

**REPORT TO THE TRUST BOARD
24 SEPTEMBER 2020**

Title	Workforce Race Equality Standard (WRES)
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Purpose of the Report:

The purpose of this report is to brief the Trust Board on the recent-Workforce Race Equality Standards (WRES) submission, and to highlight the changes since the 2019 submission, the progress to date and the next steps.

Summary of Key Issues:

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a [Workforce Race Equality Standard](#) (WRES) should be developed. The WRES was introduced to the NHS in April 2015.

The WRES Standards require NHS organisations to demonstrate progress against a number of indicators of workforce race equality, including a specific indicator to address the low levels of Black and Minority Ethnic (BME) Board representation.

All NHS providers subject to the NHS Standard Contract 2015/2016, except ‘small providers’ and primary care were expected to implement WRES from April 2015.

In August 2020, Trusts were required to submit their refreshed data, as well as to publish their updated action plans.

In summary, there is still an over representation of BME staff in Bands 4-6 compared to white staff. However, there have been some positive developments as there has been an increase in representation of BME staff in non-clinical Bands 7, 8A, 8B and 8D. Similarly, in the clinical roles, there has also been improved BME representation in Bands 7, 8A, 8D and in the consultant roles.

Non clinical Bands 8C & 9 appear to have deteriorated in terms of BME staff representation, However, one post holder was promoted to VSM and one promoted to a Band 9 role. In the clinical roles, Bands 8B and 8C have seen a slight decrease in BME representation and VSM has deteriorated significantly.

There has been a slight decrease in the number of BME staff that have been shortlisted from 674 in 2019 to 562 in 2020, compared to white staff 410 in 2019 to 605 in 2020.

In 2019, white staff were 1.4 times more likely than BME staff to be appointed from shortlisting. This likelihood has seen a slight shift to 1.34 in 2020. Whilst BME staff are being shortlisted, their white counterparts are still 1.34 times more likely of being appointed from shortlisting.

The overall number of disciplinary cases has increased for both white and BAME staff in the latest report. While the number of BAME disciplinary cases is still higher than white staff, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced from 2.78 in 2018 to 2.44 in 2019 to 1.19 in 2020.

We have made more progress in this year's reporting period with regards to 'closing the gap' between the likelihood of white staff and BME staff accessing non-mandatory training and CPD. In 2019, the likelihood of white staff accessing non-mandatory training and CPD compared to BME staff was 0.87, this gap has since decreased to 0.78 in 2020.

However, the overall likelihood of all staff accessing non-mandatory training and CPD has reportedly decreased this year from 53.42% to 23.29% for white staff and 61.57% to 30.02% for BME staff. A possible cause for this may be that it was more difficult to obtain lists of those who had participated in training due to capacity of managers during COVID-19.

Strategic priorities this paper supports (Please check box including brief statement)

Improved patient experience	<input checked="" type="checkbox"/>	Professor Roger Kline's research " <i>The Snowy White Peaks</i> " A Survey of Discrimination in Governance and Leadership and the Potential Impact on Patient care in London and England, has highlighted a direct correlation between how BME staff are treated and the quality of patient care.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	As above.
Improved staff experience	<input checked="" type="checkbox"/>	Effectively engaging and building on the talents of all staff will lead to improved staff satisfaction. A number of the WRES indicators are directly linked to the National NHS Staff Survey outcomes.
Improved value for money	<input checked="" type="checkbox"/>	Diversity of thought at all levels leads to better business decisions supporting financial viability

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
	This report was last presented in September 2020 at the Appointments and Remuneration Committee.

Implications:

Equality Analysis	This report aims to close the gaps in the experience and opportunities between white and BME staff within NHS trusts.
Risk and Assurance	Excellent equality, diversity and human rights practice demonstrates economic, legal, moral and reputational sense.
Service User / Carer / Staff	The needs of service users, carers and staff sit at the heart of equality, diversity and human rights work.
Financial	Excellent equality, diversity and human rights practice demonstrates economic, legal, moral and reputational sense.

