

Trust Executive Committee

18 September 2018

WORKFORCE RACE EQUALITY STANDARD UPDATE AND ACTION PLAN 2018

Status:	<input checked="" type="checkbox"/> New item	<input type="checkbox"/> Previously considered	
Action:	<input type="checkbox"/> Note for assurance <small>(i.e. for information and to evidence action taken and progress/status)</small>	<input type="checkbox"/> Approve <small>(i.e. approve actions or recommendations outlined in the report)</small>	<input checked="" type="checkbox"/> Endorse <small>(i.e. agree the suggested course of action; more details still to be provided for further approval)</small>

Executive Summary:

This paper presents our 2018 Workforce Race Equality Standard (WRES) Analysis and Action Plan. We are mandated by NHS England to publish these annually.

Valuing the diverse ethnicity of our people is fundamental to our vision to be an employer of choice and hospitals where we can all realise our full potential and in turn provide great care.

WRES has been mandated since 2015 and aims to improve the experience of Black and Minority Ethnic (BME) staff. Previous WRES data reports confirm that, in general, the treatment and experiences in the workplace of BME staff often fall short of the values and principles of the NHS. The aim is for the WRES indicators to drive national and local actions to address this.

Decision: TEC are asked to note the WRES Analysis and endorse the action plan.

Implications

Patient safety:

Organisations provide better services where they reflect the diversity of their users. Our people and patients should expect we are responsive to their individuality. The equality, diversity and inclusion agenda goes to the heart of our objectives to engage our people for high performance: the more inclusive we are, the more successful we will be. Recruitment and retention are two major challenges and factors in the quality of services we provide. Actively working to improve BME and all staff experience enhances our reputation and demonstrates the appreciation we have for our people.

Financial:

More engaged and involved staff have higher satisfaction levels, lower absence rates and are less likely to leave; they are more productive, work more efficiently and add significantly more value to their roles through discretionary effort thereby supporting the overall financial performance of the Trust. Recognition and reward initiatives contribute to an improved financial position as they contribute to us being less reliant on our contingent workforce.

Legal/Regulatory:

Publishing WRES data and the complimentary Board agreed action plan is mandated in the NHS contract. Acting on our analysis supports our compliance with the Equality Act 2010, Human Rights Act 1998 and NHS Constitution. This also enables us to support the Government's vision for a strong, modern and fair country built on the two equality principles of: equal treatment and equal opportunity, set out in the equality strategy "Building a fairer Britain" 2012.

Equality:

Equality Impact Assessment:

Check this box if you have completed an Equality Impact

Our work in this area is designed to meet our statutory and mandatory obligations and improve on the minimum standards for these to improve staff experience. This briefing paper does not relate to a new or amended policy, procedure or protocol; a change to service provision or the development of a strategy, therefore an EIA is not required.



Assessment (EIA)
Check this box if the EIA
is not applicable

**Consultation and
communication**

WRES is regularly discussed at our Ethnic Minority Network meetings and People and Culture Committee. Powerful conversations with our people have been fundamental to our progress and improvement in the areas of equality, diversity and inclusion. These have, and will continue, to shape our hospitals as places to receive care and work.

Our WRES Analysis was shared with CTM in August 2018 and will be shared with the Joint Staff Council in September 2018.

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WORKFORCE RACE EQUALITY STANDARD (WRES): ANALYSIS AND ACTION PLAN

1.0 PURPOSE OF THIS REPORT

The WRES was mandated across the NHS in April 2015 to ensure we understand the experience of our BME staff and take action to improve on this. Here at BHRUT we want to be hospitals where all our staff have a good experience of work and can realise their full potential.

WRES is a tool that identifies gaps between the experience of our BME and white colleagues through a set of metrics that identify gaps and help identify local areas for action. This paper confirms the nine metrics for our 2018 analysis. These show we have much to do to improve BME staff experience.

We are mindful this report falls within the 70th year of the NHS and that celebrations of this include recognising the contribution of the Windrush generation over many years.

2.0 THE BUSINESS CASE FOR DIVERSITY

When considering our WRES analysis it is important to take the time and reflect on the business case for diversity. Our WRES analysis is one of the most important tools we have to temperature check our performance as an employer with a stated commitment to equality, diversity and inclusion.

