Appendix 1

Workforce Race Equality Standard Action Plan 2023 – 2024

Green (G)	Yellow (Y)	Amber (A)	Red (R)
Evidence demonstrates action implemented	Evidence demonstrates the action is mostly met and within timescales	Evidence demonstrates the action is mostly met but not within timescales	Evidence in place demonstrates the action has not been met

1. Workforce Data and Representation – Metrics 1 and Metric 9 **Metrics 1: Percentage of BME staff in each of Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.** **Metrics 9: Percentage difference between the organisations' Board voting membership and its overall workforce.**	
Objectives	• Improve BAME staff representation across senior levels of the organisation • Reduce the gaps in experiences between white staff and BAME staff • Value and promoting the voice of BAME Staff within decision-making.
What actions do we need to take and why?	The WRES workforce data indicates that 30.1% of our workforce come from BAME background, however at middle to senior levels of the organisation BAME colleagues are disproportionately underrepresented (for both clinical and non-clinical roles). The focus of our actions are to review recruitment and selection processes to improve representation of BAME people on selections panels and help minimise bias from the selection process through best practice recommendations from the Kline review. The NHS People Plan emphasises the importance of BAME (and other protected groups) representation on decision-making committees and forums. The actions below will support this objective.

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
1.1	Transformational Reciprocal Mentoring programme for Senior leaders (Trust Board, Non-Execs, etc. COHORT 2 – with Race as the initial focus– Disability and Gender (specifically female) will be the secondary focus.	HRD/Head of EDI	September 2024	• Transformational Reciprocal mentoring positively impacting the entire organisation, by enabling leaders to engage on the topic of race equality and other protected characteristics. • Senior and all Leaders who can confidently speak on key issues regarding inequalities and lived experiences. The programme will	

1. Workforce Data and Representation – Metrics 1 and Metric 9					
Metrics 1: Percentage of BME staff in each of Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff. **Metrics 9: Percentage difference between the organisations' Board voting membership and its overall workforce.**					
Objectives	• Improve BAME staff representation across senior levels of the organisation • Reduce the gaps in experiences between white staff and BAME staff • Value and promoting the voice of BAME Staff within decision-making.				
What actions do we need to take and why?	The WRES workforce data indicates that 30.1% of our workforce come from BAME background, however at middle to senior levels of the organisation BAME colleagues are disproportionately underrepresented (for both clinical and non-clinical roles). The focus of our actions are to review recruitment and selection processes to improve representation of BAME people on selections panels and help minimise bias from the selection process through best practice recommendations from the Kline review. The NHS People Plan emphasises the importance of BAME (and other protected groups) representation on decision-making committees and forums. The actions below will support this objective.				
Reference	**Action to be taken**	**Responsible owner(s)**	**Completion date**	**Outcomes**	**Rag Rating**
				target senior leaders' middle managers and those with lived experience. • Participants to develop and implement a Service Improvement project.	
1.2	6 monthly WRES report on the workforce data by race on: • Applications/ Shortlisting/ Recruitment • Promotion/career progression/ • Secondment • Employee relations case work • Access to training & development (non-	Head of EDI/HRD/Head of Workforce Information	May 2024	• Workforce EDI data is routinely reviewed, and appropriate actions undertaken. • Career progressions data improves for BAME staff. The data provided will be broken down as: BAME in comparison to white and then by the following categories:	

1. Workforce Data and Representation – Metrics 1 and Metric 9

Metrics 1: Percentage of BME staff in each of Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.
Metrics 9: Percentage difference between the organisations' Board voting membership and its overall workforce.

Objectives	• Improve BAME staff representation across senior levels of the organisation • Reduce the gaps in experiences between white staff and BAME staff • Value and promoting the voice of BAME Staff within decision-making.	
What actions do we need to take and why?	The WRES workforce data indicates that 30.1% of our workforce come from BAME background, however at middle to senior levels of the organisation BAME colleagues are disproportionately underrepresented (for both clinical and non-clinical roles). The focus of our actions are to review recruitment and selection processes to improve representation of BAME people on selections panels and help minimise bias from the selection process through best practice recommendations from the Kline review. The NHS People Plan emphasises the importance of BAME (and other protected groups) representation on decision-making committees and forums. The actions below will support this objective.	

