



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 03/10/24</b>
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<b>SUBJECT:</b>	<b>WORKFORCE RACE EQUALITY STANDARD ANNUAL REPORT AND ACTION PLAN 2024</b>
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	03 OCTOBER 2024
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<b>PURPOSE:</b>		<i>Tick as applicable</i>			<i>Tick as applicable</i>	
	<i>For decision/approval</i>	✓		<i>Assurance</i>	✓	
	<i>For review</i>			<i>Governance</i>	✓	
	<i>For information</i>	✓		<i>Strategy</i>		

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<b>SPONSORED BY:</b>	<b>Steven Ned, Director of People</b>
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<b>PRESENTED BY:</b>	<b>Steven Ned, Director of People</b>
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### STRATEGIC CONTEXT

This report supports the Trust’s Strategic Goal (2022-2027): **Best for People**

We will make our Trust the best place to work by:

- Ensuring a caring, supportive, fair and equitable culture for all
- Creating an organisational climate that supports Equality, Diversity and Inclusion
- Supporting our staff’s health and wellbeing

This paper also supports the Trust’s People Plan 2022-2027 which sets out the Trust’s actions on staff wellbeing, recruitment, retention, inclusion, employee voice & engagement, leadership and culture.

### EXECUTIVE SUMMARY

WRES is made up of nine indicators. Four of the indicators focus on workforce data (indicators 1 – 4). Four are based on data from the national NHS Staff Survey questions (indicators 5 – 8), in relation to harassment, bullying, abuse, discrimination and career progression opportunities. One indicator focuses upon BME representation on boards.

The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

The report presents our WRES data submitted to the NHSE EDI Mandated Standards Team in May 2024. The data is based on the previous Staff Survey results and staff information obtained on ESR as of the 31st March 2024. The report examines both improvements and deterioration compared to the previous year's results and benchmark against national comparative data relating to the staff survey (indicators 5 -8).

Furthermore, the report includes an update on last year's WRES action plan, detailing the progress made, with a new action plan for 2024/25 outlining the focus areas for the upcoming year.

The key findings and metrics are outlined:

#### **Areas of progress:**

- **Indicator 1: Workforce representation** – BME workforce at the Trust has increased from 12.4% to 13.7% (increase of 1.3%) primarily due to the recruitment of International nurses in Band 5.
- **Indicator 2: Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates** - has significantly improved from 2.03 to 0.89 indicating that BME candidates are likely to be appointed. This indicator was identified as a high priority area for improvement within the Trust.
- **Indicator 4: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff** – the data has Improved from 1.25 to 1:00 showing equal access for both groups.
- **Indicator 5: BME staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months** - there has been a slight improvement from 25.7% to 25.2%. For White staff, the decrease is from 25.9% to 24.7%. For BME staff, the data indicates that the Trust is performing better than the national average, while for White staff, the data matches the national average.
- **Indicator 6: Harassment, bullying, or abuse from other staff** – the data has improved for BME staff from 26.8% to 25.1% and for White staff from 18.1% to 17.8%. There is a gap of 7.3 percent points. For both staff groups, the figures are favourably below the national average.
- **Indicator 7: BME staff believing the Trust provides equal opportunities for career progression** - has improved from 49.7% to a notable 58%. For White staff, this has increased from 67.6% to 70%, though a higher percentage of White staff still feel the Trust provides equal opportunities. This is well above the national average of 49.6%. for BME staff and 58.8% for White staff
- **Indicator 9: Board Representation – Percentage of BME on the board minus percentage of BME in the workforce (Gap in BME board representation at board level compared to the BME workforce)**
  - a) **Percentage of the overall Trust Board members including non-voting board members (Gap in BME representation at board level, overall):** The gap is -1.94% and shows that the percentage of BME members on the board overall is slightly lower than the BME workforce
  - b) **Percentage of Voting BME Board members (Gap in BME representation at board level amongst voting members):** The gap is +1.68% showing that there are more BME board members with voting rights compared to the BME workforce, indicating a positive representation

- c) **Percentage of BME Executive board members (Gap in BME representation at board level amongst executive members):** The gap is -3.7% and shows that the percentage of Executive BME members on the board is lower than the BME staff in the workforce.

The board metrics are better than the 2023 averages for the North East & Yorkshire region and the national averages, reflecting a stronger alignment and inclusivity within our Trust.

#### **Areas for development**

- The race disparity ratio has increased across most bands. It is particularly notable in the Clinical lower to middle levels at Bands 5 primarily due to the international recruitment programme. Additionally, there is a sharp rise in the lower to upper levels at Band 8a and above. BME staff remains under-represented in higher bands
- **Indicator 3:** Relative likelihood of BME staff entering formal disciplinary processes has slightly declined from 0.0 to 0.38 reflecting an increase from no BME staff entering the process last year to one this year. The figures remain low and have been low over the past two years
- **Indicator 8:** Unfortunately reports of discrimination from managers, team leaders, or colleagues have declined for BME staff from 14.4% to 17.5%. In contrast, this indicator remains significantly lower for White staff at 5.2%. The figure is below average for BME staff and above average for White staff.

It is encouraging to note overall improvements in 6 out of the 9 indicators. Notable progress has been seen across indicators 1, 2, 4, 5, 6, and 7. Over the past 12 months the Trust has implemented various strategies and initiatives which have positively impacted BME experiences.

We recognise there is still work to be done to enhance the experiences of BME staff. The Trust remains committed in creating an inclusive and compassionate culture and advancing the race equality agenda. The Trust has signed up to adopt the North West BAME assembly anti-racism framework to work towards the ambition of becoming an actively anti-racist organisation and reducing workforce inequalities. We will adopt the framework's principles and conduct a self-assessment against the deliverables. Collaboration with our staff network and our ICS partners will be key to implementing this approach collectively. We have plans to develop an Equality and Diversity Strategy to meet our anti-racism ambition and advance the race equality agenda. We will continue to collaborate with the race equality staff network, stakeholders, partners and systems to improve our colleagues' experiences. Our comprehensive WRES action plan outlines our plans and ambitions for 2024/25.

#### **RECOMMENDATION**

It is requested that the Board of Directors ratify the WRES Annual Report and Action Plan 2024 before submission to NHSE WRES team. The report will then be published on the Trust's website by the reporting deadline of 31st October 2024.



# WORKFORCE RACE EQUALITY STANDARD

**WRES Annual Report and  
Action Plan 2024**

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## BACKGROUND

The Workforce Race Equality Standard (WRES) was introduced in April 2015 to ensure employees from ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This has been included within the contractual requirements set out in the NHS standard contract and the NHS Planning Guidance.

The Care Quality Commission (CQC) reviews WRES as part of its inspections of the 'well-led' domain. Work has evolved to strengthen the 'well-led' inspection framework to give greater weight to organisational progress in tackling workforce race inequality through robust implementation of the WRES, and in promoting diversity more generally.

The term Black and Minority Ethnic (BME) is used by the WRES Team as this remains the term used by the team since the inception of the WRES. Race terminology has been extensively debated and we await further guidance on the recommended terminology to be used going forward.

Workforce race equality, and equality in general, is a challenge that requires organisations to go beyond behavioural change as a result of compliance and regulation. Board level commitment and leadership within NHS organisations are critical in transforming the culture of organisations in relation to this agenda.

The Trust is required to commit to the principles of WRES and have 'due regard' to using WRES to improve workplace experiences and representation at all levels for BME staff and for the patients it serves. To demonstrate this commitment, there is a statutory requirement for the Trust to:

- Submit data annually on compliance with the WRES nine workforce metrics
- Identify and implement actions to address identified gaps
- Publish action plans

NHS England requires that WRES action plans are ratified by the Trust Board and published by 31 October 2024.

NHS England WRES team will publish a national report based on the national picture around the nine metrics, enabling benchmarking with comparators.




The WRES is relevant to race which is one of the characteristics protected by the Equality Act 2010. This report and related actions support the Public Sector Equality Duty (PSED) element one, which is to prevent discrimination. It also supports the proactive elements of the duty to advance equality of opportunity and foster good relations.

The national WRES team has provided a comprehensive summary of the WRES metrics for each Trust based on their WRES 2023 data returns. The detailed report allows each Trust to understand where the data indicates the areas of greatest challenge and identifies areas where the Trust is performing well, to learn from good practice and share best practices with other providers.

For our Trust, the following three high priority areas for improvement were identified. These areas are among the lowest percentile rankings compared to other Trusts.

There were no areas identified in the WRES metrics, where our Trust was ranked in the top 10% nationally.

### PROGRESS AND ACTIONS TAKEN FOLLOWING THE PRIORITY AREAS IDENTIFIED FOR IMPROVEMENT FOR THE REPORTING PERIOD 2023/24

High priority areas for improvement within the Trust (to a maximum of three):	Status
Indicator 1. Career progression in non-clinical roles (lower to middle levels – Bands 5 and under)	<b>Slight improvement</b> – from 0.38 -0.44 
Indicator 1: Career progression in clinical roles (lower to middle levels – Bands 5 and under)	<b>Declined</b> – from 2.92 - 3.31 
Indicator 2: Likelihood of appointment from shortlisting	<b>Significantly improved</b> from 2.03 to 0.89 

The disparity ratio for the non-clinical role (lower to middle levels) have shown a slight improvement in the disparity ratio from 0.38 to 0.44. BME staff are progressing faster than White staff in 2023, but the gap has narrowed slightly.

A disparity ratio figure of 1.00 indicate equity in the progression of White and BME staff groups.

