

**Board**

**5 November 2020**

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| **Title of the paper** | **Workforce Race Equality Standard Report 2019-2020** |
| **Agenda Item** |  |
| **Presenter** | **Paul Da Gama, Chief People Officer** |
| **Author(s)** | **Arfan Bhatti, Inclusion & Diversity Manager** |
| **Purpose** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **For approval** |  | **For discussion** |  | **For information** | | **** | **** |  | |
| **Executive Summary** | This document reports on the Trust’s data and activity from April 2019 – March 2020.  We are reporting this information in November following the reporting deadline extension from NHS England due to Covid-19.  The reporting period therefore demonstrates:   * BAME staff population continues to grow from 37% to at least 40% * Decreasing and below national average reported rates of BAME colleagues: * entering formal disciplinary processes   > experiencing discrimination from colleagues  - closing the gap in relation to BAME applicants success at shortlisting stage  It also seeks to highlight the actions taken, which include:   * Increasing our Inclusion & Diversity Manager from a part-time to full-time post * Our Staff Survey Big 5 campaign * The integrity of our disciplinary process   Significantly, there are a number of areas which require improvement, which include:   * BAME colleagues are experiencing an increasing and above national average amount of bullying, harassment and abuse from patients, relatives or the public * The experience of equal opportunities for development and promotion   The report also seeks to highlight some of the context and causation behind our performance indicators. |
| **Trust strategic aims**  *(please indicate which of the 4 aims is relevant to the subject of the report)* | |  |  |  |  | | --- | --- | --- | --- | | **Aim 1**  **Best care**    ***Objectives 1-4*** | **Aim 2**  **Great team**    ***Objectives 5-8*** | **Aim 3**  **Best value**    ***Objective 9*** | **Aim 4**  **Great place**    ***Objective 10-12*** | |  |  |  |  | |
| **Links to well-led key lines of enquiry** | Is there the leadership capacity and capability to deliver high quality, sustainable care?  Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?  Is there a culture of high quality, sustainable care?  Are there clear responsibilities, roles and systems of accountability to support good governance and management?  Are there clear and effective processes for managing risks, issues and performance?  Is appropriate and accurate information being effectively processed, challenged and acted on?  Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?  Are there robust systems and processes for learning, continuous improvement and innovation?  How well is the trust using its resources? |
| **Previously considered by** | |  |  | | --- | --- | | Committee/Group | Date | | Connect | 3 September 2020 | | Connect | 7 September | | Connect | 16 September | | Connect | 23 September | |
| **Action required** | The Board is asked to receive this report for assurance and to approve for publication. |

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**Agenda item: XXX**

**TRUST BOARD – 05 November 2020**

***Workforce Race Equality Standard Report 2019/20***

**Presented by: Paul Da Gama Chief People Officer**

1. **Purpose**
   1. This paper provides a summary of the 2019-2020 Workforce Race Equality Standard (WRES) findings.
   2. A 2 year action plan has been created on the basis of these findings as well as other research. This was developed in partnership with the Trust’s Connect Black, Asian and Minority Ethnic (BAME) staff network.
   3. This report will be published on our website, alongside the WRES action plan.

* 1. The Board is asked to receive this report for information and approve for publication.

1. **Background**  
   1. In April 2015, NHS England introduced the WRES in response to consistent findings over 20 years that BME applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation.
   2. Since April 2015, the WRES has been included in the full length NHS Standard Contract and requires all providers of NHS services to address the issue of workforce race inequality by implementing and using the WRES.
   3. There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from national NHS Staff Survey questions, and one indicator focuses upon BME board representation. The WRES highlights differences between the experience and treatment of White staff and BAME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
   4. The WRES is produced in line with Technical Guidance issued by NHS England which this year is a few months later due to the pandemic.
   5. Indicators 1-3 and 9 are produced via the Electronic Staff Record (ESR) from the reporting period of April 2019-March 2020. All other indicators are from the 2019 staff survey and therefore do not take into account actions taken during the pandemic.
2. **WRES performance for 2019/20**

