Workforce Race Equality Standard (WRES)

2018 Annual Report

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Background

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had 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.

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

In April 2015, NHS England engaged and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16. From 2017, independent healthcare providers were required to publish their WRES data.

The first WRES report was published in June 2016, followed by the second WRES report in April 2017 which covered all nine indicators for the first time.

The second report had three key roles:

- To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda
- To share summaries of what works, good examples and recognising organisations which, at this early stage of WRES implementation, are making progress against the indicators

In the first two years, there have been improvements in some Trusts, although a number of organisations still have a long way to go. These reports can be located via the NHS England website https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BAME board members across the organisation.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes. The next phase of the WRES will focus on enabling people to work comfortably with race equality.

The WRES standard will support organisations to communicate and engage at all levels to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race. Continuously embedding accountability to ensure key policies has race equality built into their core, so that eventually workforce race becomes everyday business.

Alongside the WRES standard, it is important that NHS organisations use the Equality Delivery System 2 (EDS2) to help aid discussions with staff, service users and local partners including local populations and review and improve their performance for people with protected characteristics in line with the Equality Act 2010. By jointly using the EDS2 and WRES standards, NHS organisations can also support to deliver on the Public Sector Equality Duty.

Introduction

The standard has nine metrics which will focus on bullying and harassment, access to promotion and career development, experience of discrimination, as well as local workforce measures including the likelihood of being recruited from shortlisting.

The standard has been introduced in order to support the improvement of working practices to enhance the service we provide by creating a more reflective workforce which will:

- Attract new talent,
- Retain productive, committed and motivated staff,
- Create a culture that harmonises with the local community,
- Help improve access to services

WRES Data Analysis for 2018

BSMHFT submitted their WRES data for 2018 to NHS England on 6th August 2018. The WRES report has been presented at the Integrated Quality Committee (ICQ), Workforce Subcommittee and shared with the Clinical Commissioning Group prior to being placed in the public domain as per regulations set by NHS England.

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. For a full breakdown of indicator 1 (see **Appendix 1**)

		MARCH 2017			Total	MARCH 2018			Total	Change
		WHITE	BAME	ETHNICITY UNKNOWN /NULL		WHITE	BAME	ETHNICITY UNKNOWN/NULL		
1	Number of staff in overall workforce	2148	1372	324	3844	2086	1382	419	3887	43

There was an increase of 43 members of staff compared to 2017.

Indicator 2

Relative Likelihood of Staff being appointed from shortlisting across all posts

				MARCH 2017			MARCH 2018		
				WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
				verified figures	verified figures	verified figures	verified figures	verified figures	verified figures
2	Relative likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	Headcount	2436	2510	324	2135	2689	186
		Number appointed from shortlisting	Headcount	96	95	2	103	121	28
		Relative likelihood of shortlisting/appointed	Auto calculated	0.039	0.038	0.000	0.048	0.045	0.151
		Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.04			1.07		

This year the Trust sees a rise in shortlisted BAME applicants with a slight increase in the number of BAME applicants being appointed from shortlisted.

There is hardly any difference between the likelihood of white staff being appointed from shortlisting compared to BAME staff, similarly to last year which continues to be a great achievement for the Trust.

Indicator 3

Relative Likelihood of Staff entering the formal disciplinary process, as measured by entry into a formal investigation (based on 2 year rolling average of current and previous year)

				MARCH 2017			MARCH 2018		
				WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
				verified figures	verified figures	verified figures	verified figures	verified figures	verified figures
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	Number of staff in workforce	Auto calculated	2148	1372	324	2086	1384	419
		Number of staff entering the formal disciplinary process	Headcount	19	14	2	11	15	4
		Likelihood of staff entering the formal disciplinary process	Auto calculated	0.009	0.010	0.000	0.005	0.011	0.010
		Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		1.15			2.06	

This year the number of staff entering the formal disciplinary process sees a decrease for white staff compared to BAME colleagues.

The relative likelihood of BAME staff entering the formal process has doubled since last year compared to white staff.

Indicator 4

Relative Likelihood of Staff accessing non-mandatory training and CPD

				MARCH 2017			MARCH 2018		
				WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
4	Relative likelihood of staff accessing non-mandatory training and CPD	Number of staff in workforce (White)	Auto calculated	2148	1372	324	2086	1382	419
		Number of staff accessing non-mandatory training and CPD (White):	Headcount	386	161	0	130	98	23
		Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.180	0.117	0.000	0.062	0.071	0.055
		Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.53			0.88		

Indicator 4 highlights white staff are less likely to access non-mandatory training than BAME staff, compared to last year.

