



Equality, Diversity  
& Inclusion

# Workforce Race Equality Standard (WRES)

2023



# Introduction by Sharon Woma

## Equality, Diversity and Inclusion Lead



It is an honour to present this year's WRES report. I joined the Trust in January 2023 and was delighted to find that there are a number of initiatives underway that will have a positive impact on the working life experience of ethnic minority staff.

Last year's action plan in response to the data at the time included initiatives that seek to address the inequalities in recruitment, career progression, discrimination and bullying, harassment and abuse.

It is encouraging to see the movement of metrics in this report going in the right direction, however, there is still work to be done, especially where the numbers still lag behind the national average and my ambition is to be above average within 3-5 years. Significant movement has been made across the following metrics:

- Bullying and harassment from staff improved ↑ 4.9%, from 32.7% to 27.8% (national BME avg. 28.8%)
- Experiencing discrimination from colleague/team lead/manager improved ↑ 6.6%, from 26.4% to 19.8% (but still above national BME avg. 17.3%)
- Bullying and harassment from patients improved ↑ 4.1%, from 34.8% to 30.7% (BME national avg. 30.8%)
- Equal opportunities improved ↑ by 4.7%, from 38.9% to 43.6% (BME national avg. 47%).

We have also introduced two new metrics Bank (staff) Race Equality Standard and Medical (staff) Race Equality Standard and you can read the benchmark data in this report.

Transformation can only happen if 'Inclusion' becomes everyone's business, that means every member of staff irrespective of their role or banding in the organisation must take action to

address the behaviours, practice and policies that lead to less favourable outcomes for our minoritized groups of staff or patients and/or culture. To accomplish this, over the next twelve months, I will support our organisation to equip our staff to become more culturally competent and to understand the role of bias and how it affects everyday decisions.

To support this, the Trust has recently launched its 12 Leadership Behaviours, a set of behavioural attributes that spell out our expectations of our staff and the Trust is committed to enabling a Restorative Just and Learning Culture ([RJLC](#)) approach across every division. RJLC empowers staff to move away from a blame culture, towards one that is restorative and fair and seeks to learn from mistakes and 'right any wrongs' – this could have a significant impact on initiatives to address discrimination, bullying and harassment.

Since joining the Trust, I have been embraced by the staff networks who are my allies in this work, the Race Equality Network have facilitated a number of events including Race Equality Week in February 2023, celebrating South Asian Heritage month in July 2022 and August 2023 and helped me host the recent 'Windrush 75: Change the Narrative' storytelling event to mark the 75th Anniversary of the Empire Windrush ship's maiden voyage from the Caribbean to the UK – this event is especially significant to the NHS as many of the migrants came to work for the health service, which also celebrated its 75th year this year.

The NHS still invites people from other countries to join our workforce in response to our staff shortages, and it remains important that we create a welcoming and inclusive climate for our internationally educated staff who are instrumental in helping us to provide safe and effective care.

I am proud of the work that our nursing leads, SAS lead and international medical graduate leads have undertaken to help staff settle in the UK and into working life in the Trust. I will also be working closely with our leads to ensure our Equality, Diversity and Inclusion initiatives responds to the needs of an internationally diverse workforce.

As an Integrated Care System, [BSW Together](#) EDI Leads work together to address workforce and patient disparities. Over the past year we worked collectively to integrate EDI into all system-wide leadership programmes; implement methods that improve inclusive employment and created work experience opportunities for under-represented communities; reviewed and benchmarked workforce data such as WRES and WDES across the system with corresponding collaborative sharing of best practice and recovery plans and supported staff networks.

Over the coming year, the system EDI group will work together to develop shared resources to deliver EDI-related staff training; and collaborate to improve the recruitment processes and to undertake the NHS's mandated EDI performance reviews (including EDS2022, WRES and WDES). A shared action plan will be developed by the group over the coming weeks. I have recently accepted the role of co-chair of this group, working closely with this group will mean that I have regional influence and will be able to share best practice externally, as well as bring best practice into the Trust; increasing collaboration, when possible, will also mean that we can use our limited resources more effectively. Nationally, NHS England have recently launched the [NHS Equality Diversity & Inclusion Improvement Plan](#), the plan, which sets out six high impact actions has been welcomed by the Trust. The Trust's EDI action plan which includes WRES actions, will be informed by the national plan.

**Sharon Woma**

Equality Diversity & Inclusion Lead



# Equality, diversity, and inclusion improvement plan – NHS England

NHS England recently launched an improvement plan which will be adopted nationally, this plan heralds a more consistent approach to tackling inequalities in our workforce. The Trust is committed to implementing the plan and we will indicate where our 2023/24 action plan responds to the High Impact Actions highlighted opposite.

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. The high impact actions are intended to be intersectional, this recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The plan will also provide greater opportunities to collaborate at system and regional level. The Trust is building a profile as ‘change agents’ and we have recently become hosts to a national network of EDI practitioners who are keen to transform inclusion work. We will work more closely with regulators and partner organisations to identify and implement best practice; and work with our staff with lived experience and wider workforce to make ‘Inclusion’ everyone’s business.

**The following action plan is referenced throughout the document:**

- |   |  |   |   |
|---|--|---|---|
| 1 | Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. | 4 | Develop and implement an improvement plan to address health inequalities within the workforce.  |
| 2 | Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.                      | 5 | Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.                          |
| 3 | Develop and implement an improvement plan to eliminate pay gaps.   | 6 | Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. |

# What is the Workforce Race Equality Standard (WRES)

The WRES helps NHS commissioners and NHS healthcare providers (including independent organisations) achieve workplace parity between their staff from ethnic minority backgrounds and White staff. It aims to achieve this by reviewing data against a number of key performance indicators, and obliges organisations to produce action plans to close identified gaps in career and workplace experiences.

The 9 WRES indicators are:

- 1 Percentage and number of staff in the Trust by ethnicity (AfC Bands 1-9 and VSM)
- 2 The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants
- 3 The relative likelihood of BME staff entering the formal disciplinary process compared to white staff
- 4 The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff
- 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 their trust provides equal opportunities for career progression or promotion
- 8 Percentage of staff experiencing discrimination at work from other staff in the last 12 months
- 9 The representation of BME people amongst board members

A WRES return is completed annually. As well as requiring comparative information on workforce indicators for ethnic minority staff and White staff, it also compares national NHS Staff Survey data for these groups. Progress is measured against the WRES indicators, and we compare our present position with results from previous years.

**Aims of this report are to:**

- Compare the workplace and career experiences of our ethnic minority and White staff using data drawn from our Electronic Staff Records as at 31.03.2023 and NHS Staff Survey results in 2022.
- Highlights key findings in the data.
- Provide a detailed analysis of the metrics data at Trust level and this is benchmarked against organisations of a similar size.
- Provide a year-on-year comparison with available results from earlier years.
- Highlight some of the work the Trust and Race Equality Network (our staff network for ethnic minority staff) have done during the year to support race equity.
- Raise awareness of race equality within the NHS workforce and outline some of the challenges that ethnic minority staff collectively experience at work.

Where possible we have used the term 'ethnic minority' or 'staff from ethnic minority backgrounds', however the data tables mirror the national reporting requirements of ethnic categories in the NHS data model and dictionary. We recognise the term 'BAME' or 'BME' emphasises certain ethnic minority groups (Asian and Black) and excludes others, such as the 'mixed', Gypsy, Roma and Traveller and 'other white' ethnic minority groups that also face negative disparities and acknowledge the need to have an intersectional mindset when developing an action plan in response to the findings of this report. We know that people from ethnic minority backgrounds are not a homogenous group and will need a range of support and initiatives to achieve equity for all staff who are marginalised or face discrimination of any kind.

A list of ethnic categories used by the NHS is provided below:

## White

- A – White – British
- B – White – Irish
- C – Any other white background

## BME

- D – Mixed White and Black Caribbean
- E – Mixed White and Black African
- F – Mixed White and Asian
- G – Any other mixed background
- H – Asian or Asian British – Indian
- J – Asian or Asian British – Pakistani
- K – Asian or Asian British – Bangladeshi
- L – Any other Asian background
- M – Black or Black British – Caribbean
- N – Black or Black British – African
- P – Any other black background
- R – Chinese
- S – Any other ethnic background

## Not known

- Z – Not stated
- Null
- Unknown



# Summary of WRES indicator scores

The NHS Workforce Race Equality Standards (WRES) is an important mechanism to achieve workplace equality and has several key functions. Firstly, to help NHS commissioners and NHS healthcare providers (including independent organisations) review their data against several equality indicators and domains. Second, to produce action plans to close the gaps in workplace experience between White and ethnic minority staff. Third, to improve ethnic minority representation at all levels of the organisation, including the Board.

A WRES return is completed annually. It requires comparative information on workforce indicators for White and ethnic minority staff, and also compares national NHS Staff Survey data for these groups. The WRES is mandated through the NHS Standard Contract and provides assurance to our local population, patients, partners and commissioners that the Trust is committed to creating an inclusive culture for all its staff and to address disparities and inequalities in any form.

WRES has been expanded into a suite of three reports, and for the first time, the Trust has reported separately for its Agenda for Change staff (WRES), its medical staff (MWRES) and the new bank staff (Bank WRES). Highlights from each report is noted below.

## WRES

- Substantial improvements across 5 metrics for BME staff – representation, harassment bullying and abuse, believes the Trust provides equal opportunities and discrimination
- Small decline across one metric – shortlisting to appointment
- BME staff are more concentrated in Bands 1-5, 68.00% of BME staff are employed in this range

## MWRES

- 248 consultants employed, 60.9% White, 22.2% BME and 16.9% unknown ethnicity. This is fairly representative of the wider workforce (24.1% BME)
- 88.5% of Asian consultants received a CE Award compared to 100% Black or Other groups, but significantly more Asian consultants were eligible to apply
- Shortlisting-to-appointment ratio for Asian consultants was worse than Black or Other

## BWRES

- BME bank staff are relatively no more likely to enter a formal disciplinary process than White staff
- No Bank staff faced dismissal over the twelve month period April 2022 to March 2023

We should note the level of non-disclosure in this report, where applicants or staff have not declared their ethnicity. Where this is high, it could potentially mean that the data is less favourable than it appears.