Quality	A number of the WRES indicators are directly linked to the National NHS Staff Survey outcomes and there is a casual link between staff satisfaction and the quality of patient care.
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Supporting Documents and Research material:

<i>The Model Employer document</i>

1.0 Background / Introduction

1.1 The purpose of this report is to present an updated action plan for each of the Workforce Race Equality Standard indicators.

2.0 Executive Summary

2.1 The WRES requires organisations employing the 1.4 million NHS staff to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon differences between the experience and treatment of white and BME staff in the NHS including progression to appointment from shortlisting, entry into formal disciplinary processes, experience of bullying and harassment, and representation at Board level.

2.2 The nine indicators are:

- Indicator 1. 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.
- Indicator 2. Relative likelihood of White staff being appointed from shortlisting across all posts.
- Indicator 3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.
- Indicator 4. Relative likelihood of staff accessing non-mandatory training and CPD.

The following are no longer required in the WRES submission, however, are still required to form part of the WRES action planning.

- KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
- KF21. Percentage believing that trust provides equal opportunities for career progression or promotion.
- Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?

- b) Manager/team leader or other colleagues.
 - Percentage difference between the organisations' Board voting membership and its overall workforce.
- 2.3 In 2015, the WRES was included in the NHS standard contract for NHS providers, and since July 2015, provider organisations have been submitting their respective data against the nine WRES indicators, with action plans to continuously improve on these measures.
- 2.4 The WRES Standards NHS organisations to demonstrate progress against a number of indicators of workforce race equality, including a specific indicator to address the low levels of Black and Minority Ethnic (BME) Board representation.
- 2.5 The Trust published its first baseline report in July 2015. The Trust Board agreed an action plan in October 2015. This year's submission (2020) was based on data for the period of 1 April 2019 – 31 March 2020.

3.0 Background/Introduction

- 3.1 The WRES seeks to tackle the consistently less favorable treatment of the BME workforce in respect of their treatment and experience working in the NHS.
- 3.2 It draws on new research on race equality in the NHS workforce which shows that BME staff are less likely to be appointed once shortlisted, less likely to be selected for training and development programs, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed.
- 3.3 A culture of staff engagement and inclusion is proven to lead to improved team working, better decision making and, therefore, improving the service user experience.
- 3.4 The Standard aims to improve workforce race equality across this Trust by tackling discrimination in particular on the basis of ethnic background. This will improve the experiences of BME staff that form a large part of the NHS workforce. Ultimately, engaged and motivated staff will lead towards improvements in the quality of care and satisfaction for all patients.
- 3.5 The nine indicators that make up the WRES are intended to provide information which organisations should then explore to identify the root causes and put action plans in place to address them.
- 3.6 Also, research carried out by Professor Roger Kline, Middlesex University, citing the work of Professor Michael West and Dr Jeremy Dawson, that there is increasingly robust evidence that a diverse workforce in which all staff members' contributions are valued is linked to good patient care. (West et al 2012, Dawson et al 2009).

3.7 Professor Michael West has identified key elements that are critical for creating a culture of inclusion. These are:

- Vision and values;
- Clarity of objectives;
- Performance feedback;
- People management;
- Quality improvement;
- Learning and innovation;
- Team working and collective leadership.

