

Workforce Race Equality Standard (WRES)

Trust Report 2025 & Action Plan for 2025-26



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WRES KEY FINDINGS

REPRESENTATION

GMH staff hit a record 13.21%, above local rates — but mostly in medical roles (60.27%). Non-clinical sits at 6.1%, nursing stalls beyond Band 5.



RECRUITMENT

GMH applicants drop from shortlist to hire; White colleagues are more likely to be appointed



PROGRESSION

GMH staff confidence in promotion fairness down, 17% gap vs White colleagues — biggest yet.



DISCRIMINATION

1 in 5 GMH staff face discrimination — 6% above national average, gap with White staff widens.



GMH – Global Majority Heritage

Executive summary

This tenth 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:

Improved on 4 measures, including:

- ✓ Overall Global Majority workforce representation
- ✓ Disciplinary measure
- ✓ Accessing non-mandatory training and CPD
- ✓ Trust Board Global Majority representation

What's Worse:

Worse on 5 measures, including:

- ! Recruitment score
- ! Harassment, bullying or abuse (HBA) by patients/public
- ! Harassment, bullying and abuse from staff
- ! Belief in equal opportunities for career progression
- ! Discrimination at work from a manager/team leader or other colleagues

Key Messages

1. Global Majority representation in the workforce has increased showing progress from last year.
2. Board diversity has risen though this may be affected by a small overall board size.
3. Access to development opportunities has declined, with belief in fair progression falling along with confidence in equal opportunities for progression.
4. Reports of bullying, harassment, and discrimination from patients, staff, and managers have increased.
5. Fewer Global Majority colleagues are accessing non-mandatory training.

What we've done in 2025 (1 April 2024 to 31 March 2025)

Inclusion and Belonging remains a key area of focus as we continue to strengthen our culture of inclusion across the Trust by:

1. Continuing to remove bias from recruitment and selection processes.
2. Embedding our Anti-Racism approach across the organisation and systemwide.
3. Working to prevent and respond to racial violence, aggression and harassment against staff.
4. Strengthening accountability for EDI and race inclusion across all roles, with a focus on leadership responsibility.

What we'll do in 2025-26 (1 April 2025 to 31 March 2026)

In 2025-26, we will deepen our anti-racism and inclusion work by embedding it into daily practice, strengthening leadership accountability, and improving recruitment fairness. We will also centre staff voices and use data more effectively to drive action and respond consistently to racial violence and harassment.

NSCHT Workforce Race Equality Standard (WRES) Report 2025

1.0 Introduction

The Workforce Race Equality Standard (WRES) is a mandatory annual requirement under the NHS Standard Contract. We are accountable to NHS England, the Care Quality Commission (CQC) and our local Integrated Care Board (ICB) for meeting this obligation.

WRES helps us drive forward our ambition to create an inclusive workplace, as outlined in our Combined People Plan 2023-28 and our Inclusion and Belonging Strategic Plan 2024-28. It also supports our commitment to The RACE Code and allows us to track and benchmark our race inclusion performance against other NHS organisations nationally.

This report presents our Trust's tenth annual WRES performance, along with our action plan. It will be published on our website, shared with NHS England and our ICB commissioners, and may be reviewed during any CQC inspections. Our performance across the nine WRES indicators is shown through charts, tables, and narrative. We've included summary data on the ethnicity of our medical and bank staff for internal monitoring purposes.

1.1. Trust WRES 2025¹ summary performance

Findings suggest an overall positive trajectory in ethnic inclusion at the Trust, though peer relationships and reporting confidence need continued attention.

Some key highlights show:

1. Ethnic minority staff made up 13.21% of the workforce in 2025 (11.42% excluding medical staff). Board diversity also improved, rising to 30.77% from 21.43% in 2024.
2. Global majority applicants were 23% (approx.) up from 21% the year before.
3. Global majority staff facing disciplinary action dropped significantly, from 83% in 2024 to 41% in 2025, though this is based on a small data set.
4. Access to non-mandatory training improved for global majority staff in 2025.
5. Harassment and discrimination against global majority staff increased, with patient/public harassment rising to 39.47% and reported discrimination reaching 19.47%, over three times higher than for White staff. Confidence in equal opportunities among global majority staff also dropped to 51.75%.

¹ The reporting period for WRES runs from 1 April 2024 to 31 March 2025 and will be referred to as the 2025 reporting year. In relation to Staff Survey derived measure these relate to NHS Staff Survey from the previous year.

1.2 What we have been doing

Advancing race diversity and inclusion remained a key priority for the Trust throughout 2025 in alignment with the Combined People Plan 2023-28 and Inclusion and Belonging Strategic Plan 2024–28, which placed inclusivity and representation at its core.

Key achievements during 2025 included:

1. The Trust took a brave step in reviewing racial bias in recruitment after staff raised concerns. The reviews confirmed inequitable practices and validated staff experiences. Key recommendations were made to improve fairness, training and accountability. A co-produced action plan is now in place.
2. We developed more inclusive recruitment practices, informed by Roger Kline's work and lessons from NHS discrimination cases.
3. We launched our Anti-Racism Statement with ICS partners and began taking action, including setting EDI objectives for our executive team. Together, we are now developing an anti-racism toolkit for use across our system.
4. We strengthened our approach to preventing and responding to racial violence and harmful behaviours through our Just, Fair and Restorative Culture programme.
5. We supported leaders to take greater ownership of their EDI data and made race inclusion a shared responsibility.

This work is continuing in 2025-26 reporting period. Further progress on this year's actions is outlined in Section 4.0 and Appendix 1.

1.3 Our priorities

Our WRES priorities for action for 2025-26 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 an 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.

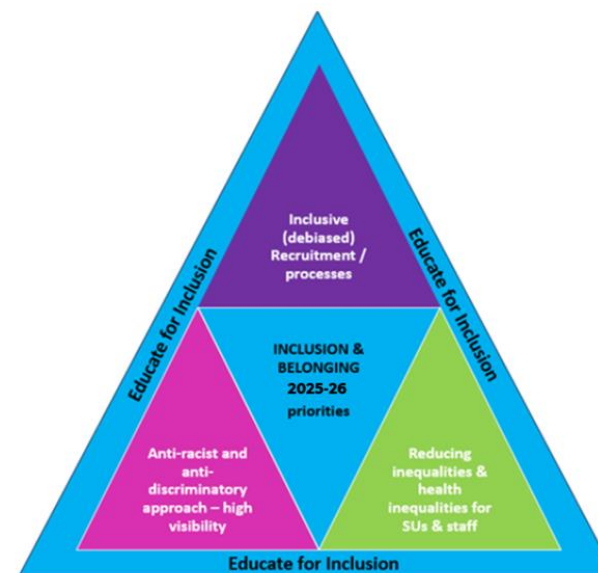
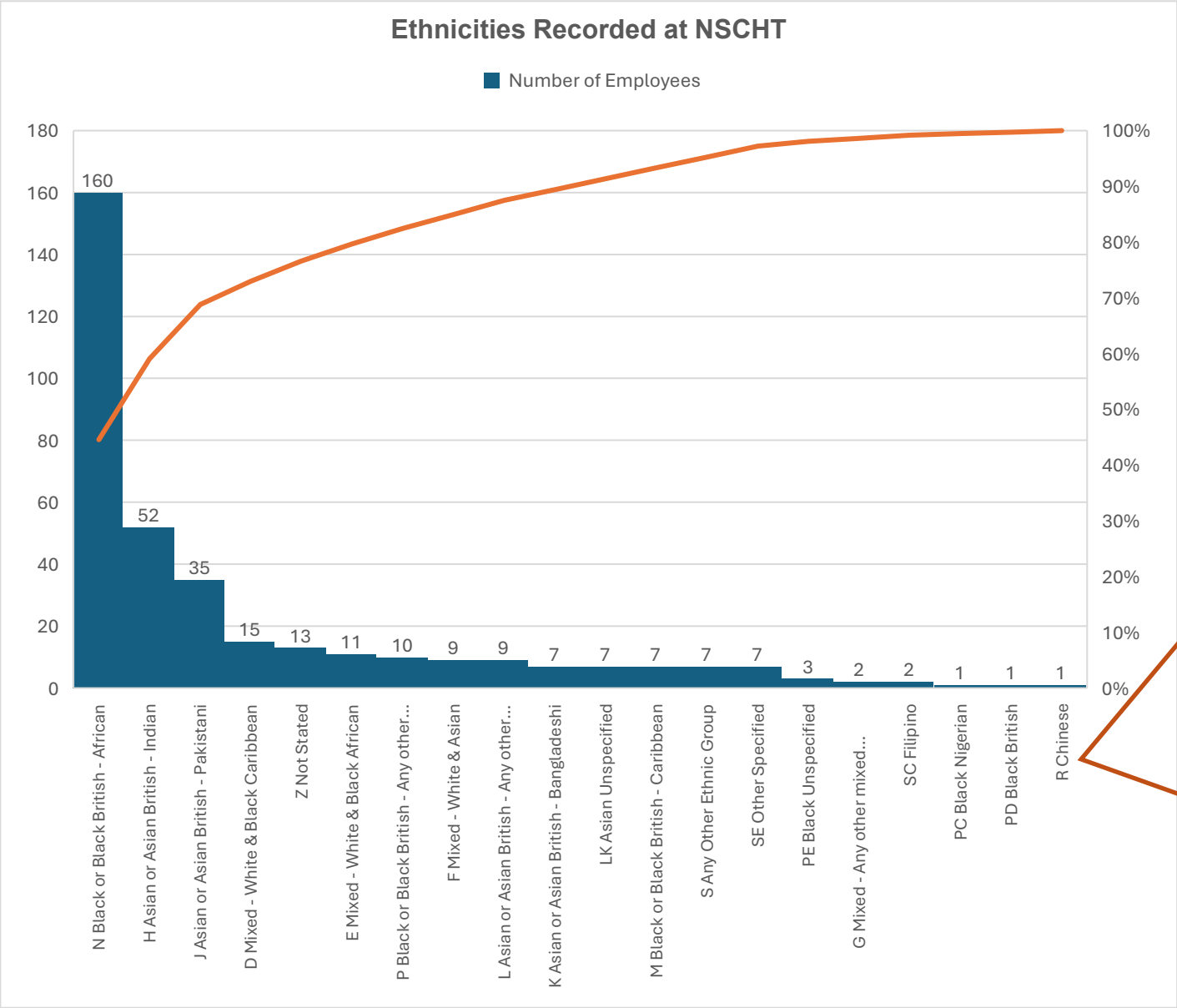


Figure 1: Trust Inclusion and Belonging Priorities, 2025-26.

