

Workforce Race Equality Standard (WRES)

Annual Report 2022

Introduction to WRES

The WRES is a requirement for NHS organisations to publish data and action plans against 9 indicators of workforce race equality.

WRES aims to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace and support NHS organisations make the necessary structural and cultural changes needed to advance workforce race equality.

Data for indicators 1 to 4 and 9 are taken from the Trusts workforce data as of 31 March 2022 and data for indicators 5 to 8 are taken from the Trusts National Staff Survey 2021 results.

WRES 2022 Data Summary Table

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 1: BME representation in the workforce by pay band					
BME representation in the workforce overall	19.6%	21.2%	23.7%		↑
Non-clinical					
Band 4 and under	4.0%	4.2%	4.9%		↑
Band 5 and 6	6.6%	7.5%	6.5%		↓
Band 7+	2.9%	8.0%	9.5%		↑
Clinical					
Band 4 and under	23.1%	24.8%	27.7%		↑
Band 5 and 6	29.9%	33.1%	38.7%		↑
Band 7+	6.2%	6.2%	8.1%		↑
Medical					
	34.1%	34.1%	36.2%		↑
Indicator 2: likelihood of appointment from shortlisting					
likelihood ratio White / BME	1.30	1.30	1.34		↑
Indicator 3: likelihood of entering formal disciplinary proceedings					
likelihood ratio BME / White	0.93	0.38	1.52		↑
Indicator 4: likelihood of undertaking non-mandatory training					
likelihood ratio White / BME	0.79	0.82	0.72		↓
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months					
BME	28.7%	30.2%	30.2%		
White	27.4%	24.3%	21.3%		↓
Indicator 6: harassment, bullying or abuse from staff in last 12 months					
BME	28.8%	28.8%	25.0%		↓
White	23.5%	23.2%	20.7%		↓
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion					
BME	50.0%	47.5%	42.3%		↓
White	66.9%	62.6%	61.0%		↓
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months					
BME	17.2%	16.1%	16.1%		
White	6.1%	6.2%	6.7%		↑
Indicator 9: BME representation on the board minus BME representation in the workforce					
Total Board Members	7.1%	22.2%	21.2%		↓
Voting members	0.0%	9.1%	9.1%		
Non-Voting members	10.0%	42.9%	21.1%		↓
Executive members	0.0%	11.1%	11.1%		
Non-Executive	8.3%	33.3%	30.0%		↓
Overall Workforce	19.6%	21.2%	23.7%		↑
Difference (Total Board - Overall Workforce)	-12.5%	1.0%	-2.6%		↓

Key

	Worsened Position, Improvement Required
	No Change, Improvement Required
	Improvement

Key Findings

The key findings from the WRES 2022 data show:

- Indicator 1: Minority ethnic staff represent 23.7% of the total workforce, this is an 2.5% increase since 2021
- Indicator 2: Minority ethnic staff are less likely to be appointed from shortlisting than white staff
- Indicator 3: Minority ethnic staff are more likely to enter the formal disciplinary process than white staff
- Indicator 4: Minority ethnic staff are more likely to access non-mandatory training and continued professional development than white staff
- Indicator 5: A higher percentage of minority ethnic staff experience harassment, bullying or abuse from patients, relatives and the public than white staff
- Indicator 6: A higher percentage of minority ethnic staff experience harassment, bullying or abuse from staff than white staff
- Indicator 7: Minority ethnic staff are less likely to believe the Trust provides equal opportunities for career progression or promotion than white staff
- Indicator 8: A higher percentage of minority ethnic staff experience discrimination at work from either their manager, team leader or colleagues than white staff
- Indicator 9: 9.1% of the Board with voting membership is from a minority ethnic background. 21.2% of the Board (inclusive of non-voting and non-executive members) are from a minority ethnic background

Data by Indicator

Indicator 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:

- Non-Clinical staff
- Clinical staff - of which
 - Non-Medical staff
 - Medical and Dental staff

