

Berkshire Healthcare WRES Report 2020

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| Title | Workforce Race Equality Standard Report (WRES) 2020 |
| Purpose | To provide a summary of BHFT's 2020 Workforce Race Equality Standard (WRES), along with the associated action plan. |
| Business Area | Corporate |
| Author | Thanda Mhlanga (OD Lead for Equality & Diversity) Joe Smart (Head of Training & OD) |
| Relevant Strategic Objectives | As part of our "Supporting our Staff" objective we: <ul style="list-style-type: none"> • Have a duty of care for our members of staff who come from Black, Asian and Minority Ethnic (BAME) backgrounds. • Undertake to facilitate an inclusive, supportive and fair organisational culture that is underpinned by a moral obligation to ensure that every member of our diverse workforce has a sense of belonging and a positive working experience. |
| CQC Registration/Patient Care Impacts | Improving employee well-being will positively impact patient care outcomes. The WRES is part of the CQC "Well-led" domain. |
| Resource Impacts | N/A |
| Legal Implications | The Equality Act 2010. Public Sector Equality Duty |
| Equality and Diversity Implications | The WRES is a requirement for all NHS Trusts and part of the NHS standard contract. The WRES results are an important driver of our equality and inclusion activity in relation to our BAME staff. |
| SUMMARY | <p>This paper presents BHFT's 2020 Workforce Race Equality Standard (WRES) data and action plan. The WRES was mandated through the NHS standard contract from April 2015. It is a mirror that allows NHS Trusts to visualise workplace inequalities between Black and Minority Ethnic (BME) and White staff through nine key indicators and then devise countermeasures for ameliorating the gaps. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey (NSS) questions, and one indicator focuses on BME representation at Board level.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • The Trust's BME staff representation has continued to rise gradually over the years. However, this is confined to low level bands/roles – issues around BME representation at Board level remain. • White applicants continue to have an advantage over their BME counterparts at recruitment. • BME staff are more likely to be referred to the formal disciplinary process than White members of staff. • Staff from BME backgrounds continue to experience significantly higher levels of harassment, bullying and abuse from both patients and staff than their White peers. |

- A significant number of BME staff experience discrimination at work from their managers and colleagues.
- BME members of staff perceive their prospects of career development and progression as bleak.

Whilst it is clear from the results is that BHFT is above national average in most of the key indicators and that gradual progress is being made in closing the gap between White and BME staff's lived experiences, it is apparent that more effort is required – some of the resilient challenges remain in situ.

Workforce Race Equality Standard Report (WRES) 2020

1. Introduction

This paper presents Berkshire Healthcare NHS Foundation Trust's Workforce Race Equality Standard (WRES) results for 2020, along with the associated Action Plan. It was approved by the Strategic People Group (SPG) and Board for publication on the Trust's website in October 2020, as required by NHS England. This WRES comprises the previous year's results as well as information from other Trusts to facilitate benchmarking.

2. Background

This is the Trust's 5th annual WRES submission since its inception in 2015. The nine key indicators that underpin the WRES have played a key role in the incremental progress that the Trust is making towards the amelioration of issues around racial inequality and BME representation within the Trust. It is required that we publish our results and the resultant Action Plan.

3. WRES: an overview of the key findings

3.1 WRES indicator 1: Percentage of staff in each of the Agenda for Change pay bands 1-9, and VSM (Very Senior Manager) grades.

As at 31st March 2019 the Trust employed 4,328 members of staff: 71% were White and 23% were from a BME background. However, by 31 March 2020 the BME staff population had increased slightly to 25% - See the snapshot in Appendix 1 (Figure 1 and Figure 2).

Highlights

- A gradual increase in BAME representation over the last few years.
- BME employees currently make up 20% (one in five) of the NHS workforce – with a 25% BME staff population, BHFT sits 5 percentage points above national average.
- The Trust has continuously surpassed its target of 20% BME staff employed in bands 5-7.
- Gradual progress has been made across the Band 8 pay band for the clinical workforce: the Band 8a cohort increased from 33(17%) to 42(20%), the Band 8c BME cohort has doubled from 3(13%) to 6(27%), also there were no Band 8d BAME clinicians in 2019 – there are 2(11%) in 2020.

