

# REPORT TO PEOPLE, CULTURE & DEVELOPMENT COMMITTEE

Enclosure No:

Date of Meeting:	03/09/20		
Title of Report:	Workforce Race Equality Standard (WRES) Report and Action Plan		
Presented by:	Lesley Faux, Diversity & Inclusion Lead		
Author:	Lesley Faux		
Executive Lead Name:	Shajeda Ahmed	Approved by Exec	<input type="checkbox"/>

Executive Summary:	Purpose of report	
This is the Trust's fifth annual WRES report. Since April 2015, all NHS organisations were required to demonstrate through the nine point WRES metrics. This report sets out the Trust's findings/progress against the 9 WRES indicators over 2019-20, along with our action plan for the current year. The Trust should be assured that we are generally making tangible and measurable progress against the WRES indicators, and have laid solid foundations for further improvement, to support acceleration in the pace of change going forward.	Approval	<input checked="" type="checkbox"/>
	Information	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> <li>• Quality Committee <input type="checkbox"/></li> <li>• Finance &amp; Resource Committee <input type="checkbox"/></li> <li>• Audit Committee <input type="checkbox"/></li> <li>• People, Culture &amp; Development Committee <input checked="" type="checkbox"/></li> <li>• Charitable Funds Committee <input type="checkbox"/></li> </ul>	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> <li>1. To enhance service user and carer collaboration. <input type="checkbox"/></li> <li>2. To provide the highest quality, safe and effective services <input type="checkbox"/></li> <li>3. Inspire and implement innovation and research. <input type="checkbox"/></li> <li>4. Embed an open and learning culture that enables continual improvement. <input type="checkbox"/></li> <li>5. Attract, develop and retain the best people. <input checked="" type="checkbox"/></li> <li>6. Maximise and use our resources effectively. <input checked="" type="checkbox"/></li> <li>7. Take a lead role in partnership working and integration. <input type="checkbox"/></li> </ol>	
Risk / legal implications: Risk Register Reference	<ul style="list-style-type: none"> <li>• Annual WRES reporting forms part of the NHS Standard Contract since 2015</li> <li>• Our WRES report and action plan each year are published on the Trust's website and data shared with NHS England and our lead commissioner</li> </ul>	
Resource Implications: Funding Source:	Within existing resources N/A	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The WRES is specifically designed to support greater diversity and more positive inclusion experiences across NHS workforces, particularly in relation to developing greater race equality. As such, a positive effect is intended, such as improved access to employment and promotion opportunities, better workplace experiences for BAME staff, and a more diverse workforce with regard to ethnicity. This ultimately leads to make diverse and inclusive experiences for our service users also.	
STP Alignment / Implications:	All NHS Trusts are required to participate in the WRES process. There are opportunities for the alignment of activity under the WRES across the ICS Trusts and this will be explored by the EDI Network.	
Recommendations:	<ol style="list-style-type: none"> <li>1. Note the progress with our 2019-20 WRES actions and journey, as set out in this report and at Appendix 2.</li> <li>2. Approve this 2020 WRES report and Action Plan for 2020-21 (Appendix 3) for publication with the WRES Team, on the Trust's website and sharing with our lead commissioners.</li> <li>3. Continue to individually and personally contribute to the ongoing development of tangible and measurable change on race equality and inclusion, and for each member to further challenge themselves to step this 'up a gear' in 2020-21, at Trust level and in their individual area of responsibility</li> </ol>	
Version	Name/group	Date issued

# Workforce Race Equality Standard (WRES) Trust Report 2020 & Action Plan for 2020-21



Image: The King's Fund (2020),  
Workforce race inequalities and inclusion in NHS providers

**Date:** September 2020

**Author:** Lesley Faux, Diversity & Inclusion Lead

**Lead Director:** Shajeda Ahmed, Director of Workforce, OD & Inclusion

## NSCHT Workforce Race Equality Standard (WRES) Report 2020

### 1. Introduction

1.1 The Workforce Race Equality Standard (WRES) was introduced in April 2015 and mandated as annual part of the NHS Standard Contract. Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

1.2 The WRES is a key component in how the Trust works to deliver tangible and lasting improvement on race inclusion, also supporting how as an organisation we deliver on our obligations under the Public Sector Equality Duty (PSED) to:

- i. **Eliminate unlawful discrimination**, harassment and victimisation and other conduct prohibited by the Act.
- ii. **Advance equality of opportunity** between people who share a protected characteristic and those who do not.
- iii. **Foster good relations** between people who share a protected characteristic and those who do not.

1.3 The WRES ultimately supports the Trust to increase its diversity and inclusivity enabling us to deliver services for all people within our communities. It is not possible to deliver safe, personalised, accessible and recovery-focussed services if we are not diverse and inclusive.

1.4 This report contains the Trust's fifth annual WRES report which will be published on our website and shared with NHS England and our local commissioners, as well as being reviewed as part of any CQC inspection processes as may be required.

1.5 Key purposes of the WRES are to:

- 'hold a mirror up to the NHS and spur action to close gaps in (established and persistent) workplace inequalities between our black and minority ethnic (BME) and white staff'
- prompt inquiry and assist organisations to develop and implement evidence-based responses to the challenges their data reveal
- complement national NHS workforce policy on diversity and inclusion, and support delivery of national policy frameworks, recently including the NHS People Plan (2020)

### 1.6 WRES Reporting Requirements

1.6.1 NHS Trusts produced and published their first WRES baseline data in July 2015. Since then, NHS England have published a number of reports sharing updates on the WRES data nationally, and also offering guidance and advice on what constitutes effective action. These reports can be accessed [here](#). Trusts are required to submit and publish two documents to Commissioners and NHS England to comply with the WRES:

1. NSCHT spreadsheet data set - *Complete – data uploaded to NHS England (see **Appendix One**)*
2. A WRES progress report and Action Plan to be published on the Trust's website by 30/9/20 - ***This report** when finalised and agreed at PCO Trust Board. Including action plan progress (**Appendix 2**) and 2020-21 action plan (**App 3**)*

The above information will be published on our Trust website and will also be shared with our lead commissioners.

### 1.7 Note on terminology:

The term Black, Asian and Minority Ethnic (BAME) will be used throughout this report as this is widely used in the UK and is the Trust's preferred term, felt to be more inclusive and representative of our local BAME population (overtly recognising our Asian ethnicity population). The term Black and Minority Ethnic (BME) is used where this is quoted by the WRES Team as this remains the term used by that team, having been used since the inception of the WRES.

