





## Trust Board

<b>Title of the paper:</b>	WRES Report for 2021/22						
<b>Agenda Item:</b>	-						
<b>Presenter:</b>	Alex Paice, Associate Director of People – OD and Culture						
<b>Author(s):</b>	Tamzin Daggart, EDI Lead						
<b>Purpose:</b>	<p>Please tick the appropriate box</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">For approval</td> <td style="width: 33%;">For discussion</td> <td style="width: 33%;">For information</td> </tr> <tr> <td>√</td> <td></td> <td>√</td> </tr> </table>	For approval	For discussion	For information	√		√
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<b>Executive Summary:</b>	<p>The purpose of this report is to provide PERC with the nine Workforce Race Equality Standard (WRES) metrics for 2021/22 as well as provide assurance that the Trust are actively striving to reduce the inequalities in workplace experience and to ensure staff achieve their full potential.</p> <p>WRES is a regulatory requirement that prompts best practice. One requirement is to publish the WRES by 31 October 2022.</p> <p>Notable positives in the WRES figures include:</p> <ul style="list-style-type: none"> <li>Indicator 1: Number of people from a Black, Asian or Ethnic Minority background has grown from 42% to 45%, which means the Trust is an employer of choice;</li> <li>Indicators 5 and 6: bullying, harassment and abuse seems to be reducing for BAME staff, and becoming more equal to White staff;</li> <li>Indicator 7: BAME staff believing the Trust provides equal opportunities for career progression or promotion has improved.</li> </ul> <p>The main areas of concern are:</p> <ul style="list-style-type: none"> <li>Indicator 1: the number of very senior managers (VSMs) who are from a BAME background has not changed;</li> <li>Indicator 2: this ratio has risen sharply from 1.65 to 3.33 and the reasons are being reviewed;</li> <li>Indicator 3: this ratio has risen sharply from 0.6 to 2.0 and the reasons are being reviewed;</li> <li>The table in section 3.5 shows a lack of senior staff who are from a BAME background.</li> </ul> <p>Connect, the multicultural staff network has grown from strength to strength in recent years and now has over 400 members and a strong presence amongst staff in general. They provide two-way communications channels to support the Trust in reducing and eliminating inequality. Funding from December 2022 onwards needs to be considered if they are to continue to support the Trust in this way.</p> <p>71% of our Band 5 nurses are from a BAME background, with approximately half comprised of individuals recruited overseas.</p> <p>Analysis indicates that BAME staff do not remain in the same Band as long as people with British nationality, even if they have the same country of origin. Further exploration is required to explore why this is however it is</p>						

	<p>likely they leave the Trust to seek career development opportunities,</p> <p>The action plan focuses on all nine of the WRES indicators, under the themes of</p> <ul style="list-style-type: none"> <li>- To advance equality of opportunity</li> <li>- To foster good relations between those who share a protected characteristic and those who do not, and</li> <li>- To eliminate unlawful discrimination, harassment and victimisation</li> </ul> <p>There is a keen focus on recruitment and career development as well as equalising and reducing the levels of harassment and disciplinary cases.</p>									
<p><b>Trust strategic aims:</b></p> <p>(please indicate which of the 4 aims is relevant to the subject of the report)</p>	<p style="text-align: center;"><b>Aim 1</b> <b>Best care</b></p>  <p style="text-align: center;"><b>Objectives 1-4</b></p>	<p style="text-align: center;"><b>Aim 2</b> <b>Great team</b></p>  <p style="text-align: center;"><b>Objectives 5-8</b></p>	<p style="text-align: center;"><b>Aim 3</b> <b>Best value</b></p>  <p style="text-align: center;"><b>Objective 9</b></p>	<p style="text-align: center;"><b>Aim 4</b> <b>Great place</b></p>  <p style="text-align: center;"><b>Objective 10-12</b></p>						
<p><b>Links to well-led key lines of enquiry:</b></p>	<p><input type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</p> <p><input type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p> <p><input type="checkbox"/> Is there a culture of high quality, sustainable care?</p> <p><input type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p> <p><input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</p> <p><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p><input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p><input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input type="checkbox"/> How well is the trust using its resources?</p>									
<p><b>Previously considered by:</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Committee/Group</th> <th style="width: 30%;">Date</th> </tr> </thead> <tbody> <tr> <td>Chairs of Connect, multicultural staff network</td> <td>5 August 2022 and 9/10 August 2022</td> </tr> <tr> <td>PERC</td> <td>25 August 2022</td> </tr> </tbody> </table>				Committee/Group	Date	Chairs of Connect, multicultural staff network	5 August 2022 and 9/10 August 2022	PERC	25 August 2022
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PERC	25 August 2022									
<p><b>Action required:</b></p>	<p>Board is asked to receive this report to review and to approve for publication on the Trust website by 31 October 2022, in line with statutory requirements.</p>									

