

Workforce equality, diversity and inclusion annual report

2024

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Contents

Introduction	3
Key achievements from 2024:	4
Workplace adjustments	4
Staff network guidance	4
Training	4
Equality impact assessments (EIAs)	5
Revised trans, non-binary and gender non-conforming policy	6
Progress made towards the NHS EDI improvement plan	6
Statutory reports	15
EDI monitoring report	15
Gender pay gap 2023-2024	17
Ethnicity pay gap 2023-2024	17
Workplace Race Equality Standard (WRES)	18
Workplace Disability Equality Standard (WDES)	19
Equality Delivery System (EDS) 2	21
Charters:	21
Unison's Anti Racism Charter (ARC)	21
Sexual Safety in Healthcare Charter	22
Veterans Aware	22
Staff networks	23
REACH (Race equality and cultural heritage) Network	24
Pride Network	27
Disability Network	29
Parent and Carer Network	29
Christian Fellowship	30
EDI Departmental Leads	30
Priorities for 2025:	30
NHS EDI Improvement Plan actions	30
Delivery of equality, diversity and inclusion events and awareness occasions	32
Phase 2 of EIAs and evaluation of implementation	32
Make your profile count campaign	32
Introduce wellbeing and inclusion champions	33
Allyship resources	33
Inclusive recruitment resources	33
Appendix A	34

Introduction

At West Suffolk Foundation Trust (WSFT), we have a strong commitment to equity, diversity, and inclusion. We are committed to upholding a culture of belonging, identifying and addressing inequity, fostering a community that is representative and inclusive of a range of different voices, and creating an environment where our colleagues treat each other with dignity and respect. These principles are captured within our FIRST values, which are embedded into everything that we do.

The Trust also has a statutory requirement, under the Public Sector Equality Duty (PSED) to have due regard under the PSED to eliminate discrimination, advance equity of opportunity and foster good relations. This includes publishing information annually to demonstrate our compliance with the general equality duty, including information related to people who share a protected characteristic and people affected by the Trust's policies and practices.

This 2024 WSFT Workforce Equality, Diversity, and Inclusion (EDI) Annual Report will do the following:

- Summarise EDI related information and activities relating to the year of the report
- Focus upon achievements and challenges during the reporting period and include updates relating to workforce EDI up to December 2024.
- Report progress made towards achieving the Trust's workforce equality commitments, including any challenges and any key highlights and trends.
- Set out priorities for 2025.

Key achievements from 2024:

Workplace adjustments

Trust's first comprehensive 'workplace adjustment package' was launched in June 2024.

A workplace adjustments guidance document was created to support both colleagues and line managers to understand what adjustments could be made, how they can be implemented and documented and if necessary, amended. The document includes support on deciding whether adjustments are deemed as 'reasonable' and explores alternatives if these cannot be achieved. It also includes the Trust's new streamlined process on how to organise and procure any identified adjustments and further signposts to both internal and external resources.

Alongside this, the Trust's first workplace adjustment dashboard was created, allowing colleagues to record and share the impact of their condition at work with colleagues and line managers. The dashboard also acts as an agreement of any adjustments that have been accepted or rejected and can be changed at any time, as their needs and roles develop.

The Trust were successful in securing funding via an WDES EDI Improvement award, and this enabled an assistive technology guide. The toolkit will introduce some of the digital devices, tools and software that are available as part of their wider workplace adjustments needs. The funding also enabled a line managers guide on communication around neurodiversity to be created.

Staff network guidance

Two staff network guidance documents were created and launched. One was supportive guidance for Chairs and Co-Chairs of our networks that aims to provide both clarity over the responsibilities involved in leading a network, and information to empower and equip colleagues to fulfil these roles. The second document was a staff networks governance guide that has the purpose of providing a framework around how staff networks are created, developed and run to the benefit of our colleagues across WSFT.

Training

During 2024, the training session *addressing bias, recognising privilege and becoming a proactive ally* was created. The interactive session is either 2 or 3 hours in length, and focusses on the following topics: implicit bias, racism (both individual and systemic), microaggressions, white privilege, white fragility, allyship and being an active bystander. This training was introduced as a way to continue to uphold our commitments to becoming an anti-racist organisation.

In addition to elements of this training being delivered to colleagues during Senior Leadership meetings and several team audit/training/away days, over 70 colleagues from across the Trust have attended the full training session. Before these full sessions, colleagues are asked to score their confidence in several areas that the training will cover. Colleagues are asked to do this by percentage, where 0% is not at all confident in the topic and 100% is very confident. They are then asked the same questions after the session to identify the immediate impact and effectiveness of the training. The average (mean) confidence ratings from before and after the sessions can be seen in Table 1.

Table 1: mean confidence ratings before and after the “addressing bias...” training sessions to identify the immediate impact of the session

How confident are you that you can...	Mean confidence rating before the training (100% being very confident in the topic)	Mean confidence rating after the training (100% being very confident in the topic%)	Mean difference
Understand the impact of your implicit bias	54.1%	88.8%	+34.7%
Express discomfort and concern if someone makes a joke about someone of a different race	80.9%	91.3%	+10.4%
Understand what is meant by the term 'microaggression'	43.8%	92.4%	+48.7%
Understand what is meant by 'white privilege'	62.7%	93.4%	+30.6%
Have a conversation about race, racism and anti-racism with your colleagues	68.7%	90.0%	+21.3%
Understand the differences between individual racism and systemic racism	57.2%	88.3%	+31.1%
Understand what it means to be an ally	56.0%	91.2%	+35.1%
Commit to being an ally	57.9%	91.5%	+33.7%
Feel confident challenging a colleague or patient about inappropriate remarks they make	79.1%	91.5%	+12.4%
Initiate a conversation and reach out to a colleague who has experience discrimination	77.9%	92.8%	+14.9%
Listen to and support a colleague who has experienced discrimination	81.5%	93.6%	+12.1%
Speak to your line manager about your concerns relating to equality, diversity and inclusion	86.6%	93.9%	+7.3%
Know who to contact should you wish to report something through <i>Freedom to Speak Up</i>	88.9%	97.9%	+9.0%
Understand how anti-racism fits into our FIRST values	76.5%	97.0%	+20.5%
Seek out additional resources and support to develop you understanding of anti-racism and other EDI topics	58.6%	92.2%	+33.6%

Equality impact assessments (EIAs)

A new process for EIAs was development and launched. All new change activities must now have an EIA completed as a part of their development and planning, and existing change activities must have an EIA completed as a part of their monitoring and review cycle. Change activities include (but are not limited to): strategies; projects and plans; organisational consultations; initiatives; events; functions; new policies and amendments to existing policies; new procedures and amendments to existing procedures.

