NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD: PART I
28 NOVEMBER 2019

Title	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) Update and Action Plan
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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, the draft action plan and the recent NHS England publication of the Model Employer and the draft recommendations contained in the report. This report highlights the changes since the 2018 submission, the progress to date and the next steps.

The report also provides an update to the Trust Board on the submission of the Workforce Disability Equality Standards (WDES) and the draft action plan. This is the first submission of its kind and is work in progress as this work and the ELFT Ability Network develops.

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.

The Trust published its first baseline report in July 2015. The Trust Board agreed an action plan in October 2015. In July 2016, Trusts were required to submit their refreshed data (i.e. 1 April 2018- 31 March 2019), as well as 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 the representation of BME staff in bands 8A, 8B, 8C, 8D and VSM. The model employer report identifies that the Trust is behind its future target for the number of BME staff in bands 8C and VSM. It is important to note that in 2018 at least two BME staff at 8C were promoted in 2018. In addition, there is work to be undertaken in terms of the classification of some staff equivalent to VSM salaries as this is skewing the Trust's data.

There has been a positive increase in the number of BME staff that have been shortlisted from 410 in 2018 to 674 in 2019, compared to white staff 414 in 2018 to 455 in 2019.

The likelihood of white staff being appointed in 2018, white staff were 1.31 more times likely than BAME. Unfortunately, this has raised to 1.40 in 2019. Whilst BME staff are being shortlisted, they are less likely than white staff to be successful.

We have made progress in reducing the likelihood of BAME staff going through formal disciplinary processes.

The overall number of disciplinary cases has reduced for both white and BAME staff. The number of BAME disciplinary cases is still higher than white staff but it has reduced significantly from 56 people in 2018 to 37 people in 2019, i.e. BME staff are 2.44 times more likely to enter formal disciplinary processes compared to 2.78 times in 2018.

We have made major progress overall in terms of the percentage of black and white staff accessing non statutory and mandatory training. In 2018 the figures were 44% white staff compared to 42% BME, whereas in 2019, these percentages are 53% white staff and 61% BME staff accessing non-statutory and mandatory training. In 2019, in the relative likelihood of staff accessing non-mandatory training and CPD. In 2018, white staff were 1.08 times more likely and this has reduced to 0.87 for BME staff.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

The WDES is important because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard (WRES) on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of Trust.

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

Improved patient experience	☒	NHS England's recent publication 'The Model Employer' sets out how improving practices in employment will positively impact on the representation of BME staff in senior roles bands 8, bands 9 & Very Senior Manager (VSM). If we are better able to reflect the populations we serve, then the quality of care is likely to improve and better the experience of service users and patients.

Improved health of the communities we serve	☒	As above.
Improved staff experience	☒	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. Results of the annual NHS staff survey show that disabled staff consistently report higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities. The purpose of the WDES is to improve the experience of disabled staff working in, and seeking employment, in the NHS. The WDES mandates all NHS Trusts and Foundation Trusts to publish the results of their metrics, together with an action plan outlining the steps the organisation will take to improve the experiences of disabled staff.
Improved value for money	☒	Diversity of thought at all levels leads to better business decisions supporting financial viability. If staff are encouraged to disclose their disability, the Trust can be more proactive in terms of supporting staff. An example of this is with reasonable adjustments. This may have a positive impact on the amount of sick pay that the Trust pays and will improve absenteeism due to a disability.

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
	This report (on the WRES) was last presented in September 2018 Part 1 Trust Board. This is the first time the WDES submission has been made – this has been reported to the Appointments and Remuneration Committee on 4 September.

Implications:

Equality Analysis	This report aims to close the gaps in the experience and opportunities between white and BME staff, and disabled and non-disabled 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 and WDES 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.

Supporting Documents and Research material:

The Snowy White Peaks" A Survey of Discrimination in Governance and Leadership and the Potential Impact on Patent care in London and England. NHS England's recent publication 'The Model Employer'.

More information relating to the WDES can be found here- https://www.england.nhs.uk/about/equality/equality-hub/wdes/

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 and to give the Board/Committee sight if the WDES action plan.

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.
- 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. In July 2016, Trusts were required to submit their refreshed data (i.e., as of 31 March 2016), as well as their updated action plans. We have just submitted 2018 data as at March 2018. A further submission was made at the end of July 2019 based on data from 1 April 2018 – 31 March 2019.

3.0 Workforce Race Equality Standards (WRES)

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). More recently the NHS Improvement and NHS England publication: The Model Employer highlights the needs for

accelerated improvement and details a 10 year ambition for Trusts.

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.

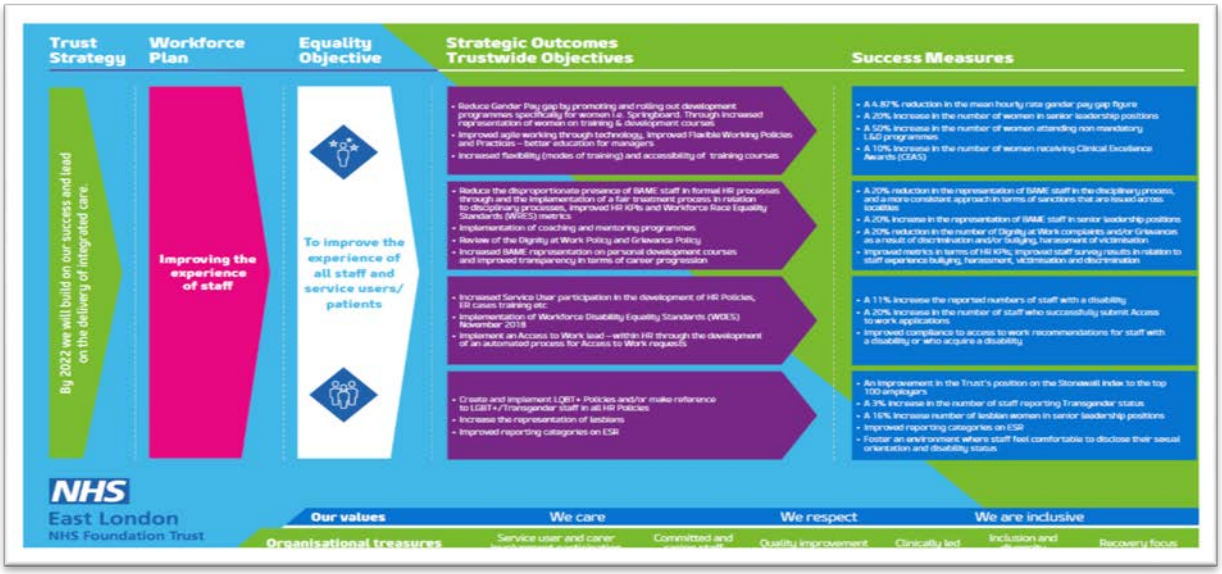
3.8 The Trust's People Plan is, therefore, a holistic and comprehensive one, focused on building individual and organisational capability and removing institutional barriers to equality through both cultural and practical interventions. The strategy is focused on meeting quality outcomes for the organisation 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 2019 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 the representation of BME staff in bands 8A, 8B, 8C, 8D and VSM. The model employer report identifies that the Trust is behind its future target for the number of BME staff in bands 8C and VSM. It is important to note that in 2018 at least two BME staff at 8C were promoted in 2018. In addition, there is work to be undertaken in terms of the classification of some staff equivalent to VSM salaries as this is skewing the Trust's data.

