



WORKFORCE RACE EQUALITY STANDARD

2022/2023

ANNUAL REPORT

BACKGROUND

The NHS Workforce Race Equality Standard (WRES) is a requirement for NHS Commissioners and NHS healthcare providers and was mandated in 2015 to identify the gaps in workplace inequalities between Black and Ethnic Minority (BAME) and white staff working in the NHS in order to address those gaps and ensure equity across the NHS workforce.

The main purpose of the WRES is to:

- a. help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators;
- b. produce action plans to close the gaps in workplace experience between white and BAME staff; and
- c. improve BAME representation at the Board level of the organisation.

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and 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.

Indicator	Metric descriptor For each of these four workforce Indicators, the data compares white and BME staff
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none">• Non-Clinical staff• Clinical staff - of which<ul style="list-style-type: none">◦ Non-Medical staff◦ Medical and Dental staff <p><i>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</i></p>
2	Relative likelihood of staff being appointed from shortlisting across all posts.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
4	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey Indicators	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Percentage of staff believing that the trust provides equal opportunities for career progression or promotion
8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Board representation indicator	
9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none">• By voting membership of the Board• By executive membership of the Board

The Trust was required to submit its WRES 2022/23 data (Appendix 1) to NHS England by 31st August 2023. We are subsequently required to develop a WRES Action Plan (Appendix 3) that is published and approved by the 31st October 2023. This report measures the progress as well as

actions adopted to fulfil its objectives against all 9 metrics under WRES while identifying areas for improvement.

The national review of the WRES data provides recognition to organisations where sustained progress has been made with feedback and a score provided to each organisation for their WRES action plans. The feedback aims to support the organisations to improve WRES indicators through targeted evidence-based actions, strong leadership and achievable goals. The ESNEFT WRES 2021-2022 Action Plan was carefully and thoroughly reviewed by senior members of the WRES National team to ascertain whether it aligns with the trust-specific WRES data and the scores were based on:

- understanding and targeting the most pressing data pinch points
- using approaches with an evidence base of success; and
- with defined measurables.

The scoring is as per the CQC 4 point award system: 0 = is Inadequate; 1 = Requires Improvement; 2 = Good; 3 = Outstanding.

We are delighted to advise that ESNEFT was awarded a score of **2.67** with particular praise on our excellent communications engagement and direction and vision from leadership.

As with clinical variation, it is just as important to eliminate significant, unwarranted variation in race equality. WRES data continues to be an important tool to inform actions at national, regional and local level to reduce disparities and inequalities. We must therefore continue to be curious about the data and bold in our efforts to create positive change so that all of our colleagues from BAME backgrounds have an equal and positive experience at work.

PURPOSE

Through the ambitions of the People Plan and the People Promise, the NHS declared a commitment to creating and maintaining a compassionate and inclusive culture where diversity is valued and celebrated as a critical component, and not just a desirable one.

Similarly, the Messenger review of NHS leadership published in June 2022 highlighted within its recommendations the importance of equality, diversity, and inclusive leadership. Pursuing racial equality in ESNEFT is a core component of making these ambitions a reality and must span the entirety of the organisation. Creating a compassionate and inclusive culture is the responsibility of us all, particularly of our leaders, and requires concerted action to change structures and processes which embed discrimination and to challenge inequality wherever we see it.

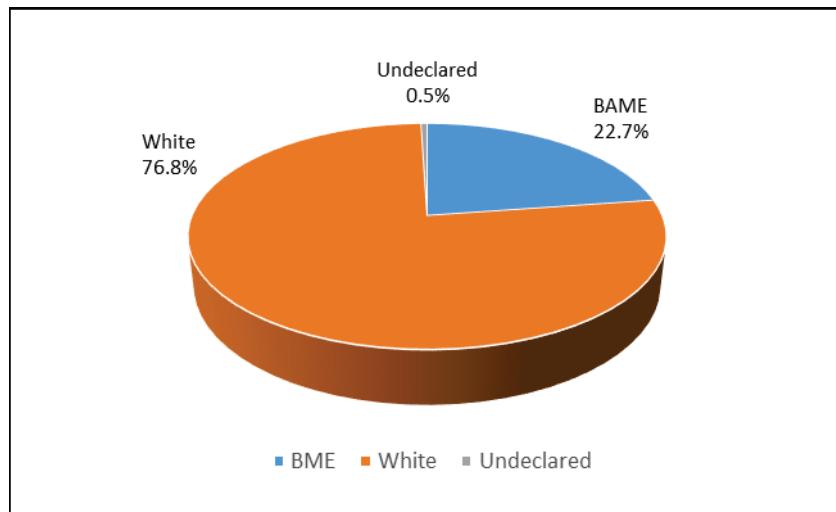
Getting this right is a priority and the need is strengthened by the positive increase in the number of BAME staff representation within the Trust's workforce now at 22.7%. Evidence increasingly suggests an association between staff experience and patient outcomes, meaning there is not just a moral case for improving the experience of our colleagues from minority communities and backgrounds – it also benefits patients, productivity, and performance. For example, the percentage of staff believing that Trusts provide equal opportunities for career progression or promotion (WRES indicator 7) is a predictor of higher levels of patient satisfaction. With the data this year showing that only 47.1% of staff from a BAME background share this belief, the case for improving this number and thereby improving patient satisfaction is clear. Work to improve the inclusivity of recruitment and promotion practices has shown promising results in some regions - a welcome change in this indicator from 1.61 in 2021 to 1.54 in 2022 continues to be a positive downward trend, however the

Trust is showing a negative upward trend (1.25 in 2021 and 1.41 in 2022) therefore our challenge now is to replicate the regional successes within the Trust.