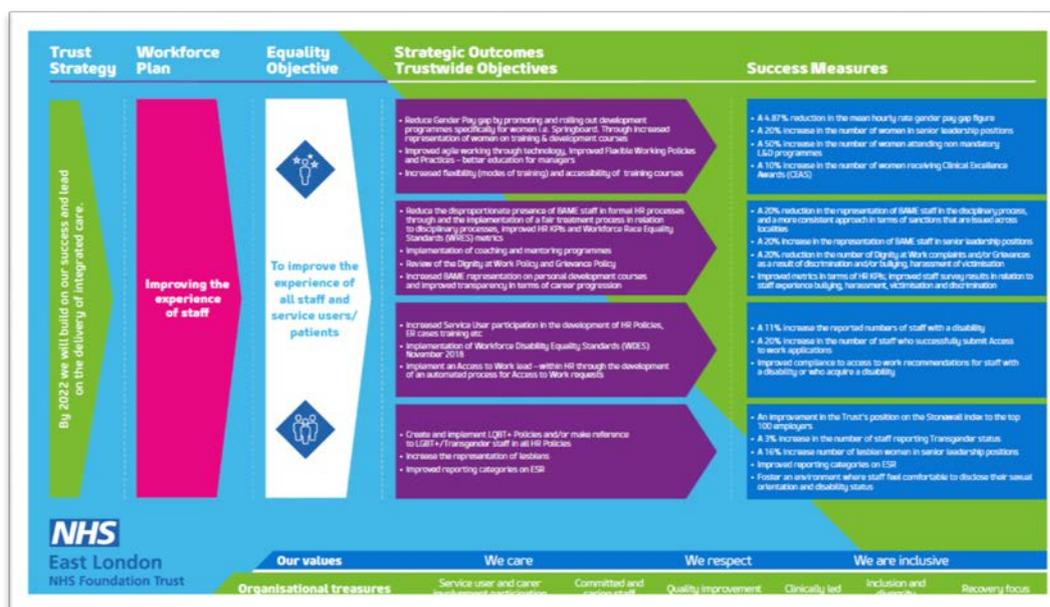
3.8 The Trust's People Plan is, therefore, a holistic and comprehensive one, focused on building individual and organisational capability and removing institutional barriers to equality through both cultural and practical interventions. The strategy is focused on meeting quality outcomes for the organisation as a whole, and particularly for service users and carers, rather than solely focusing on representative targets.

3.9 The purpose of this report is to present an updated action plan for the each of the Workforce Race Equality standard indicators. It also highlights this year's data submissions and illustrates where there has been movement.

3.10 Whilst there are Trust HR policies and procedures in place, there needs to also be a cultural shift in order to reduce the number of formal processes. However, the policies on their own are not sufficient to solve the problems of inequality and discrimination.

4.0 Equality and Diversity Plan

4.1 The Trust's Equality and Diversity strategy has been reviewed and we are in the process of devising metrics to measures its success.



Summary of 2020 Workforce Race Equality Standard (WRES) Submission

4.2 Indicator 1. 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.

4.2.1 There is still an over representation of BME staff in Bands 4-6 compared to white staff. However, there have been some positive developments as there has been an increase in representation of BME staff in non-clinical Bands 7, 8A, 8B and 8D. Similarly, in the clinical roles, there has also been improved BME representation in Bands 7, 8A, 8D and in the consultant roles.

4.2.2 Non clinical Bands 8C & 9 appear to have deteriorated in terms of BME staff representation, However, one post holder was promoted to VSM and one promoted to a Band 9 role. In the clinical roles, Bands 8B and 8C and VSM have seen a slight decrease in BME representation

Non clinical staff

- Under Band 1 – 26.47% of staff listed in Under Band 1 roles are BME staff, a 53.02% reduction since the previous year.
- Band 1 – We have no staff in Band 1 roles, this is consistent with 2019 data.
- Band 2 – This year, 65.52% of Band 2s are BME, compared to the 14.71% of BME staff reported as Band 2s in 2019. This is as a result of the Transfer in of Bedfordshire Community Services.
- Band 3 - The percentage of BME staff in Band 3 roles has fallen by 4.42% over the year.
- Band 4 - The percentage of BME staff in Band 4 roles has increased by 1.35% since the 2019 report.
- Band 5 – The percentage of BME staff in Band 5 roles has increased slightly over the past year from 52.63% to 54.93%.
- Band 6 - The percentage of BME staff in Band 6 roles has increased by 2.03% to 48.13%.
- Band 7 - The percentage of BME staff in Band 7 roles has increased from 37.50% to 39.77%.
- Band 8A - The percentage of BME staff in Band 8A roles has increased by 2.23% to 44.34%.
- Band 8B - The percentage of BME staff in Band 8B roles has increased by 7.52% to 33.33%.
- Band 8C - The percentage of BME staff in Band 8C roles has reduced from 20.69% to 12.12%.
- Band 8D - The percentage of BME staff in Band 8D roles has increased from 8.33% to 15.38%.
- Band 9 - The percentage of BME staff in Band 9 roles has reduced by 5.55%.
- VSM - The percentage of BME staff in VSM roles has reduced slightly from 57.14% to 54.55%.