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| --- | --- | --- | --- | --- | --- |
| **Indicator** | | **London average** | **West Herts** | **West Herts direction since 2018** | |
| 1. | Percentage of staff in each of the Agenda for Change (AfC) Bands | 44% | 40% |  | **Positive** |
| 2. | Relative likelihood of White applicants being appointed from shortlisting compared BAME applicants | 1.6 | 1.7 |  | **Positive** |
| 3. | Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff | 1.7 | 1.01 |  | **Positive** |
| 4. | Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff | 0.95 | 1.3 |  | **Negative\*** |
| 5. | BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. | 32% | 34% |  | **Negative** |
| 6. | BAME staff experiencing harassment bullying or abuse from staff in the last 12 months | 31% | 27% |  | **Positive** |
| 7. | BAME staff believing that organisation provides equal opportunities for career progression or promotion | 66% | 73% |  | **Negative** |
| 8. | BAME staff experiencing discrimination at work from manager/leader/ or other colleagues. | 17% | 14% |  | **Positive** |
| 9. | Percentage difference between the organisations’ board voting membership and its overall workforce | 17% | 27% |  | Neutral |

\* Despite the direction of travel being negative in relation to this metric (which is produced from the staff survey) our data suggests the BAME profile of our successful CPD applications directly correlates with BAME representation overall

* 1. **Indicator one:**

**Percentage of staff in each of the Agenda for Change (AfC) Bands**

\*Notes:

- VSM includes executive Board members and senior medical staff

- The total overall workforce includes all staff on permanent and fixed term contracts only (thereby excluding bank and locum staff).

**Narrative:**

* Overall BAME representation has increased from 37% to 40% across the Trust.
* For the purpose of this report the BAME staff demographic does not include colleagues of White European heritage
* “No data” has decreased from 8% to 7%
* Our workforce is significantly more diverse than the local population which ranges from 9% in Hemel Hempstead to 19% in Watford
* A major factor in relation to over-representation at Band 5 is our international recruitment of staff nurses. Since 2017 we have recruited more than 360 mainly from India and the Philippines.

**Actions taken** (April 2019-March 2020)**:**

* Displaying a pop-up banner at our main Watford General Hospital entrance which highlights and celebrates the number of nationalities working at the Trust
* Communications, canteen menus as well as events to mark awareness days such as Black History Month   
  1. **Indicator two:**

**Relative likelihood of White applicants being appointed from shortlisting compared to BAME applicants**

**Narrative:**

* It should be noted the majority of our nurses (the majority of whom are BAME) are recorded as not shortlisted despite being interviewed due to their applications being expedited. It’s extremely likely our significant recruitment in relation to nurses is therefore contributing to this disparity.
* It should also be noted the above figure is calculated via the Trust’s recruitment software TRAC, which excludes overseas nurses and Doctors.
* Therefore a revised calculation including overseas nurses and Doctors via ESR instead of TRAC suggests our ratio is in fact 1.37, which is below the national average and just outside the non-adverse rand of 0.8 - 1.2. However, ESR data excludes medical staff.

**Actions taken** (April 2019-March 2020)**::**

* advertising acting up as well as vacancies in our bi-weekly Trust newsletter to promote transparency
* cultural competence of recruitment companies adhering to our inclusive procurement guidelines
* recruitment & selection guide “Choosing the best talent” which promotes fairness and inclusion is embedded in panel preparation material
* Recruitment Team being part of interview panels to help ensure inclusive processes
* recruitment and selection training offered twice a year
  1. **Indicator three:  
       
     Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff**

**Narrative:**

* Refers to staff who have entered a formal investigation as prescribed by the local disciplinary process. Any occasional cases where disciplinary action is not preceded by an investigation

are also included in this definition.

* Staff who have been subject to an investigation, but for whom no further action was taken are also counted.
* Cases where mediation has taken place rather than any kind of formal investigation or disciplinary are not counted.
* In July 2019 NHS England/NHS Improvement published “A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS Workforce” which set a target for 51% of NHS organisations to be within the non-adverse range of WRES reporting, between 0.8 and 1.25, by 2020. We are pleased to fall within this range.