However, beneath this gradual improvement there are historic and deep-seated challenges that remain. These challenges are captured in Appendix 2 (Table 1 and Table 2). The two tables are a granular presentation of the numbers and percentages of BME and White staff employed across the Agenda for Change pay bands.

The following key issues are highlighted:

- The largest numbers of BME staff are employed in bands 1 -7, with under-representation throughout Middle and Senior Management Bands (Band 8a – VSM).
- The Trust has continuously surpassed its target of 20% BME staff employed in bands 5-7 but this is not replicated in the highest bands.
- The non-clinical cohort at Band 8b was increased from 32 staff in 2019 to 41 in 2020, however none of the 9 appointees came from a BME background.

- There are very limited changes in the percentages of BME staff employed in medical and dental roles – see Appendix 2 (Table 3).

3.2 WRES Indicator 2: Relative likelihood of White applicants being appointed from shortlisting compared to BME applicants.

The data presented in this section highlighted three key issues:

- Across NHS Trusts in England, White applicants are more likely to be appointed from shortlisting compared to BME applicants. The BHFT results mirror that – see Table 4 in Appendix 2.
- After seeing gradual improvements in the first three years of the implementation of WRES, BHFT's current likelihood figure of 1.46 (an increase from 1.27 in 2018) indicates that the Trust has gone back to where it was four years ago (2016) - more safeguards are required.

3.3. Indicator 3: Relative likelihood of a BME member of staff entering the formal disciplinary process compared to white staff.

A number of key issues emerged from the statistics presented in Table 5 in Appendix 2:

- In 2018 BHFT had a score of 5.56, which placed it in the top 4 trusts in England with the relative likelihood of BME staff to enter the formal disciplinary process compared to White staff.
- An Action Plan to achieve improvement in this area was put in place in 2019, with the aim of achieving parity between white and BME staff – the likelihood was slashed by 32% to 1.76.
- We are working with the Director of Nursing and the Frimley ICS to identify the reasons for this and to adopt a new approach to case working based on the principles of Just Culture.

3.4. Indicator 4: Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff.

Last year (2019), the average relative likelihood of a White member of staff accessing non-mandatory training and CPD in England was 1.15 – BHFT's figure was slightly better at 0.97, which is close to parity. However, as at 31 March 2020, the BHFT gap had risen to 1.59. Whilst, improvements continue to be made – there is need to push for 0.8-1.2, the target non-adverse range for this indicator.

3.5. Indicator 5: Percentage of BME staff experiencing harassment, bullying and abuse from patients, relatives or the public in last 12 months.

This indicator, along with indicators 6, 7 and 8, takes information from our NHS Staff Survey which was reported to the board in September 2020. For 2019, the figure for this indicator was 30%. This is slightly higher than the White colleagues' response rate of 25%.

These figures are within national trends: 29.8% of BME staff and 27.8% White staff (2018) reported the experience of harassment, bullying or abuse from patients, relatives or the public. These figures have been relatively consistent for the past four years. Reducing bullying and harassment has been one of our biggest priorities as a Trust, and has also been prioritised by our Equality, Diversity and Inclusion Strategy as an area for action in 2020/21.

Our annual plan on a page for 2020/21 includes the statement “We will promote an inclusive and compassionate culture, with zero tolerance of aggression, bullying and exclusion, and reduce assaults on staff by 20%”.

A video has been produced for use in internal training and staff events, and posters will be used in staff and patient areas to provide a clear message that bullying and harassment is unacceptable, and to encourage staff to address incidents and follow them up appropriately.

OD team to do a deep dive into areas with high bullying and harassment.