1.4 Recognising diverse ethnic identities



The term "**Global Majority**" refers to a broad and diverse group, not a single, uniform identity. This includes a wide range of cultures, national and continental backgrounds. It's also recognised that some international ethnic identities aren't included in the ESR coding system, which means some colleagues are unable to record their specific ethnic background.

The graph below shows the wide range of ethnic identities self-reported by Trust staff in ESR. The largest group is Black / Black British – African, followed by Asian Indian, Pakistani and other Asian backgrounds. Most of our race inclusion plans will support the entire Global Majority workforce. Where the data highlights specific challenges for certain groups, we will aim to develop targeted actions to address those needs and work towards more equitable outcomes.

Trust Global Majority Ethnicities represented (headcount and percentage) as at 31.3.25 (source: ESR data).

2.0 Trust summary performance over time against the 9 WRES Indicators

Indicators	Years						2025
	2019	2020	2021	2022	2023	2024	
1. Workforce ethnicity profile	6.30%	7.60%	8.20%	9.10%	9.85%	11.11%	13.21% ↑
National	19.90%	21.10%	22.40%	24.20%	26.40%	28.60%	Not avail.
2. Recruitment measure	2.07	1.89	1.3	1.27	1.14	1.21	1.23 ↓
National	1.46	1.61	1.61	1.53	1.59	1.62	Not avail.
3. Disciplinary measure	0.88	1.39	4.35	0.00	0.00	1.83	0.41 ↑
National	1.22	1.16	1.14	1.14	1.03	1.09	Not avail.
4. Training measure	0.68	0.78	0.67	0.47	0.83	1.00	0.78 ↑
National	1.15	1.14	1.14	1.12	1.12	1.06	Not avail.
5. HBA from patients / public	54.50%	42.00%	27.30%	30.10%	40.50%	30.21%	39.47% ↓
White	27.40%	29.88%	27.60%	29.00%	26.00%	24.60%	21.75%
6. HBA from staff	21.20%	24.50%	16.70%	23.30%	22.10%	20.83%	23.01% ↓
White	14.70%	17.10%	15.40%	13.60%	16.90%	16.13%	16.22%
7. Belief in Equal Opportunities	30.30%	40.82%	53.60%	61.60%	67.40%	62.77%	51.75% ↓
White	58.70%	60.97%	67.90%	70.00%	68.20%	67.33%	68.03%
8. Discrimination at work	3.30%	12.77%	12.50%	14.90%	12.80%	15.96%	19.47% ↓
White	4.70%	4.79%	4.30%	3.60%	5.20%	4.76%	5.77%
9. Board Membership	14.30%	23.10%	21.40%	20.00%	14.30%	21.43%	30.77% ↑
National	8.40%	10.00%	12.60%	14.00%	15.60%	16.50%	Not avail.

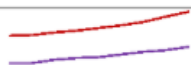







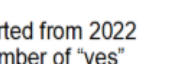
2025 data is considered against the **local Global Majority Heritage population figure of 11.17%** (based on the 2021 Census), to highlight how well the Trust reflects the diversity of the community it serves.

Key		
NSCHT	Improved	↑
National	Declined	↓
NSCHT White		

Table 1: Trust 2025 Performance against the 9 WRES Indicators, 2018-2025

2.1. National WRES results up to 2024 for comparison

The table below is taken from the most recent [NHS England » Workforce Race Equality Standard: 2024 data analysis report for NHS trusts](#)² (Page 6, NHS England, published 25th June 2025), depicting average national performance annually since 2016. This provides information on the direction of travel nationally, for comparison against Trust performance. Generally, Trust performance (see section above) is in line with the national trend over time.

WRES indicator			2016	2017	2018	2019	Year 2020	2021	2022	2023	2024	Trend	
1	Percentage of BME staff	Overall* VSM*	17.7% 5.4%	18.1% 5.3%	19.1% 6.9%	19.9% 7.6%	21.1% 7.9%	22.4% 9.2%	24.2% 10.3%	26.4% 11.2%	28.6% 12.7%		● Overa ● VSM
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.6	1.45	1.46	1.61	1.61	1.53	1.59	1.62		
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	1.09		
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	1.06		
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME White	29.1% 28.1%	28.4% 27.5%	28.5% 27.7%	29.7% 27.8%	30.3% 27.9%	28.9% 25.9%	29.2% 27.0%	30.4% 26.8%	27.8% 24.1%		● BME ● White
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME White	27.0% 24.0%	26.0% 23.0%	27.9% 23.4%	29.3% 24.4%	28.4% 23.6%	28.8% 23.2%	27.6% 22.5%	27.7% 22.0%	24.9% 20.7%		● BME ● White
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion **	BME White			47.5% 61.1%	44.6% 59.0%	45.6% 59.7%	44.0% 59.6%	44.4% 58.7%	46.4% 59.1%	48.8% 59.4%		● White ● BME
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME White	14.0% 6.1%	14.5% 6.1%	15.0% 6.6%	15.3% 6.4%	14.5% 6.0%	16.7% 6.2%	17.0% 6.8%	16.6% 6.7%	15.5% 6.7%		● BME ● White
9	BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%	14.0%	15.6%	16.5%		

* Data source: 2016-2017 - NHS workforce statistics website; 2018-2024 - SDCS/DCF data collection

** The way that indicator 7 is calculated has been changed for the NHS Staff Survey conducted in November and December 2021 and reported from 2022 onwards. Historic figures have been recalculated back to 2017 (2018 reporting year). (Previously, the figure was derived by dividing the number of “yes”

6

Table 2: NHS Average National Performance of WRES Indicators starting from 2016.

² The 2025 WRES national data, covering 1 April 2024 to 31 March 2025, has not yet been published and is therefore not available for benchmarking.

3.0 Trust performance breakdown by the 9 WRES indicators

Indicator 1: Workforce ethnicity profile

We aim to reflect our Global Majority heritage workforce across all staff groups and bands both clinical and non-clinical excluding medical staff. Currently **13.21%** of our overall workforce (excluding bank staff) identify as having Global Majority heritage. This is our highest rate to date and an increase from 11.11% in 2024. It also exceeds the local Global Majority population, which stands at 11.17% according to the 2021 Census.

Medical staff continue to be significantly over-represented, with 60.27% identifying as Global Majority heritage (slightly down from 61.11% in 2024). This group has a major impact on our overall diversity figures. When we **exclude medical staff, the Trust's ethnic diversity rate drops to 11.42%** still a notable rise from 9.25% in 2024.

However, ethnic diversity is still lacking in some areas, particularly within non-clinical roles. An exception is band 5 nursing, where representation is stronger. Overall, our non-clinical workforce continues to lag behind in Global Majority representation.

- ✓ Trust **Non-Clinical** Ethnic Diverse Workforce: 6.1% (significantly up from 4.5% in 2024)
- ✓ Trust **Clinical** (Medical Excluded) Ethnic Diverse Workforce: 13.1% (up from 12.09% in 2024)
- ✓ Trust **Overall** Workforce (excluding medical): 11.42% (up from 9.5% in 2024)

Ethnic diversity in our **non-clinical workforce** remains low across nearly all levels, with the exception of Bands 6, 8d and Board roles. The lack of progress in improving Global Majority heritage representation in these areas remains a key priority for action. A similar pattern exists within **our clinical workforce**. Bands 3 and 5, mainly nursing roles, show better representation, but this may be linked to lower rates of career progression for Global Majority staff beyond Band 5 when compared to their white colleagues.

Table 3 shows that the Trust continues to under-represent Global Majority heritage staff across most staff clusters, except for medical roles. Workforce ethnicity data as of 31 March 2025 is detailed in the table and charts below.

Band/group	2024			2025		
	Global Majority	White	Unknown	Global Majority	White	Unknown
band <1-4	9.87%	89.47%	0.66%	12.6%	86.72%	0.67%
band 5-7	9.68%	89.33%	0.99%	11.72%	86.94%	1.34%
band 8a-9	3.74%	96.26%	0%	5.025%	94.97%	0%
Medical	61.11%	37.50%	1.39%	60.27%	38.36%	1.37%
TOTAL (Exc. Medical)	9.5%	88.11%	0.78%	13.21%	87.65%	0.93%

- Data in the table shows our **best yet ethnic diverse representation** (13.21%). Progress recorded in increasing diversity in all cluster groups.
- This is **slightly higher than the local population rate of 11.17%** (from 2021 census) as at 31.3.25.
- A key challenge continues to be the under-representation across most staff groups and pay bands. See details in Chart 1-3 below.

Table 3: Global Majority heritage workforce yearly comparison based on cluster bands.