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 1: BME representation in the workforce by pay band					
BME representation in the workforce overall	19.6%	21.2%	23.7%		↑
Non-clinical	4.2%	4.8%	5.3%		↑
Band 4 and under	4.0%	4.2%	4.9%		↑
Band 5 and 6	6.6%	7.5%	6.5%		↓
Band 7+	2.9%	8.0%	9.5%		↑
Clinical	23.1%	24.8%	27.7%		↑
Band 4 and under	13.8%	15.0%	13.8%		↓
Band 5 and 6	29.9%	33.1%	38.7%		↑
Band 7+	6.2%	6.2%	8.1%		↑
Medical	34.1%	34.1%	36.2%		↑

Percentage of non-clinical staff in each band									
	2020			2021			2022		
	% of staff of the total workforce			% of staff of the total workforce			% of staff of the total workforce		
Non-Clinical	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
Under Band 1	92.0%	0.0%	8.0%	100.0%	0.0%	0.0%	83.3%	16.7%	0.0%
1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	96.1%	3.5%	0.4%	95.4%	3.6%	1.0%	95.3%	3.9%	0.8%
3	94.5%	4.5%	1.0%	94.7%	4.3%	1.0%	95.0%	4.0%	0.9%
4	94.4%	5.6%	0.0%	93.1%	6.3%	0.6%	91.7%	8.3%	0.0%
5	92.6%	6.5%	0.9%	92.7%	7.3%	0.0%	92.7%	6.5%	0.8%
6	93.2%	6.8%	0.0%	91.0%	7.9%	1.1%	92.5%	6.5%	1.1%
7	97.1%	2.9%	0.0%	92.0%	8.0%	0.0%	90.5%	9.5%	0.0%
8a	96.1%	2.6%	1.3%	98.8%	1.3%	0.0%	96.3%	3.7%	0.0%
8b	97.0%	3.0%	0.0%	97.1%	2.9%	0.0%	94.9%	5.1%	0.0%
8c	100.0%	0.0%	0.0%	97.1%	0.0%	2.9%	96.9%	0.0%	3.1%
8d	87.5%	12.5%	0.0%	88.9%	11.1%	0.0%	100.0%	0.0%	0.0%
9	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	92.3%	0.0%	7.7%
VSM	92.3%	7.7%	0.0%	84.2%	15.8%	0.0%	84.2%	15.8%	0.0%
Total	95.2%	4.2%	0.6%	94.5%	4.8%	0.7%	93.9%	5.3%	0.7%

Percentage of clinical staff in each band and medical and dental subgroups									
	2020			2021			2022		
	% of staff of the total workforce			% of staff of the total workforce			% of staff of the total workforce		
Clinical	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
Under Band 1	92.9%	7.1%	0.0%	90.0%	10.0%	0.0%	91.7%	8.3%	0.0%
1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	85.4%	13.7%	0.9%	85.5%	13.6%	0.8%	83.9%	14.9%	1.1%
3	79.0%	18.3%	2.7%	73.9%	22.7%	3.4%	85.4%	12.6%	2.0%
4	89.8%	8.2%	2.0%	88.0%	10.5%	1.6%	88.8%	10.0%	1.2%
5	58.8%	39.6%	1.7%	54.4%	43.7%	2.0%	47.8%	50.4%	1.8%
6	85.4%	13.6%	1.0%	84.3%	14.8%	0.9%	79.8%	19.7%	0.5%
7	92.7%	6.2%	1.1%	93.3%	6.2%	0.5%	91.3%	8.1%	0.7%
8a	94.4%	4.2%	1.4%	92.5%	6.3%	1.3%	91.1%	7.1%	1.8%
8b	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	95.6%	4.4%	0.0%
8c	95.0%	0.0%	5.0%	94.7%	0.0%	5.3%	95.2%	0.0%	4.8%
8d	81.8%	9.1%	9.1%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
9	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Consultants	77.2%	20.5%	2.2%	76.2%	21.6%	2.2%	76.0%	21.6%	2.4%
Non Consultant Career Grade	63.2%	35.1%	1.8%	61.4%	35.1%	3.5%	59.7%	37.1%	3.2%
Trainee Grades	52.7%	44.3%	2.9%	46.0%	43.1%	10.9%	44.2%	46.3%	9.5%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	75.3%	23.1%	1.6%	72.8%	24.8%	2.4%	70.1%	27.7%	2.2%

