

Workforce Race Equality Standard (WRES) Analysis and Action Plan

July 2021



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1. Foreword



I am delighted to be able to introduce you to the Trusts Workforce Race Equality Standard (WRES) report for the year 20/21. It explores the make-up of our workforce and interrogates outcomes from the staff survey to help the organisation better understand what we can do to improve equality across the Trust.

4.7% of the Trust workforce, that is one in twenty, are from the Black, Asian and Minority Ethnic (BAME) community. Whilst it is important to the Trust that we provide our patients with the very best possible care, we also want our staff to feel highly valued, included and respected.

Over the past few years the Trust have invested time in listening to our staff, encouraging colleagues to get involved in making change for the better and improving staff health and well-being services. In the past year the Trust has introduced the BAME Staff network which has been instrumental at providing a voice for BAME staff in the organisation. In partnership with the BAME staff network we celebrated Black History Month last October and we supported our black colleagues during the Black Lives Matter events.

We know from our work with BAME colleagues, and by looking at our workforce race equality data that we can also make further improvements to the experience of our BAME colleagues. For example we are particularly keen to see a difference in the makeup of our leadership community and indeed Board membership where currently we do not reflect the diversity of the communities we serve. That said I am delighted to confirm in May 2021 the new position of Associate Non-Executive Director was recruited too and a BAME candidate successfully appointed. This demonstrates the board's ongoing commitment to building a diverse and representative leadership.

Common sense and decency, backed by research tells us that a representative and fully inclusive workforce will lead to higher staff satisfaction as well as quality patient care, patient satisfaction and patient safety.

Workforce race equality is championed at the highest levels within the Trust and our own Deputy Chief Operating Officer is enrolled on the national WRES Expert Programme. Our WRES expert will support the organisation and the wider health economy in our area to improve race equality and fairness in our patch and in so doing, as the evidence shows improve patient care, patient satisfaction and patient safety.

With this in mind the Trust will work with our BAME colleagues to give us their views on how we take this work forward and support our work on the NHS Workforce Race Equality Standard (WRES) to guide us on this very important journey.

This report highlights the work that has been done so far in helping us to achieve our strategic ambition.

**Steve McGowan, Director of Workforce and Organisational Development
Humber Teaching NHS Foundation Trust**

2. Introduction to the Workforce Race Equality Standard (WRES)



2. Introduction to the WRES



The NHS Workforce Race Equality Standard (WRES) was made available to the NHS in April 2015. It was developed following sustained engagement and consultation with key stakeholders within NHS organisations across England and using expert advice on the factors that would provide measurable and meaningful indicators of equality performance on which organisations can develop and improve.

The main purpose of the WRES is:

- ✓ to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- ✓ to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME) colleagues, and,
- ✓ to improve BAME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

There is considerable evidence that the less favourable treatment of BAME colleagues in the NHS, through poor treatment and opportunities, has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants.

BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other colleagues; are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression.

In general, the proportion of NHS board members and senior managers who are of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

NHS Trusts, including ourselves, are committed to supporting the work on the WRES across the NHS. We also take seriously our responsibilities as an employer to review our own performance against the WRES, and we commit to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

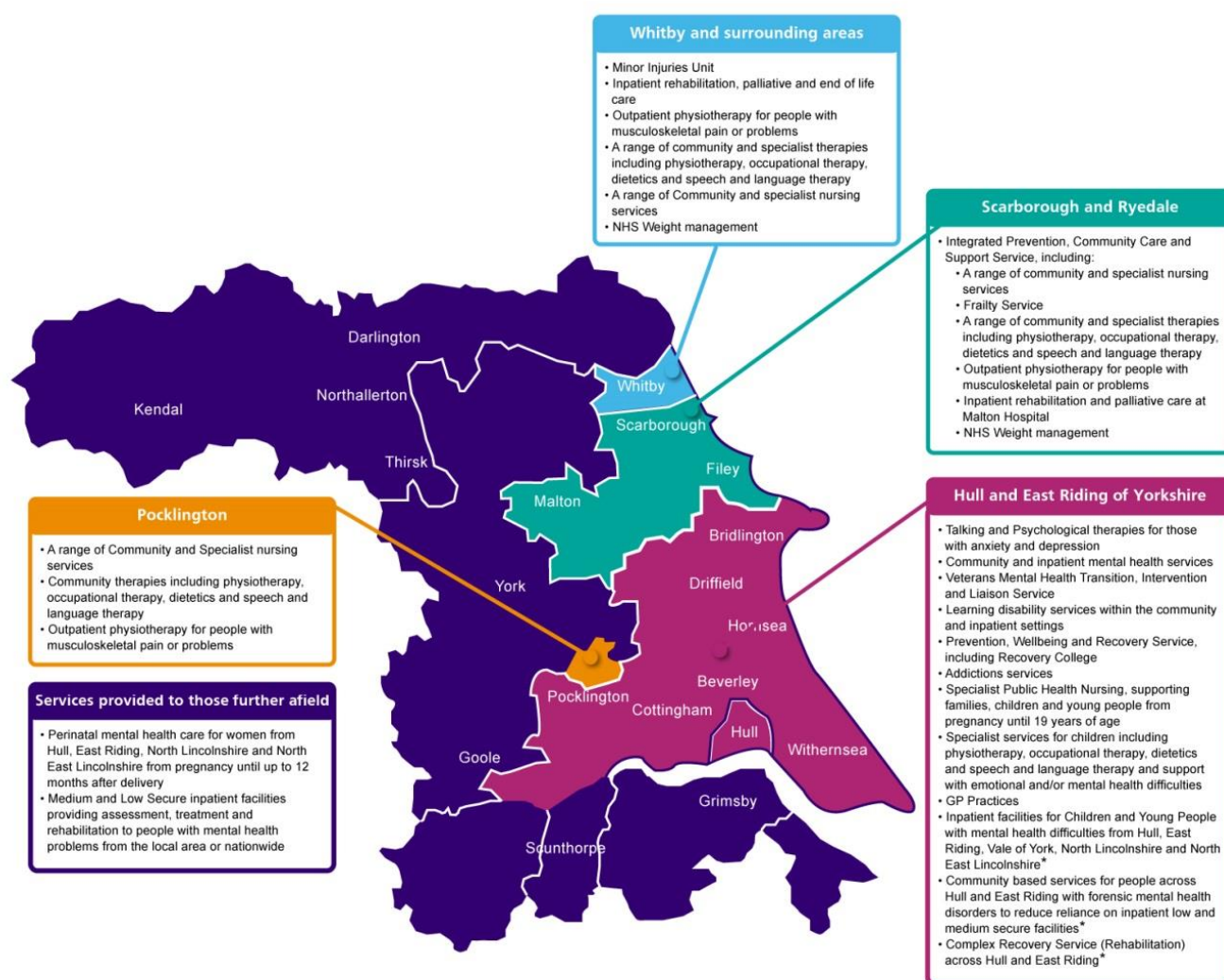
Our Locality

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.