We have developed an action plan that builds on work we have done in previous years and this responds to the areas where we currently need to improve and where relevant also responds to the High Impact Actions set out by NHS England. Our action plan is also aligned with the aims and objectives of the Trust’s EDI Strategy and People Strategy. We will also continue to engage with EDI leads and staff networks across the BSW ICB, to share best practice and resources and to build a shared action plan. The range of issues are consistent across our organisations (although key steps to achieve the actions and completion dates may differ). Finally, we will continue to work with our network for ethnic minority staff who act as an important source of advice, support and awareness-raising for staff in the Trust.

The data in the below table has been collected since 2019. The data is based either as a snapshot as of 31 March (in each year, for metrics 1 and 9).

RAG rating 2022 to 2023 comparison:

- Improvement for staff (green)
- Similar findings (amber)
- Deterioration for staff (red)

WRES Indicator			Year					Direction of Travel 22 – 23	5 Year Trend
			2018-19	2019-20	2020-21	2021-22	2022-23		
1	Percentage of black and minority ethnic (BME) staff	Overall	11.7 %	14.5 %	17.2 %	20.5 %	24.1 %	↑	
		VSM	0	0	0	1*	1	↔	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.59	1.27	1.13	1.37	1.64	↓	

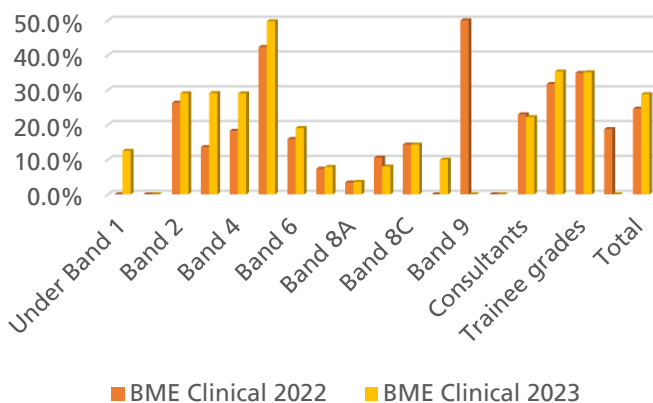
WRES Indicator		Year					Direction of Travel 22 – 23*	5 Year Trend	
		2018-19	2019-20	2020-21	2021-22	2022-23			
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	0.57	0.83	0.72	0.81	1.09	↑		
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	0.97	0.91	0.92	1.01	1.04	↔		
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	22.6%	22.8%	22.5%	34.8%	30.7%	↑	
		White	26.5%	29.6%	29.0%	32.8%	30.4%	↑	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	29.6%	22.8%	21%	32.2%	27.8%	↑	
		White	24.5%	21.6%	22.9%	25.6% &	23.7%	↑	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	38.9%	50%	45.7%	38.9%	43.6%	↑	
		White	55.7%	61.1%	58%	59.3%	60%	↔	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleague	BME	9.3%	8.8%	16%	26.4%	19.8%	↑	
		White	5.6%	3.4%	5.9%	6.6%	6.3%	↔	
9	BME Board membership (Exec and Non-Exec)	0	0	0	3	3	↔		

\*Directional arrows refer to changes in reporting between 2022 and 23; metrics 5-8 (staff survey) - movement is partly due to an increase in the number of staff feeling confident to respond to questions about their perception or experience.

# Indicator 1: Workforce representation

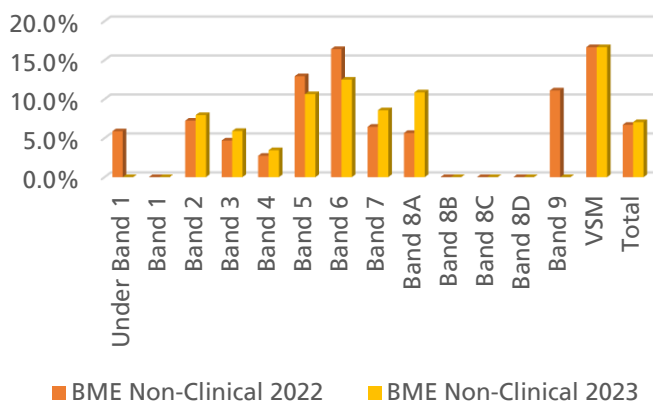
The following graphs show the changing proportions of BME staff in movement between pay bands over the last 2 years, for clinical and non clinical staff.

The greatest increase across all bands (clinical and non-clinical) was the Band 3 Clinical staff, which increased by 15.5 percentage points, from 13.6% to 29.1%.



Other significant increases were in Under Band 1 clinical staff (apprenticeships), which was 0% last year and is now 12.5% and Band 4 clinical roles which increased by 10.8 percentage points, from 18.3% to 29.0%.

Changes in the Band 2/Band 3 mix is a result of the re-banding of the Healthcare Support Worker role. Following the conclusion of a review in December 2022, the Trust's Band 2 Healthcare Support Workers had the opportunity to move to a Band 3 role if they wished to, subject to certification.



There are now no Band 9 staff, in 2022 there was one Band 9 in a clinical role (50%), and one Band 9 in a non-clinical role (11.1%). This appears more marked, given the small numbers of BME staff at that level.

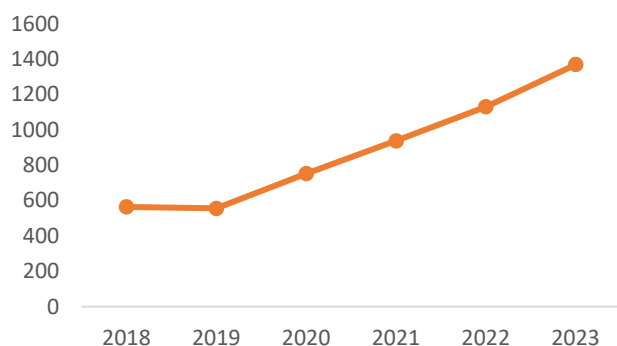
## Workforce representation 2019-2023

The Trust employed 1369 staff from ethnic minority backgrounds in 2022/23 and 3928 White staff. Ethnic minority representation increased by 238 staff (from 20.58% to 21.04% of workforce). The number of ethnic minority staff has increased year-on-year since 2020 and the number of staff who have not declared their ethnicity is reducing over time – down from 511 last year to 477 this year. The Trust will continue to encourage staff to share their demographic information so that we can build a more accurate picture of our staff profile and ensure our EDI plans meet the needs of our workforce.

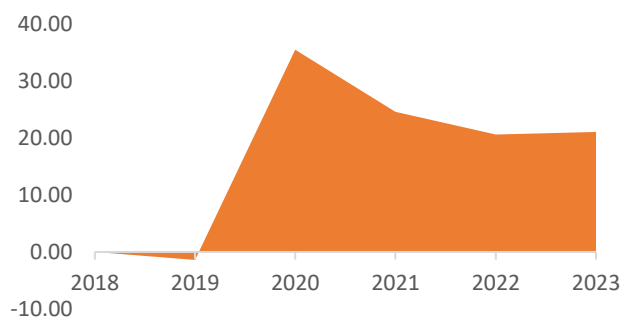
Similar to the Workforce Disability Equality Standard, the WRES indicates that there is a shortlisting to appointment disparity for ethnic minority job applicants (Indicator 3). The Trust is committed to increasing representation at all levels of the organisation, continuing to improve the recruitment process will support this, particularly addressing any shortlisting to appointment disparities.

Year	BME Staff	Growth since previous year	White Staff	Unknown Status	Total	Percentage of total workforce		
						% BME	% White	% Unknown
2018	564		4509	539	5612	10.05%	80.35%	9.60%
2019	556	↓ -1.42%	3613	586	4755	11.69%	75.98%	12.32%
2020	753	↑ 35.43%	3846	612	5211	14.45%	73.81%	11.74%
2021	938	↑ 24.57%	3943	581	5462	17.17%	72.19%	10.64%
2022	1131	↑ 20.58%	3863	511	5505	20.54%	70.17%	9.28%
2023	1369	↑ 21.04%	3829	477	5675	24.12%	67.47%	8.41%

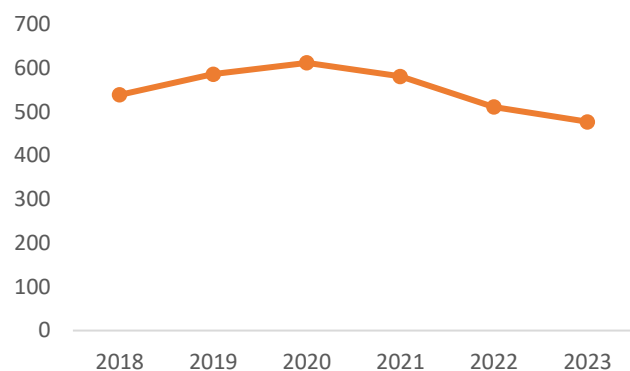
### No. of BME staff



### % growth since previous year



### No. of staff where ethnicity is unknown



Year	Shortlisting to Appointment Ratio
2018/19	1.46
2019/20	1.59
2020/21	1.13
2021/22	1.37
2022/23	1.64

**3.58%**

Increase in percentage points of ethnic minority staff in total workforce, 20.54% to 24.12%.

As at 31 March 2023 1369 BME staff worked for the Trust (24.1%). The number of BME staff increased from 1131 to 1369 between the year 2021/22 and 2022/23, an increase of 3.6%. The number of White staff decreased by 34 in the corresponding period, from 3863 to 3829, a decrease of 0.4%.