## 2.0 National Context to the WDES

2.1 The [2019 WRES \(national\) report](#) found evidence of advances being made, as well as real challenges that remain:-

*NHS employers are making genuine progress towards equalising core HR processes of recruitment and selection, training opportunities, and disciplinaries. And, over the last four years, the number of BME very senior managers has increased by 30%. However, staff survey results lag these HR changes, with continuing high levels of reported concerns on key WRES Indicators.*

2.2 The WRES team concluded this report by stating:

*..The case for this agenda is a powerful one and cannot be underestimated; NHS organisations need to take the implementation of the WRES, and the evidence base that underpins it, seriously. We now know, from data analyses, that not doing so is likely to have detrimental impact on outcomes including: staff sickness rates; staff engagement levels; temporary staff spend; Friend and Family Test results, and on Care Quality Commission ratings. (p69)*

2.3 The events of 2020 (including the COVID-19 impact on BAME communities, Black Lives Matter campaign) have made it abundantly clear that race inequality is not just an NHS issue, but a global challenge. Striving to achieve greater workforce race equality is not change for the sake of political correctness. Rather, it is a moral, legal and financial imperative, as well as key to the quality of patient care. It is well documented (WRES annual reports) that where genuine improvements are made against the 9 WRES indicators, all staff benefit - not just those staff with BAME ethnicity. This is good for NHS organisations, workers and patients/service users.

2.4 Key national WRES findings for 2019 are set out in *Box 1* below:

In 2019, 19.7% of staff working for NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BME) background; this has been increasing over time.	
Across all NHS trusts and CCGs, there were 16,112 more BME staff in 2019 compared to 2018.	8.4% of board members in NHS trusts were from a BME background; an improvement from 7.4% in 2018 and 7.0% in 2017.
The relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff was 1.15. This remained the same as last year.	The total number of BME staff at very senior manager (VSM) pay band has increased by 21, from 122 in 2018 to 143 in 2019, and is up by 30% since 2016.
WRES indicators relating to staff perceptions of discrimination, bullying, harassment and abuse, and on beliefs regarding equal opportunities in the workplace, have not changed for both BME and white staff.	White applicants were 1.46 times more likely to be appointed from shortlisting compared to BME applicants; a similar figure to that reported in 2018, and an improvement on the 1.6 times gap in 2017 and 2016.
The number of BME board members in trusts increased by 35 in 2019 compared to 2018 – an additional 18 executive and 17 non-executive board members.	The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced year-on-year, from 1.56 in 2016 to 1.22 in 2019.

**Box 1:** Key national WRES findings 2019, NHS England (2020)

**2.5** In addition to the usual annual WRES process and national annual report, late in 2019, the WRES Team issued each Trust with a bespoke set of 'aspirational targets' for year-on-year improvement in the BAME representation in senior posts (band 8A and above). These targets seek to attain a minimum of 7.6% (local BAME population in 2011 census) in each senior band/grade by end of March 2028. Progress with these aspirational targets would form part of the appraisal of every Trust CEO from 2020-21 onwards.

**2.6** Last year (2019 WRES), the Trust reported that it had improved its performance on 4 indicators, and maintained performance on a further indicator. Four indicators had unfortunately worsened. It was clear that we had much work to do to create our vision of a truly diverse and inclusive organisation. Our aspirational targets set us a further additional (but attainable) challenge. During 2019-20 we have worked hard to really embed our work on race inclusion much deeper into all our services across the organisation. This report sets out what we have been doing to bring about positive change on race inclusion.

### **3. What we have been doing since the 2019 WRES**

3.1 We set a challenging WRES action plan for 2019-20, progress against which is set out at **Appendix 2**. All set action was completed, with the exception of the establishment of further cohorts of the Staffordshire Stepping Up (positive action BAME leadership development) programme. This programme was a local health system opportunity and it was felt that further support was required for the existing alumni group, before delivering further cohorts of the programme.

3.2 The Trust has continued to increase awareness and understanding on race inclusion, and the imperative to act throughout the organisation. Our Trust Inclusion Council continues to meet on a bi-monthly basis, led by our Chief Executive and our Director of Workforce, OD and Inclusion. Race inclusion is a key area of discussion and development. The Inclusion Council project manages the Trust's 4 key inclusion projects, as well as being a key forum for discussion and advancement of all aspects of diversity and inclusion. BAME colleagues continue to be released from their normal duties on a regular basis to support the work of these 4 projects.

3.3 The Trust's 4 **ongoing workforce projects** are:-

- i. Developing inclusive **recruitment and selection** processes (building in inclusion from start to finish of the process)
- ii. Developing equal and inclusive access to **development and career progression opportunities**
- iii. Learning lessons, responding better to, and preventing/reducing **incidents of racist and other personal abuse** and aggression
- iv. Developing our **Culture of inclusion** (supporting more inclusive practise and more equitable and inclusive treatment of colleagues; addressing micro-assaults and other inequalities)

3.4 **In addition to the work of these inclusion workforce projects**, the Trust has delivered the following action over the last 12-18 months to further develop greater race inclusion:-

- a) The Trust have been keen to establish a **more diverse Trust Board** over the past 12-18 months. In addition, to having one of the relatively few Trusts with a BAME Medical Director (Dr Buki Adeyemo), we have been delighted to have additionally appointed:-

- Shajeda Ahmed as our Director of Workforce, OD and Inclusion, since October 2019
- Tosca Fairchild as our Deputy Chief Executive from November 2019 (Tosca also holds the position of Chair of the Show Racism the Red Card Charity)

Our Trust Board is well-versed in diversity and inclusion matters, including race equality. Buki, Tosca and Shajeda are all experienced in talking about race inclusion both within the Trust and at external events, and do so regularly.

- Completion of the Trust's first cohort of BAME & LGBT+ **Reverse Mentoring**, involving 13 members of the senior leadership team, with plans for a further round in 2020-21. The Trust's Reverse Mentoring approach involved 6 meetings as standard. Some pairings have continued well beyond this number, and some pairings have moved on to a more traditional mentoring approach. All Trust participants of the first 3 cohorts of Stepping Up were offered the opportunity to take part in Reverse Mentoring.
- Continued further development of the role and impact of our **BAME Staff Network**, building membership and regular attendance. The BAME Network will be key to development of our WRES approach from 2020-21 onwards. Further consultation will take place with the BAME Network as to the continuing action they would like to see to make an impact on race inclusion. Our BAME Network Lead has been involved in collaborating at local and national level with regard to the development of the network and we have plans to grow our links with the BAME Networks at our health system partner organisations over the coming months.
- The Trust was fortunate to be successful in its bid to host one of the pilot projects for the **NHS High Potential Scheme (HPS)** in 2019. This programme has been designed around a strong set of principles linked to diversity and inclusion. The assessment and selection process for the programme had been designed with inclusion in mind and the results appeared to demonstrate that we can achieve more diverse and inclusive outcomes of recruitment processes by making smart adjustments to process, including ensuring that assessors are well-versed in unconscious bias and that the process ensures, as far as possible, objective assessment. The target of at least 18% of successful participants having BAME ethnicity was achieved.
- The **launch of the HPS** took the form of '**mini-conference**' with over **100 attendees** and the focus of presentations was around inclusive leadership. Andrew Foster attended and gave an inspiring, people -focussed presentation in her place. Also speaking was Gaynor Walker, Senior Programme Manager for Equality and Health Inequalities, NHS England and NHS Improvement, as well as our own Shajeda Ahmed, Director of Workforce, OD and Inclusion. All 3 speakers focussed heavily on race inclusion and exclusion within their presentations.
- The Trust has continued to roll out its **Introduction to Inclusion and Unconscious Bias** training across the organisation. In 2019-20, the Trust made this training mandatory for those working at band 7 and above. By end of March, compliance across this group was 55% and this has continued to rise through the use of e-learning since the COVID-19 pandemic, reaching 75% at the end of July 2020. This training focusses heavily on race inclusion, alongside other single-stranded and intersectional equality characteristics, seeking to influence hearts and minds and to bring about long-term attitudinal change. This training is being mandated for band 6 and above employees from August 2020.
- The **COVID-19** pandemic period has very much shone a light on the global and UK inequalities linked to race. This has been a cause for us to significantly step up our approach and to ensure that all employees recognise race inclusion as their individual responsibility. When faced with evidence of the disproportionate impact of the COVID-19 virus on the BAME population, the Trust was fast to respond with a tailored risk assessment process, backed up by compassionate and supportive leadership. Our approach was to

