

2019 Trust Workforce Race Equality Standard (WRES) Report and Action Plan:

What have we achieved and where are we going?



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Trust Workforce Race Equality Standard (WRES) Report 2019

1. Introduction

The Workforce Race Equality Standard (WRES) was introduced in April 2015 and mandated as annual part of the NHS Standard Contract. Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

The Trust also sees this as a vital component as we strive to improve and deliver our obligations under the Public Sector Equality Duty to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The WRES ultimately supports the Trust to increase its diversity and inclusivity enabling us to deliver services for all people within our communities. It is not possible to deliver safe, personalised, accessible and recovery-focussed services if we are not diverse and inclusive.

This report contains the Trust's fifth WRES report which will be published on our website and shared with NHS England and our local commissioners, as well as being reviewed as part of CQC inspection processes.

The key purpose of the WRES was to address persistent workforce race inequity evident across the NHS in England. The WRES is designed to prompt inquiry and assist healthcare organisations to develop and implement evidence-based responses to the challenges their data reveal. It assists organisations to meet the aims of the NHS Five Year Forward View and, more recently, the NHS Long Term Plan, and complements other NHS policy frameworks such as Developing People – Improving Care, as well as the principles and values set out in The NHS Constitution.

Background

NHS Trusts produced and published their first WRES baseline data in July 2015. Since then, NHS England have published a number of reports sharing updates on the WRES data nationally, and also offering guidance and advice on what constitutes effective action. These reports can be accessed [here](#).

Trusts are required to submit and publish 2 documents to Commissioners and NHS England to satisfy the WRES:

1. NSCHT spreadsheet data set - *Appendix One*
(data to be uploaded by **30/10/19**)
2. A WRES progress report and Action Plan to be published on the Trust's website by **27/9/19** - *This report updated further to discussions at PCD and Trust Board. Progress report Appendix 2) and Action Plan (Appendix 3)*

The above information will be published on our Trust website and will also be shared with our lead commissioners.

The [2018 National WRES Report](#) reported evidence of continuous improvement across the 9 WRES indicators nationally, but still a long way to go. It stated:

This 2017 report will show that the low baseline we started off from in 2015 has improved, albeit with room to improve further. The change we to continue to seek in workforce race equality is not change for political correctness; there is a moral, legal, financial and, most importantly, a quality of patient care case for change.

Key national WRES findings were in 2018 were as set out in Box 1 below:

| | |
|---|--|
| A sustained increase in BME nurses, health visitors and midwives in AfC bands 6 and above. There has been an increase of 2,224 from 2017. | |
| Analysis of WRES data between 2016 and 2018 show continuous improvement across the range of workforce indicators. | Across the 231 NHS Trusts in England , there were just eight BME executive directors of nursing. |
| BME staff make up 19.1% of the workforce in NHS Trusts. Across NHS Trusts, there were more than 10,407 more BME staff in 2018 compared to 2017. | White applicants were 1.45 times relatively more likely to be appointed from shortlisting compared to BME applicants, a reduction from the 1.60 ratio in 2017. |
| The proportion of BME staff in very senior manager (VSM) positions increased from 5.7% in 2017 to 6.9% in 2018. This is still significantly lower than the proportion of BME staff (19.1%) in NHS Trusts. | BME staff were 1.24 times relatively more likely to enter the formal disciplinary process compared to white staff. There have been year on year improvements on this indicator since 2016. |
| The net number of BME board members increased. There were 11 more executive BME board members across NHS Trusts in 2018 compared to 2017. Overall there was one extra non-executive board member across NHS Trusts. | 71.5% of BME staff believed that their trust provides equal opportunities for career progression or promotion. This is lower than the response in 2016 (75.5%). In contrast, 86.6% of white staff believe that their trust provides equal opportunities for career progression or promotion. |

Box 1: Key national WRES findings 2018, NHS England (2018)

In 2018, the Trust had reported that it had improved on only 3 of the 9 WRES indicators, with 6 indicators worsening since the previous year. The indicators that had **improved** were:-

- Indicator 1: Workforce profile
- Indicator 4: Non-mandatory training
- Indicator 9: Trust Board Representation

Indicators that had **worsened** were:-

- Indicator 2: Recruitment
- Indicator 3: Involvement in Formal Disciplinary process (significantly worse than 2017)
- Indicator 5: Harassment, bullying & abuse from patients
- Indicator 6: Harassment, bullying & abuse from staff
- Indicator 7: Belief in equal opportunities
- Indicator 8: Experience of discrimination at work in the last 12 months (significantly worse than 2017)

Following these results, the 2018 Trust WRES report identified that it was clear that we had much work to do to create our vision of a truly diverse and inclusive organisation. In 2018-19 we very much stepped up to this challenge.