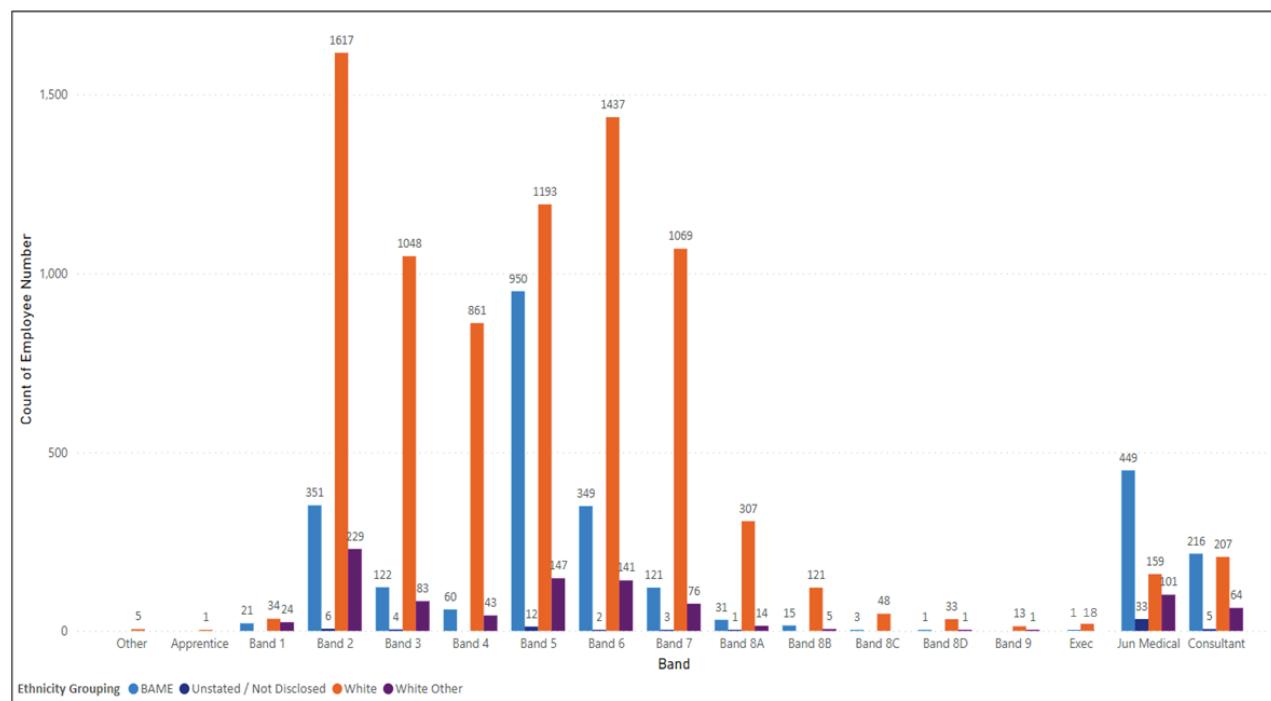
2022/23 DATA ANALYSIS

Our workforce data indicates that 22.7% of our workforce come from BAME communities (19% previous year), 76.8% white staff and 0.5% who do not wish to disclose their ethnicity. The local demographic population for the East of England Region shows that 90.82% of the population is white and 9.15% identify as BAME. Therefore the trust is reporting significantly higher proportionate figures in comparison to the overall regional data.

Workforce profile by race/ethnicity



WRES Indicator 1: Percentage of staff in each of the Agenda for Change Bands 1-9 and VSM (including executive board members compared with the percentage of staff in the overall workforce:



Analysis: As per previous years, the 2022/23 data shows that BAME staff were overrepresented at Band 5 and disproportionately underrepresented at higher grades in the Trust, particularly at middle to senior manager Band 8a-8d levels. Below shows the percentage of BAME staff per banding:

	2021/22				2022/23			
	BAME	White	Not disclosed	% BAME p/band	BAME	White	Not disclosed	% BAME p/band
Apprentice	1	7	0	12.5	0	1	0	0
1	41	207	7	16.07	21	58	0	26.58
2	236	1859	28	11.11	351	1846	6	16.93
3	113	934	20	7.78	122	1131	4	9.70
4	46	796	5	5.43	60	904	0	6.22
5	740	1412	29	33.92	950	1340	12	41.27
6	201	1432	8	12.25	349	1578	2	18.09
7	82	964	8	7.77	121	1145	3	9.53
8a	22	259	3	7.74	31	321	1	8.78
8b	9	109	1	7.56	15	126	0	10.60
8c	2	43	1	4.34	3	48	0	5.88
8d	1	34	1	2.77	1	34	0	2.85
9	0	6	0	0	0	14	0	0.00
Exec	1	21	0	4.5	1	21	0	5.54
Jun Medical	394	154	37	67.35	449	260	33	60.51
Consultant	184	260	6	40.88	216	271	5	43.90
Total	2073	8497	154	19.33	2690	9098	66	22.69

WRES indicator 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants

	White	BAME	Ethnicity Unknown
Number of shortlisted applicants	5323	2211	102
Relatively likelihood of shortlisting / appointing	1351	398	69
Relative likelihood of white staff being appointed in comparison to BAME Staff	25.38%	18.00%	67.65%
Relative likelihood of BAME Staff entering formal disciplinary process compared to White staff		1.41	

Analysis: This indicates that slightly more White candidates were successfully appointed when compared to BAME candidates, and is a slight increase when compared to 2021/22 (1.25). Whilst this is not statistically significant when compared to the national benchmarking, when considering the lack of BAME representation at senior level further work will need to be undertaken to ensure that the relative likelihood of appointment is similar at all levels of appointment. Further investigation in to this indicator will be undertaken as part of the WRES Action Plan.

WRES indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

	White	BAME	Ethnicity Unknown
Number of Workforce	9103	2691	65
Number of entering the formal disciplinary process	48	8	2
Likelihood of staff entering formal process in comparison to White Staff	053%	0.30%	3.08%
Relative likelihood of BAME Staff entering formal disciplinary process compared to White staff	0.56		

Analysis: This indicates that White staff are more likely to enter the formal disciplinary process than BAME staff. The Restorative Just and Learning Culture principles and ensuring the support from our Cultural Ambassadors for all protected characteristics should see a more balanced likelihood of cases moving to formal disciplinary stage.

WRES indicator 4: Relative likelihood of BAME staff accessing non-mandatory training and CPD

	White	BAME	Ethnicity Unknown
Number of Staff in post	9103	2691	65
Number of staff accessing non-mandatory training and CPD	900	449	124
Likelihood of staff accessing non mandatory training and development	9.89%	16.69%	190.77%
Relative likelihood of White Staff accessing non mandatory training and CPD compared to BAME Staff	0.59		

Analysis: This indicates that more BAME staff are accessing development opportunities than white staff. The data is consistent with the relative number of BAME staff working in Band 5 clinical roles and non-consultant grade/trainee medical roles. Further analysis, by Band and Job role will be taken forward as part of the WRES action plan.

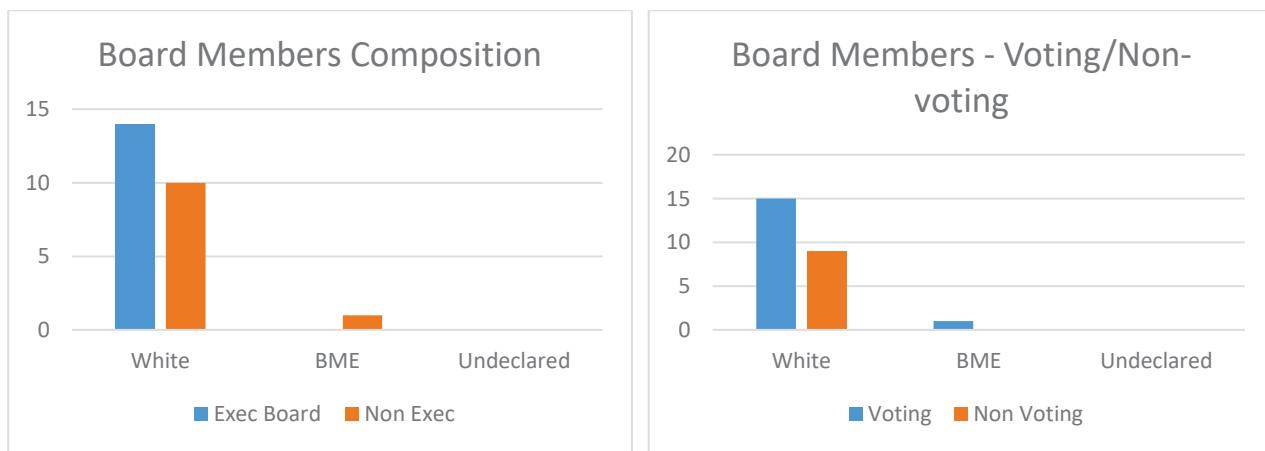
WRES Staff Survey Indicators

**Please note metrics 5 to 8 are sourced from the latest publication of the NHS Staff Survey 2022. The following are included by the Trust to provide a more comprehensive data set concerning experiences as well as representation of the BAME staff within ESNEFT.*