**Actions taken** (April 2019 – March 2020):

* Our Just Culture Action plan includes the following:
  + Updating our Disciplinary Policy against GMC and NMC guidance to improve the running of investigations
  + inclusion embedded into investigating managers training
  + investigators appointed internally chosen from outside the area where the investigation is to be carried out to ensure impartiality. We never allow a grandparent manager to carry out the investigation
  + the panel chair will have had no prior involvement with the case and where appropriate work in another division
  + robust preliminary process overseen by senior managers prior to any disciplinary investigation being commissioned
  + further tightening the preliminary process to ensure that where possible cases are resolved and managed informally with only the most serious cases progressing formally – this means collating all evidence in advance of an investigation to determine whether it is necessary to proceed in this way.
  + outcome given on the day in majority of disciplinary cases. Only where time does not allow for this will we communicate the decision in writing and only with their consent
  + if a challenge to a particular panel member or case investigator is received, the person can be changed
  1. **Indicator four (Staff Survey)**  
       
     **Perceptions of relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff**

**Narrative/actions:**

* This indicator is calculated via Quality Health who have analysed the BAME responses from Question 20 of the staff survey which asks “Have you had any (non-mandatory) training, learning or development in the last 12 months?”
* However, we are now able to capture the demographic of our successful CPD applications and did so in relation to 99% of CPD applications last year
* The data tells us of the 313 CPD courses taken up in this reporting period, 126 (40%) identified as being from a BAME background. This correlates with the 40% BAME staff representation at the Trust and is therefore an encouraging comparison in relation to the above figure which is derived from 853 White and 478 BAME responses
* Non-mandatory training – refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation (e.g. clinical records system training).
* Last year the CPD budget was £429k for Trust CPD and £112k HEE totalling £541k available for the non-medical workforce. (CPD funds are not for medical staff)

**Actions taken** (April 2019-March 2020)**:**

* Creating our new workforce 2020-2023 People Strategy which includes: (a) supporting and engaging as well as (b) developing our people; as two of the four main pillars. (Living our values as well as diversity and inclusion are one of four threads which run throughout the strategy)
* Publicising the NHS Leadership Academy’s: Stepping Up and Ready Now programmes
* Commencement of the “Transform” Clinical Leadership programme for all current and aspirant clinical and divisional directors, which contain a majority of BAME trainees  
  1. **Indicator five (Staff Survey)**  
       
     **Percentage of staff experiencing harassment, bullying or abuse (BHA) from patients, relatives or the public in the last 12 months.**

**Narrative:**

* 37% (752) of our BAME staff responded to this question in 2019, which is almost 100 more than in 2018; this may be an outcome from requesting staff to report incidents
* The Trust has an open culture and one of “speak up” where employees are asked to be open and

honest and to report adverse incidents and experiences where they may not have been declared

previously. This culture, although increases likelihood of reporting also enables the Trust to respond

where improvements are required.

* Nationally BAME nurses are the staff group that encounter the most BHA from patients, relatives or the public which correlates with anecdotal evidence at the Trust.

**Actions taken** (April 2019-March 2020)**:**

* Running a campaign called the “Big 5” which focused on 5 key themes from the staff survey. May was themed as “Protecting you” which included:
  + - implementation of zero tolerance to violence or threatening behaviour posters
    - encouraging staff to report issues or concerns (which are taken up via Datix and investigated)
    - promoting our Speak Up Champions
* drafting a Memorandum of Understanding (MOU) between the Trust and Hertfordshire Constabulary in relation to requests for emergency police assistance during incidents involving a threat of harm to person(s) and at other times of exceptional crises where NHS staff cannot manage the incident alone
* updated our following Clinical Staff- Security Support Strategy as well as Violence & Aggression Policy
* cultural and spiritual interventions on the wards via the Chaplaincy team
  1. **Indicator six (Staff Survey):  
        
     Percentage of staff experiencing harassment bullying or abuse from staff in the last 12 months**

**Narrative:**

* 37% (753) of our BAME staff responded to this question in 2019, which again is almost 100 more than in 2018 which may be an outcome from requesting staff to report incidents

**Actions taken** (April 2019-March 2020)**:**

* The Trust launched a new appraisal process, which reviews performance including behaviours section aligned to our Trust values (care, quality, commitment). If an employee does not demonstrate the behaviours aligned to our organisation, the appraisal will include a

discussion about that and the score attributed reflective of the behaviours demonstrated.