Support has been developed to inform and empower managers and colleagues to embed EIAs within their practice. This includes a template form to use and guidance to support the

completion of every part of the form enabling colleagues to review and assess their proposed activity through the lens of inclusion.

Further resources to support the completion of EIAs will be developed by Spring 2025.

Revised trans, non-binary and gender non-conforming policy

In November 2024, the Trust reviewed its policy setting out how we support our trans, non-binary and gender non-conforming patients and colleagues, and how we support colleagues who are transitioning during their employment at the Trust.

A summary of the changes made are as followed:

- A proposed change to the policy's name to ensure it is inclusive of non-binary and gender non-conforming people. The policy was previously called '*Supporting people who are trans*' policy
- Updating the language throughout the policy
- Going above and beyond the law wherever possible to ensure that trans staff and patients are protected.
- Aligning the policy to the Trust's [FIRST](#) values.
- Information in appendix 1 (guidance to support colleagues who are transitioning) has been reworked to ensure it adopts a people centred approach.
- New and updated definitions and commonly used terms have been added to appendix 2 of the policy
- Appendix 3 is a new document that includes information on how to be an active bystander

In addition the positive changes made in the framing of the policy and the terminology used throughout it, we received positive feedback regarding the collaborative approach taken in the review of this policy. This included consulting with the Trust's Pride Network, colleagues from across the Trust to ensure that the policy included information that is relevant for both acute and community settings, Suffolk and North East Essex Trans* Healthcare Inclusion Network for Care (SNEE THINC), and colleagues in the regional Unison team.

Progress made towards the NHS EDI improvement plan

The below tables provide a summary of the progress made during 2024 to implement the high impact actions within the NHS EDI improvement plan. The work we will be undertaking to continue making progress are outlined [later in this report](#).

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

Completed actions	What we have done
<p>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</p>	<p>In January 2024, the Trust's appraisal process and paperwork now includes a requirement for all non-medical staff (including board members) to set an EDI objective. As staff appraisals are undertaken on a cycle throughout the year, we expect evidence as a part of the 12-month evaluation of this process during 2025.</p> <p>Action: Board members to share reflections, learning and progress of these objectives to provide accountability and encourage colleagues across the organisation to engage with their EDI objectives.</p>
Outstanding actions	What we need to do
<ul style="list-style-type: none"> 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 Board members should demonstrate how organisational data and lived experience have been used to improve culture 	<p>The Board currently receive a WRES and WDES report summary, pay gap reports. They also receive a quarterly FTSU report.</p> <p>To complete these actions, it is felt that the Board need further organisational data and narrative to provide assurance and information in this area.</p> <p>Action: the Board will receive an annual workforce EDI report and a mid-year report that provides updates on the progress made on EDI work and the impact it is making upon the culture of our Trust. The mid-year workforce EDI report is scheduled for August 2025 meeting of the Involvement Committee.</p> <p>Action: Board members to provide regularly opportunities to hear from colleagues across the organisation (particularly those from under-represented groups) to listen and learn from their lived experiences.</p> <p>Action: Board members to establish how they will demonstrate how organisational data and lived experience have been used to improve culture.</p>

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

Actions in progress	What we are doing
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams	<p>Work began to look at the demographic of our senior leadership teams, as this needs to be understood to identify roles and internal progression.</p> <p>We have also created a separate action within our inclusion plan to look at the demographic of our Board membership as the data for these colleagues are recorded and held separately to the rest of our workforce.</p> <p>In Q4, plans began to develop a CEO mentoring programme focussed on supporting colleagues (both clinical and non-clinical) at Band 7 and above who are keen to develop their career. This programme is a positive action initiative that is aimed at colleagues from our BME and LGBTQ+ communities as well as colleagues who have a disability or are underrepresented within their professional fields for reasons of their gender, because of the underrepresentation of these colleagues in senior roles within our organisation. Applications opened in January 2025.</p>
Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint	<p>During 2024, we worked closely with the Department of Work and Pensions (DWP) on various schemes, such as the interview scheme, which unfortunately wasn't as successful as hoped. WSFT's Resourcing teams regularly attend DWP's job fairs. The Head of Resourcing began to work with the Student and Young Volunteer Coordinator to establish a calendar of recruitment events to be able to plan for each one, as each career fair or event has a different focus. This work has been impacted during 2024 due to the changing priorities of the Trust.</p>

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

Completed actions	What we have done
Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns.	<p>The Trust has an existing flexible working policy that is shared and accessible to existing colleagues, and flexible working options are included within job descriptions and on the Trust's recruitment campaigns.</p> <p>A next step here is to understand the prevalence of flexible working arrangements within the Trust, as this data is only collected centrally for formal flexible working requests that require a change to contractual hours. There are no central records for flexible working requests that may include a change to working patterns but no change to overall contractual hours (i.e. a 9-day fortnight). Collecting this data would be insightful for the Trust and it may highlight areas where we need to be more proactive in advertising flexible working options. Also, being transparent about this data may also inform colleagues about these flexible working options, enabling, empowering and supporting them to work more flexibly.</p>
Actions in progress	What we are doing
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.	<p>The Trust's 2024 gender pay gap report analyses data and identifies actions to implement as a part of an improvement plan.</p> <p>The Trust's ethnicity pay gap report analyses data and highlights additional ways that we need to disaggregate our data to provide greater us with a greater understanding of pay disparity between BME colleagues and White colleagues within our organisation.</p> <p>Action: Plans to undertake a disability pay gap report can be found later in this report</p>
Outstanding action	What we need to do
Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce	<p>Whilst several recommended actions from the 'mend the gap' report have been implemented, there is more work to do to continue making progress in this are, and to implement a plan to apply the recommendations to the senior non-medical workforce.</p> <p>Action: OD Manager to work with the Head of Resourcing to establish the actions that are already in plans and to develop a plan to implement any further outstanding actions and ways to apply recommendations to the wider workforce.</p>

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

Completed actions	What we have done
Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework .	<p>The Trust launched a new appraisal process for non-medical colleagues in January 2024. The aim of this new process is to create appraisal conversations that are more valuable, effective, and supportive for our colleagues.</p> <p>As a part of this process, colleagues will have one main appraisal conversation each year, as well as three quarterly check-ins, either using the newly created check-in form or other methods that are relevant to the individual or their role e.g., 1:1 conversations or clinical supervisions. This introduces formalised, scheduled opportunities for managers and supervisors to support the wellbeing, performance, and career aspirations of their colleagues alongside the informal, ad hoc conversations that take place.</p>
Actions not started	Next steps
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	Action: Liaise with the East of England EDI team to learn and be informed by best practice to effectively support social mobility and improve employment opportunities across healthcare.