Clinical staff

- Under Band 1 - The percentage of BME staff reported as being in Under Band 1 roles has increased from 53.33% to 66.67% in the 2020 report.
- Band 1 - We have no Band 1 clinical staff.
- Band 2 – The percentage of BME staff in Band 2 roles has increased by 61.41% over the year.
- Band 3 - The percentage of BME staff on Band 3 has increased by 3.59% to 69.12%.
- Band 4 - The percentage of BME staff in Band 4 roles has reduced by 1.44%.
- Band 5 - The percentage of BME staff in Band 5 roles has increased from 57.62% to 61.44%.
- Band 6 - The percentage of staff in Band 6 roles has reduced by 0.33% to 53.93%.
- Band 7 - The percentage of BME staff in Band 7 roles has increased from 36.01% to 39.74%.
- Band 8A - The percentage of BME staff in Band 8A roles has increased by 3.38% to 31.32%.
- Band 8B - The percentage of BME staff in Band 8B roles has decreased from 22.61% to 20.37%.
- Band 8C - The percentage of BME staff in Band 8C roles has reduced by 2.37% to 17.24%.
- Band 8D - The percentage of BME staff in Band 8D roles has increased from 7.69% to 18.18%.
- Band 9 - The percentage of BME staff in Band 9 has remained consistent over the year at 25.00%.
- VSM - The percentage of BME staff in VSM roles has decreased from 66.67% (2 people) to 0.00%.
- The percentage of BME consultants has increased from 34.30% in 2019 to 39.33% in 2020.

4.3 **Indicator 2. Relative likelihood of White staff being appointed from shortlisting across all posts.**

- 4.3.1 There has been a slight decrease in the number of BME staff that have been shortlisted from 674 in 2019 to 562 in 2020, compared to white staff 410 in 2019 to 605 in 2020.
- 4.3.2 In 2019, white staff were 1.4 times more likely than BME staff to be appointed from shortlisting. This likelihood has seen a slight shift to 1.34 in 2020. Whilst BME staff are being shortlisted, their white counterparts are still 1.34 times more likely of being appointed from shortlisting.

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

- 4.4.1 The overall number of disciplinary cases has increased for both white and BAME staff in the latest report. While the number of BAME disciplinary cases is still higher than white staff, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced from 2.78 in 2018 to 2.44 in 2019 to 1.19 in 2020.

4.5 **Indicator 4. Relative likelihood of staff accessing non-mandatory training and CPD**

4.5.1 We have made more progress in this year's reporting period with regards to 'closing the gap' between the likelihood of white staff and BME staff accessing non-mandatory training and CPD. In 2019, the likelihood of white staff accessing non-mandatory training and CPD compared to BME staff was 0.87, this gap has since decreased to 0.78 in 2020.

However, the overall likelihood of all staff accessing non-mandatory training and CPD has reportedly decreased this year from 53.42% to 23.29% for white staff and 61.57% to 30.02% for BME staff. A possible cause for this may be that it was more difficult to obtain lists of those who had participated in training due to capacity of managers during COVID-19.

Indicators 5-8 lifted from the staff survey:

National Staff Survey Questions	2018 White (%)	2018 BME (%)	2019 White (%)	2019 BME (%)
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	31.70%	35.60%	32.9%	37.7%
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.00%	24.50%	23.60%	27.90%
KF21. Percentage believing that trust provides equal opportunities for career progression or promotion	84.70%	71.80%	85.00%	71.80%
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	8.40%	14.40%	7.70%	15.60%

4.6 Indicator 9 Trust board. Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator

- The Trust board are 52.63% BME, this has increased from 50.00% reported in 2019.
- Voting membership of BME has remained consistent at 46.67% across both reporting years.
- The non-voting board are 75.00% BME, this has increased from 66.67% in the 2019 report.
- The Executive team are 63.64% BME, which has increased slightly from 60.00% in 2019.
- The number of BME nonexecutives has remained consistent at 37.50% over both reporting years.