Non clinical

- Under Band 1: 79% of staff under band 1 are BME.
- Band 1: We have no band 1 non clinical staff.
- Band 2: 85% of Band 2s are white, compared to 71% BME in 2018.
- Band 3: The number of BME staff in band 3 roles has fallen by 5.55%.
- Band 4: The number of BME staff in Band 4 roles has reduced by 2.06%.
- Band 5: Number of BME staff in Band 5 roles has increased by 1.49% to 52.63%.
- Band 6: The number of BME staff in B6 roles has reduced by 5.51% to 46.10%.
- Band 7: The number of BME staff in B7 roles have reduced slightly from 37.97% to 37.50%.
- Band 8A: The number of BME staff in band 8A roles has increased by 6.31% to 42.11%.

- Band 8B: The number of BME staff in band 8B roles has increased by 11.92% to 25.81%.
- Band 8C: The number of BME staff in band 8C has reduced by 3.31% to 20.69%.
- Band 8D: The number of BME staff in band 8D has increased from 0% to 8.33%.
- Band 9: The number of BME staff in Band 9 has reduced by 2.78%.
- VSM: The number of BME staff in in VSM has increased by 5.56%.

Clinical

- Under Band 1: The number of BME staff have reduced by 17.26%.
- Band 1: We have no band1 clinical staff.
- Band 2: We have 1 BME staff on Band 2.
- Band 3: The number of BME staff on band 3 has reduced by 4.16% to 65.53%.
- Band 4: The number of BME staff in band 4 roles has reduced by 0.63%.
- Band 5: The number of BME staff in band 5 roles has reduced by 7.45% to 57.62%.
- Band 6: The number of staff in band 6 roles has reduced by 3.09% to 54.26%.
- Band 7: The number of BME staff in band 7 roles has reduced by 3.19% to 36.01%.
- Band 8A: The number of BME staff in band 8A roles has increased by 0.36% to 27.94%.
- Band 8B: The number of BME staff in band 8B roles has increased to 2.61% to 22.61%.
- Band 8C: The number of BME staff in band 8C roles has reduced by 0.84% to 19.61%.
- Band 8D: The number of BME staff in band 8D roles has decreased from 8.98% to 7.69%.
- Band 9: The number of BME staff in band 9 has increased by 5.00%.
- VSM: The number of BME staff in VSM roles has increased by 50% to 50%.
- The number of BME consultants has decreased slightly to 34.35 from 35.71%.

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

4.3.1 There has been a positive increase in the number of BME staff that have been shortlisted. This number has increased from 455 in 2018 to 674 in 2019, compared to white staff 414 in 2018 to 410 in 2019.

4.3.2 In terms of the likelihood of white staff being appointed in 2018, white staff were 1.31 more times likely than BME staff to be appointed. Unfortunately, this has raised to 1.40 in 2019. Whilst BME staff are being shortlisted, they are less likely than white staff to be successful.

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 reduced for both white and BAME staff. The number of BAME disciplinary cases is still higher than white staff but it has reduced significantly from 56 people in 2018 to 37 people in 2019, i.e., BME staff are 2.44 times more likely to enter formal disciplinary processes compared to 2.78 times in 2018.

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

4.5.1 The likelihood of staff accessing non-mandatory training & CPD is where the Trust has seen its largest improvement. In 2018, 44% white staff compared to 42% BME staff were accessing non-mandatory and CPD training. Whereas in 2019, these percentages are 53% white staff and 61% BME staff.

In 2018, white staff were 1.08 times more likely to access non-mandatory and CPD training than BAME staff. In 2019 reporting has seen a positive reduction in this likelihood at a measure of 0.87.

Indicators 5-8 lifted from the staff survey:

National Staff Survey Questions	**2017 Score White**	**2017 Score BME**	**2018 White (%)**	**2018 BME (%)**
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	28.91%	32.62%	31.70%	35.60%
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.24%	22.57%	16.20%	18.00%
KF21. Percentage believing that trust provides equal opportunities for career progression or promotion	83.81%	72.57%	84.70%	71.80%
Q17. In the last 12 months have you personally experienced discrimination at work	9.09%	13.02%	8.40%	14.40%

from any of the following? b) Manager/team leader or other colleagues				

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**

- Trust board are 50% BME, this has increased from 44.4%.
- BME voting membership has remained consistent between 2018 and 2019 at 46.67%.
- The non-voting board are 66.70% of BME this has increased from 33.3%.
- The Executive team are 60% BME which has increased from 50% in 2018.
- The number of BME non executives has also remained consistent at 37.5%.

4.6.1 For the 2019 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 2018, 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 a 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. Going forward, we need a better system to collate data on an ongoing basis.