For the clinical role, the disparity ratio has declined at the lower to middle levels, reflecting the number of international recruited colleagues joining the Trust in clinical roles at Band 5 but not progressing as quickly. While some of our international colleagues have achieved career progression from band 5 to 6, continued efforts in career progression are necessary. As the international recruited nurses are now settling into their roles the focus is shifting to supporting career progressio

- Nursing Career clinics have been taking place for nursing staff to engage in coaching conversations to explore individual development, career options and talent development. This has seen increased participation predominantly from our international recruited colleagues.
- Support have been provided in the onboarding and development programme for the international recruited nurse. The Stay and Thrive programme has empowered the

international nurses and supported them with job applications, interview preparations Professional Development opportunities and pastoral support.




- There have been success stories among BME staff, particularly the international recruited colleagues achieving career progression. Several international recruited nurses have been successful in achieving band 6 secondments which serve as a valuable springboard for career development and provide excellent experience. However, it is important to note that when the secondment period ends, the nurse will return to their Band 5 substantive role.
- The Scope for Growth pilot programme was scheduled to be piloted as part of an approach to promote inclusive career conversation and talent management for BME colleagues but it was not well accessed and has been put on hold.
- The second cohort of the reciprocal mentoring has been completed, with participation from BME aspiring leaders. Although none of the three aspiring leaders have achieved career progression, one achieved career progression prior to the programme in a seconded post and hopes to secure the post on a permanent basis. Participants found the reciprocal mentoring programme beneficial and encouraged other BME staff to join the programme. The aspiring leaders are planning to share their insights at the staff network meeting in October 2024.
- The Passport to management training is ongoing which covers inclusive recruitment practices.



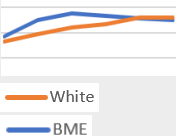
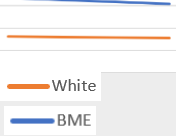
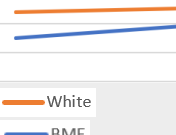
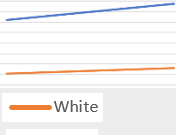
## WRES METRICS 2023 /2024 - Overview

### Workforce indicators

For each of these four workforce indicators, compare the data for White and BME staff

1. Workforce Representation – Overall BME Staff from 12.4% <span style="color: green;">↑</span> to 13.7%		Trend
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.00 - Improvement <span style="color: green;">↓</span> from the previous year, 2.03 to 0.89	
3. Relative likelihood of BME staff entering formal disciplinary processes compared to white staff	0.38 (1) BME staff entered formal disciplinary <span style="color: red;">↑</span> (declined slightly, Previous year was 0.00 for BME staff compared to 16 cases for white staff Previous year was 8	
4. Relative likelihood of White staff accessing non-mandatory training/CPD compared to BME staff	1.00 <span style="color: green;">↓</span> - Improvement from the previous year 1.25 showing equity in accessing non-mandatory training/ CPD	

**National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff**

5. Percentage of staff experiencing bullying, harassment & abuse from patients/relatives/public in last 12 months	BME 25.2% <span style="color: green;">↓</span> (slight improvement) previous year 25.7% White 24.7% previous year 25.9%	
6. Percentage of staff experiencing bullying, harassment & abuse from staff in last 12 months	BME 25.5 % <span style="color: green;">↓</span> (improvement) previous year 26.8% White 17.8% previous year 18.1%	
7. Percentage believing the Trust provides equal opportunities for career progression and promotion	BME 58% <span style="color: green;">↑</span> (improvement) previous year 49.7% White 70% previous year 67.6%	
8. In the last 12 months personally experiencing discrimination from manager/team leader/other colleagues	BME 17.5% <span style="color: red;">↑</span> (declined) previous year 14.4% White 5.2% previous year 4.2%	





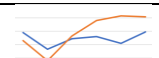

**Board representation on the board minus BME representation in the workforce**

9. Board Representation - Percentage difference between Board membership and overall workforce	Percentage of overall Board members including non-voting members: -1.94 Percentage of Voting BME Board members: +1.68 Percentage of Executive BME Board members: -3.7	previous year +12.6% previous year +3.0% previous year +4.3%
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## Change in the Numbers of BME People in our organisation between 2019 and 2024

Agenda for change	2019			2020			2021			2022			2023			2024			Trend	
	White	BME	Unkno wn	White	BME	Unkno wn	White	BME	Unkno wn	White	BME	Unkno wn	White	BME	Unkno wn	White	BME	Unkno wn		
Under band 1	25	0	0	25	1	0	16	1	0	14	1	0	12	2	0	13	↓ 1	2		
band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	→ 0	0		
band 2	679	10	2	661	13	1	702	13	1	685	17	2	742	21	21	751	↑ 46	17		
band 3	444	4	4	512	10	4	529	10	14	563	20	17	835	30	7	862	↑ 36	8		
band 4	197	1	0	210	3	1	224	3	2	228	5	3	239	4	3	248	↑ 6	1		
<b>Cluster 1 total</b>	<b>1345</b>	<b>15</b>	<b>6</b>	<b>1408</b>	<b>27</b>	<b>6</b>	<b>1471</b>	<b>27</b>	<b>17</b>	<b>1490</b>	<b>43</b>	<b>22</b>	<b>1828</b>	<b>57</b>	<b>31</b>	<b>1872</b>	<b>↑ 89</b>	<b>28</b>		
band 5	683	49	6	661	62	8	675	56	10	636	107	41	581	186	58	600	↑ 235	49		
band 6	509	19	4	538	24	4	576	25	3	577	19	5	619	31	4	635	↑ 38	7		
band 7	283	8	1	309	11	5	315	13	3	330	19	7	341	19	6	325	↑ 20	4		
<b>Cluster 2 total</b>	<b>1475</b>	<b>76</b>	<b>11</b>	<b>1508</b>	<b>97</b>	<b>17</b>	<b>1566</b>	<b>94</b>	<b>16</b>	<b>1543</b>	<b>145</b>	<b>53</b>	<b>1540</b>	<b>236</b>	<b>68</b>	<b>1560</b>	<b>↑ 293</b>	<b>60</b>		
band 8a	98	9	0	100	7	0	101	7	0	93	5	0	102	6	0	134	↑ 7	0		
band 8b	19	2	0	23	2	0	27	3	0	25	2	0	32	2	0	32	↑ 4	0		
<b>Cluster 3 total</b>	<b>117</b>	<b>11</b>	<b>0</b>	<b>123</b>	<b>9</b>	<b>0</b>	<b>128</b>	<b>10</b>	<b>0</b>	<b>118</b>	<b>7</b>	<b>0</b>	<b>116</b>	<b>8</b>	<b>0</b>	<b>166</b>	<b>↑ 11</b>	<b>0</b>		
band 8c	1	0	0	1	0	0	1	0	0	6	0	0	5	2	0	7	↓ 1	2		
band 8d	0	0	0	0	0	0	0	0	0	1	0	0	12	0	0	7	→ 0	0		
band 9	1	0	0	1	0	0	1	0	0	1	0	0	5	0	0	3	→ 0	0		
<b>Cluster 4 total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>2</b>	<b>0</b>	<b>33</b>	<b>↓ 1</b>	<b>2</b>		

The table above shows the numbers of BME people in the Trust from 2019 – 2024 based on the clusters identified in WRES: A Model Employer. The numbers of BME staff reduces as you move up the pay bands. The majority of BME staff are at Band 5 with an increase from **186 to 235**. At Band 6 there has been a rise from **19 -31** BME staff and this reflects the career progression in some of our international recruited colleagues. Band 7 saw a slight increase and Band 8b has improved in BME staff from **0 to 2**. However, there is a decline in Band 8c from **2 to 1**. There continues to be no BME representation at Band 8d and 9.

Medical and Dental	2019			2020			2021			2022			2023			2024			Trend	
	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown		
Medical & Dental Consultants	77	73	0	90	79	0	95	84	0	93	87	0	91	92	0	90	92	0		
Medical & Dental Non- consultants career grade	19	41	2	50	88	2	27	61	0	27	52	0	25	58	0	25	50	0		
Medical & Dental trainee grades	58	46	1	33	16	4	49	53	0	52	76	0	42	83	0	59	82	0		

### Change in the Numbers of BME people in the Trust between 2019 and March 2024

#### Medical & Dental

There is a notably higher representation of BME staff within medical & dental staffing in comparison to the Agenda for change bands, with the exception of Band 5 clinical staff.

**BME Medical & Dental Consultants** – there has been no change in the number of consultants, **92** in 2023 and the same **92** in 2024 (compared to a slight decrease from **91 to 90** in 2024) for White colleagues

**BME Medical & Dental Non-consultant career grade** - has shown a decrease from **58 to 50** and White colleagues have stayed the same, **25** in 2024 for White staff. Overall a higher proportion of ethnic minority colleagues than white colleagues can be seen.