4.6.1 For the 2020 submission, the following are sources that were used in the collection of this data:

- All doctors due to their weekly CPD;
- Health roster study days for activities that were non-stat and non-man training;
- Emails from executives, service delivery board members, DMT's and HR BPs confirming their CPD activity and that of their teams;
- OLM (for all centrally booked non-mandatory training programmes, including nursing development, QI programmes, Senior Clinical Leaders and Collective Leadership);
- Coaching, mentoring, 360-degree feedback as well as other individual diagnostic and development/psychometric tools;
- Information received from directorate education committees and development provided to community teams.

4.6.2 In terms of the percentages of staff in 2020, the data collection is improving (albeit much of it is manual) and data that was not previously in OLM, such as the nursing development programmes and QI courses, are now reportable from OLM.

4.6.3 However, there was a significant manual data collection emailing managers about their CPD and that of their direct reports. In addition, we have been more systematic in collating other data such as board developments and tools that have been trained in and/or used such as Myers-Briggs Type Indicator (MBTI), 360 leadership, coaching, mentoring, and other psychometric interventions used as development, senior clinical leaders and collective leadership courses. A proposal has been approved by the Trust Executive to procure a new Learning Management System – which is anticipated to be implemented in December 2020.

4.6.4 In terms of the disciplinary cases we have done the following:

- Continued to use the Fair Treatment Process;
- Re-survey people who have been through the Disciplinary process to obtain feedback on the process and invited those staff to help us to improve the process;
- A service user reviewed all of cases where mental illness was a feature and we are reviewing our approach. Please see our video https://youtu.be/T_S7MZr95fc;
- We have implemented a standalone Investigator role and a pastoral care role where the focus is the wellbeing of staff who are subject to allegations/ grievances and/or suspended/excluded or on restricted duties;
- We are also about to survey staff who have been suspended/excluded or on restricted duties to understand how we can improve;
- Between the Freedom to Speak up Guardian, Staff side and Director of People and Culture we are theming issues and discussing these issues openly and we have good relationships.

4.6.5 The Trust have also been approached by NHS England to be a part of a Workforce Cell to overhaul the Disciplinary Process.

Recommendations

4.1 It is recommended that the Trust Board agree the action plan as detailed above.

5.0 Action being requested

5.1 The Board/Committee is asked to **RECEIVE** and **DISCUSS** the contents of the report.

EAST LONDON FOUNDATION TRUST (ELFT) WORKFORCE RACE EQUALITY STANDARDS (WRES)

DRAFT ACTION PLAN 2020/2021

Indicator No.	Indicator		Action	Progress to date	Lead
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</p>		<p>Reporting on job evaluations. Create and implement Guidance.</p> <p>Communications regarding the senior BAME appointments to raise awareness internally of the Trusts progress against the WRES.</p> <p>Undertake Succession Planning at all levels.</p> <p>Targeted recruitment adverts promoting the need to attract underrepresented groups in particular bands.</p>	<p>This is now being undertaken, so that the changes can be monitored. There is improved consistency and the process is more robust.</p> <p>Succession planning is already underway for CEO, Executives, Clinical/Service Directors and deputies using the Leadership Academy's 9 box Grid. To ensure a diverse pipeline of candidates for senior roles that are reflective of the communities that we serve. In addition, equality analysis has been undertaken on all protected characteristics to enable the Trust to identify</p>	<p>People Relations Manager</p> <p>Director of People & Culture & Comms.</p> <p>Associate Director of People Development and People Development Business Partner & People Business Partners and Service Directors</p>

			<p>Continue to explore working with organisations such as Diversity by Design for recruitment for roles that are band 7 and above.</p> <p>A number of BAME senior appointments have been made in the last year.</p>	<p>how it can be more diverse in these senior roles.</p> <p>The pilot with Diversity by Design was unsuccessful. But a new project in terms of values recruitment is underway. We are also about to launch a Career Development working group following on from the feedback from the 2020/21 WRES and 2019/2020 Staff Survey results and feedback from the Covid, Race and Privilege events.</p> <p>This is being progressed as part of the Values Based Recruitment project.</p>	
			<p>Change in competencies required to uplift existing band 2 staff to band 3 for band 2s who transferred in from Bedfordshire Community.</p>	<p>A similar exercise due to take place in Bedfordshire Community for those who transferred into the Trust in 2018. Subject to staff</p>	<p>Director of Nursing (Community).</p>