National NHS Staff Survey indicators (or equivalent) Comparison of the outcomes of the response for White and BAME staff		2021 Staff Survey Results ¹	2022 Staff Survey Results ¹	Analysis
Indicator 5	Percentage of BAME staff, compared to White staff, experiencing harassment, bullying or abuse from; patients/service users, their relatives or other members of the public	BAME - 35.3% White - 29.8%	BAME – 35.3% White – 29.4%	Although the data has remained static on this indicator, of the respondents to the question, there continues to be a higher proportion of BAME staff experiencing bullying, harassment and abuse from patients, relatives and service users than white colleagues.
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BAME – 29.2 % White – 26.5 %	BAME – 27.3% White -24.2%	Whilst there is a higher number of cases of staff experiencing bullying and harassment from a BAME background, when reviewing the results for this indicator, the percentage of BAME staff experiencing bullying and harassment from staff has decreased by 5.5% over the past 5 years.
Indicator 7	Percentage believing that trust provides equal opportunities for career progression or promotion	BAME - 43.6% White – 54.0%	BAME – 47.1% White – 55.9%	Of the question respondents there has been a steady improvement in this indicator percentage for BAME staff (5.5% increase over the past 5 years) but little change in perception for White staff. However, ESNEFT aspire bring the percentage closer to 70% for all employees. Talent management and career progression will feature in both People Strategy, WRES and EDI Strategy Action plans for 2023/24 and beyond.
Indicator 8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	BAME – 19.4% White – 6.7%	BAME – 16.8% White – 6.7%	The data shows there is a significant difference in BAME staff experiencing discrimination at work in comparison to White staff with a difference of 10.1%. A key focus of the WRES/EDI action plan will be to focus on what impact our Anti-Racism Charter, Zero Tolerance Policy, Leadership Development Pathway, FTSU Guardians, Cultural Ambassadors and the Allyship programmes can play in significantly reducing discrimination.

Source: [Local results for every organisation | NHS Staff Survey \(nhsstaffsurveys.com\)](https://www.nhsstaffsurveys.com)

WRES Indicator 9: Board Representation – showcased by ethnicity disaggregated under executive Board Members, Non-Executives, Voting and Non-Voting Members :



	Exec Board	Non Exec
White	11	7
BME	0	1
Undeclared	0	0
Total	11	8

	Voting	Non-Voting
White	14	4
BME	1	0
Undeclared	0	0
Total	15	4

Analysis:

The data indicates that BAME people are underrepresented at Trust Board level, specifically in respect of our Executive Directors.

Medical WRES

In addition to the WRES, the Medical Workforce Race Equality Standard (MWRES) was launched in 2020 to analyse national race equality for medical and dental workforce.

The purpose of MWRES is to complement the work of WRES in evidencing NHS compliance with the Public Sector Equality Duty (EqA2010) to advance race equality for the dental and medical professional groups. The MWRES data and analysis can then be used to inform actions to advance race equality and develop targeted interventions to address structural and organisational disparities that result from race. It will also help providers to develop tailored programmes for global majority staff to break down barriers to advancement and improve experience in general.

The MWRES expected outcomes are:

- Improved inclusivity and experience for medical and dental global majority workforce and wider workforce, leading to better patient outcomes.
- Greater transparency and accountability in relation to staff experiences.
- Enhanced ability to identify areas of concern and take targeted action to improve the experience of staff from ethnic minority backgrounds.
- Alignment of outcomes against People Plan 20/21 recruitment and retention aspirations.
- Support for professional bodies and educational establishments to improve the experience of global majority workforce using evidence-based interventions and actions.

There are 12 MWRES indicators as part of the data submission which will be collated from a combination of Trust and external sources:

MWRES indicators

Indicator	Indicator Description	2023 Data Source
1a	Number of staff in each medical and dental sub group, disaggregated by ethnicity	Trust Data
1b	Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity and origin of primary medical qualification	Trust Data
1c	Number of clinical academics disaggregated by ethnicity	Medical Schools Council
2	Consultant recruitment following completion of postgraduate training, disaggregated by ethnicity	Trust Data via TRAC/NHS jobs
3a	Complaints, referrals to the GMC, and GMC Investigations, disaggregated by ethnicity and origin of primary medical qualification	GMC Data
3b	Deferral of revalidation, disaggregated by ethnicity and origin of primary medical qualification	GMC Data
4a	Admissions into medical schools disaggregated by ethnicity	UCAS
4b	Differential pass rates in Royal College postgraduate examinations	All Medical Colleges (AoMRC)
4c	Annual review of competence progression (ARCP) - unsatisfactory outcomes by PMQ - core medical training	GMC Data
5-10	NHS Staff Survey	NHS Staff Survey Data
11a	Number of doctors on college boards (royal colleges and other medical colleges), disaggregated by ethnicity, type of board membership, and voting rights	All Medical Colleges (AoMRC)
11b	Number of senior staff in medical schools, disaggregated by ethnicity	Individual Medical Schools

MWRES 2022/23 DATA ANALYSIS

This year all Trusts were required to submit their MWRES data by 30 June 2023. The 2022-23 data set provided by ESNEFT is shown in Appendix 2. Due to the multiple data sources, there is limited information to complete a thorough data analysis at this time, therefore a further review will be undertaken once the national comparator report is published c. Q4 2023/24. However what the data does show is that:

- The decision was made not to proceed with an application process for Clinical Excellence Awards (CEAs) and instead all eligible consultants were awarded with a Clinical Excellence Award. Hence the number of staff who applied for CEAs is noted as N/A.
- We appear to have had a significantly higher number of BAME applicants than white applicants for Consultant posts in 2022/23 compared to the previous year:

2021-22	13	2022-23	45
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The TRAC system only keeps data for 1 year therefore we cannot validate the numbers of applicants/shortlisted/appointed for 2021/22, hence limited data comparison available. Processes are in place to provide validation checks going forward.

- The likelihood of BAME candidates being shortlisted in 2022/23 was significantly less when compared to white candidates and this is due to the applicant ratios.
- The number of consultants that had an appointed 'start date' within the period Apr 2022-Mar 2023 may appear disproportionate to the numbers shortlisted and this is due to the 6-12 month on-boarding period.

PROGRESS OVER THE PAST YEAR

Over the past year the Trust's continued commitment to address inequalities experienced by our BAME colleagues can clearly be illustrated in the WRES data for 2022/23 which shows improvements in 6 of the 9 indicators. This in part was due to many of the key initiatives rolled out from last year's action place:

- EDI themes of inclusion right across our Leadership Development Pathway to support our senior leaders to be culturally aware and to support them in creating psychologically safe spaces so that everyone sees equality and inclusion as their responsibility and we adopt a proactive approach;
- Refresh of the Equality Impact Assessment Form for all policies, projects and processes;
- Senior Leaders Event focussed on Compassionate and Illusive leadership;
- Roll out of specifically designed Management Essentials Toolkit sessions that support inclusive recruitment and selection;
- Increase in BAME representatives on Recruitment panels
- The work with our EMBRace Staff Network to ensure ongoing engagement with our staff and that any strategy is co-produced, socialised, implemented and measured.

- Roll out of our educational and interventional programmes for all staff to improve cultural awareness and understanding e.g. Talk to Transform development sessions (part of Dare to C.A.R.E, Creating an Anti-Racist Environment); Reverse Mentoring programmes; Equality, Diversity and Inclusion (EDI) Bitesize training. Ensuring that the mid-way evaluation reporting is reviewed to identify themes and areas of focus.

We have utilised data gathered through our Cultural Audit which was carried out in August 2022 and triangulated this with our National Staff Survey results to further determine key areas where focused interventions could support BAME colleagues. Three of the four themes of key areas identified and being taken forward have an EDI focus:

- Inclusion and Involvement – we refreshed our appraisal documentation to include a section for staff to evidence how they have/ intend to enhance their knowledge of equality, diversity and inclusion. In addition a feedback led approach to appraisal was included for all staff in Band 7+ roles.
- Staff experience through the lens of EDI – EDI Bitesize training sessions rolled out to all staff and ad-hoc tailored provision upon request.
- Confidence in Raising Concerns – New Raising Concerns Guide focussing on the support provided throughout the process has been drafted and will be rolled out in the autumn.