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

Completed actions	What we have done
Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment, including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options.	Before they join, all internationally recruited (IR) Registered Nurses offered a position at the WSFT are invited to attend regular meetings via Teams from point of offer until arrival. This is to meet the team that will support them, answer any questions, discuss living in the UK including costs of housing etc. Written information is also sent prior to arrival by the education team and HR.
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.	<p>When they arrive, colleagues are met on arrival to the organisation, no matter what time it is. Current IR staff will cook for new arrivals on their first day and they are welcomed to the UK. They are introduced to the organisation and local area. Education staff take new arrivals into town and assist with things like banking. The Trust's bespoke preceptorship programme reflects the fact that that IR staff are not newly qualified but newly registered with the NMC and often come with a wide range of experience. WhatsApp groups are created to provide support and enable companionship. Due to our approach, the Trust was awarded the NHS Pastoral Care Quality Award.</p> <p>Additionally, over the last two years, the Integrated clinical education team have created a new initiative called 'Safe space' which aims to support our international colleagues, and it is run by colleagues who have joined the Trust from overseas. The aim of the initiative is to provide a safe space where colleagues can share their experiences, successes and challenges of settling in a new country.</p>
Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities.	<p>The career progression session held on preceptorship talks about funding, educational opportunities, and career pathways. IR staff regularly apply for CPD funding for study days, course, modules etc. Courses specific to IR staff are promoted.</p> <p>All non-medical staff are encouraged to access development opportunities via their annual appraisal and through quarterly check in conversations. Regional and national development</p>

They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression	<p>programmes are shared to relevant staff groups by senior colleagues and managers within these sections are asked to share within their teams and encourage applications and participation. Opportunities are also shared through our staff network groups.</p> <p>Positive action statements are used within the advertisement of the Trust's leadership and development programmes. This, alongside the messaging on our Learning Hub (our on-line learning portal) is being reviewed to see whether it could be strengthened to encourage greater engagement from international colleagues and colleagues from other underrepresented groups.</p>
Actions in progress	What we are doing
Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety	<p>One of the EDI videos that has been produced and will be launched shortly will consist of colleagues from across the Trust sharing what best practices they utilise to ensure that their team culture is inclusive and psychologically safe. There will be representation of teams who have welcomed international recruits within this video to share best practice and inclusive ways of working with other line managers and colleagues.</p> <p>Action: launch EDI videos and accompanying guidance to continue to create inclusive team cultures that embed psychological safety</p>

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

Actions in progress	What are we doing
<p>Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set, and plans implemented to improve staff experience year-on-year.</p>	<p>We have focussed on collecting a more substantial data set. In addition to HR data, which collects data relating to formal HR process, it is important that we are collecting and reviewing data arising from other reporting mechanism, such as Freedom to Speak Up (FTSU).</p> <p>During 2024, we started to collect EDI data for colleagues 'speaking up' through the FTSU process, as previously the data being captured was only in relation to the theme of the complaint or report and the staff group that the colleague belonged to.</p> <p>Collecting this data will better enable us to understand who is, and who is not, reporting incidences through this process, and it will enable us to begin to explore and address the barriers preventing people from reporting their experiences through this reporting mechanism. We hope that this, alongside other actions such as the implementation and visibility of our 'unacceptable behaviour by patients, service users and members of the public' policy and our upcoming review of the 'Respect for others' policy will lead to the long-term reduction of bullying, harassment and discrimination experienced by our colleagues and will contribute towards an environment where colleagues feel able to speak up and raise concerns.</p> <p>A goal of a 5% improvement each year regarding staff who feel confident to report unacceptable behaviour was set.</p> <p>Action: Review data and reduction target, pushing for a more ambitious reduction target where possible.</p>
<p>Review disciplinary and relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter formal processes are treated with compassion, equity and fairness, irrespective of any protected</p>	<p>Work has taken place with senior HR colleagues involved in leading disciplinary and employee relations processes to upskill their knowledge in areas such as implicit bias, racism, microaggressions etc. and the impact that this has. This is to mitigate the impact that these have on the initiation, running, and outcomes of disciplinary and employee relations processes, and to ensure that those who enter these formal processes are treated with compassion, equity and respect.</p>

characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this	Action: continue to deliver this training to senior colleagues outside of HR who are involved in investigating HR processes.
Create an environment where staff feel able to speak up and raise concerns, with steady year -on -year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff	<p>During 2024, we started to collect EDI data for colleagues 'speaking up' through the FTSU process, as previously the data being captured was only in relation to the theme of the complaint or report and the staff group that the colleague belonged to.</p> <p>Collecting this data, that will be included in FTSU reports, will better enable us to understand who is, and who is not, reporting incidences through this process, and it will enable us to begin to explore and address the barriers preventing people from reporting their experiences through this reporting mechanism.</p>
Completed actions	What we have done
<ul style="list-style-type: none"> • Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence • Have mechanisms to ensure staff who raise concerns are protected by their organisation. 	<p>The Staff Psychology Team provide support to colleagues who have experienced trauma at work, including those who have been victims of bullying, harassment, discrimination or violence.</p> <p>This wellbeing offer has also widened by the provision of Vivup, the Trust's new EAP provider.</p>

Statutory reports

EDI monitoring report

The key highlights from the Trust's 2023-24 EDI monitoring report are:

- The Trust's total headcount as of 31 March 2024 was 5479. Registered nurses and midwives continue to be the largest single staff group, accounting for almost 30% of total staff in the Trust, followed closely by administrative and clerical and additional clinical services.
- Ethnic minority groups account for 18.43% of total Trust workforce and 13.57% of total Trust 2022 Staff Survey respondents.
- Whilst White colleagues make up 75.63% of the total workforce, this is not proportionally reflected across all staff groups (see table 2)

Table 2: workforce profile by ethnicity and staff group

Staff Group	BME	White	Not Stated
Add Prof Scientific and Technic	8.55%	87.18%	4.27%
Additional Clinical Services	12.98%	81.71%	5.31%
Administrative and Clerical	4.94%	91.02%	4.04%
Allied Health Professionals	13.51%	82.28%	4.21%
Estates and Ancillary	10.94%	85.16%	3.91%
Healthcare Scientists	20.69%	64.66%	14.66%
Medical and Dental	42.73%	48.83%	8.44%
Nursing and Midwifery Registered	28.41%	64.01%	7.58%
Students	0.00%	100.00%	0.00%

It should be noted that only one student was recorded under the 'student' staff group. The other students working at WSFT are included in the other staff groups.