				undertaking the Care Quality Certificate.	
			<p>Continue to undertake OD interventions at team level, organisational level (input at DMT away days) and at individual level such diagnostic tools 360 degree feedback, Myers Briggs Typology Indicators (MBTI), Discovery insights diagnostics profiles, coaching and/or mentoring programmes.</p> <p>Create a coaching and mentoring register so that staff can access coaching and/or mentoring. Continue to monitor employee take up and progress of those staff who have undertaken coaching and mentoring</p>	<p>A new Leadership workstream has been set up post Covid 19.</p> <p>A coaching platform has been procured and is being implemented.</p>	<p>Associate Director of People Development</p> <p>Exec Director of Commercial Development, Chief Nurse and Director of People & Culture.</p> <p>OD Manager</p>

			<p>In-depth gender pay gap analysis (GPG) undertaken across all protected groupings is part of the Gender Pay Gap Reporting.</p> <p>Clinical Excellence Awards (CEAs) In addition to the general CEA communications we are in the process of doing targeted communications to consultants who are in the underrepresented groups (women and BAME) as well as those who are considered to be disabled.</p> <p>CEA briefing sessions to advise consultants the types of additional activities they could apply for CEAs.</p> <p>We have also offered workshops to help with the completion of the CEA application forms to try and maximise the number of applications from women and BAME consultants.</p>	<p>There as no submission in 2020 due to Covid 19.</p> <p>Repeat the CEA exercise and workshops in Autumn/Winter 2020 We were unable to run the CEA exercises, but it has been agreed that the available awards will allocated to all eligible consultants for 2019/2020 round.</p>	<p>Head of People.</p> <p>Associate Director of People & Culture – L&B</p>
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				Apprentices and other staff groups are being supported by the Careers and Redeployment Advisor role to try and secure permanent employment. Business case submitted to the Trust executive to request to make this resource permanent.	This resource has been made permanent.	
2	Relative likelihood of White staff being appointed from shortlisting across all posts.	2019 1.40	2020 1.34	<p>Conduct an audit on successful BAME candidates to understand why they were unsuccessful.</p> <p>Survey internal unsuccessful candidates to understand what support and development they need in order to progress. This will be linked to their performance appraisal and Personal Development Plan (PDP)</p> <p>We have implemented a Functional Skills Facilitator post from 1st September 2018 to support the following groups with maths and English.</p>	<p>This Audit will be completed Autumn 2020.</p> <p>This resource is now permanent, and a number of staff have successfully gone through the Functional Skills programme.</p> <p>Recruitment policy re-written with greater focus on</p>	<p>Head of Resourcing</p> <p>Functional Skills Lead.</p>

				Implemented a Staff Transfer scheme for nurses – to enable staff to move around the Trust without the need for a formal recruitment process. Consider expanding to Admin & Clerical Staff.	successful developmental feedback, values based questions and panel diversity	
3	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two-year rolling average of the current year and the previous year</p>	<p>2019</p> <p>2.44</p>	<p>2020</p> <p>1.19</p>	<p>Implemented the Fair Treatment process to review disciplinary cases.</p> <p>Service User review of the ER activity where mental health is a factor. Created a video detailing these findings to better</p>	<p>We have continued with the Fair Treatment Process and have managed a sustained reduction in suspensions. We have also reduced the gap in the number of disciplinary staff from BAME backgrounds compared to White staff. The impact of which has been a reduction in suspensions from around 8-15 at any one time, reduced to 2 suspensions as at July 2019 and this has remained consistent up to August 2020</p> <p>Service User involvement has continued at JSC Sub Committee meetings.</p>	<p>Associate Director of people & Culture</p> <p>Associate Director of people & Culture</p>