3. What we have been doing since the 2018 WRES

The 2018 WRES Action Plan was built around the 4 key themes for action that were identified through our Listening Into Action sessions (held in May and September 2018), plus an additional theme of 'Communication for Inclusion'.

Five project teams were established as below, and the process was project-managed via the newly formed Inclusion Council, which has met monthly since November 2018 and is chaired by the Trust Chief Executive. Project groups consist of an executive director lead, a project lead and one or more BAME colleagues. BAME colleagues have been allocated up to half a day per week to work on these projects.

The Trust's 5 BAME workforce projects are:-

- i. Developing our **recruitment and selection** processes for race inclusion (building in inclusion from start to finish of the process)
- ii. Developing equal and inclusive access to **development and career progression opportunities**
- iii. Learning lessons from incidents of **racist abuse** and aggression (including responding to and preventing incidents; policies & processes; posters; involving the Police; support for those affected, etc)
- iv. **Culture of inclusion** (Inclusive treatment of colleagues and addressing micro-assaults and inequalities)
- v. **Communication for Inclusion** (supporting the development of an inclusive culture through a consistent and conscious focus on inclusion through all our Trust communications including events, information, posters, Trust media etc).

Appendix 2 contains a summary of the objectives, achievements and ongoing work of these project groups. In May 2019 it was agreed that these project groups would be extended beyond the original 6 months to allow additional time for embedding of change and for the delivery of positive outcome measures.

In addition to the 5 BAME workforce projects, the Trust has delivered the following action to further develop race inclusion.

- Introduction of two one-day a week secondment posts of **BAME Inclusion Facilitator Role** for a period of one year. These new roles have a focus on ensuring that BAME service users, carers and local community members have full and fair access to services and employment across the Trust, and to ensure that BAME experiences (service user and colleague experiences) of the Trust are positive, high quality and equitable. Two individuals commenced this new role, with one leaving for a promotion opportunity after 3 months in post. The resulting vacancy is going to interview soon for a 9-month opportunity at the time of writing.
- The Trust's second **Symphony for Hidden Voices Inclusion Conference**, held in September 2018, included a major focus on race inclusion as a key theme of the day. Race-themed presentations on the day included:-

- Dame Elizabeth Anionwu – keynote speaker
- Dramatic presentation of a BAME staff member’s experience ‘Staff Nurse Story’ [This was subsequently shared as a Youtube film and used to facilitate team discussions about race inclusion across the Trust]
- Dramatic presentation of Windrush poem ‘You called and we came’ (Prof Laura Serrant)
- Roger Mackenzie – ‘Black mental health matters’
- BAME Reverse Mentoring

This event also served as the Launch of our Staffordshire and Stoke-on-Trent STP Stepping Up BAME Leadership Programme (see over).

- Three cohorts of the **Staffordshire Stepping Up BAME Leadership Programme** have been commissioned and delivered through 2018-19, with almost 100 participants from across the Staffordshire and Stoke-on-Trent Strategic Transformation Partnership (STP). This project has been led by the Trust on behalf of the STP. Ten members of Trust staff were offered places on the programme (with 9 taking these up, one place lost due to ill health).

This programme has received excellent feedback and it is hoped to secure funding for a further 2 cohorts in 2019-20.

- Further development of our **BAME Staff Network** to build membership and regular attendance. This has been effectively supported by the introduction of our BAME Inclusion Facilitator roles. An event in May to celebrate ‘The Power of Staff Networks’ helped to bolster membership and awareness about the BAME Staff Network as well as encouraging individuals to support or be members of our new Neurodiversity Staff Network and our LGBT+ Staff Network.

4. NSCHT WRES 2019 Findings

Despite the significantly increased focus on race inclusion over the past 2 years and particularly the last 12 months, the Trust has seen mixed progress on the WRES indicators in 2018-19. Whilst the level of progress is disappointing, it is noted that racial inequity is deeply-rooted in societal attitudes, culture and behaviours and culture in myriad ways, both conscious and unconscious. Achieving effective change on race inclusion is a long term goal and does not happen overnight. However, it is notable that discussions about race inclusion have been taking place across the organisation and there is a significantly heightened awareness of these matters across staff at every level. Our BAME staff have indicated that the efforts that the Trust is taking to address racial inequality are appreciated and much needed and more BAME staff are putting themselves forward to be part of the process of bringing about positive change.