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

- Implemented the Fair Treatment Process;

- Surveyed 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 are in the process or implementing 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;
- Staff side had raised concerns about a disciplinary process, when we had explored this found that there were some flaws in a particularly disciplinary case as well as some inadequate practices on the ward. The process was then curtailed and was managed informally, learning form the issues that arose. We talked about this case at our BAME conference, and one of the people involved in the case came at the end and stated that he was one of the employees and he thanked the organisation for the stance that it took;
- 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 at approached by NHS England WRES team to complete a case study of our progress and the Trust have presented our work on the WRES indicators at the National NHS People Conference in May 2019.

5.0 Recommendations

5.1 It is recommended that the Board approve the action plan as detailed above.

6.0 Action being requested

6.1 The Board/Committee is asked to **RECEIVE** and **DISCUSS** the contents of the report and **APPROVE** the action plan.

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

ACTION PLAN 2019/2020 Version 3.0 (*Subject to Trust Board ratification)*

Indicator No.	Indicator	[redacted]	Progress to Date	Next Steps
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**		Reporting on job evaluations is now being undertaken, so that the changes can be monitored. There is improved consistency and the process is more robust. A more robust policy and request form has been created and is going through the Joint Staff side Committee. Succession Planning has been done at the Clinical Director, Borough Director of Executive Director. In addition, equality analysis has been undertaken on all protected characteristics to enable the Trust to identify how it can be more diverse in these senior roles. A number of BAME senior appointments up to including Executive and Non-Executive Directors have been made in the last year.	Continue to build assurance and accountability for progress to develop workforce race equality strategies and robust action plans. Senior Leaders and Board members will have performance objectives on Workforce Race Equality built into their appraisal process. Promote success and share replicable good practice through publications regarding the senior BAME appointments to raise awareness internally of

		[redacted]		the Trusts progress against the WRES standards. Succession planning for levels below borough and clinical directors to ensure a diverse pipeline of candidates for senior roles that are reflective of the communities that we serve. Targeted recruitment adverts promoting the need to attract underrepresented groups in particular bands. Continue to explore working with organisations such as Diversity by Design for recruitment for roles that are band 7 and above. Require all VMS and board members to

		[redacted]					mentor and/or reverse mentors staff at 8d or below. Recruitment Drive for BME non-executive Directors and	
		[redacted]				Change in competencies required to uplift existing band 2 staff to band 3 for band 2s who transferred in form Bedfordshire Community.	A similar exercise due to take place in Bedfordshire Community for those who transferred into the Trust in 2018. Subject to staff undertaking the Care Quality Certificate.	

		[redacted]	Leadership Committee formed and first meeting held 28th November 2018. (Known) **in-house** Leadership development programmes: **Completed:** 7 **Active:** 4 **Planned:** 6 Trust **working with Bedford Luton and Milton Keynes (BLMK)** to create a system leadership programme across STP in 2019. National Leadership Academy (**External**) leadership programmes, to date: Springboard (women n=20 Senior Clinical Leaders (clinicians n=45) Elderly x 2 programmes (Nursing n=40) B6 CHMT x 2 programmes (Nursing n=40) Nye Bevan 3 Edward Jenner 73 Stepping up 7 Mary Seacole 6 Ready Now 3 Elizabeth Garrett Anderson 2 CEO Fast Track 1	Divisional Education Committees (DECS) were allocated 50% of the HEE funding to use for development. Some use these funds for leadership development e.g., The King's Fund Top Managers Programme. The Trust are improving how they are procuring courses to ensure better economies of scale and improving the equality of access and availability of courses. Trust access Health Education England (East of England) Leadership Academy programmes and BLMK programmes. All are advertised in the Luton and Beds areas through HRBP and Head of HR/OD. Continue to undertake OD interventions at team level,

		[redacted]	**Healthcare Leadership 360**. 8 internal facilitators have completed their training by January 2019. This will increase our internal capacity to provide feedback to staff to support development.	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. 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.

		[redacted]	In-depth gender pay gap analysis (GPG) undertaken across all protected groupings is part of the Gender Pay Gap Reporting. **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. CEA briefing sessions to advise consultants the types of additional activities they could apply for CEAs. 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.	Repeat the CEA exercise and workshops in Autumn/Winter 2019.
		[redacted]	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.

2	Relative likelihood of White staff being appointed from shortlisting across all posts.	1.31	1.40		We have started working with an organisation called Diversity by Design to recruit for difference. We are trialling a band 7 role in People & Culture to 'recruit for difference'. We have implemented a Functional Skills Facilitator post from 1st September 2018 to support the following groups with maths and English. On-going pilot of the Careers and Redeployment post to maximise individuals' chances of securing a position. Running interview skills and CV workshops in-house. We have managed to avoid 36 redundancies and have provided interview skills/CV skills workshops to staff. Implemented a Staff Transfer scheme for nurses – to enable staff to move around	Conduct an audit on successful BAME candidates to understand why they were unsuccessful. 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) Business case being drafted to make these resources permanent. Promote and communicate the scheme more widely.

					the Trust without the need for a formal recruitment process.	Publish good news stories where this has been successful.
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**	2.78	2.44		Implemented the Fair Treatment process to review disciplinary cases. 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. Service User review of the ER activity where mental health is a factor. Created a video detailing these findings to better publicise and incorporate in training. This has meant that ER Advisors have better insight when advising managers. 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. Service User involvement in the JSC policy sub-committee. This brings about a greater awareness and allows us to have a service user perspective. It is intended that all secondments are put through the candidate management system, TRAC, going forward. The	Continue to embed the Fair Treatment process and educate managers. Implement and recruit to a standalone investigator Band 7/8a and a Band 5 pastoral role to better support staff going through disciplinary processes. 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. A review of the Disciplinary Policy to ensure a more compassionate emphasis. Provide support to staff who have been through

				[redacted]	Recruitment & Selection Policy has been updated to reflect this.	the Disciplinary processes to help them to overcome the experience. 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. Create safe spaces so that staff can disclose issues that they are facing so that managers can provide the relevant support and address issues that may be affecting the performance of staff to avoid having to go through formal processes.

