

Equality Diversity and Inclusion Implementation Committee

20 May 2021

Workforce Race Equality Standard Report and Action Plan

Report Prepared By:	Tina Daniels Equality & Diversity Lead	
Contact Details:	57375	
Date of Report:	May 2021	
Purpose of Report:		
To monitor data on ethnicity of the Trust's staff to ensure recruitment, promotion and career development processes and procedures are accessible and fair to all		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
For information	For Discussion	For Approval
Risks Associated with Report on BAF or CRR:		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAF	CRR	Not Linked to Corporate Risk
Assurance Level:		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Full	Partial	No Assurance
Recommendations:		

Continue monitoring and reporting to identify any ongoing trends or problems for BAME staff in accessing training or promotional opportunities

Promote local, regional and national training schemes for BAME staff

Actively encourage and support BAME staff to attend training schemes.

Sensitivity Level:

1 <div style="text-align: center;"><input type="checkbox"/></div> Not sensitive: For immediate publication	2 <div style="text-align: center;"><input checked="" type="checkbox"/></div> Sensitive in part: Consider redaction prior to release	3 <div style="text-align: center;"><input type="checkbox"/></div> Wholly sensitive: Consider applicable exemption
--	---	---

Purpose of paper

To provide an annual report which can be benchmarked against the Trust's own work to promote career opportunities for Black, Asian and Minority Ethnic (BAME) staff, and with that of other Trusts both locally and nationally.

Background

This is an NHS Employers initiative to assist Trust's in identifying problems in processes and procedures in the career progression of BAME staff across all levels of the organisation.

Current position

The Trust is representative of the community it serves, with the population being 96.7% White British and 3.3% BAME and staff being 81.43% White British and 12.40% BAME. The figures have altered slightly with an increase in the BAME group by 0.79%, unknown group by 0.2% and a decrease of 1.1% for White British.

A welcome addition to the Board, was the appointment of a Non-Executive from a BAME background in January 2020 and a VSM also from a BAME background. The WRES will assist the Trust to identify steps which actively encourage BAME staff on to relevant development courses, reverse mentoring and promotional opportunities. Work has taken place on the recruitment process at the last shortlisting for a Chair-person vacancy and blind shortlisting was introduced as part of this process.

There has been a slight increase in the number of BAME staff recruited and accessing training over the last two years. Although the increases have been small it is a positive move and shows the actions being taken are fit for purpose.

Key issues

Low declaration rates on ESR in relation to ethnicity.
Engaging with BAME staff.
BAME Network

Actions

- Monitor and compare reports to identify any ongoing problems for career progression or accessing training opportunities for our BAME staff.
- Gain interest from staff and ED&I Ambassadors to create a standalone BAME Network.

Recommendations

- Continue monitoring and reporting to identify any ongoing trends or problems for BAME staff in accessing training or promotional opportunities.
- Promote local, regional and national training schemes for BAME staff.
- Support BAME staff to attend training schemes.
- BAME representation on interview panels.

Workforce Race Equality Standard

REPORTING TEMPLATE

Name of provider organisation

Blackpool Teaching Hospitals

Date of report: month/year

April 2021

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

Kevin Moynes Director of HR & OD

Name and contact details of lead manager compiling this report

Tina Daniels Equality and Diversity Lead 01253 957375

Names of commissioners this report has been sent to

Blackpool CCG; Fylde and Wyre CCG; North Lancashire CCG

Name and contact details of co-ordinating commissioner this report has been sent to

NHS England

Unique URL link on which this report will be found (to be added after submission)

<http://www.bfwh.nhs.uk/about/equality/default.asp>

This report has been signed off by on behalf of the Board on (insert name and date)

Kevin Moynes Director of HR & OD, 20 May 2021

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The Trust hosts Trinity Hospice and the North West Leadership Academy on VPD 382 which are excluded from the Trust data that follows as these are entirely separate organisations to BTH. The Trust endeavours to promote and develop staff surveys to reflect indicator 5-8 year on year.

b. Any matters relating to reliability of comparisons with previous years

None identified at this time

2. Total numbers of staff

a. Employed within this organisation at the date of the report

7603

b. Proportion of BAME staff employed within this organisation at the date of the report

943 – 12.40%

3. Self-Reporting

a. The proportion of total staff who have self-reported their ethnicity

Ethnicity data is collected as part of a supplementary and non-compulsory page during the recruitment process, so it could be assumed as being all 'self-reported'.