ensure that BAME colleagues with COVID risk factors were very much protected from higher risk areas of work. The Trust reached 100% compliance for BAME COVID risk assessments by end June 2020. The Trust built on this period of heightened awareness by hosting its first Leadership Academy session (held online) since the outbreak of the pandemic on **'Let's Talk About Race'**, led by Shajeda Ahmed, and with special guest speaker Mr Jagtar Singh, OBE. This session attracted record attendance for our Leadership Academy, with 62 participants. Other support during the pandemic period has included 'MOT' Health Checks offered to all BAME staff; BAME Staff Network dedicated to supporting people with the impact of the 'lockdown'; 1-2-1 support offered to BAME staff via the BAME Practice Education Facilitator; personalised letter to all BAME colleagues from the Chief Executive; frequent information, awareness and support for race inclusion in Trust communications; sharing of details about access to BAME Freedom to Speak Up Champions and BAME Staff Counsellors if preferred.

- h) In addition to the work of our Inclusion Council racist incidents project, a series of **action-oriented focus groups** on responding to racist abuse have been held in response to an apparent increase in such incidents at the Harplands since COVID-19. These sessions, chaired by our Head of Nursing, Zoe Grant, have been well-attended by frontline staff as well as senior leaders, and are supporting the Trust in making timely changes to practice to better support BAME colleagues and enhance our response when such incidents occur.
- i) The Trust have been developing our approach to inclusive recruitment through the Inclusion Council and our Inclusive Recruitment Project. It was decided to make BAME representation on interview panels for posts at Band 7 and above mandatory from April 2020, whilst being desirable for posts at other levels. Other changes included:-
  - BAME representation should extend into the long listing and shortlisting process as well as the selection process itself wherever possible
  - 'Block' recruitment processes, rather than individual adverts wherever possible
  - Encouraging people to take more time to reflect, not be rushed into making recruitment decisions, letting all panel score before discussing candidates, asking the lower power panellists to feedback before the higher power panellists and chair etc
  - Using Assessment Centres / simulation exercises where possible to get a more 'all round' view of performance
  - New Inclusive Recruitment programme mandatory for recruiting managers to be launched from later in 2020-21 (launch delayed due to COVID-19)
- j) Continued and highly visible focus on the development of our **Culture of Inclusion** through the work of our Inclusion Council and associated project and the wider work of the Trust, with inclusion (and specifically race inclusion) being established through the core as 'how we do things round here'.

3.5 Whilst being aware of the scale of change still required, we believe that these steps will have built a firm platform for our continued ongoing development as an organisation offering outstanding experiences for our BAME employees.

#### 4. NSCHT WRES 2020 Performance

4.1 The work outlined and in the WRES Action Plan Progress Report (*Appendix 2*) has supported the Trust in continuing to improve its performance in relation to the 9 WRES indicators during 2019-20. The section below sets out in detail the Trust's performance and progress against the 9 indicators as at 31<sup>st</sup> March 2020. *Appendix 4* additionally contains a summary of the Trust's WRES performance year-on-year, compared to the national average.

Summary	Performance and Progress Detail
<b>INDICATOR 1:</b>	
<p><b>IMPROVED SIGNIFICANTLY</b></p> <p>(matching/ exceeding local BAME population)</p>	<p><b>Workforce Profile: BAME representation through organisation hierarchy</b></p> <ul style="list-style-type: none"> <li>• Overall the BAME % in our workforce profile <b>has IMPROVED</b> since 2019-20. This now matches our local BAME population (based on 2011 census) at 7.6% [up from 6.3% in 2019].</li> <li>• When 'ethnicity unknown' are excluded, this rises to <b>7.8%</b>.</li> <li>• This is the biggest change in the Trust's workforce race profile seen since the WRES was introduced and the first time we have achieved equity with our local population figure.</li> <li>• However, it is noted that when medical staff are excluded, this reduces to 5.7% of the workforce (5.6% in 2019).</li> <li>• The Trust's clinical workforce continues to under-represent for BAME staff in all bands except bands 4 and 5. However, it is encouraging to see that the Trust has increased the number of BAME employees in bands 3, 4, 5, 6 and 7 (4 additional appointments at band 7, which should help us to meet our WRES aspirational targets in the coming years)</li> <li>• The Trust's non-clinical workforce still has a very low BAME % (3.5%) but, encouragingly, this has more than doubled since 2019. BAME colleagues are still under-represented in all banding groups for non-clinical staff.</li> <li>• It is additionally noted that our local BAME population has grown in recent years and it is anticipated that the 2011 census figure of 7.6% is likely to be an under-representation.</li> </ul>
<b>INDICATOR 2:</b>	
<p><b>IMPROVED</b></p> <p>(still worse than national average)</p>	<p><b>Recruitment: relative likelihood of being appointed from shortlisting</b></p> <ul style="list-style-type: none"> <li>• <b>Improved to 1.89</b> from a score of 2.07 in 2019</li> <li>• Still much worse than the national average in 2019 of 1.46</li> <li>• While this indicator is a significant concern for the Trust, we are extremely optimistic that measures developed during 2019-20 and implemented from April 2020 will create a step change in recruitment practise and outcomes</li> <li>• This indicator remains a key priority for 2020-21</li> <li>• Our 2019-20 recruitment data is set out at <b>Appendix 5</b>.</li> </ul>
<b>INDICATOR 3:</b>	
<p><b>WORSE</b></p> <p>(worse than national average)</p>	<p><b>Formal Disciplinary cases: relative likelihood of entering process</b></p> <ul style="list-style-type: none"> <li>• At 2.95, our disciplinary WRES score is much worse than our 2019 score of 0.88. However, it is noted that the low number of Trust formal disciplinary cases (just 10 in total over the year, 2 of which involved BAME employees) means that the score will be skewed (positively or negatively) and the score is unlikely to be statistically significant.</li> <li>• Nevertheless, it is recognised that this is the fourth time (in five years of data) that the Trust has had a disproportionate number of disciplinaries involving BAME staff (see <b>Appendix 4</b>) and this matter requires further attention.</li> </ul>
<b>INDICATOR 4:</b>	
<p><b>WORSE</b></p> <p>(but considerably better than national average and a score in</p>	<p><b>Non-Mandatory Training: relative likelihood of accessing training</b> (% of staff undertaking at least one piece of non-mandatory development in the financial year 2017-18)</p> <ul style="list-style-type: none"> <li>• Overall the balance was <b>again in favour of BAME staff, with a score of 0.78</b> (compared to 0.68 in 2019) ie BAME staff</li> </ul>