4	Relative likelihood of staff accessing non-mandatory training and CPD	1.03	0.87		The L&D team has been significantly invested in. We have collated more data (manually) which include development activity delivered by OD colleagues. The L&D function has been expanded by 10 WTE in order to centralise some L&D activity, so we can improve the L&D offering, as well as to monitor the take up and effectiveness of this training. We have improved our selection process to ensure equal access to these leadership courses. This include blind shortlisting to ensure potential biases are removed.	Admin development day Spring 2020. Create a prospectus that is easily accessible to admin staff to promote the many existing admin development programmes from functional skills, apprentice programmes. Programmes. Create BAME and mainstream development programmes to enable staff the choice to select programmes that will better able them to thrive.

	Staff Survey	2017 White	2017 BME	2018 White	2018 BME	Progress to Date	Next Steps
5	**KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**	28.91%	32.62%	31.70%	35.60%	We launched the Respect and Dignity @ Work Campaign. • Mile in My Shops Exhibition and Through My Eyes focus groups. Expanding the Trust's OD provision. A new Associate Director of Organisational Development post has been established and recruited to and has been in post almost a year, and lots of development activity has taken place at a team level and at an individual level over 57 team interventions since April 2019. Some of which is attributed to the improvement in the likelihood of BAME staff accessing non statutory and mandatory training. 18/21 teams completed QI Enjoying Work projects. A new Trust strategy, equalities plan and people plan have been implemented, with the overarching aim to improve staff experience. A new Equalities plan for staff which has ambitious targets.	Through Someone Else's Eyes. Sessions with 1300 line managers, supervisors and leaders to hear the stories collected in the 'Through My Eyes Sessions' to understand from managers what they need from the Trust to be more compassionate leaders. Find a more robust way to capture L&D activity for courses and development activity that are not booked centrally. Regular reports in terms of employee relations activity to: Service Delivery Board (SDB) Joint Staff Side Committee (JSC) The Trust board.

						Published Trust wide and locality Staff Survey Infographics being discussed at Department Management Team level. (DMT) Staff Survey action plans co-created in services.	Complete the Equality Delivery System assessment (EDS2). Building the capability and capacity of BME staff networks. Improve communications and promotion of the newly rolled out Employee Engagement System (Go Engage). Continue to triangulate all People and culture data to identify tends i.e. staff survey data, ER data, Sickness data and other statistics.
	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.24%	22.57%	16.20%	18.00%	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. 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)	Dates for Through Someone Else's Eyes – publicised and are expected to carry on until February 2020.

						and Through Someone Else's Eyes session(s). The feedback has been very positive and the communications have been effective. Executive pledges have been made.	
6	**KF21. Percentage believing that trust provides equal opportunities for career progression or promotion**	83.81%	72.57%	84.70%	71.80%	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. More development programmes and better selection/ recording.	Raise awareness of the Race Equality Standards (WRES). Intervene where recruitment processes that are perceived to not be transparent are brought to the attention of People & Culture. People and Culture, staff side and the Freedom to Speak up Guardian to continue to work in partnership. People Business Partners are auditing Appraisals and Personal Development needs. Incorporate succession planning conversations

							below clinical and borough directors in order to develop future internal talent. Promote positive stories of BAME appointments both internal and external.
7	**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**	9.09%	13.02%	8.40%	14.40%	After lengthy negotiations with Staff side, in relation to a Secondment and Acting up Policy this has been implemented. The Trust have sent a joint communication from the Director of People & Culture and The Staff side Chair promote the benefits of trade union membership and encourage membership. The Freedom to Speak up Guardian (FTSUG) has access to case work software to improve reporting and monitoring.	People and Culture, staff side and the Freedom to Speak up Guardian to continue to work in partnership. Continue to promote mediation services and publicise success stories of medication. Continue to promote Bullying and Harassment advisors. Continue the Respect and Dignity @ work project as detailed above.

	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: **• By voting membership of the Board** **• By executive membership of the Board**	[redacted]	Trust board are 50% BME, this has increased from 44.4%. Voting membership BME has remained consistent between 2018 and 2019 at 46.67%. The non-voting board are 66.70% of BME this has increased from 33.3%. The Executive team are 60% BME which has increased from 50% in 2018. The number of BME non executives has also remained consistent at 37.5%.	Continue to advertise for, and actively recruitment Trust board members from diverse backgrounds. Design a comms campaign to celebrate that the Trust have the most/ one of the most divers executive teams and Trust board

WORKFORCE DISABILITY EQUALITY STANDARDS (WDES)
DRAFT ACTION PLAN 2019/2020 Version 2.0 *(Subject to Trust board ratification)*

Indicator	Next Steps
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	There is an under representation of staff declaring a disability. Carry out a data cleansing exercise. Create Trust wide communications jointly with Staff side, ELFT Ability and People & Culture to encourage staff to declare their disability. Communications articles where Trust board members share their disability. Director of People & Culture to attend the ELFT Ability Network meeting to elicit input into the action plan.
Indicator 2. Relative likelihood of Disabled staff being appointed from shortlisting across all posts.	We are currently a disability confident employer. Review the Recruitment Policy and Training to have a greater emphasis on disability awareness. Run disability awareness sessions. Be more explicit in recruitment adverts that the Trust are positive about disability.
Indicator 3. Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability procedure. Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.	People and Culture, Operations group working closely with ELFT Ability Network. The number of people without a disability is significantly higher than those that have a disability. Guidance has been drafted in terms of reasonable adjustments. The sickness policy is in review. The Trust are currently procuring a new Occupational Health provider. We are recruiting for a pastoral care role to give additional support to staff who are off.
Indicator 4. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: **i. Patients/service user, their relatives or members of the public**	The respect and Dignity ay work project is ongoing and the first. 'Through Someone Else's Eyes' session took place in September 2019. Promote the themes that came form the Through My Eyes stories where disabilities are a feature.