3.6. Indicator 6: Percentage of staff experiencing harassment, bullying and abuse from staff in the last 12 months.

The percentage of BME staff experiencing harassment, bullying and abuse from staff was 20% in 2019 – a decrease from 26.2% reported in 2018. For a White member of staff the percentage was 15% - a drop from 20% reported the previous year. These figures compare favourably with the national averages of 29% and 24.2% for the respective groups. However, it is not acceptable that 1/5 of our staff feel bullied or harassed by colleagues at work.

Reducing bullying and harassment from staff is arguably more under our own influence than that exhibited by members of the public, we have run the Making it Right Programme for both BME staff and managers. We are currently reviewing this programme as part of our EDI Strategy and our Leadership and Talent Management Strategy.

Our Freedom to Speak Up Guardian has made good links with our staff networks, and our Freedom to Speak Up champions are a diverse group based in several trust locations to give the marginalised section of the workforce a voice and confidence to speak.

We recognise how serious an impact that bullying, harassment and abuse can have on individuals, and therefore will continue our work to ensure that our training for managers includes best practice content regarding reducing bullying and harassment.

3.7. Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career development or promotion.

The percentage of BME staff who believed that the Trust provided equal opportunity for career development and/or promotion stood at 76% - an increase from 68.4% in 2018. The percentage for white staff increased slightly from 89.2% in 2018 to 91% in 2019. One would note here that we are about 5 percentage points above the national average of both groups.

We have taken action to introduce a process which enables training applications and decisions to support or decline these to be monitored centrally, and will review this process during the coming year to identify its impact and any amendments required.

We will also publicise the equality of access to non-mandatory training and CPD, specific opportunities that have been taken up by our BAME staff, the achievements gained by individuals as well as the increasing numbers of BME staff in higher bands.

3.8. Indicator 8: In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleague.

The percentage of BAME staff that personally experienced discrimination from a manager, team leader or colleague fell slightly to 13% from 16.9% the previous year. The percentage for white staff remained relatively stable at 6% from 6.8% the previous year.

These figures are consistent with the average national WRES percentages: 15.3% BME staff experienced discrimination personally at work in 2018 compared to 6.4% of their white counterparts.

Our effort to reduce discrimination is focussed on:

- Leadership behaviour
- Provision of good quality management training
- Communications
- Use of reliable and robust data – to understand the experiences of our staff and proactive use of data to address areas of concern

3.9. Indicator 9: Percentage difference between the organisation's board voting membership and its overall workforce.

Our percentage of BME Board members remains at 15.4%. There is a shortfall of 7.2% BME Board representation in comparison to the workforce. The overall NHS average BME membership of trust boards is 7%, with 5.4% unknown.

4. Progress since the 2019 WRES report

Progress has been made in some of the indicators: we are making slow but steady progress and the Making It Right programme did start to make some impact. However, we also recognise via NSS responses that there has been stagnation and regression in some areas since last year. Therefore, sustained effort is required to achieve resilient improvement.

We are seeking to bring about a sustained change in attitudes and behaviours using interventions that will develop and empower BME staff, as well as increase the competence of managers, and therefore improve the experience of our BME staff and achieve our ambitions for equality and inclusion. As with our other organisational development initiatives, we recognise that implementation and realisation of the benefits will take time and requires unwavering commitment. We need to work on both structure and agency.

Our BAME staff network continues to grow and has become a powerful source of support, awareness raising, information sharing and inspiration for our organisation. Our WRES action plan includes prioritisation of support for the network and collaboration with the network on actions to address workforce composition, likelihood of entering the formal disciplinary process and experience of bullying and harassment.

Our Making It Right initiative has laid a firm foundation for culture change within the Trust and inspired participants towards career progression. The programme is made up of four one day workshops which are aimed at developing participants' attitude, knowledge and skills, enabling them to: communicate in a range of professional settings; compete effectively for jobs; and feel empowered to conduct themselves constructively when faced with discrimination or conflict at work. An important part of the programme is individual mentorship provided by senior leaders and managers within the Trust. More than a third of Making It Right graduates have already secured promotion and others have been seconded to higher positions. This highlights the significant role that the programme has played in their success. We are currently reviewing how we can build on this programme to facilitate an inclusive ethos, allyship and eliminate possibilities of "othering".