There is less ethnic diversity in senior roles. 927 BME staff (68% of all BME staff) are employed in Band 1 to Band 5. 217 BME staff (16%) are employed in Band 6 to 7 and 225 BME staff (16% - reflective of the percentage of White staff) are employed in Band 8A and above.

BME staff are under-represented in non-clinical roles. 93% of Band 1 to 5 BME staff are in clinical roles (e.g. nursing) and 7% in non-clinical roles; compared to 59% of White staff in Band 1-5 clinical roles and 41% in non-clinical roles.

477 staff (8%) have not disclosed their ethnicity and this could make the data look more positive than it is in reality. Non-disclosure is highest in Band 5 clinical roles. Non-disclosure has reduced by 1% since last year.

Reducing the number of staff who have not disclosed their status (unknown) would help to build a more accurate picture. The Trust will continue to encourage staff to update their records.

See table over page.

Percentage of Disabled staff in each of the Agenda for Change (AfC) bands 1 – 9, VSM (including executive board members), medical/dental and other staff, compared with the percentage of non-disabled staff in these categories:

2023	Non-Clinical				Clinical, Medical & Dental							
	White	BME	Not Known	Total	White %	BME %	White	BME	Not Known	Total	White %	BME %
Under Band 1	7	0	1	8	87.5 %	0.0%	7	1	0	8	87.5 %	12.5 %
Band 1	1	0	0	1	100.0 %	0.0%	2	0	0	2	100.0 %	0.0%
Band 2	302	28	22	352	85.8 %	8.0%	134	63	20	217	61.8 %	29.0 %
Band 3	333	22	17	372	89.5 %	5.9%	531	245	66	842	63.1 %	29.1 %
Band 4	129	5	11	145	89.0 %	3.4%	170	74	11	255	66.7 %	29.0 %
Band 5	81	10	3	94	86.2 %	10.6 %	382	479	102	963	39.7 %	49.7 %
Band 6	58	9	5	72	80.6 %	12.5 %	640	167	69	876	73.1 %	19.1 %
Band 7	64	6	0	70	91.4 %	8.6%	376	35	33	444	84.7 %	7.9%
Band 8A	38	5	3	46	82.6 %	10.9 %	101	4	7	112	90.2 %	3.6%
Band 8B	24	0	2	26	92.3 %	0.0%	18	2	5	25	72.0 %	8.0%
Band 8C	15	0	0	15	100.0 %	0.0%	5	1	1	7	71.4 %	14.3 %
Band 8D	5	0	0	5	100.0 %	0.0%	9	1	0	10	90.0 %	10.0 %
Band 9	7	0	0	7	100.0 %	0.0%	2	0	0	2	100.0 %	0.0%
VSM	5	1	0	6	83.3 %	16.7 %	1	0	0	1	100.0 %	0.0%
Consultant							151	55	42	248	60.9 %	22.2 %
Non-consultants Career Grade							54	36	12	102	52.9 %	35.3 %
Trainee Grades							177	120	45	342	51.8 %	35.1 %
Other							0	0	0	0		
<b>Total</b>	<b>1069</b>	<b>86</b>	<b>64</b>	<b>1219</b>	<b>87.7 %</b>	<b>7.1%</b>	<b>2760</b>	<b>1283</b>	<b>413</b>	<b>4456</b>	<b>61.9 %</b>	<b>28.8 %</b>

Representation in Lower- Upper Banding	BME	White	Unknown
Lower Bands (1-5)	68.00%	54.30%	53.04%
Middle Bands (6-7)	16.00%	29.72%	22.43%
Upper Bands (8a and above)	16.00%	15.98%	24.53%



# The national picture 2022

Southwest = Regional data for 2022 – 2023

GWH = Data for 2022 – 2023

As at 31 March 2022, **24.2%** (337,038) of staff working in NHS trusts in England were from a BME background. The total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341.

Southwest: 12.8%

GWH: 24.1%

White applicants were **1.54** times more likely to be appointed from shortlisting compared to BME applicants; this is lower than 2021. There has been year-on-year fluctuation but no overall improvement over the past seven years.

Southwest: 1.82

GWH: 1.64

BME staff were **1.14** times more likely to enter the formal disciplinary process compared to white staff. This is the same as in 2021.

Southwest: 1.28

GWH: 1.09

White staff were **1.12** times more likely to access non-mandatory training & CPD compared to BME staff.

Southwest: 0.89%

GWH: 1.04%

**29.2%** - percentage of staff experienced abuse or harassment from the public, and as many from other staff. The difference is that the abuse or harassment from the public affects both white and BME staff (this varies by region).

Southwest: 31.3%

GWH: 30.7%

**27.6%** – percentage of staff experienced harassment, bullying or abuse from staff in the last 12 months. Abuse or harassment from other staff is mostly a problem of harassment for BME staff (and is seen in all regions).

Southwest: 27.7%

GWH: 27.8%

**44.4%** of staff from a black background believed their trust provides equal opportunities for career progression or promotion, with levels below those of other ethnic groups since at least 2015, irrespective of gender.

Southwest: 43.6%

GWH: 43.6%

**17.0%** - percentage of staff experiencing discrimination at work from other staff in the last 12 months.

Southwest: 17.9%

GWH: 19.8%

**13.2%** of board members recorded their ethnicity as BME, representing an increase of 38.1% (128 individuals) compared to 2021. This 13.2% BME board membership compares with 24.2% BME staff in NHS trusts.

Southwest: 8.4%

GWH: 12.5%\*

## 4 Our role as an Anchor Institution

The impact the NHS has on people's health extends well beyond its role as a provider of treatment and care. As large employers, purchasers, and capital asset holders, health care organisations are well positioned to use their spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health.

We have worked with local partners in a number of ways to address the social determinants of health, here are just a few examples:

### Harbour Project

Providing volunteering opportunities for refugees. We recently welcomed 15 members of the Harbour Project as hospital volunteers. The Harbour Project in Swindon, which supports people seeking asylum or who have recently been granted refugee status in Swindon. The Harbour Project provides opportunities for those who cannot currently gain employment to do something fulfilling with their time and grow in confidence.

### Project Search

Nine students with disabilities will join the Trust in September 2023, where they will gain valuable skills and experiences to help prepare them for employment. Project search is run by New College Swindon and the Trust is hosting the students.

### Promoting apprenticeship opportunities

We are working closely with five secondary schools in more deprived areas of Swindon to promote careers and apprenticeship opportunities.

Read more about the NHS's role as an anchor institution [here](#).

Building healthier communities through employment, partnerships, procurement and commissioning, reducing our carbon footprint.



# The WRES 'Model Employer' Leadership Strategy

In 2019 NHS England produced a plan for each Trust across the country, titled the WRES 'Model Employer' leadership strategy. The plan sets out an example of a commitment to meet the aspiration to improve BME representation across the workforce and at leadership positions in the NHS, as set out in the NHS Long Term Plan.

Each Trust received a bespoke plan setting out the suggested goal setting trajectory for Bands 6 to VSM BME recruiting. The intention of the Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025. The following table contains the suggested trajectory (of 16% of workforce) based on Great Western Hospitals NHS Foundation Trust 2022/23 staff demographics. The target does not include Medical & Dental staff, where the proportions are generally already above our target.

There has been incremental growth across all Bands except 8B and Band 9. Overall we have exceeded our target of 152 staff for Band 6 and achieved our target for Very Senior Managers (VSM). Note, where there are small groups of staff in any category, this will result in a seemingly large swing in the numbers (for example in Band 9, where there was a reduction by 1 staff).

The above target will be reviewed every four years, and is currently linked to the percentage of BME staff as at the 2020-2021 level.

2023	Total Staff	BME Staff (Actual)	BME target 16% by 2025	Gap	% Actual 2022/23	Movement since 2021/22
Band 6	948	176	152	+ 24	19%	↑ 3%
Band 7	514	41	82	- 41	8%	↑ 1%
Band 8A	158	9	25	- 16	6%	↑ 2%
Band 8B	51	2	8	- 6	4%	↓ 2%
Band 8C	22	1	4	- 3	5%	↑ 1%
Band 8D	15	1	2	- 1	7%	↑ 7%
Band 9	9	0	1	- 1	0%	↓ 18%*
VSM	7	1	1	0	14%	↔ 0%
Total	1724	231	276		13%	↑ 1%

# 1 Indicator 2: Recruitment

White candidates are relatively 1.64x more likely to be appointed from shortlisting.

During the year 2278 candidates from an ethnic minority background were shortlisted following a job application, and 155 (6.8%) were appointed. During the same period 3127 White candidates were shortlisted and 349 (11.2%) appointed.

252 candidates who applied for roles did not declare their status, 50 (19.8%) people from this group were appointed. Reducing the level of non-disclosure will help the Trust to build a more accurate profile of our job applicants and understand the impact of the platforms we use to advertise jobs. The Trust will continue to encourage applicants to provide this information and we will continue to find diverse routes to promote vacancies to all ethnic backgrounds.

### Relative likelihood of white staff compared to BME staff being appointed from shortlisting across all posts

If ethnic minority candidates were equally as likely to be appointed from shortlisting as white candidates, the figure would be 1. National average for 2021/22 (latest figures) was 1.54.

Year	Relative Likelihood
2018/19	1.46
2019/20	1.59
2020/21	1.13
2021/22	1.37
2022/23	1.64

The Trust has taken steps to diversify where we advertise jobs and standardised adverts to ensure applicants from under-represented groups feel welcomed and we have also introduced training for recruiting managers to address bias in the interview room; and you can read more about our improvements on the next page.

### What action are we taking

The Trust will continue to promote the need to share demographic information, 20% of applicants were of unknown ethnicity. We will also work at a wider system level to address issues with recruitment and implement the national NHS equality, diversity, and inclusion improvement plan – High Impact Action 1: Embed fair and inclusive recruitment processes and talent management strategies.