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

We continue to actively roll out the ESR self service module allowing individuals to access and amend their own record and so improving our self-reporting. This also gives staff that have worked for the Trust for a long period of time that may not reported initially the opportunity to add in their details. A notification is sent via the Trust's Communications team on a regular basis reminding staff to update their information on ESR particularly in respect of the protected characteristics. A welcome addition to the Board as a Non-Executive is from a BAME and clinical background and was appointed at the last vacancy interview panel in January 2020.

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

We will continue to run the self-service awareness and advice sessions to improve access to this for all employees.

As a result of the stringent work carried out by the Trust in relation to Risk Assessments (RAs), a greater number of BAME staff than recorded on ESR, including at very senior manager level, have been identified (ESR-596; RAs-668). Steps are being taken to update ESR, with the permission of the staff concerned, and the increase in BAME staff will be reflected in next year's WRES report.

4. Workforce data

a. What period does the organisation's workforce data refer to?

1st April 2020 to 31st March 2021 or as at 31st March 2021 for data extracted from ESR.

Indicator	Data for reporting year 2020/21	Data for previous year 2019/20	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
For each of these four workforce indicators, the Standard compares the metrics for White and BAME staff.				
<p>1. Percentage of BAME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BAME staff in the overall workforce</p>	<p>2020/21 Overall Workforce BAME 12.40%</p> <p>Clinical Bands 1-4 White 79.7% BAME 15.4%</p> <p>Bands 5-7 White 84.1% BAME 11.2%</p> <p>Bands 8-9 White 90.3% BAME 6.6%</p> <p>VSM White 66.7% BAME 16.7%</p> <p>Med&Dental</p>	<p>2019/20 Overall Workforce BAME 8.35%</p> <p>Clinical Bands 1-4 White 85% BAME 7.8%</p> <p>Bands 5-7 White 83.5% BAME 8.5%</p> <p>Bands 8-9 White 87.2% BAME 4.9%</p> <p>VSM White 66.7% BAME 0.0%</p> <p>Med&Dental</p>	<p>The largest number of BAME staff are in AfC Clinical Band 5, the same as previous years. The percentage of BAME staff at VSM level has increased to 12.50%. There is an increase overall in the number of BAME staff employed by the Trust up from 596 (8.35%) to 943 (12.40%).</p>	<ol style="list-style-type: none"> 1. Consider stretch targets for BAME representation at Bands 8-9 to address any disproportion of BAME staff. 2. Consider reverse mentoring scheme i.e. BAME staff mentors a member of the senior team. 3. Succession planning and corresponding processes have been embedded into appraisals for all staff which includes positive action for all board and senior positions. 4. Talent monitoring has been commenced for staff at Bands 8a to identify potential career advancement to Executive Directors and VSM.

	White 29.3% BAME 39.3% Non-Clinical Bands 1-4 White 93.2% BAME 3.6% Bands 5-7 White 94.6% BAME 3.7% Bands 8-9 White 89.2% BAME 5.0% VSM White 50.0% BAME 10.0%	White 26.3% BAME 28.7% Non-Clinical Bands 1-4 White 89.6% BAME 3.1% Bands 5-7 White 91.8% BAME 2.4% Bands 8-9 White 88.1% BAME 4.0% VSM White 33.3% BAME 11.1%		
2. Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	2020/21 S/LIST White: 4628 BAME: 1134 APPTD White: 1329 BAME: 160 RATIO White: 0.28 BAME: 0.14	2019/20 S/LIST White 4763 BAME 715 APPTD White 1269 BAME 117 RATIO White 0.26 BAME 0.16	Relative likelihood of BAME staff being appointed from shortlisting is less when compared to White staff. This is a small decrease since the last report for BAME applicants being appointed.	<ol style="list-style-type: none"> 1. Auditing will be linked to our quarterly E&D reports and any changes will be reported and actions taken. 2. Review reasons for non-appointment/appointment of BAME applicants 3. Investigate if any difference between professions in relation to the success of BAME applicants. 4. Identify if there are any barriers preventing BAME applicants attending interview. 5. E&D training, to include unconscious bias for interview panels.