ii. Managers **iii. Other colleagues**	
Indicator 5. Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Promoting training opportunities to all staff and encourage staff with a disability to apply and to declare their disability. Increase service user participation in HR processes (Physical and mental health).
Indicator 6. Percentage of disabled staff compared to non-disabled staff saying that they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Promoting training opportunities to all staff and encourage staff with a disability to apply and to declare their disability. Increase service user participation in HR processes (Physical and mental health).
Indicator 7. Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Expend on the Respect and Dignity at Work project, with a disability angle. Improved communications.
Indicator 8. Percentage of disabled staff compared to non-disabled staff that their employer has made adequate adjustments to enable them to carry out their work.	Launch and promote the reasonable adjustments guidance. Promote partnership working with ELFT Ability.
Indicator 9a. The staff engagement score for Disabled staff compared to non-disabled staff and overall engagement score for the organisation.	If re people discussed their disability then the Trust would have a better understanding and would be able to offer more support to disabled staff.
Indicator 9b has your Trust taken action to facilitate the voices of disabled staff in your organisation?	Help to promote the equality networks. Complete the Equality Delivery System 2 assessment. Trust wide focus groups are being arranged throughout November 2019.
Indicator 10. Trust board. Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only	Write to all board members asking them to disclose any disabilities. Communications to publish stories of Board members declaring disabilities.

voting members of the Board should be included when considering this indicator	Ask all board members to declare their disabilities and undertake a communications campaign around this topic. Them to do a promotional piece to promote their disabilities.

NHS Improvement

NHS England

A Model Employer:

Increasing black and minority ethnic representation at senior levels across East London NHS Foundation Trust

Implementing the NHS Workforce Race Equality Standard (WRES) leadership strategy

Background

There exists a huge reservoir of talent which is not being tapped into by the barriers that are often placed in the way of staff development and opportunities. Greater diversity and inclusion improves opportunities to tap into that diverse talent pool. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce.

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce health inequalities of our diverse communities and leads to better patient care, satisfaction and outcomes.

This document sets out the ambitious challenge of ensuring black and minority ethnic (BME) representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028. The document outlines both the aspirational goals for your organisations as well as a comprehensive and holistic set of objectives to support the NHS, as part of the existing Workforce Race Equality Standard (WRES) programme of work.

This content of this document presents an example of a commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in the in both the NHS Long Term Plan[1] and within the WRES 'Model Employer' leadership representation strategy[2].

NHS trusts are encouraged to work with the national WRES Implementation team to agree and finalise the detail of the aspirational goals and action plans.

1. The need for accelerated improvement

Since its introduction in 2015, NHS England's WRES programme has been providing direction and tailored support to the NHS, enabling organisations to continuously improve their performance in this area.

The WRES has required NHS trusts to annually self-assess against nine indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.

WRES data for the last three years shows year-on-year improvement for BME staff on a range of indicators. Increasing the representation of BME staff at senior and leadership levels across the NHS is an area that requires further accelerated support.

The overall BME workforce in the NHS is increasing, however this is not reflected at senior positions where there is an acute under-representation of BME staff. Aspirational goals to increase BME representation at leadership levels, and across the pipeline, will reinforce the existing WRES programme of work.

[1] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

2. The 10-year ambition modelling

Table 1. East London NHS Foundation Trust workforce by ethnicity: March 2018

	Total headcount	Overall %	% known ethnicity
BME workforce	2633	51.9%	52.8%
White workforce	2350	46.3%	47.2%
Unknown workforce	95	1.9%	
Total	5078		

The table above shows organisation staff breakdown by ethnicity for East London NHS Foundation Trust as at 31 March 2018. The staff are split into three broad ethnic categories: 'BME' (Black and Minority Ethnic), 'white' and 'unknown'. The ethnic categorisation follows the national reporting requirements of Ethnic Category as outlined in the NHS Data Model and Dictionary, and as used in NHS Digital data.

Table 2. Goal setting for bands 8a-VSM BME recruitment for East London NHS Foundation Trust

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity[1]	Total BME staff in AfC band by 2028 to reach equity[1]
Band 8a	29.9% (120)	**92**	212
Band 8b	18.3% (22)	**41**	63
Band 8c	21.7% (15)	**21**	36
Band 8d	7.4% (2)	**12**	14
Band 9	23.1% (3)	**4**	7
VSM	44.4% (4)	**1**	5

[1] Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed)

The table above shows the additional recruitment of BME staff required, in Agenda for Change (AfC) bands 8a to VSM, to achieve equity of representation at East London NHS Foundation Trust by 2028.

Table 3. Goal setting trajectory for bands 8a-VSM BME recruitment for East London NHS Foundation Trust

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	120	129	138	148	157	166	175	184	194	203	212
Band 8b	22	26	30	34	39	43	47	51	55	59	63
Band 8c	15	17	19	21	24	26	28	30	32	34	36
Band 8d	2	3	4	6	7	8	9	11	12	13	14
Band 9	3	3	4	4	5	5	5	6	6	6	7
VSM	4	4	4	4	4	4	4	5	5	5	5

The table above shows the 10-year trajectory to reach equality by 2028 for pay band 8a to VSM. The numbers show the required staff in post for each year.

Progress against the data in the above table will be looked at by the WRES team and national regulators, and therefore should also be focussed upon by the respective organisation, on an annual basis.

3. Current performance: 2019 update

Table 4. 2019 staff in post compared to 2019 trajectory ambition for East London NHS Foundation Trust

	2018 actual	2019 actual	2019 ambition	Gap
Band 8a	120	135	129	6
Band 8b	22	34	26	8
Band 8c	15	16	17	-1
Band 8d	2	3	3	0
Band 9	3	3	3	0
VSM	4	1	4	-3

There has been an increase in the number of BME staff in AfC bands 8a, 8b, 8c and 8d. The trust is on track to deliver equity by 2028 for AfC bands 8a, 8b, 8d and 9. However, for AfC bands 8c and VSM, the trust is behind schedule.

As the proportion of BME staff in the trust changes, the 10-year trajectory will change as well. It is strongly recommended that the trust regularly monitors its progress against its respective aspirational targets. The WRES team will work with the trust to review the aspirational targets and trajectories every three years.

4. Key points of consideration

- The data source for the above modelling is the trust workforce data 2018 WRES submission.