* As part of the Trust's commitment to eradicating bullying and harassment, and encouraging staff to raise concerns as part of the Freedom to Speak Up campaign the Trust has more than 20 Speak Up Champions with whom staff can discuss and raise concerns that they may have.
* Providing staff with psychological safety as well as standing in order to better understand the kinds of BHA taking place and implementing interventions accordingly
* continuing to implement a number of wellbeing events and initiatives, such as the Employee Assistance Programme

**3.7 Indicator seven:  
   
Percentage of staff believing that organisation provides equal opportunities for career progression or promotion.**

**Narrative:**

* 24% (496) of our BAME staff responded to this question in 2019, which is 41 more than in 2018

**Actions taken** (April 2019-March 2020)**:**

* Integration of CPD records and ESR in order to monitor diversity
* Vacancies being advertised in our bi-weekly staff newsletter to promote transparency
* Offering staff comprehensive annual appraisals with a focus on behaviours, objectives and career aspirations so these can be achieved
* Running a campaign called the “Big 5” which focused on 5 key themes from the staff survey. June was themed as “Race for Equality” which called for staff to:
  + - make sure staff know that it’s okay to talk about any equality issues and

who to speak to should they have any concerns

* + - break down barriers by showcasing the various career progression options available for staff from different background
* April marked “Keep talking” in the “Big 5” campaign which enabled:
  + - staff to communicate to senior leaders in the organisation to highlight what they need to support the best quality care via “Back to the floor” as well as “Night walk” events
* Creating our new workforce 2020-2023 People Strategy which includes plans to:
* Become a recognised Teaching Hospital
* Provide a comprehensive careers development service encompassing advice, coaching, mentoring, networking and talent management
* Developing our staff to work differently; supporting, training and developing our existing workforce to work in new ways or perform new roles within the system
* Creating a coaching culture of distributed leadership where everyone can lead
* A new talent management framework setting out how we will attract and develop future leaders
* Providing quality improvement training at all levels to enable a culture of continuous improvement
* Give people the opportunity to develop outside of their specialism

**3.8 Indicator eight:   
  
In the last 12 months have you personally experienced discrimination at work from manager/leader/ or other colleagues.**

**Narrative:**

* 36% (744) of our BAME staff responded to this question in 2019,, which is 96 more than in 2018

**Actions taken** (April 2019-March 2020)**:**

* As part of the Trust's commitment to eradicating bullying and harassment, and encouraging staff to raise concerns as part of the Freedom to Speak Up campaign the Trust has more than 20 Speak Up Champions with whom staff can discuss and raise concerns that they may have.
* Running a campaign called the “Big 5” which focused on 5 key themes from the staff survey. June was themed as “Race for Equality” which called for staff to:
  + make sure staff know that it’s okay to talk about any equality issues and who to speak to should they have any concerns
  + break down barriers by showcasing the various career progression options available for staff from different background
* Creating a new equality impact assessment which includes a comprehensive toolkit to equip staff with knowledge of discrimination and how to combat it

- Providing staff with psychological safety as well as standing in order to better understand the kinds of BHA taking place and implementing interventions accordingly

**3.9 Indicator nine:**

**Percentage difference between the organisations’ board voting membership and its overall workforce**

**Narrative:**

* We are above the national average for BAME representation at Board level, which is 8% and East of England which is 6%. London’s average is 17%
* However, at voting level that equates to one BAME individual

**Actions taken** (April 2019-March 2020)**:**

* addressing the lack of ethnic diversity in very senior management through our reverse mentoring programme; pairing Board members with BAME reverse mentors in order to educate leaders about diversity issues by exposing them to challenging and insightful conversations and experiences that they may otherwise never encounter
* Chief Executive ensuring all Executive Directors meet equality, diversity and inclusion objectives as part of the appraisal process
* BAME inclusion is championed by our Chief People Officer, who is the executive lead for diversity and inclusion. We have also increased our Inclusion & Diversity Manager from a part-time to full-time post, who plays a key role in supporting them.
* Our Chief Nurse continuing a direct communication channel with BAME staff in nursing, midwifery and allied health professionals
* Sending BAME staff to the Accelerated Director Development Scheme that identifies, develops and deploys aspiring Executive Directors from health and social care organisations from Hertfordshire and West Essex, BLMK Integrated Care System.
* A new BAME non-Executive Director has also been recruited and is due to start in 2020
  1. **WRES action plan**

