

Workforce Race Equality Standard (WRES) Report and way forward

1 Summary and Background

The purpose of this paper is to provide an update on progress against the Workforce Race Equality Standard indicators and propose future actions. These actions will form part of the Trust's Equality Objectives and overarching Equality Diversity & Inclusion Work Plan for 2021 and beyond.

The WRES was first mandated in July 2015 to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair and equal treatment in the workplace. The WRES standard is also cross referenced to the Equality Delivery System 2 (EDS2) to support performance review, set equality objectives and deliver on the Public Sector Equality Duty (PSED which sets out the 'general' and 'specific' duties on public authorities as indicted below:

2 The General 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.

3 The Specific Duty to:

- Publish equality information at least once a year to show how they've complied with the equality duty.
- Prepare and publish equality objectives at least every 4 years.

To put the WRES into context the NHS People Plan states that...

'... to embed the important interventions that improve the experience of our people, we will develop a new offer with our people setting out explicitly the support they can expect from the NHS as a modern employer...'

This will be framed around the broad themes of:

'... creating a healthy, inclusive and compassionate culture, enabling great development and fulfilling careers, and ensuring everyone feels they have voice, control and influence...'

The interim plan then expands on 'Creating a healthy, inclusive and compassionate culture' *by setting out 'action to improve equality will need to run through all elements of the work on this new offer. This will include further action to embed the Workforce Race Equality Standard.....'*

4 Recommendations

1. Adopt a program of review and development to include recommendations for change across all of the 9 WRES indicators. The Key Priorities are;
 - Review and refresh the policy around Recruitment and Selection.
 - Undertake a Race Disparity Audit
 - Engage with external development programs
 - Work towards a Zero Tolerance policy
2. Incorporate data from the WRES outcomes and develop a specific WRES action plan indicating all areas that need improvement

1 Introduction

In recent years there have been a number of major developments in equality legislation and codes of practice. The Stephen Lawrence Enquiry which led to the McPherson Report gave impetus to the issue pertaining to race equality, and introduced the term 'institutional discrimination' to describe the way in which organisational systems, structures, processes and procedures can operate against equality of opportunity. This debate in its own right paved the way for addressing inequalities across all protected characteristics as reflected in the Equality Act 2010. But addressing inequalities and ensuring Equality and Diversity is reflected in all we do is not only a legal duty, but integral to promote equality on moral and democratic grounds.

2 WRES Metrics

NHS England provides all Trusts with a standard submission template through the NHS Digital's Strategic Data Collection Service (SDCS). The submission of data is made by 31st August, and a narrative report published externally by 31st October.

From a NHS England report, based upon 5 years WRES data collected against several of the indicators, indicated that although progress has been made, more work is still needed. **Nationally the positive findings for 2020 show that:**

- 6.8% of very senior managers in NHS Trusts 2020 are from a BME¹ background (5.4% in 2016)
- 10% of all trust board members are from a BME background (7% in 2017)
- The relative likelihood of BME staff entering the disciplinary process is at the lowest level since data collection began
- **However the relative likelihood of BME staff accessing non – mandatory training is at the lowest since this data collection began.**

3 WRES data report for the Trust

The WRES was developed to help NHS organisations make a positive impact for staff from BME backgrounds working in the NHS. The WRES aims to inform year on year improvements in reducing those barriers that impact most on the career opportunities and workplace experiences of BAME staff - driving

¹ BME refers to those members of the NHS who are not White. The definitions used in the WRES have followed the national reporting requirements of ethnic categories in the NHS data model, that is BME. The Trust has used the acronym BAME – incapsulating BME, but including Asian

changes in attitudes, increasing employment and career opportunities, and implementing long-lasting change for BAME staff.

The Trusts BAME Staff Network and HR and Workforce Systems manager gathered data in respect of the 9 indicators. The collated information was discussed at the Human Rights Equality Diversity and Inclusion Programme Board (HREDIP). Additional feedback was incorporated into the attached action plan, which will be monitored on an ongoing basis by the above group. Any revisions / additions to the action plan will pay due regard to BAME groups input including National discussions to future proof the action plan. This action plan will enable us to measure our progress towards improving the experiences of our BAME employees.

