**Workforce Race Equality Standard (WRES) 2020**

**Reporting**

1. **Name of organisation**

Northampton General Hospital NHS Trust

**2. Date of report**

August 2020

**3. Name and title of Board lead for the Workforce Race Equality Standard**

Mark Smith, Chief People Officer

**4. Name and contact details of lead manager compiling this report**

Sarah Kinsella, Corporate HR Officer, [sarah.kinsella@ngh.nhs.uk](mailto:sarah.kinsella@ngh.nhs.uk) & Tim Brown, Head of Equality, Diversity and Inclusion, [tim.brown@ngh.nhs.uk](mailto:tim.brown@ngh.nhs.uk).

**5. Names of commissioners this report has been sent to**

NHS Northamptonshire Clinical Commissioning Group

**6. Name and contact details of coordinating commissioner this report has been sent to**

CCG Quality Team

**7. Unique URL link on which this Report and associated Action Plan will be found**

<https://www.northamptongeneral.nhs.uk/About/Equality-and-diversity-information/Equality-Diversity-Inclusion.aspx>

**8. This report has been signed off by on behalf of the board on**

Date: 24 September 2020

Name: Mark Smith, Chief People Officer

**Background narrative**

**9. Any issues of completeness of data**

The Trust collects ethnic data through the completion of job applications by candidates via NHS Jobs2 which, for successful candidates, is then uploaded to ESR. The Trust is therefore reliant on applicants completing these elements of the application form.

The data for the period that this report covers shows that 3.88% of Trust employees have not stated/given their ethnicity or have a null entry on ESR

**10. Any matters relating to reliability of comparisons with previous years**

There has been a decrease of 0.09% in the percentage of staff that have not stated/given their ethnicity or have a null entry on ESR since the WRES data exercise was undertaken in 2019.

**11. Total number of staff employed within this organisation at the date of the report**

5457

**12. Proportion of BME staff employed within this organisation at the date of the report?**

24.43% (22.84% in 2019)

**13. The proportion of total staff who have self–reported their ethnicity?**

96.12% (96.03% in 2019)

**14. Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?**

The Trust's Workforce Information Team have not undertaken any large scale data cleansing exercises since the last reporting period, however they do undertake further investigations regarding individual employee records, where possible, to prevent any null entries on ESR. If the Trust is provided with information regarding errors on ESR they are also investigated and rectified.

**15. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?**

In addition to the above, the Trust's Workforce Information Team has been implementing basic self-service across the organisation, which enables staff to update their own personal details on ESR. Staff will be able to view their ethnicity and we will be encouraging staff to be proactive in contacting Workforce Information to organise for the correct data to be entered if their record is showing a null or not stated entry. Self-service is currently available to a limited number of staff, with further rollouts planned.

**Workforce data**

**16. What period does the organisation’s workforce data refer to?**

1 April 2019 to 31 March 2020

**Workforce Race Equality Indicators**

**For each of these workforce indicators, compare the data for White and BME staff**

**17. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff**

Data for reporting year:

