

Workforce Race Equality Standard (WRES) - ACTION PLAN

The WRES monitors NHS organisations' performance against **nine indicators** (see table below for the Trust's performance against the indicators). As required by NHS England, the Trust submits the data for the indicators using the appropriate template. As recommended we have also developed this WRES Action Plan which highlights the **issues indicated by the data**, sets out **the approach to developing and implementing the WRES Action Plan** and in tabular form shows the **16 actions** that make up the WRES Action Plan.

Indicators	Summary of data (abridged from WRES template submission)	WRES actions taken from table
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: non-clinical and clinical staff calculated separately.	<ul style="list-style-type: none"> The data for Indicator 1 shows that taking each pay band separately; the percentage of BME staff in that pay band varies from the Trust wide average of 19.8% BME staff. For Clinical staff, from Bands 7 through to 8A – 8D, the percentage of BME is below the Trust average. Non-Clinical roles: Apart from Band 6, all other bands have an under-representation of BME staff 	1 to 9
Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.	<ul style="list-style-type: none"> In 2015/16, a white staff member is 1.454 times more likely to be appointed than a BME staff member. In 2014/15, a white staff member was 1.592 times more likely to be appointed than a BME member of staff 	1 to 9
Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, based on data from a two year rolling average of the current year and the previous year.	<ul style="list-style-type: none"> 2015/16 - 58 of 3155 white staff disciplined; 19 of 832 BME staff disciplined. A BME member of staff was 1.278 times more likely to be disciplined than a white member of staff. 2014/15 - 68 of 3189 white staff disciplined; 23 of 785 BME staff disciplined. A BME member of staff was 1.374 times more likely to be formally than a white member of staff. 	10 to 13
Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD. (CPD includes professional development courses as well as training for the unqualified workforce.) The figures are based on the number of applications received by the Learning & Development Team.	<ul style="list-style-type: none"> 2015/16: Workforce: White is 3155; BME 832 <ul style="list-style-type: none"> Accessing CPD Training: White staff 550; BME staff 99 Relative likelihood of white staff being appointed from training is 1.41 times greater. 2014/15: Workforce: White 3189; BME 785 <ul style="list-style-type: none"> Accessing CPD Training: White, 657; BME, 113 Relative likelihood of white staff being appointed from training is 1.43 times greater 	5 and 9
Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> 2015/16 – 23% of White staff versus 25% of BME staff 2014/15 – 21% of White staff versus 32% of BME staff 	14
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in	<ul style="list-style-type: none"> 2015/16 – 19% of White staff versus 27% of BME staff 2014/15 – 19% of White staff versus 23% of BME staff 	10 to 13

Indicators	Summary of data (abridged from WRES template submission)	WRES actions taken from table
last 12 months.		
Indicator 7: Percentage believing that trust provides equal opportunities for career progression/ promotion.	<ul style="list-style-type: none"> 2015/16 – 91% of White staff versus 74% of BME staff 2014/15 – 88% of White staff versus 76% of BME staff 	1 to 9
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	<ul style="list-style-type: none"> 2015/16 – 5% of White staff versus 14% of BME staff 2014/15 – not applicable 	1 to 13
Indicator 9: Percentage difference between the organisations’ Board voting membership and its overall workforce.	<ul style="list-style-type: none"> 2015/16 – 83% White, 17% BME 2014/15 – 100% of White Berkshire population: white 80%, BME 20% 	15 and 16

The issues indicated by the data are that:

1. Whilst there do not appear to be barriers to joining Berkshire Healthcare in the more junior qualified and non-qualified roles, you are less likely to be recruited or promoted into the higher grades
2. There does not appear to be equality of treatment and / or opportunity in our basic people management practices: recruitment, selection, how we offer continuous professional development, how we discipline and performance manage, and how we prevent /deal with complaints of bullying, harassment and discrimination

Approach to developing and implementing the WRES Action plan (see table below):

- The action plan is based on feedback from staff (confidential focus groups with BME staff, the BME Staff Network members, the EDS2 Employment Panel, and good practice. When the guidance from the national WRES team on evidenced based solutions is published, the task and finish group will have regard to that. They will have the option to amend the WRES Action Plan giving greater priority to solutions that have the weight of evidence and national support behind them. Consultation will be a continuing feature of developing and implementing solutions
- The WRES Action Plan has Executive Director Sponsorship from the Chief Operating Officer
- To support improved performance against the indicators, the Trust has committed resources to achieving the WRES Action Plan – a WRES Task and Finish Group, with a dedicated project lead
- The WRES task and finish group will work out the detailed actions needed, and will set SMART¹ objectives around implementation. For example where the solution is to train managers, the task and finish group will look at what this means in practice: who should be trained, in what, by what methods, by when and at what cost.