The WRES action plan can be found in the Appendix and sets out how the Trust seeks to improve its performance in relation to each of the indicators.

some of the new “big ticket” actions we have planned: publishing our BAME Pay Gap, overhauling recruitment and promotion practices, producing quarterly figures for the Integrated Performance report as well as developing sponsorship and mentoring opportunities.

Given we are half way through this reporting period some of the “big ticket” items that have already been actioned: embedding risk assessments with ethnicity as a risk factor, automatically admitting COVID19 positive staff into our Virtual Hospital, evaluating and sharing BAME responses to the COVID19 staff survey, pro-actively contacting BAME staff making them aware of support and initiatives via our Absence Hub and recruiting a Freedom to Speak Up Guardian.

Connect have also recruited a new steering group, finalised a TOR and action plan as well as secured significant funding for Cultural Intelligence training and staffing support.

* 1. **Governance**

Overall accountability for our equality and diversity agenda is held with our People, Education and Research Committee (PERC) which is a sub-committee of the Board and chaired by a non-executive Director. It meets and reviews this work every two months.

Connect, the Trust’s BAME staff network are also a crucial stakeholder in relation to formulating the plan in Appendix 1 and monitoring its implementation.

Connect’s new governance structure includes specific roles for representatives on PERC as well as the Trust’s Joint Consultative Committee.   
  
Our Great Place to Work meetings are also aligned against the Trust’s People Strategy implementation plan.

1. **Risks**

Non-compliance with WRES would lead to a breach of the standard NHS contract.

Implementation of planned action, as outlined in Appendix 1 could be impacted if there is a second spike in Covid-19 infections.

1. **Recommendations**

Board is asked to receive this report for assurance and approve for publication.