- Ethnicity by pay band (agenda for change) highlighted that there are proportionally fewer BME colleagues in pay bands 8b and above in comparison to White colleagues. It also highlighted that the largest number of BME colleagues are at band 5.
- Data from Acute and Community Trusts in Suffolk and North East Essex highlights the lack of ethnic diversity within senior nursing teams. Data in Table 3 illustrates a decrease significant decrease in the percentage of BME colleagues senior nursing roles, after Band 5 positions emphasising that there is a glass ceiling preventing career progression for BME nurses within our Trust.

Table 3: The percentage of nurses at each Band by ethnicity

Nursing Band	White	BME
Band 5	45%	55%
Band 6	77%	23%
Band 7	91%	9%
Band 8-9	92%	8%

- 5.94% of our workforce have not disclosed their ethnicity.
- 79.69% of the Trust's workforce is female, with most of these staff working in Nursing, Admin and Healthcare Support posts. Male staff members represent 20.31% of the workforce with a more even distribution in the medical and dental roles (Female 51.89%, Male 48.11%) and Estates and Ancillary roles (Female 50%, Male 50%).
- 6.46% of staff members have a recorded having a disability. 64.61% are recorded as not having a disability, 5.69% preferring not to answer, while 23.2% of data is unrecorded or not declared. This is a high non-disclosure rate.
- The percentage of colleagues disclosing their sexual orientation increased by 1.5% from the previous year.

The full report (which also includes data for other protected characteristics and EDI monitoring data from patients) can be seen [here](#).

Key actions arising from this report are as followed:

Gender:

Action: Identify and implement actions to specifically support the career development and succession planning for women within our Trust.

Although there is a larger percentage of women within our workforce than men (women = 80%, men = 20%), there are more proportionally more men than women in more senior, higher paying jobs in comparison to the overall workforce demographic. This is impacting on the gender pay gap at the Trust, as it is for this reason why a pay gap exists.

Further information on this can be seen in the Trust's [gender pay gap report 2023-2024](#)

Ethnicity

Action: Increase ethnicity disclosure rates

Action: continue to work with senior midwives and nurses to highlight the Trust's data around a glass ceiling preventing BME nurses progressing within our organisation. Deliver training for all recruiting nurses and midwives that focusses upon: implicit bias, inclusive recruitment, system racism, white privilege, white fragility, allyship, active bystander. As at 31 December 2024, 32 senior midwives and

nurses have participated in this training, and a further three training sessions are scheduled between January and March 2025.

Action: explore and implement further actions (including actions that use positive action initiatives) to support the career progression of BME colleagues within our Trust, particularly BME colleagues at Band 5 (and above).

Disability

Action: Increase disability disclosure rates

Gender pay gap 2023-2024

Our data shows that we have a mean gender pay gap (GPG) of 20.33% (a reduction from 20.80% in 2023) and a median GPG of 9.46% (an increase from 7.41% in 2023).

When looking at the demographic of our workforce by gender, it may be surprising that the GPG is large as there is a larger percentage of women within our workforce than men (women = 79%, men = 21%). However, we must recognise that the GPG at WSFT is caused by the fact there are proportionally more men than women in more senior, higher paying jobs in comparison to the overall workforce demographic. This suggests that the pay gap will not be narrowed until there are proportionately more women employed in high salaried roles.

The full report and analysis can be found in the Trust's 2023-2024 GPG report which has been published on the [WSFT website](#).

Action arising from the GPG report:

- **identify and implement actions to specifically support the career development and succession planning for women within our Trust, as the gender pay gap within our organisation will not be narrowed until proportionately more women are employed in high salaried roles**

Ethnicity pay gap 2023-2024

Our data shows that we have a mean ethnicity pay gap (EPG) of -12.33 and a median EPG of -3.89. This negative pay gap means the average pay for BME colleagues is higher than White British colleagues. This is the case as there are proportionally more BME colleagues than White colleagues in more senior, higher paying jobs within our Trust in comparison to the overall workforce demographic.

Whilst this is positive profile, we must acknowledge that this data is heavily weighted by specific staff groupings (medical consultants) rather than being reflective of the wider workforce profile, as this is a trend that is not seen within the Agenda for Change pay bands. Therefore, an action arising from this is to remove consultant data and re-run the report to understand whether there are any ethnicity pay gap issues within parts of our workforce that need to be addressed.

The full report and analysis can be found in the Trust's 2023-2024 EPG pay gap report. This will be uploaded shortly, once the EPG report has been re-run (see actions below). Whilst the EPG report is not currently statutory, we believe that it is important to be transparent on our work to address racial inequity and as we continue to uphold our commitment to become an anti-racist organisation. Therefore the EPG report will shortly be published on the intranet and publicly on the [WSFT website](#).

Actions arising from the EPG report:

- **Increase ethnicity disclosure rates (existing action 2.9 and 2.9a in the inclusion workplan)**
- **Remove consultant data and re-run the report to understand whether there are any ethnicity pay gap issues within parts of our workforce that need to be addressed**
- **Further disaggregate data by ethnic origin group to understand whether there are any ethnicity pay gap issues within specific ethnic groups, and actions we can take to address this**
- **Action: continue to work with senior midwives and nurses to highlight the Trust's data around a glass ceiling preventing BME nurses progressing within our organisation. Deliver training for all recruiting nurses and midwives that focusses upon: implicit bias, inclusive recruitment, system racism, white privilege, white fragility, allyship, active bystander. As at 31 December 2024, 32 senior midwives and nurses have participated in this training, and a further three training sessions are scheduled between January and March 2025.**
- **Action: explore and implement further actions (including actions that use positive action initiatives) to support the career progression of BME colleagues within our Trust, particularly BME colleagues at Band 5 (and above).**

Workplace Race Equality Standard (WRES)

An area of the WRES highlighted as a high priority is indicator 2- likelihood of appointment from shortlisting. WRES data showed that 3.3% of White candidates were appointed from shortlisting in comparison to 8.6% of BME candidates.

However, we believe that, whilst it is imperative that we identify and interpret what this data is telling us, we must also be critical of this data where it is appropriate to do so, and the impact that the wider organisational context may be having upon this, as implementing actions upon this data alone may result in the swift exacerbation of the ratio we see above, albeit in the other direction.

Due to the financial position of the Trust, the organisational landscape has changed significantly since March 2024. International recruitment has paused, and this is likely to impact this indicator of the WRES, as it will result in a decline of BME applicants.

Moreover, due to the financial position of the Trust, the organisational landscape has changed significantly since March 2024. International recruitment has paused, and this is likely to impact this indicator of the WRES, as it will result in a decline of BME applicants.