The below sets out the detail for each specific WRES Indicator in 2019:-

1. Workforce profile

- Overall the BAME % in our workforce profile **has reduced** since 2017-18. This is **6.3%** as at 31.03.19 from 6.7% (as at 31.03.18).
- When medical staff are excluded, this reduces to 5.6% of the workforce.
- Clinical under-represents for BAME staff in bands except bands 4 and 5.
- Non-clinical has a very low BAME % (1.6%) and under-represents in all banding groups.

2. Shortlisting to appointment

- **Worsened** to **2.07** from 1.96 last year (a score of 1.0 = BAME and white staff equally proportionate likelihood)
- While this indicator is a very significant concern for the Trust for the second consecutive year, analysis quarter-by-quarter suggests that there may be 'green shoots' of improvement in the final quarter of the financial year (Jan-Mar 2019). This position requires close monitoring and continued strategies designed to create more inclusive recruitment and selection.

3. Disciplinary

- **Improved** from 10.54 (an outlier figure) last year to **0.88** (a score of 1.0 = BAME and white staff equally proportionate likelihood). The 2019 rate indicates that BAME staff were slightly **less likely** to be involved in a disciplinary process than white staff in 2018-19.

4. Training (% of staff undertaking at least one piece of non-mandatory development in the financial year 2017-18)

- Overall the balance was again **in favour of BAME staff (0.68)** ie more likely to access at least one piece of non-mandatory development.
- **However, when medical staff are removed** from the data, the balance changes to 1.2 (ie indicating that white staff are approximately 20% more likely to undertake at least one piece of non-mandatory development).
- Our score last year on this measure was 0.95 (which was also a positive result).

5. Harassment, bullying & abuse from patients (source = Staff Survey)

- **Worse** than last year: **54.5%** of BAME staff (43.3% in 2018) experienced HB&A from pts (29.7% for white staff)

6. Harassment, bullying & abuse from staff (source = Staff Survey)

- **Improved** from last year – **21.1%** of BAME staff (36.7% in 2018) experienced HB&A from staff (14.7% white staff)

7. Belief in equal opportunities (source = Staff Survey)

- **Worse** than last year – **58.8%** of BAME staff (64.3% in 2018) believed we offer equal opportunities (87.5% of white staff)

8. Experience of discrimination at work in the last 12 months (source = Staff Survey)

- **Much better** than last year – **3.3%** of BAME staff (4.7% of white staff). The corresponding figures for 2018 were 20.1% for BAME staff and 6.7% for white staff).

9. Trust Voting Board members profile (compared to local area)

- Board member BAME representation **unchanged** – **18.2% BAME** (15.4% in 2018) – there are **two BAME Voting Board Members** in both 2017-18 and 2018-19 (one executive member and one non-executive) as at 31st March in each year. (Our locality is 7.6% BAME).
- [Variation in the reported percentage rate on this measure is due to changes in the number in people actually in post at the time of data collection.]
- **However**, it is noted that the BAME non-executive member stepped down from his role as of April 2019, meaning that the Board BAME ethnicity is **currently 7.1%** which is significantly worse than the reported position.

i.e. summary of 2019 WRES indicators:-

4 indicators improved; 4 indicators worsened; 1 indicator unchanged

5. Conclusions and Next Steps

There remains both an immediate and a long-term challenge around addressing a range of societal, historical, cultural and organisational factors which culminate in our BAME workforce experiencing poorer employment prospects and experiences than their white counterparts in the NHS on a range of measures.

The Trust has worked hard in 2018-19 to further raise the game in relation to race inclusion, increasing visibility and continuing to identify and address the associated issues. This has been at every level, from Board to service/team and individual staff levels. However, there is still much to do and there is a need to progress to measurable outcomes. It is acknowledged that changing cultures does not happen overnight and seeing visible change in the racial make-up of the organisation takes time. We cannot delay – tangible change is needed now, and particularly in more senior roles.

The work we have been doing to develop workforce race inclusion over the past 12-18 months is summarised above in this report and at **Appendix 2**.

The further work that we are committed to implementing through 2019-20 is set out at **Appendix 3** and includes the extension of the focus of our Inclusion Council on BAME inclusion through much of 2019-20.

