

## NHS WORKFORCE RACE EQUALITY STANDARD (WRES)

### EXECUTIVE SUMMARY

The Workforce Race Equality Scheme (WRES) came into effect on 1<sup>st</sup> April 2015. The standard is designed to improve the representation and experience of BME staff at all levels of the organisation, focusing on experiences within their employment such as recruitment, management, training development and opportunities. To provide a context this standard focuses on staff comprising of White British, White Irish and White Other, in comparison to BME staff.

Overall there are nine indicators that make up the NHS WRES Standard. These are detailed on page 2 and comprises of workforce indicators (1 – 4), staff survey indicators (5 – 8) and an indicator focused on board representation.

The report provides:

- a. A summary of the key findings over the last year (2016/17), in comparison to the previous year (2015/16).
- b. More detail on the nine indicators and any contributing factors.
- c. Areas of focus for the coming year, 2017/18.

A summary of the key findings are as follows:

- The Trust's Workforce composite (based on the last financial year 2016/17) is **White 85.2% & BME 14.2%**
- The BME representation within the Trust is greater than the local population, which is reported at 9%.
- A significant improvement in the ratio of BME staff entering disciplinary hearing in comparison to White staff
- Improvements have been seen within the Staff Survey Results.

The areas of concerns are as follows:

- The likelihood of BME staff being appointed into roles and BME staff given opportunities to access non-mandatory training remains lower than White staff.
- Whilst there is a reported reduction in staff highlighting bullying, harassment and abuse from Patients/ Visitors and Staff/ Managers, this continues to remain an area of concern (whereby BME is reporting at 26%)
- Trust Board BME representation is reported to be 7% in comparison to the overall workforce percentage of 14.2%.

It is recognised whilst the standard does focus on Workforce statistics, it is useful to highlight that the consensus data (2011) records that the Tameside area to be predominately White British at 91% compared to 9% BME. Therefore the Trust workforce position is positive in comparison to the local population.

The findings of the WRES data and any inequalities identified within the report, will be discussed and actions will agreed at the Trust's Equality and Diversity Implementation group.

## NHS WORKFORCE RACE EQUALITY STANDARD (WRES)

### 1. Background

- 1.1 The WRES standard is designed to report on representation and experience of BME staff within the organisation, focusing on all experiences within their employment such as recruitment, management, training development and opportunities.
- 1.2 The WRES standard was introduced to prompt an inquiry to better understand why BME staff often receive much poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.
- 1.3 National research and evidence strongly suggest that less favourable treatment of Black and Ethnic Minority (BME) staff occurs in the NHS, which ultimately leads to a negative impact on the efficiency and effective running of the NHS and the quality of care received by patients.
- 1.4 It is important that the Trust actively monitors performance locally, to fully understand any inequality or disparities that occur and to take the necessary action in light of the WRES findings.
- 1.5 It is mandatory for all NHS Trust to conduct a WRES assessment every year and published on the Trust's public website. This document will report on Trust's activity from 1<sup>st</sup> April 2016 until 31<sup>st</sup> March 2017.

### 2. Workforce Race Indicators

- 2.1 There are a total of nine indicators that make up the WRES split across Workforce, Staff Survey and Board Representation. These are detailed in the following table 1.