It is also important that we look at our recruitment data holistically in order to accurately interpret what is happening within our Trust. This means looking at our WRES data in conjunction with our internal recruitment data. In quarter 1 of 2024, 47% of White applicants were shortlisted for the roles that they applied for in comparison to 12% of Asian applicants, 6% of Black applicants and 9% of applicants from other ethnicities.

At the appointment stage, 38% of White applicants were successful in comparison to 12% of Asian applicants, 8% of Black applicants and 8% of applicants from other ethnicities. These percentages can be observed in Table 4.

Table 4: the % of each group that were successful at each stage between 1st Jan 2024 to 31st March 2024

White applicants 47%	Asian applicants 12%
Shortlisted	
Black applicants 6%	Other ethnicity applicants 9%

White applicants 38%	Asian applicants 12%
Appointed	
Black applicants 8%	Other ethnicity applicants 8%

This suggests that there is an issue of inequality within the Trust's recruitment processes that disadvantages BME applicants at the shortlisting stage, which then continues through to the appointment stage of the recruitment process.

To address this data, we will implement the following new action:

- **Using No More Tick Boxes as a framework, create an inclusive recruitment guide as an appendix to the Trust's recruitment and selection policy ([more information can be found later in the report](#))**

Workplace Disability Equality Standard (WDES)

The first area of priority highlighted was in relation to the Trust's high non-disclosure rate for disability. Our mentioned earlier in this report, our internal EDI monitoring data highlights that 23.2% of colleagues have not disclosed any information pertaining to disability via ESR.

This is a challenge for the Trust as means that we may be missing opportunities to identify and understand the needs of our colleagues. It is also harder to draw robust conclusions from this data, as there is large percentage of it missing, which in turn impacts our ability to identify and implement actions that can make a positive impact for our colleagues.

To address this, we will:

- **Create a project plan for, and subsequently launch, the 'make your profile count' campaign. ([further information about this can be found later in this report](#))**

The second high priority area highlighted through the WDES was harassment, bullying or abuse from other colleagues over the last 12 months. Over the last 12 months, 27% of disabled colleagues within the Trust experienced harassment, bullying or abuse from other colleagues, in comparison to 16% of non-disabled colleagues. This highlights a 'quite high' level of inequality between disabled and non-disabled colleagues. Trend data over the last five years also suggests that this disparity and inequality has remained similar over this period of time, so action is required to reduce this moving forward.

An intersectional analysis of this data highlighted a 'quite high' inequality between the percentage of disabled women who experience harassment and bullying from other colleagues and non-disabled women (28% and 16%, respectively).

Additionally, analysing this data by staff group highlighted a number of staff groups where there were 'quite high', 'high' or 'very high' differences between the percentage of harassment, bullying and abuse from other colleagues experienced by disabled colleagues

in comparison to non-disabled colleagues. These staff groups were: Allied Health professionals, Wider Care Team and Healthcare Assistants. Further details about this can be found in the WRES and WDES 2024 summary report.

There were similar themes of discrimination highlighted in the WRES data. Indicator 8 (Discrimination from a manager/team leader or other colleagues in the last 12 months) showed that the percentage of colleagues who personally experience discrimination from other colleagues was significantly higher for BME colleagues (16.4%) than for White colleagues (7.0%). This was particularly the case for Black colleagues (26%) and, specifically, Black women (17%). In addition to this, WRES data showed that BME Allied Health Professionals and BME Midwives and Nurses experienced more discrimination from other colleagues than BME colleagues elsewhere in the Trust.

To address these findings from the WRES and WDES we will implement the following new actions:

- **Work collaboratively with the FTSU Guardian to do targeted outreach and engagement within teams where there have been inequities identified through WRES and WDES data (and other data sources).** This proactive engagement should centre around; bullying, harassment and discrimination, creating an inclusive working environment, speaking up and reporting unacceptable behaviour, how to be an active bystander, allyship, anti-racism and disability inclusion.
- **Explore the development and delivery of an additional equality, diversity and inclusion training session that seeks to inform colleagues about different types of harassment, bullying and discrimination.**

There are also the following existing actions in the inclusion workplan:

- **Review the Trust's *respect for others* policy.**
([further information on this can be found later in this report](#))
- **Continue to deliver *Addressing bias, recognising privilege and becoming a proactive ally* training to colleagues across the Trust in regularly scheduled sessions.** This training is currently focussed upon race, racism and becoming anti-racist. This training is currently delivered regularly to senior nurses and matrons (co-delivered alongside the Deputy Chief Nurse) and to midwives on a monthly basis as a part of their personalised care study day.
- **Continue to work with Learning and Development to embed information about harassment, bullying and discrimination into all management and leadership programmes.**

The third high priority area highlighted from WDES data was in relation to satisfaction with the extent to which the organisation values their work (indicator 7). The percentage of staff who were satisfied was significantly lower for disabled staff (33.5%) than for non-disabled staff (47.2%).

When looking at this data through the intersectional lens of disability and gender, it has highlighted an inequality in the percentage of disabled men who were satisfied with the extent to which their organisation values their work (36%) in comparison to non-disabled men (57%). A similar inequality was also identified between disabled and non-disabled women, where 34% of disabled women were satisfied with the extent to which their organisation values their work, in comparison to 46% of non-disabled women.

To address these findings we will implement the following new actions:

- **Create and a project plan for, and subsequently launch, the ‘make your profile count’ campaign** ([more information can be found later in the report](#))
- **Work with the staff disability network to increase the visibility of colleagues with disabilities across our Trust.** This will include sharing their experiences, celebrating their achievements and, importantly, it must include taking action to address discriminatory behaviour, processes or policies that are highlighted.

There are also the following existing actions in the inclusion workplan and the health and wellbeing workplan:

- **Evaluate the impact of the Trust’s reasonable adjustments guidance.** This is to ensure that the guidance package launched in June 2024 is effective at supporting managers and colleagues to implement the support they need to fulfil their duties and thrive within their roles.

The full WRES and WDES summary report can be found on the [WSFT website](#).

Equality Delivery System (EDS) 2

The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners and stakeholders, review and improve their performance for people with characteristics protected by the Equality Act 2010. It relates to how we are looking after our patients and workforce, and how we enable high quality and care. It is driven by data, evidence, engagement and insight.

The EDS 2 needs to be completed and submitted annually. The submission covers three domains:

1. Commissioned or provided services
2. Workforce health and wellbeing
3. Inclusive leadership

The full report can be read [here](#).

Charters:

Unison’s Anti Racism Charter (ARC)

There has been good process in upholding the principles of this charter and working towards becoming an anti-racist organisation:

- Undertaking the Trust’s first ethnicity pay gap report alongside the workforce EDI monitoring report
- There has been an improvement around in areas around anti-racism literacy and understanding, which is a result of the ‘*addressing bias...*’ training and communications around this.
- The collection of EDI data through Freedom to Speak Up and other reporting mechanisms within the Trust to further identify any trends or patterns of racial

harassment and to recognise where there may be barriers preventing particular groups from reporting their experiences and addressing them.