<p><b>favour of BAME employees)</b></p>	<p>were more likely to access at least one piece of non-mandatory development than white staff.</p> <ul style="list-style-type: none"> <li>• 47% of BAME staff accessed development in 2019-20, (66% in 2018-19); compared to 37% for white staff (43% in 2018-19)</li> <li>• However, when medical staff are removed from the data, the balance changes heavily in favour of white staff to a score of 2.10. Further improvement in this area is required in 2020-21.</li> </ul>
<p><b>INDICATOR 5:</b></p>	
<p><b>IMPROVED (Average / slightly worse than average for benchmark group)</b></p>	<p><b>Harassment, bullying &amp; abuse from patients</b> (source = Staff Survey 2019)</p> <ul style="list-style-type: none"> <li>• 42% of Trust BAME respondents [54.5% in 2019] said they had experienced HB&amp;A from patients</li> <li>• 40% of BAME respondents said they had experienced abuse from colleagues across benchmark Trusts</li> </ul>
<p><b>INDICATOR 6:</b></p>	
<p><b>WORSE (but average/ slightly better than average for benchmark Trusts)</b></p>	<p><b>Harassment, bullying &amp; abuse from staff</b> (source = Staff Survey 2019)</p> <ul style="list-style-type: none"> <li>• 24.5% of BAME respondents experienced HB&amp;A from colleagues in the last year (up from 21.1% in 2019)</li> </ul>
<p><b>INDICATOR 7:</b></p>	
<p><b>IMPROVED (but worse than average for benchmark Trusts)</b></p>	<p><b>Belief in equal opportunities</b> (source = Staff Survey 2019)</p> <ul style="list-style-type: none"> <li>• <b>Better than 2019</b>, with 67% of BAME respondents believing that the Trust offers equal opportunities for career progression and promotion, compared to 58.8% in 2019. However, the comparable score for white respondents was 87% in both years.</li> <li>• Still worse than the average score for our benchmark group (74%)</li> </ul>
<p><b>INDICATOR 8:</b></p>	
<p><b>WORSE (average/slightly better than average for benchmark Trusts)</b></p>	<p><b>Experience of discrimination at work in the last 12 months</b> (source = Staff Survey 2019)</p> <ul style="list-style-type: none"> <li>• At 12.9%, much worse than last year's score of 3.3% of BAME respondents experiencing discrimination</li> <li>• The comparable Trust score for white respondents experiencing discrimination was 5%</li> <li>• Average / slightly better than the benchmark rate of 14% experiencing discrimination.</li> <li>• Last year's score seems to have been somewhat an outlier results, substantially below the national average</li> </ul>
<p><b>INDICATOR 9:</b></p>	
<p><b>IMPROVED Considerably better than national average</b></p>	<p><b><u>Trust Board members profile (compared to local area)</u></b></p> <ul style="list-style-type: none"> <li>• Board member BAME representation increased to 23.1% (from 14.3% in 2019) with 3 BAME executive members.</li> <li>• There are again two BAME Voting Board Members (also in 2018-19 and 2017-18, but this year both are executive director (NED) members (previously one executive and one non-executive).</li> <li>• There has been no BAME non-executive director in post for over 12 months and this should be a focus for positive action in the next NED recruitment campaigns</li> </ul>

#### 4.2 Summary of 2020 WRES indicator performance:-

- 5 indicators improved; 4 indicators worsened
- 5 better than average; 4 worse than average

4.3 It is clear from the above that the Trust continues to make progress on developing and embedding a culture of inclusion and improved BAME experience, but this progress is relatively slow and is marked by fluctuation in performance along the way. We also recognise and acknowledge the impact that systemic/institutional racism has, as has been spotlighted in recent events and reports. Achieving effective change on race inclusion is a long term goal and does not happen overnight, being inextricably linked to deeply-rooted in societal attitudes, culture and behaviours and culture, both conscious and unconscious. The Trust has undoubtedly made significant advances in facilitating the dialogue on race equality and inclusion and in enhancing the awareness of all our staff on these matters, which will support us in the work to come. Our BAME staff continue to assure us that the actions that Trust is taking to address racial inequality are much needed, and more and more BAME and white colleagues alike are putting themselves forward to be part of the process of bringing about positive change.

4.4 The WRES team concluded in the 2019 WRES data report (p67): 'Whilst there is, undeniably, more work to be done, we should be encouraged with the levels of improvement seen in these workforce indicators, over time.' Similarly, the Trust should be assured that we are generally making tangible progress and have laid a solid foundation for further improvement, supporting an accelerated pace of change going forward.

### 5. Conclusions and Recommendations

5.1 The need to develop greater race inclusion and equality remains both an immediate and a long-term challenge. The scale of the challenge has never been clearer than during this period following the global events of the first 6 months of 2020. However, the level of recognition and understanding of the issues has equally never been greater. Now is the time for the Trust to seize the opportunity to address the societal, historical, cultural and organisational factors which culminate in our BAME workforce (and our BAME service users) experiencing poorer employment prospects and experiences than their white counterparts in the NHS on a range of measures.

5.2 The Trust has worked hard in 2019-20 to keep the development of greater race inclusion as a high profile imperative and to further 'up its game' as to how it delivers on this. This has been at every level, from Board to service/team and individual staff levels. However, there is still much to do and there is a need to progress to measurable outcomes. It is acknowledged, however, that changing cultures takes time if the change is to be real and lasting and not 'flash-in-the-pan' or 'flavour of the month'.

5.3 The Trust has been proud to be an exemplar in how we have been working to develop workforce race inclusion over the past 12-18 months and much of this work is summarised above in this report and at **Appendix 2**. The further work that we are committed to implementing through 2020-21 to take us to the next stage in our race inclusion journey is set out at **Appendix 3**.