Finally, the actions will be incorporated into the Trust's integrated work plans for equality, diversity and inclusion.

The HR Committee is responsible for governance and assurance.

4 Key indicators and way forward

The key finding across all of the metrics are indicated in Appendix 1.

Appendix 2 is the detailed WRES action Plan

5 Recommendation

The Board members are asked to note the content of this report and agree the WRES Action Plan and key priorities.

Appendix 1

Key Findings: Red indicates less than good → Green indicates getting better → Amber indicates no movement →

WRES indicators for Gateshead NHS Trust: 2019 - 2021

WRES Indicator		2018 - 19	2019 - 20	2020 - 21	Trajectory			
1	Percentage of BME staff	Overall	5.43%	5.4%	5.68%		Increase	
		VSM	0*	0	0		Decrease	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.94	3.08	1.8		Decrease		
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.	0.97	0.38	0.4*		Slight Increase – Please see * below		
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	0.97	1.18	0.96		Decrease		
5	Percentage of staff experiencing harassment, bullying or abuse from patient's relatives or public in the last 12 months	BME	29.5% <i>(78 staff)</i>	16.5% <i>(85 Staff)</i>	16% <i>(14 staff)</i>		Decrease	Low response across both BME and White
		White	21.2% <i>(1429 staff)</i>	22.1% <i>(1394 staff)</i>	21% <i>(30 staff)</i>		Decrease	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	35.7% <i>(78 staff)</i>	32.9% <i>(85 Staff)</i>	29% <i>(24 staff)</i>		Decrease	Low response across both BME and White
		White	19.9% <i>(1431 staff)</i>	20.8% <i>(1396 staff)</i>	16% <i>(214 staff)</i>		Decrease	
7	Percentage of staff experiencing believing that the trust provides equal opportunities for career progression or promotion	BME	79.1% <i>(43 staff)</i>	72.5% <i>(51 Staff)</i>	73% <i>(37 staff)</i>		Slight Increase	Low response across both BME and White
		White	90.8% <i>(985 staff)</i>	90.5% <i>(972 staff)</i>	91% <i>(890 staff)</i>		Slight Increase	
8	Percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues	BME	11.5% <i>(78 staff)</i>	17.1% <i>(82 staff)</i>	17% <i>(14 staff)</i>		Slight Decrease	Low response across both BME and White
		White	4.2% <i>(1418 staff)</i>	4.7% <i>(1393 staff)</i>	5% <i>(66 staff)</i>		Slight Increase	
9	BME Board membership		0	1 Associated <i>NED</i>		Increase		

*This figure represents only 1 BME in respect of this indicator compared with 12 for the White category. Further investigation will be carried out to understand if data captured the first or final stage of a disciplinary process. This is also not reflective of the data that is coming through from the NMC and national data sets, as it shows that more BME colleagues are reprimanded which often leads to a formal disciplinary action.

Appendix 2

Narrative and Action Plan in respect of each of the WRES indicators

Key

	<u>Not compliant</u>
	<u>Partially compliant</u>
	<u>Fully compliant</u>
	<u>Exceeding</u>

WRES Indicator 1

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

Narrative

There has been minimal change to this indicator in the last year.

Different occupational groups have different proportions of BME staff - for example there is a higher proportion of BME staff working in clinical roles, compared to non-clinical roles. The declaration of demographic profiles is a concern. Nationally it is recognised that although reporting remains low in ESR, staff are more likely to share this data as part of the NHS Staff Survey because it is anonymised. However during the Covid-19 pandemic and the recognition that BAME groups were at higher risk, all staff who had not declared their ethnicity in ESR were approached directly encouraging them to update their record.

In March 2019, the Trust worked alongside other local Trusts, and the local Ambulance Service on a BAME recruitment campaign, highlighting the many and varied careers within the NHS. The event was extremely well attended, and is planned to take place again Oct 2021.

