

Workforce Race Equality Standard - Annual Report 2020



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Executive Summary

The Trust has submitted WRES data since 2015 and has a quarterly programme of reviewing progress against the nine indicators contained within the WRES dashboard. This report shows the latest dataset from 2020 and explores whether there have been any significant improvements or deterioration compared with the results from 2019.

An updated WRES action plan is also contained in the Appendix, which shows the areas of focus for the Trust in the coming year.

The key findings from the 2020 submission show:

1. BAME staff represent 19.3% of the workforce, which is a 1.84% increase from 2019 to 2020. There continues to be an overall improvement in proportionate representation in most of the bands since 2019 and especially so amongst the clinical workforce.
2. White shortlisted applicants remain slightly more likely than BME applicants to be appointed to post.
3. BME staff continue to be less likely than White staff to be entered into a formal disciplinary process.
4. BME staff remain more likely than White staff to access non-mandatory training and continued professional development opportunities.
5. White staff experience less harassment, bullying or abuse from patients, relatives or the public than BME staff (25% and 28% in 2019 respectively). In 2019, similar levels were reported but this year has seen a rise for BME staff.
6. BME staff report a higher level of experiencing harassment, bullying or abuse from other staff compared with White staff (25.7% and 21% in 2019 respectively), although this has decreased by 2.8% since 2019.
7. The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst BME staff than it is for White staff, but it did increase by 2%.
8. BME staff are more than twice as likely as White staff to report personally experiencing discrimination at work by a Manager/Team leader or other colleagues (13% and 5.3% respectively).
9. The representation of BME staff on the Trust Board remains at 15%.

It is pleasing to see continued notable improvements in some indicators, namely:

- Increasing the percentage of BME staff in the overall workforce;
- Reducing the relative likelihood of BME staff entering the formal disciplinary process; and
- Increasing the relative likelihood of BME staff accessing non-mandatory training and CPD.

The action plan in the Appendix sets out in detail the actions the Trust will take to achieve improvements against these indicators. The action plan is been co-produced by the One Voice BAME Staff Network and reviewed by the regional NHSi EDI Lead. In summary, they will focus on:

- 1) Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
- 2) Employee Relations:** Identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and abuse.
- 3) Staff Experience:** Improve the day-to-day experience of working at the Trust for BME staff.

Introduction

Research and evidence strongly suggest that less favourable treatment of Black and Minority Ethnic (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BME staff receive poorer treatment than White staff in the workplace and to facilitate the closing of these gaps.

This is the 2020 annual WRES Data report. Data has been directly compared to 2019 data providing a clear picture on the indicators where the Trust is performing well and those that require our focus in the year ahead.

It is pleasing to see notable improvements in some indicators, namely:

- Increasing the percentage of BME staff in the overall workforce;
- Achieving an equilibrium between relative likelihood of BAME and White staff entering the formal disciplinary process, and of accessing non-mandatory training and CPD; and
- Maintaining Board representation to that of the total BAME workforce.

Despite these achievements, the data highlights that the experiences and opportunities for BME staff are not the same as for White staff, and more action and focus is needed to close the gap in experience between these two staff groups.

The focus of this report is to present the Trust's performance against the WRES indicators for the past 12 months and provide recommendations and an action plan by which to better our performance and ultimately improve the experience and opportunities for our BME staff in the coming years.

WRES Progress in 2019/20

Actions taken in relation to the WRES indicators throughout 2019/20 include:

Recruitment

In addition to the improvements to recruitment and selection processes made in 2018/19, 394 staff underwent the revised recruitment and selection training in 2019/20, and independent interviewers are being included on panels for all roles internally advertised, with the view to extend this to also include external posts. The Recruitment and Selection Policy was revised in June 2019 and is now well embedded in practice.

Each month UHS reviews diversity data and it has been identified that proportions of protected characteristics remain consistent through shortlisting stage, but the likelihood of success from interviews onwards reduces for non-white groups, especially non-medical staff.

Systems to ensure that access to staff development and support is fair and transparent have been put in place. For example, the revised Recruitment and Selection Policy ensures that acting up, secondments, and developmental projects are formally advertised to give all people a fair opportunity to develop.

However, despite the improvements that have been implemented over the past 2 years it is disappointing that they have not had the desired impact. As such an external EDI Consultant has been employed to undertake an equality review of the entire recruitment and selection process to help identify where they may be bias or barriers for BME staff.

