



MEETING TITLE Trust Board (held in Public)		MEETING DATE 01/11/2022	
TITLE of PAPER	Workforce Race Equality Standard 2022	PAPER REF	5.1.1
KEY PRIORITIES	Attract, develop and retain a highly skilled, engaged and diverse workforce		
PURPOSE OF THE PAPER	This paper sets out the Trust submission against our progress towards the NHS Workforce Race Equality Standard (WRES).		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Nabila Ayub, Head of Diversity & Inclusion Suzanne Hartshorne, Deputy Director of People & OD	ACCOUNTABLE DIRECTOR	Mandy Wilcock, Director of People and Organisational Development
DISCUSSED AT / INFORMED BY: 25 July 2022 - Diversity and Inclusion Steering Group (Extra-ordinary meeting) 03 August 2022 – Trust Management Group 13 September 2022 - Diversity and Inclusion Steering Group 19 October 2022 – Trust Management Group			
PREVIOUSLY AGREED AT:	Committee/Group: TMG	Date: 3/08/22 19/10/22	
RECOMMENDATION(S)	It is recommended that the Board 1. Note the contents of the paper; and 2. Support the action plans as set out in Appendix 2		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended If 'Yes' – expand in Section 4. / attached paper		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Impact Assessment If 'Yes' – expand in Section 2. / attached paper		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) If 'Yes' – expand in Section 2. / attached paper		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)	5: Well led		
NHSI Single Oversight Framework Choose a THEME(s)	6. Leadership & Improvement Capability (Well-Led)		

Board of Director Meeting

(held in Public)

1 November 2022

NHS Workforce Race Equality Standard 2022

Report of the Director of People and Organisational Development

1. PURPOSE/AIM

This paper sets out the Trust submission against our progress towards the NHS Workforce Race Equality Standard (WRES).

2. BACKGROUND/CONTEXT

2.1 The NHS Workforce Race Equality Standard (WRES) was introduced on 1st April 2015 and is included in the NHS standard contract. The Trust has developed, and published, the WRES data/action plans on an annual basis, hence this is our fifth publication against this standard.

2.2 The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators
- to produce action plans to close the gaps in workplace experience between white and BME colleagues
- to improve BME representation at the Board level of the organisation.

2.3 The WRES highlights any differences between the experience and treatment of white staff and those from diverse ethnic backgrounds in the NHS with a view to organisations closing those gaps through the development and implementation of local action plans focused upon continuous improvement. The intention to create parity of experience.

2.4 There are nine WRES indicators. Four of the indicators focus on workforce data (ESR/locally held data), four are based on data from the National NHS Staff Survey (NSS), and one indicator focuses upon diverse ethnic representation on boards. A full breakdown of the indicators is included in Appendix 1.

2.5 Note: The terminology in the metrics has not been updated since the WRES implementation in 2015 and whilst the metrics refer to 'BME staff', we have used 'staff from diverse ethnic backgrounds' as this is an accepted and preferred term. Feedback to the WRES central team has been submitted.

3.0 WRES DATA SUBMISSION 2022

- 3.1 The Trust's WRES submission (data) was reported in line with the statutory deadline of 31st August 2022. The full data set is enclosed in Appendix 1.
- 3.2 In addition to the data submission, there is a requirement for the Trust to publish action plans to indicate how we aim to close the gaps in parity on the Trust's website no later than 31st October 2022. Our action plans, as set out in Appendix 2 have been developed in collaboration with our Staff Networks, Trade Unions and other stakeholders.

4.0 DATA ANALYSIS – ISSUES OF SIGNIFICANCE

- 4.1 The full data set is enclosed in Appendix 1, with an indication on whether the Trust's progress against the standards has improved or deteriorated. In summary, the results are encouraging, with an improvement in 6 out of the 9 metrics. The following areas are brought to TMG's attention:

- 4.2 **Metric 2:** Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts (The target is 1.0 where BAME and white staff have equal likelihood of being appointed.)

This metric determines the likelihood of candidates from diverse ethnic backgrounds versus white candidates being appointed. In 2020, this was at 2.43 i.e., white candidates were more than twice as likely to be appointed over candidates from ethnically diverse backgrounds and 2.04 in 2021. This ratio has improved significantly to 1.36, but still means white candidates are more likely to be appointed.