Reference	**Action to be taken**	**Responsible owner(s)**	**Completion date**	**Outcomes**	**Rag Rating**
	Mandatory) • Exit Interviews/Turnover • Sickness (short term and long-term data) • Fairer recruitment (no more tick boxes etc.) implemented. Noting actions for improvement.			- Black - Asian - Mixed - Other - White Helps inform objective 1.3 Brought forward from 22/23 Action plan as the recruitment system has not allowed the Trust to report by demographics, this would need to be done manually, however Lynn Roberts, has been collecting qualitative data through 1-1's, questionnaires, who have been through the process, including the panel members. This should change with the new recruitment system.	
1.3	Ensure that the Trust takes positive action for the appointment of Executive (VSM) and Non- Executive Director posts and encourages	Trust Board Chair/ CEO /HRD	Dec 2023	• Increased numbers of BAME candidates for senior positions. • Develop and nurture staff to enhance their readiness to apply	

1. Workforce Data and Representation – Metrics 1 and Metric 9

Metrics 1: Percentage of BME staff in each of Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Metrics 9: Percentage difference between the organisations' Board voting membership and its overall workforce.

Objectives	• Improve BAME staff representation across senior levels of the organisation • Reduce the gaps in experiences between white staff and BAME staff • Value and promoting the voice of BAME Staff within decision-making.	
What actions do we need to take and why?	The WRES workforce data indicates that 30.1% of our workforce come from BAME background, however at middle to senior levels of the organisation BAME colleagues are disproportionately underrepresented (for both clinical and non-clinical roles). The focus of our actions are to review recruitment and selection processes to improve representation of BAME people on selections panels and help minimise bias from the selection process through best practice recommendations from the Kline review. The NHS People Plan emphasises the importance of BAME (and other protected groups) representation on decision-making committees and forums. The actions below will support this objective.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
	applications from as diverse pool of talent as possible to demonstrate the Trust's commitment to diversity and inclusion. Including Senior Managers in the organisation, Band 8A-Band 8D.			for new positions. Brought forward from 22/23 as work around this action needs to continue	

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4	
Metrics 2: Relative likelihood of BME staff compared to white staff being appointed from shortlisting across all posts. **Metrics 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.** **This Metric will be based on data from a two-year rolling average of the current year and the previous year.** **Metrics 4: Relative likelihood of staff accessing non-mandatory training and CPD.**	

Objectives	• Reduce the gaps in experience between white staff and BAME staff • Support managers to understand structural and individual acts of racism and develop cultural intelligence programmes	
What actions do we need to take and why?	Our WRES data indicates that further work must be undertaken to improve the data collection and analysis of HR interventions and Learning and Development opportunities in terms of race. The actions below are focused on raising awareness of WRES data and adopting a highly recommended RCN Cultural Ambassador programme to help close the gap for our BAME Staff in their experience of the workplace.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
2.1	Undertake annual analysis of the use of the RCN Cultural Ambassadors in all disciplinary data to identify any trends or issues in relation to race.	Head of EDI/Head of Employee Relations/HR and OD	Quarterly	• Regular reports on progress taken to EDI Steering committee. • Cohort of BAME Staff trained and supporting disciplinary investigations. • CA participants championing EDI and actively involved within the Trust activities. • CAs to sit on Band 8A interview panels. • Identify learning lessons from CA programme and have actions to address the identified gaps.	

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4

Metrics 2: Relative likelihood of BME staff compared to white staff being appointed from shortlisting across all posts.

Metrics 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This Metric will be based on data from a two-year rolling average of the current year and the previous year.

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

| 2.2 | Provide divisions and directorates with WRES data for their workforce.

EDI becomes a standing item on the Directorates Business Meetings- Staff Survey, pulse survey, WRES, WDES, Gender Pay Gap, and planned delivery of identified actions that Directorates need to undertake to improve their staff experience.

Violence and Aggression Procedure revised and relaunched. Focused work around racism and discrimination to be a theme throughout the policy. | Divisions/Execs/VSM's | April 2024 | • Embed EDI as BAU
• Promoting and encouraging visible representation of BAME staff in communication activity and in forums such as Board meetings/committee meetings etc.
• Staff to feel safe at work
• Staff know how to report racist abuse and violence and are encouraged to do so.
• Staff receive appropriate support following abuse and violence.
• Communication and training plan for line managers and staff on the revised violence and aggression policy.
• Patient/Public facing communication plan to be developed.

These can be measured by:
How many people attended the microaggression and civility sessions.