We employ approximately 3,000 staff across more than 79 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development. Our local populations have a BAME population of East Riding 3.8%, Humber 5.1% and North Yorkshire 2.6% and the Trusts workforce make up 4.7% BAME.



3. Workforce Race Equality Standard (WRES) Indicators

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on Boards.

The WRES highlights any differences between the experience and treatment of White staff and BAME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

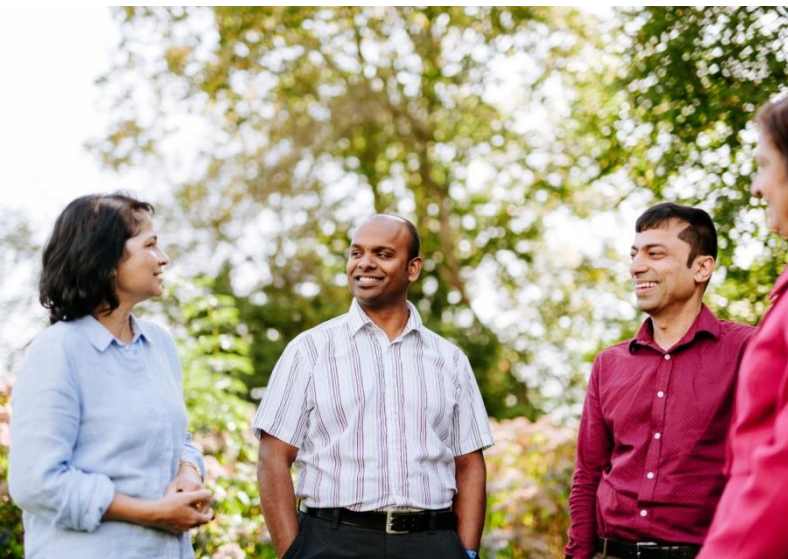
As a whole, the WRES Indicators have been chosen to be as simple and straightforward as possible and are based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which good performing NHS organisations are already undertaking.

The development of the nine WRES indicators owes a great deal to consultation with and contributions from the NHS and key stakeholders.

The table below highlights the nine WRES indicators and where the information can be found.

Nº	WRES Indicator
Workforce Indicators (Source ESR)	
1	Percentage of BAME 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
2	Relative likelihood of BAME staff being appointed from shortlisting compared to white staff
3	Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff
4	Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff
Staff Survey Findings (Source NHS Staff Survey)	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
8	Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues
Board Representation (Source ESR)	
9	Percentage difference between the organisations Board voting membership and its overall workforce

4. Inclusive Leadership



Work on the WRES, and on the race equality agenda generally, will only make a difference when it is positioned within the mainstream business and governance of the organisation. The Humber Teaching NHS Foundation Trust is committed to ensuring that the Board and senior leaders of the organisation lead the way in what they do within, and beyond, the organisation. The WRES has helped the organisation encompass an evidence-based approach with good intentions to make a real impactful difference on this agenda.

We know that successful equality, diversity and inclusion work, including work to implement the WRES, requires specialist advice and support. It

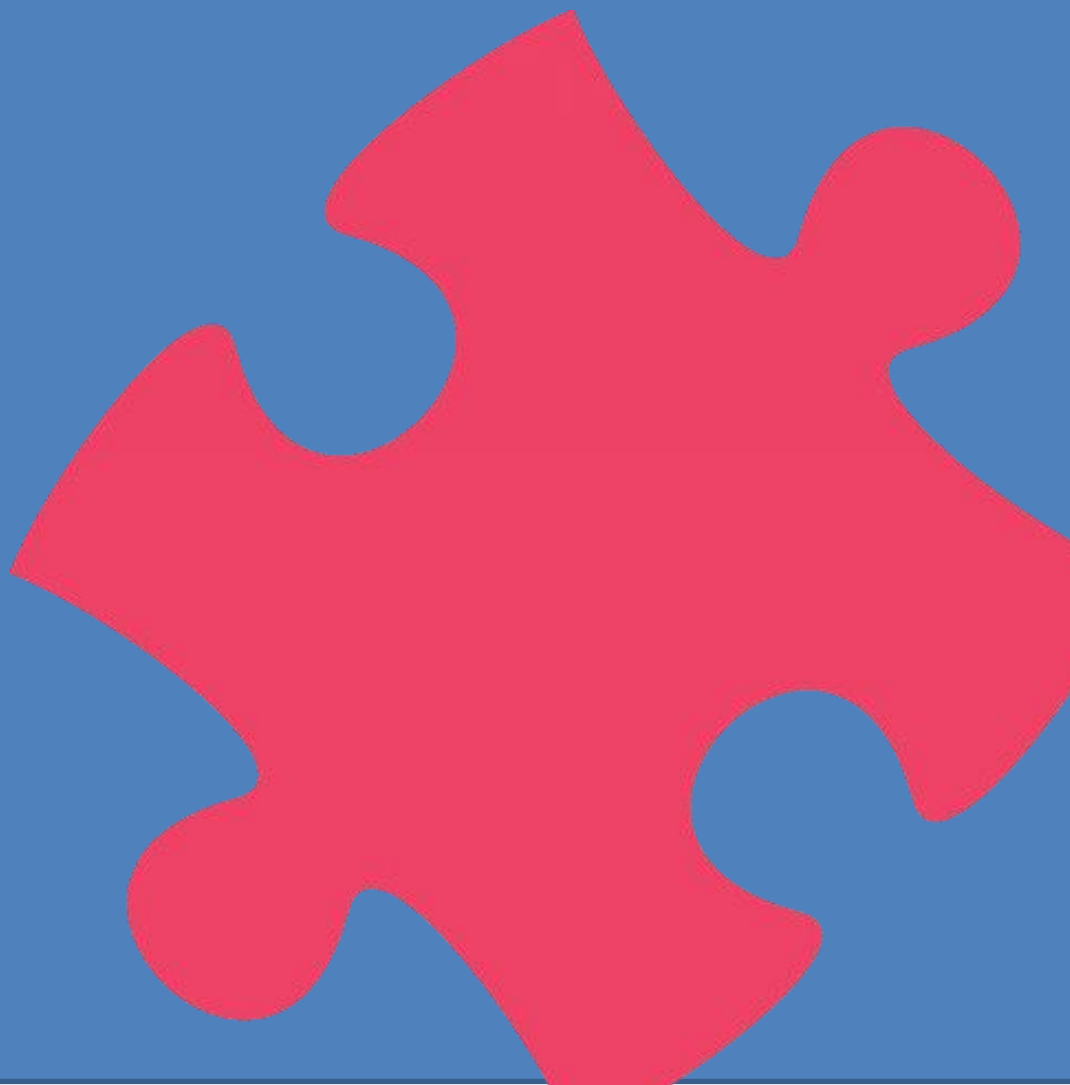
is increasingly recognised that without good leadership, work on this agenda is very often short-lived, or at best, has little organisation wide impact. This is particularly important as the WRES may well challenge the leadership of the organisation to positively demonstrate their own commitment to equality and inclusion, and in particular, to race equality.