We commenced an overhaul of our recruitment and selection processes last year through undertaking a series of workshops, which focused heavily on increasing the diversity of our workforce to be representative of the communities we serve. Developing these inclusive recruitment practices to attract candidates has made steady progress towards improving Metric 2.

Work continues with actions in this year's Diversity and Inclusion Plan which include an introduction of diverse recruitment panels for leadership roles and the introduction of data led recruitment and progression targets for service areas. Here we intend to utilise a diversity dashboard which incorporates external geographical and demographical data so that targets are representative and realistic. Targets for directorates will be included in Director's objectives to support the realisation of a more diverse workforce.

Work is also underway with the Community Engagement Team linking to the Trust's engagement strategy to increase the level of engagement in educational institutions and local community groups to attract a diverse workforce.

- 4.3 **Metric 3:** Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff, as measured by entry into a formal disciplinary investigation. (The target here is 1.0 where BAME and white staff have equal likelihood of entering the disciplinary process.)

This metric has shown improvement since 2021 where staff from a diverse ethnic background are now less likely (0.59) to enter the disciplinary process, compared to white staff, in 2022. This is a significant improvement following the introduction of the Employee Relations review in 2019, where cases are reviewed for on merit prior to progression into a formal process. This process will remain in place.

- 4.4 **Metric 4:** Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME. (The target here is 1.0 where BAME and White staff have equal likelihood of accessing training).

The ratio for this metric indicates a disappointing increase from 1.51 in 2021 to 1.80 in 2022, demonstrating white staff are nearly twice as likely to access non-mandatory training and CPD, compared to staff from diverse ethnic communities. This increase may have been influenced by the levels of demand, as we have a higher proportion of staff from diverse ethnic backgrounds in our call centres where demand may restrict release for non-mandatory training. It was also noted that the Health Education England (HEE) personal allowance (£1000) for CPD may have influenced this metric as this is only available to professionally registered clinicians (majority white staff) i.e., not Band 3/4 where we have more ethnically diverse staff.

Our actions in this area include advertisement of non-mandatory training through the BME network, potential to prioritise abstraction for ethnically diverse staff to undertake non-mandatory training and review the criteria of the Learning Approvals Panel to ensure parity in applications from staff from diverse ethnic backgrounds.

- 4.5 **Metric 5-8:** This data relates to our staff experiencing bullying and harassment from the public/patients, other colleagues, or managers. The data originates from the National Staff Survey.

This metric has reduced negatively since last year, it is difficult to establish a rationale for the percentage of colleagues experiencing harassment from patients and relatives but could include public frustration on the levels of demand and likely high waiting times for responses. Actions to support this include a review of the current messaging and approach to 'abuse' against staff and encouragement of staff to report abuse with a consequential data flag on abusive patients/addresses where staff require additional support.

There is a notable change to Metric 6, where the number of staff, from a diverse ethnic background, who experience discrimination at work, has positively reduced; this is now similar to white staff, so clearly a lot more work still to do. Actions to support an improvement in this area include continuing to roll out 'Say Yes to Respect', work on allyship and micro-behaviours and continued delivery of training on Inclusive and Compassionate Conversations.

5.0 NEXT STEPS

- 5.1 As approved by TMG, the action plans were published on our website on the statutory deadline of 31st October 2022.
- 5.2 The action plans will be monitored by the Diversity and Inclusion Steering Group (DISG) on a bi-monthly basis then through the Trust Management Group and Quality Committee for end of year assessment and evaluation. The

Trust Board will receive a bi-annual progress report on the combined diversity and inclusion action plan which will include these actions.