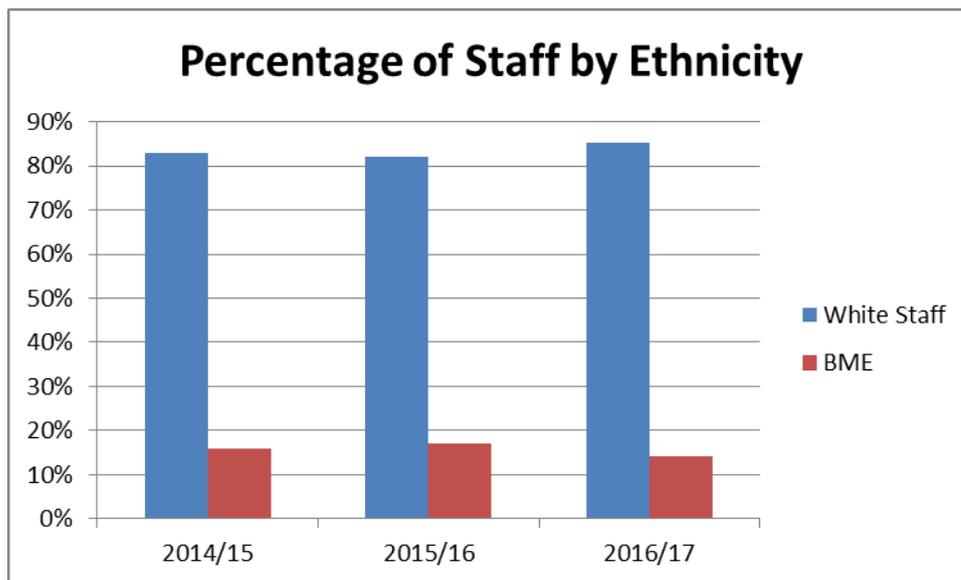
Table 1 WRES 2016-2017	
<b>Workforce Indicators</b>	
<b>1</b>	Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: <ul style="list-style-type: none"> <li>• Non-Clinical staff &amp; Clinical staff</li> </ul>
<b>2</b>	Relative likelihood of staff being appointed from shortlisting across all posts
<b>3</b>	Relative likelihood of staff entering the formal disciplinary process
<b>4</b>	Relative likelihood of staff accessing non-mandatory training and CPD
<b>National NHS Staff Survey indicators</b> Comparison of responses from White and BME staff	
<b>5</b>	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
<b>6</b>	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
<b>7</b>	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
<b>8</b>	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? (Manager/team leader or other colleagues)
<b>Trust Board Representation Indicator</b>	
<b>9</b>	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the Board</li> <li>• By executive membership of the Board</li> </ul>

### 3. WRES Results

3.1 This section provides an overview, by each indicator, of how the Trust has performed in relation to each indicator in the current year (2016/17) and comparison to the previous year (2015/16).

3.2 As of the end of the financial year (2016/17), the Trust employed 3,733 staff of which 85.2% was White British/ Irish/Other, compared to 14.2% reported as BME; 0.6% have not declared their ethnicity. Figure 1 provides an overview of demographics in the 3 years.

Figure 1: Percentage of Staff by Ethnicity



3.3 The Trust's Workforce composite (based on the last financial year 2016/17) is White 85.2% & BME 14.2%

3.4 The BME representation within the Trust is greater than the local population, which is reported at 9%.

3.5 Upon review of the previous figures, it has highlighted that the overall BME headcount has increased from 440 employees to 527 employees within the last 12 months. However due to the significant increase in the overall Trust workforce, due to two TUPE transfer into the Trust; the overall percentage of BME has reduced from 16.4% to 14.2% in the last 12 months.

3.6 The following services TUPE transferred in the last 12 months, Community Services from 1<sup>st</sup> April 2016, and Domestic and Portering Services from 7<sup>th</sup> July 2016. The demographics within each of the Services has had a contributing factor to the overall position.

#### Community Services

Overall headcount	675
White Staff	94.1% (635 headcount)
BME Staff	5.2% (35 headcount)
Not Declared	0.7% (5 headcount)

Domestic & Portering Services

Overall headcount	217
White Staff	88.9% (193 headcount)
BME Staff	7.4% (16 headcount)
Not Declared	3.7% (8 headcount)

- 3.7 It is noted that the indicators, as highlighted in Table 1; details terminology which is relevant for the NHS for the purpose of clarity, please note the following definitions:

*Agenda for Change (Band 1- 9) and Medical and Dental define different terms and conditions of the employment for employees within the NHS.*

*Very Senior Managers (VSM) are employees that report directly to Trust Executive Directors, who are paid above Band 9 or on spot salaries.*

*Clinical Staff are individuals who are employed in roles such as Health Care Assistant, Staff Nurses, Midwives, Sister and Therapist etc. Those employees who would provide direct clinical care to patients.*

*Non Clinical Staff are individuals who are employees in roles such as Administrative Assistants, Reception staff, Domestic and Portering etc. Those employees who provide a support function within the Trust.*

**3.6 Indicator 1 - Percentage of staff who are employed on Agenda for Change (AFC) Medical and Dental and VSM (Very Senior Managers)**

- 3.6.1 The tables 2 and 3 provide an overview of the workforce breakdown for both Clinical and Non-Clinical Staffing within the Trust.