¹ SMART objectives are Specific, Measurable, Achievable, Relevant and Time-lined.

- The WRES task and finish group will monitor delivery of the action plan. Bearing in mind that the indicators will be improved over the medium to longer term the effectiveness of the plans will be measured by the annual changes in the indicators. Advice from the WRES national team on measurement will also be sought
- Delivery of the action plan will need Operational Locality Directors and Corporate Service Directors to own delivery of the WRES Action Plan in their areas. The task and finish group will be responsible for informing and raising understanding that managers have of the indicators, the actions needed to improve them and the responsibilities directors and their teams need to take to ensure achievement of the plan
- The actions in the WRES Action plan can have a positive impact on more than one indicator. The table below show that and also that each indicator is being acted upon – some directly (**green**); some indirectly (**amber**)

WRES ACTION PLAN – table showing the specific actions and the indicators they should directly improve (cell shaded in dark green) and those that they should indirectly but positively affect (amber)	WRES Indicators								
	1	2	3	4	5	6	7	8	9
1. Train managers in how to recruit and select fairly, by incorporating unconscious bias training into recruitment training	Dark Green	Dark Green					Dark Green	Dark Green	
2. Promote successful role models	Dark Green	Dark Green					Dark Green	Dark Green	
3. Implement a mentoring and coaching programme open to all staff but prioritising take up by BME staff, this will provide advice on career planning and gaining promotion in the trust.	Dark Green	Dark Green					Dark Green	Dark Green	
4. Make career planning an integral part of the appraisal so that as a matter of course a career plan is developed, linked to personal development objectives and consideration of 'on the job' development opportunities: secondments and projects	Dark Green	Dark Green					Dark Green	Dark Green	
5. Enable staff to apply directly for CPD through a central (ideally) online system	Amber	Amber		Dark Green			Amber	Dark Green	
6. Monitor to detect any unfair bias in decisions taken by line managers or Learning and Development professionals to approve or reject applications	Dark Green	Dark Green					Dark Green	Dark Green	
7. Include an independent observer or greater ethnic diversity on recruitment panels for senior manager jobs	Dark Green	Dark Green					Dark Green	Dark Green	
8. Advertise jobs in line with policy	Dark Green	Dark Green					Dark Green	Dark Green	
9. Monitor to detect any unfair bias in decisions taken by line managers or Learning and Development professionals to approve or reject applications	Amber	Amber		Dark Green			Amber	Dark Green	
10. Make unconscious bias training mandatory for anyone responsible for implementing formal disciplinary processes, bullying and harassment and discrimination			Dark Green			Dark Green		Dark Green	
11. Disciplinary procedures: – Where practical in the circumstances, include a senior BME clinician / manager on a disciplinary panel; they must have done the unconscious bias module and either the Essential Knowledge for New Manager or the Excellent Manager Programme. If a BME manager is not willing or able to participate without holding up the process, the proceedings will need to go ahead.			Dark Green			Dark Green		Dark Green	
12. Audit a sample of formal disciplinary proceedings for evidence of fairness or inequality of treatment.			Dark Green			Dark Green		Dark Green	
13. As part of the formal disciplinary proceedings, a member of staff will be asked, “Do you think the process was fair?” If they do not it will give the line manager the chance to consider what they might do. This does not take away an individual’s right to appeal against the decision or process.			Dark Green			Dark Green		Dark Green	
14. Make unconscious bias training essential for anyone (not just line managers) with responsibility for addressing bullying or harassment issues by patients, relative or the public against staff					Dark Green				

WRES ACTION PLAN – table showing the specific actions and the indicators they should directly improve (cell shaded in dark green) and those that they should indirectly but positively affect (amber)	WRES Indicators									
	1	2	3	4	5	6	7	8	9	
15. Train those involved in the appointment of non- executive Governors and Chair of Governors in unconscious bias training.										
16. Review where and how we advertise for non- executive board posts										