# 1 Inclusion Recruitment Champions

The Trust has launched a one year pilot for Inclusion Recruitment Champions (IRCs). IRCs will help the Trust to improve senior leadership representation (8A and above) over time, by helping the interview panel to identify unconscious bias and apply good practice to the interview process. IRCs will be a critical friend to the panel, an ally to all candidates and champion fairness and equity.

We will provide training and support to get our IRCs off to a flying start. IRCs do not need to have prior interview experience and it is open to staff from any banding. Benefits of the panel include enabling the Trust to:

- Show a commitment to inclusive recruitment
- Reduce the opportunity for bias in the recruitment process
- Reduce the 'stereotype' threat experienced by ethnic minority candidates when interviewed by majority identity recruiting panel members
- Help the Trust to address the shortlisting to appointment disparity highlighted in this report

## Staff networks

The Trust has four staff networks; Differently Abled Network, Race Equality Network, LGBTQ+ Network and the Women's Network. The networks host meetings for their members, raise awareness in the organisation, provide advice and guidance on a number of issues and sit on the organisation's strategic EDI group which is chaired by the Trust's CEO.

The Trust also has an Armed Forces Network for staff who are serving within the Armed Forces, are veterans, or have a family member in the Armed Forces. Armed Forces personnel are not a protected characteristic but face unique challenges that can lead to health inequalities. We're committed to improving NHS care for veterans, reservists, members of the armed forces and their families and provide job opportunities for reservists and veterans.

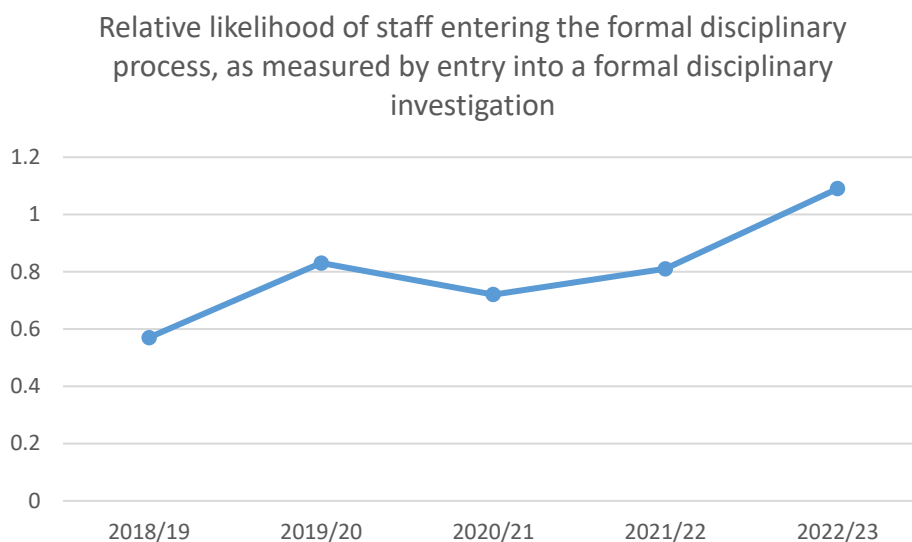
All networks welcome Allies who might not share the same protected characteristic or experience as those with lived experience.

## Indicator 3: Formal disciplinary process

Ethnic minority staff are no more likely to enter a formal disciplinary process than white staff. Although the number has increased from -0.81 to 1.09 times more likely to enter a disciplinary process, this remains close to parity between ethnic minority and White staff (a figure of 1, would equal parity).

The Trust will however continue to promote fairness and are embedding the Restorative Just Learning Culture approach across the Trust in 2023-24 which will benefit all staff irrespective of cultural background. This will ensure staff we move away from punitive behaviour to embedding a culture of restoration and learning from mistakes. The Trust is also training a small group of Cultural Ambassadors who will support the disciplinary process and share good practice with staff, where cultural difference might have an impact, so they can address issues 'down stream' to reduce the likelihood of issues escalating.

National average 2021/22 1.14.

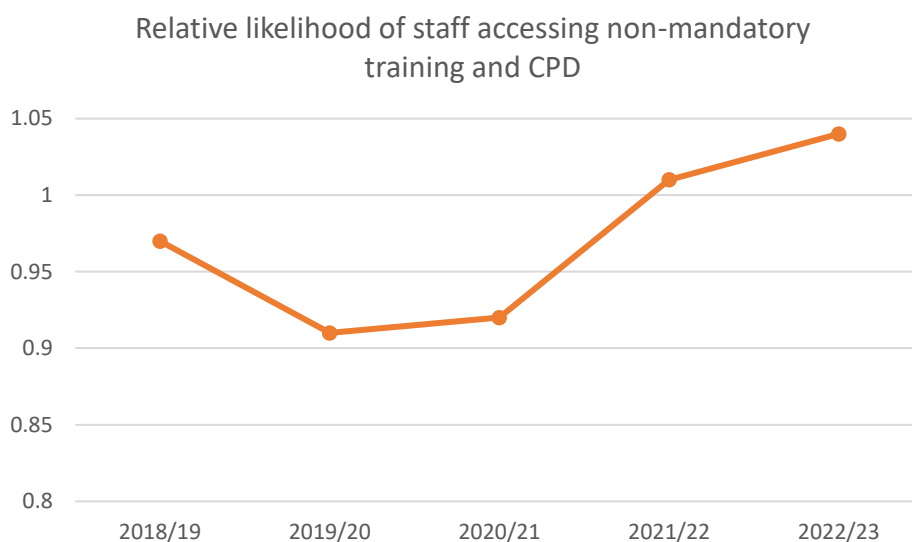


## Indicator 4: Non-mandatory training

The data indicates BME staff are just as likely to access non-mandatory training as white staff. Although white staff are 1.04 times more likely to access training, a slight increase from last year's 1.01, this remains close to parity between BME and white staff.

The Trust will however continue to promote training opportunities widely and monitor access throughout the year to ensure that this remains equitable.

National average 2021/22 1.12.



# Indicator 5: Harassment, bullying or abuse from patients, relatives & public

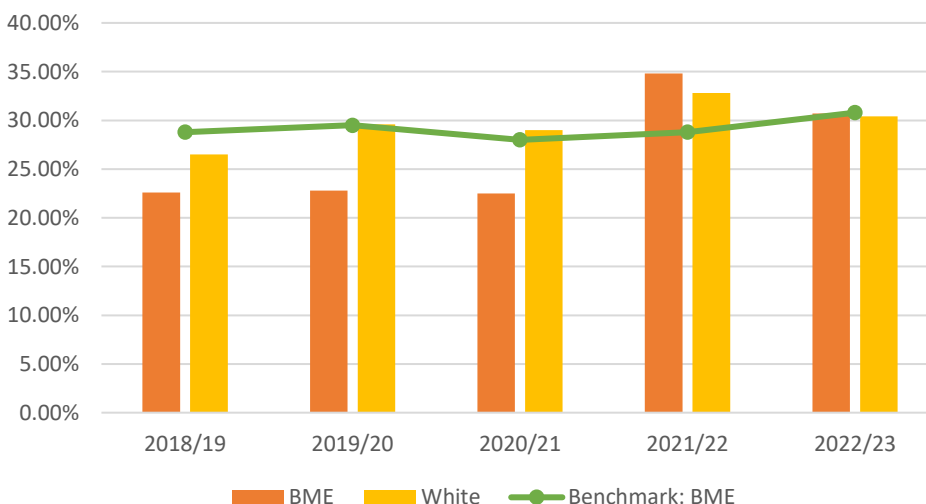
30.7% of ethnic minority staff have experienced harassment, bullying and abuse from patients, their relatives or members of the public. White staff have a similar experience, 30.4% of white staff have experienced the same. The level of reporting increased from 2018 to 2020/21 when the figure was relatively static at 22% and rose sharply in 2021/22 to 34.8%, and this has reduced to 30.7% this year. The Trust is reflective of its benchmark figure for ethnic minority staff which is 30.8% but above our benchmark of 26.9% for white staff.

The Trust has a bullying and harassment policy and will continue to promote this and provide advice and guidance for staff and managers who are patient facing. The Trust’s EDI Lead, EDI Lead Nurse and Security Management Specialist meet quarterly to monitor any reported data and take action as necessary, including providing advice and guidance to staff. In addition, the Trust has a comprehensive staff and wellbeing offer which includes Mental Health First Aid and access to other support for staff who have had a traumatic experience or simply need to talk.

The Trust will promote resources to help staff understand routes to support including mental health first aiders, Freedom to Speak Up Guardians, union representatives, line managers and utilisation of the Trust’s reporting system (Datix).

The national average for BME staff is 29.2% and white staff 27.0%.

Experienced harassment, bullying and abuse from patients



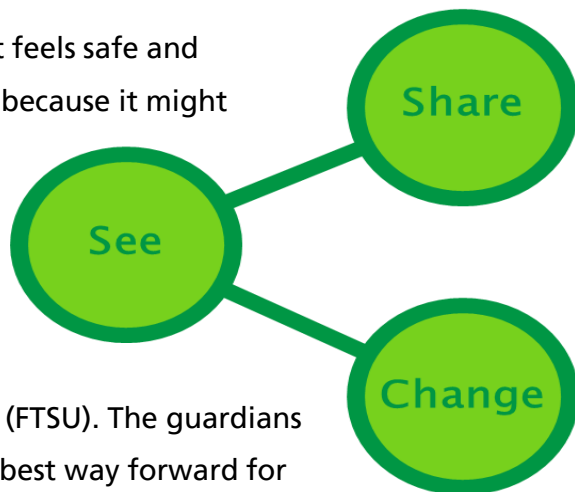
The green line in the chart represents the benchmark average. This average differs from the national picture which reflects all participating NHS organisations.



6

## Freedom to Speak Up Guardians

We aim to ensure everyone working within the Trust feels safe and confident to speak up. When a concern feels serious because it might affect patients, people receiving care, colleagues or the whole organisation, it can be difficult to know what to do, therefore having someone to turn is important to our staff and leadership.