**Paul Da Gama**

**Chief People Officer**

**12 October 2020**

**Appendix 1 – WRES Action Plan April 2020- March 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WRES Metric** | **Action** | **Measure** | **Date** | **Lead** |
| **1.**  **Representation** | Ensure that at every level, the workforce is representative of the overall BAME workforce | Publish and action plan progress against the Model Employer goals in future reports | April 2021 | Chief People Officer |
| Identify whether a negative BAME Pay Gap exists | Publish, communicate and address the potential impact across the Divisions | March  2021 | Inclusion & Diversity Manager |
| Complete cohort one of reverse mentoring programme | At least six meetings between mentor and mentee | Dec 2020 | Inclusion & Diversity Manager |
| Increase + diversify Connect membership | Recruit and on-board new steering group | Ongoing | Connect |
| Create a Connect governance structure and TOR | Representation at PERC and JCC | Sept 2020 | Connect |
| Audit representation at key decision making meetings | Create report figures/percentages | Dec  2020 | Trust Secretary |
| Equip People Directorate with knowledge and awareness to effectively work in BAME staffs interest | Contribute to HPMA/Synergised Solutions analysis to better understand system wide under-representation in H.R and implement recommendations from analysis  Create a programme of D&I training for all H.R staff to roll on | May 2021 | Inclusion & Diversity Manager |
| **2.** **Shortlisting** | Overhaul recruitment and promotion practices to ensure staffing reflects the diversity of the community as well as regional and national labour markets | Review (a) Approval to Recruit (b) Secondment & Acting Up (c) Redeployment (d) Recruitment & Selection policies; and clearly communicate proposed changes which include:   * Panel for posts 8b and above including at least one appropriately trained BAME staff member * Mandatory D&I training for recruiting managers within six months of employment * Direct feedback from recruiting manager to unsuccessful BAME applicants through a Quality Improvement approach * values based recruitment embedded | Oct  2020 | Recruitment Manager |
| Reduce bias in interview process by increasing BAME representation on panels | Monthly training opportunities communicated targeting BAME colleagues that equip them with psychological standing to have a strong voice on panels  Monitor uptake of training being offered and has the recruitment team had HR inclusion training. | Jan 2021 | Inclusion & Diversity Manager |
| **3.** **Disciplinary** | Identify disciplinary hotspots and trends | Produce quarterly figures in Integrated Performance Report  Ensure non-adverse range of reporting between 0.8 - 1.25 | Oct 2020 | Head of Employee Relations |
| **4.**  **Training & continuous personal development** | Investigate the data further to understand the causes of the disparity and identify any potential barriers. | Include data on unsuccessful CPD applications in the 2021 WRES report  Evaluate percentage of mentorship CPD applications for BAME staff | May 2021 | CPD Manager |
| Ensure successful applications for CPD reflect BAME representation for each Division | A non-adverse range of take-up between 35-45%  Audit transparency/accessibility of application process  Establish whether a correlation between seniority and uptake of CPD exists  Evaluate and essential and non-essential training and feedback to relevant divisions to formulate action plan to improve their position | April 2021 | CPD Manager |
| Create a widely disseminated portfolio of all educational opportunities at all levels and publicise to the entire Trust, thus raising awareness of opportunities. | Portfolio created  Portfolio (in brochure form) available to all staff via intranet and all departments in hard copy | Jan 2021 | Head of Education, Learning and Development |
| Cascade information on career development opportunities, non- mandatory training and CPD | Regular updates in Connect newsletter  Actively encourage managers to ask BAME staff to apply | Jan  2021 | Connect co-ordinator |
|  | Explore possibility of integrating equality data into the Trust’s Learning Management Systems for the provision of better equality data. | Review to take place in Spring 2021 after tender for LMS is complete | June 2021 | Head of Education, Learning and Development |
| **5.** **Bullying, harassment and abuse from patients, relatives and public** | Undertake further analysis of hot spot areas | Include incidents from Datix and other sources in Integrated Performance Report as well as divisional performance review meetings | Ongoing | All staff |
| Update the Management of Violence & Aggression policy | Produce: (a) information on unacceptable behaviour;  (b) guidance for staff experiencing racial abuse from patients with cognitive impairments | Dec 2020 | Head of Security/ Dementia team |
| Increase security staff | Hire: (1) a dedicated Security Officer (SO) in A&E/ AAU; and  (2) an additional Supervisor SO to cover nightshifts and weekends | Dec 2020 | Head of Security |
| **6.** **Bullying, harassment and abuse from staff** | Pro-actively contact BAME staff making them aware of support and initiatives | Absence Hub Managers to call BAME staff  Secure funding to continue Absence Hub. If successful, explore other Hub related support such as calling BAME staff who are experiencing bullying and harassment    Encourage signposting to Connect BAME network | May 2020 | Deputy Director for Human Resources |
| Create a “BAME Support Service Line” | Set-up a 7 day a week, Freephone number with appropriate staffing and publicity | July 2020 | Inclusion & Diversity Manager |