6 RECOMMENDATIONS

It is recommended that the Board:

1. Note the contents of the paper; and
2. Support the action plans as set out in Appendix 2.

7 APPENDICES

Appendix 1	WRES data submission for 2022
Appendix 2	WRES Action Plan 2022/23

Appendix 1: Workforce Race Equality Standard: Our data as of 31st March 2022

Metric		2020	2021	2022	Alignment to D&I Action Plan	Comments
Metric 1: Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	Workforce headcount	5361	5736	5907	Actions: 5, 6, 7 & 8 (5) Recruitment & Progression (6) Diverse Panels (7) JD and Person Specification (8) Community Engagement	Workforce Headcount has steadily increased since reporting against the WRES began in 2017
	% Declared BME	5.3%	6.1% ↑	6.5% ↑		This has positively increased but YAS remains underrepresented compared to our region's community (11%)
	BME headcount	284	348 ↑	386 ↑		The increase in the workforce has given an increase in BME staff
	White headcount	5059	5373	5496		Workforce headcount has steadily increased since reporting against the WRES began in 2017
	Not stated	18	15	25		The Trust launched a Diversity Census in June 2022 to encourage staff to share their ethnicity. This work continues.
Metric 2: Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts (The target here is 1.0 where BME and White staff have equal likelihood of being appointed.)		2.43	2.04 ↓	1.36 ↓	Actions: 5, 6, 7, 8, 17 & 19 (17) Inclusive and Compassionate Conversation training (19) Data-led recruitment and progression targets	This ratio has significantly improved, but the position remains white candidates, are more likely to be appointed.
Metric 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff, as measured by entry into a formal disciplinary investigation. (The target here is 1.0 where BME and White staff have equal likelihood of entering the disciplinary process.)		1.01	1.98 ↑	0.59 ↓	Actions: (17) Inclusive and Compassionate Conversation training	A significant improvement this year. The Employee Relations Review process remains in place before progression into a formal process.

Metric		2020	2021	2022	Alignment to D&I Action Plan	Comments
Metric 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME <small>(The target here is 1.0 where BME and White staff have equal likelihood of accessing training.)</small>		1.13	1.51 ↑	1.80 ↑	Actions: 17 & 18 (18) Support applications for BAME Fellowship Programme and other targeted accelerated development	An increase from 2021 for ethnically diverse colleagues, which is likely to be the result of professionally registered clinicians (majority white) accessing the HEE personal allowance for CPD.
Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.	White	42.7%	40.1%	43.4%	Actions: 1, 2, 3, 4 & 9 (1) Targeted culture work (2) Allyship & Micro-behaviours (3) Say Yes to Respect (4) Resource for targeted and bespoke work on behaviours (9) Cultural Ambassador refresh	An increase for all staff, possibly due to high levels of demand across health and social care resulting in some performance targets not being met.
	BME	40.3%	34.6% ↓	38.5% ↑		
Metric 6: Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	21.9%	24.1%	25.6%		A significant improvement resulting in a similar experience for all staff across the Trust. Work continues around culture and professional behaviours.
	BME	28.6%	37.5% ↑	26.0% ↓		
Metric 7: Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	White	47.2%	52.6%	49.7%	Actions: 5, 6, 17, 18 & 19	A slight deterioration for this metric. Work regarding inclusive recruitment continues.
	BME	34.7%	44.2% ↑	42.7% ↓		
Metric 8: In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White	7.0%	7.4%	10.1%	Actions: 1, 2, 3, 4 & 9	An improvement for ethnically diverse staff, now having a similar experience of poor behaviour to white colleagues.
	BME	20.3%	16.8% ↓	10.4% ↓		
Metric 9: Percentage difference between the organisations' board membership and its overall workforce disaggregated:	White	100%	93.3%	87.5%	Actions: (6) Ensuring Diverse Panels	The Trust Board diversity profile has increased positively due to a new appointment this year under our NExT initiative.
	BME	0%	7.1% ↑	12.5% ↑		



Workforce Race Equality Standard Action Plan 2022/23

Date Approved:

Developed in collaboration with



Disability Support Network



Pride@YAS (LGBT+)
Staff Network



BME Staff Network





Workforce Race Equality Standards - Action Plan 2022/23

Yorkshire Ambulance Service NHS Trust is passionate about ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ or volunteer with us. This commitment is reflected in the Trust’s vision and values with equality, diversity and inclusion at the heart of these.