The Trust has seven Freedom to Speak Up Guardians (FTSU). The guardians listen to staff concerns, support them and agree the best way forward for their concerns.

They can also act as an escalation point for people who want to speak up, have concerns, including those who have been unable to raise the issue through usual line management channels or have felt their concerns at this level have not been acted on.

In addition, the Trust provides Speak Up: Core training for all workers including volunteers, students and those in training, regardless of their contract terms and covers what speaking up is and why it matters. It helps learners understand how to speak up and what to expect when they do. There is separate training for line managers and leaders which is more focussed on listening up and the barriers that can get in the way of speaking up and there are a number resources available to staff on the Trust’s Intranet.

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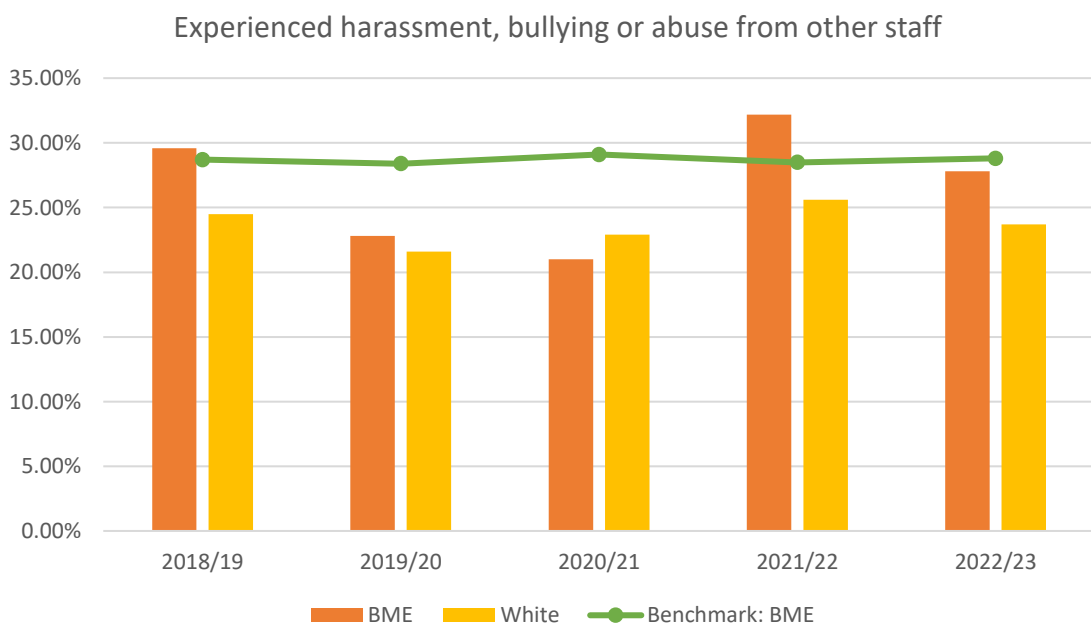
# Indicator 6: Harassment, bullying or abuse from colleagues

27.8% of BME staff have experienced harassment, bullying and abuse from colleagues. In comparison 23.7% of White staff have experienced harassment, bullying and abuse from other colleagues.

Similar to harassment, bullying and abuse from patients, the level of reporting increased markedly in 2020/21 from 21% to 32% the following year – the downward trend this year (2022/23) is a positive sign. As stated previously, the Trust has a policy for harassment, bullying and abuse, and will continue to actively promote this. In addition, the Trust has a comprehensive staff and wellbeing offer which includes Mental Health First Aid and access to other support for staff who have had a traumatic experience or simply need to talk and our staff networks and trained mediators actively support staff. In 2022/23 key staff will complete Cultural Competence related training to enable in-house delivery and we will continue to promote speaking up.

The Trust is just below its benchmark average of 28.8% for ethnic minority staff and reflective of its benchmark average of 23.3% for White staff.

The national average for BME staff is 27.6% and for white staff 22.5%.



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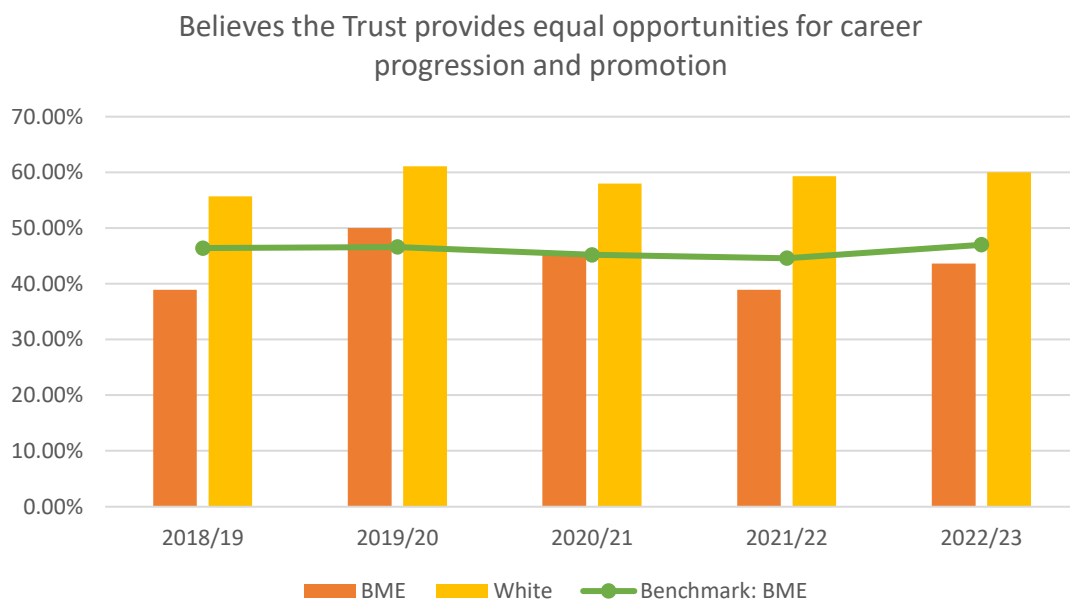
## Indicator 7: Career progression

A lower percentage of ethnic minority staff (43.6%) felt they had equal opportunities for career progression or promotion, when compared to White staff (60%).

There is a marked decrease from the 2019/20 percentage of 50%, to 45.7% in 2020/21, 38.9% in 2021/22 and 43.6% this year, close to the national average. The Trust has increased the availability of leadership training and development, including programmes for ethnic minority staff; improved its internal recruitment processes to ensure consistency and fairness and provide robust guidance for recruiting managers to follow. In the coming year, leadership training will also be made available to consultant doctors and Band 2 and 3 staff.

The Trust is below its benchmark average of 47% for ethnic minority staff and above its benchmark average of 58.6% for White staff.

The national average for BME staff is 44.4% and White staff 58.7%.

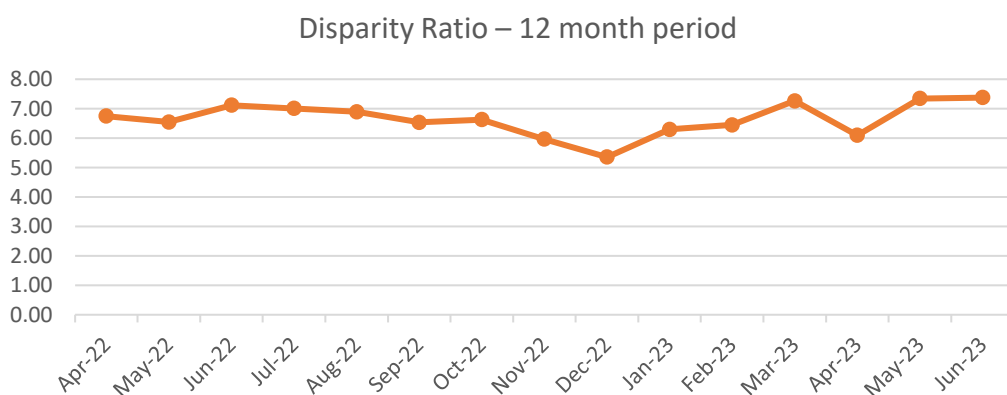


## Disparity ratio

The Trust is committed to having a workforce that is fairly representative at every level of the organisation. As highlighted throughout this report, we are making incremental progress over the past year. Under an initiative to monitor the trend more closely, we have used our workforce data to calculate a 'Disparity Ratio' the ratio indicates the differences in progression between white people and those from an ethnic minority background through the ranks of the Trust. This provides an indication of the likelihood of progression.

The average Disparity Ratio over a 12-month period between April 2022 and March 2023 was 6.57, indicating that White staff are 6.57 times more likely to progress from the lowest bands to the highest bands.

Lower to Higher National average: Clinical 2.34, Non-clinical 1.25




Ethnic minority staff increased by 238, an increase of 21% (1131 to 1369), but the shortlisting to appointment disparity still exists. Most BME staff are employed in clinical roles, and in Bands 1 to 5. The Trust is piloting a BME leadership programme and all staff have access to CPD training to develop skills to advance their career.


### What action are we taking


The Trust is standardising interview questions and piloting Inclusion Recruitment Champions to sit on interview panels for 8A and above roles and we will continue to offer leadership development training. Please see Action Plan for further information.


# Supporting our Internationally Educated Nurses (IENs)


The NHS has a long history of welcoming internationally educated staff to join its diverse workforce since its inception in 1948. The tradition continues to this day and we were delighted to mark the 75th anniversary of the NHS and the Empire Windrush's maiden voyage in July 2023 at the Trust. Our internationally educated staff remain a vital part of our workforce as the NHS continues to experience staff shortages and we can also benefit from the experience and insights they bring from their native lands help us to deliver services to our local communities.