				<p>6. Link in with engagement events with local BAME communities to encourage applications.</p> <p>7. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants from BAME backgrounds to apply.</p>
<p>3. Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*</p> <p>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>2020/21 W/FORCE White 6189 BAME 943 Not Stated 471</p>	<p>2019/20 W/FORCE White 5815 BAME 596 N/A 730</p> <p>Likelihood of White entering disciplinary process is 2.4%</p> <p>Likelihood of BAME entering disciplinary process is 1.6%</p> <p>Likelihood of N/A entering disciplinary process is 1.3%</p>	<p>There were a total of 31 disciplinary cases in 2020/2021 (3 BAME, 3 Non-disclosed and 26 White)</p> <p>There were a total of 61 disciplinary cases in 2019/2020 (1 BAME, 10 Non-disclosed, 36 none stated and 14 White)</p> <p>There were 163 Formal disciplinary cases in 2018/19 (131 White, 22 BAME and 10 none stated)).</p> <p>There were 30 formal disciplinary cases in 2017/18 (26 White, 4 BAME).</p> <p>This significant increase was predominantly due to a complex case in one area that required multiple investigations.</p> <p>There is no indication that BAME employees are more likely to enter the disciplinary process than White employees and evidence from individual cases does show that race</p>	<p>None required at present. There is no evidence to suggest that BAME employees are more likely to enter the disciplinary process than White employees.</p> <p>Disciplinary cases will continue to be monitored as part of the HR/employee relations monitoring process.</p>

			<p>is not a factor or feature of the cases.</p> <p>Over the rolling 2 years the likelihood of White entering disciplinary process is 1.3% and BAME 2.6% however this is a skewed position based upon abnormal activity identified in one area in 2018/19</p>	
<p>4. Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff</p>	<p>2020/21 W/FORCE White 6189 BAME 943 Not Stated 471</p> <p>TRAINING White 2886 (79.70%) BAME 542 (14.97%) Not Stated 193 (5.33%)</p>	<p>2019/20 W/FORCE White 5815 BAME 596 Not Stated 730</p> <p>TRAINING White 1769 (81.86%) BAME 130 (7.35%) Not Stated 262 (13.8%)5</p>	<p>The training records held in the Trust's Learning Management System show that a total of 3621 staff accessed non-mandatory training in the 2020/21 financial year. Of these 543 (14.97%) were from a BAME background, 2886 (79.70%) were white; 193 (5.33%) were undefined or had not stated their ethnicity.</p> <p>This shows an increase of 7.62% in the number of BAME staff accessing non-mandatory training and a decrease of 2.16 % in the number of White staff in 2020/21 compared with 2019/20.</p> <p>The 2019/20 CPD data has stayed consistent over the last year, (% are worked out from the total number of staff who accessed CPD training) ???</p>	<ol style="list-style-type: none"> 1. Ensure robust systems for collating and analysing data. 2. Encourage BAME staff on to the coaching programme. 3. Ensure Appraisal system has been Equality Impact assessed to be culturally sensitive. 4. Use positive action to encourage BAME staff onto NW Leadership Academy regional and national programmes. 5. Monitoring will continue to check the numbers of BAME staff accessing non-mandatory training. Any changes will be investigated, and relevant actions taken.