We want to be an employer of choice for individuals regardless of their age, disability, gender identity/gender transition phase, sexual orientation, religion and belief, race, maternal or and pregnancy status, marriage/civil partnership status, social economic background, or any other distinction. Our inclusive workforce will support our delivery of high-quality services and provision of compassionate care to all our patients and service users. Therefore, our approach to equality, diversity and inclusion needs to go beyond legal compliance and be central to the Trust’s core business.

One of the Trust’s strategic aims is to “**Attract, develop and retain a highly skilled, engaged and diverse workforce**”. **This area is being implemented through the Trust’s People Strategy where through effective leadership we aim to develop a positive and inclusive culture**; celebrate and support difference in our workforce and embrace diversity and promote inclusivity to be an inclusive organisation and representative of the communities we serve.

Trust wide representation at the Diversity and Inclusion Steering Group enables partnership working on many key priority areas for equality, diversity and inclusion including inclusive practices, dignity and respect, supporting our staff who live with disabilities, creating an LGBTQ+ friendly environment and providing a voice for every member of staff regardless of their characteristics. Our connections with other NHS organisations and the ICS will ensure best practice, innovation and learning is applied in all that we do.

We are committed to ensuring parity between our white and ethnically diverse colleagues; hence this action plan aims to move the Trust forwards to meet these standards. Our plan has been developed following a number of stakeholder events, which has included our Staff Networks, Trade Union colleagues, Board Members and Operational colleagues. The plan is aligned with our over-arching Equality, Diversity, and Inclusion Plan as we purposely want to focus our attention on a small, but impactful and measurable, number of objectives to ensure these are delivered and actioned, regardless of our going operational pressures.

Our plan is linked directly to the five strategic aims of the People Strategy: Culture & Leadership, Recruitment, Retention & Resourcing, Employee Voice, Health & Wellbeing and Education & Learning. This connection enables joined up working within our strategic and operational workforce and OD plans for 2022/2023. The objectives also closely link to expectations as outlined in the NHS People Plan.

We specifically acknowledge, and thank, our Staff Networks for their support, guidance, and insight in the production of our plan.

Monitoring and Evaluation

The action plan will be monitored by the Diversity and Inclusion Steering Group (DISG) on a bi-monthly basis and through the Trust Management Group, Quality Committee and Trust Board for end of year assessment and evaluation.



WORKFORCE RACE EQUALITY STANDARD - ACTION PLAN 2022 - 2023

Aim	Objective		Actions to meet objective	WRES Metric	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
Our culture is inclusive and compassionate	Every department has a diverse and inclusive culture, where staff can bring their true self to work with differences embraced and celebrated.	1	To undertake targeted culture work in areas where diversity and inclusion is of particular concern.	Metric 5: Harassment, bullying or abuse from patients/relatives Metric 6: Harassment, bullying/abuse from staff Metric 8: Experienced discrimination at work	Staff survey engagement score 2021 (A): 5.9 FTSU: Decrease in cases regarding treatment associated with protected groups (Q) Dignity and Respect cases: 8 cases during 2021/22 (A) Turnover at 31/3/22: 11.9% (M)	Ongoing	Lead: Associate Director of Education & Learning (Claus Madsen) Partners: OD/ER ED&I Team, FTSU
	All leaders and staff are more cognisant of behaviours that can have harmful effects on marginalised groups	2	Through the Staff Networks, launch and promote a micro-behaviours and allyship programme that enables education of subtle and often unintentional prejudicial behaviour.	Metric 5: Harassment, bullying or abuse from patients/relatives Metric 6: Harassment, bullying or abuse from staff Metric 8: Experienced discrimination at work	Stay/Exit interview data	31 December 2022	Lead: Head of EDI Partners: Staff Networks
Bullying, harassment, and abuse against staff is prevented and tackled to	To reduce, year on year bullying harassment and abuse against staff	3	Devise and rollout plan for the 'Say Yes to Respect' Campaign with targeted action/training for identified areas to improve culture and behaviours	Metric 5: Harassment, bullying or abuse from patients/Relatives Metric 6: Harassment, bullying or abuse from staff	Year-on-year improvement to: <u>National Staff Survey 2021 Q13b</u> In the last 12 months how many times have you personally experienced harassment, bullying	31 March 2023	Lead: Head of OD Partners: HR / OD BP Teams ED&I Team