- 

IENs receive role-specific training, CPD training and access to a bespoke 12-month leadership programme
- 

Health and Wellbeing resources available, including Mental Health First Aiders, Health & Wellbeing Champions and access to external support and Occupational Health
- 

Regular engagement with IENs including celebratory event marking the 400th IEN to join the Trust and Storytelling event
- 

Pastoral care provided to help IENs settle into the UK and the working life of the Trust including drop-in sessions and access to the Race Equality Network (staff network)
- 

IENs helped to be 'interview ready' with practice mock interviews, CV preparation and application writing skills
- 

Support to understand the role of the NMC and the IEN's duties and Code of Conduct

According to the [Nursing Midwifery Council](#) (NMC), their data showed there was a big rise in the number of professionals joining the register for the first time last year and almost half, 23,444, had trained outside the UK. That equates to 135 percent more than the previous year's 9,962 international joiners. The NMC have also highlighted the need for increased support for IENs who have a short period of time to settle into their role, sit relevant exams, find long-term accommodation and meet the needs of loved ones they have left behind and family who have joined them in Swindon. In addition, like many minoritized groups, they face discrimination, harassment, bullying and abuse, and a lack of career progression.

The Trust recognises the need to provide ongoing pastoral support and bespoke onboarding for our IENs and we have highlighted a range of initiatives in the boxes opposite. We are keen to develop support further including support through Scope for Growth conversations\* and access to Reciprocal Mentoring and bespoke EDI training to help them to navigate a new culture.

We also recognise the need to create a welcoming environment for IENs and recently hosted a Change the Narrative Storytelling event, IENs attended as storytellers and share their lived experience with a view to raising awareness, addressing stereotypes and fostering relationships between different cultural groups. A small group of line managers were also invited to trial 'Cultural Awareness training for line managers of Internationally Educated Nurses'.

\*[Scope for Growth](#) is a new career conversation tool. It puts colleagues in the driving seat of their career development and it is designed to promote an inclusive career conversations.

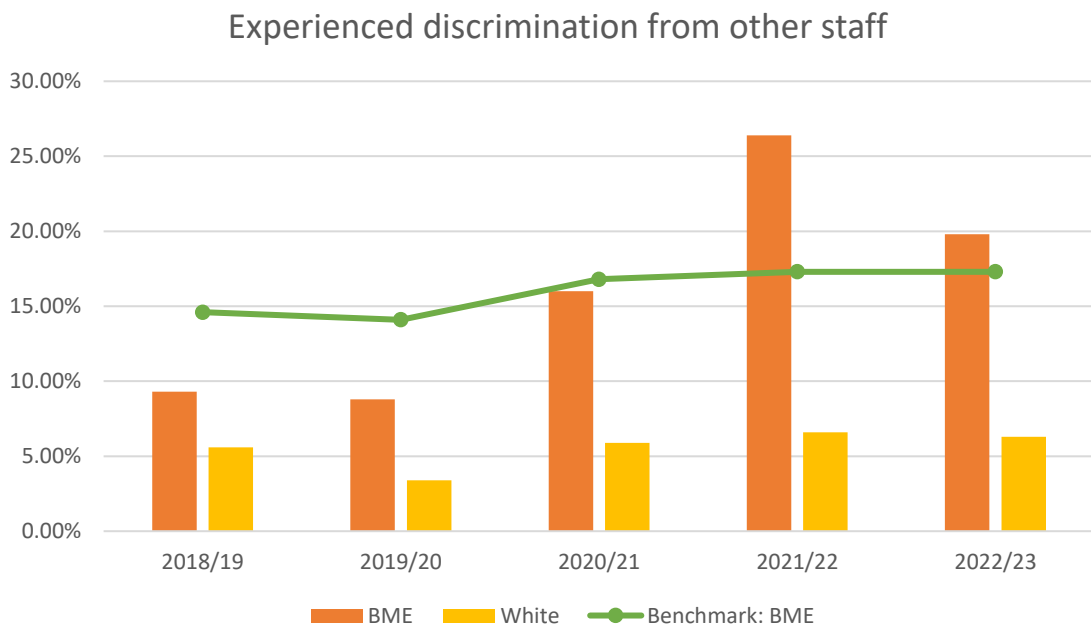
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# Indicator 8: Discrimination at work

19.8% of BME staff have experienced discrimination from another manager, team leader or colleague, compared to 6.3% of White staff. This is a marked improvement from last year’s figure (26.4%) but remains above the national average of 17% for BME staff. The Trust is above its benchmark average for BME staff of 17.3% and closely reflects its benchmark average for White staff, 6.5%.

The Trust is committed to reduce discrimination across its workforce and reduce the disparity between BME staff and White staff. During June and July 2023 the Trust is engaging with its workforce to understand the lived experience of staff and will use this quantitative evidence to develop actions to address discrimination and this will have a positive effect on other metrics in the NHS Staff Survey including harassment, bullying and abuse; the Trust’s EDI score and potentially recommending the Trust as a place to work and receive treatment.

The national average for BME staff is 17% and White staff 6.8%.



**Breakthrough pillar metric 2023/24:** The Trust will focus on addressing discrimination during the year, this will include engaging with staff and developing an action plan in response to their needs.

# 6 Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates

Our frontline staff face discrimination and racism from patients and colleagues and this experience will impact morale, their health and wellbeing and ultimately patient care. Staff have told us that discrimination is rarely covert and they are more likely to face overt and subtle forms of discrimination and racism like incivility, being excluded from conversations, not being given opportunities or punitive behaviour from colleagues. The Trust is keen to address discrimination and racism and we have a bullying and harassment policy which we will continue to promote.

The NHS has a legal duty under the Equality Act 2010 to eliminate unlawful discrimination, in response to this, the NMC have recently launched a toolkit, which can be accessed [here](#). The resource is firmly rooted in the NMC professional Code and it is designed to support nurses, midwives and nursing associates by providing advice on the action they can take should they witness or experience racism. It also supports those in leadership roles to be inclusive leaders and those leading anti-racism. The diagram below highlights the four key areas that make up the nursing and midwifery anti-racism resource framework – authentic inclusion, challenging racism, challenging leadership and caring and belonging.

The EDI Lead and EDI Nurse Lead will actively promote the toolkit by visiting wards to raise awareness during the autumn of 2023 and learning from this resource will be embedded in existing anti-discrimination training.





1

## Indicator 9: Board representation

Our data indicates that there are two board members from an ethnic minority background – one executive member and one non-executive member. One ethnic minority board member is a voting member.

During the year 2022/23 the Trust had 16 Board members – comprising of 15 voting members and one non-voting members; eight of these board members are Execs and eight Non-Execs.

The Board has recently recruited new Non-Executive Directors and an increased effort was made to attract a diverse range of candidates.

### 2022/23 Board Membership

	Total	Voting	Non-Voting	Exec	Non-Exec	Overall workforce
White	87.5%	93.3%	0%	87.5%	87.5%	67.5%
BME	12.5%	6.7%	100%	12.5%	12.5%	24.1%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	8.4%

# Medical Workforce Race Equality Standard (MWRES)

There are eleven MWRES indicators overall and some of the indicators have subsections.

The indicators present data on Workforce ethnicity composition, Career Progression, Rewards and Staff feedback. Four of the indicators focus on workforce data, six are based on data from the national NHS Staff Survey questions, one indicator focuses upon BME representation on boards in Royal and Other Medical Colleges and one indicator focuses on BME representation as Deans of Medical Schools. The MWRES highlights any differences between the experience and treatment of white medical staff and BME medical 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.

Trusts are only required to submit data for Indicators 1a, 1b, and 2:

- Percentage of ethnic minority and White staff in each medical and dental sub-group in NHS trusts (headcounts for Medical Directors and Clinical Directors only)
- The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)
- Consultant recruitment – the number of candidates who applied for a consultant post; the number of these candidates shortlisted for a consultant post and the number of these candidates appointed to a consultant post.

## Indicator 1a: Representation in medical & dental staff

There were no ethnic minority clinical or medical directors employed at the Trust as at 31 March 2023. National average clinical director roles (2020) – 68.6% White, 26.4% ethnic minority; national average medical director roles 73.6% White, 20.3% ethnic minority.

2022/23 there were 248 consultants – 151 are White (60.9%), 55 from an ethnic minority background (22.2%) and 42 with unknown ethnicity (16.9%). The number of ethnic minority consultants has increased each year over the past four years, from 46 (20.2%) in 2019/20 to 55 (22.2%) and is fairly representative of the wider workforce (24.1%).

In the same period, 2022/23, there were 102 non-consultant career grade doctors, 54 white (52.9%) and 36 ethnic minority (35.35%), the number of ethnic minority doctors at this grade has steadily increased, with one dip in numbers in 2021/22 which has since recovered. The percentages for trainee grade doctors was similar, there were 342 trainee grade doctors, 35.3% White and 51.8% ethnic minority.

The level of consultants with unknown ethnicity has remained fairly static at around 16%-17%. As stated previously, reducing the number of staff who have not disclosed their status (unknown) would help to build a more accurate picture. The Trust will continue to encourage staff to update their records.

