Walsall Health Care Workforce Race Equality Standard Action Plan 2019-2021

WRES Metric	What is the data telling us /narrative	Actions to be taken	Accountable Officer	Deadline
Metric 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	**The proportion of BME staff working at Walsall Health Care as at January 2019 is 26.5%. This figure is higher than the census data for the BME population in Walsall overall which is 23.1%. Ethnicity reporting data on ESR is currently high at 99.9%. The medical and dental workforce holds the largest proportion of BME Colleagues 75% of the staff group. The majority of BME staff, excluding medical and dental are employed within band 1-4 or band 5-6** **There is 14% of BME staff at 8a 15% at 8b and 7 % at 8C. VSM BME representation is currently 11%. A large proportion of the Consultants workforce are from BME backgrounds 73%**	**Work with the Recruitment and Resourcing lead to develop an employer brand proposition in order to attract/ recruit and retain talent across a variety of roles with a specific focus on attracting talented BME staff to work at the Trust. Explore options to work with specialist recruitment agencies to attract talented underrepresented groups** **Carry out a review of current approach to resourcing at Walsall Healthcare to ensure fair, transparent and open processes. Train members of staff /Cultural Ambassadors to participate in interview panels in order to ensure 100% diverse shortlisting panels.** **Work with partner organisations to tap into current regional talent management/leadership development schemes and ensure representation from talented BME staff. E.g. NHS Leadership Academy** **Carry out further analysis of staffing groups within Trust Directorates to understand if there are any further areas of under representation in relation to particular roles and report to the EDIG**	**Talent, Inclusion and Resourcing Lead**	**September 2021**

Metric 2: Relative likelihood of staff being appointed from shortlisting across all posts.	**Recruitment data has been generated from the TRAC system for both periods (2018 and 2019) A figure below 1:00 indicates that BAME staff is more likely than other staff to be appointed from shortlisting.** **The relative likelihood of White Staff being appointed compared to BME staff is 1.97. This means that if you are from a White background you are 1.97 times more likely to be appointed from shortlisting compared to a BME member of staff.**	**Develop online/ face to face recruitment and selection training to incorporate unconscious bias.** Explore options to develop career pathways for key roles (clinical and non clinical) within the Trust. Publicise on intranet and make this widely available to all staff. Ensure targeted communications to underrepresented groups.	**Deputy Director of People and Culture Head of HR,OD and Culture**	**September 2021**
Metric 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	**The relative likelihood of BME staff entering the formal disciplinary process compared to White Staff is 1.04 times greater. This figure represents a significant decrease compared to the previous year's data which was 2.86. A figure below 1:00 indicates that BME staff is no more likely than white staff to enter into the disciplinary process.**	**As part of recruitment and selection training interventions ensure the WRES model employer strategy is communicated to staff and incorporated into the recruitment and selection training programme. Ensure HR managers and advisors are aware of WRES strategies in relation to closing disciplinary rates between BME staff and non BME staff so that they can incorporate this into HR policy development/training for managers.** **Volunteers required to participate in the RCN cultural ambassador's programme in order to sit on recruitment and selection panels. Volunteers from cultural ambassadors network to deliver webinars to managers to**	**Talent, Inclusion and Resourcing Lead** **Cultural ambassadors Inclusion network members**	**December 2020**

		explain the importance of diverse recruitment panels volunteers Gather data on the number of diverse shortlisting panels that have taken place so far and report on any impact on recruitment of underrepresented groups at Bands 8 a and above (6 months data)		

WRES Metric	What is the data telling us? /narrative	Actions to be taken	Accountable Officer	Deadline
Metric 4: The relative likelihood of staff accessing non mandatory training and CPD	**A figure below 1:00 indicates that BAME staff are more likely than other staff to access training. Based on current data available the relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff is 0.98**	**Volunteers required to participate in the RCN cultural ambassador's programme in order to sit on recruitment and selection panels.** **Volunteers from cultural ambassadors network to deliver webinars to managers to explain the importance of diverse recruitment panels.** **Gather data on the number of diverse recruitment panels that have taken place so far and report on any positive impact on recruitment of underrepresented groups at Bands 8 a and above (6 months data) at the EDIG**	**Cultural Ambassadors Inclusion network Talent, Inclusion and Resourcing Lead**	**December 2020**
Metric 5: KF 26. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	**The data indicates that there are no significant statistical differences in percentage terms in relation to BME and White staff experiencing harassment bullying and abuse from patients, relatives and other colleagues. The response for White staff is (27.93) compared to (27.57%) for BME staff. There is a slight decrease in the number of staff experiencing Harassment Bullying and**	**Develop a process to ensure that all non-mandatory training and CPD is captured effectively across the Trust** **Continue to monitor the number of BME staff accessing non mandatory training and CPD and report to the Equality, Diversity and Inclusion Group Talent, Inclusion and Resourcing administrator to cascade information to inclusion network regarding career development opportunities and access to non-mandatory training and CPD**	**Director of People and Culture** **Talent, Inclusion and Resourcing Lead**	**December 2020**