BAME staff have a higher likelihood of accessing non-mandatory training than white staff (0.071 compared to 0.062).

Indicator 5

KF 25 Percentage of Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

			MARCH 2017			MARCH 2018		
			WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
			Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	36.05%	39.07%		35.47%	40.08%	

There is a slight difference in % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months between white and BAME staff. BAME staff have reported slightly higher figures in both years. We can also see that there has been an increase in incidents amongst BAME staff compared to their white colleagues in comparison to last year, whereas there has been a decrease amongst white staff.

Indicator 6

KF 26 Percentage of Staff experiencing harassment, bullying or abuse from staff in the last 12 months

			MARCH 2017			MARCH 2018		
			WHITE	BAME	ETHNICITY	WHITE	BAME	ETHNICITY
			Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	28.54%	25.75%		31.64%	32.84%	

There has been an increase for both white and BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months compared to last year. The % has increased by 7% for BAME staff and 3% for white staff.

Indicator 7

KF 21 Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

				MARCH 2017			MARCH 2018		
				WHITE	BAME	ETHNICITY	WHITE	BAME	ETHNICITY
				Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	82.06%	64.38%		77.81%	55.16%	

Compared to the white population, there is a distinctly lower number of BAME staff who believes BSMHFT is an equal opportunities employer. Last year 82% of white staff agreed that BSMHFT is an equal opportunities employer, compared to 64% of BAME staff. This year the same premise remains however the % has decreased for both groups. More so for BAME staff with a significant decrease of nearly 10%.

Indicator 8

In the Last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or other colleagues

				MARCH 2017			MARCH 2018		
				WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
				Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures	Prepopulated figures
8	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	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	8.76%	17.84%		10.35%	21.89%	

Compared to last year, both white and BAME staff have seen an increase in incidents where they have personally experienced discrimination at work from Managers, team leaders or other colleagues. BAME staff remain the higher staff group with twice as many staff (21.89%) experiencing discrimination at work from Managers, team leaders or other colleagues compared to white staff (10.35%).

Indicator 9

			WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
			Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
9	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	Total Board members — Headcount	7	3	3	5	3	5
		of which: Voting Board members — Headcount	7	3	3	5	3	5
		: Non Voting Board members — Auto calculated	0	0	0	0	0	0
		Total Board members — Auto calculated	7	3	3	5	3	5
		of which: Exec Board members — Headcount	4	2	0	3	2	2
		: Non Executive Board members — Auto calculated	3	1	3	2	1	3
		Number of staff in overall workforce — Auto calculated	2148	1372	324	2086	1382	419
		Total Board members - % by Ethnicity — Auto calculated	53.8%	23.1%	23.1%	38.5%	23.1%	38.5%
		Voting Board Member - % by Ethnicity — Auto calculated	53.8%	23.1%	23.1%	38.5%	23.1%	38.5%
		Non Voting Board Member - % by Ethnicity — Auto calculated						
		Executive Board Member - % by Ethnicity — Auto calculated	66.7%	33.3%	0.0%	42.9%	28.6%	28.6%
		Non Executive Board Member - % by Ethnicity — Auto calculated	42.9%	14.3%	42.9%	33.3%	16.7%	50.0%
		Overall workforce - % by Ethnicity — Auto calculated	55.9%	35.7%	8.4%	53.7%	35.6%	10.8%
		Difference (Total Board -Overall workforce) — Auto calculated	-2.1%	-12.6%	14.7%	-15.2%	-12.5%	27.7%

There has been no change in board representation in regards to BAME representation compared to 2017.

Conclusions and Proposed Actions

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) recognised that although some improvements have been made over the last 12 months; there is still a significant amount of work needed to be undertaken in order to embed race equality into everything we do.

The Trust still has a long way to go in terms of achieving its goal of being representative of the local community for BAME. Thus, there is an immediate and long term challenge around addressing a range of social, cultural and organisational factors which conclude in BAME people experiencing poorer employment prospects and experiences than their white counterparts in the NHS. The Action plan will endeavour to elevate the gap between BAME and non BAME staff. It is envisaged by focussing on race, actions will subsequently lead to improved experience across all 9 protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty.