5.4 The Trust Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:-

1. Note the progress with our 2019-20 WRES actions and journey, as set out above and at **Appendix 2**.
2. Approve this 2020 WRES report and Action Plan for 2020-21 (**Appendix 3**) for publication with the WRES Team, on the Trust's website and sharing with our lead commissioners.
3. Continue to individually and personally contribute to the ongoing development of tangible and measurable change on race equality and inclusion, and for each member to further challenge themselves to 'step this up a gear' in 2020-21, at Trust level and in their individual area of responsibility.

**END**

## APPENDIX ONE

### Trust WRES Data Spreadsheet Submission

The embedded document below contains the Trust's WRES data as submitted to NHS England. This data is also shared with our lead commissioners and will be publically available on the Trust's Diversity and Inclusion internet pages.

The document may be requested from [Diversity@combined.nhs.uk](mailto:Diversity@combined.nhs.uk) should there be any issues in opening the embedded document.



FINAL WRES2 V7.1  
RLY FINAL FOR SUBM

## PROGRESS REPORT ON TRUST WRES ACTION PLAN 2019-20

<u>Action</u>	<u>Progress</u>
<p>1. To continue with the five BAME Workforce Projects with a focus on key deliverables and on achieving tangible change outcomes</p>	<ul style="list-style-type: none"> <li>- <b>ACHIEVED (IN PLACE AND ONGOING)</b></li> <li>- Projects ongoing and project managed via the Trust's Inclusion Council, chaired by Peter Axon, CEO and deputised by Shajeda Ahmed, Director of Workforce, OD and Inclusion.</li> <li>- Project 5 (Communication for Inclusion) embedded as usual business, so removed as a specific project group.</li> <li>- First 12 months of Inclusion Council focussing on BAME inclusion projects. After 12 months it was agreed to widen the scope of the BAME workforce projects to incorporate other equality groups. BAME inclusion would remain a key priority.</li> </ul>
<p>2. To deliver a BAME inclusion conference in June 2019</p>	<ul style="list-style-type: none"> <li>- <b>ACHIEVED AND COMPLETE</b></li> <li>- The Trust's first BAME Conference was held on 13 JUNE 2019 and was highly successful. Attended by approximately 100 people from the Trust and partner organisations. A wide range of local and national speakers presented on the day.</li> </ul>
<p>3. To secure funding for and deliver two-three further cohorts of Staffordshire Stepping Up on a partnership basis with STP (now ICS) partner Trusts</p>	<ul style="list-style-type: none"> <li>- <b>ON HOLD - PENDING FURTHER ENGAGEMENT WITH EXISTING ALUMNI</b></li> <li>- Following an alumni event held in October 2019 (at which a number of attendees expressed disappointment with the level of onwards development and progression since participating in the Stepping Up programme), it was decided to allow more time to focus support on this group and to allow time and opportunity for advancement. It was felt to be inappropriate to deliver further cohorts of Staffordshire Stepping Up until such time that there was evidence of reasonable levels of progression among the original alumni.</li> </ul> <p>It is noted that this is an ICS situation, with a relatively small number of NSCHT participants having been part of the original alumni. It is additionally noted that NSCHT alumni members have been able to access a wide range of development opportunities and a number of individuals have secured promotion and/or secondment appointments.</p>

<p>4. To fill the second BAME Inclusion Facilitator role and to agree key deliverables for the role with the postholder</p>	<ul style="list-style-type: none"> <li>- <b>ACHIEVED AND COMPLETE</b></li> <li>- 3 BAME Inclusion Facilitator secondment appointments made (totalling 24 months)</li> <li>- One postholder secured a progression opportunity external to the Trust</li> <li>- Another postholder has secured a permanent progression opportunity within the Trust during 2020</li> <li>- The third postholder has reverse mentored our CEO and is continuing to maintain close links with the Workforce Directorate and to advance a number of inclusion-focussed work programmes despite having completed her secondment</li> <li>- The Workforce Directorate is currently reviewing its structure and this will include consideration of how BAME inclusion can be most effectively supported going forward.</li> </ul> <p>Key deliverables have included:-</p> <ul style="list-style-type: none"> <li>- outreach and engagement with Trust BAME staff</li> <li>- development of the role of the BAME Staff Network</li> <li>- engagement with BAME service users and BAME community groups</li> <li>- advancement and embedding of the inclusive recruitment project</li> <li>- enhanced delivery of Inclusion and Unconscious Bias training through joint training delivery with BAME Inclusion Facilitator</li> <li>- skills development and exposure to Trust senior leadership team gained by BAME Inclusion Facilitator postholders</li> </ul>
<p>5. To have a Trust presence at the West Midlands Black History Month Conference in October 2019 (with a minimum of 7 BAME and 7 white colleagues attending).</p>	<ul style="list-style-type: none"> <li>- <b>ACHIEVED AND COMPLETE</b></li> <li>- The Trust was a sponsor of the 2019 West Midlands Black History Month Conference held in Birmingham on 16<sup>th</sup> October 2019</li> <li>- 10 Trust staff attended (5 BAME and 5 white colleagues)</li> <li>- Range of posts and levels of seniority</li> <li>- The Trust additionally showcased its good practise on developing BAME inclusion by hosting a stall</li> <li>- Trust senior leadership representation on the day via Alastair Forrester, Deputy Director of Nursing</li> <li>- Plans made for similar approach to Black History Month 2020 have unfortunately been hampered by the COVID-19 pandemic and there will not be a conference in the usual sense in 2020.</li> </ul>
<p>6. To produce a local Trust version of the 'Inclusion Starts with I' video and use this to support staff inclusion education and awareness, including Trust Induction.</p>	<ul style="list-style-type: none"> <li>- <b>ACHIEVED AND COMPLETE</b></li> <li>- NSCHT Inclusion Starts With I video launched November 2019</li> <li>- Used within Trust Induction and Introduction to Inclusion and Unconscious Bias Training</li> </ul>