- The introduction of EIAs is another area of work that has propelled forward the Trust's progress on upholding the ARC, as it will be an important way of identifying any racial in equity in our change activities whilst also providing us with the opportunities to further equity.
- The Staff Psychology Support Team providing wellbeing support for staff experiencing racism in the workplace. This wellbeing offer has also widened by the provision of the Vivup, the Trust's new EAP provider.
- The restructure of the REACH network allows for another opportunity for engagement and to work collaboratively in a more effective and focussed way.

Further areas of focus for 2025 are around ensuring clear and visible allyship and commitment to anti-racism from senior leaders and scheduling regular communication and updates on the progress of this important work.

To propel this work further, the OD Manager- EDI will meet with Unison's regional manager quarterly to receive external feedback and advice on the Trust's anti-racism progress.

Sexual Safety in Healthcare Charter

The Sexual Safety in Healthcare Charter, introduced in September 2023, is a framework designed to eliminate sexual harassment and abuse in NHS workplaces, fostering safer and more inclusive environments for staff. It aligns with the Worker Protection Act amendments to the Equality Act 2010, which took effect in October 2024, and sets out ten core principles for achieving these goals.

To ensure we are taking reasonable steps to stop sexual harassment in the workplace from colleagues and third parties, we adopted the principles of the charter during Summer 2024. We are in the process of establishing a working group of both internal and external stakeholders to meet monthly in order to implement actions and ensure work is progressed, monitored and reported upon.

Throughout 2025, the highest priority is being given to policy development, staff development and communications, with other themes of focus including: support mechanisms, leadership, data collection and analysis, Equality Impact Assessments, and reporting and transparency. All actions have been cross-referenced with the inclusion workplan and the health and wellbeing workplan to ensure our priorities are aligned and work is conducted in a cohesive way.

This work will be regularly reviewed, and actions will be reprioritised based on emergent experiences, feedback, and staff survey 2024/25 results.

Veterans Aware

During Autumn 2024, the Trust signed the Veterans Covenant and secured bronze status against the Employer Recognition Scheme. By signing the covenant WSFT has committed have due regard to the following two principles:

1. Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.
2. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

There is further work to do throughout 2025 and beyond to ensure we are upholding our commitment, particularly as WSFT remains an outlier nationally in terms of the Veterans Covenant Healthcare Alliance (VCHA) accreditation and remains one of 8 NHS England Trusts still to achieve accreditation.

Throughout 2025, work will be undertaken within the following eight areas which are aligned to the principles of the accreditation:

1. Understand the Armed Forces Covenant and remain compliant
2. Appoints Veteran Aware Champions.
3. Identify Veterans and Armed Forces community-status patients to ensure they receive appropriate care.
4. Train staff within the Trust so they are educated in the needs of veterans and the Armed Forces Community.
5. Establish links to appropriate nearby Veteran and Armed Forces Community services.
6. Refer Veterans and Armed Forces community patients to other services as appropriate.
7. Raise awareness of Veterans and the Armed Forces Community.
8. Support the UK Armed Forces as an employer.

Staff networks

Our staff networks are an imperative part of our colleague community, and they contribute significantly to the culture of inclusivity that we continue to foster. Naturally, ensuring that our Network Chairs and Co-Chairs feel supported and empowered to fulfil their responsibilities is an ongoing priority.

All network leads meet monthly in an informal meeting chaired by the OD Manager-EDI. These meetings have the following focus:

- touch base and check in with each other
- provide updates about each network's respective activities
- OD Manager-EDI provide brief updates on areas of Trust-wide EDI work
- share and celebrate achievements
- work collaboratively to share knowledge, experience and resources
- talk through challenges and work together to overcome them
- discuss initial ideas to progress the planning of events within the OD calendar
- explore and identify areas of intersectionality where we can continue to work together across our staff networks and groups.

During Autumn 2024, the OD Manager-EDI worked with each network to develop a network 2025 action plan. Each network's plan has a number of objectives and actions to work towards over the course of the year.

In addition to monthly group meetings, the OD Manager-EDI meets with each network lead(s) every other month to provide further guidance and support with the progression of actions within each network's plan. We also identify and discuss areas where each network lead can become involved in, support and contribute towards wider Trust activities and areas of work.

Throughout 2024, each network has been working closely with the Trust's Communications Team to produce network branding, which is now regularly and consistently used. In December 2024, network posters were produced to display on the newly acquired A1 noticeboard is dedicated for staff networks. It is located outside Time Out, the staff canteen.

This noticeboard provides a shared space where network information, such as the chair of each network and contact information can be observed, but it also allows for each network to promote upcoming events or awareness days, and resources.

Next steps for all staff networks during 2025:

- Organise events and communications for EDI events agreed upon within the OD event calendar
- Contribute content to be included in the staff meetings as a part of a regular EDI slot start in 2025.
- Engage in reflective practice support sessions organised and facilitated by the Staff Psychology Team.

REACH (Race equality and cultural heritage) Network

Cultural Heritage Celebration event (May 2024)

The REACH Network organised and hosted a Cultural Heritage Celebration for the second successive year. The event, also supported by Unison, showcased singing and dancing performances as a way to celebrate the cultures and heritage of our international colleagues from the Philippines, India and Zambia. Dinner was provided where food from India, Libya, the Philippines, Nigeria, United Kingdom, Zambia and Zimbabwe were shared. Attendees purchased their tickets to this event by making a donation to *My Wish Charity* via a fundraising page. By doing this, the network raised over £400 for the charity.

The REACH network are looking forward to organising this Cultural heritage celebration again on 16th May 2025, which will this time be hosted by the Zambian and African community.



(Image description: there are a collage of six colourful pictures from the Cultural Heritage Event showing people dancing and smiling whilst wearing traditional outfits).

Black History Month (October 2024)

During Black History Month, the network worked with the Communications Team to use their collective voice and platform to elevate the thoughts, reflections and experiences of four Black colleagues within the Trust.

Black History Month – in your own words



October is **Black History Month**, which this year has the theme: “Reclaiming Narratives”. Our REACH staff network has asked some of our colleagues to say what the month means to them – we’d like to thank them for their insights.

Our REACH staff network is for all colleagues from a Black, Asian or other ethnic minority background, and allies. If you would like to join the network or find out more information, please contact REACH.staff.network@wsh.nhs.uk.