Action Plan 2018/19

A robust WRES action plan has been developed for 2018/2019 (**see Appendix 2**) to address some of the issues that have been identified. It is recommended these actions are implemented and monitored by a Task and Finish group consisting of members from the BAME staff network, Staff Side representatives and leads from operational and corporate areas.

Appendix 1 - Full breakdown of Indicator 1

INDICATOR 1		MARCH 2017			MARCH 2018		
		WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
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	**1a) Non Clinical workforce**						
	Under Band 1	2	6	16	1	9	13
	Band 1	61	30	7	55	31	8
	Band 2	37	18	7	38	19	12
	Band 3	63	26	9	62	21	9
	Band 4	84	42	9	84	44	18
	Band 5	45	26	9	57	23	8
	Band 6	34	15	2	35	18	2
	Band 7	30	11	3	28	11	2
	Band 8A	26	7	2	34	6	1
	Band 8B	19	10	1	17	10	1
	Band 8C	6	5	0	7	3	0
	Band 8D	4	1	2	4	1	2
	Band 9	1	0	0	1	0	0
	VSM	6	2	3	5	3	5
	1b) Clinical workforce of which Non Medical						
	Under Band 1	5	2	7	0	0	5
	Band 1	1	1	0	0	0	0
	Band 2	15	12	9	11	12	12
	Band 3	404	365	59	382	370	69
	Band 4	157	63	7	156	68	25
	Band 5	272	249	60	251	235	77
	Band 6	448	224	59	426	234	84
	Band 7	194	85	23	198	89	26
	Band 8A	71	14	5	79	22	6
	Band 8B	55	11	5	49	12	6
	Band 8C	17	4	3	19	4	3
	Band 8D	6	2	1	6	2	1
	Band 9	0	1	0	0	1	0
	VSM	1	0	0	0	0	0
	Of which Medical & Dental						
	Consultants	47	63	7	50	66	7
	of which Senior medical manager	0	0	0	0	0	0
	Non-consultant career grade	14	41	5	17	43	8
	Trainee grades	23	36	4	14	25	9
	Other	0	0	0	0	0	0

(Table 1)

	MARCH 2017			MARCH 2018		
	WHITE	BAME	ETHNICITY UNKNOWN/NULL	WHITE	BAME	ETHNICITY UNKNOWN/NULL
1a) Non Clinical workforce						
Under Band 1	8.3%	25.0%	66.7%	4.3%	39.1%	56.5%
Band 1	62.2%	30.6%	7.1%	58.5%	33.0%	8.5%
Band 2	59.7%	29.0%	11.3%	55.1%	27.5%	17.4%
Band 3	64.3%	26.5%	9.2%	67.4%	22.8%	9.8%
Band 4	62.2%	31.1%	6.7%	57.5%	30.1%	12.3%
Band 5	56.3%	32.5%	11.3%	64.8%	26.1%	9.1%
Band 6	66.7%	29.4%	3.9%	63.6%	32.7%	3.6%
Band 7	68.2%	25.0%	6.8%	68.3%	26.8%	4.9%
Band 8A	74.3%	20.0%	5.7%	82.9%	14.6%	2.4%
Band 8B	63.3%	33.3%	3.3%	60.7%	35.7%	3.6%
Band 8C	54.5%	45.5%	0.0%	70.0%	30.0%	0.0%
Band 8D	57.1%	14.3%	28.6%	57.1%	14.3%	28.6%
Band 9	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
VSM	54.5%	18.2%	27.3%	38.5%	23.1%	38.5%
1b) Clinical workforce of which Non Medical						
Under Band 1	35.7%	14.3%	50.0%	0.0%	0.0%	100.0%
Band 1	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Band 2	41.7%	33.3%	25.0%	31.4%	34.3%	34.3%
Band 3	48.8%	44.1%	7.1%	46.5%	45.1%	8.4%
Band 4	69.2%	27.8%	3.1%	62.7%	27.3%	10.0%
Band 5	46.8%	42.9%	10.3%	44.6%	41.7%	13.7%
Band 6	61.3%	30.6%	8.1%	57.3%	31.5%	11.3%
Band 7	64.2%	28.1%	7.6%	63.3%	28.4%	8.3%
Band 8A	78.9%	15.6%	5.6%	73.8%	20.6%	5.6%
Band 8B	77.5%	15.5%	7.0%	73.1%	17.9%	9.0%