Table 2: Breakdown of Clinical staff by Ethnicity

		2015/2016			2016/2017			
		Head count	%		Head count	%		
Banding	BME		White	BME		White	Not Stated	
Clinical	Band 1	3	0.0	100.0	3	0.0	100.0	0.0
	Band 2	490	13.7	86.3	597	15.4	84.3	0.3
	Band 3	42	0.0	100.0	134	2.2	97.0	0.7
	Band 4	64	3.1	96.9	132	5.3	94.7	0.0
	Band 5	498	25.3	74.5	623	21.2	78.5	0.3
	Band 6	364	8.8	90.9	541	8.7	91.1	0.2
	Band 7	182	8.8	91.2	269	5.6	94.1	0.4
	Band 8a	38	13.2	86.8	56	8.9	91.1	0.0
	Band 8b	11	18.2	81.8	10	20.0	80.0	0.0
	Band 8c	2	0.0	100.0	3	0.0	100.0	0.0
	Band 8d	2	0.0	100.0	4	0.0	100.0	0.0
	VSM	11	9.1	90.9	15	13.3	73.3	15.3
	Medical & Dental Consultant	108	63.9	33.3	120	65.0	32.5	2.5
	Medical & Dental Non-Consultant Career Grade	67	82.1	16.4	58	75.9	20.7	3.4
	Medical & Dental Trainee Grades	58	48.3	51.7	54	51.9	48.1	0.0
<b>Total</b>		<b>1940</b>	<b>20.8</b>	<b>78.9</b>	<b>2619</b>	<b>17.4</b>	<b>82.1</b>	<b>0.5</b>

- 3.6.3 Based on the table above, there is greater representation of BME staff within Band 5 roles reporting at 21% (which is typically linked to Staff Nursing/ Therapy roles), and Medical and Dental roles (ranging between 51 – 75%).
- 3.6.4 It is evident that there is low representation for BME within the clinical ‘middle management roles’ between Band 6 through to Band 8a, whereby representation varies between 5 to 8%.

Table 3: Breakdown of Non-Clinical staff by Ethnicity

		2015/2016			2016/2017			
		%			%			
	Banding	Head count	BME	White	Head count	BME	White	Not Stated
Non Clinical	Band 1	61	9.8	90.2	246	8.5	88.6	2.8
	Band 2	212	6.1	93.9	289	6.2	93.4	0.3
	Band 3	158	1.9	98.1	212	4.7	94.8	0.5
	Band 4	148	4.7	95.3	154	5.2	94.8	0.0
	Band 5	46	2.2	97.8	57	7.0	91.2	1.8
	Band 6	29	6.9	93.1	34	5.9	94.1	0.0
	Band 7	32	9.4	90.6	42	11.9	88.1	0.0
	Band 8a	15	6.7	93.3	20	5.0	95.0	0.0
	Band 8b	21	4.8	95.2	26	11.5	88.5	0.0
	Band 8c	7	0.0	100.0	8	0.0	100.0	0.0
	Band 8d	1	0.0	100.0	1	0.0	100.0	0.0
	VSM	16	0.0	100.0	17	0.0	100.0	0.0
Apprentices	3	0.0	100.0	8	0.0	100.0	0.0	
<b>Total</b>		<b>749</b>	<b>4.9</b>	<b>95.1</b>	<b>1114</b>	<b>6.5</b>	<b>92.6</b>	<b>0.9</b>

- 3.6.5 It is positive to report an increase in the overall total of BME representation within Non-Clinical roles of 1.6% in comparison to previous year. The notable increase is within Band 3, 5, 7 and 8b roles, which is contrary to the breakdown highlighted in table 2 (Clinical roles).
- 3.6.6 The representation of BME staff within the Non-Clinical roles is reported to be 6.5%, which is significantly lower than Clinical roles (17.4%) and the Trust overall percentage of 14.2%. Therefore it is evident that BME staff representation is central to clinical roles.
- 3.6.7 It is noted that there is no BME representation in senior roles within the Trust, from Band 8b through to Very Senior Management positions.