NEXT STEPS

Whilst the data indicates an improvement in BAME staff experience in terms of reduction in formal cases and increase in participation of training opportunities, we recognise that there is still work to do to protect, support and engage with our BAME staff to evidence the improvements.

ESNEFT will continue to work with external facilitators of the Talk to Transform programme and Reverse Mentoring Programme as well as the collaborative work with the regional EDI leads at Suffolk and North Essex Integrated Care System (ICS) and NHS England, to develop a plan of action in collaboration with key partners that will deliver sustainable and measurable change which will give greater momentum and resilience to our schemes of work, overall EDI Strategy and associated action plans

Our EDI strategy and action plan has been reviewed at our POD Committee however a high level summary of our Priorities are as follows:

- Establish an Allyship Group to ensure our staff have the opportunity to co-design our longer term strategy focus “Nothing about me without me”;
- Reduce the gaps in experience between white and BAME staff in terms of career progression, access to development, coaching and mentoring provision and encouraging BAME staff who narrowly miss being appointed for internal roles to partake in this support;
- Value and promote the voice of BAME Staff within our decision-making committees and processes
- Reenergise the support provided by our FTSU Guardian/Assistants to encourage our staff to raise concerns with the implementation of a Raising Concerns Guide which supports the Freedom to Speak Up Policy, as we know that some staff feel unsafe in speaking up and too often this impacts on their health and wellbeing, therefore ensuring that any member of staff wishing to raise a concern is fully supported throughout the process and beyond;

- Re-write and rename the Bullying and Harassment policy to strengthen the zero tolerance to discrimination and include a focus on civility and respect and just and learning;
- Roll out our improved Recruitment & Selection pathway to ensure our processes are inclusive and non-bias;
- Support talent and career development of BAME staff improving representation across senior levels of the organisation;
- Support managers to understand structural and individual acts of racism and monitor the development of our cultural intelligence programmes (Cultural Ambassador Programme and Reverse Mentoring) in order to reduce all forms of discrimination in the workplace.
- Value and promote the voice of BAME Staff within our decision-making committees and processes;
- Continued provision of protected time for our EMBRACE Staff Network leads, regular administrative support through our EDI Network Administrator and through our Staff Network Lead meetings with our Associate Director of OD and Culture;
- Continuation of the educational and interventional programmes (Talk to Transform; Reverse Mentoring programmes; EDI Bitesize training) and continue exploration of Active Bystander training to educate staff around the importance of their role in supporting colleagues where discriminative behaviours are witnessed;
- Improve BAME representation at Trust Board and senior leader level - consideration around the approach of talent management and future recruitment drives to improve the diversity of candidates; and
- Working collaboratively with the national and SNEE EDI networks to respond to the NHS EDI Improvement Plan as well as continued collaborative work across the ICB on the Zero Tolerance to Discrimination, Anti-Racism Charter and development of strategic interventions with the ICB and local Trusts.

APPENDIX 1 – WRES 2022/23 DATA SUBMISSION

Workforce Race Equality Standards 2022/23 template



INDICATOR	ITEM	DATA	MEASURE	WHITE	BME	ETHNICITY UNKNOWNNULL	WHITE	BME	ETHNICITY UNKNOWNNULL	
							Verified figures	Verified figures	Verified figures	Verified figures
1a) Non Clinical workforce										
1	Under Band 1	Headcount	0	0	0	0	0	0	0	0
2	Band 1	Headcount	105	31	3	58	21	21	0	3
3	Band 2	Headcount	892	109	3	909	120	0	0	0
4	Band 3	Headcount	540	32	1	549	38	0	0	0
5	Band 4	Headcount	443	8	0	454	14	1	1	1
6	Band 5	Headcount	251	21	1	283	21	0	0	0
7	Band 6	Headcount	120	14	0	152	10	0	0	0
8	Band 7	Headcount	167	18	0	171	20	1	1	1
9	Band 8A	Headcount	95	5	1	95	5	0	0	0
10	Band 8B	Headcount	79	4	0	77	5	0	0	0
11	Band 8C	Headcount	28	2	0	33	2	0	0	0
12	Band 8D	Headcount	24	3	0	23	0	0	0	0
13	Band 9	Headcount	6	0	0	8	0	0	0	0
14	VSM	Headcount	22	1	0	21	1	0	0	0
1b) Clinical workforce										
of which Non Medical										
15	Under Band 1	Headcount	0	0	0	0	0	0	0	0
16	Band 1	Headcount	0	0	0	0	0	0	0	0
17	Band 2	Headcount	1017	202	4	960	241	3	3	3
18	Band 3	Headcount	546	91	4	585	128	4	4	4
19	Band 4	Headcount	427	52	0	451	51	1	1	1
20	Band 5	Headcount	1154	843	8	1050	875	11	11	11
21	Band 6	Headcount	1406	283	5	1411	335	1	1	1
22	Band 7	Headcount	947	103	7	976	101	3	3	3
23	Band 8A	Headcount	213	17	0	224	25	0	0	0
24	Band 8B	Headcount	49	6	0	49	9	0	0	0
25	Band 8C	Headcount	11	2	0	14	2	0	0	0
26	Band 8D	Headcount	12	0	0	15	1	0	0	0
27	Band 9	Headcount	4	0	0	5	0	0	0	0
28	VSM	Headcount	1	0	0	1	0	0	0	0
Of which Medical & Dental										
29	Consultants	Headcount	252	204	11	269	216	5	5	5
30	of which Senior medical manager	Headcount	2	0	0	2	0	0	0	0
31	Non-consultant career grade	Headcount	40	81	7	63	161	6	6	6
32	Trainee grades	Headcount	215	351	31	197	289	26	26	26
33	Other	Headcount	0	0	0	0	0	0	0	0

Percentage of staff in each of the ANC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

		34	Number of shortlisted applicants	Headcount	4319	1530	109	5323	2211	102
2	Relative likelihood of staff being appointed from shortlisting across all posts	35	Number appointed from shortlisting	Headcount	1203	342	55	1351	398	69
		36	Relative likelihood of appointment from shortlisting	Auto calculated	27.85%	22.35%	50.46%	25.38%	16.00%	67.65%
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.25			1.41		
		38	Number of staff in workforce	Auto calculated	9066	2483	86	9103	2691	65
		39	Number of staff entering the formal disciplinary process	Headcount	46	13	2	48	8	2
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.51%	0.52%	2.33%	0.53%	0.30%	3.08%
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated	1.03			0.56		
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	42	Number of staff in workforce	Auto calculated	9066	2483	86	9103	2691	65
		43	Number of staff assessing non-mandatory training and CPD	Headcount	918	286	3	900	449	124
		44	Likelihood of staff assessing non-mandatory training and CPD	Auto calculated	10.13%	11.52%	3.49%	9.89%	16.69%	190.77%
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	0.88			0.59		
		46	Total Board members	Headcount	18	1	0	18	1	0
		47	of which: Voting Board members	Headcount	13	1	0	14	1	0
		48	: Non Voting Board members	Auto calculated	5	0	0	4	0	0
4	Relative likelihood of staff assessing non-mandatory training and CPD	49	Total Board members	Auto calculated	18	1	0	18	1	0
		50	of which: Exec Board members	Headcount	10	0	0	11	0	0
		51	: Non Executive Board members	Auto calculated	8	1	0	7	1	0
		52	Number of staff in overall workforce	Auto calculated	9066	2483	86	9103	2691	65
		53	Total Board members - % by Ethnicity	Auto calculated	94.7%	5.3%	0.0%	94.7%	5.3%	0.0%
		54	Voting Board Member - % by Ethnicity	Auto calculated	92.9%	7.1%	0.0%	93.3%	6.7%	0.0%
		55	Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
9	Percentage difference between the organisations' Board voting membership and its overall workforce	56	Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		57	Non Executive Board Member - % by Ethnicity	Auto calculated	88.9%	11.1%	0.0%	87.5%	12.5%	0.0%
		58	Overall workforce - % by Ethnicity	Auto calculated	77.9%	21.3%	0.7%	76.8%	22.7%	0.5%
		59	Difference (Total Board -Overall workforce)	Auto calculated	16.8%	-16.1%	-0.7%	18.0%	-17.4%	-0.5%