The business case for equality, diversity and inclusion has many drivers. As well as our commitment to doing the right thing for all our people - patients, staff and communities - their confidence and trust increase when we act positively in these areas. From a patient perspective:

- there is a strong evidence base our reputation as a care provider is enhanced when we are sensitive to individual needs
- patient care improves when patients see a diverse workforce represented, often because patients feel those delivering care have identifiable similarities to themselves
- the local community has a better understanding of us as large local employer and our offering as an employer of choice
- in accordance with the NHS Constitution we should provide a comprehensive service, available to all irrespective of gender, race, disability, age, religion and sexual orientation

From a staff perspective:

- our reputation and ability to recruit and retain is dependent on how we act positively in these areas
- recruiting openly and accessibly, across all levels of the workforce, helps us respond to the challenges we face in relation to workforce supply, reducing vacancies and improving retention
- acting on diversity and inclusion enhances our attractiveness as an employer
- staff work better and are happier in organisations that value diversity and are committed to ensuring they are supported and their wellbeing is seen as important
- when we support a diverse workforce others see us as an employer of choice
- innovation and thinking is improved where diversity is embraced

From our communities perspective:

- when we are seen as an employer of choice our local talent will come to us
- when we are representative of our local communities we better represent them

- the local community has a better understanding of us as an employer of choice
- we can have a significant impact on improving local opportunities for social mobility as a local employer
- we improve our attractiveness as an employer when we are flexible
- the public favour organisations that are inclusive and supportive

When we act to promote equality, diversity and inclusion all our people benefit.

3.0 BACKGROUND AND CONTEXT

The main aims of WRES are to:

- improve workplace experiences and employment opportunities for BME people;
- address race inequalities in the recruitment process;
- improve BME representation at Senior Management and Board level, and;
- provide better working environments for the BME workforce.

We welcome the national WRES toolkit and the focus this gives to our BME colleagues experience in the NHS - both nationally and locally.

Our previous WRES data has shown that our BME staff have a poorer experience than their white colleagues. This is also borne out by BME experience reported in our annual NHS Staff Survey, data from which constitutes some of the WRES metrics.

The CQC now look to the WRES and local actions for evidence we are a well led organisation. In our latest CQC inspection report the following observations were made:

“Despite a number of networks that supported equality and diversity within the trust, progress in embedding this had been slow and further work was needed to promote and ensure this was better established”

“The trust should continue to take steps to better establish staff engagement, including the support and promotion of equality and diversity”.

4.0 SUMMARY OF OUR WRES DATA 2018

In 2018, 46% of our workforce are BME compared to 44% in 2017. The following confirms our WRES metrics and analysis for 2018:

Indicator	Analysis	2018	2017
Recruitment: relative likelihood of staff being appointed from shortlisting across all posts	This is an improvement since 2017 but requires attention.	1.64	2.1
Employee relations: relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	This is a worryingly negative trend despite the overall number of formal disciplinary processes reducing from 72 in 2016/17 to 40 in 2017/18.	2.4	0.94
Training: relative likelihood of staff accessing non-mandatory training and CPD	This is another worryingly negative trend.	1.61	0.88

% of staff experiencing Harassment, bullying or abuse from patients, relatives or the public:	Experience has improved for BME staff and deteriorated for white. The annual NHS Staff Survey identified this as a national issue with levels rising from 15% in 2016 to 15.2% in 2017, the highest rate in the past five years. In the Staff Survey we scored worse than average for this key finding in 2017, with an overall score of 34%. An initial benchmarking of our finding with other London Trusts would suggest levels are much higher than nationally across the capital with no London Trusts scoring above average.	BME:28% White: 30%	BME:32% White: 28%
% of staff experiencing harassment, bullying or abuse from staff:	There is no statistically significant change to the data with the result poor BME, and white, experience remains high.	BME:28% White:31%	BME:28% White:32%
% of staff believing we provide equal opportunities for career progression or promotion:	This figure has deteriorated for both staff groups; we score poorly on this relative to acute Trusts and have done so over a number of years.	BME:68% White:81%	BME:71% White:83%
experience of discrimination at work from Manager/team leader or other colleagues:	BME staff remain twice as likely to experience discrimination at work from managers/team leaders or other colleagues.	BME:20% White:9%	BME:16% White:8%
% difference between Board voting membership and overall workforce:	Our Board does not reflect the diversity of our workforce and communities.		
BME representation:	In non clinical staff groups we have seen an increase in BME workforce at bands 2, 4 and 5; we have increased the number of posts at band 7 and there has been a significant, 6%, increase in the number of BME staff in this band. BME staff remain under represented at senior levels.		