Attraction of potential employees and meeting our strategic goal, to be an employer of choice in the region, is an area where we believe a number of actions can be taken.

WORK UNDERTAKEN TO DATE	WHAT WORK IS STILL REQUIRED	EXPECTED OUTCOME	TIME FRAME	LEAD
<ul style="list-style-type: none"> Work around attracting campaigns that are diverse and appealing to the BME community is ongoing. Last year a programme around recruiting BAME colleagues into the Trust was undertaken. 	<ul style="list-style-type: none"> Current engagement in partnership with our neighboring Trusts to deliver a BAME and Recruitment Event 	<ul style="list-style-type: none"> <i>Increase the numbers of BAME appointments across Bands</i> 	Oct 2021	Head of People, Planning, Performance and Quality
<ul style="list-style-type: none"> Links with community groups and local schools, colleges and universities established to increase the profile of the NHS and the Trust as an employer of choice 	<ul style="list-style-type: none"> Ongoing work with external providers 	<ul style="list-style-type: none"> <i>Raise the profile of Jobs. Increased understanding of the range of jobs available within the NHS. The exercise will aid applicants in applying for jobs within the Trust and the generation of interest in the scope and work of the Trust within our communities, and fostering of good relations between people from different groups.</i> 	Oct 2021 onwards for the duration of the plan	As above

	<ul style="list-style-type: none"> Additional job fairs to be established and promoted within local communities and faith groups served by The Trust once in person and face to face interaction can take place. 	<ul style="list-style-type: none"> <i>As above</i> 	Oct 2021	Head of People, Planning, Performance and Quality
	<ul style="list-style-type: none"> Hold virtual open days for potential candidates, hosted by the Recruitment Team. Consider the use of 'Positive Action' in future recruitment campaigns either for specific roles, professions or grades. 	<ul style="list-style-type: none"> <i>As above</i> 	Oct 2021 onwards – undertaken twice a year for the duration of this plan	Head of People, Planning, Performance and Quality
	<ul style="list-style-type: none"> BAME staff network group to actively engage staff to self-report and improve demographic profiles 	<ul style="list-style-type: none"> <i>Improved demographic data that will aid in specific, targeted interventions and support as required. Additionally this data will highlight where the disparities are and what needs to be done to decrease the difference in proportion of BAME staff within the lower, middle and upper tiers</i> 	As above	EDI Manager/Staff Network
	<ul style="list-style-type: none"> Undertake a Race Disparity ratio of BME staff at various AfC bands 	<ul style="list-style-type: none"> <i>As above</i> 	As above	EDI Manager
	<ul style="list-style-type: none"> Implement a 'reverse mentoring' programme within the Trust. 	<ul style="list-style-type: none"> <i>Improve the number of BAME employees who are qualified coaches and are active as part of our coaching / mentoring network.</i> 	Oct / Nov 2021	EDI Manager/Staff Network

WRES Indicator 2**Relative likelihood of white staff being appointed from shortlisting compared to BME staff****Narrative**

There has been and decrease in the likelihood of white staff being appointed from shortlisting compared to the previous reporting year. However we need to understand the validity of this metric and revisit the number of campaigns where there were both BAME and white applicants to ensure for accuracy. A number of actions to ascertain this have been identified below.

The current data from NHS Jobs does not help us understand where we lose applicants in their recruitment journey. We are however in the process of moving to a new platform for collecting data and the functionality will allow us to interrogate the data further. Until this process is undertaken, we still have the issue with the demographic data fields in NHS jobs often not completed (as they are not mandatory) and therefore, we have no accurate data to compare ratio of those shortlisted to those hired by ethnicity.