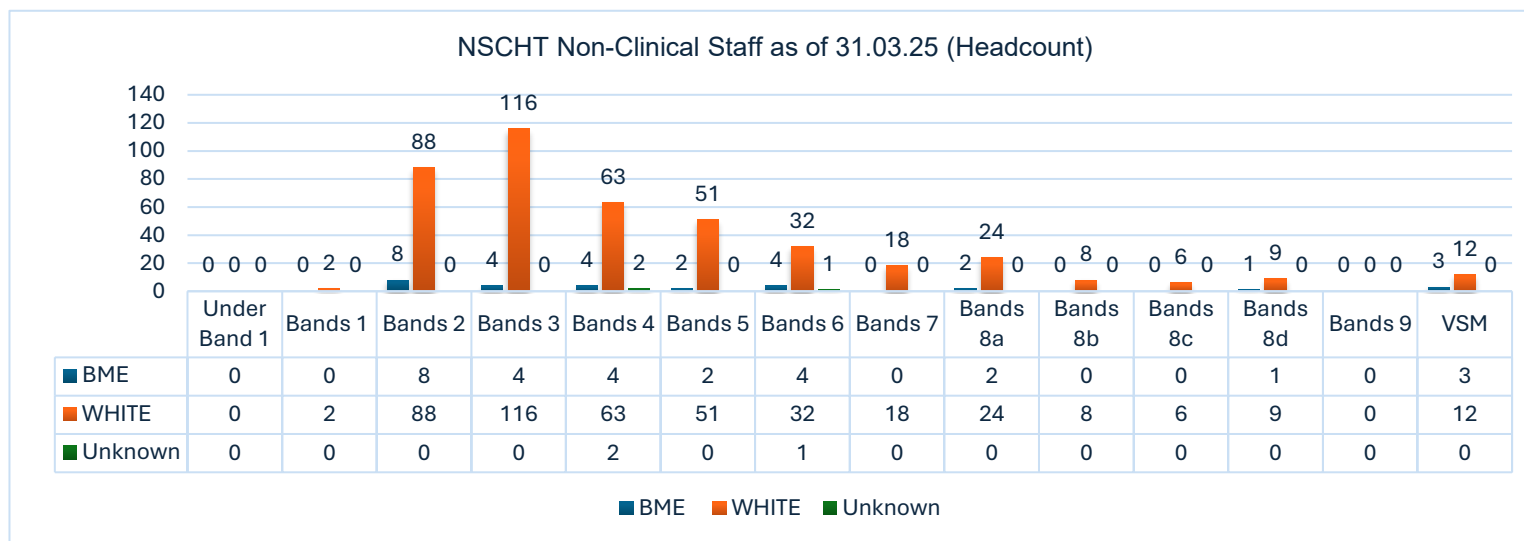


Chart 1: Trust Non-Clinical Staff as of 31st March 2025, based on ESR Data.

- **Non-clinical workforce** shows much lower representation of Global Majority staff compared to the local population (11.17%)
- Global Majority staff are present in small numbers at B2–6.
- Some representation at B8a, 8d and VSM.
- No representation at B7, B8b–c, B9, and 8d. Overall, diversity within the workforce decreases sharply at senior levels, highlighting ongoing challenges in progression and leadership

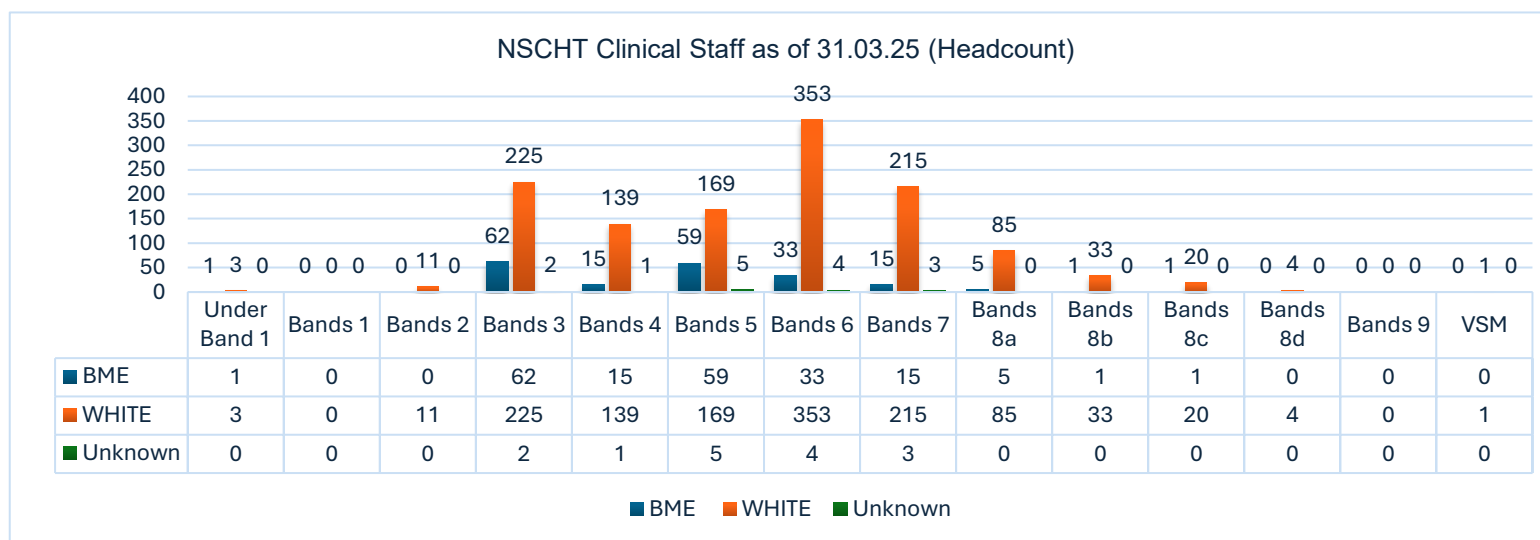
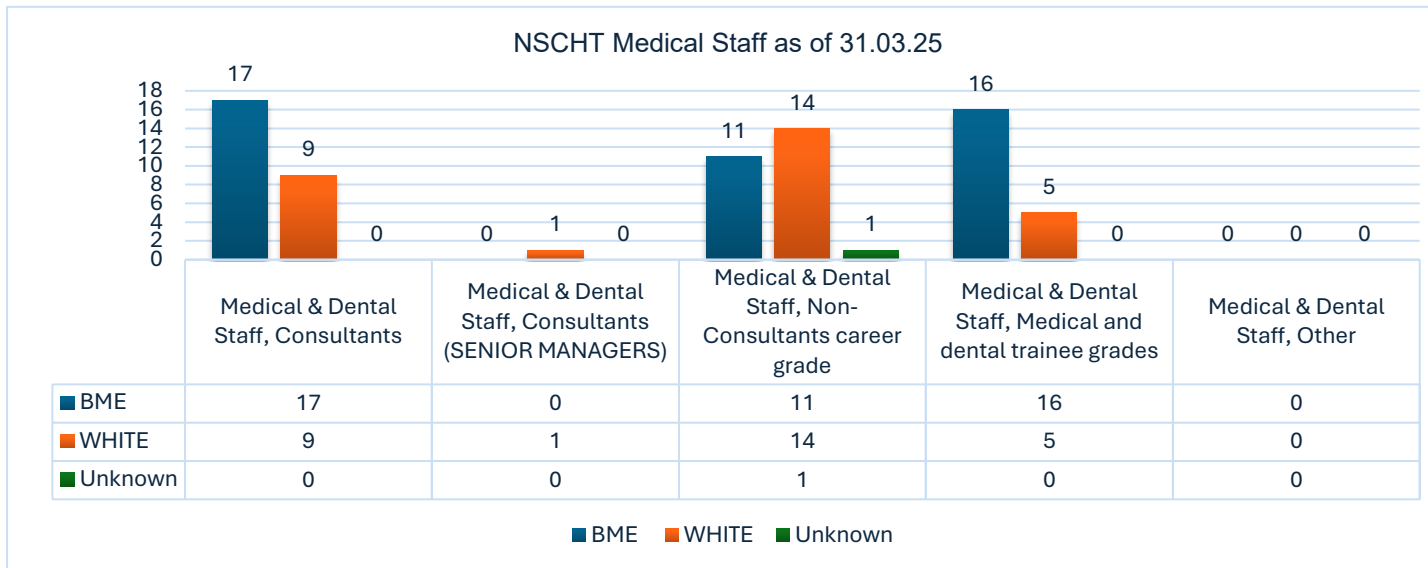


Chart 2: Trust Clinical Staff as of 31st March 2025, based on ESR Data.

- Global Majority **clinical staff** are represented across several bands, with the largest numbers at B3 (62 staff) and B5 (59 staff). (but remains below the local Global Majority Heritage population at 11.17%).
- Some presence at B6–7 and limited representation at B8a–8c, there is no representation at B8d, 9, or VSM.
- This shows that although Global Majority staff are entering clinical roles, progression into senior and leadership positions remains limited, leaving the workforce profile less diverse than the local community it serves.



- Global Majority medical staff are strongly represented across most groups, with numbers well above the local Global Majority Heritage population benchmark of 11.17%.
- Global Majority staff make up the majority of consultants (17 compared with 9 White) and trainees (16 compared with 5 White) and are well represented among non-consultant career grades (11 compared with 14 White).
- There is a gap at consultant senior manager level, where there is no representation.

Chart 3: Trust Medical Staff as of 31st March 2025, based on ESR Data.

Trust Bank Ethnicity Profile

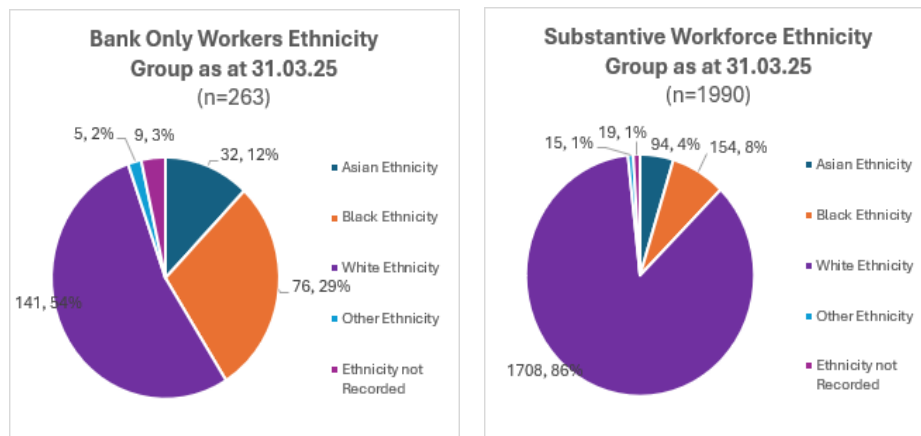


Chart 4a: Bank only workers ethnicity

Chart 4b Substantive workforce ethnicity as of 31st March 2025 (ESR Data).