**BME Medical & Dental trainee grades** – has slightly decreased from **83 to 82** in 2024 and improved for White colleagues from **42 to 59**

Headcounts by ethnicity, professional group (non-clinical or clinical), payband group (lower, middle or upper) and year

			2019		2020		2021		2022		2023		2024	
			BME	White	BME	White	BME	White	BME	White	BME	White	BME	White
Non-clinical	Lower	Bands 5 and under	9	589	11	672	12	646	13	634	20	928	28	975
	Middle	Bands 6 to 7	4	82	5	91	6	97	6	96	6	106	7	107
	Upper	Bands 8a and above	1	40	2	46	3	53	4	39	3	63	4	72
Clinical	Lower	Bands 5 and under	55	1439	78	1397	70	1498	137	1492	223	1481	296	1497
	Middle	Bands 6 to 7	23	710	30	756	32	794	32	811	44	853	51	853
	Upper	Bands 8a and above	10	91	8	93	7	94	4	89	7	102	8	127

### The Model Employer Disparity Ratio

		2019	2020	2021	2022	2023	2024
Non-clinical	Lower to middle (Band 5 & under)	0.31	0.30	0.30	0.33	0.38	0.44 ↑
	Middle to upper (Band 6 & 7)	1.95	1.26	1.09	0.61	1.19	1.18 ↓
	Lower to upper (Band 8a and above)	0.61	0.38	0.33	0.20	0.45	0.52 ↑
Clinical	Lower to middle (Band 5 and under)	1.18	1.41	1.16	2.33	2.92	3.31 ↑
	Middle to upper (Band 6 & 7)	0.29	0.46	0.54	0.88	0.75	0.95 ↑
	Lower to upper (Band 8a and above)	0.35	0.65	0.63	2.04	2.19	3.14 ↑

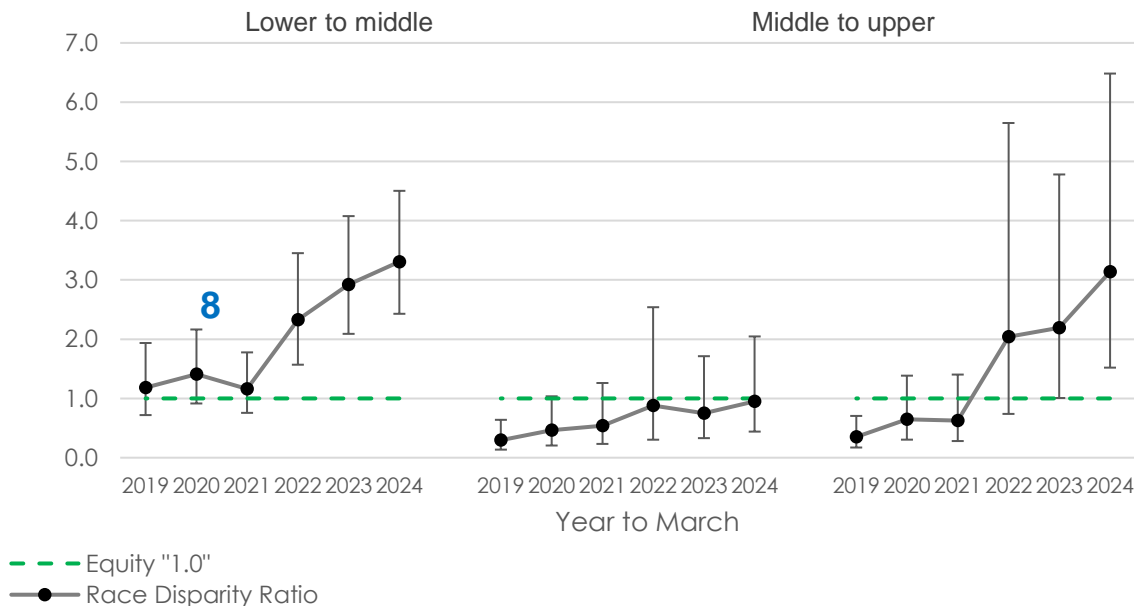
### Model Employer Disparity Ratio

The race disparity ratio compares career progression of white staff through the organisation with the progression of BME staff through (Agenda for Change bands).

- ❖ A ratio of 1.0 shows that both groups are progressing at the same rate.
- ❖ If the ratio is greater than 1.0 this means that white staff are progressing faster than BME staff
- ❖ If the ratio is below 1.0 this means that BME staff are progressing faster than White staff
- **Lower to middle – band 5 and under**
- **Middle to upper – bands 6 and 7**
- **Lower to Upper - bands 8a and above**

Very Senior manager grades and medical and dental staffing are excluded from this calculation

Race disparity ratios, clinical (White/BME)



The table overall shows a positive movement towards achieving equity in the **Non-clinical categories** and the gap is narrowing and this include **Clinical Bands 6 & 7**. **Lower to Middle** (Band 5 and under) – the disparity ratio has declined from **2.92** to **3.31**. The recruitment of international nurses in Band 5s is showing a higher disparity ratio for clinical staff. While some of our international recruited colleagues have achieved career progression from band 5 to 6 we need to ensure we sustain our continued efforts in supporting career progression. A value of 1.0 indicates equity and this can be a challenge to achieve due to the number of international nurses joining the Trust but not progressing as quickly. **Clinical – Lower to upper** (Band 8a and above) has increased from **2.19** to **3.14**, showing a continuing widening trend of inequity, where White staff are progressing faster than BME staff.

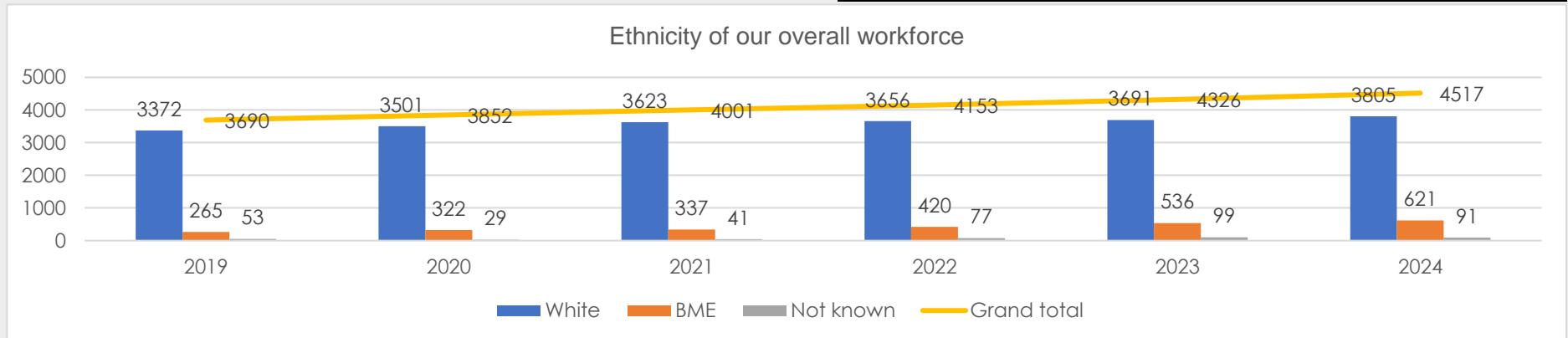
## WRES METRICS

**Metric 1 - Percentage of AfC staff by pay bands compared with the percentage in the overall workforce**

	2019	2020	2021	2022	2023	2024
White	91.4%	90.9%	90.6%	88.0%	85.3%	84.2%
BME	7.2%	8.4%	8.4%	10.1%	12.4%	↑13.7%
Not known	1.4%	0.8%	1.0%	1.9%	2.3%	↓2.0%

**Ethnicity of our overall workforce**

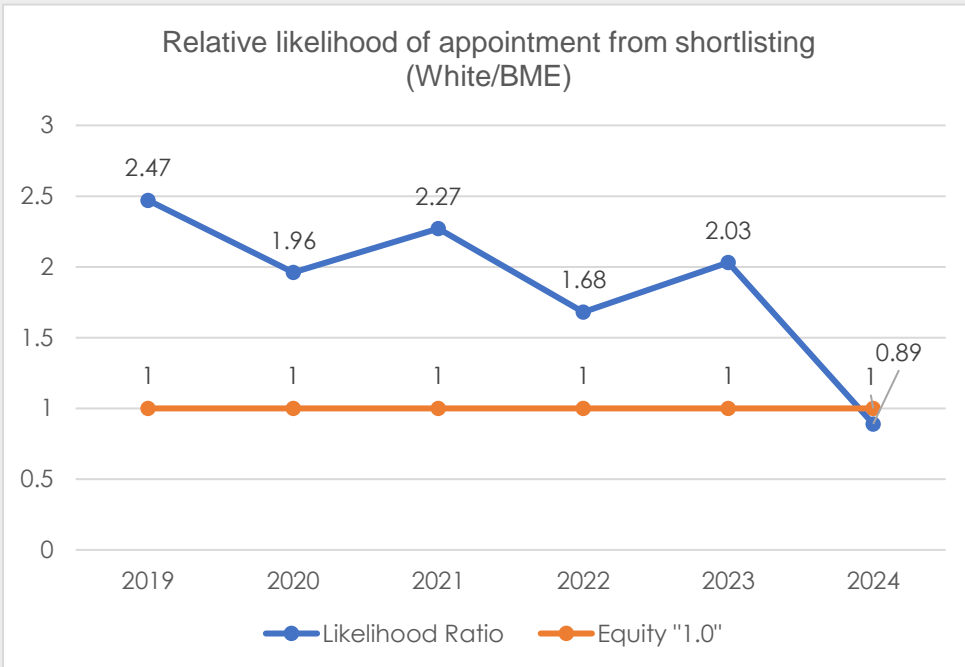
	2019	2020	2021	2022	2023	2024
White	3372	3501	3623	3656	3691	3805
BME	265	322	337	420	536	↑621
Not known	53	29	41	77	99	↓91
Grand total	3690	3852	4001	4153	4326	4517



The percentage of the workforce identified as Black or Minority Ethnic has increased from **12.4%** (536) in 2023 to **13.7%** (621) in 2024, an increase of 1.3%, this is largely due to the international recruitment.

There continues to be a level of non-disclosure, representing **2.0%** (91) of the overall workforce. This has decreased slightly from **2.3%** (99) the previous year to **2.0%** this year. The majority of 'not known' are our International Nurses. They were not recruited using Barnsley's NHS Jobs. NHS Professionals facilitated the recruitment. Normally when individuals apply for the job through NHS Jobs this would be recorded on their application but as the recruitment process was not undertaken in the traditional way, equality data is missing.