6. Recommendations

The Trust Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:-

1. Note the progress with actions from WRES 2018 as set out above and at Appendix 2.
2. Approve the 2019 WRES report and Action Plan (Appendix 3) for publication with the WRES Team, on the Trust's website and sharing with our lead commissioners.
3. Contribute to ongoing development of Trust actions for **tangible and measurable change** to be implemented through 2019-20 and beyond
4. Commit to taking **personal action** to deliver tangible progress on this critical agenda throughout your own area of responsibility

END

Submission Template
Workforce Race Equality Standards 2018/19 template

| | |
|--|-----------------|
| | Answer Required |
| | Auto Populated |
| | N/A |

| INDICATOR | DATA ITEM | MEASURE | 31st MARCH 2018 | | | | | | 31st MARCH 2019 | | | | | | Notes | |
|--|--|--|---|------------------|--------------|------------------|------------------------|------------------|-----------------|------------------|--------------|------------------|------------------------|------------------|--------------|----|
| | | | WHITE | | BME | | ETHNICITY UNKNOWN/NULL | | WHITE | | BME | | ETHNICITY UNKNOWN/NULL | | | |
| | | | ESR figures | Verified figures | ESR figures | Verified figures | ESR figures | Verified figures | ESR figures | Verified figures | ESR figures | Verified figures | ESR figures | Verified figures | | |
| 1 | 1a) Non Clinical workforce | | | | | | | | | | | | | | | |
| | 1 | Under Band 1 | Headcount | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | |
| | 2 | Band 1 | Headcount | 18 | 28 | 0 | 0 | 0 | 0 | 17 | 17 | 0 | 0 | 0 | 0 | |
| | 3 | Band 2 | Headcount | 39 | 40 | 0 | 0 | 2 | 2 | 45 | 45 | 0 | 0 | 1 | 8 | |
| | 4 | Band 3 | Headcount | 69 | 73 | 2 | 2 | 4 | 4 | 66 | 66 | 2 | 2 | 4 | 21 | |
| | 5 | Band 4 | Headcount | 68 | 80 | 2 | 6 | 0 | 0 | 62 | 61 | 2 | 2 | 0 | 1 | |
| | 6 | Band 5 | Headcount | 40 | 48 | 0 | 1 | 0 | 0 | 36 | 36 | 0 | 0 | 1 | 5 | |
| | 7 | Band 6 | Headcount | 23 | 62 | 1 | 5 | 0 | 0 | 25 | 25 | 1 | 1 | 0 | 1 | |
| | 8 | Band 7 | Headcount | 14 | 83 | 0 | 5 | 0 | 0 | 15 | 15 | 0 | 0 | 0 | 1 | |
| | 9 | Band 8A | Headcount | 18 | 46 | 0 | 1 | 0 | 0 | 19 | 19 | 0 | 0 | 0 | 0 | |
| | 10 | Band 8B | Headcount | 11 | 21 | 0 | 2 | 0 | 1 | 8 | 8 | 0 | 0 | 0 | 0 | |
| | 11 | Band 8C | Headcount | 7 | 14 | 0 | 0 | 0 | 1 | 5 | 5 | 0 | 0 | 0 | 0 | |
| | 12 | Band 8D | Headcount | 0 | 2 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | |
| | 13 | Band 9 | Headcount | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| | 14 | VSM | Headcount | 1 | 18 | 0 | 4 | 0 | 1 | 1 | 5 | 0 | 0 | 0 | 0 | |
| | 1 | 1b) Clinical workforce of which Non Medical | | | | | | | | | | | | | | |
| | | 15 | Under Band 1 | Headcount | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| | | 16 | Band 1 | Headcount | 7 | 0 | 0 | 0 | 0 | 0 | 7 | 7 | 0 | 0 | 0 | 0 |
| | | 17 | Band 2 | Headcount | 10 | 1 | 1 | 9 | 0 | 0 | 13 | 13 | 0 | 0 | 0 | 0 |
| | | 18 | Band 3 | Headcount | 196 | 188 | 6 | 6 | 8 | 9 | 204 | 204 | 10 | 10 | 8 | 10 |
| | | 19 | Band 4 | Headcount | 79 | 69 | 7 | 3 | 1 | 1 | 98 | 100 | 13 | 13 | 1 | 2 |
| | | 20 | Band 5 | Headcount | 195 | 186 | 11 | 10 | 3 | 3 | 177 | 177 | 15 | 15 | 4 | 4 |
| | | 21 | Band 6 | Headcount | 258 | 221 | 14 | 10 | 6 | 5 | 265 | 270 | 12 | 13 | 3 | 7 |
| | | 22 | Band 7 | Headcount | 147 | 84 | 7 | 2 | 5 | 6 | 163 | 164 | 8 | 8 | 6 | 8 |
| | | 23 | Band 8A | Headcount | 54 | 29 | 1 | 0 | 1 | 1 | 51 | 51 | 1 | 1 | 1 | 3 |
| | | 24 | Band 8B | Headcount | 12 | 3 | 2 | 0 | 1 | 0 | 18 | 18 | 1 | 1 | 0 | 0 |
| | | 25 | Band 8C | Headcount | 15 | 8 | 0 | 0 | 1 | 0 | 12 | 12 | 0 | 0 | 1 | 1 |
| | | 26 | Band 8D | Headcount | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 27 | | Band 9 | Headcount | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 28 | VSM | Headcount | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 1 | Of which Medical & Dental | | | | | | | | | | | | | | | |
| | 29 | Consultants | Headcount | 17 | 13 | 21 | 15 | 2 | 2 | 14 | 15 | 19 | 19 | 2 | 2 | |
| | 30 | of which Senior medical manager | Headcount | | 0 | | 2 | | 0 | | 1 | | 2 | | 0 | |
| | 31 | Non-consultant career grade | Headcount | 7 | 7 | 6 | 4 | 0 | 2 | 7 | 7 | 7 | 7 | 6 | 6 | |
| | 32 | Trainee grades | Headcount | 1 | 6 | 2 | 10 | 0 | 1 | 4 | 4 | 4 | 4 | 0 | 0 | |
| | 33 | Other | Headcount | 1 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts | | | | | | | | | | | | | | | |
| | 34 | Number of shortlisted applicants | Headcount | | 1998 | | 493 | | 35 | | 1109 | | 202 | | 19 | |
| | 35 | Number appointed from shortlisting | Headcount | | 199 | | 25 | | 3 | | 205 | | 18 | | 6 | |
| | 36 | Relative likelihood of appointment from shortlisting | Auto calculated | | 0.0985995996 | | 0.0507099391 | | 0.0857142857 | | 0.1848512173 | | 0.0891089109 | | 0.3157894737 | |
| 3 | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation | | | | | | | | | | | | | | | |
| | 38 | Number of staff in workforce | Auto calculated | | 1332 | | 96 | | 39 | | 1366 | | 96 | | 81 | |
| | 39 | Number of staff entering the formal disciplinary process | Headcount | | 4 | | 3 | | 0 | | 16 | | 1 | | 0 | |
| | 40 | Likelihood of staff entering the formal disciplinary process | Auto calculated | | 0.0030030030 | | 0.0315789474 | | 0.0000000000 | | 0.0117994100 | | 0.0104166667 | | 0.0000000000 | |
| Note: This indicator will be based on data | | 41 | Relative likelihood of BME staff entering the formal disciplinary process compared to White staff | Auto calculated | | | 10.52 | | | | | 0.68 | | | | |

