

Trust Board Paper

Board Meeting Date	November 2023
Title	NHS Equality Diversity and Inclusion (EDI) Improvement Plan alignment with Berkshire Healthcare EDI Activity
	Item for Noting /Item for Discussion
Purpose	To provide an update on our EDI progress and activity mapped against the NHS England EDI Improvement Plan recommendations published in June 2023.
Business Area	People Directorate
Presented by	Ash Ellis, Deputy Director for Leadership, Inclusion and Organisational Experience
Author	Stephanie Wynter, EDI Business Manager
Relevant Strategic Objectives	Make Berkshire Healthcare a financially and environmentally sustainable organisation, a great place to work, improve patient outcomes, provide safer services
CQC Registration/Patient Care Impacts	The relevance of this paper supports all key lines of enquiry, and our actions demonstrate to the CQC, the Trust's commitment to an inclusive, caring environment.
Resource Impacts	The paper references work that has happened, underway, and work planned by the EDI team and colleagues across the Trust, to co-design, co-produce and co-deliver meaningful change.
Legal Implications	This report demonstrates the Trust's commitment to advancing equality, diversity and inclusion and supports us meeting our Public Sector Equality Duty, under the Equality Act 2010.
Equality and Diversity Implications	Our data reveals disparities across race, disability, gender identity and sexual orientation. This highlights the need for employee-led action to address discrimination and create equitable access, experiences, and outcomes for all staff. Allowing unfairness across any diversity dimension brings legal, reputational, morale and retention risks.
Action	We ask the Board to note the progress and activity we have delivered when comparing against the NHS England EDI Improvement plan recommended actions.

1. Executive Summary

This paper provides an update on our EDI activities against the NHS England EDI Improvement Plan published in June 2023. It highlights how we compare against the 6 high impact actions, as well as any potential gaps in delivering against them.

Key achievements include notable improvements in WRES and WDES indicators, a commitment to becoming an anti-racist organisation, thorough analysis and publication of ethnicity, disability, and gender pay gap reports, and recognition as an accredited Stonewall Top 100 Gold Employer. We also hold distinctions like the Bronze Rainbow Badge, Disability Confident Leader status, Gold Armed Forces, Veteran aware recognition, and Carer Charter employer.

In summary, we recognise the need for continuing focus to address plateaued indicators concerning bullying, harassment and discrimination, and inequitable access to development opportunities, as indicated by the latest WRES and WDES reports. Embedding accountability for EDI actions, addressing pay gap intersectionality (multiple protected characteristics), sustaining momentum, and promoting inclusive behaviours are vital. Furthermore, leveraging data insights, enhancing LGBTQ+ inclusion, and prioritising intersectional analysis will be crucial steps. These efforts, supported by Board endorsements and accountability mechanisms, will be integral to our annual EDI plan and forthcoming EDI Strategy refresh in the New Year. Our commitment is to create an inclusive culture and environment, supporting the career progression of underserved groups, and addressing disparities to ensure a more equitable and diverse workplace.

Actions included are linked to those in our; Board Assurance Framework (BAF), National Staff Survey (NSS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Ethnicity Pay Gap (EPG), Gender Pay Gap (GPG), Disability Pay Gap (DPG), Anti-Racism Strategy Priorities, and the Stonewall Workplace Equality Index (WEI) reports.

2. Introduction

The Trust is fully committed to advancing equality, diversity and inclusion. This aligns with our strategy objectives and vision to be a great place to get care and great place to give care.

While progress has been made, we must do more to tackle discrimination, close inequality gaps, and create a true sense of inclusion and belonging. Through collaboration, accountability, and a relentless focus on equity, we can build a Trust that is fair, compassionate, and welcoming to all.

The NHS EDI Improvement plan was published in June 2023 which sets out 6 high impact targeted actions to address the prejudice and discrimination that exists through behaviour, policies, practices and cultures across the whole NHS. These recommendations have been mapped against our existing activity to assess gaps and improve standards where we feel there are opportunities to do this.