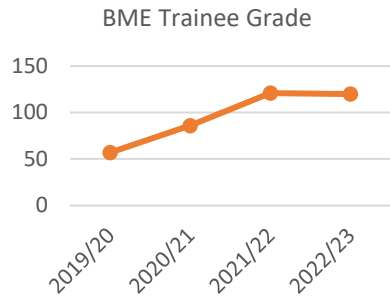
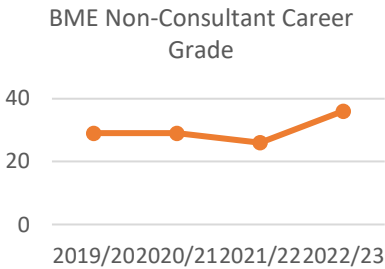
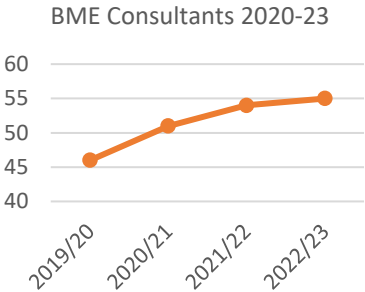
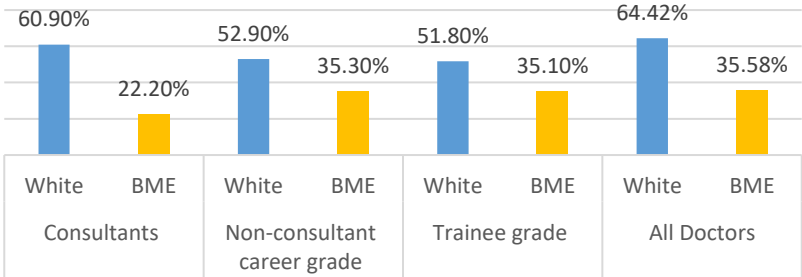
The Trust has two working groups, the Medical Remuneration Task & Finish Group and the Medical Staff Support Group, who address issues including remuneration, safe working, health and wellbeing and education.

The charts overleaf show the number of staff in each medical and dental sub group, disaggregated by ethnicity, based on the workforce as of 31 March 2023.

Clinical directors headcount (percentage) Medical directors headcount (percentage)

Year	White	BME	Unknown	White	BME	Unknown
2023	2 (100%)			1 (100%)		

Doctors by pay grade 2022/23



3

## Indicator 1b: Clinical awards

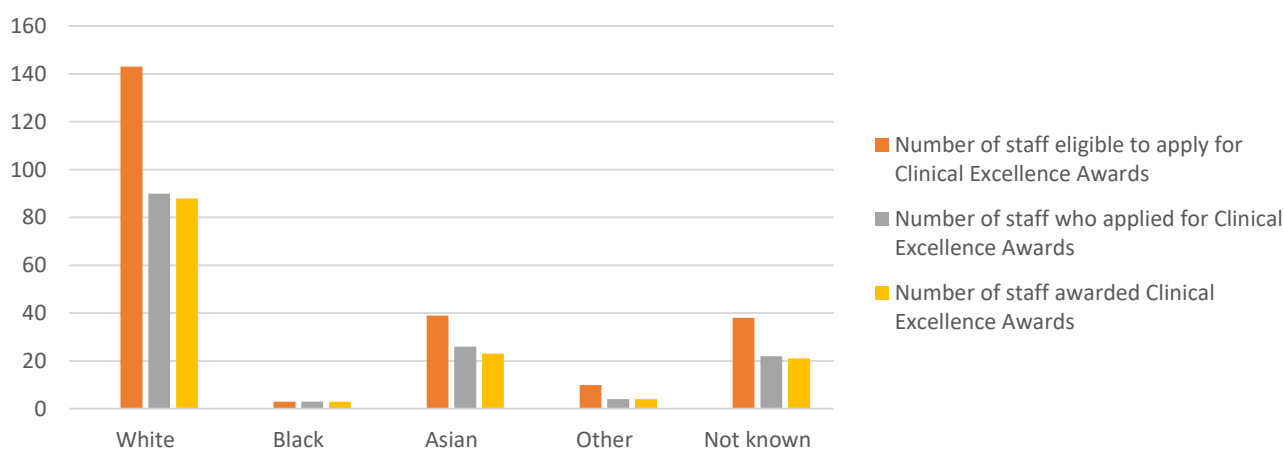
233 staff were eligible to apply for a clinical excellence award, 143 White (61.37%), 3 Black (1.29%), 39 Asian (16.74%), 10 other (4.29%) and 38 unknown (16.31%). Of those eligible 145 applied for awards and 139 were successful.

23 of the 26 Asian applicants (88.46%) received a Clinical Excellence Award; 3 Black applicants applied and all were successful (100%), the 'other' group had the same success rate, 4 applied and 4 were successful.

Under the current action plan for the 2023 Gender Pay Gap report, the Trust is to review national CEAs and extend the criteria for 2023/24 awards, this will benefit all consultants including ethnic minority staff. The 2023 report can be found online [here](#).

Clinical Excellence Awards are reported in our Gender Pay Gap report annually. The next Gender Pay Gap report, which will include the ethnicity pay gap (snapshot date 31.03.23) will be published by 31 March 2024.

Clinical Excellence Awards 2022/23



	White	Black	Asian	Other	Not known	Total
Number of staff eligible to apply for Clinical Excellence Awards	143 (61.37%)	3 (1.29%)	39 (16.74%)	10 (4.29%)	38 (16.31%)	233 (100.00%)
Number of staff who applied for Clinical Excellence Awards	90 (62.07%)	3 (2.07%)	26 (17.93%)	4 (2.76%)	22 (15.17%)	145 (100.00%)
Number of staff awarded Clinical Excellence Awards	88 (63.31%)	3 (2.16%)	23 (16.55%)	4 (2.88%)	21 (15.11%)	139 (100.00%)
Percentage of applicants awarded	97.78%	100.00%	88.46%	100.00%	95.45%	

## 2 Indicator 2: Recruitment

There were 206 applicants for consultant roles, 93 (45%) had ethnic minority backgrounds (Black, Asian and other).

When the shortlisting to appointment ratio is calculated, Asian and 'Other' ethnic minority candidates are less likely to be appointed than White candidates; however there are fewer Black candidates.

Like in other Indicators in this report, the number of applicants with unknown ethnicity is high, reducing this figure will help the Trust to build a more accurate picture of representation. The Trust will continue to encourage applicants to disclose their ethnicity. The Trust has done more to increase the diversity of our job applicants and we will continue to review the channels we use to promote roles and in line with the national NHS EDI Improvement plan, we will continue to explore improving our recruitment processes.

Consultant recruitment disaggregated by ethnicity, based on the financial year as at 31 March 2023:

	White	Black	Asian	Other	Not known
Number of applicants	49	12	62	19	64
Number shortlisted	31	5	13	7	3
Number appointed	23	5	7	4	3
% appointed from shortlisting	74.2%	100.0%	53.8%	57.1%	100.0%
Shortlisting to appointment ratio of White Consultants		0.74	1.38	1.30	

# Bank Workforce Race Equality Standard (BWRES)

The Bank WRES is a bespoke development of indicators that are set against key areas of the People Promise and People Plan for this large part of our workforce. For the purpose of this report, NHS bank workers are those who choose to work solely in the NHS on a casual contract; although bank staff are a relatively small part of our workforce, when analysed nationally, bank workers constitute a sizeable proportion of the NHS's overall workforce and it is therefore important to understand more about their working life experience.

The NHS is bound by the Public Sector Equality Duty (PSED) to give due regard to eliminate unlawful discrimination, advance equality of opportunity and encourage good relations for all members of our workforce, regardless of terms of employment. The Trust has therefore completed the Bank WRES for the first time this year and will consider how it can address any disparities experienced by our bank staff in our EDI action plan. Data collection in subsequent years will enable us to benchmark against previous years and other NHS organisations.

The aim of the bank WRES is to understand how ethnicity, gender along with contract type intersects with the experience for this part of the NHS workforce.

The following metrics are included in the Bank WRES:

- Indicator 1: Percentage of \*active workers by ethnic group and gender across key grades and staff groups.
- Indicator 2: Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months.
- Indicator 3: The number of dismissals by ethnic grouping for bank workers over a 12 month period (conduct and capability cases only)

\*Active NHS Bank Workers (refers to individuals who solely hold a NHS zero hours contract who have undertaken work/paid training within a 6 month period prior to an agreed date).

26% of bank staff are from an ethnic minority background, 55% are White and 19% of bank staff are of unknown ethnicity.

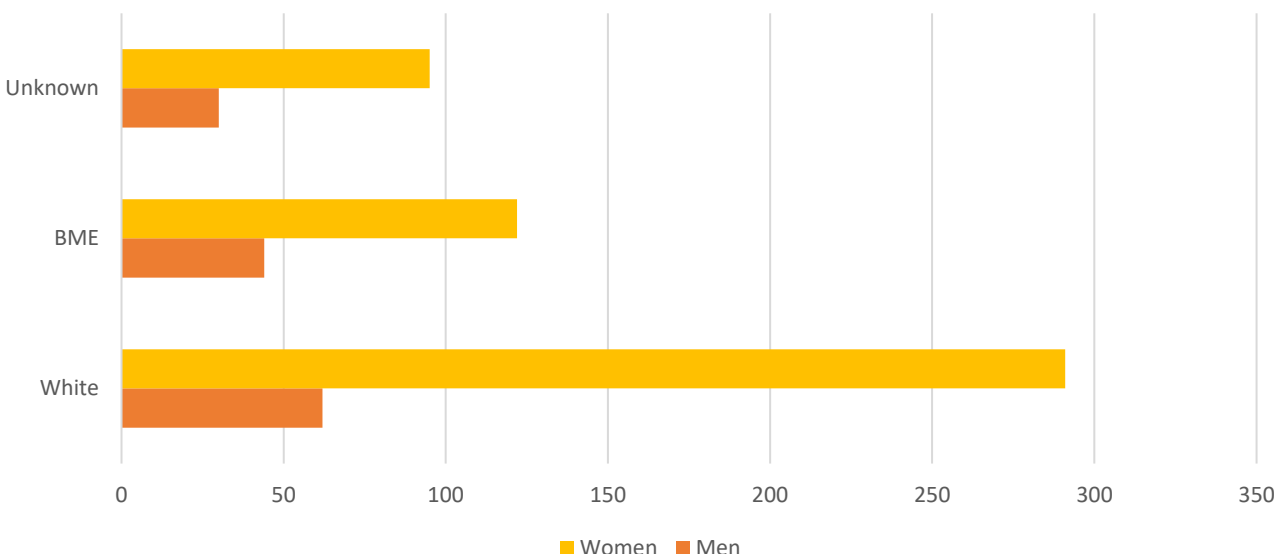
21% of bank staff are male and 79% female, and is broadly representative of the Trust, where the gender split across the workforce as a whole is 18% male and 82% female (2021-22 Gender Pay Gap Report).