Speaking Up

The Trust continues to work hard to create a culture of speaking up with the Freedom to Speak Up Guardian and the now embedded Freedom to Speak Up Champions from different departments with diverse backgrounds and characteristics.

There has been improved transparency in formal disciplinary processes with the support of the Freedom to Speak Up Guardian.

Staff Networks

In the last 18 months the One Voice BAME Staff Network has undergone significant change in its leadership, membership and approach. It has particularly come into its own during the Covid-19 pandemic, providing a safe space for BAME staff to report/discuss concerns and get support/networking. They have actively engaged with senior leaders and shared their lived experiences which have strongly guided our future approach to redressing racial inequality. The Network has been instrumental in co-producing the action plan for the year ahead and will hold senior leaders to account on delivering on the action plan.

WRES Data Submission 2020

The WRES submission is comprised of 9 indicators which compare the experience of White and BME staff in an employment context. The submission for 2020 is broken down below and compared with data from the 2019 submission, with a summary of whether there has been an improvement or deterioration in the data. Each indicator is rated according to: Red – Target not achieved; Amber – Moving toward target; Green – Target achieved.

Indicator 1: Percentage of staff in each AfC Band 1-9 and VSM compared to overall workforce

Non Clinical Workforce	2019					2020					Change from 2019/20 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	
Band 1	51	83.61	10	16.33	61	19	86.36	3	13.64	22	-2.69
Band 2	481	87.45	69	10.31	550	512	89.19	62	10.81	574	-0.5
Band 3	535	90.22	58	9.81	593	525	90.05	58	9.95	583	-0.14
Band 4	359	92.76	28	8.66	387	319	91.93	28	8.07	347	0.59
Band 5	183	87.98	25	10.66	208	200	85.10	35	14.9	235	4.24
Band 6	142	88.75	18	8.84	160	155	90.64	16	9.36	171	0.52
Band 7	152	92.68	12	7.80	164	148	91.35	14	8.65	162	0.82
Band 8A	76	93.83	5	6.02	81	83	95.40	4	4.60	87	-1.42
Band 8B	52	94.55	3	3.64	55	63	94.02	4	5.98	67	2.34
Band 8C	40	97.56	1	3.13	41	36	97.29	1	2.71	37	-0.42
Band 8D	18	100	0	0.00	18	17	94.44	1	5.56	18	5.56
Band 9	10	83.33	2	10.00	12	11	84.61	2	15.39	13	5.39
VSM	9	90	1	10.00	10	4	100	0	0.00	4	-10.00
Total	2,108	90.09	232	9.30	2340	2,089	90.04	230	9.96	2,320	-0.66

Clinical Workforce	2019					2020					Change from 2019/20 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	
Band 1	133	87.50	19	12.50	152	29	90.62	3	9.38	32	-3.12
Band 2	1,035	80.54	250	19.46	1,285	1,162	80.86	275	19.14	1,437	-0.32
Band 3	405	89.12	49	10.79	454	438	88.84	55	11.16	493	0.27
Band 4	356	70.92	146	29.08	502	390	70.52	163	29.48	553	0.4
Band 5	1,550	75.32	508	24.68	2,058	1,450	68.49	667	31.51	2,117	6.83
Band 6	1,442	86.19	231	13.31	1,673	1,463	85.60	246	14.40	1,709	1.09
Band 7	813	89.74	93	10.26	906	828	88.84	104	11.16	932	0.9
Band 8A	202	93.95	13	6.05	215	217	91.56	20	8.44	237	2.39
Band 8B	70	94.59	4	5.41	74	72	94.73	4	5.27	76	-0.14
Band 8C	20	95.24	1	4.76	21	22	95.65	1	4.35	23	-0.41
Band 8D	11	100	0	0	11	9	100	0	0	9	0.0
Band 9	1	100	0	0	1	1	100	0	0	1	0.0
VSM	6	75.00	2	25.00	8	1	100	0	0	1	-25.00
Consultants	528	78.34	146	21.66	674	533	77.35	156	22.65	689	0.99
Non-Consultant Career Grades	136	61.82	84	38.18	220	159	54.82	131	45.18	290	7.0
Trainee Grades	445	67.12	218	32.88	663	408	64.86	221	35.14	629	2.26
Total	6,753	80.23	1,762	19.77	8,912	7,182	77.82	2,046	22.18	9,228	2.41

Rating: **Amber**

The 2020 data indicates that BME staff represent 19.3% of the workforce that have declared their ethnicity, which is a 1.84% increase from 2019 to 2020. The disparity between the organisational average for BME clinical (22.18%) and non-clinical (9.96%) at various grades has widened as more BME staff joined clinical posts. The local population is approximately 14% BME.