Aim	Objective		Actions to meet objective	WRES Metric	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners				
create a culture of civility and respect.	Staff feel safe and have confidence to and know how to raise issues of concern and/or bullying	4	Secure a resource to do bespoke and targeted work with teams on dealing with and recognising unacceptable and bullying behaviour.	Metric 7: Equal opportunities for career progression or promotion. Metric 8: Experienced discrimination at work	or abuse at work from managers? 13.9% (A) Q13c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? 20.7% (A) Dignity and Respect cases: 8 cases during 2021/22 (A)	31 March 2023	Lead: Head of OD Partners: HR/ODBP/ ED&I Teams				
	Entry into a disciplinary / Dignity at Work process is the last resort	4a	Restorative culture work to be rolled out and included in HR policy to enhance the Trust's approach to reporting of bullying, harassment, and abuse at work, ensuring that processes are transparent, and set out the key routes to reporting incidents	Metric 3: Entry into a formal disciplinary investigation.		Ongoing	Lead: Head of Employee Relations Partners: Recruitment Manager, ED&I Team				
Our recruitment and selection practices are inclusive for staff and prospective applicants	Our workforce profile represents and is comparable to the communities we serve.	5	Through a series of targeted workshops (mass recruitment exercises), undertake a review of our recruitment and selection practices to ensure they are inclusive i.e., re-design ECA & Call Handler. This includes deep dive analysis of the candidate's recruitment pathway.	Metric 1: Increasing the diversity of the workforce Metric 2: Recruitment of BAME candidates Metric 7: Equal opportunities for career progression or promotion.	Year-on-year improvement to: As at 31/3/2022: 6.92% of the workforce are people from diverse ethnic backgrounds staff (Q) Attraction from people from diverse ethnic backgrounds communities is increased: BME v White Applicants	31 March 2023	Lead: HRBP (EOC/111) Partners: ED&I Team Recruiting Managers YAS Academy				
		6	From January 2023 introduce diverse recruitment panels for leadership roles (Band 7+) through training more staff from all groups in R&S who can support panels for senior leadership roles to be diverse by March 2023	Metric 1: Increasing the diversity of the workforce Metric 2: Recruitment of BAME candidates Metric 7: Equal opportunities for career progression or promotion. Metric 9: Trust Board BAME representation	<table border="1"> <thead> <tr> <th>Applied</th> <th>Shortlisted</th> <th>Appointed</th> </tr> </thead> <tbody> <tr> <td>18.61%</td> <td>14.34%</td> <td>10.81%</td> </tr> </tbody> </table>	Applied	Shortlisted	Appointed	18.61%	14.34%	10.81%
Applied	Shortlisted	Appointed									
18.61%	14.34%	10.81%									

Aim	Objective		Actions to meet objective	WRES Metric	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
	All roles have job descriptions / person specifications to set out the minimum / essential criteria, reducing possible discrimination against protected groups.	7	Developing a new job description and personal specification template/guidance to ensure criteria are inclusive	Metric 1 Increasing the diversity of the workforce. Metric 2: Recruitment of BAME candidates		31 December 2022	Lead: Head of Employee Relations Partners: Recruitment Manager, ED&I Team
	To improve the numbers of applications, and subsequent appointments of, candidates from diverse backgrounds.	8	Linking to the Trust's engagement strategy, where possible, with other emergency services, hold a series of outreach / engagement events with schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Metric 1: Increasing the diversity of the workforce Metric 2: Recruitment of BAME candidates	As at 31 st March 2022: (A) BME: 6.92% Sexual Orientation: Heterosexual 79% Disability: 4.29% Gender: Male 44.9% Female 55.1% Religion: Christianity 41.6% Undisclosed 24.1% Nationality: 90.6% British Age: 38% staff are aged 46+	31 March 2023	Lead: Head of Comms & Engagement Partners: Community Engagement ED&I Team Recruitment Team
Staff from diverse backgrounds have a voice regarding issues they face to improve working experience.	Evidenced intelligence on cultural concerns is available for management to act and resolve	9	Strengthen relationships between Staff Networks, Freedom to Speak Up and leaders to provide intelligence regarding issues of cultural concern via a refresh of the Cultural Ambassadors Network	Metric 6: Harassment, bullying or abuse from staff Metric 8: Experienced discrimination at work	Staff survey engagement score 2021 (A): 5.9 Staff Survey 2021 (A): Staff thinking of leaving: 5.6 FTSU: Cases regarding treatment associated with protected groups (8 in Q4) (Q) Dignity and Respect cases: 8 cases during 2021/22 (A) Turnover at 31/3/22: 11.9% (M)	31 March 2023	Lead: Head of OD Partners: ER Team, ED&I Team, FTSU Guardian, Staff Network Chairs