Indicator	Data for reporting year 2020/21	Data for previous year 2019/20	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
<p>For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.</p>				
<p>5. WRES Indicator 5 (Q13a). Percentage of staff experiencing harassment, bullying or abuse from</p>	<p>White 28% (n 3066) BAME 28% (n 280)</p>	<p>White 28% (n 2771) BAME 38% (n 222)</p>	<p>This figure has reduced among all staff groups year on year. The most significant decrease is a reduction of 31% for BAME staff to 26.6% which is below the national average of 28%.</p>	<p>1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work and the new Employee Engagement Sponsor Group (when established post COVID-19)</p>

<p>patients, relatives or the public in last 12 months</p> <p>n = number of responses</p>			<p>White staff also reported a decrease of 6% year on year at 26.7% but this is still higher than the national average of 25.4%.</p>	<ol style="list-style-type: none"> 2. BAME Big Conversation session originally arranged for 30/3/20; placed on hold due to COVID-19 pandemic. This will be rearranged post COVID-19 3. National WRES Lead approached to deliver a Board Development session in April 20; this has been postponed due to COVID-19 4. Additional diagnostics will be undertaken to identify factors leading to these results and subsequent actions identified to address these issues
<p>6. WRES Indicator 6 (Q13c). Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>	<p>White 20 % (n 3066) BAME 22% (n 280)</p>	<p>White 27% (n 2773) BAME 35% (n 223)</p>	<p>The figure for 2020/21 shows a 7.8% decrease for white staff and 24% for BAME staff year on year. At 24.9% White staff are still reporting higher levels than the national average of 24.4%; while the experience of BAME staff at 26.7% is better than the national average of 29.1%.</p>	<ol style="list-style-type: none"> 1. Continue to monitor via the action plan. This will be discussed at the Great Place to Work and the new Employee Engagement Sponsor Group (when established post COVID-19) 2. BAME Big Conversation session originally arranged for 30/3/20; placed on hold due to COVID-19 pandemic. This will be rearranged post COVID-19 3. National WRES Lead approached to deliver a Board Development session in April 20; this was postponed due to COVID-19 and will be rescheduled. 4. Continue to identify and train additional Freedom to Speak Up Ambassadors 5. All in house leadership programmes and Equality and Diversity training include training on bullying and harassment
<p>7. WRES Indicator 7 (Q14). Percentage believing that trust provides equal opportunities for</p>	<p>White 89% (n 3066) BAME 79% (n 280)</p>	<p>White 88% (n 1909) BAME 72% (n 148)</p>	<p>This figure has increased since 2019/20 with 79% of BAME staff stating that they believe the Trust provides equal opportunities for career progression compared to 72% in 2019.</p>	<ol style="list-style-type: none"> 1. Actions to ensure that a relative proportion of staff attending the Senior Collaborative Leadership Programme (SCLP) are from BAME backgrounds are in place. Participants on this programme

<p>career progression or promotion.</p>			<p>The gap between White and BAME staff for this indicator has reduced from 17% in 2019 to 12% in 2020.</p> <p>The response rate from BAME staff represents approximately 148 staff and therefore the data obtained may be lacking validity. However, this represents 5% of the survey respondents which is comparable with the percentage of the organisation from a BAME background. The figure is also lower than the average (median) for other combined acute and community Trusts (73%).</p> <p>10 BAME staff have completed the SCLP in the last year. The data has been used to inform talent groups for senior leadership development programmes and has also supported the Executive Board succession plan. From the leaders who have been identified as talented, high performers within the succession planning process, 36 (54%) have been promoted into senior roles. Of this 10 (28%) have been from a BAME background and 14 (39%) have been women out of a total of 66 on the programme.</p>	<p>are those identified in the Trust's succession planning and talent management process. A number of senior leadership roles have been filled by participants from BAME backgrounds.</p> <p>2. The Trust is part of the NWLA Reciprocal Mentoring For Inclusion Programme which runs for 18 months and due to start about September 2021. Preparations are taking place to select mentors and mentees and provide relevant guidance for the programme.</p>
<p>8. WRES Indicator 8 (Q15b). In the last 12 months have you personally</p>	<p>White 6% (n 3066) BAME 17% (n 280)</p>	<p>White 6% (n 2767) BAME 18% (n 219)</p>	<p>BAME staff remain significantly more likely to experience discrimination at work from colleagues and their managers. 13.7% of BAME staff</p>	<p>1. Further analysis of the data is being undertaken to establish where these issues are occurring</p>