WORK UNDERTAKEN TO DATE	WHAT WORK IS STILL REQUIRED	EXPECTED OUTCOME	TIME FRAME	LEAD
<ul style="list-style-type: none"> Recruitment data is captured, monitored and reported 	<ul style="list-style-type: none"> Review the current recruitment data captured broken down by Race (Ethnicity) and Faith where possible and analyse and produce Quarterly workforce data: <ul style="list-style-type: none"> on the numbers of applications for posts on the numbers shortlisted and appointed broken down by ethnicity, banding and profession to be produced as standard metrics. Reports to be presented to various meetings eg SMT/Exec Team 	<ul style="list-style-type: none"> <i>Information collected will:</i> <ul style="list-style-type: none"> <i>inform the development of specific training in cultural competence, understanding where bias can come into play and appropriate interventions required and be posted on the intranet at the end of each quarter.</i> <i>To be monitored by the HREDIG</i> 	To commence September 2021	Head of People, Planning performance and quality
	<ul style="list-style-type: none"> Work with the BAME group to: <ul style="list-style-type: none"> sample recruitment outcome documentation to identify whether it is appropriate and /or identifies issues for further training and education. review recruitment practices, to assess 	<ul style="list-style-type: none"> <i>All data collected will inform the WRES reporting, indicating where there may be a detrimental impact</i> 	Start August 2021 ongoing for duration of plan	EDI Manager

	and advise in unintended cultural bias and unconscious bias			
	<ul style="list-style-type: none"> BAME staff network group to actively engage staff to self-report in ethnic and faith monitoring to improve demographic profiles 	<ul style="list-style-type: none"> <i>Improved demographic data that will aid in specific, targeted interventions and support as required.</i> 	As above	Staff Network
<ul style="list-style-type: none"> Bitesize Recruitment and Selection training offered to all staff involved in recruitment processes. Training includes elements on diversity, inclusion, unconscious bias and fair recruitment practices. 	<ul style="list-style-type: none"> Recruitment practices to be reviewed by HR with the support of the BAME network Bitesized training to be superseded by the managing well at Gateshead programme 	<ul style="list-style-type: none"> <i>Recruitment and Selection exercise from start to finish incorporates the principles of 'Best person for the Job' whilst ensuring there is no detriment to any candidate within the overall process.</i> 	As above	Head of Education, Learning and Development
<ul style="list-style-type: none"> Standardised documentation is used as part of recruitment to ensure fair, unbiased and consistent processes are followed. 	<ul style="list-style-type: none"> EDI is threaded throughout the whole process and documentation reflects this. Any identified service areas where BME groups are consistently not appointed should be interrogated to determine why this is the case 	<ul style="list-style-type: none"> <i>Any negative detriment noted is shared with HR and appropriate action are undertaken</i> 	Start Sept 2021 ongoing for duration of plan	Head of People Services
	<ul style="list-style-type: none"> BAME Network to sample recruitment outcome documentation to identify whether it is appropriate and / or identifies issues for further training and education and whether or not the values of the Trust have been adhered to. 	<ul style="list-style-type: none"> <i>As above</i> 	As above	Head of People Services
	<ul style="list-style-type: none"> Recruitment panels are diverse and representative panellists for secondments and acting up positions are introduced 	<ul style="list-style-type: none"> <i>Panel membership is more reflective of communities served and staff composition. Application of good practice is followed through. Feedback from the lived experiences of our staff</i> 	As above	Head of People Services

		<i>informs process, and addresses cultural/management issues.</i>		
	<ul style="list-style-type: none"> • Training for network staff for recruitment processes • Discuss use of cultural ambassadors in recruitment • Include members of the BAME network at shortlisting, recruitment and interview at Bands 8 upwards as panel members for a range of post, grades and/or professions 	<ul style="list-style-type: none"> • <i>Ensure clear and coherent recruitment that aims to address cultural or unconscious bias.</i> 	As above	Head of People Services
	<ul style="list-style-type: none"> • Review and analyse the data in relation to recruitment to internal posts, identifying outcomes by ethnicity (and faith groups) if appropriate. 	<ul style="list-style-type: none"> • <i>Consistent review, refresh and update of equality and diversity training available to ensure it is fit for purpose</i> 	As above	Head of People, Planning, Performance and quality
	<ul style="list-style-type: none"> • Ensure the BAME network has a more active role in induction 	<ul style="list-style-type: none"> • <i>Increase BME representation and understanding of the BME network</i> 	As above	Head of Education, Learning and Development