### 3.7 Indicator 2 – Recruitment and Selection

- 3.7.1 This indicator looks to analyse the relative likelihood of BME staff being appointed from shortlisting compared to that of White staff. This indicator looks to report on all recruitment within the Trust, both internal and external recruitment initiatives.

Table 4: Breakdown of Shortlisting v Appointment by Ethnicity

Descriptor	2015/16		2016/17	
	White	BME	White	BME
Number of Applications Received	8,282	2,982	10,742	3,732
Number of Shortlisted Applicant	2,455	743	3,714	1,175
Number of appointed Applicants	501	120	938	203
Ratio Shortlisting/Appointed	0.20	0.16	0.25	0.17
<b>Relative Likelihood of White Staff being appointed compared to BME Staff</b>	<b>1.26 times</b>		<b>1.46 times</b>	

3.7.2 Over the last 12 months, it is positive to note that the Trust has seen an increase in number of applications received in both White candidates and BME. Whilst it is positive to note the increase in shortlisted applicants, the findings in table 4, highlights that White Staff/ Applicants are 1.46 times more likely to be appointed than BME.

3.7.3 The Trust utilises Value Based Recruitment (VBR) across all areas within the Trust. Furthermore the Trust has over the last 18 months, held regular Recruitment Open event to assist in appointing to Clinical roles such as Staff Nurses and other ‘hard to recruit’ to posts. The recruitment campaigns (including the use of Social Media) will improve the visibility of Trust vacancies within the local communities and will hopefully impact on the number of applications from diverse candidates.

3.7.4 In light of the issues flagged last year regarding this indicator, the Trust has implemented ‘Key Skills training’ for managers, which includes a module on Recruitment and Selection of which ‘unconscious bias’ is a key part of this training package. The training is aimed at Supervisors through to Senior Managers, whereby upon completion of the training the managers will be more actively aware of their own unconscious bias and how this may influence their recruitment decisions.

3.7.5 Furthermore in light of the introduction of the ‘Apprenticeship levy’ the Trust has commenced proactively recruiting to Apprenticeship roles. As part of the introduction of the Apprenticeship roles, the Trust has established good links with Schools, Colleges, Job Centres and local community areas including Mosques, to promote opportunities within the Trust. It is anticipated that these actions will in turn have a positive impact to the diversity of the workforce (albeit at Band 1 – 4 level).

### 3.8 Indicator 3 – Disciplinary Processes

3.8.4 This indicator looks to take into account any inequity in connection to the commencement of any formal disciplinary/ conduct investigation. This indicator looks to analyse the number of cases where a formal investigation commenced, regardless of the outcome of the investigation.

Table 5: Breakdown of staff entering Disciplinary processes by Ethnicity

Descriptor	2015/16		2016/17	
	White	BME	White	BME
Number of staff in workforce	2,242	445	3162	527
Number of staff entering the formal disciplinary process (closed cases)	14	14	59	9
<b>Relative likelihood of BME staff entering formal disciplinary process compared to White staff</b>	<b>5.10 times</b>		<b>0.92 times</b>	

3.8.5 It is extremely positive to note the improvements made in relation to this indicator, whereby the likelihood of BME staff involved in disciplinary processes has reduced from 5.10 to 0.92 times likely to entering formal processes than White Staff.

3.8.6 Over the last 12 months, there has been an increase in the number of formal investigations commenced overall. However the majority of the increase does directly link to cases that are associated with White Staff, who are predominately within the nursing/ health care roles, and within the domestic and portering services. (Please refer to table 2 and 3, which presents the ethnic breakdown of the highlighted roles - Band 1, 2 & 5)

3.8.7 Since the last report, the Trust has established the following processes that has assisted in the improvements within this indicator:

- All investigations are reviewed by an independent 'Commissioning Manager' before commencement. This commissioning manager will review the merits of the case and will make an informed decision whether an investigation is required.
- The Trust has commissioned 'HR Key Skills' for Managers training, which includes Conduct and Disciplinary processes. The training explores how managers 'unconscious bias' may influence decision making regarding management of staff.