Without a doubt, leadership and direction are the most important components when trying to make a positive impact on the culture in an organisation with regards to race equality. The effort and energy put into ensuring that senior leaders in an organisation are aware of the issues and the complexity of race equality is time well spent. Demonstrable and committed leadership on the issue of race is a key component for success of any implementation plan to improve race equality in an organisation, therefore the relationship between the equality and diversity lead in a Trust and the senior leadership of the organisation is a critical one.

The WRES data has enabled Humber NHS Teaching Foundation Trust to focus on what “good” looks like and on how “good” may be achieved and maintained. WRES data helps to point towards the direction of focus and attention required to make continuous improvements on the workforce race equality agenda. Implementing the WRES is not an academic or “tick-box” exercise at the Trust. Instead, the WRES action plan and strategy, strongly reliant on data underpin the operational focus for the organisation.

John Duncan
Equality, Diversity & Inclusion Workforce Lead
Humber Teaching NHS Foundation Trust

4. Our Data and Evidence



4.1 WRES Indicator 1 - Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members).

Table 1: Percentage of non-clinical staff by band at 31 March 2021 using a baseline of 4.7% (percentage of BAME staff employed by the Trust)

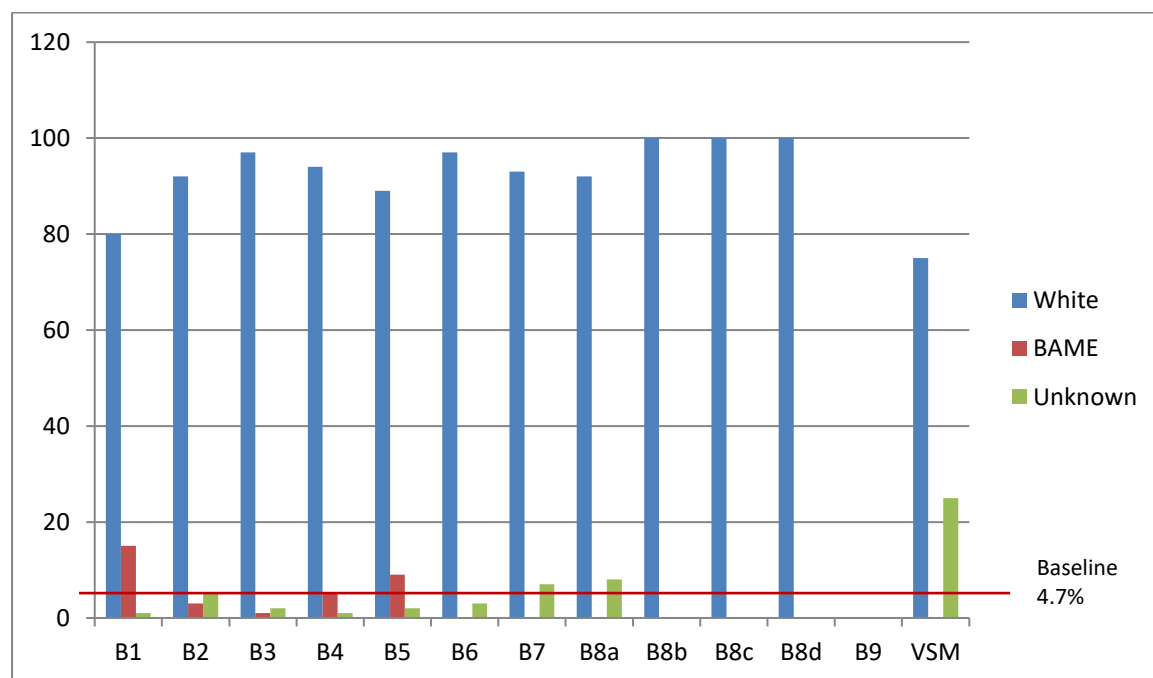
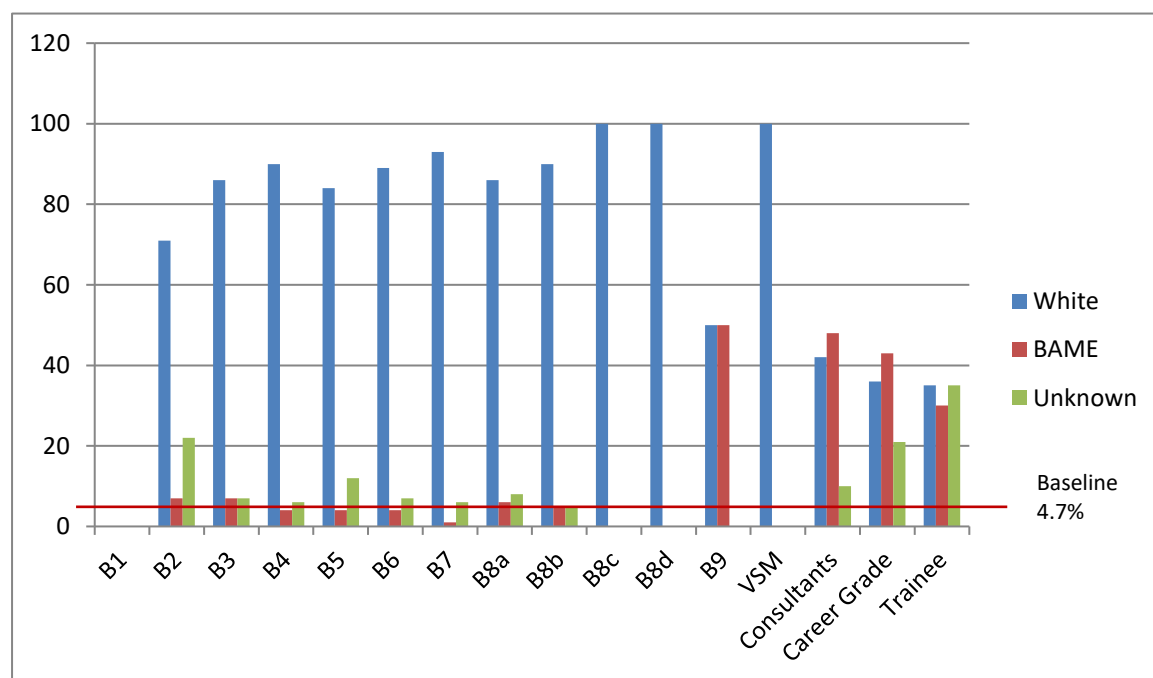