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| Overall Workforce (5457)   * White 71.69% (3912) * BME 24.43% (1333) * Not Stated 3.88% (212)  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Overall Workforce**  **5457 staff** | | | **Non-Clinical Workforce**  **31.39% (1713)**  **of Trust Workforce** | | | **Clinical Workforce**  **68.61% (3744)**  **of Trust Workforce** | | | |  | **White** | **BME** | **Not Stated** | **White** | **BME** | **Not Stated** | **White** | **BME** | **Not Stated** | | Under Band 1 | 0.09% | 0.02% | 0.00% | 0.09% | 0.02% | 0.00% | 0.00% | 0.00% | 0.00% | | Band 1 | 2.44% | 0.38% | 0.22% | 2.44% | 0.38% | 0.22% | 0.00% | 0.00% | 0.00% | | Band 2 | 19.59% | 3.81% | 0.33% | 9.17% | 1.32% | 0.20% | 9.88% | 2.49% | 0.13% | | Band 3 | 7.07% | 1.14% | 0.18% | 4.32% | 0.64% | 0.11% | 2.75% | 0.49% | 0.07% | | Band 4 | 6.63% | 1.25% | 0.15% | 4.71% | 0.51% | 0.09% | 1.92% | 0.73% | 0.05% | | Band 5 | 10.52% | 8.50% | 0.92% | 1.18% | 0.33% | 0.07% | 8.70% | 8.17% | 0.84% | | Band 6 | 10.50% | 2.29% | 0.24% | 0.73% | 0.16% | 0.02% | 9.77% | 2.13% | 0.22% | | Band 7 | 7.62% | 1.23% | 0.11% | 1.41% | 0.22% | 0.02% | 6.21% | 1.01% | 0.09% | | Band 8a | 2.09% | 0.37% | 0.05% | 0.81% | 0.05% | 0.02% | 1.28% | 0.31% | 0.04% | | Band 8b | 0.79% | 0.07% | 0.04% | 0.46% | 0.02% | 0.04% | 0.33% | 0.05% | 0.00% | | Band 8c | 0.26% | 0.00% | 0.00% | 0.04% | 0.00% | 0.00% | 0.22% | 0.00% | 0.00% | | Band 8d | 0.11% | 0.00% | 0.00% | 0.05% | 0.02% | 0.00% | 0.05% | 0.00% | 0.00% | | Band 9 | 0.00% | 0.02% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | | VSM | 0.35% | 0.04% | 0.00% | 0.29% | 0.04% | 0.00% | 0.05% | 0.00% | 0.00% | | Consultants | 2.11% | 2.05% | 0.22% |  |  |  | 2.11% | 2.05% | 0.22% | | Career Grade Doctors | 0.07% | 0.42% | 0.07% |  |  |  | 0.07% | 0.42% | 0.07% | | Junior Doctors | 1.41% | 2.80% | 1.36% |  |  |  | 1.41% | 2.80% | 1.36% | | Other Medical Staff | 0.04% | 0.04% | 0.00% |  |  |  | 0.04% | 0.04% | 0.00% | | **Total** | **71.69%** | **24.43%** | **3.88%** | **26.88%** | **3.72%** | **0.79%** | **44.80%** | **20.71%** | **3.10%** | |

Data for previous year:

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| Overall Workforce (5118)   * White 73.19 (3746) * BME 22.84% (1169) * Not Stated 3.97% (203)  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Overall Workforce**  **5118 staff** | | | **Non-Clinical Workforce**  **30.99% (1586)**  **of Trust Workforce** | | | **Clinical Workforce**  **69.01% (3532)**  **of Trust Workforce** | | | |  | **White** | **BME** | **Not Stated** | **White** | **BME** | **Not Stated** | **White** | **BME** | **Not Stated** | | Under Band 1 | 0.04% | 0.04% | 0.00% | 0.04% | 0.04% | 0.00% | 0.00% | 0.00% | 0.00% | | Band 1 | 5.59% | 1.00% | 0.37% | 5.59% | 1.00% | 0.37% | 0.00% | 0.00% | 0.00% | | Band 2 | 15.69% | 3.01% | 0.29% | 6.55% | 0.68% | 0.14% | 9.14% | 2.33% | 0.16% | | Band 3 | 7.44% | 1.07% | 0.18% | 4.53% | 0.61% | 0.10% | 2.91% | 0.47% | 0.08% | | Band 4 | 6.49% | 1.25% | 0.10% | 4.67% | 0.51% | 0.08% | 1.82% | 0.74% | 0.02% | | Band 5 | 11.49% | 7.46% | 0.94% | 1.80% | 0.33% | 0.08% | 9.69% | 7.13% | 0.86% | | Band 6 | 11.27% | 1.91% | 0.27% | 0.66% | 0.08% | 0.02% | 10.61% | 1.84% | 0.25% | | Band 7 | 7.5% | 1.21% | 0.18% | 1.27% | 0.21% | 0.02% | 6.23% | 1.00% | 0.16% | | Band 8a | 2.33% | 0.35% | 0.08% | 0.84% | 0.06% | 0.04% | 1.48% | 0.29% | 0.04% | | Band 8b | 0.76% | 0.04% | 0.04% | 0.37% | 0.00% | 0.04% | 0.39% | 0.04% | 0.00% | | Band 8c | 0.33% | 0.02% | 0.00% | 0.10% | 0.02% | 0.00% | 0.23% | 0.00% | 0.00% | | Band 8d | 0.08% | 0.00% | 0.00% | 0.02% | 0.00% | 0.00% | 0.06% | 0.00% | 0.00% | | Band 9 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | | VSM | 0.16% | 0.00% | 0.00% | 0.14% | 0.00% | 0.00% | 0.02% | 0.00% | 0.00% | | Consultants | 2.25% | 2.17% | 0.16% |  |  |  | 2.25% | 2.17% | 0.16% | | Career Grade Doctors | 0.12% | 0.45% | 0.12% |  |  |  | 0.12% | 0.45% | 0.12% | | Junior Doctors | 1.43% | 2.81% | 1.25% |  |  |  | 1.43% | 2.81% | 1.25% | | Other Medical Staff | 0.23% | 0.04% | 0.00% |  |  |  | 0.23% | 0.04% | 0.00% | | **Total** | **73.19%** | **22.84%** | **3.97%** | **26.57%** | **3.54%** | **0.88%** | **46.62%** | **19.30%** | **3.09%** | |

The implications of the data and any additional background explanatory narrative

3.88 % of the overall workforce have a null or not stated entry for their ethnicity on ESR (Electronic Staff Record).