The ethnic make-up of male and female staff is:

	Men	Women	Men %	Women %
White	62	291	46%	57%
BME	44	122	32%	24%
Unknown	30	95	22%	19%
<b>Total</b>	<b>136</b>	<b>508</b>	<b>644</b>	

The data indicates that representation is reflective of the wider workforce (24% BME). However, a large portion of staff are of unknown ethnicity – 19% of all bank staff. The Trust will take steps to reduce this level as improving the data might highlight areas that require action to address any inequalities.

Bank Staff Ethnicity & Sex





**Indicator 2: Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months**

Three bank staff have entered the formal disciplinary process in the last 12 months (including externally provided bank workers). One member of bank staff was White-any other background; one mixed ethnicity-White and Black Caribbean and the third is of unknown ethnicity.

	White - Any other White background	White and Black Caribbean	Not stated
<b>Number of bank workers entering the formal disciplinary process in the last 12 months (including externally provided bank workers)</b>	<b>1</b>	<b>1</b>	<b>1</b>

**Indicator 3: The number of dismissals by ethnic grouping for bank workers over a 12-month period (conduct and capability cases only)**

No bank staff faced dismissal over the twelve month period 1 April 2022 to 31 March 2023.

## Conclusion

We have worked hard to make progress which is evident in the significant and positive change in direction of 5 metrics, some of the work that has led to this positive change is highlighted throughout this report. There has been a slight decrease in one metric (shortlisting to appointment). The Medical RES highlighted a need to continue to make efforts to advertise roles widely to ensure we attract a diverse candidate pool and we must take steps to reduce the shortlisting to appointment differences in the WRES, MRES and the WDES. There were no significant issues in the Bank WRES.

We acknowledge the slow progress in some areas of the WRES and we will continue to work towards reducing the differences of experience between our ethnic minority staff and White staff; during the year 2023-2024 the Trust will initiate a number of programmes and activities that will build on the improvements made so far and address areas where we have made slow progress and start to respond to the national NHS EDI Improvement Plan.

To accomplish this, we will continue to engage with our staff to understand their lived experience and provide a voice for staff to influence the decisions we make that affect them through staff networks and other channels; take positive action to improve equitable access to opportunities – including reviewing the recruitment process and piloting Inclusion Recruitment Champions; address discrimination in all its forms, which is or breakthrough metric for the year and support staff to challenge poor behaviour. We will also support staff to speak up when they experience or see behaviours that are contrary to the Trust values. Our Allyship programme launching in September 2023 is vital to this work, if we are to impact an organisation of this size, we need staff across the Trust to be part of this transformation.

We are delighted to adopt and embed the Restorative Just Learning Culture approach over the coming months and introduce Cultural Ambassadors and launch our Leadership Behaviours, all of which will positively impact behaviours, policy, practice and culture in the Trust. To help to align our efforts across the Trust, an EDI framework has been designed which will help our teams of staff to work together towards a common aim.

We end this report by inviting our leaders, staff, governors, volunteers and patients to stand with us to build an inclusive workplace culture and to reduce health disparities in our workforce and population.

If you would like to explore how you can get involved in our EDI work contact our EDI Lead [sharon.woma@nhs.net](mailto:sharon.woma@nhs.net).



An action plan that sets out our ambition for the year ahead follows overleaf

## WRES action plan 2023 – 2024

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Health & Wellbeing	Reduce discrimination, bullying, harassment and abuse in the workforce	Equity data walk – engage with staff to explore their lived experience and take action to support positive change based on findings Promote the NMC ‘Combatting Racial Discrimination’ toolkit	Nov 2023	<ul style="list-style-type: none"> <li>Improved Indicator 8: Experiencing discrimination at work from staff</li> </ul>
		Launch Allyship programme – Promote everyday allyship and build a programme for volunteers to encourage staff to advocate for others and to challenge behaviour that is not in line with Trust values Re-launch of Reciprocal Mentoring programme	Sep 2023	<ul style="list-style-type: none"> <li>Improved Indicator 6: harassment, bullying or abuse from managers and colleagues</li> </ul>
		EDI Masterclass Series to be developed in-house to improve cultural competence and raise awareness around key issues including ‘making adequate adjustments’, training to be aligned with ‘Civility’, ‘Restorative Just Learning Culture’ and ‘Improving Together’ approaches to ensure a consistent message is delivered	Nov 2023	<ul style="list-style-type: none"> <li>Improved Indicator 8: Experiencing discrimination at work from staff</li> </ul>
		Embed NMC anti-discrimination framework into existing EDI training	Sep 2023	<ul style="list-style-type: none"> <li>Improved Indicator 8: Experiencing discrimination at work from staff</li> </ul>
	Reduce discrimination, bullying, harassment and abuse from patients, relatives or the public	Revise and relaunch campaign to promote zero tolerance to bullying and harassment and encourage civility and respect towards staff	Oct 2023	<ul style="list-style-type: none"> <li>Improved Indicator 5: harassment, bullying or abuse from patients, their family or the public</li> </ul>

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Health & Wellbeing	Increase Health & Wellbeing Services	Deliver a new 4-hour training package for line managers - 'Mental Health Skills for Managers'	Oct 2023	<ul style="list-style-type: none"> <li>Other – Equality Delivery System: Health and Wellbeing of staff</li> </ul>
		Health & Wellbeing (HWB) conversations to be added to the Electronic Staff Record system to improve the recording of this data and to facilitate HWB conversations	Aug 2023	
		Provide in-reach physical health checks available for all staff – to include cholesterol, blood sugar levels and provide general advice	Ongoing	
	Pilot Cultural Ambassadors	Train and support a small group of Cultural Ambassadors to act as an independent voice in the disciplinary process and to share good practice across the Trust, reducing likelihood of 'no case to answer' incidences which cause harm to staff and organisation	Aug 2023	<ul style="list-style-type: none"> <li>Improved Indicator 3: Relative likelihood of staff entering the formal disciplinary process</li> </ul>
Progression & Development	Inclusive Leadership training	GWH managers and leaders to participate in system-wide leadership training, training opportunity actively promoted to minoritized staff	Sep 2023 (cohort 2)	<ul style="list-style-type: none"> <li>Improved Indicator 7: improve perceptions around 'equal opportunities'</li> </ul>
	Host EDI Conference	EDI conference to be hosted by Trust to support leaders to understand how to lead 'Inclusion' in their work areas, to manage cultural change and support an increasingly diverse workforce	Jun 2024	<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> </ul>
Equal opportunities	Reduce shortlisting to appointment disparity	Launch Inclusion Recruitment Champions programme in June 2023. Volunteer champions will be trained in August and will be available to support interviews for Band 8A above roles	Jun 2023	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> <li>Improved Indicator 2: Relative likelihood of being appointed from shortlisting</li> </ul>

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Equal opportunities	Expand Scope for Growth Conversations	Promote Scope for Growth (Career) Conversations to ethnic minority staff including Internationally Educated Nurses	Nov 2023	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> </ul>
	Work experience placements	Provide work experience placements for young people with special education needs and those not in education and employment	Aug 2023	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> </ul>
	Apprenticeships	Promote apprenticeship opportunities to students from deprived areas	Ongoing	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> </ul>
	NHS Cadets scheme	Working with NHS Cadets, a new scheme designed to provide 14-16-year-olds from under-represented communities with opportunities to explore voluntary work and careers with the NHS, providing one year of vital hands-on work experience in a wide range of roles. There are both clinical and non-clinical opportunities	Ongoing	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> </ul>
	New College Swindon partnership	Trust to commence programme with New College Swindon and Swindon Borough Council in Oct 23, supporting young adults from disadvantaged areas of Swindon, looked after children and young carers. This would be an additional development programme supporting them into an apprenticeship.	Oct 2023	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> </ul>
	Project Search scheme	Trust to initiate Project Search – national programme providing work experience opportunities for young adults within the SEND community.	Sep 2023	<ul style="list-style-type: none"> <li>Improved Indicator 1: Workforce representation</li> </ul>
Inclusive Leadership	EDI to be embedded in all in-house leadership training	<ul style="list-style-type: none"> <li>EDI Lead and Organisational Development (OD) Leads to review and revise all internal leadership training</li> <li>Embed the EDI framework in leadership training and promote across the Trust</li> </ul>	Sep 2023	<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> </ul>

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Inclusive Leadership	Set Board objectives	Board to develop collective and individual EDI objectives linked to their appraisal. This will align with the national High Impact Action 1.	Mar 2024	<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> </ul>
Workforce engagement	Support staff networks to deliver a range of initiatives	EDI function to support staff networks across a range of initiatives including events and learning opportunities	Ongoing	<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> </ul>
	Deliver a series of Workforce Listening Events	Host a series of 'Change the Narrative' Storytelling events throughout the year to help to raise awareness and to challenge stereotypes	Ongoing	<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> <li>Improved Indicator 6: harassment, bullying or abuse from managers and colleagues</li> </ul>
	Provide access to regular EDI support across workforce	Launch 'Inclusion Café' to provide an opportunity for staff to regularly engage with EDI Lead, the café will be a forum for bite-size learning, support and advice and guidance		<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> </ul>
	Embed Restorative Just Learning Culture	<p>Understand further the national tool and pilot in three areas with a view to using this across the whole organisation</p> <p>Communications, training and support to embed RJLC</p>	Ongoing	<ul style="list-style-type: none"> <li>Support overall improvement across all aspects of EDI</li> <li>Improved Indicator 6: harassment, bullying or abuse from managers and colleagues</li> <li>Improved Indicator 8: Experiencing discrimination at work from staff</li> </ul>