Appendix 1

Workforce Race Equality Standard Action Plan 2024 – 2025

Green (G)	Yellow (Y)	Amber (A)	Red (R)
Evidence demonstrates action implemented	Evidence demonstrates the action is mostly met and within timescales	Evidence demonstrates the action is mostly met but not within timescales	Evidence in place demonstrates the action has not been met

1. Workforce Data and Representation – Metrics 1 and Metric 9 **Metrics 1: Percentage of BME staff in each of Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.** **Metrics 9: Percentage difference between the organisations' Board voting membership and its overall workforce.**		
Objectives	• Improve BAME staff representation across senior levels of the organisation • Reduce the gaps in experiences between white staff and BAME staff • Value and promoting the voice of BAME Staff within decision-making.	
What actions do we need to take and why?	The WRES workforce data indicates that 33.79% of our workforce come from BAME background, however at middle to senior levels of the organisation BAME colleagues are disproportionately underrepresented (for both clinical and non-clinical roles). The focus of our actions are minimise bias in our recruitment and selection processes through best practice recommendations from the Kline review and improve representation in middle and senior roles The NHS People Plan emphasises the importance of BAME (and other protected groups) representation on decision-making committees and forums. The actions below will support this objective.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
1.1	Transformational Reciprocal Mentoring for Inclusion programme Cohort 3 recruited to and commenced Applications from senior leaders to be invited by the CEO for the third Cohort.	HRD/Head of EDI	January 2026	• Transformational Reciprocal mentoring positively impacting the entire organisation, by enabling leaders to engage on the topic of race equality and other protected characteristics. • Senior and all Leaders who can confidently speak on key issues regarding inequalities and lived	

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				experiences. The programme will target senior leaders' middle managers and those with lived experience. • Participants to develop or contribute to a Continuous Improvement project.	
1.2	Audit recruitment processes and practices for Band 7 and above posts in particular: • Applications/ Shortlisting/ Recruitment • Promotion/career progression/ • Secondment • Fairer recruitment (no more tick boxes etc.) implemented.	Head of EDI/HRD/Head of Workforce Information/ Head of Recruitment	Ongoing	• Workforce EDI data is routinely reviewed, and appropriate actions undertaken. • Career progressions data improves for BAME staff. The data provided will be broken down as: BAME in comparison to white and then by the following categories:	

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	'Dear CX' letters for Band 8 and up recruitment, to improve accountability in the recruitment of senior posts through the provisions of written reports detailing the decision-making process behind the appointment. Implement an audit of Band 7 and above recruitment processes on a rolling basis to ensure processes comply with Trust procedure. (due December 2024) Noting actions for improvement.			- Black - Asian - Mixed - Other - White	
1.3	The Trust to take positive action to improve diversity in the ethnicity make- up of the Trust Board	Trust Board Chair/ CEO /HRD	May 2025	• Increased numbers of BAME candidates for senior positions. • Develop and nurture staff to enhance their readiness to apply for new positions.	

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4	
Metrics 2: Relative likelihood of BME staff compared to white staff being appointed from shortlisting across all posts. **Metrics 3:** Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This Metric will be based on data from a two-year rolling average of the current year and the previous year. **Metrics 4:** Relative likelihood of staff accessing non-mandatory training and CPD.	

Objectives	• Reduce the gaps in experience between white staff and BME staff • Support managers to understand structural and individual acts of racism and develop cultural intelligence programmes	
What actions do we need to take and why?	Our WRES data indicates that further work must be undertaken to improve the data collection and analysis of HR interventions and Learning and Development opportunities in terms of race. The actions below are focused on raising awareness of WRES data and adopting a highly recommended RCN Cultural Ambassador programme to help close the gap for our BAME Staff in their experience of the workplace.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
2.1	Undertake 6 monthly analysis of the involvement of the RCN Cultural Ambassadors in all disciplinary processes to identify any trends or issues in relation to race. Embed the roles of cultural ambassador in employee relations capability processes.	Head of EDI/Head of Employee Relations/HR and OD	6 monthly	• Regular reports on progress taken to EDI Steering committee. • Cohort of BAME Staff trained and supporting disciplinary investigations. • CAs to sit on Band 8A interview panels. • Identify learning lessons from CA programme and have actions to address the identified gaps.	
2.2	EDI to become a standing item on Divisional/ Directorates Performance/Business meetings encouraging discussion of the Staff Survey, pulse survey,	Divisional Leads/HRD/Head of EDI/VSM's	March 2025	• Embed EDI as BAU • Promoting and encouraging visible representation of BAME staff in communication activity and in	

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WRES, WDES, Gender Pay Gap, and delivery of identified actions they are taking to improve their staff experience.	forums such as Board meetings/committee meetings etc. • Staff to feel safe at work • Staff know how to report racist abuse and violence and are encouraged to do so. • Staff receive appropriate support following abuse and violence. • Communication and training plan for line managers and staff on the revised violence and aggression policy. • Patient/Public facing communication plan to be developed. These can be measured by: How many people attended the microaggression and civility sessions. Provide divisions and directorates with their specific workforce representation data and WRES scores, highlighting areas of underrepresentation or disparities. Conduct a thorough review of the violence and aggression procedure, focusing on racism and discrimination.

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				Gather feedback from employees, track incidents, and evaluate any changes in the reported incidents of racism or discrimination. Monitor the impact of the policy changes and measure the outcomes in terms of reducing incidents and improving the overall staff experience. Outcome: Presentation at Board from each directorate re Staff survey and Recruitment and retention plan.	
2.3	Assign Executive sponsorship to mentor and sponsor key black women across the organisation. Link the Recruitment Audits work to these targets.			• To foster the professional growth and advancement of BME women at RPH, specifically black women from the BME community. • Improved career trajectory for black women. • Decreased incidents of reported discrimination and bias. • Black women in the organisation feel supported and valued.	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8	
Metrics 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. **Metrics 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.** **Metrics 7: Percentage believing that Trust provides equal opportunities for career progression or promotion.** **Metrics 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.**	

Objectives	• Reduce the gaps in experience between white staff and BAME staff.	
What actions do we need to take and why?	The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
3.1	Support the REN Network to: • Host four listening events. – Black History Month etc. • Promote the work of the Network. • Co-deliver staff Induction.	Head of EDI/Network Chairs		• BAME Network Strategy to be added to the Staff Networks Strategy • BAME and non-BAME staff participating in organised initiatives. • A clear programme of cultural and diversity events shared across the organisation. • Continued development of Network Chairs.	

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3.2	Participate in systemwide EDI programmes and networks to identify opportunities for joint working on anti-racist initiative.	Head of EDI/HRD	Ongoin	• BAME Staff are actively encouraged to seek development opportunities and positive stories captured from their participation.	
3.3	Trust Board lead development and implementation of a vision for inclusive leadership. This is the next phase of the CCL programme. Leaders will be asked to focus on addressing bullying, sense of belonging and career progression.	HRD/DHRD/HoEDI		• Reduction in reported incidents of bullying and harassment. • Improved sense of belonging among staff, particularly those from underrepresented groups • Meet EDI Improvement Plan	

Action plan history log	Date
Initial draft – OPR Head of EDI	02.07.2024
Update- OPR Head of EDI, Network Lead VT	22.07.2024
Update-OPR Head of EDI, Diane Leacock, Exec Sponsor for REN	23.07.2024
Update- OM Director of Workforce and OD	23.08.2024