			<p>publicise and incorporate in training. This has meant that People Relations Advisors have better insight when advising managers.</p> <p>Procured and rolled out an electronic ER Case Tracker system to improve reporting. This has improved the quality of reporting and monitoring and has enabled us to identify possible trends.</p> <p>Service User involvement in the JSC policy sub-committee. This brings about a greater awareness and allows us to have a service user perspective.</p> <p>It is intended that all secondments are put through the candidate management system, TRAC, going forward. The</p>	<p>Reporting has improved and is more detailed and is reported to Joint Staff side Committee (JSC) Service Delivery Board (SDB) Appointments and Remuneration Committee and the Trust Board. This has continued.</p>	<p>People Relations Manager</p> <p>Head of Resourcing</p>
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			<p>Recruitment & Selection Policy has been updated to reflect this.</p> <p>Implement and recruit to a standalone investigator Band 7/8a and a Band 5 pastoral role to better support staff going through disciplinary processes.</p> <p>A survey to staff who have been suspended and/or on restricted duties/redeployed as an alternative to suspension to understand the effects and to learn from this.</p> <p>A review of the Disciplinary Policy to ensure a more compassionate emphasis.</p> <p>Provide support to staff who have been through the Disciplinary processes to help them to overcome the experience.</p> <p>Include some narrative about WRES in People & Culture Training. Develop communications more broadly regarding WRES. Support for staff with external factors that may be hindering their performance.</p>	<p>The Investigator commenced in June 2020.</p>	<p>People Relations Manager</p> <p>People Relations Manager</p> <p>Business Partners</p> <p>People Relations Manager</p> <p>People Relations Manager/Business Partners</p> <p>Director of People & Culture and Communications</p>
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				Create safe spaces so that staff can disclose issues that they are facing so that		
4	Relative likelihood of staff accessing non-mandatory training and CPD	2019 0.87	2020 0.78	<p>The L&D team has been significantly invested in. We have collated more data (manually) which include development activity delivered by OD colleagues.</p> <p>Admin development day. This has been delayed to Covid 19.</p> <p>Create a prospectus that is easily accessible to admin staff to promote the many existing admin development programmes from functional skills, apprentice programmes. Programmes.</p> <p>Create BAME and mainstream development programmes to enable staff the choice to select programmes that will better able them to thrive.</p> <p>A proposal to purchase new Learning Management System (LMS) was approved in early 2020 for purchase and implementation by the end of Dec 2020.</p>	<p>The L&D team was renamed People Development and has a full establishment</p> <p>Spring 2021</p> <p>Winter 2020</p> <p>Spring 2021</p> <p>Winter 2020</p>	<p>Associate Director of People Development.</p> <p>People Development Business Partner</p> <p>People Development Business Partner</p> <p>Associate Director of People Development.</p>

					<p>We have launched the 'Covid 19 Race and Privilege' sessions and the 'Understanding White Privilege' Sessions. Localities have run their own campaigns also; reading & videos in circulation to educate on white privilege</p> <p>In addition, an Inequalities workstream has been set up and focus groups have taken place for the Equality Delivery System (EDS2)</p>	
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.00%	24.50%	23.60%	27.90%	<p>The Respect and Dignity @ Work project is ongoing. The Mile in My Shoes exhibition was visited by over 500 staff and positive feedback was received.</p> <p>Through My Eyes generated over 50 stories and around 40 illustrations. These stories have been shared at the Executive meetings, CEO discussion groups, Joint Staff side Committee (JSC) and Through Someone Else's Eyes session(s).</p> <p>We are creating a conflict management pathway.</p> <p>We are progressing to phase 4 – We've heard you.</p> <p>Executive and NED pledges have been made.</p>	Director of Integrated Care.
KF21. Percentage believing that trust provides equal	84.70%	71.80%	85.00%	71.80%		

opportunities for career progression or promotion					<p>The Trust Appraisal Process amended to include the Trust strategy and upward feedback. Appraisal completion c73% for staff on Agenda for Change terms and conditions. 2019/20. The Appraisal return for 2020 is to be confirmed as the deadlines the end of September 2020.</p> <p>More development programmes and better selection/recording.</p>	
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	8.40%	14.40%	7.70%	15.60%	<p>Improve communications and promotion of the newly rolled out Employee Engagement System (Go Engage). Continue to triangulate all People and culture data to identify trends i.e. staff survey data, ER data, Sickness data and other statistics.</p>	
Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board 					<p>Currently ahead of the 2019 Model Employer Target.</p>	