The 2011 Northampton Census reported 15.5% of the population were BME.

There has been an increase of BME staff in the overall workforce, for the fourth year in a row to 24.43%. Overall the number of BME staff at the Trust has increased by 4.43% since WRES reporting commenced in 2017.

The overall BME clinical workforce has also increased for the fourth consecutive year and is now 20.71%. BME staff in the non-clinical workforce has again increased since 2018 to 3.72%.

Within the clinical workforce, Band 5 has the highest number of BME staff at 8.17%, followed by Junior Doctors at 2.80%. The Trust employs very few staff in bands 8c, 8d and 9 and Very Senior Managers and at the time of the report has no BME staff in these bands/grades in the clinical workforce.

There has been a small decrease in BME Consultants of 0.12% to 2.05%. One of these none hold a senior medical manager position (as defined by the WRES Technical Guidance 2017), of which there are four in the Trust. It should however be noted that the Trust does follow a clinically led structure and each of our 4 Clinical Divisions is led by a Divisional Director and has a one or more Clinical Directors. These are all Senior Medical and Dental staff, who report directly to the Trust’s Chief Operating Officer and not the Medical Director. Of these 15 members of staff, 10 are White, 4 are BME and one has not stated their ethnicity.

Within the non-clinical workforce, Band 2 has the highest number of BME staff at 1.32%, followed by Band 3 at 0.64%. The Trust employs very few staff in bands 8c, 8d and 9 or Very Senior Managers and at the time of the report has three members of BME staff in these bands/grades in the non-clinical workforce, which is an increase of two since 2018.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work collaboratively with the BAME staff group to co-deliver a BAME career fayre with the aim of raising career opportunities, especially in the context of non-clinical positions. The Trust will make links with local BME and Faith groups to seek their support in raising awareness of the career opportunities across NGH.

**18. Relative likelihood of staff being appointed from shortlisting across all posts**

Data for reporting year:

1.06 relative likelihood of White staff being appointed from shortlisting compared to BME staff

Data for previous year:

1.31 relative likelihood of White staff being appointed from shortlisting compared to BME staff

The implications of the data and any additional background explanatory narrative

There has been an improvement in this since 2019 of 0.25. Of the individuals shortlisted 205 did not disclose their ethnicity. Of the individuals appointed 146 did not disclose their ethnicity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work collaboratively with the BAME staff group to consider the merit of making it mandatory for at least the chair of interview panels to have undertaken unconscious bias training. Work will continue to ensure that opportunities to act up and / or lead on a project are fairly advertised.

**19. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year**

Data for reporting year:

1.30 relative likelihood of BME staff entering the formal disciplinary process compared with White staff.

Data for previous year:

1.08 relative likelihood of BME staff entering the formal disciplinary process compared with White staff.

The implications of the data and any additional background explanatory narrative

There has been a deterioration in this area of 0.22 since 2019. Of the individuals entering a formal disciplinary process 2 did not disclose their ethnicity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work with the BAME staff group to ensure that the disciplinary activity across NGH is routinely monitored and any identified hotspots or issues are addressed at the earliest opportunity.

**20. Relative likelihood of staff accessing non-mandatory training and CPD**

Data for reporting year:

1.01 relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

Data for previous year:

0.89 relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

The implications of the data and any additional background explanatory narrative

There has been a deterioration of 0.12 in this area since 2019. Of the individuals who had places offered and accepted on courses 198 did not disclose their ethnicity.

It should be noted, that this only relates to non-mandatory training and CPD that is organised through the Learning and Development Department. There is no facility to formally/centrally record other types of non-mandatory/CPD training that takes place elsewhere in the Trust, so caution should be taken over the above data.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work with the BAME staff network to review the best way to promote the non-mandatory training and CPD to BAME staff, especially as there was a lack of awareness of relevant internal and external courses operated by the likes of the NHS Leadership Academy.

**National NHS Staff Survey indicators (or equivalent)**

For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

**21. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

Data for reporting year:

White 33%

BME 36%

Data for previous year:

White 32%

BME 36%

The implications of the data and any additional background explanatory narrative

There has been no change in the percentage of BME staff who have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months. In addition, there has been an increase of 1% of White staff experiencing it. Comparatively 3% more BME staff than White staff have experienced this type of harassment, bullying or abuse.