| Increase awareness and accessibility of Freedom to Speak Up (FTSU) | Recruit a Freedom to Speak Up Guardian  Launch FTSU post boxes to allow a method of additional access for staff, particularly for staff who do not have access to computers/IT  Drop in sessions set up for all 3 sites from September- December 2020  Trust bullying and harassment zero tolerance campaign led by CEO  Review and then communicate behavioural boundaries as well as appraisal and performance management process, speaking up conversations to be encouraged between manager and staff members  Commission a quarterly West Herts staff bullying and harassment  Increase FTSU Champions BAME representation to 40% and include diversity and inclusion training during onboarding process  Provide bullying and harassment training to line managers | April 2021 | Freedom to Speak Up Guardian |
| Increase staff awareness of bullying, harassment or abuse and where they can access support | Create a guide on “How to react, act and report” bullying, harassment and abuse  Increase staff wellbeing initiatives via new Wellbeing Strategy, including a new prayer room  Discuss equality, diversity and inclusion as part of health and wellbeing conversations on topics such as: appropriate PPE, home working and access to psychological support (People Plan action) | March 2021 | Wellbeing Team |
| **7.** **Equal opportunities** | Increase opportunities for BAME staff to have a direct line of communication with individuals working in roles they are aspiring to | Quarterly opportunities through channels such as: “Career Lounges”  Further collaborative working with Connect to support signposting for BAME staff | January 2021 | Inclusion & Diversity Manager |
| Develop a sponsorship pathway for West Herts | Explore application process and implementation plan | Feb  2021 | Inclusion & Diversity Manager |
| Develop mentorship/buddying programme | Develop application process and implementation plan | Feb 2021 | Connect |
| Explore implementation of a talent management conversation within first year of role | Embedded into updated appraisal policy | Dec  2020 | Deputy Director for Human Resources |
| Extend capacity for coaching across the Trust | Introduction of more in-depth coach training programmes to provide more available coaches within the organisation  If capacity is increased sufficiently, allowing the Trust’s coaching service to be available on demand to all staff | Dec 2021 | Head of Education, Learning and Development |
| **8.**  **Discrimination from staff** | Acknowledge and address structural racism as well as indirect discrimination | Complete equality impact assessments with every new or updated policy  Regular comms increasing knowledge and awareness in relation to structural barriers  Roll out Cultural Intelligence (CQ) training that embeds a “Board to floor” commitment to embed CQ as part of West Herts daily function  Update mandatory training module on Acorn | Ongoing | All |
| Provide staff with psychologically safe environments to raise concerns | Connect to run bi-monthly safe space sessions  Confidential themes from the sessions to be fed back to senior management who can embed actions accordingly | Ongoing | Connect |
| Ensure a safe working environment for our BAME staff | All staff comms highlighting and explaining BAME over-representation in COVID19 mortality  Training session delivery at Board development day to develop and action plan  Ensure appropriate risk assessments are designed and implemented  Improving uptake of the flu vaccination in underrepresented ‘at risk’ groups  Support flexibility and phased return to work  Evaluate and share BAME staff responses to COVID19 staff survey | Jan  2020 | Occupational Health |
| **Indicators 5-8** | Increase feedback rates including that of the staff survey to ensure that the results are indicative of the organisation and not skewed by a low response rate. | Increase responses from BAME staff by engaging with BAME network and using different forums in gathering feedback | November 2020 | Deputy Director for Human Resources |
| **9.** **Board diversity** | Establish a direct line of communication between executive members and Connect | Chief Executive to host quarterly meetings  Paul Da Gama to host bi-monthly meetings | Ongoing | Chief Executive & Chief People Officer |
| Ensure leadership is representative of the overall BAME workforce and publish progress against the Model Employer goals *(People Plan)* | Agree our talent management strategy and approach with our staff side, staff networks and stakeholders  Adapt our existing appraisal processes to ensure that all conversations include assessments of performance, potential, aspirations, readiness, development and support  Publish a 5 year action plan *(Phase 3 recovery)*  Establish Board talent review approaches to meet the requirement of having a robust succession plan in place at this level  Promoting the Stepping Up Programme | May 2021 | Head of Organisational Development |
| **All indicators** | Explore targeted interventions at Divisional level | Produce BAME data from WRES metrics specifically for Divisions  Feedback to be given at monthly performance review meetings | Dec  2020 | Inclusion & Diversity Manager |
| Continue to work with other organisations to review and provide fresh perspective on our work | Conduct an audit and assurance service through BDO  Participate in the NHS Diversity & Inclusion Partners Programme 2020/2021  Contribute and influence a system wide approach at ICS level | Ongoing | BDO |
| Review governance to ensure staff networks contribute and inform decision-making *(People Plan)* | Establish an executive sponsor for Connect  Create a memorandum of understanding between H.R function and Connect | March 2021 | Connect /  Inclusion & Diversity Manager |
| Review the Risk Register and identify any gaps and potential risks race equality may face. | Recorded on Datix, scored and the Trust-wide impact clearly assessed in accordance with risk management practices  Identified controls to mitigate risks | Ongoing | Inclusion & Diversity Manager |
|  | Review the Diversity & Inclusion policy | Embed all of the recommendations following BDO audit | May 2021 | Inclusion & Diversity Manager |