Non-Clinical Staff on AfC Paybands

Minority ethnic staff were represented at 5.3% in all non-clinical AfC roles.

At Band 4 and under minority ethnic representation was 4.9%
 At Band 5 and 6 minority ethnic representation was 6.5%
 At Band 7 and over minority ethnic representation was 9.5%

Clinical Staff on AfC Paybands

Minority ethnic staff were represented at 27.7% in all clinical AfC roles.

At Band 4 and under minority ethnic representation was 13.8%
 At Band 5 and 6 minority ethnic representation was 38.7%
 At Band 7 and over minority ethnic representation was 8.1%

Medical Staff

Minority ethnic staff were represented at 36.2% in all medical and dental roles.

Race Disparity Ratio

Race disparity ratio is the difference in proportion of minority ethnic staff at various AfC bands compared to proportion of white staff at those bands. It is presented at three tiers:

- Bands 5 and below ('lower')
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

The disparity ratio is then the comparison between the progression ratios for white and minority ethnic staff.

Non-Clinical Workforce Race Disparity Ratio (White/Minority Ethnic)

1a) Non Clinical workforce	
Disparity Ratio Lower to Middle	
2021	2022
0.55	0.63
Disparity Ratio Middle to Upper	
2021	2022
2.57	1.96
Disparity Ratio Lower to Upper	
2021	2022
1.42	1.23

- Lower to Middle: 0.63
 White staff are 0.63 times more likely than minority ethnic staff to progress through lower to middle bands in non-clinical roles, this has improved since 2021.
- Middle to Upper: 1.96
 White staff are 1.96 times more likely than minority ethnic staff to progress through middle to upper bands in non-clinical roles, this has improved since 2021.

- Lower to Upper: 1.23
 White staff are 1.23 times more likely than minority ethnic staff to progress through lower to upper bands in non-clinical roles, this has improved since 2021.

Clinical Workforce Race Disparity Ratio (White/Minority Ethnic)

1b) Clinical workforce of which Non Medical	
Disparity Ratio Lower to Middle	
2021	2022
3.06	2.57
Disparity Ratio Middle to Upper	
2021	2022
2.96	3.05
Dispartiy Ratio Lower to Upper	
2021	2022
9.07	7.86

- Lower to Middle: 2.57
 White staff are 2.57 times more likely than minority ethnic staff to progress through lower to middle bands in clinical roles, this has improved since 2021.
- Middle to Upper: 3.05
 White staff are 3.05 times more likely than minority ethnic staff to progress through middle to upper bands in clinical roles, this has worsened since 2021.
- Lower to Upper: 7.86
 White staff are 7.86 times more likely than minority ethnic staff to progress through lower to upper bands in clinical roles, this has improved since 2021.

Model Employer

Workforce Key Measures	Target	Trend	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
BME (%)	≥ 12%		21.5%	21.8%	21.9%	22.2%	22.6%	22.5%	22.6%	23.0%	23.3%	23.3%	23.4%	23.5%
BME Band 7+ Staff (%)	≥ 10%		5.5%	5.7%	5.7%	5.7%	5.7%	5.8%	5.9%	6.1%	6.2%	6.4%	6.5%	6.7%

The WRES Model Employer paper, published in January 2019, sets out an ambition to increase minority ethnic representation at all levels of workforce by 2028. This ambition was expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is highest. As a Trust the overall representation was 20% as at the 31 March 2020 compared to 14% in the community. Therefore, year on year targets to increase minority ethnic representation in these bands have been set.