Table 2: Percentage of clinical staff by band at 31 March 2021 using a baseline of 4.7%



At the time of the WRES submission 4.7% of the workforce identified as BAME, the same as last year.

Table 3: Trust Geographical Area and Ethnicity as detailed by the ONS 2016 and Census 2011

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

WRES Indicator 1 Key Findings

Table 1 and 2 highlight:

- Non-clinical roles BAME staff are underrepresented AfC bands B6 through to VSM
- Clinical roles BAME staff are underrepresented AfC bands B8c, 8b and VSM

The substantive BAME workforce totals 143, which represents 4.7% of the total workforce. 22 BAME colleagues work in non-clinical roles and 90 work in clinical roles whilst 31 work in medical or dental consultant roles.

This demonstrates that 44.13% of the BAME workforce work in bands 1 – 4, 27.27% work in bands 5 – 7, 6.99% work in bands 8a – VSM and 21.6% are medical and dental consultants.

The overall substantive BAME workforce has increased from 116 in 19/20 to 143 in 20/21, however the overall percentage of BAME colleagues in the workforce has remained at 4.7%. In the main this is representative of the communities the Trust serves, where East Riding and North Yorkshire have BAME communities below 3.8% and the Humber BAME community was 5.1% at the 2011 census.

However, the data shows that 6.99% of senior roles (8a – VSM) in the Trust are held by BAME colleagues and work is needed to support the leadership development of BAME colleagues in non-clinical roles between AfC bands 6 through to VSM.

4.2 WRES Indicator 2 - Relative likelihood of BAME staff being appointed from shortlisting compared to white staff.

	Total	White	BAME	Unknown
Shortlisted applicants	920	855	47	18
Appointed from shortlisting	220	198	17	5
Relative Likelihood of appointment from shortlisting	23.9%	23.16%	36.17%	27.78%

WRES Indicator 2 Key Findings

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.64 (where 1 indicates equality with BAME applicants) which compared to the national benchmark of 1.15 is showing a better position for the Trust. The figure of 36.17% is slight rise on the previous year but the percentage of white applicants being shortlisted has dropped by 8.84%. However, a deep dive should be undertaken to look at the shortlisting of BAME candidates compared to the number of applicants to ensure Trust recruitment is inclusive and from as diverse a community as possible.

4.3 WRES Indicator 3 - Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff.

	Total	White	BAME	Prefer not to say
Workforce	3029	2643	143	243
Number of staff entering the formal disciplinary process	19	17	1	1
Likelihood of staff entering the formal disciplinary process	0.62%	0.64%	0.70%	0.41%

WRES Indicator 3 Key Findings

The relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff is very low with parity to white colleagues. This would suggest that across the Trust BAME staff are not disadvantaged by the use of the disciplinary process or its application. Statistically the number of BAME colleagues entering the formal disciplinary process is extremely low.