## Metric 2 - Recruitment



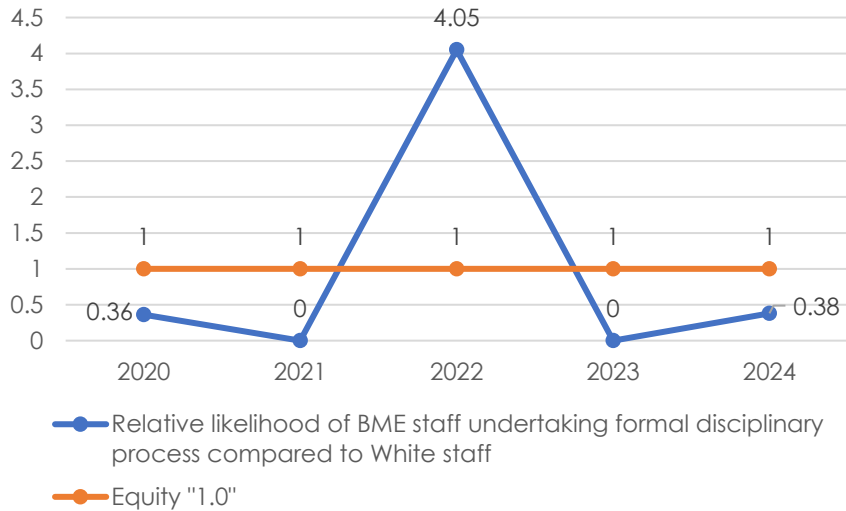
**2.** The likelihood ratio has significantly improved from **2.03** last year to **0.89** indicating that BME applicants are more likely to be appointed from shortlisting at a ratio of 0.89

**Interventions taken** – while the exact reasons for this improvement are unclear, several interventions are likely to have contributed.

- Passport to management training which covers inclusive recruitment practices and unconscious bias
- Nursing career clinics have been available and accessed mainly by international recruited nurses to discuss career pathways, explore options for learning and development in a supportive environment
- Stay and Thrive programme for the international recruited nurses providing pastoral support, professional development, support with job application and interview preparation
- Additional PNAs have been trained and are available to support staff retention and engage in career conversations with staff, promoting and signposting to opportunities to enhance professional development

### Metric 3 - Capability

Relative likelihood of BME staff undertaking formal disciplinary process compared to White staff

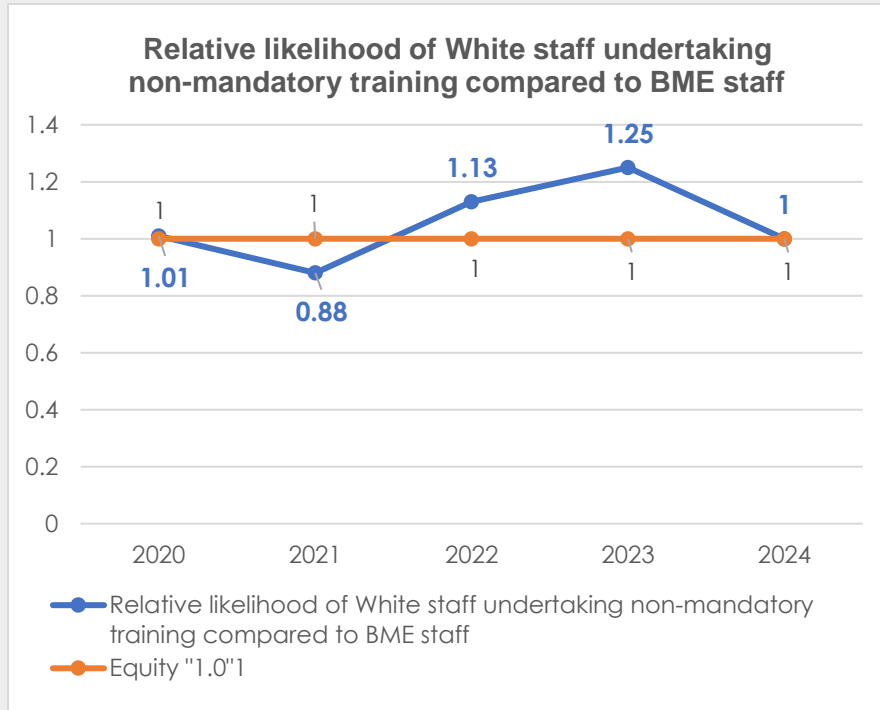


**3.** In the past 12 months, **0.38** (1) BME staff entered formal disciplinary proceedings compared to **16** cases for White staff. While this represents a slight improvement from the previous year, this indicator remains very low and is not a cause for concern. It indicates that BME staff are less likely to enter the formal disciplinary process. The number has doubled for White staff and this may indicate that White staff are feeling more confident in reporting issues.

#### Interventions taken:

- Disciplinary figures continue to be monitored to ensure a fair process is maintained and early informal resolution is encouraged.
- Continue to promote a just and learning culture
- Ongoing training in managing performance, grievances and disciplinary is being delivered through the Passport Management training

#### Metric 4 – Non-mandatory training / CPD



**4.** There is an improvement in the data in the likelihood of White staff accessing non-mandatory training or CPD compared to BME staff, from **1.25** to **1.0**. A value of 1.0 indicates equity for both BME and White staff undertaking non-mandatory training or CPD. The national average is **1:1**

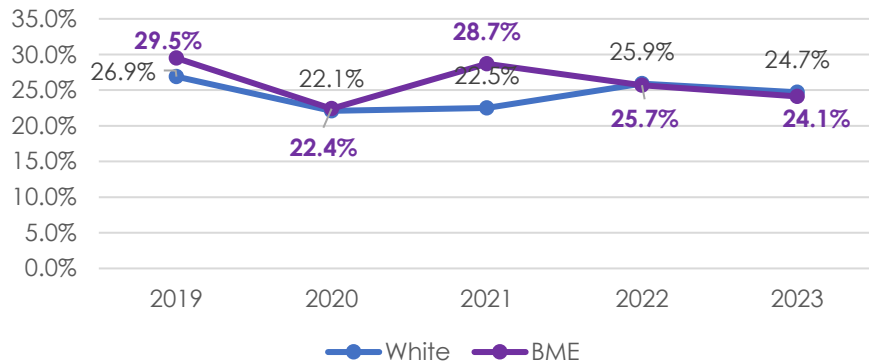
#### Interventions taken:

- The Diversity & Inclusive Culture Group has explored strategies to improve this indicator
- Targeted offers of training opportunities have been circulated to staff network members.
- Reciprocal mentoring programme has been promoted, with BME aspiring leaders completing the programme and achieving positive outcomes
- Nursing Career clinics
- Stay and Thrive programme



**Metric 5 – Harassment, Bullying/ Abuse from patients/ relatives/public (Obtained from NHS Staff Survey)**

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



5. There has been an improvement in the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from **25.7%** to **24.1%**.

**National benchmarking data** - is **28.1%**, and indicates that the Trust is performing 4% better than the national average

Similarly, White Staff have seen an improvement from **25.9%** to **24.7%** and this is consistent with the national average at 24.7%

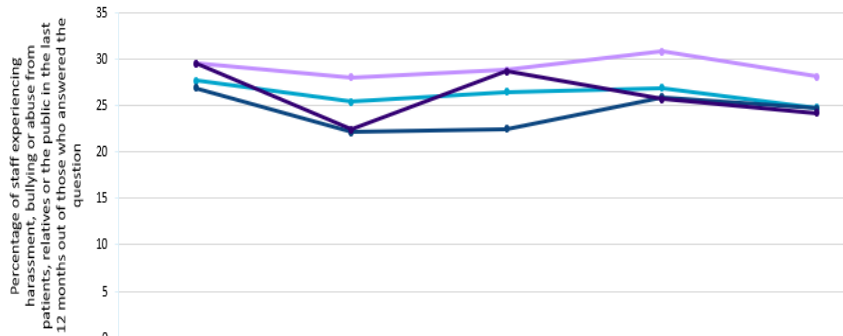
Overall, there has been a reduction of 1.6% for BME staff and 1.2% for White staff from the Trust figures.

The figure is slightly higher for White staff experiencing harassment, bullying or abuse compared to BME staff.

**Interventions taken:**

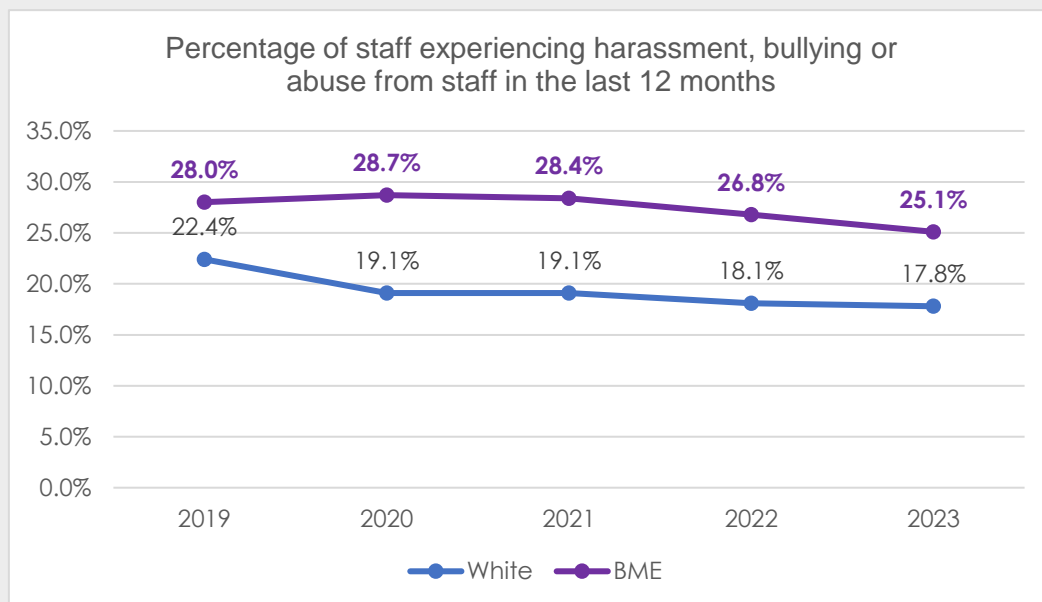
- Prevention and reduction interventions have been implemented e.g. ongoing respect campaigns supported by the Violence & Aggression management group.
- Incidents are analysed at the Violence & Aggression management group to identify trends, themes and hotspot areas
- Body cameras usage are worn in some departments
- Staff network has encouraged staff to report incidents and survey undertaken at the Black History Month event to capture staff experiences on racism and discrimination
- A series of events and interventions have been undertaken to support international nurses e.g. ward visits, one to ones and through the staff network.
- The Hate Incident Coordinator has provided information and advice in reporting hate incidents and how to access resources. Another session is in the process of being arranged.
- Courageous conversation training is available for all staff