At 31 March 2022 the percentage of minority ethnic staff in Bands 7+ was 6.7%, this is an increase of 1.2% in 12 months.

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts

Indicator number and description	2020	2021	2022	Trend	↑ ↓
Indicator 2: likelihood of appointment from shortlisting likelihood ratio White / BME	1.30	1.30	1.34		↑

At 31 March 2022 the likelihood ratio was 1.34. Specifically, 8.39% of white candidates were appointed from shortlisting compared to 6.27% of minority ethnic candidates. This position has worsened since 2021.

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 3: likelihood of entering formal disciplinary proceedings					
likelihood ratio BME / White	0.93	0.38	1.52		

At 31 March 2022 the likelihood ratio was 1.52. Specifically, 0.82% of minority ethnic staff entered formal disciplinary proceedings compared to 0.54% of white staff. This position has worsened since 2021.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 4: likelihood of undertaking non-mandatory training					
likelihood ratio White / BME	0.79	0.82	0.72		

At 31 March 2022 the likelihood ratio was 0.72. Specifically, 56.75% of white staff undertook non-mandatory training compared to 78.68% of minority ethnic staff.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months					
BME	28.7%	30.2%	30.2%		
White	27.4%	24.3%	21.3%		

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was significantly higher for minority ethnic staff, 30.2%, than for white staff, 21.3%. This position has not improved for minority ethnic staff but has improved for white staff since 2021.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 6: harassment, bullying or abuse from staff in last 12 months					
BME	28.8%	28.8%	25.0%		
White	23.5%	23.2%	20.7%		

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for minority ethnic staff, 25%, than for white staff, 20.7%. This position has improved for both minority ethnic and white staff since 2021.

Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion.

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion					
BME	50.0%	47.5%	42.3%		↓
White	66.9%	62.6%	61.0%		↓

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for minority ethnic staff, 42.3%, than for white staff, 61%. This position has worsened for both minority ethnic and white staff since 2021.

Indicator 8: Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues.

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months					
BME	17.2%	16.1%	16.1%		
White	6.1%	6.2%	6.7%		↑

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for minority ethnic staff, 16.1%, than for white staff, 6.7%. This position has not changed for minority ethnic staff but has worsened for white staff.

Indicator 9: Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce

Indicator number and description	2020	2021	2022	Trend	↑↓
Indicator 9: BME representation on the board minus BME representation in the workforce					
Total Board Members	7.1%	22.2%	21.2%		↓
Voting members	0.0%	9.1%	9.1%		
Non-Voting members	10.0%	42.9%	21.1%		↓
Executive members	0.0%	11.1%	11.1%		
Non-Executive	8.3%	33.3%	30.0%		↓
Overall Workforce	19.6%	21.2%	23.7%		↑
Difference (Total Board - Overall Workforce)	-12.5%	1.0%	-2.6%		↓

Voting Board Membership

At 31 March 2022, the difference between minority ethnic representation on the board and in the workforce was -12.1 amongst voting members.

Executive Board Membership

At 31 March 2022, the difference between minority ethnic representation on the board and in the workforce was -10.1% amongst executive members.

Overall Board Membership

At 31 March 2022, the difference between minority ethnic representation on the board and in the workforce was -2.5%.

What are we doing to improve the work experience of minority ethnic staff?

The COVID-19 pandemic shifted the landscape globally and influenced every aspect of our lives and the way the NHS operates. This has affected our people, patients and our community in an unprecedented way. The disproportionate impact of COVID-19 on many of our communities brought into focus the enormity of the task and the importance of taking focused and deliberate action on creating a truly inclusive environment at Portsmouth Hospitals University Trust. It has been a

challenging time for all staff, and many have felt the repercussions of COVID-19, leaving staff feeling strained and pressured. There have been several actions and engagement sessions to address staff concerns and to provide vital information, expert advice and support. For example, in May 2021, a 'COVID-19 vaccine webinar for Black Asian Minority Ethnic people' was held to address concerns and provide an opportunity for staff to ask questions to a panel of experts. Details of the webinar were shared with colleagues across the Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS) and were invited to attend.