APPENDIX 2

ESNEFT MEDICAL WORKFORCE RACE EQUALITY STANDARD - 2021-23 Data Submission

Indicator description	Data collection categories and sub-categories	Reporting year				
		White	Black	Asian	Other	Not known
The composition of the medical and dental workforce (based on the workforce as at 31st March in the reporting year)	Medical directors Clinical directors (directors of clinical teams) Consultants SAs Locally Employed Doctor (LED) Doctors in postgraduate training All other medical and dental staff	1 0	0 4	0 5	0 1	0 0
		To be sourced directly from ESR				
Clinical Excellence Awards	Number of staff eligible to apply for Clinical Excellence Awards Number of staff who applied for Clinical Excellence Awards Number of staff awarded Clinical Excellence Awards	207 n/a 207	6 n/a 6	125 n/a 125	31 n/a 31	5 n/a 5
Consultant recruitment	Number of applicants Number shortlisted Number appointed	9 6 2	2 1 0	11 6 1	7 3 1	5 7 2
	Consultant recruitment disaggregated by ethnicity (based on the financial year)					
		2	0	1	0	3
						8

NB: The ethnicity codes of Black/Asian/Other used by the National WRES Team in the data submission template above are referred to as global majority within the narrative of this report.

APPENDIX 3 – ESNEFT WRES ACTION PLAN

Action Plan 2023

The Workforce Race Equality Standard (WRES) is a workforce standard mandated by NHS England & NHS Improvement. All NHS Trusts and organisations are required to collect and analyse data across a series of metrics to help to improve the workplace experiences of Black, Asian and Minority Ethnic (BAME) staff across the NHS. There are nine WRES metrics:

- Two focus on workforce data and representation
- Four are based on questions from the NHS Staff Survey
- Three based on workforce data from HR interventions.

Further to the WRES 2022/23 data which was submitted in August 2023, this action plan provides further evidence of compliance with our regulatory requirements and ESNEFT's commitment to improve race equality within its workforce. This document should be read in conjunction with our published WRES data submission 2022/23 (Appendix 1).

It is evident from existing data that there is a need for ESNEFT to work towards improving the experiences of Black, Asian and Minority Ethnic (BAME) staff members, focussing particularly on career progression and representation across the different occupations and at senior levels of the organization. The overriding principle of the WRES Action Plan 2023-2024 is to support ESNEFT to develop into an anti-racist organisation and into one which values and celebrates cultural and racial diversity. As part of this important work, the Trust will take a proactive stance on addressing any institutional structures perpetuating racism and 'white privilege' and will develop its leaders in cultural diversity to ensure they are empowered to uphold this principle.

This action plan details how ESNEFT will achieve an improvement on the experiences of BAME Staff working alongside our BAME Staff Network – EMBRACE (Equality & Moving beyond Race) to ensure that the proposed interventions are meaningful and yield the intended results. The objectives for our WRES Action plan are to:

- Reflect the Trust Board's pledge and commitment to zero tolerance of discrimination within the Trust
- Improve BAME staff representation in all occupations and across senior levels of the organisation
- Reduce the gaps in experiences between white and BAME staff
- Support senior leaders and managers to understand structural and individual acts of racism and barriers to inclusion and to further develop and roll out cultural intelligence programmes (including the RCN Cultural Ambassador Programme and Reverse Mentoring)
- Value and actively promote the voices of diverse BAME Staff in the decision-making of the Trust.

Pending approval of this action plan by the Trust Board, the Equality, Diversity and Inclusion Steering Group will monitor progress on a regular basis.

1. Workforce Data and Representation – Metrics 1 and Metric 9

Objective	<ul style="list-style-type: none"> • Improve BAME staff representation across senior levels of the organisation • Reduce the gaps in experiences between white staff and BAME staff • Value and promoting the voice of BAME Staff within decision-making 	What actions do we need to take and why?	The WRES workforce data indicates that 22% of our workforce come from BAME background, however at middle to senior levels of the organisation BAME colleagues are disproportionately underrepresented (for both clinical and non-clinical roles). The focus of our actions are to continue to improve our recruitment, selection and on-boarding processes as well as continue to provide BAME representative selections panels (currently 52%) and rollout the new Recruitment and Selection training which will be mandatory for all recruiting managers. The NHS People Plan 2020/2021 emphasises the importance of BAME (and other protected groups) representation on decision-making committees and forums. The Trust's People Strategy and EDI Strategy further advance the key actions around addressing discrimination and promoting inclusion. The actions below will support the objectives set out in the introduction of this plan.	Reference	Action to be taken	Responsible owner(s)	Completion date	Update from last year and Intended Outcomes for future
1.1	ASSURANCE REPORTING	Continue to provide progress updates to the People & Organisational Development (POD) Committee Assurance Framework	Director of People & OD / Associate Director of OD and Culture	March 2024 (bi-annual)	Twice-annual progress updates of the WRES Action Plan to be received by POD, risks identified and mitigation provided by the EDI Operational Group.			Oversight of progress reports will be received by the EDI Strategic Group on a quarterly basis and reported to the POD Committee via a Chair's Key Issues Report.
1.2	Develop performance data dashboard of WRES indicators for EDI Operational Group with quarterly updates presented to EDI Strategic Reference Group	Associate Director of OD and Culture	October 2024 –quarterly thereafter	Update: EDI Data Dashboard in early stages • Regular audits underway of number applications v shortlist v appointed with breakdown of ethnicity • Breakdown of ethnicity included in monthly performance reporting of ER casework • Workforce EDI data is routinely reported, reviewed and appropriate actions undertaken	Intended Plans/outcomes for future			

		<p>The EDI data dashboard will include a breakdown of protected characteristics on:</p> <ul style="list-style-type: none"> • Applications/ Shortlisting/ Appointed • Promotion/career progression/Secondment • Employee relations case work • Access to training & development (non- Mandatory) • Leavers/Turnover • Sickness (short-term and long-term data) <p>Clear analysis of data for WRES metrics to be undertaken by the EDI Operational Group to ensure the data is reviewed and appropriate actions undertaken such as target-based approach to increasing the rate of EDI Data Disclosure; disclosure is monitored regularly to identify proactively any gaps, and/or needed improvements.</p> <p>Quarterly progress updates to be received by EDI Strategic Reference Group and reported to the POD Committee via a CKI for assurance.</p>	
1.3	Increase awareness of the WRES and WDES data amongst divisional teams.	<p>Associate Director for OD and Culture /HRBPs/ Workforce team</p> <p>Update:</p> <ul style="list-style-type: none"> • Divisional Reports are cascaded on monthly basis of all EDI data via Power BI, with good linkage from Divisions to EDI Team via HRBPs • Divisions are actively requesting EDI training and interventional sessions to enhance staff knowledge on the EDI agenda <p>Intended Plans/outcomes for future:</p> <ul style="list-style-type: none"> • Assurance that all operational senior teams have an understanding of their WRES and WDES data and are able to promote positive action initiatives in their divisions • Have an active engagement of the senior management within each unit in respect to how they propose to change, be better, improve based on the learning/data accrued from the Reports. Specifically, after receiving such reports, report back on key areas identified within their unit to improve, comply with the Trust's ambition and vision, its Public Equality Duty and the Equality Act, as well as put into effect the Equality Diversity and Inclusion Agenda. 	<p>Feb 2024</p>