WRES Indicator 3**Relative likelihood of BME staff entering the formal disciplinary process compared to White staff****Narrative**

The Trust had 3 disciplinary cases involving BAME members of staff in the reporting period for 2020 - 2021. This is the same as in the previous year. Overall 9 members of staff were trained as 'Cultural Ambassadors' by the Royal College of Nursing (although the training was not only for nursing staff, but available to all staff groups) in order for them to be an additional support mechanism when a BME staff member is subject to an employee relations process. Cultural Ambassadors will identify and challenge any issues of being treated less favorably, discrimination and unconscious or conscious cultural bias which are observed during the formal processes, and ensure that they are taken into consideration in the decision - making process. We will incorporate the Cultural Ambassador role into our disciplinary and grievance processes.

Our ICORE values are embedded within key workforce policies such as Probation, Performance and Appraisal. This enables us to ensure that all employees are managed consistently and objectively in line with our values and behaviours, ultimately removing the ability to discriminate intentionally or otherwise when decisions are made by managers in respect of individuals progressing into formal action.

WORK UNDERTAKEN TO DATE	WHAT WORK IS STILL REQUIRED	EXPECTED OUTCOME	TIME FRAME	LEAD
<ul style="list-style-type: none"> Continuing to report on data from the employee relations tracker provided to business units. 	<ul style="list-style-type: none"> Quarterly reports on the data collected to be presented to the HREDIG 	<ul style="list-style-type: none"> <i>Identify the strengths and weaknesses of staff management and HR functions to ensure equal process are implemented for all.</i> 	Start Sept 2021 ongoing for duration of plan	Head of People, Planning, Performance and Quality
<ul style="list-style-type: none"> Anti- Bullying and Harassment resources and Mediation Services are available throughout the organisation for all staff groups and are monitored. 	<ul style="list-style-type: none"> The HREDIG to review the current resources, information provided and an overview of anonymised case notes and make recommendations 	<ul style="list-style-type: none"> <i>Able to report on frequency of Mediation Service use and identify trends.</i> 	As above	EDI Manager
<ul style="list-style-type: none"> 9 Cultural Ambassadors have been trained to be utilised during disciplinary processes where BME members of staff are involved 	<ul style="list-style-type: none"> Further training regarding grievance and disciplinary process to be offered to the CAs and assess how often the Ambassadors have been utilised in any Grievance / harassment procedures. 	<ul style="list-style-type: none"> <i>Staff undergoing disciplinary procedures are confident to engage appropriate support from trained CA's and / or other trained ambassadors.</i> 	As above	Head of People services

	<ul style="list-style-type: none"> Assess the viability of extending the CA programme to Medical staff as well. 			
<ul style="list-style-type: none"> Continue to work collaboratively with our staff side partners to conduct sample review's of some of the cases involving BAME staff to determine if the action was appropriate or to identify any underlying issues. 	<ul style="list-style-type: none"> Extend and adapt the Cultural Ambassador role and offer it to all members of staff. Anonymised reports of investigations undertaken and lessons learnt to be brought to the Human Rights EDI group 	<ul style="list-style-type: none"> <i>Lessons learnt from the anonymised reports are integrated within the staff policies and procedures.</i> <i>As above</i> 	As above As above	EDI Manager and Network
<ul style="list-style-type: none"> Review undertaken of Trust's Disciplinary practices following the national NHSEI Learning Lessons to improve our People Practices Recommendations – this was in the form of a self-assessment complimented by an external review undertaken by Capsticks HR Advisory Service. 	<ul style="list-style-type: none"> A series of recommendations have been made and a detailed supporting action plan developed to progress these which is currently being implemented. 	<ul style="list-style-type: none"> <i>Ensuring as a Trust we are adhering to best practice, applying a rigorous decision-making methodology, ensuring people are fully trained and competent to carry out their role, assigning sufficient resource, safeguarding people's health and wellbeing, and introducing board-level oversight.</i> 	Anticipated that actions will be completed by the end of September 2021.	Head of People services