Making It Right for managers has been developed and piloted this year, and evaluation is in progress. The pilot included sharing information about our workforce (NSS responses, recruitment,

turnover and sickness data) and provided a forum for discussion about the actions required to improve the poorer experiences of BME, disabled and LGBT staff.

In addition to the MIR programme there have been a number of Human Resources initiatives that are discussed in detail in the following sections.

4.1. Recruitment

A number of options to increase rates of appointment of BME staff from shortlisting have been considered, including inclusion of BME representation in shortlisting and interview processes. This work will be reviewed with the BAME Network, Joint Staff Consultative Committee and operational managers to identify practical steps to enhance our BME staff recruitment and retention at bands 8a and above, supported by clear targets and trajectories agreed.

“Enhanced Application and Interview Skills” continues to form part of the Making It Right programme.

4.2. Casework

Human Resource Casework reports are provided every six months to the Trust Executive and include a breakdown of cases by protected characteristics.

We will continue to focus on the over-representation of BME staff in formal disciplinary processes including through our Just Culture work.

We have identified the Royal College of Nursing Cultural Ambassador programme as a source of learning for potential local implementation. This programme is designed to recruit staff from BAME backgrounds at Band 6 and above, and place them alongside investigating managers and disciplinary and grievance panels involving BAME staff, in order to identify and challenge any potential bias and discrimination. The programme works in partnership between the RCN and NHS Trusts, with the RCN offering training and ongoing support under a reflective model. Trusts commit, to release CA candidates for training and to fulfil the role. Training in mediation in employee relations issues has taken place – this will facilitate the resolution of problems without entering into formal processes.

Unconscious bias training has been in place since January 2017, and we have trained trainers, who deliver statutory, mandatory and core management training, in how to avoid unconscious bias in their training materials and delivery. They have reviewed and amended their courses accordingly, adding an unconscious bias section as necessary. This review has included leadership programmes such as Excellent Manager, Essential Knowledge for New Managers, Values Based Recruitment and Human Resources case management and investigations.

4.3. CPD and Mentoring

An online application system has been implemented to monitor the access of CPD and training. This allows our Learning and Development team to more readily monitor the protected characteristics of applicants who are shortlisted and approved and whose applications are not approved. This process will now be reviewed to understand its impact and to identify changes needed.

Working with the BME staff network, the Training and Organisational Development team have been expanding the number and diversity of the pool of mentors available, encouraging staff from across the Trust to register and ‘sign up’ for the Making It Right specific mentoring and coaching training.

The feedback received about the mentoring element of the Making It Right programme has identified how important this is to the success of the programme.

Appendices

Appendix 1: Non-Clinical Workforce 2019-20

Figure 1: Non-Clinical Workforce 2019

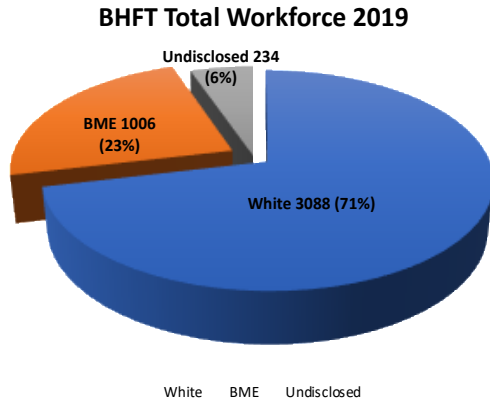
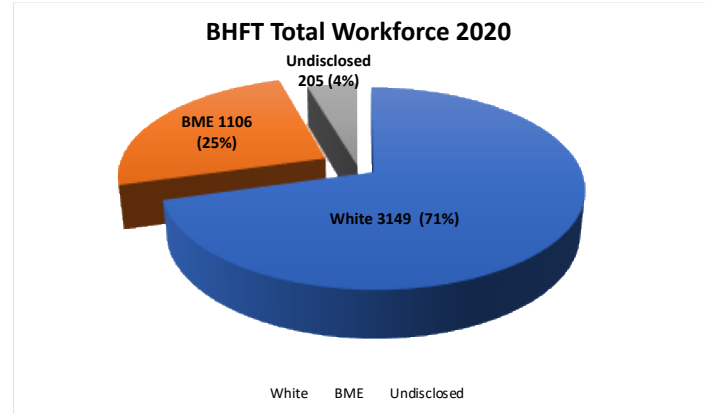


