminders of the need for our continued and concerted focus and investment in race inclusion. The need for deep-seated cultural change in the NHS on race inclusion is now well clearly recognised as essential to avoiding putting ethnic diverse service users and colleagues at risk (Adebowale, 2022). The imperative to develop greater race inclusion and equality remains both an immediate and a long-term challenge for North Staffordshire Combined Healthcare. Our Combined people need now, a compassionate and inclusive culture of fairness, civility and respect; an organisation where all colleagues, regardless of skin colour and ethnic background, feel included, valued, cared about, and that they belong.

We will continue in earnest to build on the progress gained in 23-24 on growing our overall Global Majority workforce and Trust Board representation, focussing on develop a positive culture of inclusion and respect throughout the organisation, where harassment, bullying and abuse, discrimination and other racial incivilities cannot go unchallenged or without recourse. We will create a culture where all staff feel physically and psychologically safe at work and also to raise concerns and seek help should this position be challenged.

Our investment in developing more inclusive recruitment processes over the past year must now be enacted through all services to deliver the necessary change. It can no longer be the case that black and brown candidates face worse odds when participating in recruitment and selection than their white counterparts.

We cannot truly consider our Trust workplace a 'great place to work' until all our people processes consistently demonstrate equitable outcomes. Nor where large sections of our workforce are not representative of our local population. Nor where 1 in 3 Global Majority Heritage colleagues experience HBA from service users and the public, and 1 in 5 experience this from staff. Simply put, we cannot be great when the quality of one's experience as an employee relates to the colour of one's skin.

What we need in 2024-25

We need the **commitment and action of all our leaders** in 2024-25 to roo out the causes of unfair differences in the quality of the employment experiences between our Global Majority and White workforce.

We ask all leaders to **prioritise work on improving inclusion, debiasing processes and actively becoming anti-discriminatory** as a key means of jointly improving retention, engagement and performance, offering a great place to work for all, and at the same time improving the quality and safety of our service user experiences and outcomes.

Recommendations

Board members, Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:-

1. Note the progress and areas of reduced performance with our 2023-24 WRES journey
2. Approve this 2024 WRES report and 2024-25 Action Plan for publication
3. Note that personal and team action will follow from the outlined action plans and commit to delivering against these within own area of responsibility
4. Continue to act as active ambassadors of race inclusion, championing an inclusive and anti-racist culture and take action to root out the causes of bias reflected in the WRES outcomes from our Trust processes.
5. Take personal responsibility for updating your own awareness and deeper understanding on race inclusion, seeking help where required