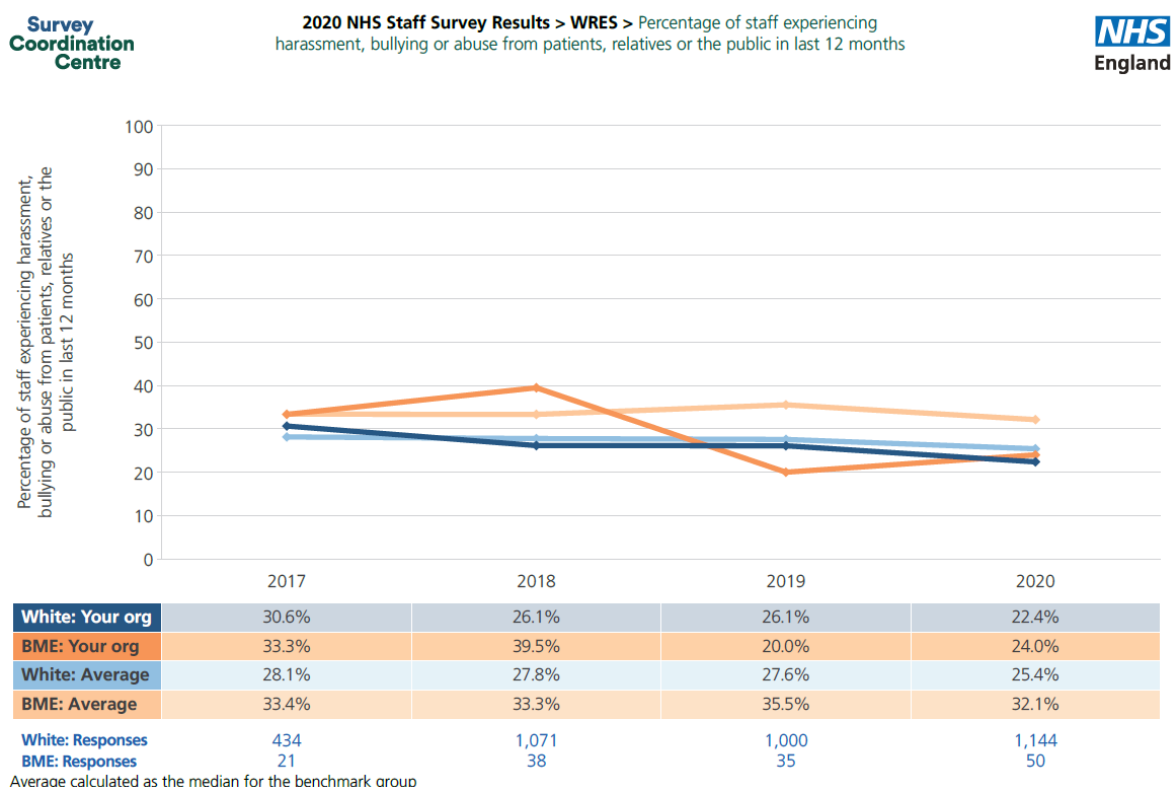
4.4 WRES Indicator 4 - Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff

	Total	White	BAME	Prefer not to say
Workforce	3029	2643	143	243
Number of staff accessing non-mandatory training and CPD	1900	1639	105	156
Likelihood of staff accessing non-mandatory training and CPD	62%	62%	73.43%	64%

WRES Indicator 4 Key Findings

The Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME colleagues is 1.18, an improvement from 0.97 last year. Furthermore, this demonstrates equality of opportunity in accessing non-mandatory training and CPD between BAME and White colleagues.

4.5 WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



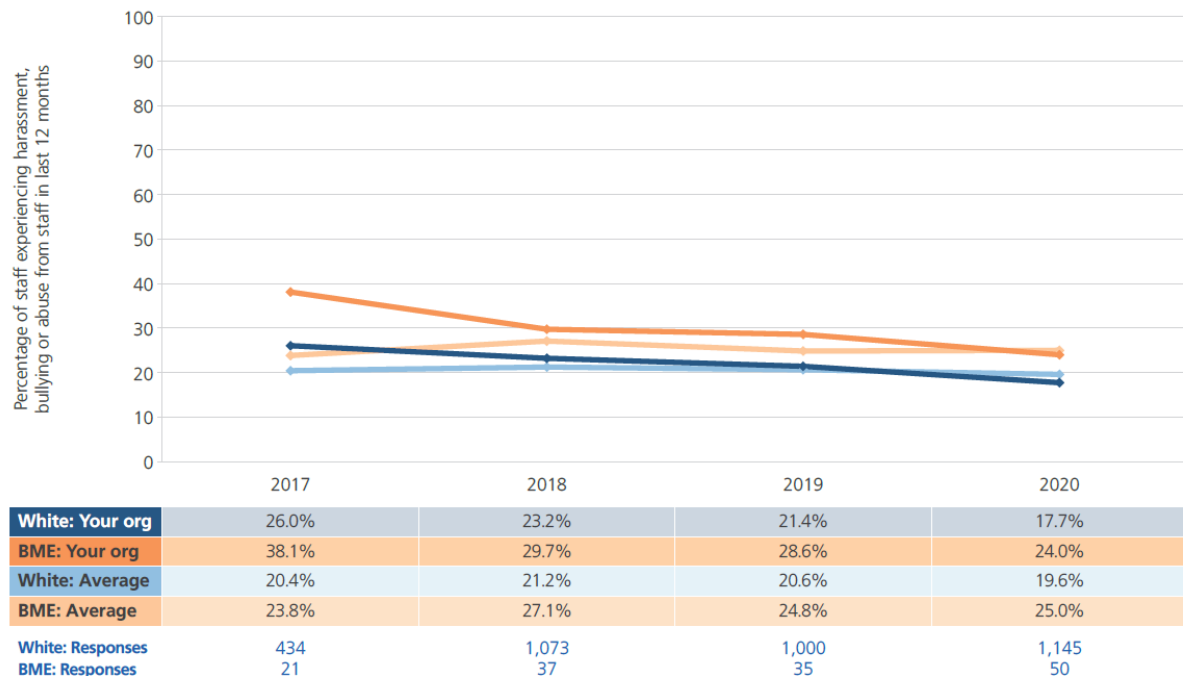
WRES Indicator 5 Key Findings

24% of BAME colleagues believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 22.4% for white colleagues.

However, 24% is a rise of 4% on 2019 where 20% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Significantly, the Trusts figure of 20% is considerably below the average for BAME staff which is 32.1% across the benchmark group. Though, it is worth noting that despite a 4% rise on last year's figure the Trust has demonstrated a four year declining trend from 33.2% in 2017 to 24% in 2020 for this statistic.

It should be noted that the response to this question of 50 BAME staff is statistically very low but is an increase on the previous year.