The most notable increases for the non-clinical workforce were at Band 7 (increase of 0.85%), Band 8B (increase of 2.34%) and Band 8D (increase of 5.56%). In the clinical workforce, there were increases in five grades (ranging from 0.37% in Band 3 to 6.83% in Band 5). Despite more BME staff joining the clinical workforce there has been little to no increase in BME representation at Bands above 8A.

Whilst it is good news that the BME workforce continues to grow, the Trust recognises that there is still significant work to be done to achieve race equality within the workforce. In acknowledgement of this the Trust continues to strive towards achieving the target set, that by 2023 15% of positions at Band 7 and above are occupied by BME staff. We are currently at 9%.

Indicator 2: Relative likelihood of BAME staff being appointed from shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts	2019		2020	
	White	BME	White	BME
	#	#	#	#
Number of shortlisted applicants	5,638	1,333	4,955	1,181
Number appointed from shortlisting	2,092	453	1,816	370
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.09		1.17	

2019: White staff are 1.09 times more likely to be appointed from shortlisting

2019: White staff are 1.17 times more likely to be appointed from shortlisting¹

Rating: RED

White staff are marginally (.17) more likely to be appointed from shortlisting compared with BME staff. The Trust made numerous improvements to the recruitment process to ensure that it is as fair and objective as possible so it is disappointing that the results were not more positive. In an attempt to understand why appointments from shortlisting are not more favourable for BME staff the Trust is currently undertaking a deep dive review of the entire recruitment and selection process. The findings from which will inform any future actions required to address this disparity.

Indicator 3: Relative likelihood of staff entering a formal disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal process	2019		2020	
	White	BME	White	BME
	#	#	#	#
Number of staff entering the formal disciplinary process	71	13	72	12
Relative likelihood of staff entering the formal disciplinary process compared to White staff	0.85		0.68	

2019: BME staff are 0.85 times less likely to enter a formal disciplinary process.

2020: BME staff are 0.68 times less likely to enter a formal disciplinary process².

Rating: Green

BME staff are less likely to enter into a formal disciplinary process compared with White staff. This likelihood score has improved since 2019.

¹ A figure below "1" would indicate that White candidates are less likely than BME candidates to be appointed from shortlisting.

² A figure below "1" would indicate that BME staff members are less likely than White staff to enter the formal disciplinary process.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

Relative likelihood of staff accessing non-mandatory training and CPD	2019		2020	
	White	BME	White	BME
	#	#	#	#
Number of staff accessing non-mandatory training and CPD	7,187	1,653	6,226	1,722
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.94		0.89	

2019: White staff are **0.94** times less likely to access non-mandatory training and CPD.

2020: White staff are **0.89** times less likely to access non-mandatory training and CPD.³

Rating: Green

BME staff are more likely to access non-mandatory training and CPD as compared with White staff. This likelihood score has improved since 2019.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

2019: White – 24.3%; BME – 25.2%

2020: White – 25.5%; BME – 28.0%

Rating: Red

There has been an increase for both White and BME staff reporting of experiencing harassment, bullying or abuse from patients, relatives or the public. However, for BME staff there has been a 2.5% increase as opposed to a 0.8% increase for White staff.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

2018: White – 21.7%; BME – 28.0%

2019: White – 21.0%; BME – 25.7%

Rating: Amber

The data indicates that BME staff experience more harassment, bullying or abuse by staff than White staff, although the gap has closed by 2.3% from last year (28% in 2019 to 25.7% in 2020). Despite this improvement, the Trust recognises that this is not progress enough and will ensure that this indicator remains a priority for 2020/21. The actions by which this indicator will be addressed can be found in the action plan in the Appendix.

Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

2018: White – 90.7%; BME – 74.5%

2019: White – 91.3%; BME – 82.1%

Rating: Green

The Trust reports a 0.6% increase for White staff and a 7.6% increase for BME staff in perception around equal opportunities for career progression. This shows a considerable narrowing of the gap between White and BME staff to 9.2%, whereas last year it was 16.2%. The Trust will continue with its

³ A figure below “1” would indicate that White staff members are less likely to access non-mandatory training and CPD than BME staff.

efforts to reduce this gap further by implementing training and career progression opportunities as set out in the action plan.

Indicator 8: Percentage of staff personally experiencing discrimination at work by a Manager/team leader or other colleagues

2018: White – 6.4%; BME - 13%

2019: White – 5.3%; BME - 13%

Rating: Red

The data shows not only that BME staff have double the chance of experiencing discrimination at work by a Manager/team leader than their White counterparts, but also that there has been no improvement in the data between 2019 and 2020. This highlights that the Trust must absolutely take action as a matter of urgency to redress this situation implementing the actions as set out in the action plan.

Indicator 9: % difference between the organisations' Board voting membership and its overall workforce

2019: White - 84.6%; BME - 15.4%

2020: White - 84.6%; BME - 15.4%

Rating: Green

The Trust successfully achieved this target in 2019 and has maintained it. The Trust is committed to adopting recruitment methods when recruiting for future Board positions that will at least maintain, if not improve, BME representation at Board level.

Conclusion and Next Steps

Based on the 2020 data the following indicators have been identified as those that must be prioritised:

- Indicator 2: Relative likelihood of BME staff being appointed from shortlisting
- Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff
- Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
- Indicator 8: Percentage of staff experiencing discrimination at work by a manager/team leader or other colleagues

These indicators are inextricably linked so it makes sense that they should be tackled alongside each other.

The action plan in the Appendix sets out in detail the actions the Trust will take to achieve improvements against these indicators. In summary, our ambition is to see significant improvement in the following themes which have also been cited by the One Voice BAME Staff Network in recent months:

- 1) Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
- 2) Employee Relations:** Identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and abuse.
- 3) Staff Experience:** Improve the day-to-day experience of working at the Trust for BME staff.

The BAME Staff Improvement Plan has been submitted as a separate Board paper (agenda item 4.9).

Acting now – changing the future – our BAME improvement plan



The Trust is committed to developing a culture that embeds the effective management of equality, diversity and inclusivity in all that we do; providing the necessary resources and leadership to make this happen. Our governance arrangements allow for our equality objectives to be regularly reviewed and our progress against them to be monitored at the highest level. For our approach to equality, diversity and inclusion to be successful, it is essential that everyone within the Trust is committed to, and involved in, its delivery. To this end, we aim to embed equality, diversity and inclusion in all our policies, procedures, day-to-day practices and external relationships.

This action plan has been co-developed with the One Voice BAME Network and reviewed by the NHS Improvement Regional EDI Lead. Our BAME staff, and in particular the One Voice BAME Network, have actively engaged with Senior Leaders to bravely share their lived experiences of working at UHS, particularly during the Covid-19 pandemic and in the wake of George Floyd's death. It is these experiences, and the active involvement of the One Voice BAME Network, that have shaped the action plan below. It is only right that the Trust prioritise this action plan to redress the racial inequalities that have for too long existed in our systems and structures.

This action plan will be monitored quarterly by the People and Organisational Development Committee (a Trust Board Sub Committee) with the Trust Board and our Clinical Executive, receiving assurance mid-year (March) and year-end (September) aligning to our annual reporting on the Workforce Race Equality Standard (WRES). The One Voice BAME Network will hold the Trust to account for delivering on this action plan at the monthly open Network meetings and by invitation to Trust Board and agreed intervals

Our key ambitions for the next 3 years will see:

- A shift in our culture to increase staff experience, inclusivity and belonging, and shifting this to core business of our day to day management of Trust business.
- Shifting our focus of leadership and management to ensure we recognise the importance of our staff as individuals. To overhaul all leadership development programmes to ensure inclusive and compassionate leadership becomes the central thread for all our leaders in at UHS. To ensure the success of our leaders are measured by this standard and action taken where we fall short.
- Growing and nurturing talent to grow representation in leadership positions, and ensuring diverse voice in running the Trust.
- Protecting the health and wellbeing of our BAME staff through reductions in bullying, harassment and aggression experienced.