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



	2019	2020	2021	2022	2023
White staff: Your org	26.91%	22.10%	22.49%	25.87%	24.68%
All other ethnic groups*: Your org	29.51%	22.41%	28.66%	25.65%	24.21%
White staff: Average	27.67%	25.36%	26.47%	26.91%	24.72%
All other ethnic groups*: Average	29.51%	28.01%	28.84%	30.82%	28.11%
White staff: Responses	2051	1715	1805	1848	1945
All other ethnic groups*: Responses	122	116	157	191	252

## Metric 6 - Harassment, Bullying/ Abuse from staff (Obtained from NHS Staff Survey)



**6.** The dataset for BME, has seen an improvement from **26.8%** to **25.1%** and a slight improvement from **18.1%** to **17.8%** for White Staff. There is a 7.3% gap (reduction from 8.7%) for BME staff compared to White Colleagues.

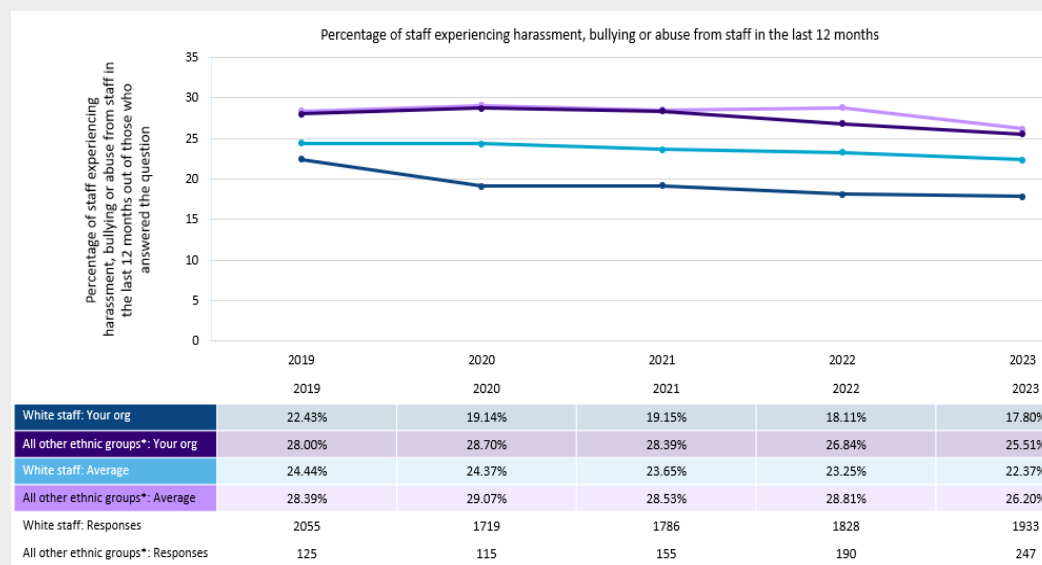
**National benchmarking data** - Again, this is below the national average for both BME staff, 26.2% and for White staff this is also below average, 22.3%

Despite disparities in experiences between BME and White staff, incidents of harassment, bullying and abuse from staff have consistently declined each year since 2020, reaching its lowest level.

There is still work to be undertaken as BME staff consistently report worse experiences compared to White colleagues.

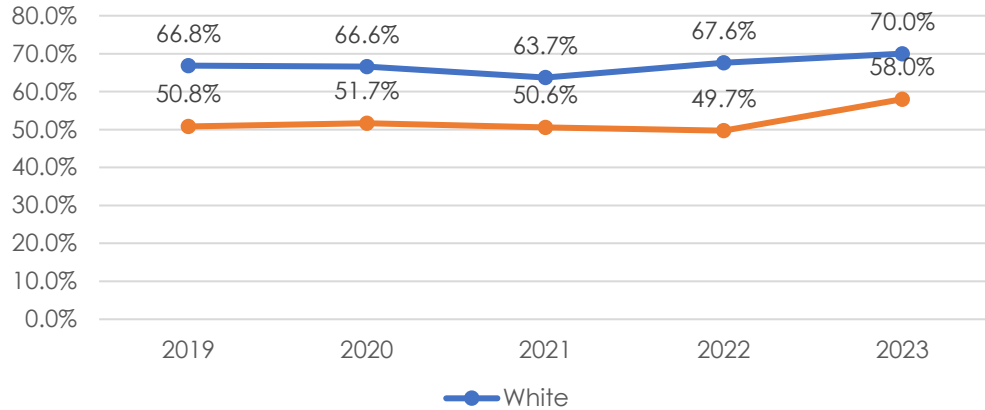
### Interventions taken:

- Passport to Management programme is ongoing
- Proud to Care Culture conference has taken place promoting the Trust values and fostering a compassionate and inclusive culture and ongoing work is taking place to strengthen and embed a positive culture
- Staff network is available to provide support and create a safe space to share concerns or issues
- Chaplaincy support and drop in sessions are available
- Freedom to Speak Up attends the staff network meetings and make the network aware of her role and the available support
- Staff Counsellor /Vivup EAP is available for staff to access
- Mediation support is available
- Hate Coordinator has provided information and resources in reporting hate incidents



## 7 – Career Progression (Obtained from NHS Staff Survey)

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

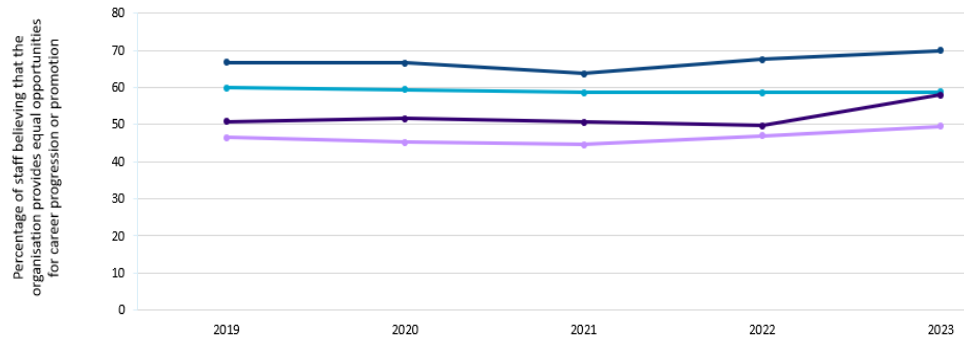


**7.** There is a marked improvement in the number of BME staff that believes the Trust provides equal opportunities for career progression to promotion, from **49.7%** to a notable **58%** in 2023. This has been the highest figure since 2019. White staff have had a slight increase from **67.6%** to **70%** in 2023  
**National benchmarking data** - this is well above the national average of 49.6%. for BME staff and 58.8% for White staff.

### Interventions taken:

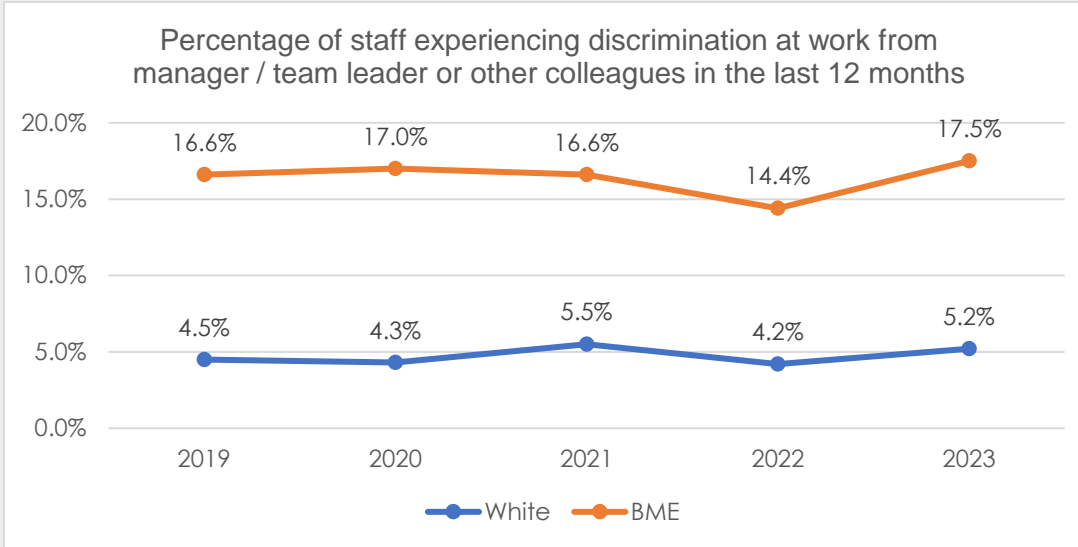
- Collaborated with learning & organisational development team and representatives from the team attended the staff network meetings to share and promote the range of development opportunities available e.g. coaching & mentoring, talent management programme and the opportunity to participate in the scope for growth pilot
- Professional development and training opportunities have been circulated to staff network members
- Delivery of the second cohort of the reciprocal mentoring programme with aspire BME leaders participating in the programme
- Nursing Careers clinics have been introduced with an increased uptake from the international recruited nurses
- Stay and Thrive programme is empowering the international nurses to consider their career development needs, signposting to professional development opportunities and offering pastoral support
- Talent management programme is available for Arising, Aspiring and Ascending development programmes