4.6 WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



Average calculated as the median for the benchmark group

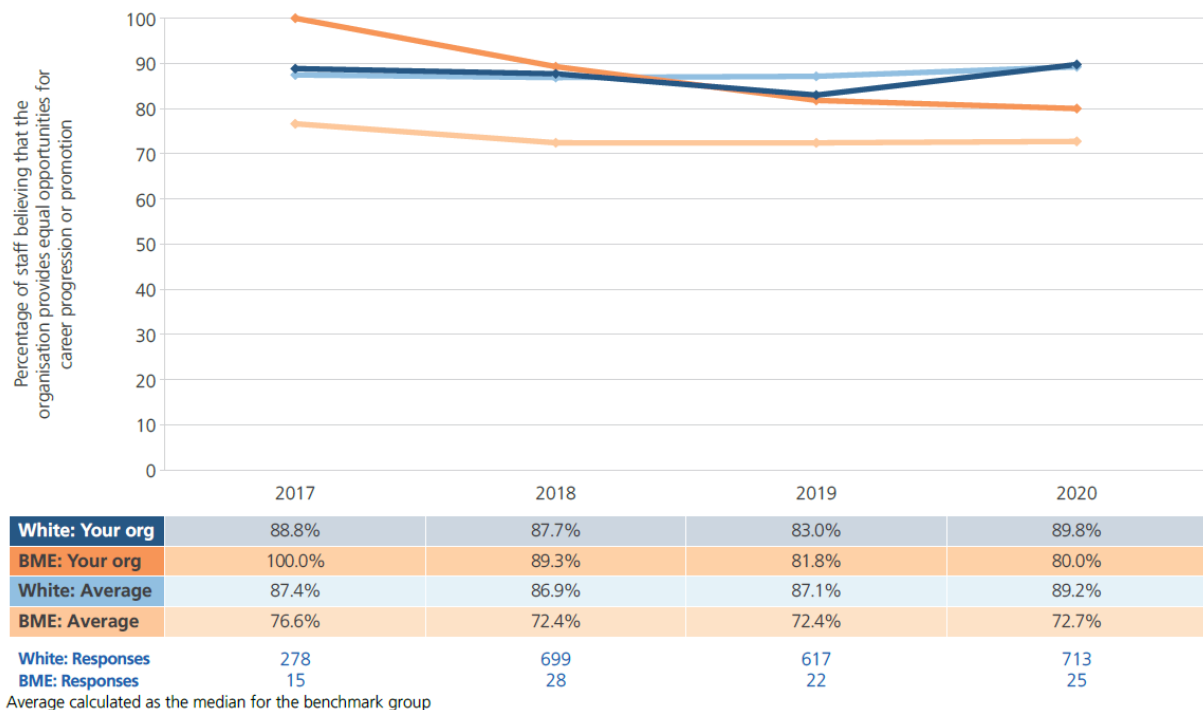
WRES Indicator 6 Key Findings

24% of BAME colleagues believe they experienced harassment, bullying or abuse from staff in the last 12 months, which compared to 17.7% of white colleagues. Still, over the preceding four years the percentage of BAME staff who believe they have experienced harassment, bullying or abuse from staff in the last 12 months has declined from 38.1% in 2017 to 24% in 2020 which demonstrates a four year positive trend as well as the affirmative impact of initiatives to reduce harassment, bullying or abuse for BAME colleagues.

However, the outcome of 24% of BAME staff said they experienced harassment, bullying or abuse from staff in the last 12 months, which is below the average of 25% for the benchmarked group of Trusts.

It should be noted that the response to this question of 50 BAME staff is statistically very low but is an increase on the previous year.

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

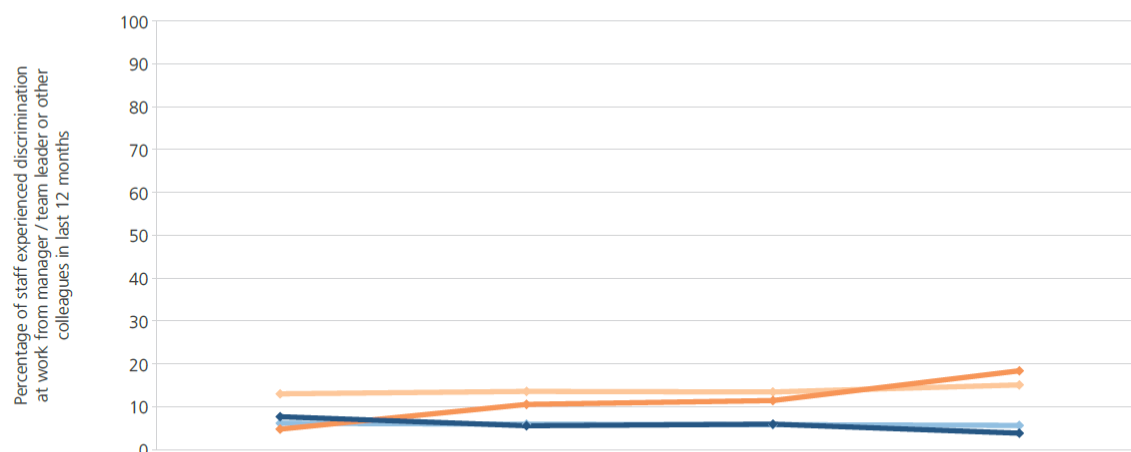


WRES Indicator 7 Key Findings

80% of BAME colleagues believe the organisation provides equal opportunities for career progression or promotion, this compares to 89.8% of white colleagues. Yet, the figure of 80% is 7.3% higher than the average of the benchmark group of Trusts of 72.7%. However, the Trusts figure of 80% for BAME colleges who believe that the organisation provides equal opportunities for career progression or promotion demonstrates a four year declining trend while for white colleagues the figure has remained relatively static around 89% over the same time scale.

It should be noted that the response to this question of 25 BAME staff is statistically very low.

4.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues



	2017	2018	2019	2020
White: Your org	7.7%	5.6%	5.9%	3.8%
BME: Your org	4.8%	10.5%	11.4%	18.4%
White: Average	6.1%	5.9%	5.8%	5.6%
BME: Average	13.0%	13.6%	13.4%	15.1%

White: Responses

431

1,062

997

1,128

BME: Responses

21

38

35

49

Average calculated as the median for the benchmark group

WRES Indicator 8 Key Findings

18.4% of BAME colleagues believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months, this compares to 3.8% of white colleagues. The figure of 18.4% represents a four year increasing trend from 4.8% in 2017 to 18.4% in 2020 which has seen the same statistic decline for white colleagues over the same time scale.