<p>experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>			<p>reported personally experiencing discrimination at work from staff in the last 2 months compared to 6.4% of White staff. However, this does represent a 23% decrease when compared to the previous year for BAME staff. White staff reported an 8% increase year on year. When compared to the national average BTH data is below the national average of 16.8% for BAME but above the average of 6.1% for White staff working in Acute and Acute and Community Trusts.</p> <p>However this represents 7% of the survey respondents which is comparable with the percentage of the organisation from a BAME background. The figure is also higher than the average (median) for other combined acute and community Trusts (15%).</p>	<p>2. A breakdown of the type of discrimination is also being undertaken</p>
<p>Does the Board meet the requirement on Board membership in 9?</p>				
<p>9. Boards are expected to be broadly representative of the population they serve</p>	<p>BAME 22.22% (2)</p> <p>White 66.67% (6)</p>	<p>BAME 1.0%</p> <p>White 68.23%</p>	<p>A further welcome addition to the Board has been an appointment to the Executives. The Board now has two members from a BAME background.</p>	<p>1. Review Non-Exec terms of office or when appointing new members taking note of the lack of diversity at senior level. 2. Take positive action to encourage diverse applicants and declaration of status.</p>

	Not Stated 11.11% (1)	Not Stated 30.77%		
	Overall Workforce BAME 12.40%	Overall Workforce BAME 8.35%		

Report on the WRES indicators, continued

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

Consideration should be given to the data for the ethnicity of the Fylde Coast population which is 96.7% White British and 3.3% BAME, which has changed from 96.9% White British and 4.1% BAME from the last report. As the current figures stand, the Trust is representative of the community it serves.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

www.bfwh.nhs.uk/wp-content/uploads/2020/06/WRES-Indictators-Action-Plan-2020.pdf

The Trust's Staff EDS2 consultation and grading event was held in March 2020. Unfortunately, the public EDS2 consultation was cancelled due to the Covid-19 pandemic. There will be an update of actions arising from the grading in 2021 and will be reviewed alongside the WRES recommendations to ensure proposed actions are complementary, relevant and workable.

WRES Action Plan

WORKFORCE RACE EQUALITY STANDARD (WRES)-ACTION PLAN 2020/21

WRES Indicators	Action to be Taken/Considered	By Whom	Outcome and Completion Date	RAG Rating
1. Address the lack of Black Minority Ethnic (BAME) staff in Bands 8-9, Very Senior Managers (VSM/ESM) (including executive Board members and senior medical staff) compared with the percentage of BAME staff in the overall workforce	1. Consider stretch targets for BAME representation at Bands 8 and above to address disproportionate representation of BAME staff. 2. Implement a reverse mentoring scheme i.e. member of Snr team mentors BAME staff. 3. Succession planning that considers positive action for all board and Snr positions. 4. Promote career development opportunities for BAME staff. 5. Ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics in line with the NHS People Plan.	Sharon Adams/ DDOP's/ DM's	1. Trust's approach to succession planning is an inclusive process and includes all staff. A number of staff from BAME backgrounds have been identified. 2. Subsequently, the Senior Collaborative Leadership Programme has representation from BAME staff who have been identified through succession planning. 3. All delegates attending SCLP have access to Executive level mentor. 4. From the leaders who have been identified as talented, high performers within the succession planning process 36 (54%) have been promoted into senior roles. Of this 10 (28%) are from a BAME background. Ongoing due to improvements.	G