WRES Indicator 4**Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff****Narrative:**

The relative likelihood of BME staff accessing non-mandatory training is virtually similar to the 2019 – 2020 figure. (dropped from 1.18 to 0.96). This could be due to the lack of opportunities being taken up due to the Pandemic. However, a full range of bitesize training continues to be provided depending upon need. The apprenticeship levy has also opened up opportunities to develop innovative training programmes and this continues to be explored. Requests for training are approved based on the needs of the service and individual staff development plan. This is intended to ensure that training is equitable. Further analysis in respect of the data around the ethnicity of applications and subsequent approval is needed. Work continuous to finalise managing well and leading well in Gateshead these have been developed in partnership with the networks and this will continue through to implementation.

WORK UNDERTAKEN TO DATE	WHAT WORK IS STILL REQUIRED	EXPECTED OUTCOME	TIME FRAME	LEAD
<ul style="list-style-type: none"> Continue to record and track external funding, particularly for medical staff to ensure there is equity in allocation. 	<ul style="list-style-type: none"> Quarterly reports to be presented to the HREDIG to review take up by Bands and to include ethnicity and faith. 	<ul style="list-style-type: none"> <i>Demonstrate fair and equitable allocation of funding and take up</i> 	Start Sept 2021 ongoing for duration of plan	Head of Education, Learning and Development
	<ul style="list-style-type: none"> Offering the role of Cultural Ambassadors to include involvement in appraisals of individuals and their managers where this is identified as helpful. 	<ul style="list-style-type: none"> <i>Training to be included in appraisal discussion as a measured indicator of performance. Collective ownership of decision making within the approval process indicating fairness and equity</i> 	As above	Head of Education, Learning and Development
	<ul style="list-style-type: none"> Consider whether, in line with national and educational guidance, more can be done to recognise international qualifications differently. 	<ul style="list-style-type: none"> <i>Increased motivation for staff applying for Jobs with the Trust as well as increase in acceptability of international qualifications. This will also aid the MWRES data sets</i> 	As above	Head of Education, Learning and Development
	<ul style="list-style-type: none"> Engage with external development programmes i.e. CWD, NELA stepping up Programme for Band 5-7, Ready Now, coaching and mentoring scheme 	<ul style="list-style-type: none"> <i>Increased development of BAME groups across the Trust. - Stepping up / Mentoring programs will help in cultural change.</i> 	As above	Head of Leadership, OD and Staff Experience

	to support improvements in career progression for BAME staff	- <i>Personal effectiveness improving career development and interview skills</i>		
	<ul style="list-style-type: none"> • Progress internal development programme at Bands 1 – 4 	<ul style="list-style-type: none"> • <i>Collective ownership of decision making within processes has fairness and equity threaded throughout process. This will also enable staff the confidence to apply for higher band jobs and aid their personal development</i> 	As above	Head of Education, Learning and Development/ Head of Leadership, OD and Staff Experience
	<ul style="list-style-type: none"> • Implement a development programme in respect of culturally competent management for Board and middle Managers.which will be included in the managing and leading well 	<ul style="list-style-type: none"> • <i>As above</i> 	As above	As above

WRES Indicator 5, 6 and 8

Percentage of staff experiencing harassment, bullying or abuse from patient's relatives or public in the last 12 months

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues

WRES Indicator 7

Percentage of staff experiencing believing that the trust provides equal opportunities for career progression or promotion

Narrative:

Whilst all three of these indicators show no change to the data collected last year, it is important to note that the numbers across both BME and White were low compared to last years data collected.

Indicator 5 – shows virtually no change to last year's data for both BME and White groups.

Indicator 6 – also shows a drop in the data collected (24 and 214)

Indicator 8 – also has similar data drop in across both BME and White groups from the last survey (14 and 66)

This could be due to the intensity of the work environment and lack of engagement with families, carers and friends. This could be further elevated due to the patients on our wards and lack of family engagement. However further work is required to understand the reasons.

