**EDI Mandated Reports (Workforce Race and Disability Standards) Joint Action Plan 2024**with reference to contributions to the Gender Pay Gap and other protected characteristics

| Action letter | Action to be taken | WRESIndicator | WDESIndicator | Gender Pay Gap | Other PCs | Responsibility | Timescale |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A | Pay Gap Reporting on protected characteristics to be introduced beyond Gender Pay Gap, | 1 | 1 | Existing | YES | Heads of Equality and Inclusion and Workforce Systems | March 2025 |
| B | Positive Action Policy or Framework approved | 2 | 2 | Yes | Yes | Head of Equality and Inclusion | January 2025 |
| C | Positive Action Policy or Framework implemented through operational policies | 1 and 2 | 1 and 2 | Yes | Yes | Head of ResourcingHead of Organisational and Professional Development | April 2025 |
| D | Investigate and implement further development of local mentoring and coaching programmes, including peer-to-peer, reciprocal and career development | 1, 4 and 7 | 1 and 5 | Yes | Yes | Head of ResourcingHead of Organisational and Professional Development | April 2025 |
| E | Reasonable Adjustment and Modified Duties Policy – promote new Disability and Health Passport and Neurodiversity guidance for managers, and ensure managers are aware of the new duty to escalate reasonable adjustment decisions if not considered reasonable at the team level. |  | 8 |  |  | Head of Equality and Inclusion and HR Business Partners | November 2024 |
| F | Amend the Appraisal form to ensure that appraisers and appraises are reminded of the requirement to check for any new reasonable adjustment considerations and review existing ones |  | 8 |  |  | Head of Organisational and Professional Development | November 2024 |
| G | Promote existing menopause support and resources, and review policies and procedures to be menopause aware |  | 6 and 8 | Yes |  | Head of Staff Engagement and Wellbeing | April 2025 |
| H | Following on from Disability Confident Gap Analysis in 2024, implement action plan to achieve Disability Confident Level 3 |  | 1, 2 and 8 |  | Yes | Head of Resourcing, Head of Organisational and Professional Development and Head of Equality and Inclusion | May 2025 |
| I | Equality Impact Assessment of the Employee Relations Function, including implementation of recommendations from casework and feedback from internal review process and data | 3 | 3 | Yes | Yes | Head of Employee Relations and Head of Equality and Inclusion | March 2025 |
| J | Ensure that, for cases referred to employee relations, a senior member of HR and OD staff with extensive experience of EDI is consulted on any cases formal or informal) that have an impact on a protected characteristic | 3 | 3 | Yes | Yes | Head of Employee Relations | December 2024 |
| K | Continued use and analysis of Career Conversations, Stay Conversations and exit interviews | 4 and 7 | 5 | Yes | Yes | Head of Employee Relations, Head of Organisational and Professional Development and Head of Culture and Wellbeing | Ongoing with review in March 2025 |
| L | Cultural Transformation Programme – Phase 1Diagnostics and analysis | 5 to 8 | 4 to 9 | Yes | Yes | Head of Equality and Inclusion with Absolute Diversity | April 2025 |
| M | Cultural Transformation Programme – Phase 2Implementation and delivery | 5 to 8 | 4 to 9 | Yes | Yes | Head of Equality and Inclusion with Absolute Diversity | August 2025 (progress review) |
| N | Cultural Intelligence Training – 40 senior managers and key staff | 5 to 8 | 4 to 9 | Yes | Yes | Head of Equality and Inclusion and People Promise Manager | December 2024 (start) April 2025 (complete) |
| O | Cultural Development Training for Clinical Staff | 5 to 8 | 4 to 9 | Yes | Yes | Nurse Education | Starting January 2025 |
| P | Target the current Inclusion Design Training to teams identified through employee relations or EDI work, key influencers | 1 to 8 | 1 to 9 | Yes | Yes | Head of Equality and Inclusion and HR BPs | Current and ongoing |
| Q | Promotion of Freedom to Speak Up Guardian Service | 5 to 8 | 4 to 9 | Yes | Yes | The Guardian Service | November 2024 |
| R | Review and implement changes to policy in respect of sexual safety and freedom from sexual harassment and abuse |  |  | Yes |  | DDHR&OD and Head or Equality and Inclusion | October 2024 |
| S | Communication to whole workforce on sexual safety and freedom from sexual harassment and abuse – including policy, reporting procedures, risk assessment and responsibilities. |  |  | Yes |  | Head of Equality and Inclusion | October 2024 |
| T | Continue and develop the role of the Anti-Bullying and Harassment Group in tracking and triangulating incidents, seeking assurance and planning interventions | 5 to 8 | 4 to 9 | Yes | Yes | DDHR&OD and Head or Equality and Inclusion | Current with monthly reviews |
| U | Review governance and purpose of staff networks with network chairs | Yes | 9 | Yes | Yes | Head of Equality and Inclusion | January 2025 |
| V | Develop governance arrangements for Equality Ambassadors and other relevant voluntary roles | 1 to 8 | 1 to 9 | Yes | Yes | Head of Equality and Inclusion | February 2025 |
| W | **Medical Gender Pay Gap action plan :*** Leaders to use talented deputies; train for leadership on the job; experience before stepping up
	+ Women inspire women
	+ What does training on the job mean in this context
	+ Role modelling
* General EDI improvements to change culture
	+ Opportunities for homeworking etc, right equipment to enable that
	+ Challenging bias
* Strengthening the active bystander behaviours
 |  |  | Yes |  | Head of Equality and Inclusion and Chief Medical Officer’s office | Implement from November 2024 to achieve by July 2025 |

