

Agenda item 96ii/17

Appendix 1

**Workforce Race Equality Standard (WRES): Summary of metrics and Action Plan**

	WRES Indicator	Southend Hospital Findings	Recommended actions	Responsibility	Timescales	Update on Progress as at 31/11/16	RAG
1	Percentage of BME staff in Bands 8-9 and Very Senior Managers (VSM) (including executive Board Members and senior medical staff) compared with the percentage of BME staff in the overall workforce	2017 - 19% BME staff in the overall workforce  - 9% BME staff in Bands 8-9 and VSM  <b>Difference = 10%</b>	1. Undertake further detailed data analysis to identify any specific directorates, departments, job roles and pay bands where BME staff are poorly represented at senior level and develop action plans to identify the underlying reasons and potential solutions.	Equality, Diversity and Inclusion Advisor	Aug 2017	The raw data is collated and analysed.	Green
		2016 19% BME staff in the overall workforce	2. As part of developing the BME Diversity Network, ensure that identifying potential barriers to the progression of BME staff past band 7 is on the agenda.	EDIA and BME Diversity Network	Oct 2017	2 joint diversity network meetings have been held and leads for each network group have been identified.	Yellow
		9% BME staff in bands 8-9 and VSM  <b>Difference = 10%</b>	3. Ensure there is sufficient engagement of BME representation on Leadership programmes	Head of OD and Learning and BME Network	On-going	National programmes advertised to BME staff via the intra-net and iLearn	Green
2	Relative Likelihood of BME staff being appointed from shortlisting compared to that of white staff being recruited from shortlisting across all posts	The relative likelihood of white staff being appointed from shortlisting compared to BME staff is  2017 <b>0.44 times greater</b>  2016 <b>0.75 times greater</b>	4. Review interview training provided for recruiting managers to raise awareness of equality and diversity issues, include unconscious bias as a component of the training, and then review Recruitment guidance to include unconscious bias and advising that recruitment panels are representative of the workforce.	EDIA and Resourcing Manager	Sept 2016	The training has been reviewed. The on-line training is now available. The face to face component of training is now available.	Green
			5. Carry out further data analysis to establish whether there are particular directorates, departments, job roles and pay bands where BME staff are more or less likely to be appointed from shortlisting and develop an action plan.	EDIA	Sept 2017	Awaiting TRAC data to analyse	Green
			6. Add information to job advertisements and other recruitment documentation to encourage applicants from underrepresented groups to apply.	Resourcing Manager	On-going	Adverts and response rates to be reviewed, each role will be looked at individually	Green

3	Relative Likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 2017 <b>1.1 times greater</b> 2016 <b>1.16 times greater</b>	7. Disciplinary data analysed as part of the workforce equality data report. Data to be drilled down to identify if there are any hot spots and develop an action plan.	EDIA	June 2017	Disciplinary data has been collated and analysed	
			8. Review induction and training given to staff to ensure that staff who trained overseas are given sufficient training and information about NHS and UK culture and behavioural expectations.	EDIA	May 2016	Complete. New comprehensive induction programme has been implemented for all overseas new starters including E and D training.	
			9. As part of developing the BME diversity network, seek feedback on how we can apply the disciplinary policy more consistently and fairly.	EDIA and BME Diversity Network	Oct 2017	2 joint diversity network meetings have been held and leads for each network group have been identified.	
4	Relative Likelihood of BME staff accessing non mandatory training and CPD compared to white staff.	The relative likelihood of BME staff to access non-mandatory training and CPD training compared to white staff.  2017 <b>0.57 times more likely</b> 2016 <b>1.18 times more likely</b>	10. Ensure complete equality and diversity data is routinely collected for all training.	Head of Leadership, OD and Learning/Workforce Planning Manager	July 2016	Complete. The collection of training equality data has now been reviewed and will be collected on an on-going basis	
			11. Further analysis should be undertaken to understand where there may be pockets of under-representation in terms of accessing non-mandatory training and to identify departments, roles or job bands where review and action is required.	EDIA	Oct 2017	Training data has been reviewed and now all required E and D data is being routinely collected. Analysis is taking place and will be available at the EDIC in Oct/Nov 2017	
5	KF18: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	<u>2016 survey</u> White Staff – 29% BME staff – 30%  <u>2015 survey</u> White staff – 30% BME staff – 27%	12. Undertake a refreshed communications campaign to all service users and visitors to the Trust regarding the Trust's zero tolerance approach to bullying, harassment, abuse and violence.	Head of H and S	June 2016	Now forms part of departmental Risk Assessments. Posters placed throughout the hospital	
			13. Review the Trust's Policy and Procedure for the Management of Violence and Aggression (RM-05) which has a current review date of May 2013 to ensure that it is still fit for purpose and meeting the needs of staff.	Head of H and S	July 2016	Policy has now been reviewed and is due to be published as HS41 Prevention and management of Abuse and Violence at Work	
6	KF19: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	<u>2016 survey</u> White Staff – 23% BME staff – 27%  <u>2015 survey</u> White staff – 24% BME staff – 27%	14. As part of the Freedom to Speak Up agenda include promotion on bullying and harassment, and raising concerns	EDIA/Speak Up Champions	May 2016	Complete. Freedom to Speak Up postcards distributed. Freedom to Speak Up promoted at Welcome Day, along with national anti-bullying information. Further promotion will take place on an	

						on-going basis.	
7	KF27: Percentage believing that the Trust provides equal opportunities for career progression or promotion.	The likelihood that BME staff feel that the Trust does not provide equal opportunities for career progression or promotion more than white staff	15. As part of the development of the BME Diversity Network, work with the group to improve the Trusts understanding of staff perceptions around promotion and career progression.	EDIA and BME Diversity Network	Oct 2017	Diversity Network meeting set up for 12 <sup>th</sup> September	
		<u>2016 survey</u>  BME staff are times more likely	16. Further analyse the workforce data, specifically to identify any bottlenecks within pay bands or directorates, develop actions to address these.	EDIA	Oct 2017		
		<u>2015 survey</u>  BME staff are <b>2.1</b> times more likely	17. Review the responses to this staff survey question in more detail on an annual basis to establish what changes take place over time.	EDIA	March 2017	Analysis of Staff survey completed	
8	Q17b: In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues.	2016 survey BME staff – 12 % said yes White Staff – 5% said yes  2015 survey BME staff – 12% said yes White staff – 6% said yes	18. Ensure leadership programmes build in equalities training and development.	Head of Leadership, OD and Learning	On-going	The new Leading Better Care programme for nurse managers includes a session on equalities. Each new programme will be assessed as its developed on an on-going basis.	
9	Boards are expected to be broadly representative of the population they serve.	2017 BME staff make up 0% of the Board  BME staff make up 5.72% of the local population  2016 BME staff make up 15% of the Board  BME staff make up 5.72% of the local population	19. Undertake a review of the process for appointment of Non-executive Directors to ensure it encourages diverse applicants and that those involved in the selection process have received appropriate training in Equality and Diversity.	EDIA	Feb 2017	NED data analysed and appropriate process in place	