In 2025, the bank workforce shows a more diverse profile compared to 2024. Staff from a global majority background (all non-White ethnicities) make up 42.97% of the bank workforce in 2025, a significant increase from 29.14% in 2024. Within this, Black staff represent the largest global majority group at 28.90%, followed by Asian staff at 12.17%, and other ethnicity at 1.90%. White staff account for just over half of the workforce at 53.61%.

Nationally, Global Majority staff represent 28.6% of the NHS workforce. This disparity raises important questions about the underlying factors influencing the preference for bank roles among Global Majority Heritage staff. It prompts further exploration into whether flexibility, perceived inclusivity, reduced exposure to workplace discrimination, or barriers to progression in substantive roles contribute to this trend. Understanding these motivations could help the Trust identify and replicate inclusive practices from bank staffing within permanent recruitment and retention strategies.

3.1. WRES Aspirational Target

Workers from Global Majority Heritage backgrounds remain significantly under-represented in senior non-clinical roles across the NHS (excluding clinical and medical positions). The WRES Aspirational Target aims to improve representation at Band 8A and above by 2028.

This year, we updated our Trust's 2028 Aspirational Target using the latest data from the 2021 Census, which shows that 11.17% of our local population is from ethnically diverse backgrounds. The revised target is shown in Table 4.

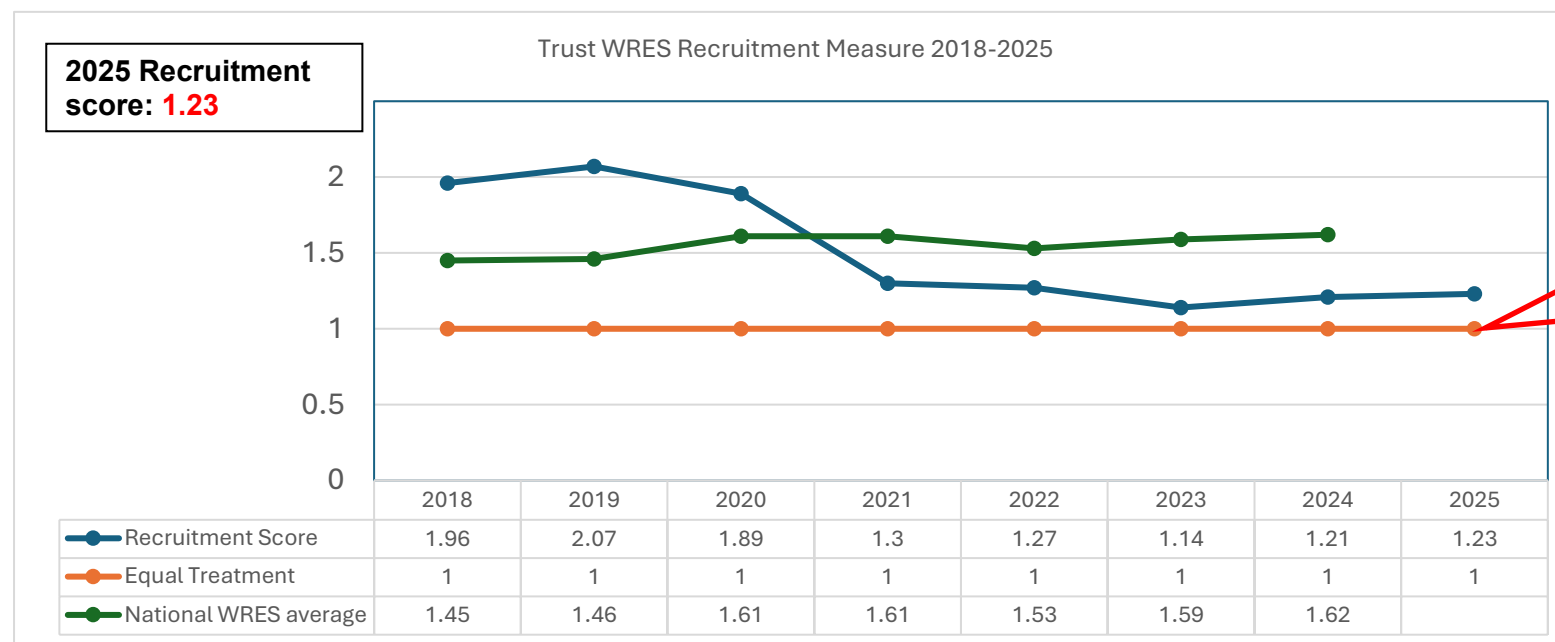
Existing Profile: Trust Band 8a-8d establishment as at 31.03.25					Aspirational profile in non-clinical roles (by 2028); based on local population rate of 11.17%: Planned Equitable Distribution in 2028				
Banding / Equivalent	Global Majority	White	Total		Global Majority	White	Total		No. of ethnic diverse appointments needed to be equitable
Bd 8A	2	24	26		3	23	26		+1 Global Majority Heritage colleague (2025: +1)
Bd 8B	0	8	8		1	8	9		+1 Global Majority Heritage colleague (2025: +1)
Bd 8C	0	6	6		1	5	6		+1 Global Majority Heritage colleague (2025: +1)
Bd 8D	1	9	10		1	7	8		+1 Global Majority Heritage colleague (2025: +1)
TOTAL	3	47	50		6	44	50		+4 Global Majority Heritage 8A-D colleagues (+4) required

Table 4: Trust 2025 Workforce Profile compared to Aspirational Target Workforce Profile (by 2028)

To meet our WRES Aspirational Targets by 2028, the Trust needs to appoint/convert four more individuals from Global Majority Heritage backgrounds into Band 8 (A–D) roles, based on current staffing levels (see Table 5 above).

To support this goal, we will focus on developing and progressing our existing Global Majority Heritage staff, alongside external recruitment. Our aim is to build a strong and diverse pipeline of internal candidates, ensuring we are always 'spoiled for choice' when filling senior roles.

Indicator 2: Recruitment measure



WORSE than 2024:

Our recruitment score for 2025 has slightly declined but still outperforms the national average. We remain focused on bringing it below 1.00 and sustaining that improvement.

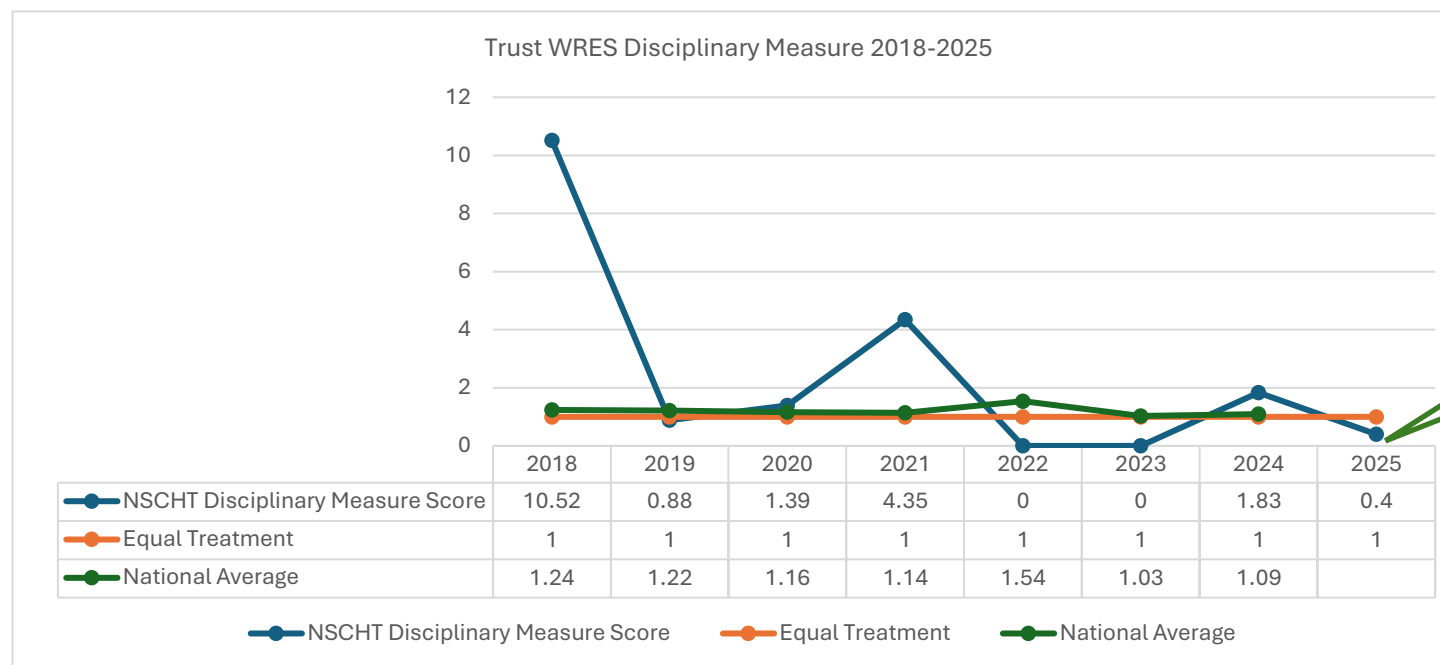
Chart 5: Trust Recruitment Measure trend from 2018 to 2025. National WRES Average not for 2025 has not been published yet.