**Trust Board meeting:**

**Title of paper: WRES Report for 2021/22**

**Presented by:** Alex Paice, Associate Director of People – OD and Culture

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## **1. Purpose**

- 1.1 Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and healthcare providers through the NHS standard contract.
- 1.2 The main purpose of the WRES is:
  - to enable the Trust to review the data against the nine mandatory metrics in order to track progress and identify areas of improvement;
  - to develop specific action plans to further reduce the gaps in workplace experience between staff who are Black, Asian & Ethnic Minorities (BAME), and staff who are White;
  - improve Black, Asian & Ethnic Minority representation throughout the organisation.

## **2. Background**

- 2.1 From 2017, all NHS healthcare providers have been required to publish their WRES Report. It is designed to improve workplace experience and career opportunities for people of a BAME background working, or seeking employment, in the NHS. Therefore, NHS providers are expected to show progress against workforce equality indicators.
- 2.2 This provides the Trust with an opportunity to review progress against workforce equality indicators and further develop plans to support employees.
- 2.3 The Trust created a 3 day a week Connect Coordinator role in 2020, reporting into the EDI Lead, with a dotted line to report into the Chair of Connect, which is the Trust's multicultural staff network. This has greatly expanded the achievements of Connect.
- 2.4 In 2020 Pandemic moneys totalling £50,000 were made available by Raise, the Trust's charity, to support Connect's events, and in relation to the role above. These will be spent by December 2022 and without further funding the events and engagement with Connect will diminish.

### 3. Summary of Performance

#### 3.1 WRES Data (Workforce Race Equality Standard) Data 2021/22

	WRES Indicator	20/21 White / BAME		21/22 White / BAME		Nat'l ave's		Comment
1	Percentage of BAME/White staff and VSM (please see figures on next page for details) <ul style="list-style-type: none"> <li>Overall</li> </ul>		42%		45%	22% (UK) 24% (East England) 48% (London)	↑	Rising ethnic mix, which shows the Trust is an employer of choice. Hemel and St Albans tend to follow the trends of the East of England, while Watford follows the trends of London. Please also see workforce groups in next table.
	<ul style="list-style-type: none"> <li>VSM (3 of 20)</li> </ul>		17%		15%	9%	↓	Each VSM who joins and leaves is around 3% so broader bandings on next page are statistically significant.
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants	-	1.65	-	3.33	1.61	↓	This is consistently above the non-adverse range of 0.8-1.2. However, figures are calculated from the recruitment software TRAC, which excludes overseas Band 5 nurses, so the figure is likely to more positive. The reasons for the rise in 2021/22 is being reviewed.
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	-	0.60	-	2.00	1.14	↓	The reasons for the rise in 2021/22 is being reviewed.
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff	n/a due to data being collected differently		-	1.5	1.14		Data from Acorn and includes only current staff, not leavers. Historically this was collected through the staff survey but this changed in the 2021 report. Please also see indicator 7.
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	26%	30%	28%	29%	29%	↓	Close to equal (BAME + White) and similar to national averages.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	23%	28%	23%	24%	29%	↓	Close to equal (BAME + White). A marked improvement for BAME staff. BAME Trust staff state less abuse than national averages.
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	60%	44%	58%	50%	45%	↑	Marked improvement for BAME staff. BAME Trust staff believe there is equality more than national averages.
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	5%	14%	7%	14%	17%	↔	The figure of 14% is below the national average (17%).
9	Overall workforce compared to BAME board membership (voting members)	n/a due to different data last year			18%	n/a		45% of the workforce are from a BAME background, and 27% of voting board members (45-27=18%).
	BAME board membership – executive members	n/a due to different data last year			32%	10%		45% of the workforce are from a BAME background, and 13% of Exec board members (45-13 = 32%). National figures 22-12%.