However, the figure of 18.4% is above the average of the benchmark group of Trusts of 15.1% but the Trust recognises that further work is needed to reduce this figure further.

It should be noted that the response to this question of 49 BAME staff is statistically very low but an increase on the previous year.

4.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce

	White	BAME	Prefer not to say
Workforce	2643	143	243
Board Voting Members	11	0	0
Percentage	100%	0%	0%

WRES Indicator 9 Key Findings

BAME representation on the Trust Board is 0% which compares unfavourably to the NHS average of 8.4%. However, recently the Trust worked with NHS Improvement when appointing its most recent non-executive director. The Trust has worked to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. Similarly, the Trust has worked to ensure that all members of the recruitment panel for Executive and Non-Executive Directors have up to date training in diversity and inclusion.

5. Conclusions and Next Steps

The Workforce Race Equality Standard (WRES) allows the Trust to hold up a mirror and evaluate the experiences of its BAME staff. The WRES is important to the Trust because we know that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

By analysing our WRES data the Trust is able to better understand the experiences of BAME staff and support positive change by creating a more inclusive environment for ABME people working in the Trust as well as those seeking employment within the Trust.

This WRES report demonstrates clearly that Trust has made significant progress over the past 12 months, these include:

1. the relative likelihood of BAME staff being appointed from shortlisting;
2. the relative likelihood of BAME staff entering the formal disciplinary process;
3. the relative likelihood of BAME staff accessing non-mandatory training and CPD;
4. the percentage of BAME staff experiencing harassment, bullying or abuse from staff.

Next Steps

This report has identified a number of areas where the Trust can focus its work to ensure we make tangible and pragmatic improvements for disabled staff.

In particular the Trust needs to focus on:

1. Improving BAME representation in AfC bands 6 and upwards in non-clinical roles
2. The gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues.
3. The gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues.
4. The gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues.
5. Improving BAME representation on the board.

Appendix 2 in this report provides an action plan for the Trust over the next 12 months which is designed to address these areas of focus.

6. Race Equality Communication Strategy

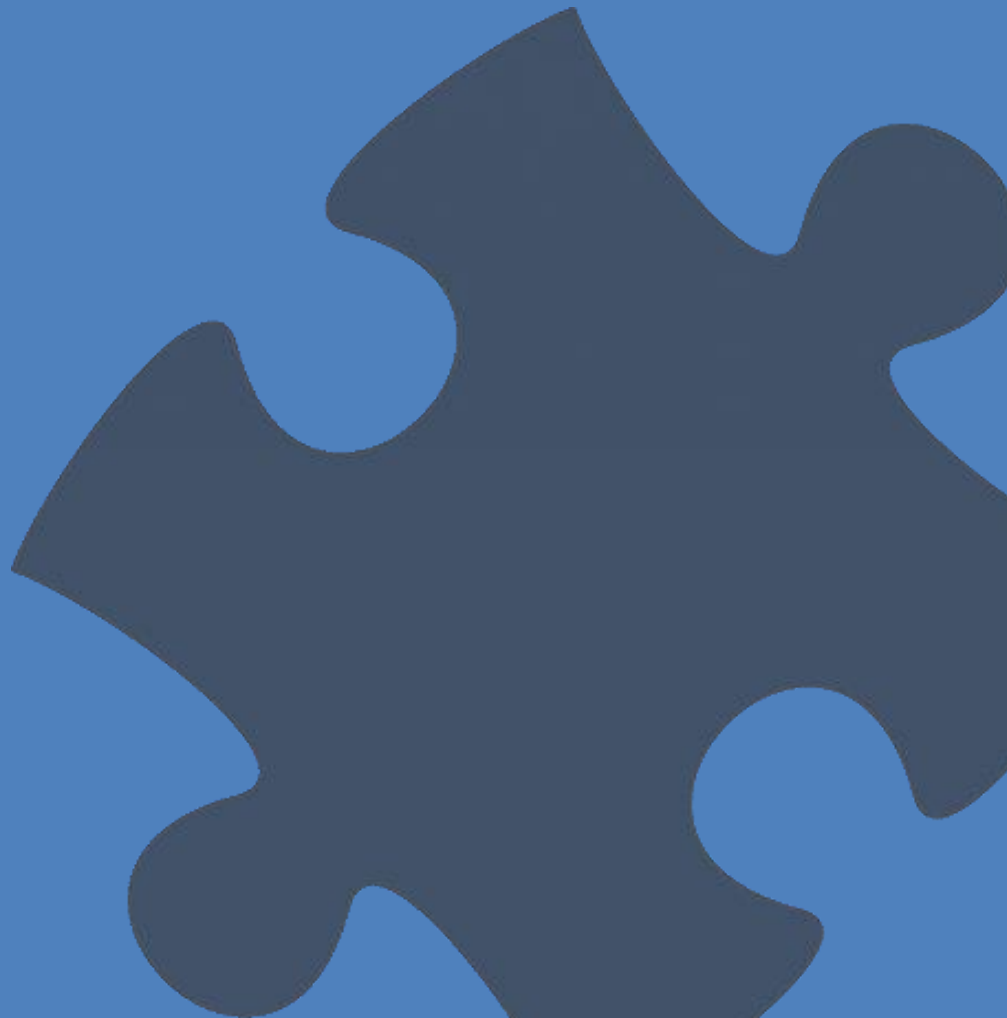


6.1 Communications Strategy

The workforce race equality communications strategy is designed to:

- **Raise awareness** - of the WRES, why the organisation wants to make positive change and the benefits of change for staff, patients and our local communities.
- **Give advice knowledge and guidance** - to provide the organisation with relevant guidance, information, tools and advice on the WRES and its implementation – tailored to the needs of departments and service units.
- **Engage** - Actively engage with senior leaders, the workforce and stakeholders. A tailored engagement approach can be in the form of team or divisional meetings, seminars, workshops case studies of colleague experiences or successes, social media messaging supported by open and frank staff forums where views can be shared.
- **Promote senior leadership on the issue** - Empower, encourage and enable senior leaders in the organisation to be confident about discussing race equality.
- **Build partnerships** - cohesive working and exchange of ideas across teams, departments and business units. Celebrate pacesetters and those leading by example, making progress, developing and sharing best practice. Work with external organisations and partners to train colleagues and learn from each other.
- **Help spark cultural and behavioural change on this agenda** - The vision for Humber Teaching NHS Foundation Trust is for equality not to be an objective to be achieved, but hardwired as business as usual.