Headcount and Percentages				Headcount and Percentages			
2024	Application	Shortlisted	Appointed	2025	Application	Shortlisted	Appointed
Global Majority Heritage	3843 (55.7%)	612 (29.5%)	149 (24.8%)	Global Majority Heritage	3255 (57.33%)	464 (36.73%)	158 (35.1%)
Not disclosed	124 (1.8%)	40 (1.9%)	34 (5.7%)	Not disclosed	77 (1.3%)	17 (1.3%)	14 (2.80%)
White	2931 (42.5%)	1422 (68.6%)	418 (69.6%)	White	2345 (41.30)	782 (62%)	327 (65.53%)
Total	6898 (100%)	2074 (100%)	601 (100%)	Total	5677 (100%)	1263 (100%)	499

The score is calculated from shortlisted and appointed data from recruitment and selection in 2025. It is noted that there is a significant reduction in the proportion of Global Majority applicants at application-to-shortlisting stage, with a much further reduction at interview-to-appointment stage, with a corresponding increase in the proportion of White candidates, in terms of percentages.

Table 5: Trust 2024 and 2025 appointment rates for different ethnicities.

Indicator 3: Disciplinary measure



MUCH BETTER than 2024:

Our score *has improved significantly in 2025* and stands at 0.41. It must be noted that this relates to just 1 disciplinary case involving a Global Majority Heritage colleague.

	Disciplinary cases	
	2024	2025
Global Majority Heritage	3	1
White	13	16
Ethnicity not known	0	1
TOTAL CASES	16	17

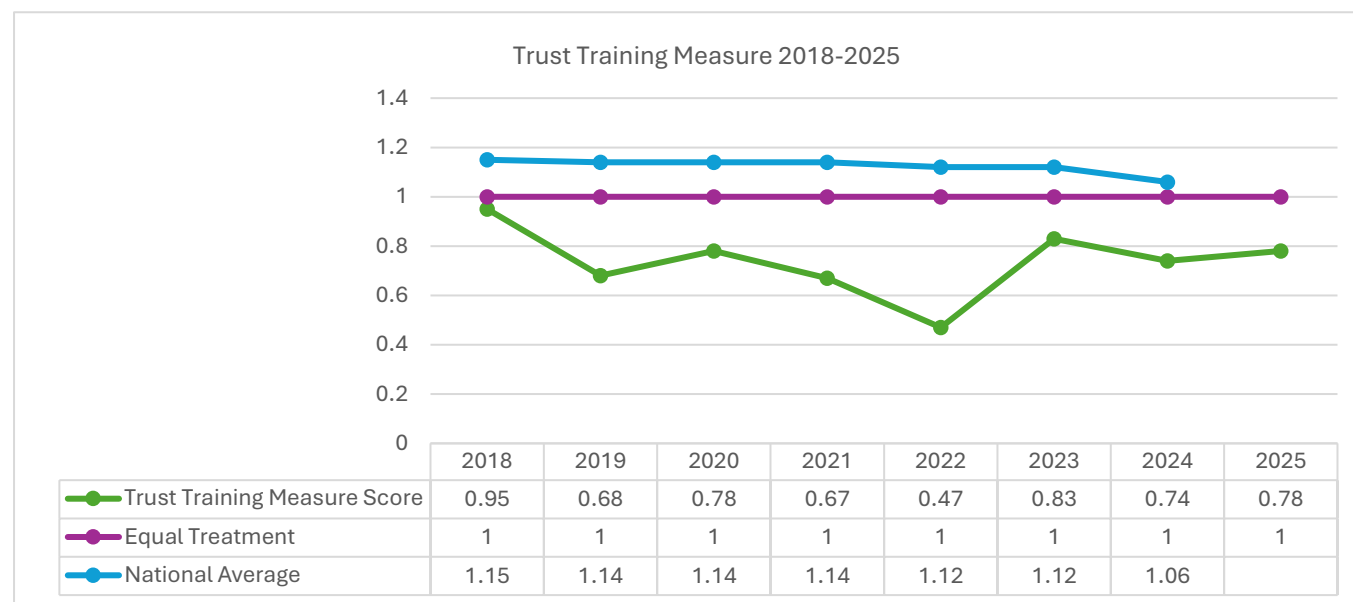
Chart 6: WRES Disciplinary Measure, year-on-year performance, Staff Survey 2024, National Average for 2025 not available yet.

Table 6: Trust Disciplinary cases by ethnicity 2024 & 2025

In 2025, there was one disciplinary case involving a Global Majority colleague, compared to 16 White colleagues. This reflects underrepresentation, with a score of 0.40. Small case numbers and a limited ethnically diverse workforce mean the measure can fluctuate significantly year to year.

We've continued to embed our Just and Fair Culture, focusing on civility and respect, supported by our investigation's checklist. This helps ensure disciplinary investigations are only used when necessary and are carried out with the right level of rigour to reduce or remove potential bias.

Indicator 4: Training measure



This indicator measures the proportion of Global Majority colleagues taking part in **at least one piece of non-mandatory development**, compared to White colleagues.

The Trust's training measure has traditionally favoured Global Majority colleagues and 2025 is no exception, with a score of 0.78. This continues to be largely influenced by the medical workforce, where 60.27% of staff identify as Global Majority. Since medical staff routinely complete non-mandatory CPD (Continuing Professional Development), their high representation skews the overall score.

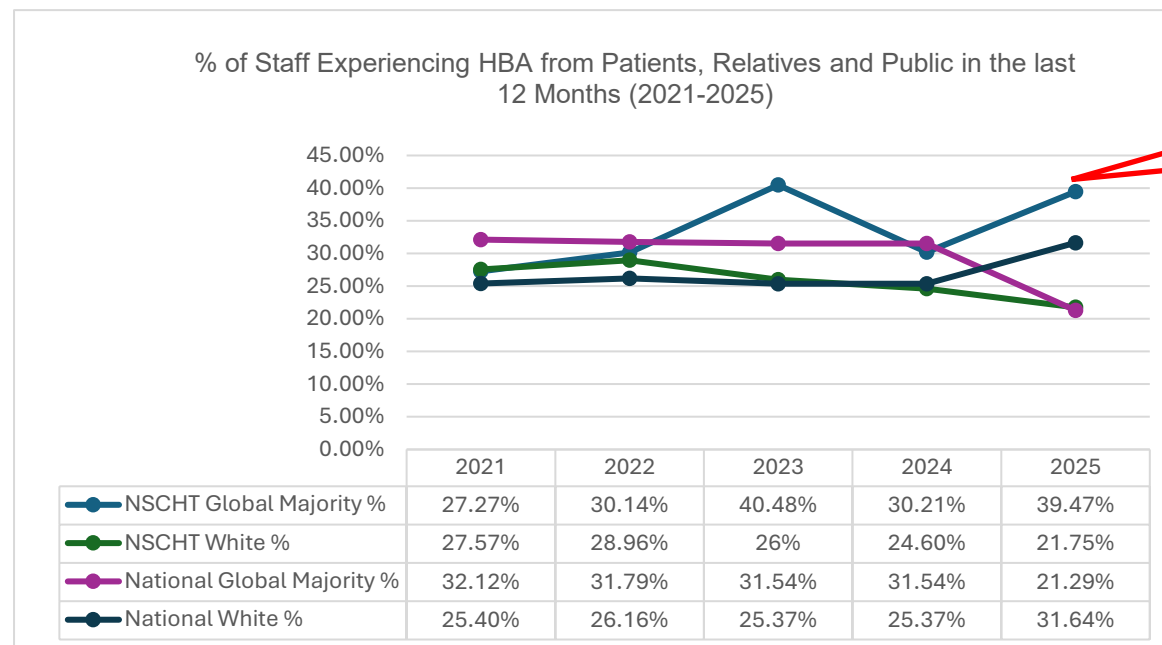
However, this training measure is relatively limited - it doesn't account for the type, level, or duration of development accessed. A more detailed analysis may reveal further

Chart 7: WRES Training Measure, year-on-year performance (National Average for 2025 not available yet)

inequalities in access to meaningful development for Global Majority staff.

Previously, the Trust offered positive action programmes such as Stepping Up, New Futures, Aspirant Leaders and Developing You: Developing Me. These were paused in 2025. Going forward and subject to funding and capacity, the focus will shift to creating an environment where Global Majority colleagues have equal access to all development opportunities. The impact of this new approach will be tracked through future training scores.

Indicator 5: Harassment, bullying & abuse (HBA) from patients/public



WORSENE from 2024 position.

- Also, worse than national average rate for Global Majority Heritage staff.
- Worse than the Trust and national rates for White staff.

This year, our WRES score for HBA from patients and the public (2024 Staff Survey data) increased from 30.21% to 39.47%. This position is also worse than average (31.64%) for Global Majority colleagues nationally. It remains higher than the Trust (and national mental health) rate of HBA from patients and the public towards White colleagues (by nearly 18%). It is also concerning that the size of the gap between Global Majority and White experience on this measure has increased considerably from the previous year, when the difference was 5.61%. 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.

Chart 8a: WRES HBA from patients/public Measure, year-on-year performance, Staff Survey 2024.