- 3.2 Notes on data sources:
- Indicators 1 and 9 are produced via the Electronic Staff Record (ESR) system;
  - Indicator 2 from TRAC, the recruitment system which is used for the majority of recruitment;
  - Indicator 3 is provided by the HR team;
  - Indicator 4 from figures from Acorn, which records the majority of non-mandatory training;
  - Indicators 5-8 are from the 2021 staff survey.
- 3.3 National averages are based on:
- 2021 data collection (metrics 1, 2, 3, 9b and 10) – therefore a year behind the Trust;
  - 2021 NHS Staff Survey (metrics 4 to 9a) – so comparable to the Trust.
- 3.4 Comparative data from 2016-2019 is in the West Herts [Workforce Race Equality Standard Report 2019-2020](#) and comparative data from 2017-2021, including national averages, is in the NHS Staff Survey Benchmark Report [West Hertfordshire Hospitals NHS Trust 2021](#) (pages 119-123).
- 3.5 Analysis of Indicators 1 to 9. Notable positives in the WRES figures include:
- On the whole, the Trust compares well to national indicators.
  - Indicator 1: Number of people from a Black, Asian or Ethnic Minority background has grown from 42% to 45%, which means the Trust is an employer of choice;
  - Indicators 5 and 6: bullying, harassment and abuse is reducing for BAME staff, and becoming more equal to White staff;
  - Indicator 7: BAME staff believing the Trust provides equal opportunities for career progression or promotion has taken a big step forward, from 44% to 50%.
- 3.6 The main areas for further development are:
- Indicator 1: the proportion of very senior managers (VSMs) who are from a BAME background has not changed (see 4.3, below);
  - Indicator 2: this ratio has risen sharply in 2021/22 and the reasons are being reviewed;
  - Indicator 3: this ratio has risen sharply in 2021/22 and the reasons are being reviewed;
  - The table in section 3.5 shows a lack of senior staff who are from a BAME background.
- 3.7 Although Indicator 9, the Board figures, are still way below the Trust's averages, there are processes in place to encourage equality of outcome. These include:
- Senior roles are advertised in the same way as usual roles (NHS jobs) and as numbers of applications are low recruitment agencies are often used. They are screened for EDI best practice and are given a requirement to help improve the diversity of Trust leadership.
  - Non-executives are recruited in liaison with NHS Improvement (NHSI), who encourage diversity on interview panels.
  - A 'pre-recruitment' process where people can put themselves forward as Associate Non-Exec, shadow for six-months before applying for a full role. This supports people who do not have previous experience of Board membership.

### 3.8 Indicator 1 – detailed information

The Technical Guidance for the NHS Workforce Race Equality Standard (WRES) published June 2022 defines Indicator 1 as: Percentage of BAME/White staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff (such as HR, Finance, IT, Estates)
- Clinical staff - of which
  - Non-Medical staff (such as Nurses, HCAs, Therapies, Pharmacists and other AHPs)
  - Medical and Dental staff (Doctors of all grades)

In an attempt at conciseness, the table below uses the same clusters as in the WDES (workforce disability equality standard).

	White	BAME	Unknown	All		White	BAME	Unknown
Non-medical Cluster 1 (up to Band 4)	609	180	52	841		72%	21%	6%
Non-medical Cluster 2 (Bands 5-7)	211	81	28	320		66%	25%	9%
Non-medical Cluster 3 (Bands 8a-8b)	84	17	9	110		76%	15%	8%
Non-medical Cluster 4 (Bands 8c-9 and VSM)	45	11	11	67		67%	16%	16%
<b>Total for non-clinical staff</b>	<b>949</b>	<b>289</b>	<b>100</b>	<b>1,338</b>		<b>71%</b>	<b>22%</b>	<b>7%</b>

	White	BAME	Unknown	All		White	BAME	Unknown
Medical Cluster 1 (up to Band 4)	454	536	57	1,047		43%	51%	5%
Medical Cluster 2 (Bands 5-7)	866	1,080	137	2,083		42%	52%	7%
Medical Cluster 3 (Bands 8a-8b)	106	67	6	179		59%	37%	3%
Medical Cluster 4 (Bands 8c-9 and VSM)	10	4	3	17		59%	24%	18%
<b>All clinical non-medical staff</b>	<b>1,436</b>	<b>1,687</b>	<b>203</b>	<b>3,326</b>		<b>43%</b>	<b>51%</b>	<b>6%</b>
Cluster 5 (Medical/dental consultants)	112	173	8	293		38%	59%	3%
Cluster 6 (Medical/dental, non-consultants)	23	85	5	113		20%	75%	4%
Cluster 7 (Medical/dental, trainees)	68	211	36	315		22%	67%	11%
<b>All clinical medical staff</b>	<b>203</b>	<b>469</b>	<b>49</b>	<b>721</b>		<b>28%</b>	<b>65%</b>	<b>7%</b>
<b>Total for clinical staff</b>	<b>1,639</b>	<b>2,156</b>	<b>252</b>	<b>4,047</b>		<b>40%</b>	<b>53%</b>	<b>6%</b>