**Summary of the WRES and WDES indicators**

**See full report on the People Committee Agenda, 31 July 2024**

**1. WRES indicator 1 and WDES indicator 1 - Workforce Representation**

Current Performance is indicated through workforce profile statistics and charts. The aim in 2024/25 is to move to a measure of pay gaps for protected characteristics. **See row A to H and K**

**2. WRES indicator 2 and WDES indicator 2 – Relative likelihood of appointment from shortlist**

Current Performance suggests that people from ethnic groups other than White were more likely than White colleagues in this process, and that disabled people were more likely than non-disabled people to be appointed. (WRES 0.47, WDES 0.62; where 1.0 equals parity). However, significant positive action work had been undertaken in the previous year to develop under-representation, which had been successful; but when taking into account indicator 1 (workforce representation) there is still under-representation of minority ethnic/global majority and disabled staff at various points in the workforce, so the actions to improved recruitment and retention will continue. **See rows A to H and K**

**3. WRES indicator 3 - Relative likelihood of staff entering the formal disciplinary process
 WDES indicator 3 – Relative likelihood of being in capability procedures**

Current Performance for the WRES is 1.66, (where 1 equals parity). This was a deterioration from 2022. The WDES indicator on formal capability was not measurable, as there were no formal cases that qualified. However, staff report through Staff Networks and other feedback that they have concerns about possible inequalities in informal procedures. **See rows J, L and M**

**4. WRES indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD**

 **WRES indicator 7 and WDES indicator 5 – Opportunities for Career Progression**

Current Performance on the WRES is 1.0 (parity) for access to non-mandatory training. However, staff across a number of protected characteristics have expressed concern about possible inequalities in access to CPD, especially outside of Nursing/CSWs/AHPs. **See rows D, K and P**

**5. WDES indicator 6 – % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties**

30.3% of staff with a long term illness answered yes to this question, compared to just 21% of staff without a long term illness. **See rows E to H**

**6. WDES indicator 8 – % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

Current Performance is below the national median, at at just 70%, **See rows E to G**

**7. WRES and WDES indicators from the NHS Staff Survey.**

[**https://nhssurveys.co.uk/nss/wres/organisational**](https://nhssurveys.co.uk/nss/wres/organisational)

Staff express concerns about bullying, harassment and discrimination, as well as career progression, and equal opportunities. The picture is mixed in terms of improvement or deterioration. **See rows L to V**

**Summary of the Gender Pay Gap**

**See full report on the People Committee Agenda, 31 July 2024**

The Trust’s mean gender pay gap is 27.9% and the median gender pay gap of 17.2%. This is a narrower average (mean) gap, and a narrower median gap than last year, but still considerably above the UK average. The gender pay gap relates to gender differentials in the progression to senior roles, in both Agenda for Change (AfC) and Medical and Dental roles.

Since medical and dental pay averages at a higher rate compared to AfC, and the proportion of men in the medical workforce is higher than the AfC workforce, this has a higher impact on the overall gender pay gap. Improving the gender profile of medical and dental roles, therefore, is likely to have the greatest impact on improving the pay gap. The Trust’s Patient First improvement methodology was used to focus on the medical gender pay gap, which has identified three priorities for action:

* **Opportunity**: Leaders to use talented deputies; train for leadership on the job; experience before stepping up
* **Equity**: General EDI improvements to change culture
* **Turning policy to behaviour:** Strengthening the active bystander behaviours