	Abuse compared to the previous year's survey which was 30.41% for White staff and 31.40% for BME staff.			
Metric 6: KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	**The staff survey results indicate that BME colleagues are more likely to experience harassment, bullying or abuse from staff.. White staff (26.80%) BME staff (31.33%)**	**Inclusion Group members to carry out research into best practice methodologies for reducing HBA to frontline facing staff e.g. paramedics/nurses etc. by patients. Contact Social Partnership Forum and other similar organisations with expertise in this area. Develop options paper for EDIG with best practice methods for implementation in key areas in agreement with Heads of departments/managers of services. Monitor any impact/differences through staff survey.** **Undertake a further analysis of hot spot areas in the Trust where there are issues and report on findings to the EDIG. Ensure a temperature check list of key people performance indicators is incorporated into the Trust's Accountability Review process for Heads of Service to review and take action. E.g. Staff survey results WRES/WDES indicators on Harassment Bullying and Abuse.**	**Inclusion Network Talent , Inclusion and Resourcing Lead** **Director of People and Culture**	**September 2020**

| Metric 7: KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. | The Trusts staff survey results indicate that White colleagues are more likely to believe the Trust provides equal opportunities for career progression or promotion. | Explore options to develop career pathways for top ten clinical and non-clinical roles- publicise on intranet and make this widely available to all staff. Target communications to BME staff. Secure involvement from Inclusion network members to get involved in this piece of work

Investigate processes for embedding and communicating stretch projects in departments and how these are advertised. Link in with QI Academy to ensure that any opportunities are widely advertised and linked to Trust's PDPR process.
Develop a proposal to ensure that opportunities to be involved in stretch projects are transparent and they advertised as widely as possible as part of the Trusts PDPR process
Explore Job shadowing opportunities for BME staff – an example could be a day in the life of ……. Head of Urgent Care/Chief Nurse etc.
Secure more managers at senior levels to get involved in coaching and reverse mentoring scheme (middle managers)
Explore options to develop a career development offer (cost neutral) for BME staff, seek approval from the EDIG to implement options. | Head of HR OD and Culture
Director of People and Culture
Talent , Inclusion and Resourcing Lead | December 2020 |

		As part of talent initiatives develop a process to ensure talented individuals from underrepresented groups are included in Trust wide talent pool.		

WRES Metric	What is the data telling us?/narrative	Actions to be taken	Accountable Officer	Deadline
Metric 8: Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	The staff survey results indicate that BME colleagues are twice as likely to experience discrimination at work from managers/team leader or other colleagues. White staff 7.40% for white staff compared with 14.77% for BME staff.	Inclusion network members to carry out research into best practice methodologies for reducing Harassment Bullying and Abuse in hot spot areas. Develop a zero tolerance poster campaign on Harassment Bullying and Abuse linked to the Trust's organisation values/ People Pledge and cascade information across the Trust. Contact Social Partnership Forum and other similar organisations with expertise in this area. Develop options paper for E&D Group with best practice methods for implementation in key areas in agreement with Heads of departments/managers of services. Monitor any impact/differences through staff survey.	Inclusion Network Talent, Inclusion and Resourcing Lead	September 2020
Metric 9: Percentage difference between the organisations' Board voting membership and its overall workforce	The Trust Board membership as a whole inclusive of Non – Executive Board members is representative of the wider workforce and local demographics: BME membership amongst Executive Board members is 14% and reflective of system wide under representation	Work with partners at a national and local level to attract, recruit and retain more BME people at Board level. Review current process for Board Recruitment, work with specialist recruitment agencies	Director of People and Culture	September 2022