<p>7. To hold regular BAME Staff Network meetings (minimum of 3 annually) and to receive positive feedback about the benefit of these meetings.</p>	<ul style="list-style-type: none"> <li>- <b>ACHIEVED AND ONGOING</b></li> <li>- Amina Begum took over the role of BAME Staff Network Chair from Cherelle Laryea in Q3 of 2019,</li> <li>- Regular BAME Staff Network Meetings have been held (2-3 monthly) with staff participating from a range of services.</li> <li>- The COVID-19 pandemic has meant that face-to-face Network Meetings have not been appropriate since March 2020, however this has presented a new opportunity for virtual meetings, easing access to Network meetings for those not working at the Harplands site and those who are off-duty but wish to attend.</li> </ul>
<p>8. To introduce a BAME Practice Educator Role for a period of 12 months</p>	<ul style="list-style-type: none"> <li>- <b>COMPLETE</b></li> <li>- 12 months+ BAME Education Practice Facilitator secondment appointment (one day per week) completed by BAME colleague working with Department of Nursing</li> <li>- Key deliverables include: <ul style="list-style-type: none"> <li>o Establishment of a programme of support for 4 BAME colleagues with overseas nursing qualifications who are working in non-nursing roles within the Trust to aid them to gain their language testing certificates, with a view to enabling them to take up nursing roles within the Trust (see action 10 below)</li> <li>o Individualised support for BAME colleagues experiencing racist abuse</li> <li>o BAME Students Group established with regular meetings held</li> <li>o Support for BAME colleagues through COVID-19, including in relation to COVID-19 Risk Assessments and work arrangements</li> <li>o This role is now being recruited to on a permanent (substantive) basis.</li> </ul> </li> </ul>
<p>9. Diversity and Inclusion Lead and Workforce Business Partners to link with clinical directorate leadership team to develop directorate priority actions on improving workforce race inclusion.</p>	<ul style="list-style-type: none"> <li>- <b>COMPLETE – New targets to be set for 2020-21</b></li> <li>- Diversity and Inclusion Lead and BAME Inclusion Facilitator engagement with each of the 4 clinical directorates during Q2-3 2019, with Workforce Business Partner support. Discussed BAME workforce and service user goals. Agreed action with regard to seeking improvement in BAME service user recording of ethnicity (to be incorporated into monthly directorate reporting from 2020-21). Discussed aspirational targets and the desirability of BAME representation on interview panels and processes.</li> </ul>
<p>10. To identify and support employees working with the Trust as healthcare support workers who have overseas nursing or other professional nursing qualifications</p>	<ul style="list-style-type: none"> <li>- <b>COMPLETE AND ONGOING</b></li> <li>- Drop-in sessions being held July &amp; August 2019 to enable relevant individuals to share details of their situation and to discuss the various options available and what is involved</li> <li>- 4 individuals identified who were in need of this support</li> <li>- programme of support established and ongoing with a view to enabling them to take up nursing roles within the Trust</li> </ul>



<p>viii. Working with directorate to encourage declaration of ethnicity (and other protected characteristics information) to close the gap of 'ethnicity not known'</p> <p>ix. Developing leadership appraisal objectives on BAME workforce representation</p> <p>x. Developing and supporting our BAME staff network and network chair to drive and actively develop meaningful change</p>	<p><b>Associate Directors with Performance Team</b></p> <p><b>Chair &amp; CEO with SLT</b></p> <p><b>DofWF with D&amp;I Lead</b></p>	<p>Attain 95% compliance in all areas by 31.03.20</p> <p>Part of 2020-21 appraisals</p> <p>Throughout year</p>	
<p><b>ACTION 3:</b></p> <p><b>Deliver a BAME Cultural Development Programme across the Trust.</b> Increase awareness and understanding of BAME inequality issues. Creating an active desire and skills to create change. Trailblazing approach, focusing on developing;</p> <ul style="list-style-type: none"> <li>• Knowledge of theory</li> <li>• Gaining insight into lived experience</li> <li>• Practical application through socially distanced role play using actors</li> </ul> <ul style="list-style-type: none"> <li>- Drive for inclusive change</li> <li>- Skills and confidence to converse and challenge Race and Inclusion issues</li> <li>- Platform on which to build local provider cultural change work</li> <li>- Possible blue-print for wider cultural development across ICS</li> </ul>	<p><b>DofWF with D&amp;I Lead &amp; Leadership Development Lead</b></p>	<p>To be rolled out from Q3 2020-21</p>	
<p><b>ACTION 4:</b></p> <p>To continue the <b>support to the original 3 cohorts of Stepping Up Alumni</b> from across the ICS to ensure that those who originally participated are fully supported to be able to access opportunities for further development, supporting them in advancing their careers in the direction aspired to by each individual.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• Alumni gathering Oct 2020</li> <li>• Cross-Trust/ICS Reverse Mentoring opportunity</li> <li>• Cross Trust BAME Network joint working/event</li> </ul>	<p><b>D&amp;I Lead</b></p>		
<p><b>ACTION 5:</b></p> <p><b>To develop a plan to deliver Wave 2 Staffordshire Stepping Up.</b></p>	<p><b>Dof WF</b></p>	<p>Plan in place by end of March 2021</p>	

<p>There is an identified need for BAME colleagues from across the ICS to gain the opportunity to undertake BAME leadership development. Funding to be identified to deliver a further 1-2 cohorts.</p>	<p><b>With D&amp;I Lead</b></p>		
<p><b><u>ACTION 6:</u></b></p> <p><b>Deliver on our People Plan actions on Race Inclusion</b> Urgent action to address systemic inequality, experienced by some NHS staff, including BAME staff:-</p> <ul style="list-style-type: none"> <li>a) Development of joint action on inclusion across ICS</li> <li>b) Deliver/exceed against Model Employer aspirational targets year on year (as above)</li> <li>c) Develop BAME NED representation (as above)</li> <li>d) Consistently increase our BAME representation at band 6+ annually to reach our Model Employer aspirational targets (and review in light of emerging data on local BAME population)</li> <li>e) Further develop and embed role of staff networks links with Trust Board. Develop cross Trust network links. Have held a system-wide BAME and LGBT+ Network event. Establish dedicated time for Network Leads</li> <li>f) Hold a Leadership Academy session on Race</li> <li>g) Trust BAME Inclusion Cultural Development Programme (as above) – to reach all staff Sept-Dec 2020</li> <li>h) Education across Trust around understanding different cultures and religions</li> <li>i) Lead system wide education piece on race inclusion</li> <li>j) Lead/host MERIT Trusts race inclusion education session</li> <li>k) Develop a more representative pool of coaches and mentors within the Trust</li> <li>l) Deliver second cohort of RM (as above)</li> <li>m) Review, develop and promote flexible working for all staff / roles</li> <li>n) Introduce Carer’s Passport to support colleagues with caring responsibilities</li> <li>o) Talent management approach to supporting the development of staff in underrepresented groups, including BAME, LGBT+ and those with a disability.</li> <li>p) EDI to be part of H&amp;W conversations for all staff</li> <li>q) Introduce measures to provide robust challenge in relation to BAME colleague disciplinary investigations/hearings</li> <li>r) Recruit and develop more BAME colleagues to act as FTSU Champions with a view to being ‘spoilt for choice’</li> </ul>	<p><b>DofWF with D&amp;I Lead / WF Team</b></p>	<p>Within year</p>	