5.0 OVERVIEW OF ACTIONS

Please note that we are required to submit our WRES analysis in August so our annual planning cycle and actions maps to that rather than financial year. Our Action plan, detailing progress in year, is attached at Appendix a.

6.0 RESOURCE CONSIDERATIONS

We have been invited to be part of the national WRES Experts programme. We have two strong candidates for this. The programme is complimentary and we fund travel and subsistence costs associated with this, circa £700 per delegate. We resource other activities and initiatives from the OD budget on a case by case basis.

7.0 KEY RISKS AND MITIGATIONS IN PLACE

The most significant risk to delivering real improvements in BME staff experience are the other important priorities for the Trust, not least continuing to respond to our CQC inspection outcomes and securing our financial position.

However, an appreciation that improving the experience for representatives of almost 50% of our workforce may well be one of the keys that unlocks improvements in these areas. CTM are asked to be involved with and mindful of the improvement journey we need to initiate for our BME colleagues.

Our strands of work will have the overall banner of “Improvement Through Inclusion” and progress will be assured by the People and Culture Committee.

8.0 PROPOSED TIMETABLE

September 2018: WRES Experts Programme launches.
WRES paper and Action Plan to People and Culture Committee.
October 2018: WRES paper and Action Plan to Trust Board.
November 2018: Overarching EDI Strategy ratified.

9.0 CONCLUSIONS AND NEXT STEPS

Embedding equality and diversity at every level improves the inclusivity and performance of an organisation and there is evidence to suggest that there are better outcomes for our patients.

There are important messages about the inequity in staff experience and action is required to improve these indicators, led and empowered by the Trust Board and our senior leadership teams.

10.0 ACTION REQUIRED FROM TEC

TEC are asked to note the contents of this paper. TEC members are asked to support activities and events.

Delivery of the forthcoming Action Plan is the responsibility of us all as we progress those actions and initiatives that will deliver a significant improvement in our BME staff experience.

DELIVERING HIGH QUALITY CARE WITH PRIDE

Workforce Race Equality Standard Report and Action Plan 2018

We are diverse, we are inclusive, we are you.



LEADERSHIP
THE PRIDE WAY

WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2018

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1.0 INTRODUCTION

Welcome to our current action plan developed in response to our local NHS Workforce Race Equality Standard (WRES) analysis for 2018. The plan also details our achievements in year.

Our hospitals welcome the national WRES toolkit and the focus this gives to our Black and Minority Ethnic colleagues experience in the NHS - both nationally and locally.

It is clear from our own analysis we still have much to do to improve BME staff experience. During 2017/18 we continued to hear the voice of our BME colleagues and initiated some key projects, detailed in this report, to drive improved experience and inclusion.

Our Ethnic Minority Network continues to meet and is key to ensuring shared experience within our hospitals informs our plans and actions. Network members have been proactive in discussions and suggesting actions and initiatives, firmly of the belief that what is good for our ethnic minority colleagues is good for everyone.

This plan complements our annual Workforce Equality and Diversity Report 2017/18 which is also developed in partnership with our staff.

We continue to refer closely to the national WRES Reports as a valuable tool for benchmarking and examples of best practice.

Valuing the diverse ethnicity of our people is fundamental to our vision to be an employer of choice and hospitals where we can all realise our full potential.

Delivery of these actions supports this and is the responsibility of us all. We will ensure our leaders and staff are supported to deliver the actions and activities detailed here.

We are mindful this report falls within the 70th year of the NHS and that celebrations of this include recognising the contribution of the Windrush generation over many years.

2.0 BACKGROUND

Nationally one in five NHS staff are from a black and minority ethnic (BME) background. Within our hospitals two out of five staff are BME.

We also know from national reports and our own local Workforce Race Equality Standard (WRES) analysis, BME colleagues report a poorer experience than their colleagues.

The WRES was mandated across the NHS in April 2015 to ensure we understand the experience of our BME staff and take action to improve on this. Here at BHRUT we want to be hospitals where all our staff have a good experience of work and can realise their full potential.