Interestingly the data for indicator 7 shows that for both BME and White groups, felt that there is equal parity in career progression – however this information needs to be further explored – in terms of Banding, Leadership

WORK UNDERTAKEN TO DATE	WHAT WORK IS STILL REQUIRED	EXPECTED OUTCOME	TIME FRAME	LEAD
	FOR 5, 6 and 8 <ul style="list-style-type: none"> • Undertake a: <ul style="list-style-type: none"> - deep dive of the data to understand where specific incidents have taken place - audit of specific issues that colleagues have reported and the outcomes - ensure appropriate EDI training is provided for members of staff - Develop a Zero tolerance policy 	<ul style="list-style-type: none"> • <i>Understand what factors need to be addressed to ensure that our staff are working to the ICore principles.</i> • <i>Ensure appropriate mechanisms are in place to address any issues of harassment</i> 	Start Sept 2021 ongoing for duration of plan	Head of People, Planning, Performance and Quality
	FOR 7 <ul style="list-style-type: none"> • Understand where blockages occur for BME staff at different bands. Cross referenced to indicator 1 and 4 above 	<ul style="list-style-type: none"> • <i>As indicated within indicator 1 and 4</i> 	As above	As above & Network

WRES Indicator 9

Percentage difference between The Trust Board's voting membership and its overall workforce

Narrative

There have been no Board appointments from BME communities within the last twelve months. However, an Associate NED has been appointed as part of a development programme.

Actions (i.e., broader advertising mediums) to encourage job applicants from diverse backgrounds have not resulted in the appointment of a BME representative, and skillset remains a key priority. However only 3.7% of the local population is from a BME background, and there are a relatively small number of posts being recruited in any given year. We have carried out recruitment for 2 NEDS and Chief Nurse this year and for all we worked with an updated recruitment pack to better reflect and attract diverse candidates. We had an External BAME assessor on NED interviews, and we had network representation at stakeholder panels for other senior posts.

WORK UNDERTAKEN TO DATE	WHAT WORK IS STILL REQUIRED	EXPECTED OUTCOME	TIME FRAME	LEAD
<ul style="list-style-type: none"> The Trust Board have recognised lack of BME representation at Board level 	<ul style="list-style-type: none"> Recruitment monitoring will enable us to track the numbers of applicants applying for posts and the conversion rate to hire. Human Rights EDI programme board to review and analyse any recruitment exercise to help in future recruitment processes CEO and Chair to actively encourage applicants from BAME communities and support aspirant NEDS 	<ul style="list-style-type: none"> <i>Recruitment monitoring will help inform if the adverts are attracting a wide range of applications from different communities as well as widening recruitment strategies and promote any vacancies through more diverse routes.</i> 	Start June 2021 ongoing for duration of plan as and when required	Head of People, Planning and Performance and Quality CEO/Chair supported by EDI Manager
<ul style="list-style-type: none"> NED interviews addressing shortlisting and interview process undertaken in consultation with an external search consultancy 	As above	<i>As above</i>	As above	As above
<ul style="list-style-type: none"> Independent external panel member present during NED appointment 	<ul style="list-style-type: none"> Trust Board to consider whether any positive action can be undertaken in order to improve ethnic diversity when further Board positions arise. 	<ul style="list-style-type: none"> <i>Board is reflective of the communities served</i> 	As above	As above

	<ul style="list-style-type: none"> Sponsor and participate in 'Aspiring NED' programme provided by Gatenby Sanderson 'Insight' Programme for Aspiring NHS NED's. 	<ul style="list-style-type: none"> <i>This will facilitate a more diverse range of candidates supply from groups under represented at Board</i> 		
	<ul style="list-style-type: none"> Newly appointed NEDs offered 'Buddy' support from an experienced NED. 	<ul style="list-style-type: none"> <i>Newly appointed NEDs get a greater clarity around the portfolio of work and help in the engagement agenda with members of staff and role in question.</i> 	As above	Head of Workforce Development/ POD