Alongside COVID-19, the death of George Floyd, Black Lives Matters movement, racist abuse in football has magnified and focused attention on the impact of inequality, racism and other discriminatory behaviours and actions on NHS staff. This is reflected in the Trusts National Staff Survey results which shows that minority ethnic staff are more likely to experience bullying, harassment and abuse from patients, relatives or the public and colleagues than white staff. Ethnic minority staff are also more likely to experience discrimination from a manager/team leader or other colleagues than white staff. The Trust is working with the HIOW ICS on various race equality workstreams, including hate crime, violence and aggression. Additionally, the Equality, Diversity and Inclusion Team are supporting departments with bespoke training and development in areas where staff are subject to discriminatory behaviours. The Trust is incredibly proud to have such a diverse workforce and will continue to celebrate this, support staff, raise awareness of inequalities and take actions to address this. In October 2021, the Trust was delighted to partner with the University of Portsmouth to highlight and celebrate the contributions of black people in Portsmouth by hosting a webinar 'Celebrating Hidden Histories of Black People in Portsmouth' followed by an exhibition in the atrium at Queen Alexandra Hospital. There is a strong commitment to recognise all cultures with plans to celebrate events, religious occasions and awareness days that are important to staff such as Onam, Diwali, Black History Month and Eid.

It has been a challenging year but also a year to reflect, listen and take first steps towards creating a vision for equality diversity and inclusion that reflects the needs of the people we work with and care for. Throughout August to October 2021, the Equality, Diversity and Inclusion (EDI) Team launched their 'Every Voice Matters' campaign where important work was carried out to engage and consult with staff, patients and members of the community. The feedback gathered was used to shape the EDI Strategy that launched in April 2022, with full support from the Trust and senior leadership team. The aim of the strategy is that we are all *Working towards Intentional Inclusion* so that inclusion is embedded in all that we do and PHU is a place where everyone feels welcomed, valued and respected and can be their true selves. Our Trust values of working together, for patients, with compassion, as one team and always improving guide our people, inform their behaviours and decisions. These values also shape the 7 core principles for inclusion which are at the heart of our strategy which we will adopt to deliver our aim. Commitment to the EDI Strategy and the delivery of this has been demonstrated by the recent investment in EDI whereby a business case was approved to grow the team and a budget to carry out activity that will support the EDI strategic aims and actions that sit underneath these. Link to EDI Strategy: <https://www.porthosp.nhs.uk/about-us/EDI-strategy.htm>

It is pleasing to see an increase in representation of minority ethnic staff in bands 7+ by 1.2% in the last 12 months. Adding this as a key measure to the 'Integrated Performance Report – Workforce Dashboard' helps the Trust to monitor this progress, in line with the Model Employer targets. The Beyond Boundaries development programme (a bespoke positive action programme open to minority ethnic employees across all bands at PHU), is integral to achieving the Model Employer targets. The programme was co-created with minority ethnic staff in 2019 and aims to develop skills

and confidence of participants and build an inclusive talent pipeline. In 2021 the Trust developed 56 participants who took part in the 6-month programme, covering topics including developing communication skills, conflict resolution strategies and establishing personal and professional career goals. The programme was short listed for the Nursing Times Workforce Awards 2021, for Best Diversity and Inclusion Practice and the HSJ Race Equality Award in 2020. Due to the success of last year's Beyond Boundaries programme the Organisational Development Team have commissioned 30 places for the 2022 Beyond Boundaries programme.