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



	2019	2020	2021	2022	2023
White staff: Your org	66.84%	66.65%	63.73%	67.60%	70.02%
All other ethnic groups*: Your org	50.79%	51.72%	50.65%	49.73%	57.96%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	2057	1721	1781	1824	1928
All other ethnic groups*: Responses	126	116	154	187	245

### Metric 8 – Discrimination (Obtained from NHS Staff Survey)

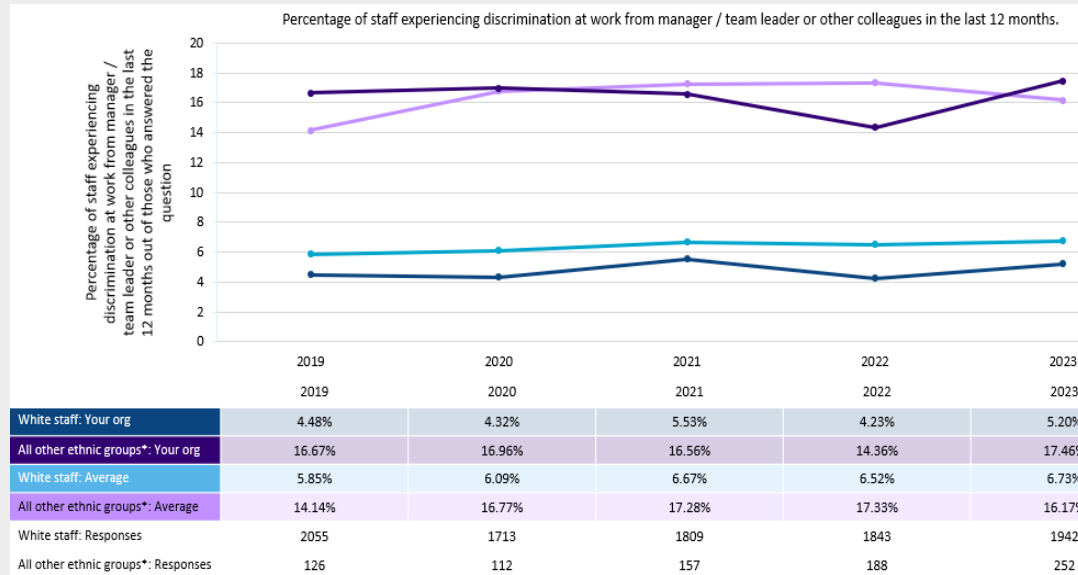


8. Unfortunately, the percentage of staff who personally experienced discrimination from other staff in the last 12 months has declined from 14.4% to 17.5% for BME staff in 2023. Again, this is significantly higher for BME staff in contrast to White staff (5.2%) where there is a slight increase for White staff from the previous year (4.2%). There is a 12.3% gap in BME staff experiencing discrimination compared to White staff.

**National benchmarking data** - The National average is 16.2% for BME staff, showing above average for BME staff and below average for White at 6.7%

#### Interventions taken:

- Passport to management Programme
- Proud to Care Conference was held focusing on the Trust values and promoting a compassionate and inclusive culture. Further work will be undertaken to create a positive culture in line with the Organisational Development and Culture Strategy. A Proud to Care Cultural Leadership group has been established to meet regularly and oversee the progress made towards our cultural goals and objectives with support of the subgroups.
- Continue to promote a focus on just and learning culture
- Staff network is available for staff to discuss their concerns
- PMAs, PNAs, Inclusion & Wellbeing Champions are available for support



**Metric 9 – Percentage Difference between BME on the board minus percentage of BME workforce (as of 31 March 2024) (Gap in BME representation at board level compared to the BME workforce)**

	Board membership (as at March 2024)		
	Percentage of the Overall Board members	Percentage of Voting BME Board members	Percentage of Executive BME Board members
<b>The difference between BME representation on the board compared to the BME workforce</b>	-1.94%	+1.68%	-3.7%

(A value of 0.0 – Equity)

- Positive value – percentage of BME board members is higher than the workforce
- Negative value – percentage of BME members on the board is lower than in the workforce

This indicator looks at how well BME members are represented on the board level compared to the overall BME workforce, which is 13.7%.

**Percentage of the overall Board Representation including non-voting board members (Gap in BME representation at board level, overall):** A broad view of diversity at board level shows how inclusive the overall board is including those who don't vote. The gap is: -1.94%. This indicates that the percentage of BME members on the board is slightly lower than the BME workforce.

**Benchmarking 2023 data:** The overall board representation is better than the regional average: North East & Yorkshire (-4.9%) and the National average (-10.8%).

**Percentage of Voting BME Board membership (Gap in BME representation at board level amongst voting members):** This highlights BME members who have voting rights on the board as it shows the influence BME members have in decision-making processes. The gap is +1.68% indicating a positive representation that BME members with voting rights on the board are more than those in the workforce.

**Benchmarking 2023 data:** This is significantly better than both the regional and national averages for North East & Yorkshire (-4.4%), National average (-11.2%)

**Percentage of Executive BME Board membership (Gap in BME representation at board level amongst executive members):** This examines the percentage of BME members in executive roles on the board as often executive roles have more power and responsibility. The gap is -3.7% and indicates that the percentage of Executive BME members on the board is lower than the BME workforce.

**Benchmarking 2023 data:** Despite this negative gap, it is better than the regional and national averages: North East & Yorkshire average in 2023 (-8.3%), National average (-15.6%).

## Conclusions

It is encouraging to note overall improvements in 6 out of the 9 indicators. Notable progress has been seen across indicators 1, 2, 4, 5, 6, and 7. Over the past 12 months the Trust has implemented various strategies and initiatives which have positively impacted BME experiences. There has been a positive decrease from the previous year indicating equity between BME and White staff groups in accessing non-mandatory training/ CPD. Nursing career clinics have been introduced providing opportunities for nursing staff to engage in coaching conversations to explore professional development, career options and talent management development. These clinics have been well attended by the international recruited staff. Additionally, the data shows an increased perception among BME staff that the Trust provides equal opportunities for career progression and promotion. Aspiring BME leaders have participated in and completed the reciprocal mentoring programme, with another cohort planned to commence in September. In addition, work will continue, to improve the race disparity ratio by educating staff, managers and raising awareness of career pathways and access to career development for BME staff.

While improvements have been made, two indicators have shown a decline. Indicator 3, which measures the relative likelihood of BME staff entering formal disciplinary processes compared to White staff has increased slightly from 1 (0.38%) episode to the previous year where there were no episodes. Despite this increase, the figure remains low compared to the national trend the previous year, where a higher proportion of BME entering formal disciplinary processes. We continue to monitor the disciplinary figures to ensure a fair process is maintained and encourage early informal resolution. Ongoing training in managing performance, grievances and disciplinary is being delivered through the Passport Management programme.

Secondly, indicator 8, which measures BME staff personally experiencing discrimination from manager/team leader/other colleagues has shown a deterioration in the data, of 3.1% from the previous year. Disparities between

BME and White staff remain significant, with White staff reporting lower experiences of discrimination, bullying, harassment, and abuse. However, the percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months has seen a decrease for both BME and White staff. This reduction could be attributed to the ongoing communication campaigns emphasising the importance of treating our staff with respect. Ongoing initiatives will continue, to further improve staff experiences. Interestingly, there is a higher proportion of White staff experiencing harassment, bullying or abuse from patients, relatives or the public compared to BME staff, which contrasts with the national trend.

We are committed to learning from the “Too Hot to Handle” NHS report 2024, which highlighted significant shortfalls regarding racism. The Trust is committed in fostering a culture of openness and inclusivity where everyone feels comfortable raising concerns through various channels, including our staff networks, Freedom to Speak Up Guardian, and the champions. We have created a supportive environment and a culture of psychological safety allowing colleagues to share their lived experiences and insights to facilitate key learning. We will continue to build on these foundations to ensure a respectful and equitable workplace for all.

We recognise there is still work to be done to enhance the experiences of BME staff. Our aim is to be an outstanding Trust, making it the best place to work. The Trust remains committed to creating an inclusive and compassionate culture and advancing the race equality agenda. The Trust has signed up to adopt the North West BAME assembly anti-racism framework to work towards the ambition of becoming an actively anti-racist organisation and reducing workforce inequalities. We will adopt the framework’s principles and conduct a self-assessment against the deliverables. Collaboration with our staff network and our ICS partners will be key to implementing this approach collectively. We have plans to develop an equality, diversity and Inclusion strategy, meeting our anti-racism ambition



and advancing the race equality agenda. We will continue to collaborate with the race equality staff network, stakeholders, partners and systems to improve our colleagues' experiences.