Indicator 6: Harassment, bullying and abuse from staff

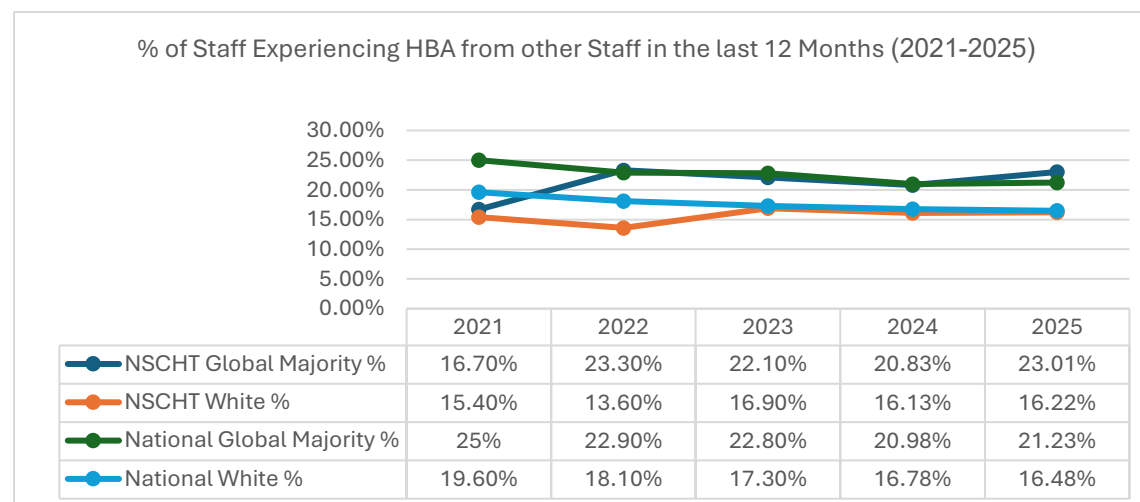
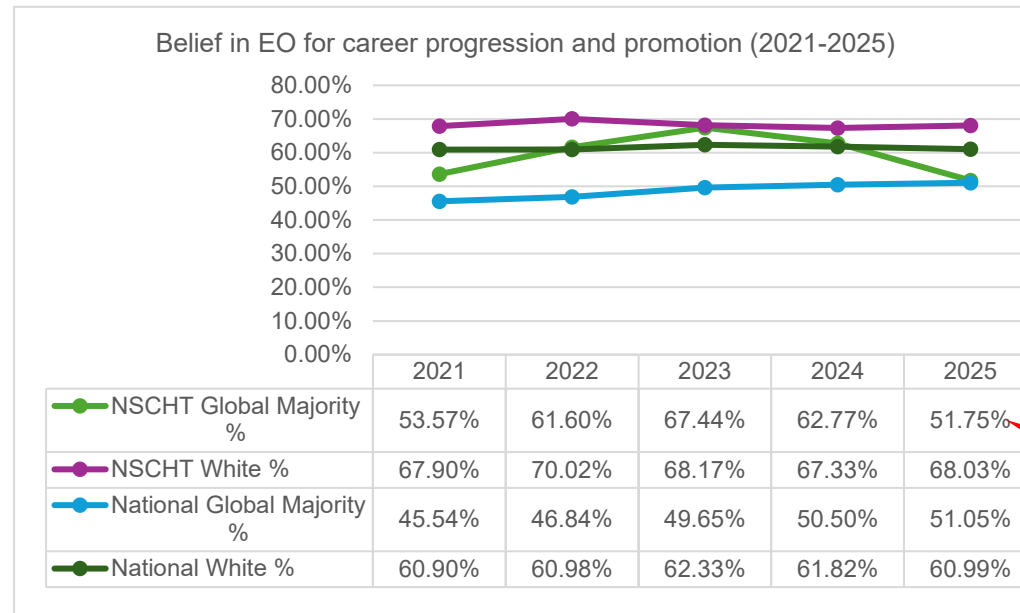


Chart 8b: WRES HBA from staff Measure, year-on-year performance, Staff Survey 2024.

According to the 2024 Staff Survey, reports of HBA among staff fell slightly for the second year in a row — down by 2.18%. However, the gap between the experiences of White staff and Global Majority colleagues remains largely unchanged, with a difference of nearly 7%. Our figures have generally mirrored the national rate for Global Majority staff over the past five years, apart from 2021 (based on the 2020 survey), which showed an unusually low rate and appears to be an outlier. Despite the small decline, nearly 1 in 4 ethnically diverse staff continue to report HBA from colleagues. This remains unacceptable. We are committed to preventing these behaviours, responding more effectively when they occur and ensuring staff feel safe and supported to report them so they can be properly addressed

Indicator 7 - Belief in equal opportunities for career progression



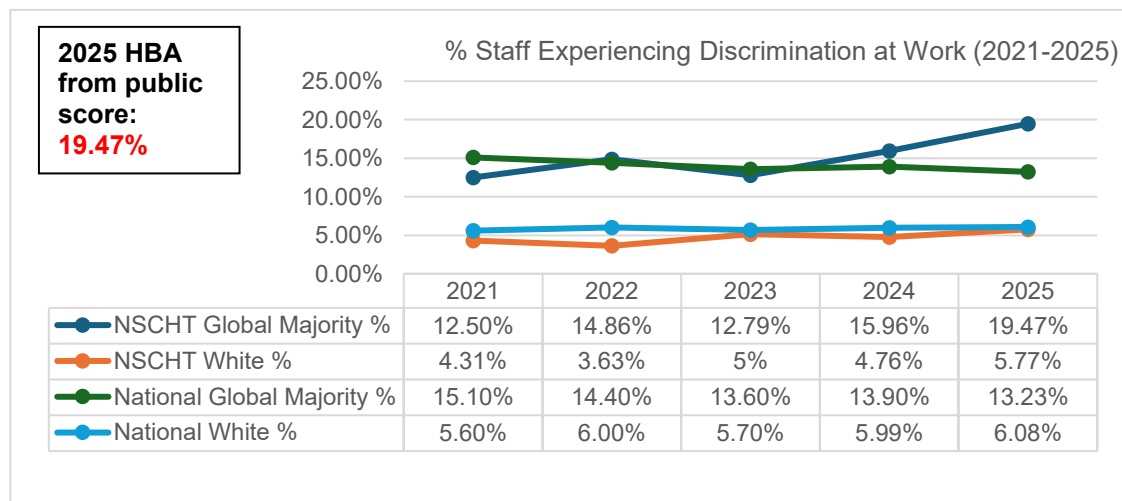
There has been a drop in our 2025 score for Belief in Equal Opportunities (EO) (from the 2024 survey), with a significant increase in the gap between Global Majority and White colleagues. After a smaller 5% gap in 2024, the 2025 data show this has widened to nearly 17% - one of the largest differences we've seen in recent years. Despite this, the Trust's score for Global Majority colleagues is still 0.70 percentage points higher than the national average. We are committed to improving this outcome through our inclusive recruitment change programme and by visibly reinforcing our commitment to race equality across all areas of employment.

Position has WORSENEd for the first time since 2021.

- Score worse for Trust Global Majority colleagues than White colleagues.
- Remains almost equal to national average for Global Majority.

Chart 9: WRES Equal Opportunities Measure, year-on-year performance, Staff Survey 2024.

Indicator 8 - Staff experiencing discrimination from other staff



Nearly 20% of Global Majority colleagues reported experiencing discrimination at work — the highest rate in the past five years. This figure is 6% above the national average for Global Majority staff, and the gap between their experiences and those of White colleagues has widened to 13.7%. This is a serious concern. As part of our anti-racism approach, we will ensure all teams and leaders are equipped and expected to identify and challenge bias and discrimination wherever it occurs. While any colleague is experiencing discrimination, we cannot truly deliver on our commitment to be a great place to work, or on our vision of inclusion and belonging for all our people.

Chart 10: WRES Discrimination Measure, year-on-year performance, Staff Survey 2024

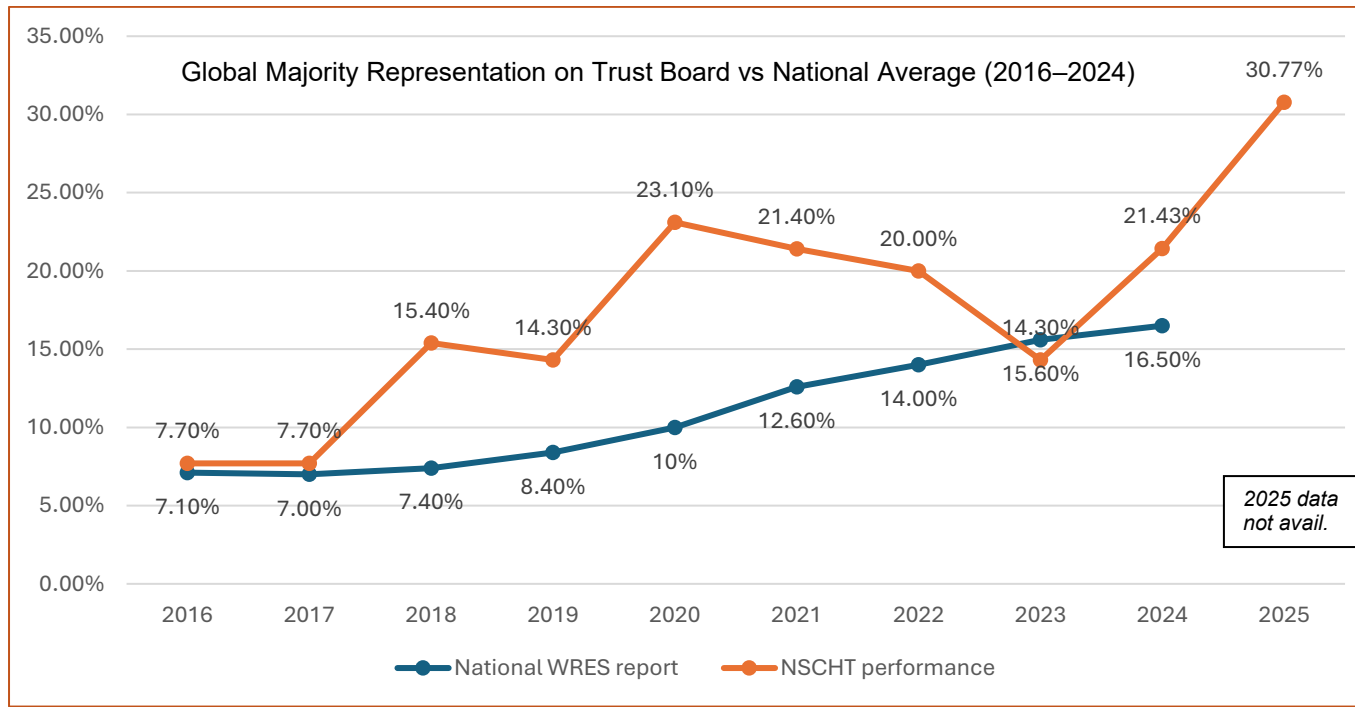
Indicator 9: Trust BME Board membership

2025	Global Majority	White	Global Majority	White
	Headcount		%	%
Executive Directors	4	9	30.77%	69.23%
.. Of which: Voting members	4	7	30.77%	53.85%
Non-Executive	2	4	15.38%	30.77%
Total board members	4	9	30.77%	69.23%

Global Majority Heritage board headcount has INCREASED to 4 (from 3) members.