	<ol style="list-style-type: none"> 1. Audit of the recruitment process 2. Review reasons for non-appointment/appointment of BAME applicants 3. Investigate if any difference between professions in relation to the success of BAME applicants. 4. Are there any barriers preventing BME applicants attending interview? 5. E&D training, to include unconscious bias for interview panels. 6. Link in with engagement events with local BAME communities to encourage applications. 7. Review wording on adverts for Band 8-9 and VSM to include clear statement encouraging applicants from BAME backgrounds to apply. 	<p>Andrea Padgeon/ Recruitment Team</p>	<p>1. TRAC system has auditable information, and we are regularly reviewing the data to ensure the process is fair to all applicants</p> <p>2. All candidates are asked to contact the team if they require alternative arrangements for interview and we are using TEAMS/SKYPE to facilitate more interviews.</p> <p>3. We intend to work with the local BAME community to improve the levels of BAME staff, however it is noted that there is not currently a strong local BAME presence, and the workforce does not reflect the local population. We have recently carried out recruitment exercises overseas for both Medical and Nursing staff and this has led to a greater number of BAME staff.</p> <p>All the recruitment work is ongoing as we are constantly trying to reach out to new possible candidates, and this generally means international recruitment. We are also working with the Medical Education team to ensure that international Medical Graduates are given an extended induction to help them settle into the NHS</p> <p>Ongoing due to improvements</p>	<p>G</p>
<p>3. Addressing issues which may cause BAME staff to enter the formal disciplinary process, compared to that of White staff</p>	<ol style="list-style-type: none"> 1. Identify any common themes across disciplinary cases involving BAME staff. 2. Arrange meetings with BME groups to gain understanding of the data and potential barriers with procedures. 	<p>Eleanor Palmer-Rigby/Kerry Scholes</p>	<ol style="list-style-type: none"> 1. Monitor HR cases to ensure no direct or indirect discrimination. 2. Big Conversations enable open communication for BAME staff to assist in identifying any potential barriers. 	

<p>entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*</p> <p>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>3. Check for significant differences between the ethnicity of staff entering the disciplinary process and those receiving sanctions.</p>		<p>3. Guidance for managers to consider around different cultures, languages as barriers to understanding Trust policies and procedures.</p> <p>4. Monitor BAME case management and reporting on it.</p>	<p>G</p>
<p>4. Addressing issues preventing BAME staff accessing non-mandatory training and CPD as compared to White staff</p>	<p>1. Ensure robust systems for collating and analysing data.</p> <p>2. Encourage BAME staff on to the coaching programme.</p> <p>3. Ensure Appraisal system has been Equality Impact assessed to be culturally sensitive.</p> <p>4. Use positive action to encourage BAME staff onto NW Leadership Academy National programmes (funding permitting).</p> <p>5. Track the promotion of those staff who have attended a leadership course programme.</p> <p>6. Establish a Task and finish group to identify internal promotions.</p> <p>Attend specific BAME network meetings to market and advertise development opportunities.</p> <p>7. Board level support for staff to attend appropriate development opportunities.</p>	<p>Sharon Adams/ OD Team</p>	<p>1. OLM system development allows the recording of all training. ESR enhance will support this further.</p> <p>2. Stepping Up Programme – two members of staff from BAME backgrounds have shown interest in taking this forward. Unfortunately, one staff member did not pursue the programme further and the other applied but had to withdraw once she had the programme timetable as it was not compatible with family commitments.</p> <p>Raised concern with NHSE about lack of flexibility re training locations who were discussing with NHS LA.</p> <p>3. The NHS Ready Now Programme for 2020 was launched and information about this opportunity has been circulated to all staff in the Weekly News.</p> <p>The Trust currently has 1403 BAME staff in Bands 6-7; 202 BAME staff in Bands 8a-8c and 2 in Bands above that.</p>	<p>G</p>

<p>5. KF 18. Addressing the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>	<p>1. Improve completion rates for NSS 2021 to improve validity of data. 2. Breakdown data by department/profession if possible to gain better understanding of responses between White staff and BAME groups. 3. Engage with BAME groups to understand responses from BAME staff e.g. use survey monkey to maintain confidentiality.</p>	<p>Sharon Adams/ OD Team/ED&I Lead</p>	<p>1. Staff survey completion rates at the beginning of November 2019 were at 47% which is higher than the same period for 2020. 2. Detailed analysis of issues pertinent to BAME staff will take place during 2020 and action will be taken to explore issues further. 3. Staff engagement action plan in place by Division and Trust Wide which includes actions to further identify issues specifically relating to BAME staff. 4. Roll out Freedom to Speak Up Guardian training and infrastructure to support the development of an open, transparent and honest culture and is ongoing. 5. Quarterly monitoring of trends by Executive Directors via divisional performance reviews. 6. BAME staff rate the trust higher than White staff.</p>	<p>G</p>
<p>6. KF 19. Addressing the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>	<p>Monitor bullying and harassment cases to understand if there is any increased likelihood of BAME staff being involved in cases</p>	<p>Eleanor Palmer-Rigby/ Kerry Scholes</p>	<p>1. Staff Engagement working group monitor results of pulse check surveys and national staff survey information. 2. The bullying and harassment audit for 20/2021 shows that there 12 cases raised formally and 2 of those were raised against staff from BAME/BAME Mixed backgrounds. There is no evidence that any of the cases related to any protected characteristics. 3. Bullying and harassment policy updated in 2018. Next review 2021. 4. New training course designed and delivered regarding bullying and harassment</p>	<p>G</p>