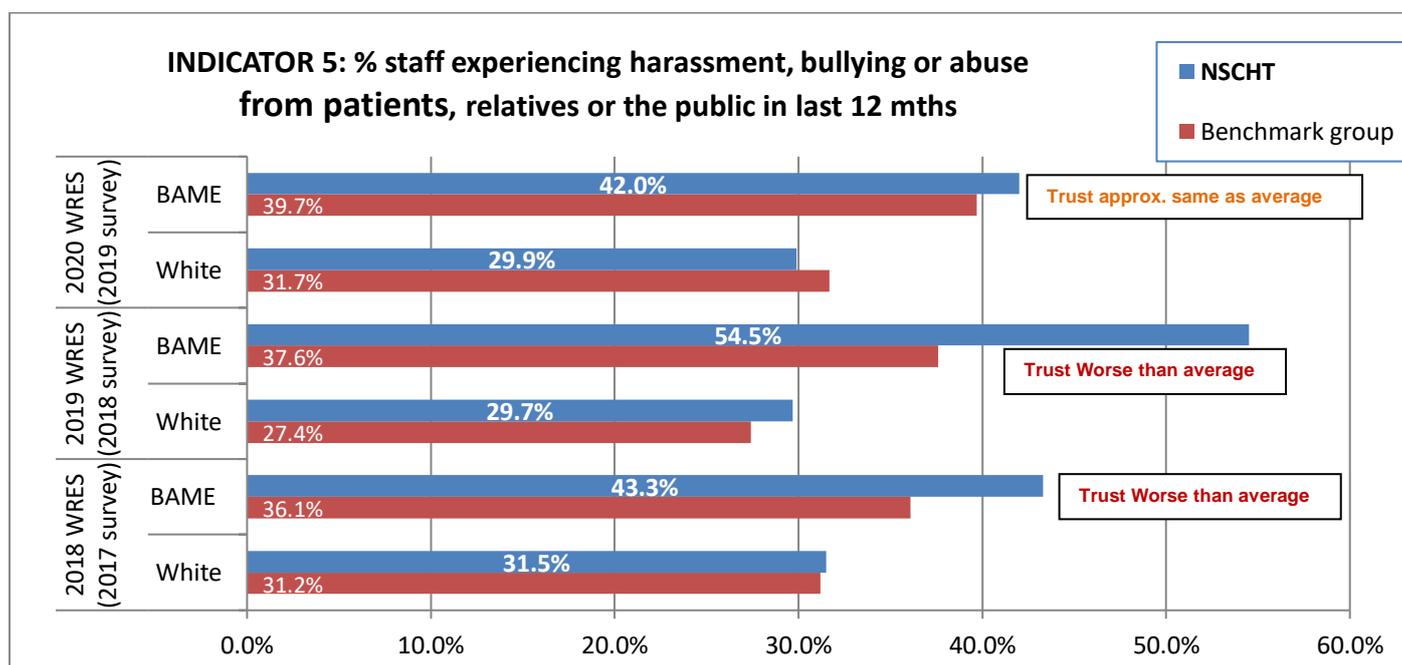
<p><b>ACTION 7:</b></p> <p>The Trust will develop and recruit to a number of <b>new positive action roles</b> where BAME ethnicity will be a Genuine Occupational Qualification for the postholder, working to specifically develop inclusion for our BAME population.</p> <p>Sutherland Centre development. Proposed new 2 x Bd 6 posts &amp; 2 x Bd 3</p>	<p><b>Initial new roles will be in the Stoke Community Directorate</b></p> <p><b>AD: Jane Munton-Davies</b></p> <p><b>Lead manager: Darryl Gwynnitt</b></p>	<p>Appointments made in financial year</p>	<p>North Staffordshire Combined Healthcare NHS Trust</p>
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**APPENDIX 4**

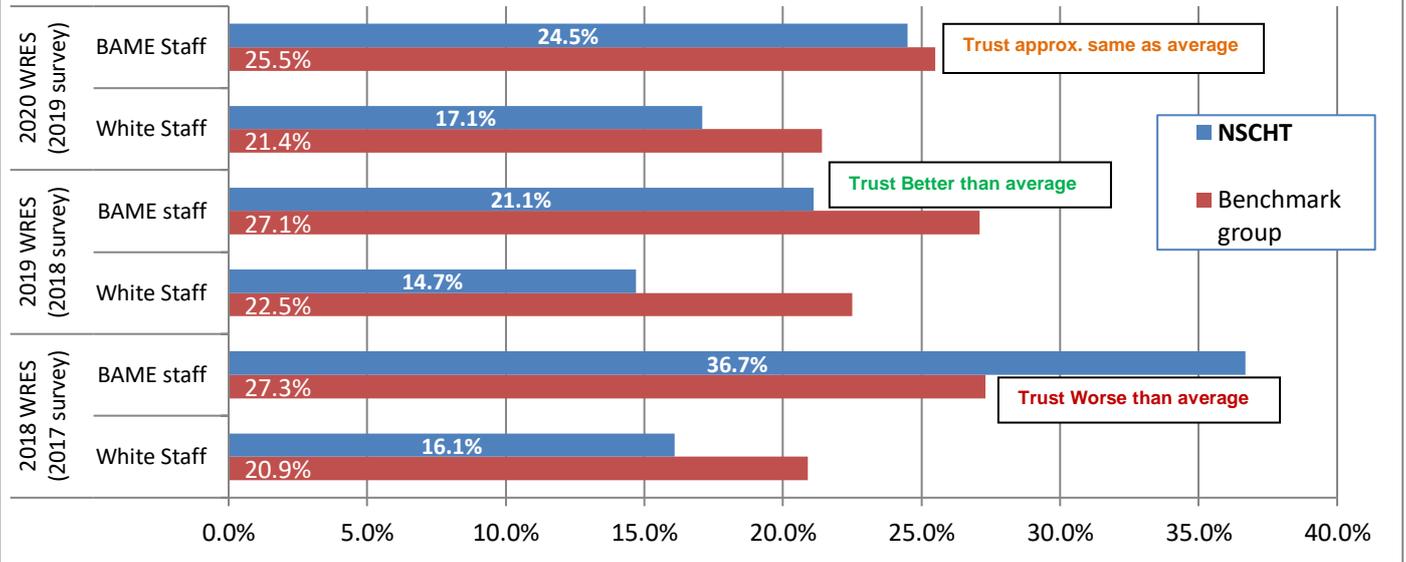
**Trust WRES year-on-year performance summary**

WRES indicator	2016	2017	2018	2019	2020
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.57	1.60	1.45	1.46	Not yet available
<b>NSCHT performance</b>	<b>2.66</b> Worse than average	<b>1.20</b> Better than average	<b>1.96</b> Worse than average	<b>2.07</b> Worse than average	<b>1.89</b>
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.56	1.37	1.24	1.22	Not yet available
<b>NSCHT performance</b>	<b>2.28</b> Worse than average	<b>1.77</b> Worse than average	<b>10.52</b> (outlier) Worse than average	<b>0.88</b> Better than average	<b>2.95</b>
4. Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff	1.11	1.22	1.15	1.15	Not yet available
<b>NSCHT performance</b>	<b>1.13</b> Approx same as average	<b>0.76</b> Better than average	<b>0.95</b> Better than average	<b>0.68</b> Better than average	<b>0.78</b>
9. BME board membership	7.1%	7.0%	7.4%	8.4%	Not yet available
<b>NSCHT performance</b>	<b>7.7%</b> Better than average	<b>7.7%</b> Better than average	<b>15.4%</b> Better than average	<b>14.3%</b> Better than average	<b>23.1%</b>