- This is made up of 2 Executive and (for the first time) 2 non-executive members.
- All 4 Global Majority Heritage Board Members have voting rights.
- Our overall position of 30.77% Global Majority Heritage Board Members and 69.23% 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.

Table 7: Global Majority Board Membership at NSCHT, 31.3.25



The Trust is proud to have strong Global Majority representation at Board level, exceeding our local population rate of 11.17%. Currently, 30.77% of our Board (four members) are from ethnically diverse backgrounds. We are also one of the few Trusts nationally with both a Black CEO and a Black Medical Director. For the first time, we now also have Global Majority representation among our non-executive directors. Throughout 2025, our Board has continued to show strong leadership and commitment to inclusion, both locally and nationally. In 2024, our executive team took part in inclusion-focused development and have committed to delivering meaningful inclusion objectives within their Directorates.

Chart 11: Trust board Global Majority representation compared to national average, 2016-2024 (2025 national data not available yet)

4.0. What have Combined been doing to advance the WRES over the past 12-18 months?

Inclusion and belonging remain at the heart of our People strategy at Combined. We've continued refining our approach to ensure everyone in our workforce feels included, valued, supported and genuinely cared for. Our Combined People Plan continues to guide and measure our progress, particularly around improving inclusion and race equity.

Key areas of focus include:

- Celebrating and recognising diversity.
- Building a culture of justice, belonging and inclusivity.
- Reflecting the diversity of our communities at all levels of the organisation.

Activities to advance race inclusion through this period included:

- Advancing our **#InclusiveHR change** programme with the People Directorate, aiming to lead by example on equality.
- Strengthening the impact of our **ENRICH Staff Network** on Trust activities and decision-making.
- The Inclusion Trailblazers Project was delivered in 2024, aimed at removing barriers and promoting equity by using lived experience to rethink and debias processes. While no new actions were undertaken in 2025, staff continue to benefit from the outcomes of the project and next steps will be agreed going forward in alignment with wider inclusion work underway to deliver on our Trust Inclusion and Belonging Strategy.
- The Recruitment Team, in collaboration with the OD and Inclusion Team, is enhancing Values-Based Recruitment by reviewing assessment materials and ensuring interview and selection processes are consistent and anti-discriminatory. This work involves external experts and the Inclusive Recruitment Network Group, with early drafts already in progress.
- The Trust continues to prioritise **staff wellbeing** by offering a wide range of support services and resources. Staff have access to platforms like Optima for confidential self-referrals and manager referrals, as well as the Learning Management System (LMS) for professional development. Centralised tools such as the Combined Access Tool and Health & Wellbeing pages provide easy access to counselling and tailored team sessions. Support materials are regularly shared via email and updates are communicated through monthly newsletters and Newsround. However, usage data shows that 77% of users are White (English/European), with only 8% from minority ethnic groups and 15% with no recorded ethnicity, indicating potential underrepresentation and data gaps. This highlights the need to explore barriers to access and improve inclusivity for ethnic minority staff.
- Delivered the Trust's first **Ethnicity Pay Gap report**, including analysis at service and Directorate levels and development of an action plan.
- We listened and responded to the concerns of our global majority workforce and ENRICH members following the civil unrest of August 2024. A dedicated listening session was held with ENRICH members, manager and staff guidance has been developed and issued, and a One Combined / Parade of Flags video created and launched on the Trust YouTube page.
- All **executive directors committed to delivering against one or more EDI objectives for their Directorates** in 2025 (race inclusion and career progression for our Global Majority workforce identified as key priority).
- **Staff development** focused on promoting equity and inclusion, with positive action taken to prioritise Combined Connects and Foundations in Leadership and Management (FLM) nominations from underrepresented groups, such as those from global majority heritage, LGBTQ+, disabled, or neurodiverse backgrounds. Staff were signposted to key Trust and system-wide development opportunities through targeted



communications via Staff Networks. Delegates from positive action programmes like New Futures and Stepping Up were offered further CPD through alumni events. A career development workshop and 1:1 sessions were delivered for the ENRICH network.

- A new **Board Development Conversations** process and framework was introduced, embedding inclusion as a priority.
- Coaching and mentoring were further promoted within the Staff Networks, with improved access to mentors with lived experience. A ward-based stretch opportunity pilot was trialled, with plans to relaunch in 2025/26. In addition, a new Career Development CAT page and handbook were launched and promoted through Staff Network events.
- Launching systemwide **race inclusion programmes** such as HPMA Anti-Racist Leadership Programme (attended by HR teams across the ICS), WRES Champions and Reciprocal Mentoring programmes to develop participants skillset in leading elements of anti-racism culture change
- The Anti-Racist Leadership Toolkit was co-developed with system partners to support leadership development. We also delivered a Leadership Academy aimed at 'Accelerating Our Inclusive Leadership Culture' We also continue to deliver the "Developing Inclusive Cultures" modules for both FLM and Combined Connects Leadership programmes. We continue to learn from evidence-based and best practice approaches to leadership and inclusion. As part of this commitment, the Trust welcomed Professor Michael West to deliver a session at the recent conference on Compassionate and Inclusive Leadership. His insights reinforced the importance of embedding compassion at all levels of leadership and highlighted how inclusive practices can positively impact staff wellbeing, engagement, and organisational culture.
- 79 '**See me First**' badges have been distributed to staff since the inception of the scheme in October 2023.
- Introduced and continue to embed our **HR / EDI dashboard** for all services and directorates to support accountability for positive change in each service.
- **Raising awareness through our annual inclusion calendar and celebrating key EDI events** within the Trust and across the system, including Race Equality Week, South Asian Heritage Month, Black History Month, Diwali, Ramadan and Eid to promote inclusion and awareness across our organisation.
- In response to Health and Safety Executive (HSE) guidance, the Trust **reviewed policies, procedures and incident data on workplace violence, aggression and injuries**. A separate reporting category for hate crime was introduced, alongside a restorative post-incident response in line with just culture principles. Staff are now supported to report hate crime to the police and access victim support, while warning letters have been issued to offenders to highlight the harm caused. The Trust has also formed links with Uniting Staffordshire Against Hate to provide additional specialist support for staff.
- We are acting on recommendations from recent **Learning Reviews** to embed inclusive practices. Key areas include inclusive recruitment, addressing inequities for bank staff, reviewing Freedom to Speak Up (FTSU) practices and supporting career development for global majority colleagues.
- An **Anti-racism toolkit** was developed as an educational resource for individuals to build their capability on race and anti-racism practices (videos, personal stories, links to speakers, documents to support different learning styles). In 2025-26 the toolkit will be launched to bring it to life.
- A System Sexual Safety session was held in October 2024 and attended by several staff members. While the primary focus was on sexual safety, the session on 'Being an Upstander and Active Bystander' was noted for its relevance and applicability to other forms of incivility and discrimination.

Further detail on our WRES action plan 2025-26 is available in Appendix 1. For more on our wider Inclusion programme, see our *Inclusion and Belonging Annual Report 2025* on the Trust's website (to be published in Q3).

5.0 WRES action planned for 2025-26

Our focus in 2025-26 will be concentrating on four key areas of focus which allow us to maximise the measurable impact of change interventions action as well as 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:

- Continue Trust-wide rollout and embedding of the Inclusive Recruitment Toolkit and Development Programme.
- Complete and act on the review of Band 8A+ roles to identify barriers to progression for global majority staff.
- Use staff feedback to improve recruitment processes from a race equity and inclusion perspective.

2. Reducing racial inequalities and health inequalities for our workforce, including:

- Use insights from the embedded HR/EDI Dashboard to drive local accountability and action.
- Promote equitable access to non-mandatory training, addressing the re-emerging gap.
- Ensure wellbeing services are inclusive and accessible to all staff groups.
- Use findings from the Ethnicity Pay Gap Report to shape targeted interventions at service and Directorate levels.

3. Progressing our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones

- Sustain a high-profile anti-racist communications campaign, reinforcing expectations and accountability.
- Continue to de-bias disciplinary, performance, flexible working and retirement processes, using a race equity lens.
- Maintain the practice of reviewing and updating protected characteristics at the start of employee relations cases.
- Respond to increased reports of harassment (patients and staff) with clear prevention and response measures.
- Actively engage the ENRICH Network in co-developing anti-discrimination efforts.

4. Educating for Inclusion: advancing a supporting programme of education to underlie our work in priorities 1, 2 and 3 above:

- Deliver leadership educational intervention that deepens understanding of race, racism and inclusive practice.
- Provide practical training on responding to discrimination, abuse and incivility.
- Expand the Leadership Academy's race inclusion offers, with clear outcomes linked to WRES priorities.
- Continue a programme of events and learning to celebrate and educate around key race-themed dates.
- 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

The 2025 WRES data highlights persistent racial disparities across several key areas of the workforce experience. While there are some areas of progress such as improved board diversity and a reduction in the disciplinary gap, concerning trends remain. Global majority staff continue to face disproportionate levels of harassment, reduced access to training, lower confidence in equal opportunities and significantly higher rates of perceived discrimination compared to White colleagues.