We are committed to acting on our WRES analysis which supports our compliance with the Equality Act 2010, Human Rights Act 1998 and NHS Constitution. This analysis and actions also enable us to support the Government's vision for a strong, modern and fair country built on the two principles of equality: equal treatment and equal opportunity, set out in the equality strategy "Building a fairer Britain" 2012.

As a provider of health care services and employer, we must make a significant contribution to realising these principles in our workplace. Delivering our actions arising from the WRES analysis enable this.

The main aims of WRES are to:

- improve workplace experiences and employment opportunities for BME people
- address race inequalities in the recruitment process

- improve BME representation at Senior Management and Board level
- provide better working environments for the BME workforce

The WRES is a tool that identifies gaps between the experience of our BME and white colleagues through a set of metrics that identify gaps and help identify local areas for action. The aim is to provide an environment in the NHS where all are valued and supported to deliver and contribute to high quality patient care and improved health outcomes for all.

WRES particularly supports outcomes three and four of the NHS Equality Delivery System 2 (EDS2) to ensure a representative and supported workforce and inclusive leadership. Our complimentary EDS2 goals are currently:

- tackling stereotypes through raising awareness of unconscious bias and how to manage this in key settings such as shortlisting, interviewing, Performance Reviews
- aspire: ensuring BAME staff are able to realise their full potential

These are also published and promoted in our annual Equality Diversity and Inclusion Report 2017/18.

3.0 WHY VALUING OUR BME PEOPLE MATTERS

The evidence supporting the importance of equality and diversity in our NHS shows these are fundamental to:

- our reputation: a good reputation attracts talent from all communities, helping us meet service needs
- we provide better care when our people reflect the diversity of our users and community
- recruitment and retention: valuing diversity enables us to recruit and retain the best
- excellence: people work and perform better when their diversity is valued and due care is given to ensuring a culture of respect and support
- organisations that embrace and act on diversity and inclusion are ones in which positive workplace relationships can thrive

In support of our operational plan objective to be an employer of choice we want to attract and retain the very best people to work with us, developing and supporting them to flourish and deliver excellent performance whatever their role. This ensures consistent and high quality of care and a better work experience.

Successful workplaces are those in which diversity is celebrated and every person feels valued for their contribution.

A report published in August 2011¹, based on the NHS staff survey results, further demonstrates the case for diversity. The researchers analysed how NHS staff experience at work links with performance and quality measures. The research highlighted the link between ethnic discrimination against staff and patient satisfaction and demonstrated the greater the proportion of staff from a BME background who experience discrimination at work the lower the levels of patient satisfaction

4.0 NHS STANDARD CONTRACT AND CQC

The NHS standard contract includes WRES and requires NHS service providers to address issues highlighted by this. The CQC now look to the WRES and local actions as evidence we are a well led organisation as part of their inspection regime.

¹ NHS Staff Management and Health Service Quality Michael West and Jeremy Dawson

5.0 OVERVIEW OF 2017/18

Our approach to equality, diversity and inclusion is driven by an understanding of the demographics of our people - staff, patients and community.

54% of our workforce are white and 46% BME which reflects our local population. We look to our mandatory Workforce Race Equality Standard Analysis, and annual NHS Staff Survey findings by demographics, to understand the experience of groups with protected characteristics at a statistical level. We also create opportunities for our people to share their stories, ensuring lived experience provides insight and intelligence to inform how we respond to that data in ways that are meaningful.

Powerful conversations with our people have been fundamental to our progress and improvement in the areas of equality, diversity and inclusion. These have, and will continue, to shape our hospitals as places to receive care and work.

An overview of actions and plans from 2017 to 2019 is given at appendix a.

6.0 WRES INDICATORS 2018

Data sources in this report

Data	Source
Ethnicity	Our workforce data is drawn from our national NHS Electronic Staff Record. This is a national personnel and payroll system. Please note that 99% of the people who work for us have declared their ethnicity. Figures have been rounded up for ease of reference.
Formal disciplinary investigations	We log our employee relations activity onto a centrally maintained database.
Reporting conventions	Data covers financial years or provides a snapshot as at March 2018.