Figure 2: Non-Clinical Workforce 2020



Appendix 2: Non-Clinical Workforce 2019-20

Table 1: Non-Clinical Workforce 2019-2020

| Pay Band | 2019 Non-Clinical Workforce Data | | | | Non-Clinical Workforce Data 2020 | | | |
|--------------|----------------------------------|------------|------------|-------------------|----------------------------------|------------|------------|-------------------|
| | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown |
| Under Band 1 | 10 | 3 (30%) | 1 (10%) | 6 (60%) | 9 | 5 (56%) | 3 (33%) | 1 (11%) |
| Band 1 | 38 | 24 (63%) | 11 (29%) | 3 (8%) | 19 | 12 (63%) | 6 (32%) | 1 (5%) |
| Band 2 | 130 | 107 (82%) | 16 (12%) | 7 (5%) | 144 | 116 (81%) | 25 (17%) | 3 (0%) |
| Band 3 | 261 | 214 (82%) | 42 (16%) | 5 (2%) | 261 | 203 (78%) | 52 (20%) | 6 (0%) |
| Band 4 | 241 | 175 (73%) | 53 (22%) | 13 (5%) | 255 | 191 (75%) | 54 (21%) | 10 (4%) |
| Band 5 | 112 | 84 (75%) | 21 (19%) | 7 (6%) | 121 | 90 (74%) | 24 (20%) | 7 (6%) |
| Band 6 | 124 | 91 (73%) | 29 (23%) | 4 (3%) | 129 | 96 (74%) | 30 (23%) | 3 (2%) |
| Band 7 | 85 | 54 (64%) | 25 (29%) | 6 (7%) | 92 | 60 (65%) | 32 (35%) | 3 (3%) |
| Band 8a | 68 | 55 (81%) | 10 (15%) | 3 (4%) | 74 | 58 (78%) | 15 (20%) | 1 (1%) |
| Band 8b | 32 | 28 (87%) | 2 (6%) | 2 (6%) | 41 | 37 (90%) | 2 (5%) | 2 (5%) |
| Band 8c | 31 | 25 (81%) | 6 (19%) | 0 (0%) | 32 | 26 (81%) | 5 (16%) | 1 (3%) |
| Band 8d | 10 | 6 (60%) | 2 (20%) | 2 (20%) | 12 | 8 (67%) | 1 (8%) | 3 (25%) |
| Band 9 | 4 | 2 | 1 | 1 | 4 | 1 | 1 | 2 |
| VSM | 3 | 1 | 0 | 2 | 3 | 2 | 0 | 1 |
| Total | 1149 | 869 | 219 | 61 | 1119 | 905 | 250 | 44 |