	White	BAME	Unknown	All		White	BAME	Unknown
<b>Total (all staff)</b>	<b>2,588</b>	<b>2,445</b>	<b>352</b>	<b>5,385</b>		<b>48%</b>	<b>45%</b>	<b>7%</b>

### 3.9 The results above show:

- The overall ethnic diversity of the trust is 45% BAME.
- However, they represent only 22% for non-clinical roles (one in four or five), within which only 15-16% (one in seven people) of BAME staff are in Band 8a and above
- For the clinical staff they are more proportionally represented with an of average 51% BAME across all bandings (nurses, HCAs, etc), Although, just like with the non-clinical roles, representation tapers off with BAME staff comprising 37% of 8a-8b and only 24% of Bands 8c and above.
- Similarly, with the medical staff, while BAME staff represent 65% of this cluster overall, BAME staff comprise 75% of non-Consultants post (excluding doctors in training). This pattern needs to be further explored and understood.

### 3.10 BAME over-representation at Band 5

One of the actions from 2021/22 was to evaluate the demographic of newly qualified/international recruits to identify whether the contribute to the BAME over-representation at Band 5. This is a detailed section as the figures show strong trends but are not conclusive as to why these trends exist.

	BAME	White	Unknown	Total / average	BAME - British nationality / Indian born	BAME - Indian nationality / Indian born	BAME - British nationality / Ph'ne born	BAME - Filipino nationality / Ph'ne born	Total / ave.
Band 5 (headcount)	576	160	76	812	6	281	20	127	434
Band 5 (%)	71%	20%	9%		1%	65%	5%	29%	
Average length of service (years)	3	5	2	4	8	2	6	2	
Band 6 (headcount)	231	250	30	511	16	63	13	32	124
Band 6 (%)	45%	49%	6%		13%	51%	10%	26%	
Average length of service (years)	4	5	4	5	4	2	3	1	
Band 7 (headcount)	95	198	18	311	10	13	9	4	36
Band 7 (%)	31%	64%	6%		28%	36%	25%	11%	
Average length of service (years)	4	5	3	5	2	1	4	1	

### 3.11 The results above show:

- Starting with the lefthand side of the table below: BAME nurses are the majority of Band 5s (71%) and looking at the raw data implies that the Unknowns tend to be mainly BAME too, so BAME staff could be much closer to 80% of our Band 5 Nurses.
- This reduces by seniority (45% at Band 6 and 31% at Band 7).
- However, when we look at length of service, the BAME nurses have consistently lower length of service in each grade (1-2 years lower).
- Turning to the righthand side of the table: When we look at the nurses recruited from overseas, exclusively from India and the Philippines, we see that they make up just over half of the Band 5s (434 of 812) and a quarter of Band 6s (124 of 511) and just over 10% of Band 7s (36 of 311).
- There is a huge difference between the nurses with British nationality (both Indian born and Philippines born) and Indian/Filipino nationality. The nurses with British nationality tend to be lower numbers overall but follow the trend of White nurses, with fewest in

Band 5 and more in Band 7. They also have longer length of service compared to their Indian/Filipino nationality colleagues, following the White trend again.

- There are huge differences in the Indian nationality nurses as a proportion of the Bands 5-7 nurses. Band 5 is 35% (281 of 811), Band 6 is 12% (63 of 511) and Band 7 is just 4% (13 of 311).
- Filipino nationality nurses follow the same trends but with lower starting numbers. Band 5 is 16% (127 of 811), Band 6 is 6% (32 of 511) and Band 7 is 1% (4 of 311).
- The reasons for these patterns are unknown. One possible explanation is that more overseas-nationality nurses have been appointed in recent years and in the next 4-6 years we will see the percentage of Band 7s from these nationalities rise accordingly, as they seem to not stay in a pay banding as long as other nurses.
- An alternative explanation is that nurses with local connections (and British Nationality) are more likely to stay in the Trust, whereas people with no connections could be moving for development opportunities and/or higher London weighting.
- Lastly, we would need to explore to see if overseas-nationality nurses return to their country of birth, maybe for reasons we can or cannot influence
- The next step would be to look at data on recruitment, promotion and leavers, for a period of perhaps 3 years. It would also be beneficial to analyse formal or informal information about reasons for leaving.