54% of our workforce are white compared to 46% who are black and minority ethnic

The method of measuring progress and action against the WRES is through the following nine metrics:

Indicator	Analysis	2018	2017
Recruitment: relative likelihood of staff being appointed from shortlisting across all posts	This is an improvement since 2017 but requires attention.	1.64	2.1
Employee relations: relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	This is a worryingly negative trend despite the overall number of formal disciplinary processes reducing from 72 in 2016/17 to 40 in 2017/18.	2.4	0.94
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BME representation:	In non clinical staff groups we have seen an increase in BME workforce at bands 2, 4 and 5; we have increased the number of posts at band 7 and there has been a significant, 6%, increase in the number of BME staff in this band. BME staff remain under represented at senior levels.		

Our local position mirrors that of the wider NHS as detailed at appendix b.

7.0 OUR COMMITMENTS AS PART OF WRES

We are committed to acting on our WRES analysis which supports our compliance with the Equality Act 2010. The Act protects people from being treated less favourably because of their race, religion or belief as well as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex and sexual orientation.

A requirement of the Act is that public sector organisations have a duty to ensure that equality, diversity and human rights are embedded into all our functions and activities. This is also required of us by the Human Rights Act 1998 and the NHS Constitution.

The equality strategy “Building a fairer Britain” 2012, sets out the Government’s vision for a strong, modern and fair country built on the two principles of equality: equal treatment and equal opportunity. As a provider of health care services and as an employer we must make a significant contribution to realising these principles in our area and actions identified as part of WRES support this.

8.0 ACTIONS 2018/19

These are detailed in appendix a and strongly reflect conversations with and feedback from our staff, including Ethnic Minorities Network members. At the Network members are able to raise and discuss the actions they believe from personal and shared experience will make the biggest difference to improving BME staff experience.

Our 2017 action plan was closely aligned to the examples of best practice in the second national WRES Report and we continue to refer to these:

- the strongest determinant of a successful organisation is staff engagement: focus action on those with the worst experience
- research and evidence suggests diverse workforce representation improves teamwork, innovation and productivity
- in recruitment and promotion, bias and the tendency to “appoint people like us”² impacts on every stage of the process from how the job description and person specification are written, through how jobs are advertised, how acting up opportunities are filled, how tests and interviews are designed and conducted, and how selection is undertaken

Our actions have largely been driven through our Ethnic Minorities Network meetings and members raising and discussing the actions they believe from personal and shared will make a difference.

9.0 CLOSING COMMENTS

It is a privilege carrying out my role in such a diverse organisation. The richness of the conversations led by BME colleagues and the honesty with which experiences are shared is invaluable.

It is these experiences which sit behind our WRES analysis and it is evident our Trust must take decisive action as detailed above.

I hope this is the year our BME colleagues - and as a result all of us – experience an improvement in experience as we start to deliver our commitment to be hospitals that are truly diverse and act on equality and inclusion.

Claire O’Toole
Head of Inclusion

² A Head for Hiring, CIPD, August 2015

Overview of actions and plans 2017/19

Theme	Statements in the second National WRES Report	Our response 2017/18	Our progress to date	Aims and goals 2018/19
CULTURE	Acknowledge the problem.	We acknowledged the problem and continue to do so. Our response is to engage with our staff, be honest and seek solutions based on their experiences.	We have had frank conversations about our WRES indicators and BME staff experience as reported in the 2017 Staff Survey. We continue to challenge ourselves.	We will incorporate the concept of a diversity climate as a pre-requisite of the right cultural conditions for diversity and inclusion to thrive into our training. We are also revising this to ensure it is more personal goal oriented as research suggests this helps with cultural shift.
	Listen to staff, to learn from their insights and experience.	Use our WRES and annual Staff Survey findings to understand and act on staff experience. Complement these with a qualitative approach to the Staff Friends and Family Test.	We are developing an Equality Diversity and Inclusion Strategy as we believe this will enable the cultural conditions in which we can be truly inclusive. Our Quarter 2 Staff Friends and Family Test includes questions on equality and diversity and invites respondents to provide a narrative response to their answers.	Ratify and promote the Strategy. Share the findings of the Staff Friends and Family Test.
	Compassionate and inclusive leadership creates an environment where there is no bullying, and where learning and quality improvement become the norm.	We have made dignity at work a specific strand of our overarching equality, diversity and inclusion programme for 2017/18 and this links strongly to our WRES actions. We made June 2017 Dignity at Work month in our hospitals to start engaging with staff to co-design our response to poor survey findings.	We held our second Dignity at Work month in June 2018. The themes were drawn from our staff survey: caring, considerate and confidential.	We will repeat Dignity at Work month in 2019 drawing themes from our WRES analysis and 2018 annual Staff Survey findings.