Submission Template Workforce Race Equality Standards 2018/19 template

| | |
|--|-----------------|
| | Answer Required |
| | Auto Populated |
| | N/A |

| INDICATOR | DATA ITEM | MEASURE | 31st MARCH 2018 | | | 31st MARCH 2019 | | | Notes | |
|-----------|---|--|-----------------|--------------|------------------------|-----------------|--------------|------------------------|--------------|---|
| | | | WHITE | BME | ETHNICITY UNKNOWN/NULL | WHITE | BME | ETHNICITY UNKNOWN/NULL | | |
| 4 | 42 | Number of staff in workforce | Auto calculated | 1332 | 96 | 39 | 1356 | 96 | 81 | |
| | 43 | Number of staff accessing non-mandatory training and CPD: | Headcount | 133 | 10 | 8 | 805 | 63 | 26 | Compiled from:- - Non-mandatory training data from Learning Management System (LMS) plus - medical staff development plus - data from study leave forms and training needs analysis process. |
| | 44 | Likelihood of staff accessing non-mandatory training and CPD | Auto calculated | 0.0998498498 | 0.1062631579 | 0.2051282051 | 0.4461651917 | 0.8562500000 | 0.3209876543 | |
| | 45 | Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff | Auto calculated | 0.95 | | | 0.68 | | | |
| 5 | Percentage of staff experiencing harassment, bullying | % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | Percentage | 31 | 43 | | 27 | 55 | | |
| 6 | Percentage of staff experiencing harassment, bullying | % of staff experiencing harassment, bullying or abuse from staff in last 12 months | Percentage | 16 | 37 | | 15 | 21 | | |
| 7 | Percentage of staff that trust provides equal opportunities for | % staff believing that trust provides equal opportunities for career progression or promotion | Percentage | 91 | 64 | | 87 | 59 | | |
| 8 | Percentage of staff that have you personally experienced discrimination at work | % staff personally experienced discrimination at work from Manager/team leader or other colleague | Percentage | 7 | 21 | | 5 | 3 | | |
| 9 | 50 | Total Board members | Headcount | 11 | 2 | 0 | 12 | 2 | 0 | |
| | 51 | of which: Voting Board members | Headcount | 3 | 1 | 0 | 9 | 2 | 0 | |
| | 52 | : Non Voting Board members | Auto calculated | 8 | 1 | 0 | 3 | 0 | 0 | |
| | 53 | Total Board members | Auto calculated | 11 | 2 | 0 | 12 | 2 | 0 | |
| | 54 | of which: Exec Board members | Headcount | 7 | 1 | 0 | 6 | 1 | 0 | |
| | 55 | : Non Executive Board members | Auto calculated | 4 | 1 | 0 | 6 | 1 | 0 | |
| | 56 | Number of staff in overall workforce | Auto calculated | 1332 | 96 | 39 | 1356 | 96 | 81 | |
| | 57 | Total Board members - % by Ethnicity | Auto calculated | 84.6% | 15.4% | 0.0% | 85.7% | 14.3% | 0.0% | |
| | 58 | Voting Board Member - % by Ethnicity | Auto calculated | 75.0% | 25.0% | 0.0% | 81.8% | 18.2% | 0.0% | |
| | 59 | Non Voting Board Member - % by Ethnicity | Auto calculated | 88.9% | 11.1% | 0.0% | 100.0% | 0.0% | 0.0% | |
| 60 | Executive Board Member - % by Ethnicity | Auto calculated | 87.5% | 12.5% | 0.0% | 85.7% | 14.3% | 0.0% | | |
| 61 | Non Executive Board Member - % by Ethnicity | Auto calculated | 80.0% | 20.0% | 0.0% | 85.7% | 14.3% | 0.0% | | |
| 62 | Overall workforce - % by Ethnicity | Auto calculated | 90.9% | 6.5% | 2.7% | 88.5% | 6.3% | 5.3% | | |
| 63 | Difference (Total Board - Overall workforce) | Auto calculated | -6.2% | 8.9% | -2.7% | -2.7% | 8.0% | -5.3% | | |