#### 4. Action since last year

4.1 A good proportion of the action plan for 2021/22 has been completed (see Appendix 1) but progress was affected by changes in the EDI team and the HR management of change process to the wider HR Team. Anything that is not yet complete is included in the actions for 2022/23 and Actions were added in response to the data recently analysed (sections 3.5 and 3.8). Successes include:

- Connect have hosted a large number of events to celebrate diversity and to create Safe Spaces for concerns to be raised.
- Freedom to Speak Up champions now represent our diverse workforce, which encourages openness.
- Training has continued to be rolled out, including cultural intelligence, reciprocal mentoring and coaching for BAME senior managers (8b-8d).

#### 5. Action for the coming year

5.1 This action plan builds on the progress made in 2021/22, to further improve experiences of Black, Asian and Ethnic Minority colleagues and aligns with the Public Sector Equality Duty themes of:

- To advance equality of opportunity;
- To foster good relations between those who share a protected characteristic and those who do not, and;
- To eliminate unlawful discrimination, harassment and victimisation.

Theme	Indicator and Action	Lead/s	Timeline
Advance equality of opportunity	Indicator 4: Include data on unsuccessful CPD applications in 2022/23 WRES report.	EDI Lead & Talent Manager/s	Summer 2023
Advance equality of opportunity	Indicators 5, 6, 7, 8, 9: Submit proposal for Staff Network Chairs protected time and budgets, including Connect. NB Connect's charity budget due to be spent by Dec 2022.	EDI Lead, in liaison with all Staff Networks Chairs	November 2022



Theme	Indicator and Action	Lead/s	Timeline
Advance equality of opportunity	Indicator 7: Ensure higher take up of targeted coaching sessions to BAME staff employed at Band 8b-8ds.	Head of L&D	Oct-Dec 2022
Advance equality of opportunity	Indicator 7: Explore the reasons for the pattern of Bands 5-7 Nurses from India and the Philippines, particularly retention and career progression: <ul style="list-style-type: none"> <li>Analyse data on recruitment, promotion and leavers, for a period of 3 years;</li> <li>Analyse formal or informal information about leaving reasons.</li> </ul>	EDI Lead, Workforce Information Manager, Head of Recruitment, AD of HR Ops	Autumn 2022
Advance equality of opportunity	Indicator 7: Explore the reasons that BAME staff make up 59% of Consultants compared to 75% of Non-Consultants.	EDI Lead	November 2022
Advance equality of opportunity	Indicator 7: Targeted skills development and assessment days for BAME staff employed in Bands 7-8a (Medical and Non-Medical).	Head of L&D	February 2023
Advance equality of opportunity	Indicator 7: Develop a new Talent-based appraisal content.	Talent Team	Spring/summer 2023
Advance equality of opportunity	Indicator (several): Establish whether any ethnicities within the BAME demographic are over over-represented in the most recent WRES report (indicators 1-4 and 9).	Workforce Information Manager & EDI Lead	Autumn 2022
Advance equality of opportunity and Eliminate unlawful discrimination, harassment and victimisation	Indicators 1, 3, 4, 9: Evaluate WRES indicators at divisional level: <ul style="list-style-type: none"> <li>Indicator 1 and 9, seniority</li> <li>Indicator 3, disciplinary</li> <li>Indicator 4, non-mandatory training</li> </ul>	EDI Lead, supported by Workforce Information Mgr, AD of HR Ops and Head of L&D	Autumn 2022
Foster good relations	Indicator 6 and 8: Increase the number of staff participating in the bitesize Cultural Intelligence training.	EDI Lead and Head of L&D	Ongoing
Foster good relations	Indicator 9: Extend the Trust's reciprocal mentoring programme, to at least a further 10 BAME staff and senior staff, using training such as the NHS Leadership Academy.	EDI Lead	Jan 2023
Foster good relations and Eliminate unlawful discrimination, harassment and victimisation	Indicator 5: Review and update training to support EDI outcomes in patient services, such as domain 1 of EDS and <i>Making Local Healthcare Equal: Healthcare concerns in Black and Asian communities</i> . This may include: cultural competency; unconscious bias; anti-racism; understanding disparities and health inequalities.	EDI Lead and EDI Steering Group Chairs	March 2023
Eliminate unlawful discrimination, harassment and victimisation	Indicators 2, 3, 4, 5, 6, 7, 8: Confidential themes from Staff Network's safe space sessions to be fed back to EDI Steering Group at least twice a year.	Connect and all Staff Networks	Bi-annually
Eliminate unlawful discrimination,	Indicator 2: Review and update Recruitment Policy. Consider diversity of panels for Band 8b and above; Inclusion	Head of Recruitment	Winter 2022