			No changes – still current	
7. KF 27. Addressing the issues faced by BAME staff to provide equal opportunities for career progression or promotion	<ol style="list-style-type: none"> 1. Engage with BAME staff to gain better understanding of staff survey results e.g. survey monkey. 2. New talent management and appraisal process being piloted in two clinical areas. 3. Appraisal information now being captured in ESR. 4. Model Employer trajectories being set. 	OD/ Sharon Adams/ Divisions	<ol style="list-style-type: none"> 1. Staff Engagement working group monitor results of pulse check surveys and national staff survey information bi-monthly. 2. Specific focus groups to address this. 3. The Staff ED&I Ambassador Network now has 4 ethnic members 4. BAME Big Conversation being set up and is being supported by the national BAME lead from NHS England 5. SAS charter. 6. Improvement in the number of BAME staff at Band 8a and above. 	G
8. Q15b. Addressing personal experiences in the last twelve months of discrimination in the work place from any of the following? Manager/team leader or other colleagues	<ol style="list-style-type: none"> 1. Analyse cases to identify any common themes/issues or hot spots. 2. Identify corrective action to be taken e.g. E&D and unconscious bias training. 	HR Teams/ Divisions/M anagers	<ol style="list-style-type: none"> 1. Further analysis of the data is being undertaken to establish where these issues are occurring. 2. A breakdown of the type of discrimination is also being undertaken. 3. Develop E&D and Unconscious Bias Training – UB awareness information included in E&D training, placed on OneHR, circulated to HRBP's, managers and all interview panel members. 	G
9. Addressing low BAME representation on the Board, including NED's	<ol style="list-style-type: none"> 1. Take positive action to encourage diverse applicants. 2. To ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics and in line with the NHS People Plan. 	Director of HR & OD/ Chairman	<ol style="list-style-type: none"> 1. Review appointments process for Board appointments 2. Non-Executive Director periods of appointment have been provided to the Recruitment team so that recruitment campaigns can be undertaken as/when NED appointments become vacant. – a number of BAME groups (Chinese, Polish, Hindu, African/Caribbean/ Islamic Communities) were informed of the NED vacancies including a JD and PS in December 20. 	G

			<p>The above approach is being taken again to advertise for the Medical NED position. The appointment of a BAME applicant was made and started in Post in March 2020.</p> <p>3. Use positive action to encourage people from diverse backgrounds to apply and succeed at obtaining senior leadership posts.</p> <p>4. Facilitate reverse mentoring for those from diverse backgrounds to encourage them into leadership roles.</p>	
<p>10. Improving the physical environment and approaches to be more inclusive for BAME staff</p>	<ul style="list-style-type: none"> • Make Equality Diversity and Inclusion core Board business. • Boards must embed accountability, setting clear measurable and time limited goals. • Board and managers must model inclusive behaviours with consequences if they do not. • Board/Directorates to have a renewed focus on WRES data analysis, set and monitor targets. • Leadership – Gold and Silver Command to have BAME staff representation. • Organisational objective for BAME staff, to report a year-on-year improvement of their experience of working for the Trust. • Take a long-term approach and committing to a timescale to tackle some of the deep-rooted issues. • Set KPI's across the organisation/divisions on equality, diversity and inclusion. 	<p>Leadership – Executives/ NED's</p>	<ol style="list-style-type: none"> 1. Recording of ED&I issues/goals within Board minutes and review. 2. Promotion of the WRES and action plan ensuring they are discussed at Board level. 3. BAME representatives in Gold and Silver Command. 4. Organisational objective relating to BAME staff and improved experiences of working for the trust. 5. KPI's set for the whole organisation relating to ED&I. 	
<p>11. Divisional Responsibility for BAME staff</p>	<ul style="list-style-type: none"> • Develop action plans that are appropriate for the local issues with the input of BAME staff 	<p>Divisional Directors/D DDOP's/</p>	<ol style="list-style-type: none"> 1. WRES action plan adapted to create a divisional plan and reported at the Equality 	