### **Future plans for 2024 / 25**

- Develop an EDI strategy which outlines our commitments and priorities for the next 3 years
- Undertake a gap analysis of the North West BAME assembly Anti-racism framework with meaningful involvement of the staff network
- Continue to deliver the NHS England's EDI improvement plan high impact actions
- Strengthen Inclusive recruitment and overhaul recruitment and selection process and practices to ensure they are fair, objective, reliable, inclusive and free from bias
- Deliver the 3<sup>rd</sup> cohort of the Reciprocal mentoring programme and share key learning and outcomes
- Continue the delivery of EDI mandatory training virtually
- Work with the established Proud to Care Culture Diversity subgroup to assist in creating an inclusive environment and agree priority areas of focus e.g. allyship and reducing bystanders
- Analyse the ethnicity pay gap and develop an improvement plan to address representation at Band 8a and above

### **Recommendations**

It is requested that the Board of Directors will ratify the WRES Annual Report 2024 and agree that the report will be published on the Trust's website by the reporting deadline of 31st October 2024



## Appendix 1 - Workforce Race Equality Standard (WRES) Action Plan 2023 – 2024 - Progress

WRES Indicators	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where reported/ monitored e.g. Committee/ Group	Timescale	Update	RAG rating
1.1 & 2 Workforce Representation and Staff recruitment from shortlisting	Collaborate with recruitment team and actively promote jobs' opportunities in partnership with communities and different organisations	Improvement in likelihood of BME staff being appointed from shortlisting	2023 WRES data results and mid-point data	Inclusion & Wellbeing Lead  / Recruitment manager	PEG	1 October 2023 – 31 August 2024	Initiative not sustained  Data has improved from 2.03 to 0.89	Amber
1.2 & 2.2 Workforce Representation and Staff recruitment from shortlisting	Promote targeted opportunities	Improvement in likelihood of BME staff being appointed from shortlisting	WRES Data results	Head of Inclusion & wellbeing/ Inclusion & Wellbeing Lead	PEG	1 September 2023 – 31 August 2024	Ongoing  Data has improved from 2.03 to 0.89	Amber
1.3 & 2.3 Workforce Representation and Staff recruitment from shortlisting	Continue to deliver the Passport to management including unconscious bias and inclusive recruitment practices	Improvement in likelihood of BME staff being appointed from shortlisting	WRES Data results	Head of inclusion & wellbeing/ Inclusion & Wellbeing Lead	PEG	1 September 2023 – 31 August 2024	Ongoing  Data has improved from 2.03 to 0.89	Green
3.Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Continue to monitor disciplinary figures	no reports of disciplinaries	WRES Data results	HRBP	PEG	1 September 2023 – 31 August 2024	Data has declined from 0 previous year to 1 case	Green

4. Relative likelihood of BME staff undertaking non-mandatory training or CPD	Targeted promoting resources for development / training programmes / skills and competencies, coaching/mentoring shadowing and collaborate with the staff network to identify any issues with accessing training	Improvement in accessing non-mandatory training	WRES Data results	Head of Inclusion & Wellbeing / I & W Lead	PEG	1 September 2023 – 31 August 2024	Improved data Ratio improved from 1.25 to 1:0	Green
5. Staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or public	Respect Campaign to encourage a focus on respectful behaviours  Posters to be displayed across the Trust	Reduction in harassment, bullying or abuse from patients, relatives or public	WRES data – reduction in number of staff experiencing harassment, bullying or abuse	Communications Lead	PEG  Violence & Aggression Management Group	31 March 2024	Improved data  Decrease slightly from 25.7 to 25.2%	Green
6. Staff experiencing harassment, bullying or abuse from staff	Encourage staff to speak up and report harassment, bullying or abuse  Collaboration with Race Equality staff network, Champions, Freedom to Speak up, Health & Wellbeing	Staff to have the confidence to report or challenge in a non-threatening way harassment. Bullying or abuse  BAME staff to have an addition vehicle to have a voice	Less staff experiencing harassment, bullying or abuse	Head of I&WB / I&WB lead  Freedom to Speak up Guardian  Champions (Inclusion & Wellbeing & FTSU)	Violence & Aggression Management Group	1 September 2023 – 31 August 2024	Improved data  Decreased from 26.8 to 25.5%	Green
5.2 Staff experiencing harassment, bullying or abuse from patients, relatives or public	Regular reporting through Violence and Aggression Management Group highlighting any	Reduce incidence of HBA	Less staff experiencing harassment, bullying or abuse	I & W Lead, Freedom to Speak Up	PEG	1 September 2023 – 31 August 2024	Ongoing	Green




	themes, trends and hotspots			Head of Inclusion & Wellbeing				
5.3 Staff experiencing harassment, bullying or abuse from patients, relatives or public	Provide support (counselling, debrief, wellbeing conversation) and allow safe place for voice to be heard	Support the wellbeing of staff	Less staff experiencing harassment, bullying or abuse	Head of Occupational Health Head of I&W	PEG	1 September 2023 – 31 August 2024	Ongoing	Amber
5.4 Staff experiencing harassment, bullying or abuse from patients, relatives or public	Less staff experiencing harassment, bullying or abuse	Encourage a focus on an informal resolution framework	Less staff experiencing harassment, bullying or abuse	Head of I&WB 'Creating a Positive Culture' Steering Group	PEG Health & Safety Group	1 September 2023 – 31 August 2024	Ongoing	Amber
6.1 Staff experiencing harassment, bullying or abuse from staff	Provide support (counselling, debrief, wellbeing conversations) and allow safe place for voice to be heard	Support the wellbeing of staff Debrief Policy / Health & Wellbeing conversations toolkit in development will assist managers in having conversations and providing support	Less staff experiencing harassment, bullying or abuse	Head of Occupational Health Head of I&WB	PEG	1 September 2023 – 31 August 2024	Ongoing	Amber
6.2 Staff experiencing harassment, bullying or abuse from staff	Create and Promote a compassionate culture	Encourage a focus on respectful behaviours	Less staff experiencing harassment, bullying or abuse	Head of I & WB L &OD Manager	PEG	1 September 2023 – 31 August 2024	Ongoing	Green
7. 1 Believe equal opportunities for career progression or promotion	Ensure mentorship and development plans are in place for aspirant BME nurses and midwives.	Improvement on WRES indicators	Improvement in Staff accessing mentoring / coaching, career development conversations	Head of I&WB/Head of Leadership & Organisational Development	PEG	1 September 2023 – 31 August 2024	Improved data Increased from 49.7 to 58%	Amber

	<p>Scope for Growth Career conversations Framework to be developed as part of the developing OD &amp; Culture Strategy</p> <p>Health &amp; Wellbeing Conversations Toolkit to be introduced</p>		are provided and plans are in place for professional development	Head of I&W		<p>30 June 2024</p> <p>31 January 2024</p>	<p>Scope for Growth is on hold due to poor uptake</p> <p>Toolkit developed and is being launched</p>	
7.2 Believe equal opportunities for career progression or promotion	<p>Targeted promoting resources for development / training programmes / skills and competencies, coaching/mentoring shadowing</p> <p>Increase awareness and understanding of Coaching/mentoring support</p>	Improvement on WRES indicators	Improved opportunities for career progression / promotion	Head of I&WB / I&W Lead, L&OD Manager	PEG	1 September 2023 – 31 August 2024	Coaching & mentoring promoted at RACE Equality staff network meeting	Green
7. 2 Believe equal opportunities for career progression or promotion	More promotion of BME people within the trust, publish success stories	People will see other people in promotions who look like them	More BME people included in marketing and promotions	Head of I&WB Communications Lead	PEG	1 September 2023 – 31 August 2024	To explore further	Amber
7. 3 Believe equal opportunities for career progression or promotion	Consider longer-term career development needs of International nurses at Band 5 to	Improvement in WRES indicators and retention of staff	International nurses retained and career progression	Associate Director of Professions	PEG	1 September 2023 – 31 August 2024	Nursing career clinics – ongoing, good uptake	Green

	ensure retention and further development							
7.4 Believe equal opportunities for career progression or promotion	Delivery of the Reciprocal mentoring programme – second cohort commenced in September 2023. Identify and share key learning as necessary for the Trust	Create transformational changes  Improved opportunity for professional development and career progression	Improved opportunity for professional development and career progression	Head of I&W	PEG	1 September 2023 – 31 August 2024	Reciprocal mentoring programme is completed. Key learnings and insights to be shared	Amber
8. Staff experiencing discrimination at work from Manager/team leader or other colleagues	FTSU Guardian support H&WB champions incorporating the FTSU Champion and Health & Wellbeing champions role  Continue to collaborate with staff network	Reduction in number of BME staff experiencing discrimination at work and managers/team leaders awareness of what discrimination looks like	Sense check with FTSU Guardian and Champions	Head of I&WB  FTSU Guardian	PEG	1 September 2023 – 31 August 2024	Ongoing  Deterioration - Negatively increased from 14.4 to 17.5%	Amber
8. Staff experiencing discrimination at work from Manager/team leader or other colleagues	Promote programme of respectful behaviours and just culture	Reduction in number of BME staff experiencing discrimination at work and managers/team leader's awareness of what discrimination looks like	WRES Data	L&OD Manager I/W	PEG	1 September 2023 – 31 August 2024	Ongoing	Amber

Board representation	Board are proportionately represented of the workforce  (voting members and executive members proportionate and overall board membership is overrepresented)	Continue to ensure board representation is reflective of the overall workforce	WRES Data	Head of I &WB	Nominations Committee Council of Governors	1 September 2023 – 31 August 2024	Continue to liaise with Chair	Green
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**KEY RAG Rating**

 <b>GREEN</b> Complete	 <b>AMBER</b> On track for delivery	 <b>RED</b> Behind plan and action needed to bring back on target
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Trusts	Priority 1	Priority 2
<b>Barnsley Hospital NHS Foundation Trust</b>	Metric 1: Career progression in clinical and non-clinical roles (lower to middle level)	Metric 2: Recruitment – Appointment from shortlisting

# Workforce Race Equality Standard (WRES) Action Plan – 2024/2025

## Introduction

### Supporting Information for WRES Action Plan

As part of our ongoing commitment to fostering an inclusive and supportive workplace, we have conducted a comprehensive review of our Workforce Race Equality Standard (WRES) actions. In collaboration with the Race Equality Staff Network, we have agreed to streamline our WRES actions to ensure they are both realistic and achievable. This strategic approach will allow us to focus our efforts on key priority areas that will have the most significant impact.