TRUST WRES ACTION PLAN

Part 1: Progress with 2018 WRES Action Plan

Following the BAME LiA Taking Action on Race Inclusion sessions in May and September 2018, chaired by the Trust CEO, the following was agreed to implement urgent and effective action on race inclusion:-

- New **Inclusion Council** to be established from those who attended. BAME attendees to be released to attend this meeting by personal request of CEO. This group will focus on Race Inclusion initially, but will eventually move to covering the range of inclusion issues / protected characteristics.
- **5 WRES project groups** established as below. Each group has a Project Lead and a BAME sponsor, with a clinical sponsor where appropriate.
- **WRES Project groups to meet weekly** (in person, by phone, by email as appropriate on each occasion) – BAME sponsors to be given half day release from their role at personal request of CEO.
- WRES Project groups to report into Inclusion Council. Each group to develop and implement meaningful and effective action on their action topic.
- Demonstrable progress anticipated over the first 3-6 months

The following pages outline the project plans and progress linked to the 5 BAME Workforce projects:-

| WRES ACTION PRIORITIES | By Who | By When | Key Notes, Comments and Progress |
|--|--|---|---|
| <p><u>WRES Action Area 1 - Developing Inclusive HR Processes</u></p> <p>(Links with WRES indicators 1, 2, 3 and 9)</p> <p>To develop action including:</p> <ul style="list-style-type: none"> - inclusive recruitment and selection processes from start to finish (consider: BAME representation on interview panels; bulk recruitment; monitoring and challenge processes; use of positive action) - disciplinary and grievance processes (consider RCN Cultural Ambassadors programme) - workforce equality info processes - bank and agency staff | <p>Project Lead: Cherie Cuthbertson</p> <p>Exec Lead: Director of Workforce and Inclusion</p> <p>BAME Sponsor: Tes Zaheer</p> | <p>Weekly action group</p> <p>Feed into monthly Inclusion Council</p> | <p>Data Analysis to identify priority focus areas – Interviews.</p> <p>Audit of interviews to review qualitative information</p> <p>Introduction of representative Interview panels</p> <p>2019-20</p> <p>Use of Positive Action strategy to support an improvement in the numbers of BAME applicants for senior posts and for non-clinical roles.</p> <p>Interview and selection Training for all Recruiting managers to improve best practice.</p> <p>Raise awareness of data evidence with Recruiting managers.</p> <p>To take forward in 2019-20:- Re Disciplinary process – to develop a plan with regard to how to address potential (unconscious) bias in the disciplinary process, possibly using the RCN Cultural Ambassadors’ approach or similar. Lead Manager: TBC</p> |