- Modelling assumptions:
    - Assumes no change in the number of staff in the organisation over the next ten years.
    - Assumes constant number of employees and leavers per year based on data between March 2017 and March 2018.
    - The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2028.
    - BME proportions are recorded as a total of known ethnicities.

- The above model presents the aspirational goals relating to managerial staff on the agenda for change pay scale. The trust will need to replicate this approach for its **medical** workforce.

- Staff and staff-side within the trust, and other key stakeholders, should be engaged in a meaningful way regarding the strategic direction of travel.

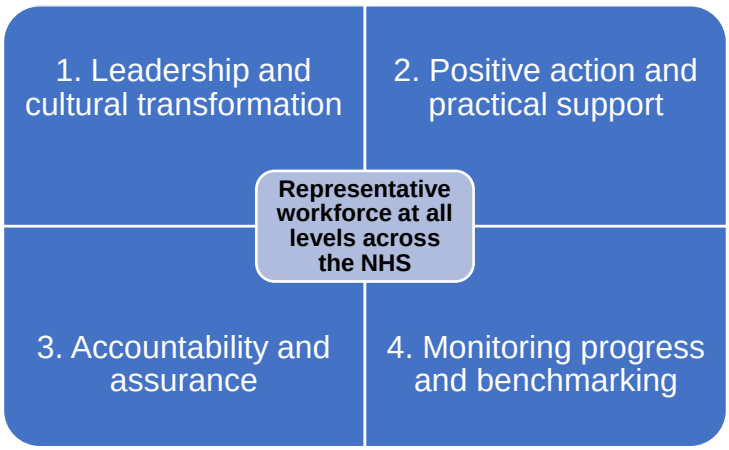
- Commitment and accountability regarding the aspirational goals and supporting plans should lay with the trust board.

5. Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provide by the WRES Implementation team. This support is presented under four broad headings, as outlined below.

Figure: WRES model of support for improving BME representation across the NHS workforce



5.1 Leadership and cultural transformation

- Demonstrate commitment to becoming an inclusive and representative employer - role modelling on race equality – **work will be carried out to transform deep-rooted cultures of workforce inequality via organisational leadership strategies** – a focus here will be upon NHS Improvement's Culture and Leadership Programme; engage supporters and including stakeholders in the planning process and in helping to share messaging, rationale and process.

- Require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC band 8d or below – coaching skills and structured support will be made available to senior staff to carry this out. **Mentoring, reverse mentoring and sponsoring will be part of the senior leader's performance objectives** that will be monitored and appraised against.

- Recruitment drive on BME non-executive directors (NEDs) – as a starting point, **a drive to appoint BME NEDs will be encouraged**. Existing NEDs will be encouraged to play an active role in mentoring and sponsoring BME staff that have the potential to get to an executive role within three years.

5.2 Positive action and practical support

- Talent management – to meet set aspiration, concrete measures to remove barriers to our most talented ethnic minority staff succeeding, will be put in place. To enable this to happen, there needs to be a consistent narrative within organisations, based on a **fit-for-purpose national approach to effective talent management across the NHS**.

- Diverse shortlisting and interviewing panels – **recruiting managers will be held accountable for institutionalising diverse shortlisting and interview panels**. There would seldom, if ever, be acceptable exceptions for not having a BME member on shortlisting and interview panels; this is firmly within the organisation's control. Where BME interviewees are not appointed, justification should be sent to the organisation's chair setting out, clearly, the process followed and the reasons for not appointing the BME candidate.

- Batch interviews should be considered where appropriate – panel interviews of single applicants may not always provide the optimum assessment of a candidate's skills and capabilities, and can contribute towards creating conditions for bias. **Organisations will be encouraged to examine the merits of interviewing a batch of candidates** for a number of different roles/positions.

- Technical WRES expertise at regional levels – the WRES Experts Programme aims to develop cohorts of race equality experts from across the NHS to support the implementation of the WRES within their organisation. Participants become part of **a network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES** at regional and local level. The work on meeting leadership aspirations at local level will be built into the existing WRES Experts Programme.

- Promote success and share replicable good practice – **identification and dissemination of models of good practice, evidence based interventions** and processes from across the NHS – from the wider public, private, voluntary and charitable sectors – will help support NHS organisations to achieve the required outcomes.

5.3 Accountability and assurance

- Build assurance and accountability for progress – NHS organisations across the country will be supported to **develop workforce race equality strategies and robust action plans that are reflective of their WRES data**. These action plans provide an ideal vehicle to continuously improve on the issues that, the data show, are of key concern for the organisation. Progress against the aspirations will form part of an organisation's action planning for the WRES. This work will be included in the Single Oversight Framework; Care Quality Commission (CQC) inspection; and the CCG Assurance and Improvement Framework.

- Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process – senior leaders should be held accountable for the level of progress on this agenda. Working with national healthcare bodies, **progress on workforce race equality will be embedded within performance reviews of chairs and chief executives** – including emphasis on WRES implementation and on progress in meeting the set goals for their respective organisation.

- Building the capability and capacity of BME staff networks across the NHS – to play a key part of the accountability and transparency approach will play a key role. There will be a concerted effort towards **supporting leaders of BME staff networks and trade union representatives, across the NHS to raise the visibility of their work**, and to provide a source of meaningful and sustained engagement with the WRES programme of work.

5.4 Monitoring progress and benchmarking

- Benchmarking progress – **benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting**, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.

- Periodic update – due to the changing nature of BME workforce composition across the NHS, the right approach will be to **periodically update the assessment of the overall progress that has been made on meeting the aspirations** – starting at the end of 2020, and local organisations will be supported via the national WRES team to do the same.

- Oversight – the lack of BME leadership is a system-wide issue that requires a system-wide response. CEOs within a regional healthcare footprint are encouraged to come together on this agenda regularly. **Collaborative working between healthcare organisations at local level, and with key partners, will be essential.** This will require all relevant organisations to focus resource on workforce race equality in a more intentional manner.

6. Further information

Further information and support will be available from the NHS England WRES Implementation team.