Provide divisions and directorates with their specific workforce representation | |

2. Workforce Data - Employee Relations and Education & Training – WRES Metric 2, 3, 4 **Metrics 2: Relative likelihood of BME staff compared to white staff being appointed from shortlisting across all posts.** **Metrics 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.** **This Metric will be based on data from a two-year rolling average of the current year and the previous year.** **Metrics 4: Relative likelihood of staff accessing non-mandatory training and CPD.**					
				data and WRES scores, highlighting areas of underrepresentation or disparities. Conduct a thorough review of the violence and aggression procedure, focusing on racism and discrimination. Gather feedback from employees, track incidents, and evaluate any changes in the reported incidents of racism or discrimination. Monitor the impact of the policy changes and measure the outcomes in terms of reducing incidents and improving the overall staff experience. Outcome: Presentation at Board from each directorate re Staff survey and Recruitment and retention plan. Brought forward from 22-23 as more work needs to be done around this.	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8	
Metrics 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. Metrics 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. Metrics 7: Percentage believing that Trust provides equal opportunities for career progression or promotion. Metrics 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.	
Objectives	• Reduce the gaps in experience between white staff and BAME staff.
What actions do we need to take and why?	The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement.

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
3.1	Support the BAME Network to: • Host four listening events. – Re-Launch Network Name, Black History Month etc. • Promote the work of the Network. • Co-deliver staff Induction.	Head of EDI/Network Chairs	April 2024	• BAME Network Strategy to be added to the Staff Networks Strategy • BAME and non-BAME staff participating in organised initiatives. • A clear programme of cultural and diversity events shared across the organisation. • Continued development of Network Chairs.	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8	
Metrics 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. **Metrics 6:** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. **Metrics 7:** Percentage believing that Trust provides equal opportunities for career progression or promotion. **Metrics 8:** In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.	

Objectives	• Reduce the gaps in experience between white staff and BAME staff.	
What actions do we need to take and why?	The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
3.2	Develop a coaching and mentoring register for BAME Staff – each Division to identify BAME colleagues (extended to other underrepresented groups – young people and disabled staff)	Head of Recruitment/Head of EDI/Clinical Education Team/Deputy Chief Nurse	March 2024	• The Trust is able to provide a formal structure to facilitate BAME staff career development. • Each division to identify at least 5 BAME colleagues to access coaching or mentoring to develop their careers. • Coaches / mentors are identified for BAME colleagues to support career development.	
3.3	Continue focus to reduce the number of BAME staff experiencing B&H from staff, managers, team leaders or other colleagues – identify actions to be undertaken working with the Freedom	Head Of Employee Relations /Head of EDI/Learning and development	Ongoing	• Staff Survey and WRES data for this indicator improves. • Pulse Survey data improves. • Line managers and staff having more sensitivity on their impact on	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8 Metrics 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. Metrics 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. Metrics 7: Percentage believing that Trust provides equal opportunities for career progression or promotion. Metrics 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.					
Objectives	• Reduce the gaps in experience between white staff and BAME staff.				
What actions do we need to take and why?	The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement.				
Reference	**Action to be taken**	**Responsible owner(s)**	**Completion date**	**Outcomes**	**Rag Rating**
	to Speak Up Guardian (F2SU), link in with the Women's, DaD, LGBT+ Networks. • Training workshops around micro aggression, incivility, active allyship. • Line Managers development programme.			others. • Revised Dignity at Work and Grievance Procedures that ensure our processes and practices are free from bias	
3.4	Actively encourage participation of BAME staff to sign up to the Cultural Intelligence offer, through the EDI System Training and Education Group. Ensuring all staff have a high quality annual appraisal that includes a discussion on EDI, wellbeing	Head of EDI/HRD	June 2024	• BAME Staff uptake of non-Mandatory training programmes increases. • BAME Staff are actively encouraged to seek development opportunities and positive stories captured from their participation.	

3. Staff Survey Indicators & Staff Engagement – Metrics 5, 6, 7 and 8	
Metrics 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months. **Metrics 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.** **Metrics 7: Percentage believing that Trust provides equal opportunities for career progression or promotion.** **Metrics 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.**	

Objectives	• Reduce the gaps in experience between white staff and BAME staff.	
What actions do we need to take and why?	The actions in this part of the WRES action plan involve working to understand and explore the experience and perceptions of our Black, Asian and minority ethnic staff through wider staff engagement.	

Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
	conversation and career aspiration with a PDP.			• Increase % of delegates accessing non-Mandatory training from BAME backgrounds – annually.	

Action plan history log	Date
Initial draft – OPR Head of EDI	18.05.2023
Update-OPR, JM and CN Chair and Deputy Chair BAME Network	22.05.2023
Update-OM Director of HR and OD	22.05.2023
Update- OPR and CC non-Exec and Sponsor for BAME Network	25.05.2023
Update- OPR on behalf of the Network	16.06.2023
Update – OM	4.08.2023