ENGAGEMENT	<p>Communicate with colleagues directly involved making sure we understand not just what they are doing, but why they believe it works, and not just tackling the factor in isolation but understanding the context.</p>	<p>Extend the reach and breadth of the Ethnic Minorities Network with a robust 12 month communication plan.</p>	<p>The Network and contacts continue to grow. We have a dedicated Network email account that is used to promote activities, training opportunities and discussion. We now have a leaflet and members are regularly asked to distribute 25 leaflets each.</p>	<p>Network members have committed to walking the floor and public spaces to promote the Network throughout the year. Members are actively involved in planning for Black History Month in October 2018 which will also be used as a platform to promote the Network.</p>
		<p>Powerful conversations with our people have been fundamental to our progress and improvement in the areas of equality, diversity and inclusion. These have, and will continue, to shape our hospitals as places to receive care and work.</p>	<p>We utilise opportunities such as NHS Employers Equality Diversity and Human Rights week to engage with our staff. In 2018 the focus was on developing an EDI Strategy. Engagement opportunities during the week enabled us to collaborate and co-design a Strategy with our staff. A workshop was held with Brap consultants on “The conditions that need to be present to enable equality, diversity and inclusion to thrive”. A round table was also held with our Chief Executive, to discuss the reasons for and content of a strategy. The Strategy is currently at the stakeholder engagement stage and will be ratified later in the year.</p>	<p>Ensure stakeholder engagement in the Strategy development. Ratify and promote the Strategy.</p>
	<p>BME Staff are part of the solution.</p>	<p>Support release for attendance at Network and relevant courses of study such as NHS Leadership Programmes, Stepping Up, Ready Now and Mary Seacole.</p>	<p>We now have Network Leads on each hospital site. The Network leaflet has a message from the Chief Executive confirming senior support for staff attendance. We have had two staff complete the Mary Seacole Programme.</p>	<p>Our Strategy will include a clearly stated commitment that staff are released to attend activities and meetings. Two more staff will be supported to complete the Mary Seacole Programme.</p>

	Celebrate the anniversary of our BME Network.	<p>We have refreshed and renamed this which is now the Ethnic Minority Network. We held a joint conference with North East London Foundation Trust, our primary care colleagues. We wanted to create a space to bring people together and consider the people together and consider the importance of diversity and inclusion to us as health care providers and large employers.</p> <p>The conference highlighted the importance of equality and diversity in everything we do, fundamental to our mutual goals to be fair, inclusive and responsive to individual need in the services we provide and how we support our staff and volunteers.</p>	<p>Our Network leads are working with our Trust Chair to create partnerships with colleagues in NELFT to learn from their award winning Network how to extend our breadth, reach and effectiveness.</p> <p>We will hold another joint conference in 2019.</p>
Communication methods are inclusive.	We have committed to all staff having a consistently good induction and being informed of initiatives relevant to them eg Ethnic Minorities Network.	Information on our EDI activities is available to new staff. It is also promoted at our new managers induction.	We will continue to utilise opportunities to engage with new colleagues and promote our work.
	Ensure Senior Team Brief and Team Brief are inclusive and accessible. Review our marketing and communications profile to ensure these reflect our commitment to diversity and inclusion.	We have created a strap line for our communications, “We are diverse, we are inclusive, we are you”. We utilise monthly Team Briefs and our weekly e newsletter to regularly promote the work we are doing.	Ensure our commitment and actions continue to be promoted.
	We will continue to celebrate and mark milestones in the calendar such as Black History Month in October 2017.	Planning is well underway for Black History month 2018. We have a key note speaker and joint event with the London Leadership Academy to promote and share learning from our Improvement Through Inclusion programmes.	We have firm foundations in place for successful Black History months and will ensure this is repeated in 2019.