3. Some of Our EDI Highlights

- Workforce Race Equality Standard (WRES) - Improvements seen in most indicators, but disparities persist around access to training, progression, and experiences of bullying, harassment and discrimination for ethnically diverse colleagues. Next steps focus on becoming an anti-racist organisation through systems changes, accountability, and engagement.
- Workforce Disability Equality Standard (WDES) - Mostly improvements, but issues remain around sharing of protected characteristics, bullying/harassment, feeling valued, and coming to work when feeling unwell. Next steps are increasing sharing of protected characteristics, addressing perception of managers pressuring disabled colleagues to work when unwell, and reducing harassment.
- Ethnicity Pay Gap - Actions proposed involve inclusive recruitment, pay reviews, talent development, flexible working, and engagement. Recommend exploring intersectionality (how people's social identities overlap, i.e. gender, race, disability compounding experiences), and getting statistician input.
- Gender Pay Gap - Actions center on inclusive recruitment, progression support, flexible working, engagement, statistician input. Highlight opportunities through apprenticeships, internal promotion, development of a women's network.
- Disability Pay Gap - Actions include progression support, sharing of protected characteristics drive. Extra focus on maintaining status as a Disability Confident Leader, and progressing our reasonable adjustments and neurodiversity work.
- Anti-Racism Strategy – Action statement co-produced. Three priority areas identified around disparities in outcomes, access, experiences. Activities to be developed for each area through five separate Executive led workstreams. Emphasis on community engagement, co-production, accountability and evaluation.
- Stonewall Workforce Equality Index - Identifies gaps around visibility, policies, data collection, supply chain. Next steps detail enhancing inclusion and role models for bi, trans and non-binary staff.

4. Aligning activity
against the NHS EDI
Improvement Plan
2023



High-Impact Actions

The NHS EDI Improvement Plan aims to improve equality, diversity and inclusion across the NHS workforce in England.

It outlines 6 high impact actions to enhance workforce diversity, foster inclusion, and reduce discrimination.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).



Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band BC upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training



Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap



Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2



Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff



Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)



Success Metric

1a. Annual chair and chief executive appraisals on EDI objectives (Board Assurance Framework (BAF)).

NHS organisations and ICBs must complete the following actions:

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).
- Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).
- NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

High Impact Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

Current progress against success metric

- 1a – Board EDI objectives are currently being discussed and agreed.
- Members of our Board have actively taken part in courses such as ‘Above Difference masterclass in Cultural Intelligence’, ‘Inclusive Leadership’ to ‘EDI Awareness’ sessions with our EDI team, for greater understanding, compassion and perspective when making strategic decisions.
- The Board reviews data which identifies areas of concern, focusing on reducing inequalities and fostering diversity. All Board papers expected to identify equality and diversity issues and impacts.
- Regular updates to committees and the appointment of a Board level Wellbeing Guardian and ensure ongoing scrutiny of diversity and inclusion strategies and work.
- We have co-produced an Organisational Anti-racism Action Statement.
- We have reviewed and updated our Board Assurance Framework.

Further actions and opportunities

- Full sharing of protected characteristics to support greater transparency of our diverse leadership.
- Ensure EDI is integrated into Board activities, such as strategy reviews. Recorded high standard of scrutiny on Equality Impact Assessments.
- Documented event attendance, shared more widely to Trust/community, to support closing the feedback loop, visible commitment to celebrating EDI.
- Share and promote EDI messaging through communication channels and social media platforms.
- Annual reflection on EDI published to wider Trust/community.
- Support an Anti-racism workstream. All Executives are leading a workstream as part of our anti-racism strategy.
- Use opportunities like staff awards to recognise EDI contributions.

Success Metric

- 2a. Relative likelihood of staff being appointed from shortlisting across all posts (WRES/WDES)
- 2b. Access to career progression, training and development opportunities. (NHS Staff Survey)
- 2c. Year-on-year improvement in race and disability representation leading to parity over the life of the plan. (WRES/WDES)
- 2d. Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan. (WRES/WDES)
- 2e. Diversity in shortlisted candidates (to be developed year 2)
- 2f. Quality of training score (National Education and Training Survey (NETS))

NHS organisations and ICBs must complete the following actions:

- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)

High impact action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

Current progress against success metric

- 2a – The relative likelihood of white staff being appointed over ethnically diverse colleagues has improved (1.53 down to 1.51), as well as the likelihood of non-disabled colleagues to be appointed over disabled has decreased (1.08 down to 0.93) meaning disabled colleagues are more likely to be appointed.
- 2b – people’s perception of fair progression / promotion opportunities increased from 61.9% to 63.3%.
- 2b – people saying they are able to access the right L&D opportunities increased from 67.4% to 69.5%.
- 2c – We saw a steady increase in representation year-on-year, in the number of disabled, and our ethnically diverse colleagues.
- 2d – Disabled and ethnically diverse representation in Bands 8C and above has increased slightly.
- We have begun a deep dive into our recruitment data and have reviewed our recruitment training.
- We are reviewing our talent pipelines and sharing vacancies within our communities. We invest in widening participation through the offering of apprenticeships, functional skills, employability programmes, work experience, reservists, and T Levels.

Further action and opportunities

- We have developed an Anti-racist Action statement, and an anti-racism workstream focused solely on recruitment, retention, conditions and progression will develop and lead actions to address the inequality experienced as outlined in our WRES/WDES and staff survey metrics.
- We are developing our Talent management approach, beyond Executives, inclusive talent boards, and competency based progression through clear career pathways.
- Co-creating a disability action plan with the PURPLE staff network, will give focus more to increasing disability disclosure, addressing pressure, and creating a safe, supportive culture.
- Neurodiversity research into staff profiling with Autistica, and sharing interview questions in advance, as well as embedding our new behaviours in interview questioning.
- We had a deep dive on our CPD usage and access within our divisions and are now sharing and promoting the Training Needs Analysis and CPD funding through our staff networks and wider.