Aim	Objective		Actions to meet objective	WRES Metric	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners				
Managers are conscious of EDI issues and challenges and enable all our staff, to flourish at work	All leaders have completed the training to conduct Inclusive and Compassionate appraisals and other conversations	17	Continue the rollout of the training on Inclusive and Compassionate conversations to enable staff to flourish at work.	Metric 2: Recruitment of BAME candidates Metric 4: Accessing non-mandatory training and CPD compared to BME	Year on year improvement: <u>National Staff Survey 2021</u> Organisation acts fairly with regard to career progression / promotion, regardless 69.8% (A) Metric 7 - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion. (A) <table border="1" data-bbox="1368 533 1693 600"> <thead> <tr> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr> <td>49.7%</td> <td>42.7%</td> </tr> </tbody> </table>	White	BME	49.7%	42.7%	31 March 2023	Lead: Head of OD / Head of YAS Academy Partners: Staff Networks
	White	BME									
	49.7%	42.7%									
Entry into a disciplinary process is the last resort	17a	Restorative culture work to be rolled out and included in HR policy to enhance the Trust's approach to reporting of bullying, harassment, and abuse at work, ensuring that processes are transparent, and set out the key routes to reporting incidents	Metric 3: Entry into a formal disciplinary investigation.	Metric 3: Entry into a formal disciplinary investigation.	Ongoing	Lead: Head of Employee Relations Partners: Recruitment Manager, ED&I Team					
The Trust supports progression for people from diverse ethnic backgrounds staff within the Trust and beyond	18	Advertise non-mandatory training through the BAME network	Metric 4: Accessing non-mandatory training and CPD Metric 7: Equal opportunities for career progression or promotion.	Year on year improvement: <u>National Staff Survey 2021</u> Organisation acts fairly with regard to career progression / promotion, regardless 69.8% (A) Metric 7 - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion. (A)	Ongoing	Lead: Recruitment Manager Partners: Staff Networks					
	18a	Consider prioritisation of abstraction for BAME staff to undertake non-mandatory training		<table border="1" data-bbox="1368 1278 1693 1345"> <thead> <tr> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr> <td>49.7%</td> <td>42.7%</td> </tr> </tbody> </table>	White	BME	49.7%	42.7%	Ongoing	Lead: Head of YAS Academy Partners: Managers	
White	BME										
49.7%	42.7%										

Aim	Objective		Actions to meet objective	WRES Metric	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		18b	Review criteria of Learning Approvals Panel to ensure parity for BAME staff applications			31 March 2023	Lead: Head of YAS Academy Partners: EDI Team
We have accurate data that supports focus on diversity and inclusion	Our leaders have access to robust diversity data that enables them to monitor the workforce diversity profile and areas of focus can be identified	19	Introduction of data led recruitment and progression targets for service areas to increase the diversity of the workforce utilising an enhanced Diversity Dashboard incorporating external geographical and demographical data so that targets are representative and realistic.	Metric 2: Recruitment of BAME candidates shortlisting across all posts Metric 7: Equal opportunities for career progression or promotion.	Our diversity data is accurate, and reduction of 'undefined' is reduced. Ethnicity: 0.83% Sexual orientation: 13.24% Disability: 32% NSS v 4.29% on ESR Religion & Belief: 2% Marriage & Civil Partnerships: 4.25%	31 March 2023	Lead: Head of EDI Partners: Staff Networks Comms Team People Systems Manager Business Intelligence