Theme	Indicator and Action	Lead/s	Timeline
harassment and victimisation	Ambassadors; training for all panel members, current and future.		
Eliminate unlawful discrimination, harassment and victimisation	Indicator 3: Embed Connect proposed changes to disciplinary process from September 2021. (Connect request the Disciplinary Panel and Triage Panel to be diverse and to include a trained Inclusion Ambassador).	AD of HR Ops	Autumn 2022
Eliminate unlawful discrimination, harassment and victimisation	Indicator 3: Identify relative likelihood of entering the triage process for BAME employees.	AD of HR Ops	Autumn 2022
Eliminate unlawful discrimination, harassment and victimisation	Indicator 5: Evaluate the trial of body worn cameras for staff.	Head of Security	Autumn 2022
Eliminate unlawful discrimination, harassment and victimisation	Indicator 6 and 8: Enhance FTSU partnership working with staff networks and Staff Side colleagues.	Freedom to Speak Up Guardian	Autumn 2022

## 6. Risks

### 6.1

Risk	Mitigation
Non-compliance with WRES would lead to a breach of the standard NHS contract.	The above action plan, and other work in place around the Trust, shows we are managing the risks.
Risk of talent management missing out on staff with greater potential. This has a risk to patient outcomes.	Changes in recruitment, learning and talent management practices. Equal opportunities for development and promotion is registered as a risk on the Trust's corporate risk register and therefore evaluated and actioned regularly.
Risk of Employment Tribunal case/s, including financial and time implications.	Staff networks' safe space discussions and their Chairs provide support for employees to raise issues at a less formal stage so they are resolved more easily.
Risk of reputational damage. This can stop the Trust being an employer of choice, demotivate current staff and increase vacancies.	Staff networks' safe space discussions and their Chairs provide support for employees to raise issues at a less formal stage so they are resolved more easily.

## 7. Recommendation

7.1 Board is asked to receive this report to review and to approve for publication on the Trust website by 31 October 2022, in line with statutory requirements.

**Name of Director** Andrew McMenemy

**Title** Chief People Officer

**Date:** 25 August 2022

## APPENDICES

Appendix 1 WRES Action Plan 2021/22

## Appendix 1 WRES Action Plan 2021/22

Theme	Actions	Lead	Update
BHA & Discrim'n	Update the Equality & Diversity online mandatory training module to increase knowledge of indirect discrimination by January 2022.	EDI Lead	Completed. Change to E-learning for Health module.
BHA & Discrim'n	Continue to increase the diversity of FtSU Champions to support speaking up in the organisation from September 2021.	Freedom to Speak Up Guardian	Completed. FtSU Guardian replaces people as they move roles/organisations.
BHA & Discrim'n	Continue face to face engagement events to celebrate the diversity of the Trust and/or to create safe spaces for staff to raise concerns.	Connect	Completed. Both Global Workforce Celebrations and Safe Space events are scheduled 6-weekly. They typically attract over 100 people now and around 25 new people sign up as members.
BHA & Discrim'n	Roll out monthly opportunities for staff to participate in the bitesize Cultural Intelligence training.	EDI Lead & Connect	Completed. Delivered on request in 2021/22. This complements the 2 x 4 hour seminars available via Acorn.
BHA & Discrim'n	Evaluate the trialling of body worn cameras (BWCs) for staff from March 2021 until November 2021.	Head of Security	Part completed. BWCs are not worn and activated regularly so only a few incidents have been recorded. Trial extended.
BHA & Discrim'n	Enhance FTSU partnership working with staff networks and Staff Side colleagues from September 2021.	Freedom to Speak Up Guardian	Part completed. Monthly meeting with two Staff Side Chairs. LGBT+ meeting attended; contacted the other Networks.
BHA & Discrim'n	Reinstate the 'security toolbox talks' to staff in collaboration with Hertfordshire Police by March 2022.	Freedom to Speak Up Guardian	Postponed, this will be further explored with the Freedom to Speak Up Guardian + Head of Security Management
BHA & Discrim'n	Embed Connect proposed changes to disciplinary process from September 2021. [Connect asked for the Disciplinary Panel and Triage Panel to be diverse and to include a trained Inclusion Ambassador].	AD of HR Ops	In progress. Due Aug 2022.
BHA & Discrim'n	Identify relative likelihood of entering the triage process from December 2021.	AD of HR Ops	Postponed. Due Autumn 2022.
Recruit & Develop	Offer targeted coaching sessions pro-actively to BAME staff employed at Band 8b-8d's from August 2021.	Head of L&D	Completed but low take up (six coachees). To be continued in 2022/23.