	<p>then cascade across all Divisions inc. Very Senior and Middle Managers.</p> <ul style="list-style-type: none"> • Make action plans the responsibility of DDOP's /Divisional Directors. • Have visible KPI's to understand our workforce data and help shape the design and delivery of the support we offer BAME colleagues. • Equality diversity and inclusion are drivers of service improvements and not a matter of compliance delegated to junior staff. • Managers of new starters are to ensure information on PC's is completed. • Challenge inequalities and be outcome driven. • Use data to drive improvement and be transparent by publishing outcomes. • Progression of BAME staff from lower to middle pay bands. 	DM's	<p>Diversity and Inclusion Implementation Committee.</p> <ol style="list-style-type: none"> 2. DDOP's implement their divisional WRES action plan and report to the Board on successes and issues. 3. Measurable and achievable KPI's improve workforce data and shape the design of the action plan, and the support mechanisms for BAME staff. 4. Report on KPI's at Board level. 5. Improved data collection on ESR for all protected characteristics especially BAME staff. 6. Internal recruitment system to identify applications from BAME staff and monitor progression from lower to middle pay bands. 	
12. Health and Well-being of BAME staff.	<ul style="list-style-type: none"> • Review the Trust's Risk Assessment procedure to ensure it continues to be relevant and fit for purpose. • Risk Assessment guidance to have name of an alternative person to carry out RA if manager being obstructive. • Monitor and track compliance of RA's and mandate for all settings. • Risk Assessment to be discussed as part of established networks to understand consistency of approach, best practice and barriers to implementation. • Targeted health and well-being offers to BAME staff, to build on existing local and national NHS support/offers. 	OH/HR	<ol style="list-style-type: none"> 1. Risk Assessment (RA) procedure reviewed annually. 2. Alternative named person in the RA guidance to carry out RA if manager becomes obstructive. 3. RA's to be mandate for all settings and report to SWC/Board? 4. Improved engagement with BAME staff re review of RA to understand issues or barriers to implementation. 5. Improved uptake of health and well-being offers by BAME staff. 	

<p>13. Positive Workforce for BAME staff</p>	<ul style="list-style-type: none"> • Create a Workforce report to identify those most at risk and this will be shared with regional colleagues for information. • Engagement team to link with BAME staff for listening events. • BAME colleagues to have dedicated time with CEO/ Directors for discussion. • Understand local challenges and WRES data plus other equality data such as turnover, exit interviews and absenteeism by protected characteristic. • ESR declaration information regarding protected characteristics (PC's) to be included in new starter information packs and induction. 	<p>HR/ OD Teams E&D Lead</p>	<ol style="list-style-type: none"> 1. Use existing RA information to form the basis of the workforce report. 2. Engagement Team to improve attendance with the Big Conversations involving BAME staff and Executive Directors. 3. Improved collection of data relating to: turnover of staff, exit interviews and absenteeism by protected characteristics. 4. Include the above data in the Staff Monitoring Report and action plan. 5. OD to include information on ESR declaration for new starters in their starter packs and at induction to improve the capture of data. 	
<p>14. Sharing 'lived experiences' and understanding BAME colleagues</p>	<ul style="list-style-type: none"> • Raise awareness and increase knowledge within the Trust on the issues that face BAME staff. • Learn from the 'lived experiences' of BAME and other groups. • Develop membership of the ED&I Ambassadors/BAME Network. 	<p>Staff ED&I Ambassadors/E&D Lead</p>	<ol style="list-style-type: none"> 1. Promotion Black History Month in October each year. 2. Promotion South Asian History Month in July each year. 3. Increased number of BAME staff joining the Staff ED&I Ambassadors Network. 	