The widening gap in training access and declining confidence in fairness point to a need for stronger accountability and cultural change at every level. The overall picture shows that while structural tools and processes (such as inclusive recruitment resources, dashboards and pay gap analysis) have been introduced, greater focus is now required on embedding these into everyday practice and leadership accountability to ensure we not only maintain progress but continue to improve.

What we need in 2025-26

In 2025–26, we need to shift from implementation to meaningful impact. This means embedding inclusive recruitment practices across all services, ensuring equitable access to development and progression and holding leaders visibly accountable for race equity outcomes. We must act on insights from our Ethnicity Pay Gap Report and workforce dashboard, close gaps in training access and tackle the root causes of harassment and discrimination. Strong leadership, clear expectations and continued engagement with our ENRICH Network will be critical to creating a safer, fairer and more inclusive workplace for all.

Recommendations

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

1. Note the progress made and areas where performance has declined in our 2025 WRES outcomes, particularly around staff experience and access to development.
2. Approve the 2025 WRES Report and the 2025–26 WRES Action Plan for publication and implementation.
3. Acknowledge that personal and team-level actions are expected as part of the plan and commit to delivering these within their own areas of responsibility.
4. Continue to act as visible and active ambassadors for race inclusion, championing a Trust-wide culture that is inclusive, anti-racist, and accountable.
5. Take personal responsibility for improving their own awareness and understanding of race equity issues, including by seeking support, training, or guidance where needed.
6. Use the HR/EDI Dashboard and Ethnicity Pay Gap insights to challenge disparities and support targeted actions within their services or directorates.
7. Engage with staff networks, including the ENRICH Network, to better understand lived experiences and co-create solutions that drive lasting change.

END

APPENDIX 1: Progress Report: WRES Action Plan 2024

WRES Priority Areas	Train	Retain	Reform
1. Debias employee relations and talent management processes	<ul style="list-style-type: none"> ✓ Leadership education on race and racism (ongoing). ✓ Leadership Academy on race inclusion. ✓ HPMA Anti-Racist Leadership Programme and WRES Champions. ✓ People Team development day focused on equality impact assessments and a team-wide Privilege Walk session. ✓ Career development workshops and 1:1 sessions are offered through the OD CAT pages, though uptake was minimal (ongoing) 	<ul style="list-style-type: none"> ✓ Debaised Disciplinary and Improving Performance processes (ongoing). ✓ Review protected characteristics in Employee Relations (ER) cases (ongoing). ✓ Fair access to flexible working and retirement (ongoing). ✓ Learning Review actions focused on fair recruitment, bank staff equity, FTSU, and career growth for global majority staff (ongoing). 	<ul style="list-style-type: none"> ✓ Recruitment, OD, and Inclusion teams are enhancing Values-Based Recruitment assessment and selection materials. ✓ External expert engaged to review interview and selection practices for consistency and anti-discrimination. ✓ Inclusive Recruitment Network Group and Recruitment Managers involved, with initial drafts produced.
2. Engage, develop and progress ethnic diverse talent	<ul style="list-style-type: none"> ✓ Career development workshops and conversations for Global Majority colleagues (ongoing). ✓ Inclusive Recruitment Toolkit and Development Programme (rolled over to 25/26). ✓ Coaching and Mentoring Platform(ongoing) 	<ul style="list-style-type: none"> ✓ Equitable access to health and wellbeing offers (ongoing). ✓ HR/EDI Dashboard embedded for monitoring workforce demographics (ongoing). ✓ Ethnicity Pay Gap Report analysis to inform retention strategies (ongoing). 	<ul style="list-style-type: none"> ✓ Talent management and progression reforms supported by Executive-led EDI objectives. ✓ Ethnicity Pay Gap Report to inform systemic changes.
3. End violence, aggression, harassment and abuse	<ul style="list-style-type: none"> ✓ Race-themed inclusion calendar activities (ongoing). ✓ In response to rising reports of HBA from the public on wards, some sites developed posters. (ongoing – centrally coordinated inclusion photo campaign supported by Comms to streamline messaging). 	<ul style="list-style-type: none"> ✓ Targeted communications on anti-racist practice (ongoing). ✓ Strengthening staff support mechanisms via ENRICH Network (ongoing). 	<ul style="list-style-type: none"> ✓ Project group actions to address bullying and abuse. ✓ Policy reform is shaped through the ENRICH Network, with leads on the Partnership Working Group and input from staff survey and WRES results to drive changes, including tackling harassment and abuse (ongoing).
4. Make EDI and race inclusion everyone's business	<ul style="list-style-type: none"> ✓ EDI development across levels to embed inclusive culture e.g. training, awareness activities (ongoing). ✓ Participation of leaders in anti-racism education and mentoring programmes. 	<ul style="list-style-type: none"> ✓ Directorates were tasked with setting EDI objectives. ✓ Embed inclusive practice across all teams (ongoing). 	<ul style="list-style-type: none"> ✓ HR/EDI Dashboard embedded to support accountability. ✓ Culture change through anti-racist leadership at all levels (Ongoing). ✓ Launched PCREF with a new Steering Group, embedding it into the Health Equity Framework (ongoing).
5. Close the gap in ethnicity declaration	<ul style="list-style-type: none"> ✓ Staff education on importance of self-declaration and how data informs inclusion work. 	<ul style="list-style-type: none"> ✓ Use dashboard insights to engage services with low declaration rates. 	<ul style="list-style-type: none"> ✓ Targeted action plans to close ethnicity declaration gaps in services (ongoing)

APPENDIX 2 - Inclusion And Belonging Action Plan 2025-26

The WRES action plan is part of the Trusts wider 4 year Inclusion and Belonging Strategic plan (2024–2028) aligned with the Trust's Equality Objectives. Progress is monitored and reported annually. The plan is ambitious and will be supported by a refresh of the People Plan and root cause analysis to identify where best to focus our efforts for the greatest impact.

Action	Links to Equality Objectives 24-28	Links to 25-26 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at 08.25)
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	Ami Stonier	Oct 2025
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 2025
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective.	4	1	Should	Rachel Birks	Oct 2025
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	Ami Stonier	Dec 2025
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 2025-26 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 2026
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 2025
2.3 Implement new guidance on recording gender codes in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available. 2.4 When in place, action needed to analyse the data and identify next steps.	1	2	Must	Vicky Boswell / Lauren Cartwright	Dec 2025

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	TBC	Dec 2025
2.5 Three services to be reviewed and rated under the EDS framework for 2025-26 (detailed review of Access, Experience, Safe from Harm, Outcomes).	1	2	Must	Identified Service Mgrs / Janice Ogonji	March 2026
2.6 Review business case for AccessAble and make decision on potential extension for years 4 and 5 (if approved, commission inclusion of Keele Medical Practice and consider inclusion of Lawton House into surveyed premises).	4	2	Should	Janice Ogonji	Nov 2025
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 2026
2.8 All executive directors to agree and deliver against personal and Directorate EDI objectives in 2025-26.	1-4	1 - 4	Must	Buki Adeyemo/ Execs	Oct 2025
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: <ul style="list-style-type: none"> • 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 Janice Ogonji	Phase thru' 25-26

2.10 Publish and monitor annual Ethnicity, Disability and Gender Pay Gap reports (data to end March 2025), with targeted action plans to address findings	1	2	Must	Janice Ogonji	Dec 2025
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 Janice Ogonji	March 2026
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	Pauline Grant	March 2026
3.3 Review application of Trust Disciplinary Procedure and Trust Supporting Staff to Improve Performance Procedure through case review, taking a critical race and disability perspective. Propose and implement changes to debias process based on findings.	4	1 & 3	Should	Laura Reynolds / People Ops Team	March 2026
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 2026
3.5 Review Workplace Adjustments and Access to Work process to eliminate delays and barriers to support for differently abled colleagues <ul style="list-style-type: none"> 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 2026
3.6 Continue to embed EDI as everyone's responsibility , core to Trust & NHS Values.	4	1-4	Should	Janice Ogonji	March 2026
3.7 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

3.8 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	Jan 2026												
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 the need for active bystander/upstander response and the mechanisms available for reporting and addressing such behaviours.	4	1-4	Could	TBC													
4.3 Deliver an Executive development session on the learning from NHS discrimination cases and setting EDI objectives	3, 4	1-4	Should	Pauline Grant & Janice Ogonji	Feb 2026												
4.4 Trust Leadership Academy inclusion-themed session	3, 4	1-4	Should		Ongoing												
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): <table><tr><td colspan="2">Race Inclusion:</td></tr><tr><td>18 Jul -17 Aug 2025:</td><td>South Asian Heritage Month</td></tr><tr><td>September 2025</td><td>East and South Asian Heritage Month</td></tr><tr><td>October 2025</td><td>Black History Month</td></tr><tr><td>3-9 February 2026</td><td>Race Equality Week</td></tr><tr><td colspan="2">Disability Inclusion:</td></tr></table>	Race Inclusion:		18 Jul -17 Aug 2025:	South Asian Heritage Month	September 2025	East and South Asian Heritage Month	October 2025	Black History Month	3-9 February 2026	Race Equality Week	Disability Inclusion:		3, 4	1-4	Should	Staff Network Leads with Janice Ogonji	Ongoing
Race Inclusion:																	
18 Jul -17 Aug 2025:	South Asian Heritage Month																
September 2025	East and South Asian Heritage Month																
October 2025	Black History Month																
3-9 February 2026	Race Equality Week																
Disability Inclusion:																	

14 Nov – 20 Dec 2025	Disability History Month					
17 -23 Mar/April 2026	Neurodiversity Celebration Wk/Awareness Mth					
LGBT+ Inclusion:						
February 2026	LGTB+ History Month					
June 2026	Pride Month					
Gender Equality:						
8 March 2026	International Women’s Day					
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	TBC	Mar 26

Equality Objectives 2025-28 and EDI Goals 2025-26

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

Our Inclusion and Belonging Strategic Plan Equality Objective Priorities 25-28

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 2026-27

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 --- →