We will use the WRES data, feedback from our BAME Network, and other qualitative discussions to triangulate how we are improving.

Success will be measured by achieving the following:

- Improvements in our staff experience scores in the NHS staff survey for BAME staff including staff engagement and perceptions on access to equal opportunities.
- Increases in the levels of BAME staff in Band 7 and representation at all grades throughout the Trust to 15% by 2023. Increases in the levels of BAME staff in recognised medical leadership positions.
- A continued reduction in BAME staff experiencing violence, aggression, bullying and harassment by staff, patients and service users, measured through the annual staff survey and through regular data collected on incidents.
- An increase in BAME staff reporting that the Trust positively supports their health and wellbeing as measured by the NHS staff survey.

Action Plan 2020/21

Area	Proposed Action	Executive Champion	Responsible officer	Deadline/ Status
Leadership from the top	<p>Clear Board Commitment</p> <p>Board (CEO) to provide a clear public position statement on EDI (race), including an acknowledgment and apology that progress has not been sufficient despite efforts. The statement to outline actions the Board are committed to and actively working towards.</p> <p>Review and revise strategy and action plan in light of recent events and feedback.</p>	Chief Executive Officer	Chief People Officer	31 October 2020
	<p>Inclusion in Trust decision making</p> <p>Provide opportunities for Network Leads to attend senior leadership events and Trust Board.</p> <p>Standing invites for Network Leads to:</p> <ul style="list-style-type: none"> • People and OD Sub Board Committee • UHS People Board • HR Policy Group • BAME representation at the Clinical Executive Group 		Chief People Officer	31 October 2020 Achieved
	<p>EDI Committee</p> <p>Revise and reinstate post Covid-19 the EDI Committee (Chaired by Paula Head, CEO)</p>		Chief Executive Officer	31 October 2020 Achieved
	<p>Increased information on the issue</p> <p>Introduce a dedicated page on EDI related content in Core Brief providing updates, raising awareness of WRES, WDES etc., work of the Networks, sharing news and stories etc.</p>		Chief People Officer (with Head of EDI)	From September 2020

	<p>Deliver on following themes identified from post Covid-19 Freedom To Speak Up BAME survey and WRES data:</p> <p>4) Equal Opportunities and Recruitment: The implementation and embedding of new recruitment practices.</p> <p>5) Employee Relations: Identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and abuse.</p> <p>6) Staff Experience: Improve the day-to-day experience of working at the Trust for BME staff.</p>		<p>Chief People Officer</p> <p>Freedom To Speak Up Guardian</p>	<p>July 2021</p>
	<p>Ongoing dialogue and engagement</p> <p>Exec and Senior managers to commit to regular dialogue with the One Voice Network, i.e. monthly with option for extraordinary meetings as appropriate.</p>		<p>Chief People Officer</p>	<p>Ongoing</p>
	<p>Reciprocal Board mentoring</p> <p>Deliver a reciprocal mentoring programme involving NEDs and Exec Team members. All participants on the 'Inclusive leaders' Senior Leadership Programme will be offered a Board level reciprocal mentor.</p>		<p>Chief People Officer (with Head of Leadership & Development)</p>	<p>1 December 2020</p>
Developing our culture	<p>Cultural Review</p> <p>Complete a Trust-wide cultural review focusing on the gaps in creating a culture of inclusion, psychological safety and belonging.</p>	<p>Chief Nursing Officer</p>	<p>Chief People Officer</p>	<p>Initiate by December 2020</p>
	<p>A trust wide conversation</p> <p>Initiate an organisation-wide conversation on inclusion, including a campaign to promote success and talent in BAME and other diverse groups</p> <p>Use high profile leaders (Clinical and managerial) to explain their support and champion the agenda.</p>		<p>Chief People Officer</p> <p>Director of Communications</p>	<p>Initiate by November 2020</p>