Table 2: Clinical Workforce Data 2019-2020

| Pay Band | 2019 Clinical Workforce Data | | | | 2020 Clinical Workforce Data | | | |
|--------------|------------------------------|-------------|------------|-------------------|------------------------------|-------------|------------|-------------------|
| | Total Clinical Staff | White | BME | Ethnicity Unknown | Total Clinical Staff | White | BME | Ethnicity Unknown |
| Under Band 1 | 15 | 7 (47%) | 3 (11%) | 5 (33%) | 8 | 5 (63%) | 2 (25%) | 1 (13%) |
| Band 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Band 2 | 166 | 77 (46%) | 81 (49%) | 8 (5%) | 162 | 71 (44%) | 84 (51%) | 7 (1%) |
| Band 3 | 370 | 270 (73%) | 87 (24%) | 13 (4%) | 371 | 266 (72%) | 98 (26%) | 7 (2%) |
| Band 4 | 340 | 264 (78%) | 58 (17%) | 18 (5%) | 344 | 264 (77%) | 68 (20%) | 12 (3%) |
| Band 5 | 358 | 262 (73%) | 129 (36%) | 29 (8%) | 428 | 266 (62%) | 138 (32%) | 24 (6%) |
| Band 6 | 824 | 606 (74%) | 183 (22%) | 35 (4%) | 838 | 601 (69%) | 199 (24%) | 38 (5%) |
| Band 7 | 558 | 422 (76%) | 121 (22%) | 15 (3%) | 591 | 448 (76%) | 126 (21%) | 17 (3%) |
| Band 8a | 194 | 155 (80%) | 33 (17%) | 6 (3%) | 207 | 163 (79%) | 42 (20%) | 2 (1%) |
| Band 8b | 59 | 53 (90%) | 6 (10%) | 0 (0%) | 63 | 57 (90%) | 6 (10%) | 0 (0%) |
| Band 8c | 23 | 18 (78%) | 3 (13%) | 2 (7%) | 22 | 16 (73%) | 6 (27%) | 0 (0%) |
| Band 8d | 18 | 18 (100%) | 0 (0%) | 0 (0%) | 18 | 16 (89%) | 2 (11%) | 0 (0%) |
| Band 9 | 3 | 3 (100%) | 0 (0%) | 0 (0%) | 5 | 5 (100%) | 0 (0%) | 0 (0%) |
| VSM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 2990 | 2155 | 704 | 131 | 3057 | 2178 | 771 | 108 |

Table 3: Clinical (Medical & Dental) Workforce Data 2019-2020

| Pay Band | 2019 Clinical (Medical & Dental) Workforce Data | | | | 2020 Clinical (Medical & Dental) Workforce Data | | | |
|-----------------------------|---|-----------|-----------|-------------------|---|-----------|-----------|-------------------|
| | Total Medical & Dental Staff | White | BME | Ethnicity Unknown | Total Medical & Dental Staff | White | BME | Ethnicity Unknown |
| Consultants | 107 | 39 (36%) | 54 (50%) | 14 (13%) | 82 | 29 (35%) | 38 (46%) | 15 (18%) |
| Snr Medical Manager | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-consultant Career Grade | 63 | 23 (37%) | 28 (44%) | 12 (19%) | 94 | 35 (37%) | 43 (46%) | 16 (17%) |
| Trainee Grade | 19 | 2 (11%) | 1 (5%) | 16 (84%) | 28 | 2 (7%) | 4 (14%) | 22 (79%) |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 189 | 64 | 83 | 42 | 204 | 66 | 85 | 53 |

Table 4: Likelihood of White staff being appointed over BME staff

| | 2016 | 2017 | 2018 | 2019 |
|------------|------|------|------|------|
| NHS Trusts | 1.57 | 1.60 | 1.45 | 1.46 |
| BHFT | 1.46 | 1.36 | 1.27 | 1.46 |

Table 5: Relative likelihood of a BME member of staff entering the formal disciplinary process

| | 2016 | 2017 | 2018 | 2019 |
|------------|------|------|-------------|------|
| NHS Trusts | 1.56 | 1.37 | 1.24 | 1.22 |
| BHFT | | | 5.56 | 1.76 |