### 3.9 Indicator 4 – Staff Accessing Non-Mandatory Training

3.9.4 This indicator focuses on the opportunities provided to staff regarding non-mandatory training and CPD, particularly to identify the likelihood of BME staff compared to White staff.

3.9.5 At the Trust all mandatory and non-mandatory training is publicised via existing internal communication channels for staff members to access regardless of their ethnicity. It is recognised that not all employees will have access to emails on a daily basis, and as such the Trust will be looking at alternative ways to communicate future training opportunities for staff.

3.9.6 The following table provides an overview of staff accessing non-mandatory training over the last 2 years.

Table 6: Breakdown of staff accessing non-mandatory training by Ethnicity

Descriptor	2015/16		2016/17	
	White	BME	White	BME
Number of staff in workforce	2,242	445	3162	527
Number of staff accessing non-mandatory training	2067	386	1742	265
<b>Relative likelihood of White staff accessing non-mandatory training compared to BME staff</b>	<b>1.05 times</b>		<b>1.09 times</b>	

3.9.7 The above data represents training records stored on the Trust's central database (OLM) however it is recognised that training is delivered locally within teams that would not easily be captured on the central database. Work is currently ongoing to improve the current reporting position.

3.9.8 Based on the findings highlighted in table 6, it is noted that there has been a reduction in all staff accessing non-mandatory training within this reference period. Given this indicator it has identified that White Staff are 1.09 times more likely to access training compared to BME staff.

3.9.9 It is important that the Trust looks to establish the following processes in light of the findings:

- That managers utilise the existing Appraisal and 'Training Needs Analysis' processes established within the Trust, to identify and select staff for non-mandatory training
- How staff are informed about training opportunities that exist within the Trust

### 3.10 National Staff Survey Findings

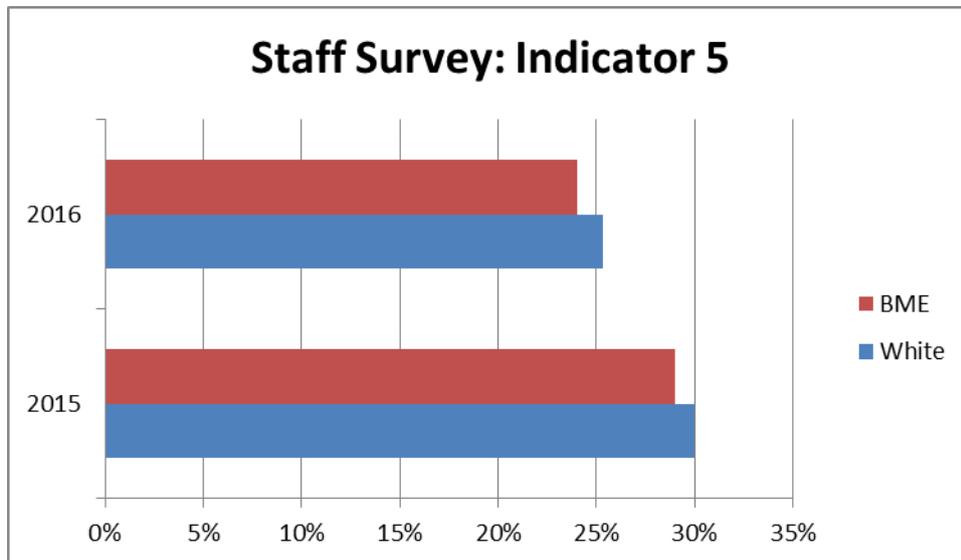
#### 3.10.1 Indicator 5 - Staff experiencing harassment, bullying or abuse from Patients/Public

3.10.2 The NHS staff survey question (KF25) explores responses in to the following - staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

3.10.3 The findings within the indicator is reported to be 25% White Staff and 24% BME, who have reported such experiences. It is positive to note that staff experiences for both White and BME staff have improved in the last 12 months, whereby the position has improved by circa 5% in both staff groups.

3.10.4 In addition it is positive to note that both findings within this indicator is overall better than the national average score, which was reported to be 27%.