| | | | |
|---|---|---|---|
| <p><u>WRES Action Area 2 - Supporting the development of our BAME staff</u></p> <p>(Links with WRES indicators 4 and 7)</p> <p>Developing systems to support equal and inclusive access to career development, leadership development and education development opportunities. May include:</p> <ul style="list-style-type: none"> - buddy system for all BAME staff - coaching and mentoring of BAME staff - BAME staff developing skills as coaches and mentors - Reverse mentoring - Developing educators and trainers from BAME ethnicity - Raising cultural, race and faith awareness - 'Public Narrative Training' – social movement theory and call to action - Ongoing support post-programme for 'Stepping Up' participants | <p>Project Lead: Sue Slater</p> <p>Exec Lead: Exec Director of Nursing</p> <p>BAME Sponsor: Tanisha Molloy</p> | <p>Weekly action group</p> <p>Feed into monthly Inclusion Council</p> | <p>KEY PROGRESS ACHIEVED:-</p> <ul style="list-style-type: none"> - Education opportunities now emailed direct to BAME staff - Significant increase in BAME staff undertaking educational and development programmes - Reverse Mentoring launched in March 2019 with a cohort of BAME colleagues acting as Reverse Mentors - Funding agreed for a 12 month secondment to BAME Practice Education Facilitator role - 'Train the trainers' from the BAME workforce increased from none to 3 (delivering safer people handling; and resuscitation modules). <p><u>Going forward in 2019-20:-</u></p> <ul style="list-style-type: none"> - Training Manager to attend Stepping Up Forum - Development leaflet to be created specific for BAME colleagues - Further 'train the trainers' sought in Suicide and self harm; mental health first aid; dementia. At least one BAME colleague sought to deliver on one of these programmes. |
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| <p><u>WRES Action Area 3 - Reporting, learning & improving from incidents</u></p> <p>(Links with WRES indicators 5 and 6)</p> <p>Reporting, learning and improving following incidents and incidences of racism, racist abuse and aggression</p> <ul style="list-style-type: none"> - preventing incidents - responding better to incidents (saying 'That's not acceptable') - supporting people better when subject to incidents - policies, processes and SOPs - posters (link with comms group) - involving the Police | <p>Project Lead: Frazer Macdonald</p> <p>Exec Lead: Executive Medical Director</p> <p>BAME Sponsor: Desi Somers</p> | <p>Weekly action group</p> <p>Feed into monthly Inclusion Council</p> | <p>KEY PROGRESS ACHIEVED:-</p> <ul style="list-style-type: none"> - Staff sessions have been completed in respect of supporting staff responding and tackling incidents of racist abuse. - Paper forms were trailed to support reporting of incidents of racist abuse. - We continue to support staff who have been the victim of racial abuse and ensure they have contacts for support from BAME colleagues if they feel this would be supportive. - Managers have been supported and provided with the knowledge of the interventions available, such as Warning letters and Police involvement. <p><u>Going forward in 2019-20:-</u></p> <ul style="list-style-type: none"> - Comms are working on a poster to support reporting as well as the current posters already in circulation and in development in respect of preventing Racist abuse. - The processes for issuing of warning letters are being reviewed to make these more robust and consistent. |
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WRES Action Area 4 - Creating a culture of inclusion

(Links with WRES indicators 6, 7 and 8)

Developing action to deliver:

- developing understanding of BAME experience and how we treat each other day-to-day
- inclusive treatment of colleagues
- values and behaviours - clear standards of expected and unacceptable behaviour
- policies, training, leadership styles, service user involvement & experience
- addressing micro-assaults and inequalities as well as macro-assaults and inequalities
- include considering religion, culture, language, accents, food, etc.

Project Lead:

Neil Clarke

Exec Lead:

Chief
Operating
Officer
Jonathan
O'Brien

BAME

Sponsors:

Dee Hussain

Clinical

Sponsor:

Dr Dennis
Okolo

Progress to end March 2019

- staff survey of micro aggressions completed
- poster campaign about micro aggressions developed and extended to cover other groups (gender, LGBT etc)
- Trust Diversity and Inclusion mandatory training reviewed and recommendations for action made

For going forward 2019-20

- Trust Staff Networks event held raising profile and reinforcing senior leadership support for BAME Staff Network (10 May)
- Trust BAME Conference 13 June 2019
- Trust Leadership Academy Masterclass with Prof Mala Rao 3 July
- Trust Inclusion Conference (a 3rd Symphony for Hidden Voices) – 4 December 2019
- Trust first LGBT Conference on 14 February 2019 to include focus on intersectionality (BAME & LGBT)
- Masterclass to be planned on inclusive leadership with Roger Kline
- Trust to Sponsor West Midlands Black History Month 16 October event and to have 15 staff in attendance comprising senior leadership and BAME colleagues (BAME colleagues invited to bring a white colleague to the event).