END

APPENIX 1: Progress Report: WRES Action Plan 2023-24

WRES Priority Areas	Train	Retain	Reform
1. To further extend our work to **debias our employee relations and talent management processes** to achieve a position where our ethnic diverse workers are as likely to access development and advancement as their white counterparts	✓ Extend inclusive recruitment training to more colleagues involved in R&S ✓ Autumn practical workshop led by recruitment lead – attendance or representation required ✓ Reciprocal Mentoring cohort 2 delivery ✓ WRES Champions Programme delivery ✓ See Me First Badges and approach	Creating a culture of inclusion & belonging: • Roll out Inclusive Just and Fair Culture of Civility & Respect change programme • Roll out RACE Code Action Plan anti-racism change programme • Work to deliver WRES aspirational targets over 2 years (30% progress Yr 1) **Ongoing**	• Review & overhaul R&S, disciplinary and speaking up processes based on learning in 'No More Tick Boxes' (Kline 2023) and M Cox tribunal learning • Reinvent our diverse and inclusive portrayal of the organisation to the public • International recruits same development opportunities as others **All in progress**
2. Seek opportunities to understand, engage, develop and progress our ethnic diverse talent at every level (including bank workers) to achieve an equitable workforce profile across levels and staff groups by 2025-26.	! Positive action in R&S for all roles where ethnicity is under-represented ✓ Target under-represented groups in local community improving rect opportunities at every level from entry via career pathways / apprenticeships / GMTS	• Urgent work to improve corporate and non-clinical (including NED) workforce ethnic diverse representation needed in 2023-24 more work needed • Talent management plan for exec and snr teams to address lack of diversity	• 'Inclusive by design' R&S and talent management processes • Assessing and addressing attainment and progression gaps for our ethnic diverse workforce talent pipeline (students, preceptees, established wf)
3. Take steps to end violence and aggression, and harassment, bullying and abuse against our ethnic diverse workforce Project group action delivered through 23-24 and ongoing	✓ Ongoing leadership development and education in support of our culture of inclusion ✓ Wider development and awareness raising on inclusion	• Project to deliver 20% improvement in V&A / HBA incidents against our ethnic diverse colleagues in year (RB) • Enhanced visibility of our anti-racism stance and zero tolerance to racist abuse	! Directorates to plan to highlight and target key services for action on reduction of violence, aggression and HBA (applying 80:20 rule)
4. Make EDI and race inclusion everyone's business – and make it demonstrable and sustainable	Continue to educate on inclusion:- ✓ Inclusion School ✓ Weekly Newsround ✓ Trust / system leadership programmes and positive action programmes ✓ Inclusion awareness days and events celebrated and used as education opportunities	• Enhance our Flexible Working Offer with specific focus on staff in minoritized groups • Board members to demonstrate improvements in culture through data and lived experience • Further embed role and impact of ENRICH network and other staff networks	• Implement and embed the NHS EDI High Impact Actions and the RACE Code governance framework over a period of 2 years • Introduce quarterly Trust & Directorate EDI metrics to show progress in race inclusion (RAG rated) from Q3 – based on NHS EDI Improvement Plan metrics – build in accountability for elevating equity through directorate leadership
5. Directorates and services to work to close the remaining gap in declaration of ethnicity across the Trust	Leaders & colleagues at every level to understand WHY we should ask about ethnicity, religion etc and HOW to ask in an appropriate & sensitive way	Line managers to ensure they have regular conversations on inclusion & wellbeing with team, group and individual staff members, demonstrating compassionate inclusive leadership.	• Analyse and publish 1st Trust Ethnicity Pay Gap and action plan in 2023-24

APPENDIX 2 - INCLUSION AND BELONGING ACTION PLAN 2024-25

Key action to develop Inclusion and Belonging in 24-25, incorporating action across the 9 WRES indicators, is outlined in the table below:

Action	Links to Equality Objectives 24-28	Links to 24-25 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at 09.24)
1. Deliver key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme					
1.1 Develop **Inclusive Recruitment Toolkit and Inclusive Recruitment Development** package utilising theory / approach of No More Tick-Boxes' and 'If Your Face Fits' (Kline, 2023)	4	1	Must	AS	Oct 2024
1.2 Undertake analysis of applications-shortlisting/interview-appointment for posts at band 8A and above to better understand the issues / reasons behind lack of diversity in appointments at this level, and implement action based on findings	4	1	Should	People Team	Dec 2024
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective	4	1	Should	AS	Oct 2024
1.4 Develop a plan to roll-out of Inclusive Recruitment development (considering the needs of both new recruiting managers and existing recruiting managers)	4	1	Should	AS	Dec 2024
2. Reducing inequalities and health inequalities for our service users and staff					
2.1 All services to undertake a **review of service user ACCESS** analysed with a race lens in 2024-25 and present findings to Directorate committee (3 services to do deeper review via EDS framework – see 2.5 below))	2 & 3	2	Should	All Service Leaders	March 2025
2.2 Equitable access to **health and wellbeing offers for all staff** (our workforce as a microcosm of our local population). Review take-up by diverse characteristics colleagues.	2	2	Should	Dawn Ainsworth	Dec 2024
2.3 Implement new guidance on **recording gender codes** in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available When in place, action needed to analyse the data and identify next steps	1	2	Must	Vicky Boswell / Lauren Cartwright	Dec 2024
2.4 Launch and embed new guidance and approach to **RADF (Reasonable Adjustment Digital Flag)** as mandated through ISN re-recording disability/ accessible information needs in Electronic Patient Record	1	2	Must	Lauren Cartwright with LF	Dec 2024
2.5 **Three services to be reviewed and rated under the EDS framework** for 2024-25 (detailed review of Access, Experience, Safe from Harm, Outcomes)	1	2	Must	Identified Service Mgrs / LF	March 2025
2.6 Review business case for **AccessAble** and make decision on potential extension for years 4 and 5 (if approved, commission inclusion of Keele	4	2	Should	Lesley Faux	Nov 2024