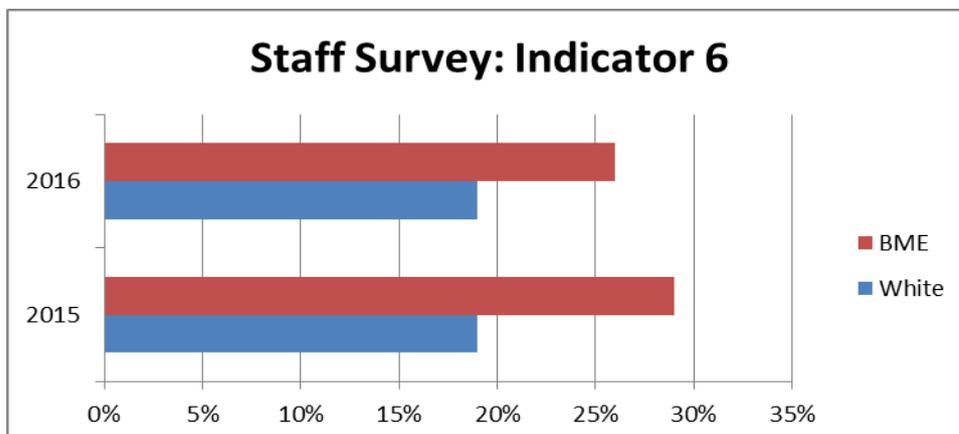
Figure 2: Staff Survey results – Staff experiencing harassment, bullying or abuse from Patients/ Public in the last 12 months (NB the lower the score the better)



3.10.5 **Indicator 6 - Staff experiencing harassment, bullying or abuse from staff in the last 12 months**

3.10.6 This indicator provides the percentage of staff experiences of harassment, bullying or abuse from staff in the Trust in last 12 months. (KF 26)

Figure 3: Staff Survey results – Staff experiencing harassment, bullying or abuse from staff in the last 12 months (NB the lower the score the better)



3.10.7 The graph at Figure 3 shows a positive decrease of BME staff highlighting negative experiences from 28.5% the previous year to 26% this year. However it continues to remain 7% above the position reported by White staff, which is 19% this year.

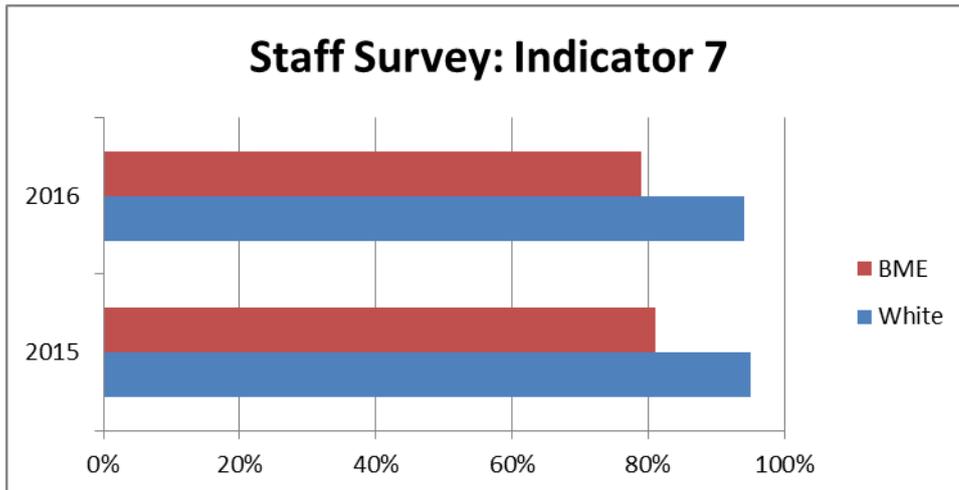
3.10.8 Whilst the figures within this factor are of concern, it is worth noting that the percentage for both White and BME staff are better than the national average which is reported to be 22% at White and 26% for BME.

**3.10.9 Indicator 7 - View of staff regarding Equal Opportunities for career progression or promotion**

3.10.10 This staff survey question asks for staff perceptions of equal opportunities for career progression or promotion within the Trust.

3.10.11 The findings are that 94% of White Staff compared to 79% BME staff view that equal opportunities exists within the Trust. The scores are highlighted in Figure 4.

