	WRES ACTION PLAN					
	Theme/Indicator	Narrative	Summary of Action taken and Action planned	Detailed WRES Actions	By Who	By When
1	Workforce ethnicity profile data (organisations should undertake this calculation separately for non-clinical and for clinical staff).	The Trust significantly under-represents the local BME population in its non-clinical workforce (local population rate is 7.76% BME (2011 census)). The Trust slightly under-represents the local BME population in its clinical workforce when medical staff are excluded.	The Trust carried out a 20-week Listening into Action (LiA) project in 2015-16 around embedding diversity and inclusion across its services. This had a specific focus on ethnicity. A range of actions were set in motion designed to support a change in culture across the Trust. This work has now been mainstreamed in a new monthly D&I group with representation from each area and a new bi-annual D&I forum to be introduced in 2016 to provide overview, scrutiny and assurance. The Trust has introduced a D&I Newsletter and regularly communicates on a range of D&I matters through our weekly staff newsletter. Actions planned for 2016-17: The Trust has become a Stonewall Diversity Champion. This programme will support the culture development around D&I across all 'protected characteristics' (and beyond), not just LGBT equality. We have targets set to reflect the local population for BME by 2020 with incremental progress to be achieved and monitored. The Trust planned a major recruitment campaign for June 2016 which used an image of a black nurse in the artwork. This campaign was highly successful in attracting the BME community to seek employment with the Trust and resulted in many individuals from the BME community being appointed to substantive nursing roles or bank HCSW roles. We aim to support our new bank HCSWs into substantive employment as opportunities arise and this will support an improvement in the ethnic balance of our workforce. We also plan to explore the reasons for the current low representation of Asian ethnic backgrounds and to seek to develop relationships and understanding with a view to addressing this imbalance also. This links with our published Trust Equality Objectives or 2015-2020.	To develop and implement a support programme to develop and support new bank HCSWs into substantive roles in the Trust. - further recruitment drives to be held in August and September 2016. Continue positive action to encourage applications from BME applicants into Trust vacancies. Consider photo campaign including Asian/Asian British staff member and embed through our ongoing Trust communications. - positive action to encourage applications from the BME community for our NED vacancies, August 2016 -explore reasons for low staff representation of local Asian/British-Asian communities LINKS WITH PUBLISHED EQUALITY OBJECTIVES (2015-18): To develop a more representative workforce at all levels and across all staff groups. Specific target to have Trust BME workforce matching local BME workforce (almost 8%) by 2020, when medical workforce is excluded.	Bank Coordinator and Bank Lead Nurse, with support from Senior Nursing team and HR. HR and Directorate teams Communications team HR and Comms Diversity & Inclusion group	Throughout 2016-17 with quarterly progress reporting at end of quarters 3 and 4.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	The Trust's selection data suggests that white staff have been appointed disproportionately compared to BME staff and this position has deteriorated from 2014-15 to 2015-16. The reasons for this are unknown, meaning that bias (both conscious and unconscious) is assumed to be a factor.	The Trust has been rolling our a much more visible Diversity and Inclusion approach since late 2015. A new Strategy has been launched and long term culture change is a major focus of the approach. Our Recruitment and Selection training has shared our shortlisting and appointment data by ethnicity with participating managers to discuss and explore and has included discussion around both conscious and unconscious bias. We plan to deliver a programme of Inclusion Imperative training in 2016 in line with the HEEWM programme. We have already introduced a strong inclusion theme into our induction and D&I mandatory training and into a number of team development days through 2015-16. We have set targets to increase our BME workforce by 2020, as outlined above. Furthermore, it is planned to undertake an audit of the recruitment and selection process to establish and explore the potential reasons for disproportionate appointments.	Deliver training to recruiting managers on unconscious bias. Roll out progamme of Inclusion Imperative workshops to Trust leaders (range of levels) Positive action recruitment campaigns as above. Undertake a random sample check of appointments and promotions with a focus on ethnicity.	HR Team Diversity & Inclusion Lead see above WFBP for each directorate, including corporate	from July 2016 from September / October2016 end of Q3 and end of Q4
3	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.	The Trust data for 2014-15 and 2015-16 suggests that BME staff were slightly more likely to be the subject of a formal disciplinary process than white staff, although the very low number of formal disciplinary cases must be noted as giving the potential for distortion (20 in 2014-15 and 13 in 2015-16).	Action taken and planned as above to continue to develop and challenge our culture of diversity and inclusion at every level through the organisation.	Continue to monitor ethnicity in relation to staff members subject to disciplinary investigation. No additional action indicated.	n/a	n/a