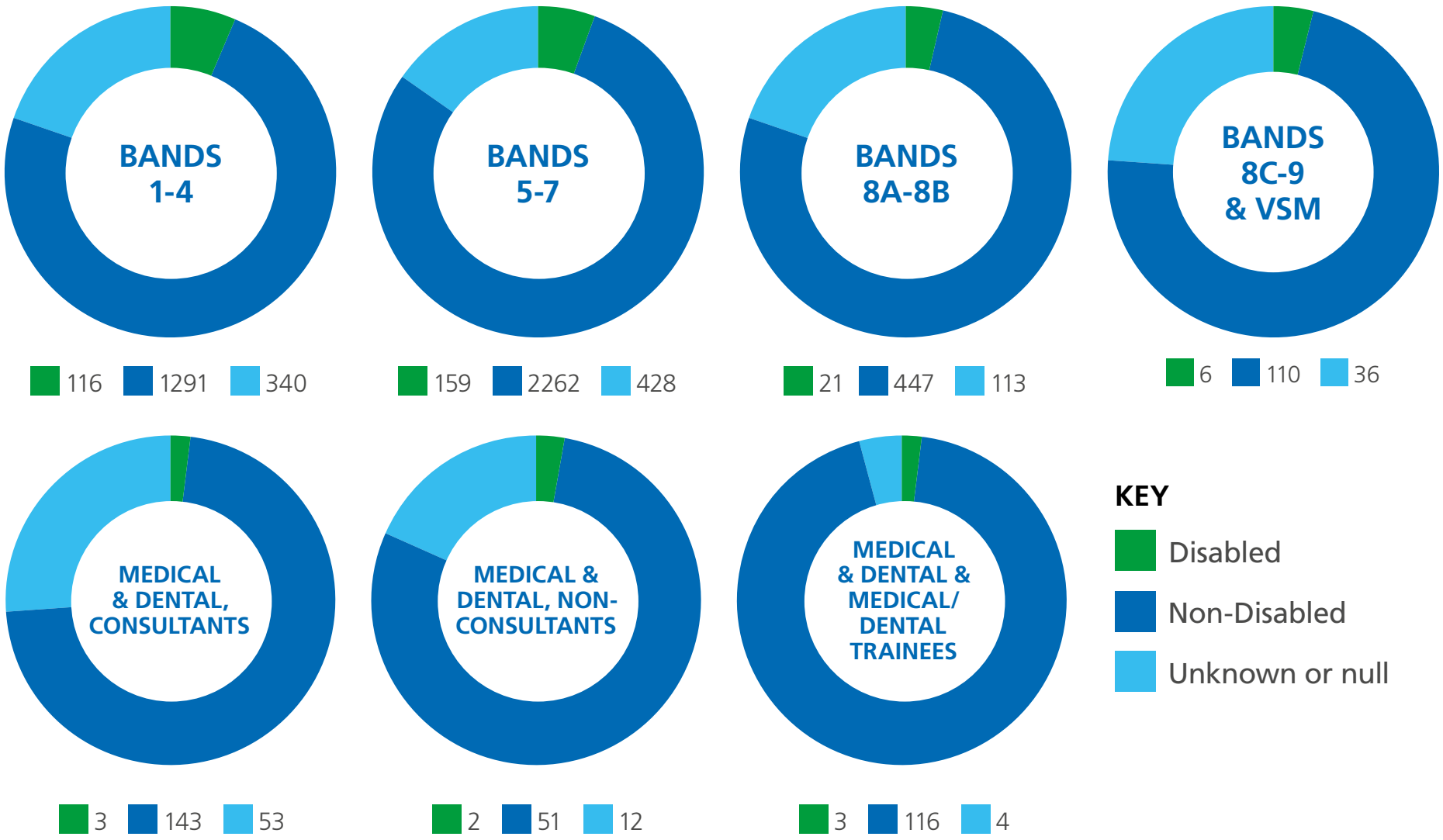
Email: england.wres@nhs.net

WORKFORCE DISABILITY EQUALITY STANDARD

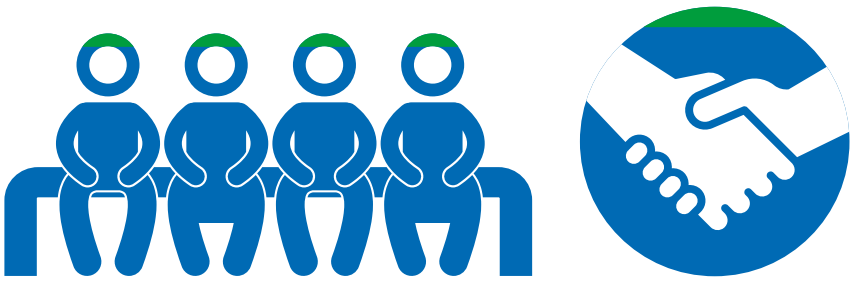
East London NHS Foundation Trust

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (Metrics) that enable NHS organisations to compare the experiences of Disabled and non-disabled staff. East London Foundation Trust will use the Metrics data and local data to develop an action plan that will enable us to demonstrate progress against the indicators of disability equality.

Paybands – number of people per pay range compared with the overall workforce



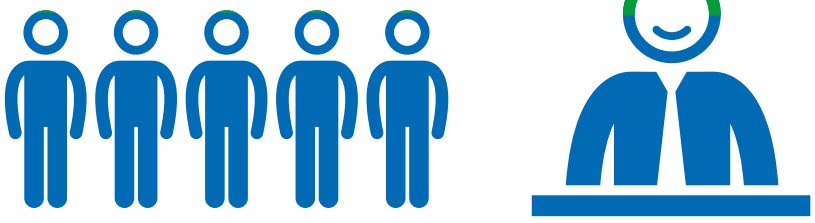
Appointments – relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.