Figure 4: Staff Survey results – View of staff regarding Equal Opportunities for career progression or promotion (NB the higher the score the better)



3.10.12 As demonstrated in figure 4, there is a significant difference in BME staff’s view compared to White staff, in the region of 14%. However in comparison to the national average (which was reported to be White Staff 88% and BME 75%), the Trust results are significantly better.

3.10.13 Given the finding of this indicator it is important that the Trust explores alternative ways to advertise opportunities that arise both internally and externally within the Trust.

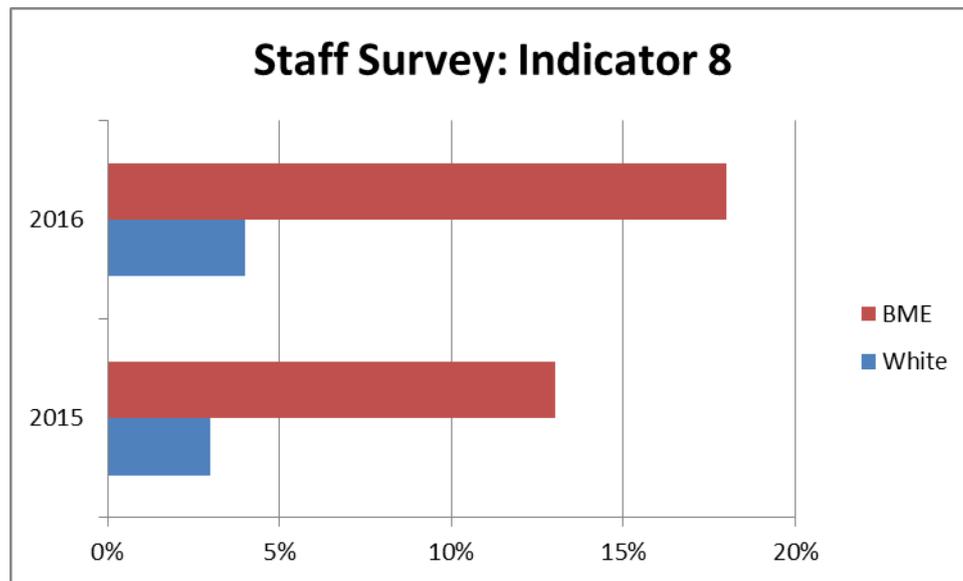
3.10.14 Over the last year, the Trust has proactively commenced advertising external vacancies via Social Media which has hopefully increased the Trust’s ability to cascade possible opportunities to the local Tameside and Glossop areas, local neighbourhoods and universities.

**3.10.15 Indicator 8 - Experience of discrimination from Managers/ Team Leaders**

3.10.16 This last staff survey question explores staff experiences of discrimination within the workplace by a manager or senior, in the last 12 months. (Q17)

3.10.17 The results of this staff survey questions shows that 18% of BME responding to this question reported discrimination within the workplace from a manager or senior compared to 4% of White Staff. The findings above the national average which was reported to be 14% for BME and 6% for White staff.

Figure 5: Staff Survey results – Experience of discrimination from Managers/ Team Leaders (NB the lower the score the better)



3.10.18 Based on the results highlighted in Figure 5, there is a notable increase of a 5% for BME staff who have cited negative experiences, as oppose to their comparable white colleagues.

3.10.19 The Trust actively delivers face-to-face Equality and Diversity training which is in addition to the standard e-learning mandatory training that is required of all employees. During the training there is an overview of types of discrimination and how to challenge such behaviour. Attendees are informed of how to raise concerns, and the support that is available to them.

3.10.20 The Trust has appointed a 'Freedom to Speak up Guardian' in January 2017 who supports the Trust's Campaign of 'If in Doubt Speak Out'. The Freedom to Speak up Guardian provides assistance (which includes advice and guidance) to Staff in raising concerns independently. The findings of the staff survey, in particular relation to WRES; has been share with the Freedom to Speak up Guardian.

3.10.21 Given the findings of this indicator is it important that the Trust adopts a proactive approach to assist in staff raising concerns, this may include arranging forums, drop-in sessions and increase visibility of senior manager, staff champions and HR team.