Medical Practice and consider inclusion of Lawton House into surveyed premises)					
2.7 Support **inclusive talent management and career development / progression for all,** through promotion of our career development workshops and career conversations - see [Career devt link](#). This offer to be specifically targeted to staff with diverse characteristics (focus on race and disability. Encouraging take-up of coaching and mentoring by diverse characteristics colleagues	4	1 & 2	Should	Jody Nicholls	Mar 2025
2.8 All executive directors to agree and deliver against personal and Directorate **EDI objectives** in 2024-25	1-4	1 - 4	Must	BA / Execs	Oct 2024
2.9 Introduce and embed an **HR / EDI Dashboard** for all services and Directorates Monthly, Quarterly and Annual Monitoring and RAG rating of good / poor performance of (minimum by Dec 24), supporting identification of issues, ownership, prioritisation of action and progress monitoring of action in each service:- • Workforce ethnicity, LGB+ and disability profile • Snr leadership representation. (Band 8A,8C upwards) – ethnicity, disability, LGB+, & gender • Diversity in shortlisted candidates (Global Majority / Differently Abled / LGB+ candidates) • WRES / WDES and LGB+ Recruitment score by service (x2 annually TBC) • Bullying & Harassment (NSS) rates from line mgrs/colleagues	2 & 3	2 & 3	Should	Dave Hewitt, CIO with LF	Phase thru' 24-25
2.10 Deliver the Trust's first **Ethnicity Pay Gap and Disability Pay Gap reports** and identify and commit to appropriate action, alongside the Gender Pay Gap report for data to end March 2024	1	2	Must	Lesley Faux, EDI Lead	Dec 2024
3. To progress our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones including:-					
3.1 Development and delivery of a targeted high-profile and impactful **communications plan around anti-racist and anti-discriminatory approach** (including refreshed posters & promotional campaign). To include anti-abuse message in conjunction with Craig Stone work.	4	1-4	Should	Comms team with LF	March 2025
3.2 Share outcomes and taking meaningful action from **learning emerging from staff speaking up reviews**, including FTSU, Dear Buki etc	4	2 & 3	Must	AD of OD	March 2025
3.3 Review application of **Trust Disciplinary Procedure and Trust Supporting Staff to Improve Performance Procedure** through case review, taking a	4	1 & 3	Should	Laura Reynolds / People Ops Team	March 2025

critical race and disability perspective. Propose and implement changes to debias process based on findings.					
3.4 Begin work to review and debias access to **Flexible Working and Flexible Retirement** with an EDI lens	4	1 & 3	Should	Laura Reynolds/ People Ops Team	March 2025

3.5 Review **Workplace Adjustments and Access to Work** process to eliminate delays and barriers to support for differently abled colleagues
  i. Ensure all job applicants are aware of the Trust's approach to supporting differently abled colleagues and workplace adjustments
  ii. Share guidance and awareness raising around 'This is Me' Health Passport. Consider implementing a timeframe whereby all new staff have a discussion with their line manager about the 'This is Me' health passport within x weeks of commencing work
	4	3	Could	Laura Reynolds,
				
				Laura Ross & Laura Reynolds
					Jan 2025

3.6 Continue to embed **EDI as everyone's responsibility**, core to Trust & NHS Values	4	1-4	Should	Lesley Faux	March 2025

3.7 Listen and respond effectively to the **voiced concerns of our global majority workforce** / ENRICH members following civil unrest of Aug 24
  i. Listening session held with ENRICH members
  ii. Manager and staff guidance developed and issued
  iii. One Combined / Parade of Flags video developed & launched
	4	2	Should	Kerry Smith
				
				BA
				RC
				JMcC
					08.24
					09.24
					10.2024

3.8 Continue to encourage and support **culture of inclusion, openness, authenticity and psychological safety at work** through development of the Trust as a **great place to work for all** & celebration of diverse talent	4	3	Should	OD & Inclusion Team	Ongoing
3.9 People Ops Team to proactively seek to **review protected characteristics** at the outset of all employee relations processes and to gain agreement for these to be updated where applicable.	2	1 & 3	Should	Laura Reynolds, People Ops Team	From Sept 2024
4. Educate for Inclusion					