Shortlisted
936 disabled staff
16,711 non-disabled staff

Appointed
376 disabled
5,044 non-disabled

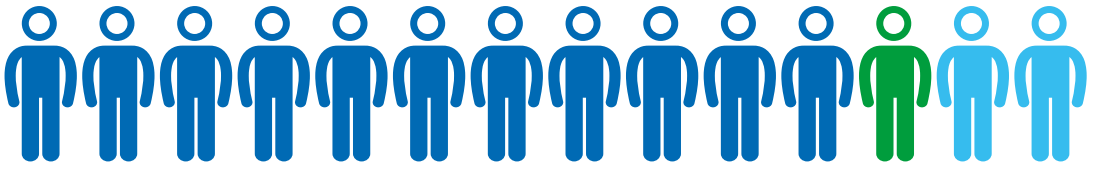
Formal capability – relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.



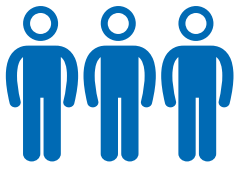
Total staff in workforce
309 disabled staff (1%)
4,415 non-disabled staff

Staff entering formal capability process
3 disabled staff
15 non-disabled staff

Board members – total disabled and non-disabled board members of which voting and not voting



14 **Voting** board members

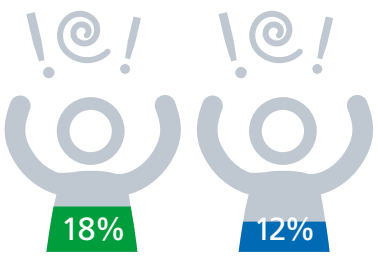


3 **Non-voting** board members

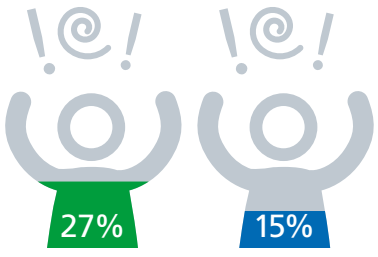
Disabled Non-disabled Unknown or null

Bullying – experienced harassment, bullying or abuse from:

Patients/service users, their relatives or other members of the public



Managers



Other colleagues

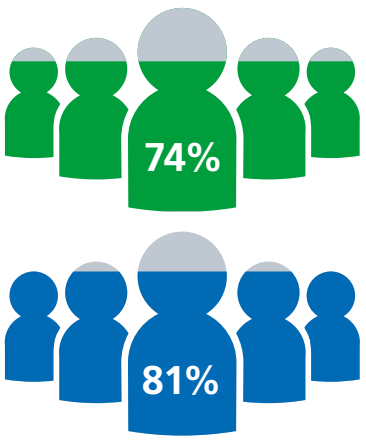
Bullying – last time experienced harassment, bullying or abuse at work, they or a colleague reported it

Disabled

Non-disabled

Career progression – % of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

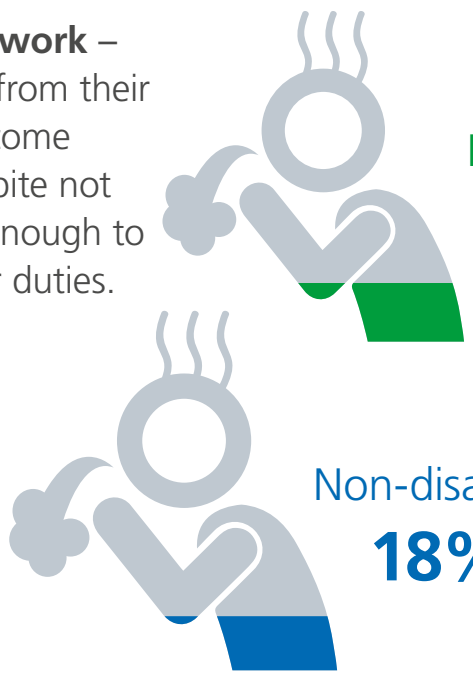
74% disabled staff
81% non-disabled staff



74%

of disabled staff said their employer had made adequate adjustment(s) to enable them to carry out their work.

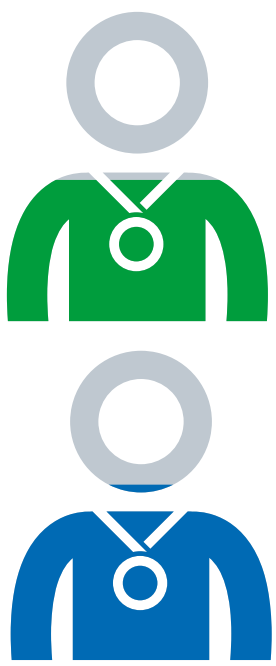
Pressure to work – felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



Disabled **19%**

Non-disabled **18%**

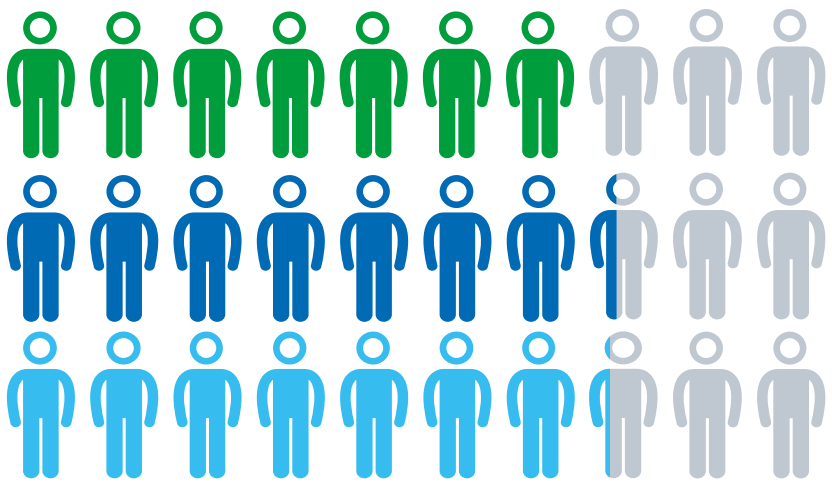
Valued at work – satisfied with the extent to which their organisation values their work.



Disabled **46%**

Non-disabled **56%**

Staff engagement – The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.



7.0 Disabled

7.4 Non-disabled

7.3 Organisation average

Contact us

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