### 3.11 Indicator 9 -Trust Board Representation

3.11.1 This indicator compares the BME compliment of Trust Board in comparison of the overall workforce.

3.11.2 For the purpose of this indicator, Board membership includes all voting and non-voting members of the Board, and includes Executive and Non-Executive members.

3.11.3 As of 31<sup>st</sup> March 2017:

- The Trust's BME workforce representation was 14.2%,
- BME membership of the Board is 1 in 14, equating to 7.1%. The percentage difference between the Trust's Board membership and the overall workforce is 7.1%.

- The percentage of BME voting members is 8.3% (1 in 12 members), and
- There are no BME representation within Non-voting members, as both are White British.

3.11.4 The Trust has recruited to 2 new Non-Executive Directors in February 2017. As these roles are key to the Trust, a Recruitment Agency was utilised to ensure greater exposure of the senior roles outside of the local Tameside and Glossop area and the identification of the right candidate.

3.11.5 Based on the findings within this indicator, the Board BME composite does not reflect the local population (which is reported at 9%) or the overall BME workforce which is 14.2%.

#### 4. Summary of Findings

4.1 **Indicator 1** shows that the overall workforce compliment of BME staff is 14.2%, as at 31<sup>st</sup> March 2017, which is a reduction of 2.2% from the previous year (2015/16). This can be largely attributed to the demographics of the two services which were TUPE transferred into the Trust in the last 12 months.

4.1.1 The percentage of Clinical staff is reported at 17.4%, the majority of the staff are within Band 2, Band 5 and within Medical and Dental roles. There is evidence that there is a lower compliment of BME staff within 'Clinical Middle Management roles – B6 to B8a' which ranges between 5-8%.

4.1.2 The percentage of Non-Clinical staff is significantly lower and is reported at 6.5%, as of 31<sup>st</sup> March 2017. Representation at Band 8b through to VSM is reported at 0%.

4.1.3 A detailed breakdown of ethnicity by salary band is available in section 3.5 of the report.

4.2 **Indicator 2** shows that people from a White Background are 1.46 times more likely to be appointed (following shortlisting) than people from a BME background.

4.3 **Indicator 3** shows an improvement in BME staff experiencing formal disciplinary procedures, and is reported as 0.92 times more likely compared with White staff. This is a significant improvement since last year, whereby it was reported to be 5.10 times more likely.

4.4 **Indicator 4** shows a further reduction of BME staff accessing non-mandatory training. Currently White Staff are 1.09 times more likely to access non-mandatory training compared to BME staff.

4.5 **Indicator 5** shows a positive reduction in BME staff reporting bullying and harassment from patients, relatives and the public. The current position is 24% of BME, compared to 25% of White Staff.

4.6 **Indicator 6** shows a positive decrease of BME staff experiencing bullying and harassment or abuse from staff than the previous year. However it remains an area of concern, as the current position is reported to be 26% for BME staff compared to 19% for White staff.

4.7 **Indicator 7** shows that BME staff feel less likely that the Trust offers equal opportunities in career progression.

4.8 **Indicator 8** shows that BME staff report that they are more likely to have suffered discrimination by managers, team members or other colleagues, whereby there was a reported increase of 5% for BME staff compared to the previous year.

4.9 **Indicator 9** shows that the Trust board (both voting and non-voting members) does not reflect the BME workforce in the Trust.

## 5 AREAS OF FOCUS FOR 2016/17

5.1 The area of focus relates to the following:

- The use of the existing Appraisal processes within the Trust to assist in the creation of talent management processes.
- To review alternative recruitment methods to increase visibility of Trust vacancies to wider communities. This includes the review of the existing selection methods to assist in the recruitment of a diverse range of staff to the Trust.
- To continue to provide HR Keys Skills training for all line managers, team leaders and supervisors within the Trust. This will focus on key HR topic such as Recruitment and Selection and Conduct/ Disciplinary.
- To provide conflict resolution or equivalent training for front-line staff.
- To review existing communication channels of cascading career progression and promotion opportunities within the Trust
- To review existing methods of cascading Non-Mandatory Training to staff.
- The establishment of staff forums to raise concerns in an open and transparent manner.

5.2 The findings of the WRES report will be shared with the Executive Management Team and the Trust's Equality and Diversity Implementation Group whereby an action plan will be produced to deliver on each of the findings.