	<p>Education</p> <p>Provide training and support for (White) Managers in developing confidence to have conversations relating to a staff member's (race) protected characteristic through Senior Leaders forum.</p>		<p>Chief People Officer</p> <p>Head of Leadership & Development</p>	<p>Develop by December 2020</p>
	<p>Understanding WRES</p> <p>Generate greater understanding of WRES and how to use it to bring about change, i.e. understanding and acting upon gaps in progression data for BAME groups – (use the WRES Expert more) – broken down to Divisional levels and lower where appropriate.</p>		<p>Chief People Officer</p> <p>Head of EDI (WRES Expert)</p>	<p>1 Jan 2021</p>
	<p>Training</p> <p>Review and revise EDI training offered to include greater presence in induction programme (corporate and online) of unconscious bias, bystander training, having difficult conversations with people with protected characteristics, challenging micro aggressions, exploring White privilege etc.</p> <p>Overhaul all leadership development programmes to ensure inclusive and compassionate leadership becomes the central thread for all our leaders at UHS.</p>		<p>Chief People Officer</p> <p>Head of EDI / Head of Leadership & Development</p>	<p>1 January 2021</p>
<p>Embedding into our Performance Management</p>	<p>Divisional Performance Structure</p> <p>Introduce inclusion into Executive Divisional and Care Group management performance meetings to ensure this receives appropriate process.</p> <p>Additional focus on direct intervention where inclusivity is failing to gain suitable traction.</p>	<p>Chief Operating Officer</p>	<p>Chief People Officer (with Head of EDI)</p>	<p>Review by November 2020</p>

	<p>Performance of our leaders</p> <p>Performance on inclusivity will be reviewed and included in our leader's appraisal process. This will include reviewing actions taken to drive improvements in staff experience, engagement and inclusivity for diverse groups.</p> <p>Increasing use of multi-source feedback on leaders, including approach to inclusivity and taking action where a leader falls short.</p>		<p>Chief People Officer</p> <p>(With Head of EDI)</p>	
Increasing capacity to lead change	<p>Director of OD and Inclusion</p> <p>Recruit to a Senior permanent position focusing on Organisational Development and Inclusion reporting to the Chief People Officer. Seek talent through national search.</p>	Chief Financial Offer	Chief People Officer	Jan 2021
	<p>Short term capacity</p> <p>Secure short term external expert resource to increase capacity on EDI (BAME) agenda.</p>			December 2020
Nurturing talent and creating opportunity	<p>Inclusive leaders programme</p> <p>Launch cohort 3 of a revised Inclusive Management Programme.</p> <p>Programme to focus on Senior Leaders (Consultants and B7+) and aspiring leaders (Bands 5/6).</p>	Chief Nursing Officer	<p>Chief People Officer</p> <p>Head of Leadership & Development</p>	Starting November 2020
	<p>Developing our Network Leads</p> <p>Clearly define Network roles and skill up Network Leads, i.e. provide mentoring and coaching, influential leadership skills, resilience training etc., and recognise their contributions as career development.</p> <p>Provide dedicated time for our Network Leads to support their capacity to lead.</p>		<p>Chief People Officer (with Head of Leadership & Development)</p>	1 Jan 2021
	<p>Unearthing talent</p> <p>Develop a process for identifying and enabling people to use hidden skills, knowledge and qualifications.</p>		<p>Head of Resourcing / Assistant Director of People</p>	Initiate November 2020 then ongoing

	Developing talent Develop a talent pipeline/talent management plan to include stretch activities, i.e. secondments, shadowing, specialist training/quals, coaching and mentoring.		Head of Resourcing / Assistant Director of People	Initiate October 2020
	Deep dive equality review of the Recruitment and Selection process in partnership with diverse groups. Look at each stage and deliver on recommendations arising from focus group discussions.		Head of EDI	Review by 31 October 2020
Growing leaders from within medical pathways	Develop a talent pipeline, talent scouting and talent management plan; implement career development conversations and planning to develop clear career pathways, particularly for senior medical talent.	Chief Medical Officer	Head of Resourcing / Assistant Director of People	Initiate by November 2020
Protecting our staff from discrimination and abuse	Urgent review of “No Excuse for Abuse Campaign” <ul style="list-style-type: none"> • Raise the profile (Internal and external) of the No Excuse for Abuse/No Bystander Campaign underpinning it by policy and training. • Audit staff experience and expectations to develop appropriate actions which might include: <ul style="list-style-type: none"> - A review all of related policies to support no bystanding - A review of the incident reporting process and outcomes - Development of bystander role models/champions to actively drive the campaign - Design and pilot a training programme for conflict resolution and safe bystander intervention - Ensuring appropriate support is in place for victims and witnesses of abuse • Continue to work closely with staff and police to drive prosecution and convictions where appropriate. • Explore and develop a strong position/process for managing abuse directed at staff that can, at the highest level, mean that patients are excluded from treatment (not including non-capacity and life or limb treatment). 	Chief Operating Officer	Chief People Officer (with Head of H&S / Head of EDI)	Immediate and ongoing
Supporting	Develop a culturally appropriate wellbeing support package for BAME colleagues to	Chief	Staff Wellbeing	Initiate