Theme	Actions	Lead	Update
Recruit & Develop	Evaluate the demographic of our newly qualified/international recruits to identify whether they contribute to the BAME over-representation at Band 5.	EDI Lead	Completed. Please see main report, above.
Recruit & Develop	Enrol at least 10 BAME staff onto the NHS Leadership Academy's reciprocal mentoring programme by December 2021.	EDI Lead	Completed. 16 board members and directors engaged in reciprocal mentoring with 14 Connect members.
Recruit & Develop	Establish if overseas doctors and nurses' recruitment can be added to the indicator 2 calculation.	Workforce Information Manager	Completed. For doctors there is no separate overseas recruitment, so all applying doctors' equalities data is recorded on TRAC, with everyone else's. For nurses, overseas Band 5s are recruited through an agency. The Trust gets the equalities data only for the appointed nurses, when they are put on ESR, so it is not possible to combine.
Recruit & Develop	Monthly updates on equal opportunities via the Trust's Risk Register.	EDI Lead	Completed. Updated with 2021 figures from the Staff Survey.
Recruit & Develop	Launch a new Leadership Development Programme (Launchpad) by November 2021 and a Secondments Bureau.	Head of L&D (and Talent Manager/s)	Completed: Launchpad. Not completed: Secondments Bureau. New Talent team will take this forward
Recruit & Develop	Review recruitment practices by December 2021 and embed proposed changes into updated Recruitment Policy by June 2022.	Head of Recruitment	Part completed. Website updated with better inclusion information. 'Opt in' e-learning created for unconscious bias and cultural awareness. Paper sent to TMC and further work required. Will consider diversity of panels for Band 8b and above; Inclusion Ambassadors; training for all panel members, current and future. Policy to be updated. Due Autumn/Winter 2022.

Theme	Actions	Lead	Update
Recruit & Develop	Developing a new Talent-based appraisal content by July 2022.	Head of L&D (and Talent Manager/s)	Appraisal content will be reviewed and updated by the talent team, following a behavioural framework update.
Recruit & Develop	Include data on unsuccessful CPD applications in 2022 WRES report.	EDI Lead	Postponed. CPD system did not have the functionality to record in 2021/22. Data for Q1 2022/23 only shows duplicates being rejected – which is a positive reason for rejection – but cannot be analysed by ethnicity. Work is being undertaken to improve this moving forward.
Recruit & Develop	Book rooms so appropriate physical environment is available and communicated for appraisals or personal development conversations to take place from March 2022.	EDI Lead	To be reviewed.
Governance	Submit proposal for substantive Connect BAME Chair post, budget and governance structure post by December 2021.	Connect	Part completed. Proposal presented and governance structure agreed. Protected time and budget not approved.
Governance	Confidential themes from Connect's safe space sessions to be fed back to PERC bi-annually.	Connect	Part completed. Last one, Aug 2021. Next one to go to new EDI Steering Group, Sept 2022.
Governance	Establish whether any ethnicities within the BAME demographic are over-represented in WRES data from November 2021. [Not available for Indicators 5-8].	Workforce Information Manager & EDI Lead	Postponed. Due Autumn 2022.
Governance	Continue to evaluate at departmental/Divisional in relation to all the WRES indicators [Ethnicity data not available for Indicators 5-8].	Workforce Information Manager & EDI Lead	Postponed. Due Autumn 2022.