1.4	<p>RECRUITMENT</p> <p>Implement the refreshed Recruitment and Selection training which includes unconscious bias for all recruiting managers and interview panel members</p> <p>ESNEFT webinar focused on listening to BAME staff's barriers to progression</p>	<p>Associate Head of Recruitment/ Director of OD & Culture / Assistant Director of Education</p> <p>EMBrace chairs, Associate Director of OD & Culture, Associate Director of Communications</p>	November 2024	<p><u>Update:</u></p> <ul style="list-style-type: none"> • EDI themed questions now included in the values based questions for interview panels. • Personal mentorship provided by EMBrace Chair to the international nurses is continuing. • Updated the current Recruitment and Selection Packages to include Unconscious Bias training • Mandated Recruitment and Selection training (including unconscious bias) for all recruiting managers ensuring that panels have at least one panel member who is trained 	<p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> • Utilise the data sets to drive development and progression • Confirm at the start of interviews if the panel members had attended the unconscious bias training • Regular feedback sessions to be arranged with BAME representatives on panels • Develop a series of listening events with EMBRACE to surface and address BAME staff barriers to progression. Follow-up conversations with all non-white internal staff who are successful at shortlisting but unsuccessful at interview to offer appropriate support and training to maximise opportunity at future interviews. Regular monitoring of decision making on future panels. 	<p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> • Recruitment processes are open and transparent • NHSE/I values based recruitment process implemented • Include targeted adverts in specific places to attract diverse candidates • For Band 9 and above posts we will continue to work external recruitment organisations to guide on ways in which to attract a diverse field (race and gender) to ensure that candidates represent diversity. • Ensure our Trust statement and supportive staff networks/EDI interventions are well promoted on the Trust's website and any

			advertisement material highlighting our diverse workforce and compassionate and inclusive leadership ethos.
1.6	Create and develop a pool of BAME colleagues contribute to diverse recruitment panels and interview stakeholder groups	Assistant Director of Education, Head of Resourcing (Lead)	<p><u>Update:</u></p> <ul style="list-style-type: none"> Protected time provided for Staff Network Leads, Cultural Ambassadors and BAME staff supporting Recruitment processes Cultural Ambassadors received RCN CA refresher training to assist with recruitment panels. We recognise that this is the responsibility of the whole panel, hence the wider training that is being supported, however, we are keen to support colleagues to take on management/ leadership opportunities Reverse Mentors are sharing lived experience with their mentees – any barriers or areas of focus to improve staff experience are to be captured. <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> Improving the diversity of recruitment and selection panels by ensuring that Recruitment and Selection training is provided to identified Cultural Ambassadors Increase number of Cultural Ambassadors to be trained to observe recruitment processes ensuring they remain non-bias Arrange feedback sessions with BAME panel observers and actively support recruitment managers on any areas identified. Remit of the recruitment process observer to include audit of interview scoring sheets to review quality of decision making at interview panels, thus ensuring the selection process is carefully monitored, further enabling us to detect any errors put in place and any learnings from such procedures.
1.7	COMMUNICATIONS AND ENGAGEMENT PLAN	Associate Director of OD & Culture /Associate Director of Comms/Chairs EMBRACE	<p>January 2024</p> <p>Update</p> <ul style="list-style-type: none"> Good working relationship between EDI Team and Comms ensuring that EDI related items are scheduled appropriately Events Calendar regularly updated on the Intranet Editing access provided to EDI Team enabling more frequent updates on the Intranet. <p>Clear organisational communication and engagement plan around race:</p>

	<ul style="list-style-type: none"> • Agree the Trust Board's messaging/statement around Zero Tolerance and support of the Anti-Racism Charter. • Strengthen the Zero Tolerance stance to discrimination within our Bullying and Harassment Policy which is currently under review. • Roll out of monthly staff listening events to encourage greater staff engagement, participation and feedback on race equality experience/barriers faced by our staff. • Regular updates on the Intranet with the Trust position on WRES and Events Calendar to increased visibility on race equality themes/promotion of e.g. communication on background, ethnicity, intersectionality, celebrate the main cultural days • Increased awareness via Team ESNEFT News to feature regular updates on the WRES work underway • Sharing of WRES with Senior Management within each Directorate/Unit and hear their take on it, including proposed changes/recommendations from the learning taken from the WRES Data; • Ensure WRES continues to feature on the Divisional Accountability Meeting agendas 	<p><u>Update:</u></p> <ul style="list-style-type: none"> • Bi-monthly meetings continuing between Staff Network Chairs and Director of People and OD to review the forward plan and support needed. • EMBRACE Chair attendance and reporting at monthly EDI Steering Group meetings • Embedded Staff Networks into Trust governance assurance framework • The Trust wide EDI Team email address has been activated, and is used for promotion of EDI events, training, key messaging and Staff Network surveys/voting processes. The inbox is for utilisation by all staff for purposes of reporting incidents/concerns, but primarily in place to share ideas/improvements, provide recommendations for a better ESNEFT. • Staff Network Leads invited to provide annual updates at Trust Board meetings. 	<p><u>Intended Plans/outcomes for future:</u></p>
1.8	<p>INCLUSION OF BAME STAFF IN KEY DECISION MAKING</p> <p>Identify and consider opportunities for EMBrace Network chair/co-chairs/ deputy chair to be involved in key committees – this action includes identifying opportunities for other Staff Network chairs to be included.</p>	<p>Trust Company Secretary/ Director of Governance</p>	<p>Feb 2024</p>

		<ul style="list-style-type: none"> EMBRace colleagues to be invited to join the Staff Experience Reference Group once established EMBRace Chair to be invited as a key member of the Allyship Group once established. Progress updates will be provided to the monthly EDI Operational Group and quarterly EDI Strategic Reference Group Increasing the Staff Voice in everything we do such as actively taking part in our yearly Action Plan development; 		
2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4				
Objectives	<ul style="list-style-type: none"> Support managers to understand structural and individual acts of racism and develop cultural intelligence programmes Implementation of educational training and interventions Continue to monitor data mandatory and non-mandatory training/CPD Reduce the number of Bullying and Harassment cases 			
What actions do we need to take and why?	<p>Our WRES data indicates that further work has to be undertaken to improve the data collection and analysis of HR interventions and Learning and Development opportunities in terms of race. The actions below are focused on raising awareness of WRES data and further developing targeted interventions including the RCN Cultural Ambassador programme to help close the gap for our BAME Staff regarding a positive experience of the workplace.</p>			
Reference	Action to be taken	Responsible owner(s)	Completion date	Update from last year and Intended Outcomes for future actions
2.1	RAISING CONCERNS AND ADVOCACY Further develop the RCN Cultural Ambassadors (CA) Programme for disciplinary and grievance cases relating to a member of staff from a BAME background and introduce other targeted interventions to reduce likelihood of unconscious bias and ensure	Associate Director of OD and Culture	Ongoing	<u>Update:</u> <ul style="list-style-type: none"> Monthly review of all Employee Relation Cases using the Merseycare Restorative Just & Learning Culture (J&LC) principles. This has ensured that regular wellbeing touch point contact is arranged with all those involved in a case and evidence suggests that far less informal cases move to formal stage. Cultural Ambassadors continue to support BAME staff involved in disciplinary and grievance cases. Breakdown of ER cases by ethnicity reported to Performance & Finance Committee and EDI Operational Group <u>Intended Plans/outcomes for future:</u>