Success Metric

3a. Year-on-year reductions in the gender, race and disability pay gaps (Pay gap reporting)

NHS organisations and ICBs must complete the following actions:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce. (By March 2024)
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics. (By 2026).
- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (By March 2024).

High impact action 3: develop and implement an improvement plan to eliminate pay gaps.

Current progress against success metric

- 3a – We already undertake the Gender pay gap reporting, the gap has reduced from 17.01% to 16.46% median and 20.45% to 16.96% mean over the past year, in favour of males.
- 3a – We introduced the Disability pay gap report this year, we have a median gap of -4.95% in favour of disabled colleagues.
- 3a – We introduced the Ethnicity pay gap report this year, we have a median gap of 3.59% in favour of white colleagues.
- We have a flexible working policy implemented, advertise flexible working options, and we are also reviewing our remote working policy currently.
- Transparency, we are sharing the pay gap reports with our workforce, directly through staff networks. They are also published on our Website, Intranet.
- Implemented a new process for capturing medical education (IMG, EEA, UK), introducing equality monitoring capturing for med trainees. As well as sharing medical bonus payments
- We provide nurseries, and we are reviewing our access and financial costs for colleagues, which is also a recommendation of 'Mend the Gap'.

Further actions and opportunities

- Collaboration with key stakeholder groups, such as the Diversity Steering Group, Trade Unions, and the staff networks.
- Efforts will be made to encourage self-declaration of characteristics to obtain more comprehensive data to better inform action.
- We will focus on inclusive recruitment, pay and reward structures, learning and development, culture and engagement.
- We aim to continue to embed our flexible working practices and supportive people policies. This includes advertising flexible working options in recruitment campaigns to attract diverse talent.
- We will be developing our talent management approach into the wider organisation, which forms a recommendation from the Mend the Gap review.
- We aim to look at intersectionality in our pay gaps i.e. black females.
- We have implemented most of the 'Mend the Gap' recommendations but there are some that we have not yet applied i.e. promote flexible working to appeal to men to increase the % of men that work less than full time.

Success Metric

- 4a. Organisation action on staff health and wellbeing. (NHS Staff Survey)
- 4b. Quality of training score (National Education and Training Survey (NETS))

NHS organisations and ICBs must complete the following actions:

- Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework. (By Oct 2023).
- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare. (By April 2025).

High impact action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

Current progress against success metric

- 4a – 74.3% of our colleagues believe we take positive action on health and wellbeing. The wellbeing activity we deliver is a contributing factors to this score.
- 4b – 75% of our students/trainees are likely or extremely likely to recommend their training post/placement to friends and family to get care. 63% of our students/trainees are likely or extremely likely to recommend their training post/placement to friends and family as a place to work or train. We address issues collectively with our local systems and education providers, such as student hardship.
- All staff receive a wellbeing conversation within their appraisal. New starters have a wellbeing conversation and risk assessment carried out with their line manager.
- Reasonable adjustments policy in place, centralised budget, approach, ensuring equity of access.
- We have a dedicated Wellbeing Matters psychological support service for all staff, and employee assistance programme. We provide Mental Health First Aid and REACT training, and we have facilitated exercise and mindfulness/nutrition sessions for staff.
- We offer Peppy App for menopause and men's health support, Health Assured for in the moment emotional support and counselling, access to eye test vouchers and our early access physio service.

Further actions and opportunities

- Recently launched access to Salary Finance, a financial wellbeing provider, designed to help staff take control of their finances, reduce money worries.
- Developing a project to address the importance of faith in healthcare. Central to our strategic aims on health inequality, anti- racism and community engagement, this will have a positive multifaceted impact on both our communities and workforce.
- Enhancing our approach to Equality Impact Assessments within our workforce and communities.
- Promoting a new Workplace Stress Indicator tool, to help staff identify/address stress factors.
- Continue work to overcome issues with reporting so we can proactively contact and support staff who have experienced assault or harm at work.
- We are due to undertake an organisational diagnostic aligned to the new NHS health and wellbeing framework.
- Further development of our wellbeing champions i.e. communications, networking, training.
- Continue to deliver outcomes against our neurodiversity and EDI strategy, reducing

Success Metric

- 5a. Sense of belonging for internationally recruited staff. (NHS Staff Survey)
- 5b. Reduction in instances of bullying and harassment from team/line manager experienced by (internationally recruited staff). (NHS Staff Survey)

NHS organisations and ICBs must complete the following actions:

- Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment; (By March 2024)
- Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback. (By March 2024)
- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety. (By March 2024).
- Give international recruits access to the same development opportunities as the wider workforce. (By March 2024).