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

	Band 8C	70.8%	16.7%	12.5%	73.1%	15.4%	11.5%
	Band 8D	66.7%	22.2%	11.1%	66.7%	22.2%	11.1%
	Band 9	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
	VSM	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Of which Medical & Dental						
	Consultants	40.2%	53.8%	6.0%	40.7%	53.7%	5.7%
	of which Senior medical manager	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Non-consultant career grade	23.3%	68.3%	8.3%	25.0%	63.2%	11.8%
	Trainee grades	36.5%	57.1%	6.3%	29.2%	52.1%	18.8%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

(Table 2) – Shows data from Table 1 converted into percentages

Birmingham and Solihull **NHS**
Mental Health NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES) Action Plan: *2018/2019*

The findings and recommendations of the following have been incorporated into the development of this action plan. (The internal audit "Assurance review of Human Resources-Equality and Diversity" September 2018, NHS Trust Birmingham and Solihull Board diagnostic feedback August 2018-Investors in Diversity

WRES Indicators	Action(s)	Timescale for delivery	Progress / RAG Rating	Lead Responsibility
What's currently in place: The Trust have produced an inclusion film showcasing protected characteristics including race. This is available on our Trust website, used at inductions and will be a part of recruitment events. The Trust has produced art work demonstrating that we have staff form across the World providing care to our local communities. We have also created a photo library of staff at different bands and disciplines demonstrating the diversity of our workforce.				
1. BAME representation in the Trust grade bands.	• Deliver a programme of unconscious bias training for all staff	February 2019		Community Engagement and Inclusion Team
	• Undertake a deep dive analysis to understand the BAME bandings within each clinical and corporate area to target interventions.	February 2019		Head of HR -Corporate/Workforce Information Manager
	• Proactively promote BAME role models on the Trusts website.	January 2019		Communications Team Manager

What's currently in place: Recruitment and Selection Policy, Recruitment and Selection Training for Managers, Shortlisting through TRAC: enables rationale for shortlisting; At least 2 people required to shortlist; with Interview assessment sheet to incorporate scoring.				
2. Relative likelihood of staff being appointed from shortlisting across all posts.	• Review and strengthen the unconscious bias training delivered through the recruitment and selection training	March 2019		Recruitment Manager
	• Recruitment and Selection training to incorporate understating of WRES and the fact that BAME staff are less likely to be appointed than White British	January 2019		Recruitment Manager
	• Recruitment and Selection Training to be reviewed by Staff Network chairs	March 2019		Recruitment Manager
	• BAME staff network members to be appropriately trained and participate on recruitment panels. This to be extended to all staff networks.	March 2019		Recruitment Manager Staff Network Co-chairs
What's currently in place: Decision Making Panel DGM - The purpose of the DMG is to ensure that all matters are dealt with fairly and robustly in a consistent manner with swift and proportionate action being taken to address identified concerns in relation to a staff member/s alleged misconduct based on an assessment of the merits of the case.				
3. Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.	• Build on the work of the decision making panel in order to provide challenge and scrutiny on the appropriate formal investigation process	January 2019		Head of HR Operations

	• Decision making process to be incorporated into the Trust Disciplinary Policy	December 2018		Head of HR Operations
	• Review the current pool of managers who are trained to undertake investigations, and assess the ethnic breakdown of that pool.	January 2019		Head of HR Operations
	• Explore with staff networks the delivery for training for its members to support investigations	March 2019		Head of HR Operations
	• Investigation training to be offered to staff networks to support disciplinary investigations	March 2019		Head of HR Operations
What's currently in place: The Learning and Development Team have increased training delivery to sites across the Trust and tailored learning and development interventions to meet the differing needs of the service. This should support accessibility to courses and increase awareness of the resources that are available. The L&D team have also successfully provided a programme of work around functional skills training (Maths and English), where 31 funded places for fundamental skills have been secured through blended learning. Most recently the Trust have nominated a senior manager to participate in the WRES expert's programme.				
4. Relative likelihood of staff accessing non-mandatory training and CPD.	• Take positive action to promote training opportunities and CPD in partnership with the BAME staff network.	January 2019		Head of Learning and Development