Black History Month

(Image description: a screenshot from the staff newsletter ‘The Greensheet’ that shows an article shared during Black History Month. The image shows four Black colleagues from our Trust who were asked to share what Black History Month and the theme ‘reclaiming narratives’ meant to them).

Network restructure (Autumn 2024)

Throughout the Autumn of 2024, The REACH network worked on restructuring the network, specifically focussing achieving a clearer structure by reducing the number of co-chairs. The network identified three new co-chairs to lead the network; Susan Cheriyan (Deputy Head of Nursing), John Songkip (Clinical Practice Facilitator) and Shumi Matereke (Antibiotic & Infection Prevention Audit Nurse).

The new co-chairs then worked collaboratively with the Organisational Development Manager- EDI and Network’s Executive Sponsor, Sue Wilkinson, to identify the objectives and main areas of focus for the network for the remainder of the year and beyond.

For 2025, the main objectives of the REACH network are to:

- Increase membership, engagement and visibility of network
- Work with the OD Manager-EDI to ensure that the organisation is making progress on actions that aims to address the inequities highlighted through the WRES and the anti-racism charter.

- Work with OD Manager-EDI to further develop and enhance existing training around race, tackling racism and becoming anti-racist.
- Organise celebratory events where the diversity and culture of colleagues within the Trust are highlighted and celebrated.

Pride Network

East of England Rainbow Network events

Three members of our Trust have contributed to the East of England Rainbow network events during 2024 and received fantastic feedback regarding how informative and engaging their sessions were:

- Allan Petchey (Senior Contracts Manager and EDI departmental lead in Finance) led a session entitled 'Faith, Fact and Feeling' during the regional network's LGBT+ history month event in February 2024.
- Peter White (IT Support Technician and Chair of the Pride Network) gave a talk on "Embracing asexuality and aromanticism" in May 2024.
- Napoleon (Nap) Manaog took part in a roundtable discussion called "Pride 365: From awareness to commitment" during June 2024 (Pride month).

Pride Picnic (June 2024)

The Network also organised a picnic for Pride month that (due to the unpredictability of the British weather) was held in the Northgate Meeting room. It was well attended by colleagues across the Trust and compliments and gratitude were given to the Pride Network and budding bakers who made delicious, sweet treats for everyone to enjoy.



(Image description: colleagues across the Trust standing and smiling in front of a rainbow flag in the Northgate meeting room in Quince House. This picture was taken during the Pride picnic which was organised and hosted by the Pride Network)

Trans day of remembrance service (November 2024)

The Pride Network, in collaboration with colleagues from the Chaplaincy, organised a service in the Chapel at West Suffolk Hospital to mark Trans Day of remembrance to remember the trans, non-binary and gender non-conforming people who have lost their lives as a result of violence or by suicide over the previous 12 months.

It was the first time the Trust held this service, and it was open to all to attend. Colleagues from the Network opened the service by talking about the importance of this Remembrance Day and read moving poems throughout the service. The Trust also welcomed Ash Bainbridge, a trans poet who won Student Midwife of the Year 2024, along to the service to read one of their poems, and the Very Reverend Joe Hawes, Dean of St Edmundsbury Cathedral, who shared some reflective and important words.

The service was incredibly special, and the Network and Chaplaincy will hold a service for to mark this day in November 2025.



(Image description: colleagues across the Trust stand together with Ash Bainbridge and The Very Reverend Joe Hawes, Dean of St Edmundsbury Cathedral in the Chapel after the Trans Day of remembrance service)

Focus for the Pride Network in 2025

The objectives within the Pride Network action plan 2025 are to:

- Increase membership and engagement of/with the network
- Increase the focus of peer support within the network
- Co-design and co-deliver LGBTQ+ training with OD Manager-EDI
- Schedule regular communications from the network via the Green Sheet and the staff Facebook page
- Plan events/ comms for the events outlined in the Organisational Development calendar

Disability Network

Summary of the year

The Disability Network have created their own engaging infographic highlighting the key focuses and achievements of the network throughout 2024. This can be seen in **appendix A** of this document.

Focus for the Disability Network in 2025

The objectives within the Disability Network action plan 2025 are to:

- Support and celebrate network members
- Increase visibility of the network
- Collate data to fully understanding the needs of network members
- Engage with policy development and review that directly impact network members
- Provide and highlight development opportunities within the network
- Increase collaboration with other stakeholders, both inside and outside the Trust.

Parent and Carer Network

Launch of the network (March 2024)

The Parent and Carers network launched in March 2024 and has since continued to provide the many colleagues who have parental and caring duties with peer support and the ability to influence Trust policy.



(Image description: Lizzy Stebbings (left) and Lou Bland (right) stand either side of the Parent and Carer Network banner during the launch of the Network in March 2024).

The objectives within the Parent and Carer Network action plan 2025 are to:

- Continue to hold regular meetings and schedule regular, Trust wide communication about the network though the GreenSheet and via the staff Facebook page.
- Continue to provide peer support, guidance and signposting to members
- Continue to be involved in the review and development of organisational policies and activities that impact parents and carers within our Trust.

Christian Fellowship

The Christian Fellowship continues to meet monthly to provide time and space for colleagues to explore and deepen their faith, connect with other and seek peer support from other members of the Christian community.

EDI Departmental Leads

The Trust currently has EDI Leads within the following departments:

- Midwifery (Daniela Turner, EDI Midwife)
- Finance (Allan Petchey, Senior Contracts Manager, and Megan Jakes, Deputy Finance Manager- Medicine)
- Pathology (Emma Scrivener, Point of Care Testing (POCT) Coordinator)

Although this is not a network, the allyship and commitment shown by these colleagues must be acknowledged. These colleagues have engaged and participated in EDI training and organised further EDI training within their respective departments. They have been proactive in sharing knowledge and resources both amongst their teams and departments, but also with the OD Manager-EDI, and they have been supportive in raising awareness of wider EDI work taking place across the Trust.

The OD Manager-EDI currently meets with these colleagues quarterly and all colleagues have access to a SharePoint folder of helpful resources. Moving forwards, further support will be provided to these colleagues under the governance framework being introduced as a part of the [wellbeing and inclusion champions project](#)

Priorities for 2025:

NHS EDI Improvement Plan actions

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.

- **Action:** Board members to share reflections, learning and progress of these objectives to provide accountability and encourage colleagues across the organisation to engage with their EDI objectives.
- **Action:** the Board will receive an annual workforce EDI report and a mid-year report that provides updates on the progress made on EDI work and the impact it is making upon the culture of our Trust. The mid-year workforce EDI report is scheduled for August 2025 meeting of the Involvement Committee.
- **Action:** Board members to provide regularly opportunities to hear from colleagues across the organisation (particularly those from under-represented groups) to listen and learn from their lived experiences.
- **Action:** Board members to establish how they will demonstrate how organisational data and lived experience have been used to improve culture.