High impact action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

Current progress against success metric

- We send assessment tools prior to arrival from the education lead, conduct comprehensive international recruit inductions and Welcome Meetings via Microsoft Teams. We have been awarded the NHS pastoral care quality award.
- We introduce virtual international recruits to our organisation, their line manager, Pastoral support lead and the Education Leads.
- We provide a range of valuable resources, including an International Recruitment Booklet, Cost of Living Leaflet, Buddy, SIM and Laptop allocation and practice differences information to assist international recruits in settling in.
- We offer ongoing support in finding permanent accommodation to ensure that international recruits feel secure and at home.
- We facilitate regular networking events and newsletters to foster connections among international recruits and keep them informed.
- We are proud to extend support for international recruits in navigating NMC (Nursing and Midwifery Council) processes, signposting and visa-related matters.

Further actions and opportunities

- Expanding support with targeted additional sessions for Allied Health Professionals (AHPs) to address their unique needs and challenges.
- Developing more robust talent pipelines that actively involve international staff, promoting diversity and inclusion.
- Enhancing cultural transition support by increasing the frequency of events and programs aimed at easing the transition to a new culture and workplace.
- Providing comprehensive cultural transition training to raise awareness among our teams, fostering inclusive and welcoming team cultures. Including the implementation of a 'Manager Guide' for international recruitment to support both sides of the transition.
- Continuing to guide international recruits by actively signposting them to external groups and resources, ensuring a smoother integration into our organisation and local community.
- Our leadership and management development offer provides cultural intelligence and conscious inclusion sessions.
- There may be further opportunity in exploring developing our data in tracking our international recruits in terms of experience, effectiveness of the welcome

Success Metric

- 6a.Improvement in staff survey results on bullying / harassment from line managers/teams (NHS Staff Survey).
- 6b. Improvement in staff survey results on discrimination from line managers or teams (NHS Staff Survey)
- 6c.NETS bullying and harassment score metric (NHS professional groups).

NHS organisations and ICBs must complete the following actions:

- Review data by protected characteristic on bullying, harassment, discrimination and violence. (By March 2024).
- Review disciplinary and employee relations processes. Where the data shows inconsistency in approach, immediate steps must be taken to improve this. (By March 2024)
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). (By June 2024).
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on- year improvements. (By March 2024).
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence. (By March 2024).
- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

High impact action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Current progress against success metric

- 6a – The percentage of staff experiencing harassment, bullying or abuse from managers has decreased from 10% in 2019 to 7.2% in 2022. This indicates a positive reduction in these incidents over the past 4 years.
- 6b – The percentage of staff experiencing discrimination from managers or colleagues has reduced from 8.2% in 2019 to 7.8% in 2022.
- 6c – The NETS score for never experiencing bullying and harassment has Improved from 82.9% in November 2021 to 83.4% in 2022. We welcome the Freedom to speak up guardian to all student Inductions.
- The data indicates that ethnically diverse colleagues are 10.9% more likely to experience harassment, bullying or abuse from patients, relatives and the public than white colleagues.
- Disabled colleagues are 7% more likely to experience harassment, bullying or abuse from managers than non-disabled colleagues.
- Developed a zero tolerance of racism condition of admission for patients to PPH. Launched the Prospect Park Hospital Advocacy for Racial Equity Team (PPARET) to assist staff with racial abuse and train advocates to frequently visit wards.
- Began project to improve experience of people experiencing racism in Wokingham Community Nursing and Out of Hours Services.
- Recruiting to a psychological support role to provide support to victims of abuse post-incident.
- Violence reduction policy in place, violence strategy developed, will be reviewed.

Further actions and opportunities

- In committing to become an anti-racist organisation we are developing our actions and we have an Incidents, empowerment and support workstream that will develop specific action relating to this national EDI action.
- Our new leadership development programme includes sessions on cultural intelligence, conscious inclusion, civility, conflict, behaviors, speaking up, and team dynamics. We are also developing a team development framework and conflict pathway.
- We have refreshed our Freedom to speak up policy and strategy. We have established a strong FTSU champion network which is formed of colleagues from diverse backgrounds and support from FTSUG through regular networking sessions. We've stayed above the national average in the staff survey for 'raising concerns'.
- We are also developing our Trust behaviors framework.
- We have recently relaunched our violence, prevention and reduction working group to bring more focus, and signed the organisational sexual safety charter. We will be assessing ourselves against these frameworks. A workforce sexual safety policy is in development.
- We have shared our casework report on employee relations to our staff networks. Our data has been reviewed to show significant improvements in our WRES and WDES following implementing just and learning culture principles.
- We are developing an EDI data dashboard.
- More work should be focused on combatting bullying, raising awareness. 76% of FTSU cases have a bullying element.