Although the Trust has seen an increase in representation in bands 7+, it is important to note that fewer minority ethnic staff believe the Trust provides equal opportunities for career progression or promotion than white staff. To address this, the Trust will develop an Inclusion Ambassadors programme that will support employment practices to become more inclusive, strengthen recruitment practices to require greater diverse recruitment panel membership and selection training and review the recruitment policy to ensure consistency and governance of unfair practices. The implementation of these actions will help to tackle and reduce the disparity in the likelihood of minority ethnic staff being appointed from shortlisting and entering a formal disciplinary proceeding which have been identified as areas of concern that the Trust will focus on.

Capturing equality monitoring information helps identify and address any areas of inequality. Significant investment has been made in a system with suitable data reporting capabilities to monitor candidate profiles at all stages of recruitment, with a launch date expected in June 2023. The Trust has also introduced a monthly EDI dashboard, which includes a series of equality and diversity charts. This enables divisional leads to view their team's equality monitoring data and filter this by trust level applicant data, staff in post, starters and leavers. Divisional leads are supported by the Head of Equality, Diversity and Inclusion to understand their data and develop actions for improvement.

The Trust recognises the importance of providing staff with time and a safe space for employees to have real, honest conversations on work-life experience, highlighting both areas for improvement and is proud to have four active staff networks, including the Race Equality Network. Mechanisms have been put in place so that staff networks can contribute to shaping organisational strategies, policies and processes to improve staff experience on a wide range of issues. For example, in consultation with staff networks, the inclusive recruitment statement on NHS Jobs has been strengthened to encourage applications from all protected characteristics and backgrounds. To help promote initiatives and inclusivity schemes, celebrate staff, share stories and raise awareness of issues that can impact underrepresented groups staff network leads have worked hard to develop a quarterly staff network newsletter 'EDIT' which is shared with all staff Trust wide and available on the Trusts external facing website.

Action Plan

The Trust is committed to improving individuals work experience, employment practices and advance equal opportunities. We want all staff to feel happy at work where their individual and team experiences are positive ones. Ensuring everyone has fair and equal access to jobs, training and promotion and given the opportunity to maximise their potential is a key priority. In addition to the activity that is already underway to achieve this there are further initiatives in the pipeline, these include:

Action	Completion Date
Support the Occupational Health Team to monitor staff wellbeing and recovery following on from the impact of COVID-19 on staff.	Current and ongoing
Working in partnership with Inspiring Hope in the facilitation and development of Culturally Intelligent Leadership.	Current and ongoing
Continue to work with HIOW ICS to provide systemwide solutions to under representation in leadership positions and work on the implementation of the NHS Leadership Academy Stepping Up Programme and the provision of staff mentoring and sponsorship for staff from minority ethnic groups – specifically targeting leadership roles for middle, upper and senior roles/bands for clinical and non-clinical roles.	Current and ongoing
Celebrate and recognise Black History Month in October which will include targeted interventions to raise awareness of black health and wellness delivered by Inspiring Hope.	October 2022
Inspiring Hope to carry out a positive action review to build upon the positive action Beyond Boundaries leadership programme to support underrepresented staff groups in higher bands.	November 2022
Consultation with the Race Equality Network to introduce the ‘See ME First’ initiative to raise awareness and demonstrate the organisation’s commitment to treating all minority ethnic staff with dignity and respect.	November 2022
Review the recruitment policy to ensure consistency and governance of unfair practices.	January 2023
Introduce recruitment system for monitoring equality information/values based.	June 2023
Develop an Inclusion Ambassadors programme that will support employment practices to become more inclusive.	December 2023
Expand on the reverse mentoring pilot with staff from minority ethnic groups by introducing reciprocal mentoring across all protected characteristics, with the aim of developing empathy and understanding of staff experience.	December 2023
Strengthen recruitment practices to require greater diverse recruitment panel membership and selection training.	December 2023
Strengthen EDI training offer for managers and staff to increase awareness and provide knowledge and strategies to help build a positive inclusive work environment.	December 2023