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4					
all decisions are fair and equitable	May 2024	<ul style="list-style-type: none"> Review the J&LC Programme of works to identify a plan to transition to Just and Learning Culture throughout the organisation Expanding role of Cultural Ambassador participants to champion EDI agenda and actively involved within the Trust activities. Develop and implement a policy document to mandate the roles and responsibilities of the Cultural Ambassadors Further recruitment of Cultural Ambassadors to support expanded role including participation in recruitment panels 			
Reduce the number of BAME staff experiencing B&H from staff, managers, team leaders or other colleagues – identify actions to be undertaken working with the Freedom to Speak Up Guardian (FTSU)	Head of Employee Relations//FTSU Guardian/Culture Ambassadors	<p><u>Update:</u></p> <ul style="list-style-type: none"> Cultural Ambassadors supporting BAME staff through recruitment panels and formal processes Any issues raised with the FTSU guardian from a BAME colleague that contains an element of EDI concern is immediately flagged up to the Associate Director of Culture and OD. Implemented the Just and Learning Culture working principles and review of all ER cases undertaken each month to ensure support is provided to all individuals involved in formal processes Supportive leadership rolled out as part of the Leadership Development Pathway programmes and ad-hoc interventions with teams Evidence from Staff Survey, Cultural Audit and WRES data for this indicator has improved but further work needed to ensure staff feel confident and supported to speak up. <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> Zero tolerance declaration to be made and posted by the senior team Civility and Respect Toolkit designed and awaiting comment before roll out of Bullying and Harassment Awareness sessions Leading in Allyship to be designed and Allyship Network to be established as part of staff support network. 	February 2024		

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4					
			<ul style="list-style-type: none"> Creation of monthly reports from the FTSU to assess, learn, embed into the action plan, to ensure that our strategies and, practices are aligned with tackling the issues of B&H; Push for the Zero Tolerance Policy, work underway with Communications & Engagement, across all our sites 		
2.3	Undertake regular analysis of all disciplinary data to identify any trends or issues in relation to race.	Head of Employee Relations (lead) / Associate Director for OD and Culture	<p><u>Update:</u></p> <ul style="list-style-type: none"> Employee Relations EDI Data Dashboard created and will be reported to the next EDI Operational Group. Monthly review of ER cases using the Just and Learning principles Common themes/examples of discriminative behaviours from ER cases are included in EDI Bitessize and EDI tailored trainings sessions. 	March 2024	<p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> Identify learnings from Cultural Ambassador programme, triangulate the information with concerns raised with the Freedom to Speak Up Guardian and other forms of raising concerns via the Wellbeing MDT and have actions to address identified gaps. Hold regular Focus Groups with an Executive sponsor present for all staff to attend. From which 3 main themes will be agreed to take forward into action.
2.4	MONITORING PROVISION AND UPTAKE OF TRAINING/CPD OPPORTUNITIES	Assistant Director of Education/all training and development/OD leads/ Associate Director of Innovation and Education	<p><u>Update:</u></p> <ul style="list-style-type: none"> Apprenticeship reports generated based on protected characteristics Plan of OLM optimisation with all training and OD leads to ensure all training is being captured to assist in reporting (if correct ESR number available, possible to provide this through Workforce Team). Ongoing disclosure encouragement emails being sent increasing understanding of our workforce enhancing the analysis and understanding of staff accessing and undertaking non-mandatory development across the organisation. 	March 2024	<u>Intended Plans</u>

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4					
				<ul style="list-style-type: none"> Non-mandatory development opportunities are recorded aiding the Trust's reporting against Metric 4. In line with other Trusts, implement the BAME Fellowships; Promote and inform the GMTS Programme across the Trust 	
2.5	Identify and deliver Career Development workshops / Masterclasses for BAME Staff facilitated by BAME Network e.g. – interview skills, developing your personal ‘brand’, successful applications etc.	Assistant Director of Training and Education/Associate Director of OD and Culture/Head of OD	June 2024	Intended Plans/outcomes for future: <ul style="list-style-type: none"> Career development guide under development. Design a series of masterclasses for Interview skills, application skills, career coaching which will form part of talent and career support Providing support of BAME colleagues to their potential for success in the recruitment and selections processes. Actively work with HRBPs/Divisions to identify talent and career progression support needs Consider and implement a BAME Fellowship programme 	
2.6	Awareness-raising and actively encourage participation of BAME staff in non-mandatory programmes including Trust delivered programmes, Apprenticeships, NHS Leadership Academy development programmes e.g. Stepping Up, Ready Now programmes etc. also Aspire HPMAs programme	Associate Director of OD and Culture/ Assistant Director of Innovation and Research	Mar 2024	<u>Update:</u> <ul style="list-style-type: none"> Access to Stepping Up and Ready Now programmes (NHS Leadership Academy Coaching and Mentoring) provision promoted on the Intranet. However further work needed to enable the Trust to provide a formal structure to facilitate BAME staff career development. Reporting of all non-mandatory training broken down for WRES and WDDES plans Breakdown of Apprenticeships data for WRES/WDDES Enrolled as member of HPMAs Intended Plans/outcomes for future: <ul style="list-style-type: none"> Continue development of a Coaching and Mentoring Network Create a plan of programme start dates Actively promote through the Networks Comms promoting accessible programmes offering support with application process BAME Staff uptake of non-mandatory training programmes increases. BAME Staff are actively encouraged to seek development opportunities and positive stories captured from their participation. 	

2.7	Review diversity measures / KPI's as outlined in the Talent Management Strategy and Implementation plan.	<p>Assistant Director of Innovation and Research /Associate Director of OD & Culture/ HRBPs</p>	<p>June 2024</p> <p><u>Update:</u></p> <ul style="list-style-type: none"> • Talent Management Strategy and identified Succession Plans are Equality Impact Assessed • Performance measures introduced to monitor the diversity of identified talent and their development plans <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> • Strengthen and promote Talent Management programmes across the organisation and provide further bitesize sessions to support managers
2.8	<p>EDI EDUCATION AND INTERVENTIONS</p> <p>Continue with the three-year Reverse Mentoring programme for Senior leaders (Trust Board) in partnership with University of Nottinghamshire – with BAME staff groups as the initial phase 1, then increasing participation in phase 2 Sexual Orientation, phase 3 disability and beyond with the remaining protected characteristics.*</p> <p>(Reverse Mentoring - pairing a colleague with senior member of staff to provide insight to their experience and help senior staff understand what they can do to support race equality).</p>	<p>Trust Board Chair, CEO and HR Director/ Associate Dir of OD & Culture</p>	<p>Spring 2024</p> <p><u>Update:</u></p> <ul style="list-style-type: none"> • First cohort of the Reverse mentoring programme rolled out in March 2022* focussed on Race. Second cohort commenced in August 2023 with a focus on all protected characteristics - the programme will target senior leaders and middle managers as Mentees. • Feedback from both Mentors and Mentees is captured during peer support and reflection sessions. Actions will be agreed at the end of the programme for the second cohort. <p><u>Intended Plans/outcomes for future:</u></p> <p>Reverse Mentoring Programme:</p> <ul style="list-style-type: none"> • Senior Leaders who can confidently speak on key issues regarding inequalities and lived experiences. • Key take-outs from Board's reflections <p>Board session to be held to agree key messages, enhance policy development, to identify key learning elements from the programme particularly fostering among the senior management as sense of "Pledges and Commitment" to exhibit our consistent efforts to the Equality Diversity and Inclusion Agenda reflected in the Trust Values: Optimistic, Appreciative and Kind.</p>