WRES Action Area 5 – Communication for Inclusion

(sits across the 9 WRES indicators)

Developing and delivering on communication for inclusion:–

- clear communication on expectations around inclusion
- developing deeper understanding of diversity, inclusion and what it means to be person-centred
- staff feedback mechanism (including feedback from trainees and exiting employees; app)
- Effective BAME network
- Engaging with our agency and bank staff
- Posters
- Leaflets and Info
- BAME champions
- Inclusion Events ..starting with #WearRedDay #19Oct #ShowRacismTheRedCard

Project Lead:
Joe McCrea

Exec Lead:
Workforce Director

BAME Sponsors:
Nikita Duncan and Susan Gombedza

Progress so far:-

- the Inclusion Council and BAME Network has initial pages on CAT and the Trust website
- BAME inclusion is regularly included in Newsround, CEO Blog and Combined Catch-Up and is fully embedded in MOOD Actions Tracker and referenced in social media.
- Inclusion Council initial film and material is regularly included in CEO Blog, Combined Catch-Up, CEO Board Report, Newsround, social media and is currently being shown on the Harplands TV and on TV in Lawton House Reception. It will be included in 2018-19 Annual Report, Quality Account, AGM Review of the Year and Symphony of Hidden Voices.
- SLT have signed off on solution for TVs and messages to desktops.
- We have posters around Trust locations highlighting the Inclusion Council, action on racism and micro aggression.

Going forward in 2019-20

- Strategic Review of Comms & Engagement will include specific proposals and strategy for developing race inclusion agenda
- Trust local video 'Inclusion Starts with I' to be developed
- Trust 'BAME Includes ME' campaign to promote inclusion of white-skinned minority ethnic individuals in our thinking on BAME inclusion

| <u>Action</u> | <u>Action Lead and Completion Date</u> |
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| <p>1. To continue with the five BAME Workforce Projects with a focus on key deliverables and on achieving tangible change outcomes</p> <ul style="list-style-type: none"> • Peter Axon, new Trust CEO to take on role of Chair of the Inclusion Council • Review focus of Inclusion Council after end of first six months as at end March 2019 | <ul style="list-style-type: none"> - COMPLETE APRIL 2019 - COMPLETE MAY 2019 - Two clear deliverables to be identified for each project for completion by October 2019. |
| <p>2. To deliver a BAME inclusion conference in June 2019</p> | <ul style="list-style-type: none"> - Lesley Faux, June 2019 COMPLETE 13 JUNE 2019 - Further action to deliver an STP-wide conference on the back of the success of this event by June 2020 – D&I LEAD in conjunction with STP Partners |
| <p>3. To secure funding for and deliver two-three further cohorts of Staffordshire Stepping Up on a partnership basis with STP partner Trusts</p> | <ul style="list-style-type: none"> - Education and Development Team / Lesley Faux Seek to secure funding by end July 2019 Plan in progress – awaiting confirmation |
| <p>4. To fill the second BAME Inclusion Facilitator role and to agree key deliverables for the role with the postholder</p> | <ul style="list-style-type: none"> - Lesley Faux - By end July 2019 - Interviews 24 July |
| <p>5. To have a Trust presence at the West Midlands Black History Month Conference in October 2019 (with a minimum of 7 BAME and 7 white colleagues attending).</p> | <ul style="list-style-type: none"> - Trust senior leadership representation - Lesley Faux & BAME Inclusion Facilitators - 16 October 2019 |
| <p>6. To produce a local Trust version of the 'Inclusion Starts with I' video and use this to support staff inclusion education and awareness, including Trust Induction.</p> | <ul style="list-style-type: none"> - Joe McCrea and Lesley Faux - September 2019 |

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| <p>7. To hold regular BAME Staff Network meetings (minimum of 3 annually) and to receive positive feedback about the benefit of these meetings.</p> | <p>Cherelle Laryea/ future BAME Network Chair With support of BAME Inclusion Facilitators and D&I Lead</p> |
| <p>8. To introduce a BAME Practice Educator Role for a period of 12 months</p> | <p>Post commenced one day per week from May 2019</p> |
| <p>9. Diversity and Inclusion Lead and Workforce Business Partners to link with clinical directorate leadership team to develop directorate priority actions on improving workforce race inclusion.</p> | <p>Diversity and Inclusion Lead and Workforce Business Partners to link with each of the 4 clinical directorates and develop action plans by end of October</p> |
| <p>10. To identify employees working with the Trust as healthcare support workers who have overseas nursing or other professional nursing qualifications that they are not able to use currently due to not being recognised by the relevant UK professional body. To work with these individuals to develop individual support plans to facilitate employment in qualified health professional roles.</p> | <p>Two drop in sessions being held to enable relevant individuals to share details of their situation and to discuss the various options available and what is involved. Sessions to be held:-</p> <ul style="list-style-type: none"> - 16 July - 16 August |