What's currently in place: Dignity at Work Policy, Trans Equality Policy for Staff, Health and Wellbeing Support, Occupational Health, Dear John process, 3 active Staff Networks (BAME, LGBT and Disability and Neurodiversity), Mediators, Bullying and Harassment Advisors and Cultural Ambassadors. Equality, Diversity and inclusion lead, staff networks, Freedom to speak up guardian and staff side to work in partnership and address any concerns				
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	Extract actions from staff survey action plan			Head of HR - Corporate
What's currently in place: Dignity at Work Policy, Trans Equality Policy for Staff, Health and Wellbeing Support, Occupational Health, Dear John process, 3 active Staff Networks (BAME, LGBT and Disability and Neurodiversity), Mediators, Bullying and Harassment Advisors and Cultural Ambassadors. Equality, Diversity and inclusion lead, staff networks, Freedom to speak up guardian and staff side to work in partnership and address any concerns				
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	• Launch of Inclusion Advisors to promote awareness of the support available through the Trusts Mediators, Bullying and Harassment Advisors and Cultural Ambassadors	January 2019		Senior Equality, Diversity and Inclusion Lead
	• Explore the development of anti - bullying campaign in partnership with the staff networks, comms and staff side	February 2018		Staff Networks, Staff Side and Communications Team
	• Promote awareness of the behavioural profile to embed values and change behaviour.	January 2019		Head of Learning and Development
What's currently in place				
7. Percentage believing that the Trust provides equal opportunities for career progression or promotion.	• Trust undertakes to offer all staff opportunity to complete the full Investors in Diversity diagnostic. This will provide us with an	March 2019		Community engagement and inclusion Team

	equality impact assessment which is mapped against all 9 protected characteristics and is of great assistance in terms of helping us fulfil section 149 of the Equality Act 2010			
	• Trainings sessions to be arranged for middle managers to look at their responsibility in relation to the Public Sector Equality Duty, what they should be doing about it and how they can set expectations for leadership. This will support the development of a more diverse workforce at none management and Junior management levels, ensuring that relevant equality and diversity policies are understood and followed as live documents.	April 2019		Community engagement and inclusion Team
	• Proactively make available equality documentation on the Trust website demonstrating the Trust commitment to equitable treatment for all staff	January 2019		Community engagement and inclusion Team /Communications Team
	• Fundamental training for line managers to be	March 2019		Head of HR Operations

	reviewed and updated to ensure that equality, diversity and inclusion is explicitly included		
	• Conduct a review into acting up positions to confirm they are concluded as planned and no longer than 6 months.	April 2019	Head of HR Operations
	• Monitor selection processes for acting up and secondment positions to identify any potential adverse impact on BAME Staff.	April 2019	Head of HR Operations
	• Undertake an equality impact assessment on all documents in relation to acting up and secondment arrangements	April 2019	Head of HR Operations/ Staff Network Co-chairs
What's currently in place: Dignity at Work Policy, Trans Equality Policy for Staff, Health and Wellbeing Support, Occupational Health, Dear John process, 3 active Staff Networks (BAME, LGBT and Disability and Neurodiversity), Mediators, Bullying and Harassment Advisors and Cultural Ambassadors. Equality, Diversity and inclusion lead, staff networks, Freedom to speak up guardian and staff side to work in partnership and address any concerns.			
8. In the last 12 months have you personally experienced discrimination at work from any of the following – management/team leader or other colleagues	• Carry out a series of focus groups with BAME staff to understand perceived or real experience of discrimination.	February 2019	BAME Staff Network and Staff Engagement Lead
	• BAME network to be empowered to act as a safe supportive space for staff to raise issues.	Monthly	BAME Staff Network Chairs and Deputy Director of Workforce and Inclusion

	Network chair to meet regularly with deputy director for Workforce and Inclusion to raise concerns and agree actions			
What's currently in place: The Trust Board participated in a board seminar focussing on WRES, led by Roger Kline. The staff networks presented their stories and experiences to the Trust Board. Trust Board participated in the Investors in Diversity Diagnostic focussing on Equality and Diversity.				
9. Board Representation indicator, comparing the difference for White and BME staff.	• Consideration to be given to appointing a designated non-executive Director as Equality and Diversity lead champion	December 2018		Chair of Trust Board
	• Reverse mentoring schemes supported by Nottingham University is recognised nationally as good practice. Develop a proposal for local implementation for the consideration of the Board.	March 2019		Deputy Director of Workforce and Inclusion