Wellbeing	access when required (psych support etc.)	People Officer	Lead	October 2020 (ongoing)
	Update Overseas Induction Programme to provide more tailored support, particularly during early settling in phase. Update staffnet pages to include more local orientation and settling in information.		Recruitment Team / Head of EDI	November 2020
	Develop restorative practices, including offering trauma training.		Head of Spiritual Care	December 2020
	Provide appropriate reassurance to BAME staff (addressing concerns recently highlighted) of preparedness in event of second wave of Covid-19.		Chief People Officer	Ongoing

How will we measure success? - Using the Workforce Race Equality Standards – Indicators

Indicator		2019	2020
1	<p>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</p> <ul style="list-style-type: none"> - Non-Clinical staff - Clinical staff - of which - Non-Medical staff - Medical and Dental staff 	<p><u>17.7%</u> BME staff in overall workforce <u>9.30%</u> BME staff in non-clinical workforce <u>19.77%</u> BME staff in clinical workforce</p> <p>Non Clinical BME staff in different bandings as compared to White staff: Band 1 – 16.33% Band 2 - 10.31% Band 3 – 9.81% Band 4 – 8.66% Band 5 – 10.66% Band 6 – 8.84% Band 7 – 7.80% Band 8A – 6.02% Band 8B – 3.64% Band 8C – 3.13% Band 8D – 0.00% Band 9 – 10.0% VSM – 10.0%</p> <p>Percentage of Clinical BME staff in different bandings compared to White staff: Band 1- 12.50% Band 2 - 19.46% Band 3 -10.79% Band 4 – 29.08% Band 5 – 24.68% Band 6 – 13.31% Band 7 – 10.26%</p>	<p><u>19.7%</u> BME staff in overall workforce <u>9.96%</u> BME staff in non-clinical workforce <u>22.18%</u> BME staff in clinical workforce</p> <p>Non Clinical BME staff in different bandings as compared to White staff: Band 1 – 13.64% Band 2 - 10.81% Band 3 – 9.95% Band 4 – 8.07% Band 5 – 14.9% Band 6 – 9.36% Band 7 – 8.65% Band 8A – 4.60% Band 8B – 5.98% Band 8C – 2.71% Band 8D – 5.56% Band 9 – 15.39% VSM – 0.00%</p> <p>Percentage of Clinical BME staff in different bandings compared to White staff: Band 1- 9.38% Band 2 – 19.14% Band 3 -11.16% Band 4 – 29.48% Band 5 – 31.51% Band 6 – 14.40% Band 7 – 11.16%</p>

		Band 8A – 6.06% Band 8B – 5.41% Band 8C – 4.76% Band 8D – 0% Band 9 – 0% VSM – 25.0%	Band 8A – 8.44% Band 8B – 5.27% Band 8C – 4.35% Band 8D – 0% Band 9 - 0% VSM – 22.65%
2	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts	White staff are 1.09 times more likely to be appointed from shortlisting	White staff are 1.17 times more likely to be appointed from shortlisting
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	BME staff are 0.85 times less likely to enter a formal disciplinary process	BME staff are 0.68 times less likely to enter a formal disciplinary process
4	Relative likelihood of staff accessing non-mandatory training and CPD National NHS Staff Survey indicators (or equivalent) for each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff	White staff are 0.94 times less likely to access non-mandatory training and CPD	White staff are 0.89 times less likely to access non-mandatory training and CPD
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White – 24.3% BME – 25.2%	White – 25.5% BME – 28.0%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White – 21.7% BME – 28.0%	White – 21.0% BME – 25.7%
7	Percentage believing that the Trust provides equal opportunities for career progression or promotion	White – 90.7% BME – 74.5%	White – 91.3% BME – 82.1%
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White – 6.4% BME – 13.0%	White – 5.3% BME – 13.0%
9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: - By voting membership of the Board - By executive membership of the Board	White – 84.6% BME – 15.4%	White – 84.6% BME – 15.4%