		We will work in partnership with our Staff Side Representatives and wider People and OD teams to ensure they are leading on how to engage in a diverse workforce.	We have a Staff Side Equalities Lead who works with the Head of Inclusion.	The Head of Inclusion will attend the partnership forum regularly to promote and discuss WRES and other related initiatives.
EVIDENCE	Collect and analyse relevant data and then “drill” down to understand where there may be particular challenges; compare organisational data with equivalent national data.	We will use our WRES and Annual Equality Diversity and Inclusion Report data throughout the year. We survey all staff each year to get the big picture of BME staff experience.	On the 20 April we welcomed Yvonne Coghill, Director of the national WRES Implementation Team, to our Trust to deliver a workshop on our WRES data.	We have asked Yvonne to do a development session with our Board and dates are being explored for this with the Company Secretary.
	Audit to ensure transparency of practice and accountability.	Comprehensively audit of recruitment practice against policy as this is a concern raised by staff.	An audit has commenced and will be completed in September 2018. This includes both random and judgement sampling.	Implement recommendations from the Audit.
	Regular reporting.	We report our progress through the Trust Executive Committee and People and Culture Committee which in turn reports to the Trust Board.	We will continue to report progress through our formal governance structures.	We will continue to report progress through our formal governance structures.
BEST PRACTICE	Find good effective practice on a particular risk, either within the organisation or elsewhere in the NHS.	Explore and agree ways to remove unconscious bias from the recruitment process.	This objective was integrated into the Inclusive Recruitment project. Unconscious bias and other bias awareness is incorporated into our training. We have been invited to be part of the second wave of WRES Experts programme. Following expressions of interest we have submitted a request for two experts to help drive improvements in BME staff experience.	As part of the Inclusive Recruitment Project we will be proposing a mandatory training package for lead recruiters. Bring learning and expertise actively into the Trust from the Programme.

Planning includes creating the conditions in which equality, diversity and inclusion thrive in all teams and organisations across health and care services to speed progress towards a truly inclusive health and care leadership.

Provide managers with practical training and guides on recruiting to diverse organisations and from diverse communities.

A highlight of 2018 has been the progress of our two “Improvement Through Inclusion” projects which have provided a home for these initiatives:

- inclusive recruitment: identify bespoke local initiatives to improve inclusion through our internal improvement programme, The PRIDE Way
- realising and promoting BME talent: exploring innovative Talent Management approaches locally with a pilot scheme for BME staff and sharing pan London approaches through a Community of practice

We are committed to training, developing and promoting line-managers with sensitivity to engagement, EDI and unconscious bias. Training in equality diversity and inclusion is mandatory for all staff. Our mandatory compliance rate is 90%. In 2017/18 we co-continued to deliver equality, diversity and inclusion themed modules on our leadership and development programmes. These modules are also included on our aspiring and new managers programme, Elements. A session is also delivered on our volunteers induction. EDI continues to be referenced in training programmes from our “Get On” band 2 to 6 development.

Both projects conclude in October and we are determined they will deliver a step change in our approach to recruitment and supporting BME Talent. 22 staff have been part of the BME Talent project. The “Inclusive Recruitment” project has come up with a range of ideas and suggestions that will be PDSA’d in quarter3.

			In 2017 we incorporated unconscious bias into our Personal Performance Review training. We also offer bespoke training when requested.	
		Deliver training on the cultural issues and how these interface with addressing concerns and issues at work for both staff and managers.	We implemented our new approach to informally resolving concerns based on restorative practice in January.	Continue to promote the Restorative approach and scope a team based restorative approach.
LEADERSHIP	Leaders and managers listen to BME staff and find effective ways of doing so.	Pro-active support to introduce, host, chair, suggest and shape activities and initiatives.	The Ethnic Minority Network and our equality, diversity and inclusion work are promoted at our managers induction. We invite leaders to be part of our activities and champion specific pieces of work.	We have asked Yvonne Coghill, OBE, to do a development session with our Board and dates are being explored for this. We will continue to encourage a senior presence at activities and championing of specific pieces of work.
	Real and sustained change will only be made by determined board leadership and commitment with the whole board leading by example and championing race equality as a strategic opportunity to demonstrate commitment to diversity and improve staff and patient experience.	A more transparent and inclusive approach to recruitment that reflects diversity into the process.	As a first output of our Inclusive Recruitment project we have scoped the concept of Diversity Partners being part of the recruitment process. We have a Standard Operating Procedure that captures how this will be done.	We have invited the Executive to identify a BME ally. We will pilot the Diversity Partners approach.
	Board level scrutiny, reflection and support of actions.	We will report progress through the Trust Executive Committee and People and Culture Committee which in turn report to the Trust Board.	We will continue to report through our formal governance structure to assure progress.	We will continue to report through our formal governance structure to assure progress.