WRES Action Plan 20-21

| Action | EDI Strategy Objectives | Progress | Next steps | Timescales |
|--|---|--|---|--|
| Review Making it Right (MiR) for BAME programme/Talent Management/Career Progression | Review of MIR programme: <i>"We are a diverse and inclusive team"</i> | New OD Lead for ED&I started in July 2020. The postholder is conducting a full review of the MiR programme to ensure it is still fit for purpose. The whole Leadership offer is also currently be reviewed so the two strands of work are being joined up to ensure EDI is weaved through all of the Leadership behaviours | <p>Review of MiR Programme completed</p> <p>Presentation of findings, recommendations and proposed new programme to stakeholders will begin</p> <p>Stakeholders' review during October to give feedback.</p> <p>Design of new programme – to be completed by</p> <p>New programme planned to launch in Jan 2021</p> | <p>September 2020</p> <p>October 2020</p> <p>November 2020</p> <p>January 2021</p> |
| Support our BAME Network to achieve their objectives | <i>Supporting Staff Networks</i> | Based on feedback from the networks we have appointed a fulltime administrator to support all of the networks with dedicated time for each network | <p>Full BAME Network infrastructure review including terms of reference, job descriptions, training, protected time etc.</p> <p>Review completed</p> | <p>November 2020</p> |

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| | | | <p>Proposed Infrastructure</p> <p>Agreement of new structures and planned roll out</p> | <p>December 2020</p> <p>January 2021</p> |
| <p>Increase ethnicity declaration rates on ESR</p> | <p><i>Workforce Development and Talent Management</i></p> | <p>Communication strategy to encourage people to feel safe to declare</p> | <p>Develop a communication strategy together with Comms and in conjunction with the BAME Network, colleagues to:</p> <ul style="list-style-type: none"> highlight the importance of declaration to all staff and demonstrate how they can use ESR Self Service functionality to update their personal information. | <p>October 2020 - Ongoing</p> |
| <p>Reduce the percentage of BAME staff entering the formal disciplinary process</p> | <p><i>Inequalities and differentials in experience:</i></p> <ul style="list-style-type: none"> <i>Just Culture</i> <i>Bullying and Harassment</i> | <p>Just and Learning Culture is being introduced into the organisation over Q3 across BHFT, reporting as part of our Safety Culture work</p> | <p>The Trust are embarking on a programme of work to further develop and embed the values and principles of Just Culture. This will involve a review of the relevant employment policies and a refresh of practices during the management of casework. Given the previous feedback from BAME people who have been involved in casework, it is important that the Network is involved in discussions and decisions as we take this work forward over the next 6-12 months</p> | <p>February 2021</p> |

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| <p>Address the poorer experience of BAME staff reported through the NSS for Bullying and Harassment</p> | <p><i>Inequalities and differentials in experience:</i></p> <ul style="list-style-type: none"> • <i>Just Culture</i> • <i>Bullying and Harassment</i> | <p>Complete and implement the use of our videos and posters for internal training and events to promote our zero-tolerance message about bullying and harassment.</p> | <p>Reduction of Bullying and Harassment to be a key deliverable of the newly formed OD Steering group with targeted interventions with areas that show bullying and harassment on the staff survey. This will include OD interventions as well as a programme of work highlighting micro-aggressions.</p> | <p>October 2020 - ongoing</p> |
| <p>Review and address the poorer experience of BAME staff reported through the NSS for Discrimination (both direct and indirect)</p> | <p><i>Leadership: embedding EDI - "inclusive cultures depend on inclusive leaders" (People Plan 20-21).</i></p> | <p>Use of reliable and robust data – to understand the experiences of our staff and proactively using data to address areas of concern. We will work with the BAME Network to improve our use of soft intelligence about people's experience, in combination with data from Human Resources and Freedom to Speak Up processes.</p> | <p>Key priority of the OD Lead for EDI and the wider EDI team, supported by the OD Steering group and all members of the People Department at Berkshire Healthcare. The Team will be looking at direct discrimination (when policy's and behaviour directly affect BAME staff) and indirect discrimination (where policies and behaviours do not set out to be discriminatory but the reality is that they do end up being discriminatory for BAME staff).</p> | <p>October 2020 - ongoing</p> |