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

- **Action:** Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation
- **Action:** Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan.

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

- **Action:** identify and implement actions to specifically support the career development and succession planning for women within our Trust, as the gender pay gap within our organisation will not be narrowed until proportionately more women are employed in high salaried roles
- **Action:** remove consultant data and re-run the ethnicity pay gap report to understand whether there are any pay gap issues within parts of our workforce that need to be addressed.
- **Action:** Alongside the statutory annual gender pay gap report and the ethnicity pay gap report that the Trust conducted for the first time in 2024, we have committed to producing a report on the disability pay gap by September 2025. Whilst this commitment remains, we must also be realistic and recognise the challenges that will arise from this due to the high non-disclosure rate of disability within the Trust. It is unlikely that the '[make your profile count](#)' campaign will significantly impact or improve the disclosure rate for the 2025 report, as the data will be used at 31 March 2025, and it reports upon the 12 months prior to this.

High impact action 4: Develop and implement an improvement plan to address health

- **Action:** 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. We will begin this by seeking guidance from the East of England EDI team to learn and be informed by best practice.

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

- **Action:** launch EDI videos and accompanying guidance create inclusive team cultures that embed psychological safety
- **Action:** continue the roll out of the safe initiative. Work with the integrated clinical education team to begin to collect data regarding who is attending these sessions and the main themes arising from them so additional organisational support can be implemented if required.

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

- **Action:** Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.
- **Action:** Review the *Respect for Others* policy, which is due to be reviewed by April 2025. As a part of this review, we must ensure that the definitions of harassment, discrimination and bullying are clear. We must include definitions and examples of sexual harassment, racism, ableism, misogyny and/or any other types of discrimination and/or abuse in the workplace, where appropriate, to ensure that there is a clear understanding across the organisation. We must also ensure there is information about intersectionality within the policy, to raise awareness and highlight the compounding impact that can be felt by individuals who are experiencing harassment, discrimination and abuse on the grounds of more than one of their protected characteristics. Ensure the policy signposts to clear processes of action, intervention and support.

Delivery of equality, diversity and inclusion events and awareness occasions

All EDI events and awareness days/weeks/months were identified and agreed upon in collaboration with staff networks and other stakeholders across the Trust..

Phase 2 of EIAs and evaluation of implementation

Following the launch of the new EIA process, the guidance and the template form, further informative resources will be created to enable managers as colleagues more widely to understand how to complete an EIA and to highlight the considerations and thinking that need to take place ahead of the implementation or review of a change activity.

It is important that we also evaluate the new process to ensure that it is having its intended impact in relation to improving equality within the Trust and embedding EDI into everything that we do.

Phase 2 of the EIA project will be launched Spring 2025. This will include the creation of a PowerApp that will enable the completion of EIAs to be digitalised and automatically stored centrally.

Make your profile count campaign

This campaign will aim to raise awareness of why it is important to disclose EDI information via ESR, tutorials on how to do this, and prompts at various parts of the employee lifecycle reminding colleagues to update their information. Whilst the campaign will encourage all colleagues to update their EDI information, there is a specific aim of increasing disability disclosure.

The campaign will also seek to identify the barriers in place preventing people from disclosing their EDI information (for example, these may include concerns about data safety, social and organisational stigma around disability, and experiences/concerns of harassment on the grounds of disability) and address them.

Introduce wellbeing and inclusion champions

Within the Trust's inclusion workplan and health and wellbeing workplan there were initially adjacent actions to introduce champions for both respective areas. We acknowledged the similarities between health, wellbeing and EDI and designed the role of Wellbeing and Inclusion Champions. This role is designed to foster a culture of inclusion, belonging, and wellbeing across the Trust. Champions will co-design, implement, and support a variety of wellbeing and inclusion initiatives that promote physical health, mental health, and a positive workplace environment. They will act as advocates and allies for EDI, ensuring everyone feels valued, respected, and supported in their roles.

Allyship resources

Produce additional EDI training and educational and informational resources on topics such as: allyship, anti-racism, tackling misogyny and sexual violence, disability inclusion and LGBTQ+ inclusion. Explore co-designing and co-delivering some training with our staff networks.

Inclusive recruitment resources

In addition to ongoing, regular recruitment and selection training, new inclusive recruitment guidance will be created as a part of the review of the Trust's recruitment and selection policy. This should outline (and provide examples of) how EDI values and best practices should be embedded throughout recruitment and selection processes, and it will utilise the principles and findings of ['No more tick boxes'](#).



Staff Disability Network:

Key Focuses and Achievements

→ 1. Policy Engagement

Over the course of the year, the Staff Disability network have been involved in a number of policies that have been written/updated, including but not limited to:

- Workplace Adjustments Guidance and Assistive Technology Toolkit
- Special and Disability Leave policy
- Car Parking policy



→ 2. Campaigns

The disability network has successfully run campaigns for Autism Awareness Week, Fibromyalgia Awareness Day, Deaf Awareness Week, and Disability History Month.

We are actively monitoring how these campaigns have been run and ways in which we can utilise feedback to influence the way we run campaigns in the next year.

→ 3. Celebrating our Network

Across the year we have welcomed guests to our network meetings to speak with our members about support available to them, and also opportunities for them to have their say. A key speaker that we had was Mark Manning, who spoke with the network about the Future Systems Programme and ways in which the network can have input in to how the new hospital is made as accessible as possible. Mark also offered tours to the new site for our members.





→ 4. Increasing Visibility of our Network

Alongside the individual campaigns our network has run, we have also been promoted during the Love Yourself Week campaign that the Trust ran this year. Our chair, Ceiridwen, has also attended the Belonging in the NHS group meetings and has contributed to broader meetings around networks and disability. Individual members have also posted on the staff Facebook group throughout the year to boost visibility.

→ 5. Understanding our Cohort

In the summer, a network survey was undertaken to hear from the network and the wider Trust. Member feedback was largely positive - many reported feeling like they could make a difference in the Trust. People outside of the network reported more negative experiences in the Trust. From this data, we can assume that there is still a way to go to fully support people with disabilities in the Trust, however belonging to a network makes people feel empowered to make a difference.



→ 6. Highlighting Developmental Opportunities

Network members have been kept informed with developmental opportunities, such as webinars and events that may be of interest. Members have also been encouraged to engage with Communications campaigns and learning about what goes in to a campaign. This is an opportunity that they may not get in their usual role.

Created by Ceiridwen Fowles and Sophie Springett

Disability staff network



Support and awareness for those with hidden and visible disabilities