<p>Trust Board members, as the first cohort of the reverse mentoring programme, to reflect on the outcomes from Cohorts 1 and 2 and key messages in order to influence the strategic way forward with the programme.</p> <p>*The long term plan with Reverse Mentoring is to continue it as a sustainable programme for all staff promoting real understanding of staff lived experience from ward to Board, visibility of issues across the organisation and better communication. Trained Mentors will then be supported through a Mentoring Network to provide “A Day in the Life of” opportunities to promote other careers and opportunities across the Trust. The programme has been extended beyond race to all protected characteristics, with particular focus on sexual orientation and disability. The ultimate goal is to reach the ambition of our Trust in that of being inclusive, valuing talent and skills of our workforce, thereby leading to improved access to resources and representation of all our staff members including those under the 9 protected characteristics; improved retention, and finally representation of our ethnic diverse colleagues in posts higher than Band 6.</p>	<p><u>Update:</u></p> <ul style="list-style-type: none"> Continued review of all existing materials to identify any gaps Improved the EDI element within induction documentation Improved the EDI thread throughout the Leadership Development Pathway. ‘Leading in Allyship and on to Advocacy’ in early stages of design. Mandatory Recruitment and Selection training for all recruiting managers promoted EDI section included in appraisal documentation and all tender documents. Second Senior Leaders Event arranged to focus on compassionate and inclusive leadership at every level Talk and Transform Race Awareness Programme for all staff continued throughout 2023. Initial session feedback acted upon and 6 monthly feedback reports received highlighting areas of focus for further intervention. EDI Bitessize Training rolled out to all staff from August 2023 and adhoc tailored sessions being provided. These sessions include promotion of the current intervention programmes i.e. Cultural Ambassadors, Reverse Mentoring, Talk and Transform, Allyship Group, etc.
<p>2.9</p> <p>EDI training for managers to be included in all leadership and management development programmes</p>	<p>Associate Director of OD & Culture/Head of OD</p>

		April 2024	<ul style="list-style-type: none"> • Active Bystander training in early stages of implementation <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> • Explore sustainability of existing interventional programmes to reduce reliance on third parties • Review impact on staff experience of the current intervention provision via results of NSS 2023 • Consider pulse survey at end of Spring to provide 6 monthly comparison of staff experience
2.10	<p>Undertake further Board Development Sessions and staff experience storytelling with the EMBrace, LGBTQ and ESNable Staff Networks to support the effective integration of Staff Networks.</p>	<p>Trust Company Secretary/ Associate Director for OD and Culture</p>	<p><u>Update</u></p> <ul style="list-style-type: none"> • Staff Experience stories held at Trust Board meeting focussing on homophobia and racial abuse from patients • Annual Staff Network Update received at Trust Board Meeting. • Annual Staff Network Update scheduled per Network at POD Committee to seek assurance around the impact and support that each network provides to staff and any barriers or further support needed to fulfil their workplans. <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> • Plan of delivery to be identified in the Board forward plan working with communication team to following up on the Board Development session delivered in previous year focussing on the anti-racism pledge and race awareness. • Staff Networks to become a key stakeholder community within the Trust. Staff Network leaders visibility and leadership role widely recognised.

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8					
Objectives	Action to be taken	Responsible owner(s)	Completion date	Update from last year and Intended Outcomes for the future	
<p>What actions do we need to take and why?</p> <p>The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement. Where the WRES data indicates statistically significant variances (5% or more) we have identified the actions outlined below.</p>					
<p>Reference</p> <p>3.1</p> <p>Programmed Activity</p> <p>Identify and celebrate different cultures and promote staff engagement in diversity initiatives through an inclusive Diversity Calendar</p>	<p>Associate Director for OD and Culture/Associate Director for Communications & Engagement</p>	<p>February 2024</p>	<p><u>Update:</u></p> <ul style="list-style-type: none"> Working collaboratively with Comms and relevant senior and network leads to regularly promote the combined Diversity and Wellbeing Calendar Supporting the EMBRace Network to provide regular updates on the Intranet with the Trust position on WRES and Events Calendar to increase visibility on race equality themes/promotion of e.g. communication on background, ethnicity, intersectionality, celebrate the main cultural days Continued protected time for EMBRace Network Leads and part time administration support provision to plan and roll out the network programme of works. 	<p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> Re-energise the programme of inclusive cultural diversity events produced and communicated internally and externally, utilising the support resource and funding approved by the Trust. Active engagement of BAME and non-BAME staff and collaboration and co-production by Staff Diversity Networks of initiatives. 	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8					
Objectives	Action to be taken	Responsible owner(s)	Completion date	Update from last year and Intended Outcomes for the future	
What actions do we need to take and why?	<p>The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement. Where the WRES data indicates statistically significant variances (5% or more) we have identified the actions outlined below.</p> <p>Why?</p>			<ul style="list-style-type: none"> Seek feedback from Network members on the current Network programme of works to sense check that the content and promotion vehicle(s) are fit for purpose. 	
Reference	Action to be taken	Responsible owner(s)	Completion date	<u>Update:</u>	
3.2	<p>Continue to support the BAME Network (EMBRace) to:</p> <ul style="list-style-type: none"> Develop an annual plan Promote active engagement with members and BAME staff 	Associate Director of Culture & OD EMBRACE Leads	November 2024	<ul style="list-style-type: none"> EMBRace Work plan produced and network administrator continuing to support the roll out of key initiatives within the annual plan Bi-monthly meetings arranged with Network leads and Director of People & OD to provide strategic support Network administrator linking closely with Comms team to ensure the network items are scheduled on the Comms plan Expression of interest rolled out for more network members via the recent recruitment drive for Network leads. Network Administrator sends regular information updates to all members and actively seeks feedback on proposed events/initiatives <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> Senior attendance at all EMBRace network meetings to provide guidance and support. 	
3.3	<p>Undertake a divisional-based intervention (deep dive) into the experiences of BAME Staff and</p>	Associate Director of Culture & OD		<u>Update</u> <ul style="list-style-type: none"> Cultural Audit identified key areas of work via protected characteristic data collected throughout the audit. This was triangulated with the NSS results and helped form the 4 key themes and areas of focus for the remainder of 2023/24 	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8					
Objectives	<ul style="list-style-type: none"> • Reduce the gaps in experience between white staff and BAME staff. • Increase staff engagement 				
What actions do we need to take and why?	<p>The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement. Where the WRES data indicates statistically significant variances (5% or more) we have identified the actions outlined below.</p> <p>share learning across the organisation.</p>				
Reference	Action to be taken	Responsible owner(s)	Completion date	Update from last year and Intended Outcomes for the future	
3.4	Identify BAME colleagues to become Assistant Freedom to Speak Up Guardian	Freedom to Speak Up Guardian	May 2024	<p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> • Schedule further Staff Stories at Trust Board Meetings • Undertake a listening exercise (Led by the networks) to identify the key priorities of the staff • Findings to be used as a model of best practice and shared with other Staff Diversity Networks to promote inclusion and appreciation of intersectionality <p><u>Update:</u></p> <ul style="list-style-type: none"> • Recruitment underway to recruit additional Assistant Guardians from within the BAME community. Further to this there is an aspiration to have additional Assistant Guardians within each of the staff networks to increase our reach and improve our service. • Regular reporting of concern themes reported to the Wellbeing MDT and Steering Group • ESNEFT Freedom to Speak Up policy has been reviewed and now aligns with the National Guardian Strategy, which published earlier this year. A Raising Concerns Guide is at approval stage to advise on the internal process and support 	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8				
Objectives	Action to be taken	Responsible owner(s)	Completion date	Update from last year and Intended Outcomes for the future
<p>What actions do we need to take and why?</p> <p>The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement. Where the WRES data indicates statistically significant variances (5% or more) we have identified the actions outlined below.</p>				<p>staff throughout the process in raising a concerns. Comms plan agreed for roll out in September/October to ensure that within ESNEFT every member of staff, whatever their geographical location knows how to access FTSU provision FTSU page on the intranet refreshed.</p> <p><u>Intended Plans/outcomes for future:</u></p> <ul style="list-style-type: none"> Explore a wellbeing data recording tool, a software solution, allowing input from multiple agencies with discretion protocols protecting confidentiality for individuals
Reference			April 2024	