The following WRES priority areas have been identified. While we have seen improvement in the metrics below, we aim to achieve further positive progress

- **Metric 2 - Relative likelihood of White applicants being appointed from shortlisting compared to BME applicants** - has significantly improved from 2.03 to 0.89 indicating that BME candidates are likely to be appointed. (A ratio figure of 1.00 indicate equity). BME staff remains under-represented in higher bands at Band 8a and above.
- **Metric 5, 6 - Harassment, Bullying & Abuse from: Patients / relatives/public,**
- **Metric 7 – Equal opportunities for career progression or promotion**
- **Metric 8 - Discrimination from manager/team leader/colleagues**

By focusing on these priority areas, we can make meaningful progress towards a more inclusive and supportive workplace for our colleagues

## Workforce Race Equality Standard (WRES) Action Plan – 2024/2025

Metric	WRES Indicators	Objective	Actions	Lead	Timescale	Status
2.	<p><b>Relative likelihood of White applicants being appointed from shortlisting compared to BME applicants</b></p> <p><b>Reduced from 2.03 – 0.89</b></p> <p><b>Value of 1:00 is equity</b></p> <p>Aligns with:</p> <p><b>NHS EDI Improvement Plan: High Impact Action 2:</b> Overhaul recruitment processes, Embed talent management strategies that target under-representation &amp; lack of diversity</p> <p><b>People Promise</b> – We are compassionate and inclusive, We are learning, We each have a voice that counts, We are a team</p>	<p>Continued focus to ensure recruitment &amp; selection processes are inclusive</p>	<ul style="list-style-type: none"> <li>➤ Deliver the expectations of line managers people management training</li> <li>➤ including unconscious bias and inclusive recruitment &amp; selection practices</li> </ul>	<p>Head of inclusion &amp; wellbeing/ Inclusion &amp; Wellbeing Lead</p>	<p>31 January – 31 August 2025</p>	
		<p>Embed fair and inclusive recruitment processes and talent management strategies that target under representation and lack of diversity</p>	<ul style="list-style-type: none"> <li>➤ Establish a working group to review and refresh recruitment &amp; selection and strengthen inclusive recruitment to ensure the</li> </ul>	<p>Deputy director of People/HR Resourcing Manager/ Head of I&amp;WB</p>	<p>31 March 2025</p>	



			process is consistently fair, reliable and free from debias			
5,6 & 8	<p><b>Percentage of staff experiencing bullying, harassment &amp; abuse, discrimination from:</b></p> <p><b>a. Patients/ relatives/public in the last 12 months</b></p> <p><b>(BME staff decreased slightly from 25.7 to 25.2%)</b></p> <p><b>White staff – 24.7%</b></p> <p><b>b. Staff</b></p> <p><b>(BME staff decreased from 26.8 to 25.5%)</b></p> <p><b>White staff – 17.8%</b></p> <p><b>Indicator 8</b></p> <p><b>c. Discrimination from manager/team leader/colleagues</b></p>	<p>To commence our journey to become an Anti-racist organisation and actively scope the work to undertake a self-assessment and goals aligned to the Bronze status of the North West approach BAME assembly anti-racist framework</p>	<ul style="list-style-type: none"> <li>➤ Collaborate with the staff network and Proud to Care Diversity subgroup in scoping and undertaking the self-assessment anti-racist framework</li> <li>➤ Create a working group to look at the ARF deliverables</li> <li>➤ Collaborate with the Executive Sponsor</li> <li>➤ Feedback the gap analysis and produce</li> </ul>	<p>Head of I&amp;WB/I&amp;WB lead</p>	1 October 2024 – 31 August 2025	
					31 December 2024	30 Nov 2024 – Aug 2025

	<p><b>(BME staff – Increased from 14.4 to 17.5%)</b>  <b>White staff – 5.2%</b></p> <p><b>High Impact Action 6 and High impact Action 5</b>  Comprehensive Induction and on-boarding programme for International recruited staff,</p> <p><b>People Promise ambitions:</b>  We are compassionate and inclusive, We are always learning, We each have a voice that counts, We are safe and healthy, We are a team</p>	<p>To reduce the conditions in which harassment, bullying or abuse (HBA) or discrimination from patients, relatives or public, managers and colleagues</p>	<p>an action plan in delivery of our commitment in being an anti-racist Trust</p> <ul style="list-style-type: none"> <li>➤ Promote and launch the Anti-racist framework</li> <li>➤ Collaborate with key stakeholders to raise the profile of Race Equality across the Trust including the development of Allies</li> <li>➤ Collaborate with ICS partners in delivering the framework collectively</li> </ul>		<p>31 January 2025</p> <p>31 March 2025</p> <p>01 October 2024 – August 2025</p> <p>30 November – August 2025</p>	
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			and sharing practices		01 September 2024 – August 2025	
			<ul style="list-style-type: none"> <li>➤ Continue with ongoing Respect Campaign to encourage a focus on respectful behaviours</li> </ul>	Comms Manager		
			<ul style="list-style-type: none"> <li>➤ Encourage staff to speak up and report harassment, bullying or abuse</li> <li>➤ Collaboration with Race Equality staff network, Champions,</li> </ul>	Head of I&WB / I&WB lead Freedom to Speak up Guardian Champions (Inclusion & Wellbeing & FTSU)		

			Freedom to Speak up, Health & Wellbeing			
			➤ Promote and raise awareness on how to report hate crime	I&WB lead	30 October 2024	
		To reduce the conditions in which harassment, bullying or abuse (HBA) or discrimination from patients, relatives or public, managers and colleagues	➤ Regular reporting through Violence and Aggression Management Group highlighting any themes, trends and hotspots	I&W Lead, Freedom to Speak Up Head of Inclusion & Wellbeing	1 October 2024 – 31 August 2025	
			➤ Provide support (counselling, debrief, wellbeing conversation)	Head of Occupational Health Head of I&W	1 October 2024 – 31 August 2025	

			and allow a safe place for voice to be heard			
			➤ Stay and Thrive and pastoral programme for international recruited nurses	Associate Director of Professions	1 October 2024 – 31 August 2025	
		To reduce the conditions in which harassment, bullying or abuse (HBA) or discrimination from patients, relatives or public, managers and colleagues	➤ Provide support (counselling, debrief, wellbeing conversations , liaising with the PNA/PMAs) and allow safe place for voice to be heard	Head of Occupational Health Head of I&WB Associate Director of Professions	1 September 2024 – 31 August 2025	

			<ul style="list-style-type: none"> <li>➤ Recruit more train the trainer to deliver Cultural competence training</li> </ul>	Associate Director of Professions	31 January 2025 – August 2025	
			<ul style="list-style-type: none"> <li>➤ Create and promote an inclusive and compassionate culture and respectful behaviours and just culture</li> </ul>	Head of I&WB Head of Learning & OD	1 October 2024 – 31 August 2025	
			<ul style="list-style-type: none"> <li>➤ Deliver the expectations of line managers people management training</li> </ul>	Head of I&WB Head of Learning & OD	31 January – 31 August 2025	




			<ul style="list-style-type: none"> <li>➤ Launch and deliver our commitment with progressing the actions related to the Sexual Safety Charter</li> </ul>	Deputy Director of People, Head of Head of I&WB/Head of Leadership & OD / Head of Occupational Health	31 March 2025	
7.	<p><b>Percentage of staff believing the Trust provides equal opportunities for career progression or promotion</b> (BME staff increased from 49.7 - 58%)</p> <p><b>White staff – 70%</b></p> <p><b>High Impact Action 2</b></p> <p><b>People Promise</b> – We are compassionate and inclusive, We are always learning, We each have a voice that counts, We are a team, We are recognised and rewarded</p>	To ensure BME staff have equal opportunities for career progression or promotion	<ul style="list-style-type: none"> <li>➤ Ensure mentorship and development plans are in place for aspirant BME nurses and midwives</li> <li>➤ Continue to explore barriers and opportunities for career and personal development</li> </ul>	<p>Head of I&amp;WB/Head of Leadership &amp; OD</p> <p>Head of I&amp;WB, I&amp;WB Lead</p>	<p>1 October 2024 – 31 August 2025</p> <p>1 October 2024 – 31 August 2025</p>	

	<p><b>Percentage of staff believing the Trust provides equal opportunities for career progression or promotion</b></p> <p><b>(BME staff increased from 49.7 - 58%)</b></p> <p><b>White staff – 70%</b></p> <p>Aligns with:</p> <p><b>High Impact Action 2 and 6</b></p> <p><b>People Promise</b> – We are compassionate and inclusive, We are always learning, We each have a voice that counts, we are a</p>	<p>To ensure BME staff have equal opportunities for career progression or promotion</p>	<p>➤ Work with the staff network and promote targeted resources for development / training programmes / skills and competencies , coaching /mentoring shadowing</p>	<p>Head of I&amp;WB / I&amp;W Lead, L&amp;OD Manager</p>	<p>1 October 2024 – 31 August 2025</p>	
			<p>➤ Continue with delivery of nursing career clinic, stay and thrive and consider longer-term career development needs of International nurses at</p>	<p>Associate Director of Professions</p>	<p>1 October 2024 – 31 August 2025</p>	



	team, We are recognised and rewarded		Band 5 to ensure retention and further development		18 September 2024 – 31 August 2025	
			<ul style="list-style-type: none"> <li>➤ Delivery of the Reciprocal mentoring programme – second cohort commenced in September 2023. Identify and share key learning as necessary for the Trust</li> </ul>	Head of I&WB		

**KEY RAG Rating**

	Complete		On track for delivery		Behind plan and action needed to bring back on target
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