4	Relative likelihood of staff accessing non-mandatory training and CPD.	Data from the NHS Staff Survey in 2014 and 2015 suggests that BME staff are slightly more likely to receive training additional to mandatory training than white staff. It is noted that the Trust's systems do not allow us to pull off a complete picture of all non-mandatory training undertaken, hence the reliance on staff survey information. It is therefore noted that these calculations are based on an extrapolation based on the survey responses, rather than on information on all staff. It is additionally noted that the apparent positive skew towards BME staff receiving development may be related to the high proportion of BME staff who are members of the medical workforce.	No immediate action highlighted. Continue to monitor. Seek to review data for access to development for non-medical BME staff compared to non-medical White staff.	Undertake analysis of access to non-mandatory training at each level (support, middle, senior, VSM, medical) to ensure that there is equal access to development opportunities in all areas of work across the Trust. Include summary of findings in annual Diversity report 2016-17.	Diversity and Inclusion Lead	Quarter 3 and Quarter 4
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BME staff said they were less likely to experience harassment, bullying or abuse from patients, relatives or the public in the 2014 NHS Staff Survey and slightly more likely in the 2015 survey.	The Trust has become a Stonewall Diversity Champion. This programme will support the culture development around D&I across all 'protected characteristics' (and beyond), not just LGBT equality. We have targets set to reflect the local population for BME by 2020 with incremental progress to be achieved and monitored. The Trust planned a major recruitment campaign for June 2016 which used an image of a black nurse in the artwork. This campaign was highly successful in attracting the BME community to seek employment with the Trust and resulted in many individuals from the BME community being appointed to substantive nursing roles or bank HCSW roles. We aim to support our new bank HCSWs into substantive employment as opportunities arise and this will support an improvement in the ethnic balance of our workforce. We also plan to explore the reasons for the current low representation of Asian ethnic backgrounds and to seek to develop relationships and understanding with a view to addressing this	Develop a local RESPECT poster campaign starring Trust staff, promoting 2-way respect and that abuse of NHS staff is not acceptable Hold a Learning Lessons session focusing on Reflecting on Staff's experiences of personal (including racial and homophobic) abuse at work and how to make it better	Diversity and Inclusion Lead and Communications Team Patient Safety Lead and Diversity and Inclusion Lead	Launch Aug-Sept 2016 September/October 2016
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BME staff reported considerably less experience of harassment, bullying or abuse from staff in the 2014 NHS Staff Survey. This level increased considerably but remained well below the rate reported by white staff in 2015	BME staff reported abuse from patients / public to a slightly higher level than white staff in 2016.	no specific action indicated. Continue to monitor.	n/a	n/a

7	Percentage believing that trust provides equal opportunities for career progression or promotion.	BME staff were slightly less likely to believe that the Trust provides equal opportunities for career progression or promotion than white staff in both the 2014 and 2015 NHS staff surveys.	This links with our published Trust Equality Objectives or 2015-2020.	Positive action recruitment campaigns as outline in indicator 1 above.	as above	through 2016-17
				Explicit statements about equal opportunities for career progression and promotion.	communications team, HR team, Trust SLT	
				Trust to implemet a positive action mentoring programme for BME staff with a view to encouraging BME staff to perform and progress	LET team and SLT	
				Implement a monitoring system for internal staff appointments/promotions by ethnicity and report findings to SLT	HR Team	end of Q3 and Q4
				Share recruitment data with staff through recruitment training	HR Team	
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?b) Manager/team leader or other colleagues	More BME staff than white staff reported that they had personally experienced discrimination at work by their manager/team leader or other colleague in both the 2014 and 2015 NHS staff surveys.	Work with staff side to gather data on alleged nature of discrimination for both known cases and those which have not been formally reported. Take action as dictated by findings.	Trust communications on positive statements about standing up to race hate and racial discrimination	Communications team, Diversity & Inclusion Lead, Trust SLT, HR Team	through 2016-17
				Inclusion Imperative workshops as per 1 above, including accumulated advantage/disadvantage and unconscious bias	D&I Lead	
				Work with staff side to gather data on alleged nature of discrimination for known cases and those not formally reported, taking action as indicated by findings.	HR team and Staff Side (Steve Jones)	Q3 and Q4
9	Board representativeness: difference between the organisations' Board voting membership and its overall workforce.	Our Board (voting members) is 9% BME (1 of 11 individuals). This is broadly equivalent (slightly favorably) to the overall workforce population BME rate of 6.3% and the local overall BME population rate of 7.76%. At the time of writing we have 2 NED vacancies and have included positive action in the recruitment process to attract more applications from women, members of the local BME community and people with a disability (areas of under-representation).	No immediate action indicated. Continue to develop the diversity and inclusivity of our Board make-up as opportunity arises. Ensure that any board vacancies are shared widely with the local population and consider positive action in relation to 'protected characteristics' including ethnicity, disability, LGBT status etc.	To undertake positive action to encourage applications from our BME community for 2 Non Executive Director vacancies in summer 2016.	HR and Communications teams	August-Sept 2016
				To learn from the above experience and develop this approach for future exec and non-exec vacancies.	as appropriate	as appropriate
				To invite Trust Board to develop mentoring relationships, including positive action to encourage staff in protected characteristic groups to seek high level mentoring support	LET team and Trust Board Members	Q3 and Q4 2016-17