For the Trust’s overall Staff Survey results there was a deterioration of 2% for this question, from the previous year and the Trust was worse than the national average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work collaboratively with the BAME staff network and BAME victims to help to understand the nature of the inappropriate behaviour and to co-produce a basic support structure for victims’ e.g. cultural ambassadors.

**22. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

Data for reporting year:

White 30%

BME 38%

Data for previous year:

White 31%

BME 38%

The implications of the data and any additional background explanatory narrative

There has been no change in the percentage of BME staff who have experienced harassment, bullying or abuse from staff in last 12 months. There has been a decrease of 1% of White staff experiencing it. Comparatively 8% more BME staff than White staff have experienced this type of harassment, bullying or abuse.

For the Trust’s overall Staff Survey results, from the previous year, there was an improvement 1.6% for the question in relation to colleagues and 0.2% deterioration in relation to managers. The Trust was worse than the national average in relation to both areas.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work collaboratively with the BAME staff network to co-produce a zero tolerance campaign regarding bullying and harassment. It is recognised that there is an opportunity to develop stronger reporting mechanism to enable any bullying and harassment hotspots to be addressed expeditiously.

**23. Percentage believing that trust provides equal opportunities for career progression or promotion**

Data for reporting year:

White 85%

BME 60%

Data for previous year:

White 87%

BME 65%

The implications of the data and any additional background explanatory narrative

There has been a deterioration of 5% for BME staff who believe the Trust provides equal opportunities for career progression or promotion. There has also been a decrease of 2% for White staff. Comparatively 25% less BME staff than White staff believe the Trust provides equal opportunities for career progression or promotion.

For the Trust’s overall Staff Survey results there was a deterioration of 2.8% for this question, from the previous year and the Trust was slightly worse than the national average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work collaboratively with the BAME staff network to deep dive into this data and to carry out a proper analysis of the racial disparity. The Trust is committed to ensuring that there’s a BAME representative on senior recruitment panels, including Consultants.

**24. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues**

Data for reporting year:

White 8%

BME 21%

Data for previous year:

White 8%

BME 20%

The implications of the data and any additional background explanatory narrative

There has been a deterioration in this area for BME staff by 1%. White staff remains unchanged since 2019. Comparatively 13% more BME staff than White staff have personally experienced discrimination at work.

For the Trust’s overall Staff Survey results there was a deterioration of 0.2% for this question, from the previous year and the Trust was worse than the national average.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

The Trust will work collaboratively with the BAME staff network to undertake a complete review of supporting victims of alleged discrimination. This is likely to see the implementation of Cultural Ambassadors or its equivalent who can offer some initial support to the victim of discrimination.

**Board representation indicator**

**For this indicator, compare the difference for White and BME staff**

**25. Percentage difference between the organisations’ Board voting membership and its overall workforce**

Data for reporting year:

White 28.3%

BME -24.4%

Data for previous year:

White 26.8%

BME -22.8%

**The implications of the data and any additional background explanatory narrative**

There has been a deterioration of 1.6%, from the previous year for comparison of our BME workforce against the Trust’s Board voting membership. The BME percentage is -24.4% which shows that the Trust Board does not represent the ethnicity of the overall workforce.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective**

The Trust will work collaboratively with the BAME Staff Network to explore whether there recruitment agencies with a strong track record of sourcing candidates from BAME backgrounds. One idea that has been floated is to ask the WRES Team or high profile NHS officers to advertise the vacancy amongst their BAME contacts.

**Summary**

**26. Are there any other factors or data which should be taken into consideration in assessing progress?**

The Trust acknowledges the importance of working in partnership with the BAME staff group. A new approach will be for the WRES data to be taken to the relevant Divisional and Directorate meetings. The intended outcome is for managers to become more aware of their own WRES data and the need for the co-production of mini action plans regarding their area of influence. Managers will be supported to have conversations with their BAME staff as this will help to ensure that issues are addressed at the earliest opportunity.

**27. Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation’s website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below**

The Trust has now formally as of 1st July 2020 entered into a Group model with Kettering General Hospital. Discussions are continuing on having a combined Equality, Diversity and Inclusion strategy that is aligned to the EDS 2 Goals (objectives) and the “We are the NHS: People Plan 2020/2021”.

All key information regarding Equality, Diversity and Inclusion can be found on the Trust’s website - <https://www.northamptongeneral.nhs.uk/About/Equality-and-diversity-information/Equality-Diversity-Inclusion.aspx>.