7. How our data impacts race equality in the NHS



Improving race equality in the NHS

KEY FINDINGS FROM THE WORKFORCE RACE EQUALITY STANDARD (WRES) 2020 REPORT

21% of NHS staff are **BME** (273,359)



9.2% 9.2% of staff in pay bands 8C and above are **BME**.



This is significantly lower than the 21% of **BME** staff working in the NHS

56,715 more **BME** staff in the NHS in 2020 than 2017



10% of trust board members are **BME** (7% in 2019)



BME staff are **1.16 times** more likely to enter a formal disciplinary process than **white** staff



22.2% increase in **BME** board members since 2019



30.3% of **BME** staff reported experiencing harassment, bullying or abuse from the public (28.4% in 2016)



BME staff at very senior manager level increased by **41.7%** since 2017



White applicants are **1.61 times** more likely to be appointed from shortlisting than **BME** applicants (1.46 in 2019)



www.nhsemployers.org enquiries@nhsemployers.org [@nhsemployers](https://twitter.com/nhsemployers)

Source: [The Workforce Race Equality Standard Report 2020](#)

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Taking action

ORGANISATIONS



Create an anti-racism strategy where racism is not tolerated. Respond quickly to complaints.



Tell your story. Explain why workforce race equality is so important for staff and patients.



Appoint a board lead for WRES and focus on equality of outcome.



Board lead to actively engage with staff groups such as BME networks.



Use positive action measures to encourage diverse shortlisting and diverse appointment panels.



Commit to developing leaders from under-represented groups and link your discussions with your regional talent boards.



Create an independent panel to review all disciplinary cases beyond a first written warning before processing.

INDIVIDUALS



Speak up and challenge inappropriate behaviours via HR, your manager, equality lead, or freedom to speak up guardians.



Improve understanding of unconscious bias, white privilege and diversity of thought.



Attend internal training on equality, diversity and inclusion.



Challenge leaders for transparency around WRES action plans.



Add race equality, diversity and inclusion issues to meeting agendas.



Request the WRES data for your department, compare it to the wider organisation and other NHS trusts in your organisation.




Participate in a reverse mentoring programme.




Be curious and ask questions.

Access further information

 [NHS Workforce Race Equality Standard 2020 annual report](#)

 [NHS Workforce Race Equality Standard resources](#)

 [Join the BME Leadership Network](#)

8. Our Progress



8. Appendix 1 - Progress against 2019/20 WRES Action Plan

Metric	Objective	Action/s	Timescales	Lead/s	Progress
1	Decrease in 'unspecified' Ethnicity on ESR	Review ethnicity monitoring information for staff and agree ESR updating processes.	Oct 2020	JD/JW	Successfully reduced 'unspecified' entries in ESR for protected characteristics by 85.4%(June 2021)
1	Decrease in number of new BAME starters in the 'unspecified' categories.	Review OH paperwork for new starters to identify improvements that could encourage new starters to declare ethnicity status.	Dec 2020	JD/HM	Importance of accurate ESR information discussed at corporate induction for all new starters, recruitment tool Trac pulls in new starter protected characteristic information to reduced change for error
5	Reduce BAME staff experience of harassment, bullying or abuse from patients, relatives or public	Implement a new procedure for addressing verbal aggression towards staff by patients	Mar 2021	JD	New procedure for reducing aggression towards staff by patients developed and after consultation with clinical leads final version agreed and implemented. Taken on by senior clinical leads and safety huddle established.
3, 6, 8	Reduce BAME staff experience of discrimination at work from manager/team leader or other colleagues	Revise and implement new Bullying and Harassment training for managers	Mar 2021	KP	Learning outcomes agreed and training development completed by IMP Training. Delivery on hold until face to face training can commence.
1, 2	Improved confidence in managers in dealing with recruitment of underrepresented groups	a) Review training for Recruitment and Selection b) Implement value based recruitment across the Trust	Mar 2021	KP	Learning outcomes agreed and training development completed by IMP Training. Delivery on hold until face to face training can commence
4, 7, 8	Improve engagement form BAME staff with equality planning and action planning	Involve BAME Staff Network on the Trusts approach to improving the working environment for BAME staff	Sept 2020	JD/MM	BAME Staff network working, in conjunction with other stakeholders to review the WRES data and coproduce action plan
1, 2, 3, 4, 5, 6, 7, 8, 9	Improve understanding of national WRES narratives at senior level	New Deputy COO to be nominated for the WRES expert scheme	Nov 2020	CJ	Deputy COO was successful in application to be Trust senior representative on WRES expert scheme and provides WRES updates to the executive team via NHS England training.

9. Appendix 2 – WRES Action Plan for 21/22

Nº	Outcome	Action/s	WRES indicator	When	Lead/s
1	Improve BAME representation in AfC bands 6 and upwards in non-clinical roles	Monitor BAME representation on in house Leadership and Senior Leadership Development programmes as well as High Potential Development Programme	1	Quarterly	EDI Lead
2	Reduce the gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues.	Promote leadership development programmes to BAME staff across the Trust	7	Quarterly	L&D/OD
3	Reduce the gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues.	Continue to signpost to the Reducing Aggression Towards Staff by Patients, Cares and Services Users procedure Continue to use Datix reports of aggression by Patients, Cares and Services Users to support the Zero Tolerance Safety Huddle Team	5	Quarterly	Zero Tolerance Safety Huddle Team/Deputy Director Nursing
4	Reduce the gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues.	Continue to rollout Bullying & Harassment Training for managers	8	As per needs of the business	L&D/HR Operations
5	Improve BAME representation on the board.	Continue to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible	9	As and when vacancies arise	Recruitment