4.1 Shift of focus away from positive action development programmes, & towards:-
  i. Ensuring **equitable access / positive skew for take-up of development and leadership development opportunities** for diverse talent
  ii. Development programmes focussed on **creating an inclusive working environment,** ie educating wider workforce for deeper understanding of inclusion and the reality of experience for minoritised groups
  iii. All trust leadership offers to include core inclusion component geared to audience level of responsibility
	4	1-4	should	OD & Inclusion Team / service managers	ongoing

4.2 Programme of education around **responding effectively to incidents of abuse, discrimination, incivility, understanding race & racism**, including	4	1-4	Could	DETAIL TO BE DEVELOPED	

the need for active bystander/upstander response and the mechanisms available for reporting and addressing such behaviours.					
4.3 Deliver an **Executive development session on the learning from NHS discrimination cases** and setting EDI objectives	3, 4	1-4	Should	PG & LF	Jun 24
4.4 **Trust Leadership Academy inclusion-themed session** (TBC Nov 2024) :- • What is the problem? Staff survey feedback and WRES/WDES/EDI outcomes for the Trust (including dashboard) • How will we address this situation? Focus on anti-racist / anti-discriminatory approach, inclusive recruitment, development and progression (link to new inclusive recruitment process, training and guidance) • Why? Learning from the NHS discrimination cases etc, benefits of an inclusive workplace and great place to work in terms of staff engagement and sense of belonging and ultimately service user satisfaction and outcomes Reiterate: What are the expectations / deliverables for all leaders	3, 4	1-4	Should	PG, LF & JN	Nov 24

4.5 Programme of activities to **celebrate and educate around inclusion, following national/international awareness calendar**, particularly (link to Newsround, Exec Exchange, Combined TV, podcasts, Inclusion School, Trust/system conferences and other comms opportunities):-
 	
Race Inclusion:
  i. 18 July – 17 August: South Asian Heritage Month
  ii. September: East and South Asian Heritage Month
  iii. October: Black History Month
  iv. 3-9 February 2025: Race Equality Week
Disability Inclusion:-
  i. 14 Nov – 20 Dec: Disability History Month
  ii. 17 - 23 Mar / April: Neurodiversity Celebration Wk/ Awareness Mth
LGBT+ Inclusion:
  i. February : LGBT+ History Month
  ii. June: Pride Month
Gender equality:
  i. 8 March International Women's Day
	3, 4	1-4	Should	Staff Network Leads with EDI Lead	ongoing

4.6 **Build on investment in established programmes** (HPMA Anti-Racist Leadership Programme, WRES Champions, Reciprocal Mentoring, etc). This might involve enlisting these individuals to support design and delivery of planned interventions.	1-4	1-4	Could	DETAIL TO BE DEVELOPED	Mar 25

Equality Objectives 24-28 and EDI Goals 24-25

The numbers in columns 2 and 3 in the table above relate to the below.

Our Inclusion and Belonging Strategic Plan Equality Objective Priorities 24-28

1. Deliver overall continuous improvement in our actual and benchmarked performance on our Equality, Diversity and Inclusion Core Annual Responsibilities (see Appendix 2) to become and sustain our position as one of the best NHS employers in relation to a range of workforce race, disability, LGBT+ and gender inclusion measures, supported by an effective accountability and monitoring framework for leaders at service level and above.

2. Make demonstrable progress in significantly reducing health inequalities for our local population, including removing barriers to equitable access, experience and outcomes through all our services and demonstrating improved health outcomes, as measured by a range of patient/service user metrics.

3. Advance our position as a leading inclusive organisation by improving service user and staff experience and outcomes on a wide range of inclusion measures, including across key protected characteristics groups.

4. Deliver on our ambition to truly become an inclusive, anti-racist and anti-discriminatory organisation by 2028.

Our Inclusion and Belonging Priorities for 2024-25

1. Debiasing our Trust recruitment processes - leading to greater representation and parity and more inclusive talent management

2. Reducing health inequalities for our service users and staff - leading to measurable reduction in gaps in access (focus on access in year 1, experience yr 2, outcomes yr 3)

3. 'High visibility' focus around anti-discriminatory approach

4. Educating for inclusion

Educate for Inclusion