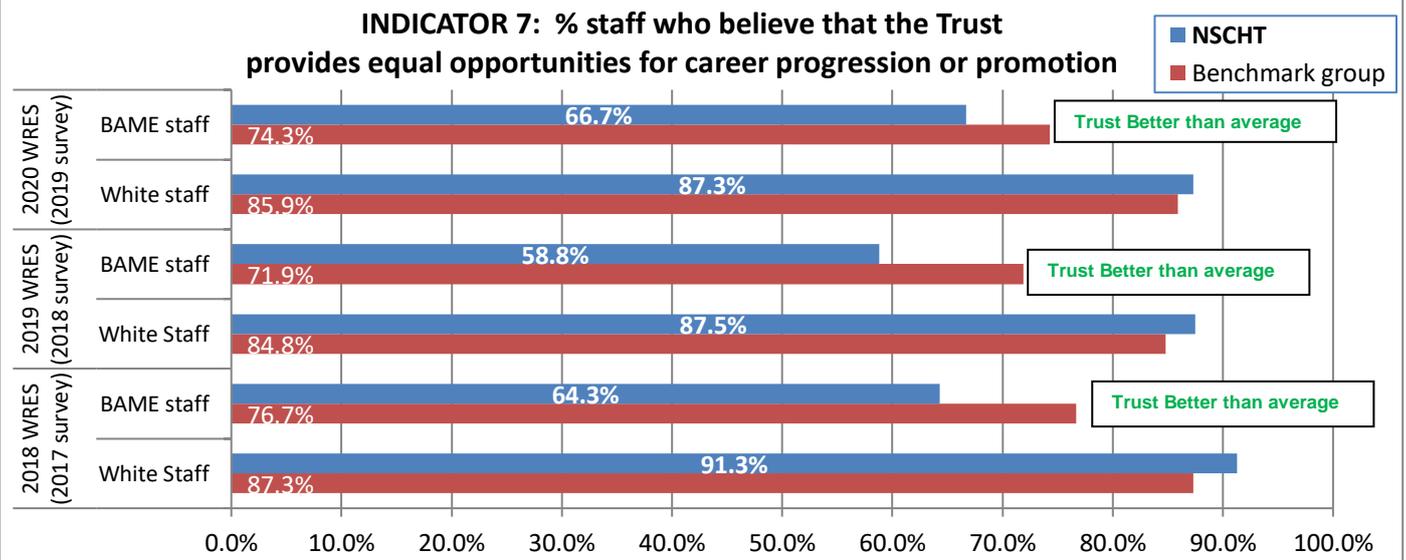
**3 year performance on measures fed by annual NHS Staff Survey:-**



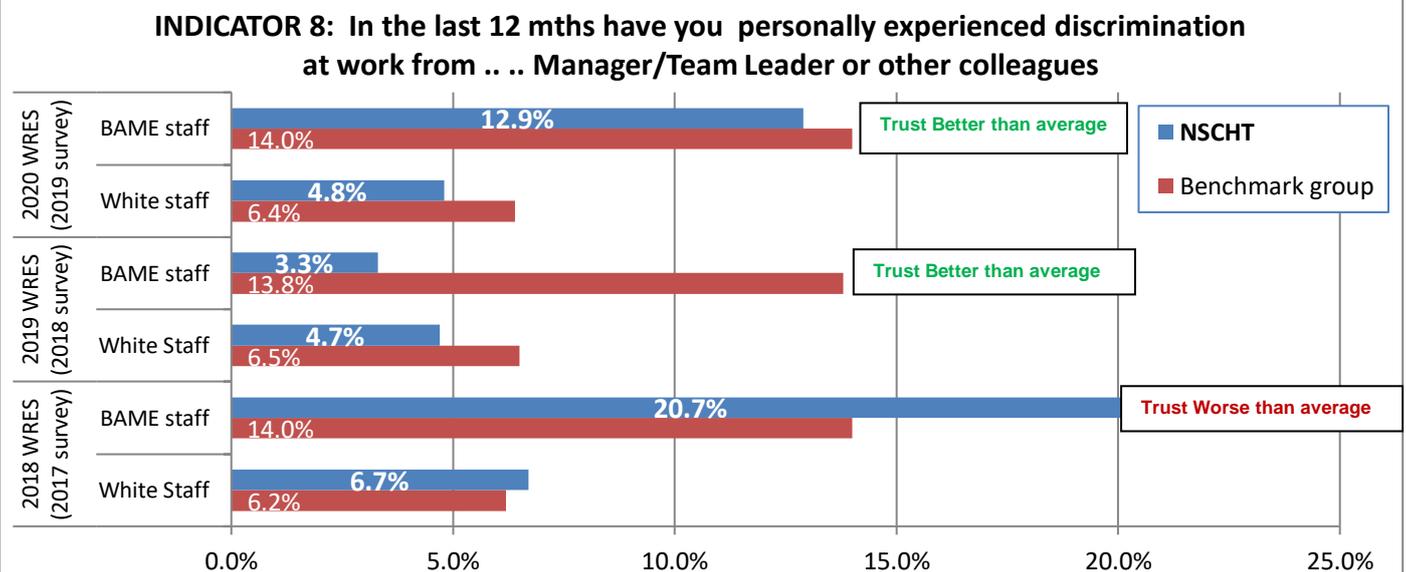
### INDICATOR 6: % staff experiencing harassment, bullying or abuse from staff in last 12 mths



### INDICATOR 7: % staff who believe that the Trust provides equal opportunities for career progression or promotion



### INDICATOR 8: In the last 12 mths have you personally experienced discrimination at work from ... Manager/Team Leader or other colleagues



APPENDIX 5

**Trust Recruitment Data by Ethnicity 2019-20**

<b>Trust WRES recruitment data</b>	<u>All applications</u>	<u>Total Shortlisted*</u>	<u>Total Offered*</u>
<b>APRIL 2019 - MARCH 2020</b>			
White - all white backgrounds	4383	1815	351
BAME - all BAME & mixed backgrounds	1203	439	45
Not known	95	41	7
<b>Total</b>	<b>5681</b>	<b>2295</b>	<b>403</b>

<b>Trust WRES recruitment data</b>	<u>All applications</u>	<u>Total Shortlisted*</u>	<u>Total Offered*</u>
<b>APRIL 2019 - MARCH 2020</b>	<u>%</u>	<u>%</u>	<u>%</u>
White - all white backgrounds	77.2%	79.1%	87.1%
BAME - all BAME & mixed backgrounds	21.2%	19.1%	11.2%
Not known	1.7%	1.8%	1.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

\*Note:  
Shortlisted and Offered data feeds the WRES recruitment indicator calculation (number of applications not included)