East Kent Hospital University Foundation Trust’s (EKHUFT) Workforce Race Equality Standard (WRES) Action Plan 2024/2025

Since 2019 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES).

WRES is a set of nine specific measures (indicators) which enables NHS organisations to compare the workplace and career experiences of staff from BAME backgrounds from white backgrounds.

EKHUFT uses the metrics data to develop and publish an action plan, building on the 6 high impact actions shared in NHS England’s EDI improvement plan. EKHUFT’s data shows that BAME staff have poorer experiences compared to their white counterparts including bullying, harassment and less progression. Please see the WRES section of the 2024/2025 EDI annual report for details via this link: [Equality, diversity and inclusion (EDI)](https://www.ekhuft.nhs.uk/information-for-patients/quality-care-for-all/edi/).

A note on language:  
In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours. This document acknowledges that some definitions and terminology do not always reflect the identities or lived experience of individuals. The term ‘BAME’ is used in accordance with NHSE guidance.

# WRES Action Plan Objectives

## Objective One:

Create an environment in which staff from BAME backgrounds feel like they **belong** in the organisation

## Objective Two:

Improve race related **equality, diversity, and inclusion** at EKHUFT

## Objective Three:

Ensure staff from BAME backgrounds have a **better experience** at work

Our aim at EKHUFT is to become a truly inclusive organisation that eliminates the conditions where discrimination occurs. This includes supporting our valuable staff from BAME backgrounds.

# WRES Indicators

1. Percentage of BAME staff in each of the Agenda for Change pay Bands (AfC) 1-9 and Very Senior Managers (VSM) including executive Board members) compared with the percentage of staff in the overall workforce.
2. Relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.
3. Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
4. Relative likelihood of BAME staff accessing non-mandatory training and continuing professional development compared to white staff.
5. Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6. BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months.
7. BAME staff believing the trust provides equal opportunities for career progression or promotion.
8. Staff who have, in the last 12 months, personally experienced discrimination at work from any of the following - manager / team leader or other colleagues.
9. BAME Board representation. Percentage difference between the organisations’ Board voting membership and its overall workforce.

# Objective One: Create an environment in which staff from BAME backgrounds feel like they belong in the organisation

## **Aim:** Develop the Ethnic Diversity Engagement Network (EDEN) to raise awareness to the organisation and provide a safe space for staff from BAME backgrounds.

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| **Actions** | **Rationale** | **Timescales** | **Stakeholders** | **Success Measures** |
| a) Continue to embed the Staff Network Inclusion Forum. | Aim is to provide robust support from the EDI team to network co-chairs and contributors and encourage collaboration. To grow the network. | Launched July 2024, bimonthly forums held. Forum members to review in February 2025. | * EDI team * All staff network co-chairs * 2gether Support Solutions * Communications * Staff Experience | * Continuous feedback from forum members. * Formal review feedback in February 2025. * Collaboration between networks * Network growth |
| b) Launch and socialise Staff Network Policy. | To raise awareness of the importance and value of Staff Networks. To provide network members with protected time to engage in network activity. | Staff Network Policy published in October 2024.  February 2025; arrange a meeting with staff network reps and stakeholders to agree on a socialisation/ cascade plan. | * Staff Networks * EDI team * Heads of care groups * Heads of people and culture * Business partners | * All networks having co-chairs and Executive Sponsors in place. * Increased awareness of staff networks * Network members getting protected time (data to be taken from health roster). |

# Objective Two: Improve race related equality, diversity, and inclusion at EKHUFT

## **Aim:** Raise awareness of race related issues. Improve race declaration rates on Employee System Records (ESR) to provide a more accurate workforce profile.

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| **Actions** | **Rationale** | **Timescales** | **Stakeholders** | **Success Measures** |
| a) EDEN network in collaboration with EDI team to raise awareness of race related issues e.g. via See ME First anti-racism campaign. | National staff survey (NSS) results and WRES data show that our staff from BAME backgrounds have a worse experience at work then staff from white backgrounds, this includes racial discrimination and microaggressions. | EDEN network and EDI team to discuss at network meeting in 2024 and agree on See ME First relaunch date in 2025. This could include educational workshops/ sessions. | * EDI Team * EDEN Staff Network * Network Executive Sponsors | * NSS showing improvement in experiences of BAME staff. * WRES showing improvement in experiences of BAME staff. |
| b) Improve ESR ethnicity declaration rates. | EKHUFT have a non-declaration rate of ethnicity of 22% in 2024, this means we are not capturing the full ethnic diversity of our workforce. Some of this is due to mistrust, stigma and challenges navigating ESR. | Communications regarding the importance/value of declaring ethnicity to be launched after discussions with the EDEN network in Nov 2024. | * EDI team * EDEN staff network * Staff Experience | * WRES; Reduce EKHUFTs non-declaration rate on ESR, of 22% in 2024 to 19% in 2025 * NSS improved experience of staff from BAME backgrounds. |

# Objective Three: Ensure staff from BAME backgrounds have a better experience at work

## **Aim:** Embed an inclusive and fair recruitment process to attract a diverse workforce and reduce disadvantage for staff from BAME backgrounds.

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| **Actions** | **Rationale** | **Timescales** | **Stakeholders** | **Success Measures** |
| a) Implement Debiasing and value-based recruitment workstream under the Culture and Leadership Programme. | EKHUFTs WRES data shows that applicants from BAME backgrounds are 3 and a half times less likely to be appointed than white applicants. Recruitment process needs to be improved to be more equitable. | Working Subgroups identified and implemented in September 2024 looking at all aspects of the recruitment process.  Pilot planned for January 2025. | * Recruitment * EDI team * Learning and Development | * NSS showing improvement in experiences of BAME staff. * WRES showing improvement in experiences of BAME staff. |
| b) Create a new Equality and Health Impact Assessment (EHIA) form and guidance. | EKHUFT does not currently have a robust process in place to ensure that policies and decisions are fair and do not disadvantage people from protected groups including people from BAME communities. | Accessible EHIA form (now including health inequalities) and guidance document created by the EDI and Patient Voice and Involvement (PV&I) team, going through approval process in Nov/Dec 2024. EHIA Workshop delivered by EDI and PV&I to key policy writers/ decision makers in April 2024, next is January 2025. | * EDI team * PV&I * Policy Authorisation Group * Heads of People and Culture * Governance | * PAG feedback that EHIAs are completed to a high standard and embedded in policy making and review. * EHIAs are completed as standard for organisational decisions. |