



## Appendix 1

Workforce Race Equality Standard Action Plan 2023 - 2024

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Evidence de implemente	d is	vidence demo mostly met a mescales	nstrates the action and within		is mostly met but not action has not be		e demonstrates the een met
Metrics 1: Peroin the overall v	· ·	of Bands 1-9 and North Indicate this one organisations' aff representations	VSM (including executives calculation separately	for non-clinical a hip and its overal s of the organisa	ind for clinical staff. Il workforce.	entage of BME staff	
What actions do we need to take and why?	Value and promote The WRES workforce data in the organisation BAME colle actions are to review recruit minimise bias from the select emphasises the importance actions below will support the select of the select organization.	s). The focus of our s panels and help People Plan					
Reference	Action to be taken		Responsible owner(s)	Completion date	Outcomes		Rag Rating
1.1	Transformational Reciproprogramme for Senior lea Board, Non-Execs, etc. CO with Race as the initial for and Gender (specifically for the secondary focus.	ders (Trust DHORT 2 – cus– Disability	HRD/Head of EDI	September 2024		tively impacting hisation, by s to engage on the uality and other	





llaboration					
Metrics 1: Per in the overall	kforce Data and Representation — Metrocentage of BME staff in each of Bands 1-9 and workforce. Organisations should undertake the centage difference between the organisations	VSM (including executinis calculation separatel	y for non-clinical		
Objectives	<ul> <li>Improve BAME staff representation</li> <li>Reduce the gaps in experiences</li> <li>Value and promoting the voice of</li> </ul>				
What actions do we need to take and why?	the organisation BAME colleagues are dispre actions are to review recruitment and select minimise bias from the selection process the	oportionately underreproion processes to improveough best practice reco	esented (for both e representation of mmendations fror	ckground, however at middle to senior levels of clinical and non-clinical roles). The focus of our of BAME people on selections panels and help in the Kline review. The NHS People Plan decision-making committees and forums. The	
Reference	Action to be taken	Responsible owner(s)	Completion date	target senior leaders' middle managers and those with lived experience.	Rag Rating
1.2	6 monthly WRES report on the	Head of	May 2024	Participants to develop and implement a Service Improvement project.      Workforce EDI data is routinely	
	<ul> <li>workforce data by race on:</li> <li>Applications/ Shortlisting/ Recruitment</li> <li>Promotion/career progression/</li> <li>Secondment</li> <li>Employee relations case work</li> <li>Access to training &amp; development (non-</li> </ul>	EDI/HRD/Head of Workforce Information		reviewed, and appropriate actions undertaken.  • Career progressions data improves for BAME staff.  The data provided will be broken down as: BAME in comparison to white and then by the following categories:	





llaboration					
Metrics 1: Per in the overall	kforce Data and Representation – Me centage of BME staff in each of Bands 1-9 and workforce. Organisations should undertake to centage difference between the organisation	d VSM (including executi his calculation separatel	y for non-clinical		
Objectives	<ul> <li>Improve BAME staff representa</li> <li>Reduce the gaps in experiences</li> <li>Value and promoting the voice</li> </ul>				
What actions do we need to take and why?	the organisation BAME colleagues are dispr actions are to review recruitment and selec minimise bias from the selection process th	oportionately underrepr tion processes to improv rough best practice reco	esented (for both re representation of mmendations from	ckground, however at middle to senior levels of clinical and non-clinical roles). The focus of our of BAME people on selections panels and help m the Kline review. The NHS People Plan decision-making committees and forums. The	
Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
	<ul> <li>Mandatory)</li> <li>Exit Interviews/Turnover</li> <li>Sickness (short term and longterm data)</li> <li>Fairer recruitment (no more tick boxes etc.) implemented.</li> <li>Noting actions for improvement.</li> </ul>			- Black - Asian - Mixed - Other - White  Helps inform objective 1.3  Brought forward from 22/23 Action plan as the recruitment system has not allowed the Trust to report by demographics, this would need to be done manually, however Lynn Roberts, has been collecting qualitative data through 1-1's, questionnaires, who have been through the process, including the panel members. This should change with the new recruitment system.	
1.3	Ensure that the Trust takes positive action for the appointment of Executive (VSM) and Non- Executive Director posts and encourages	Trust Board Chair/ CEO /HRD	Dec 2023	<ul> <li>Increased numbers of BAME candidates for senior positions.</li> <li>Develop and nurture staff to enhance their readiness to apply</li> </ul>	





in the overall v	vorkforce. Organisations should undertake th			rs) compared with the percentage of BME staff and for clinical staff.		
	entage difference between the organisations	· · · · · · · · · · · · · · · · · · ·				
Objectives	Improve BAME staff representation	tion across senior leve	els of the organisa	ation		
	Reduce the gaps in experiences between white staff and BAME staff					
	<ul> <li>Value and promoting the voice of</li> </ul>	of BAME Staff within o	decision-making.			
What				ckground, however at middle to senior levels of		
actions do			•	clinical and non-clinical roles). The focus of our		
we need	minimise bias from the selection process thi	-	-	of BAME people on selections panels and help		
to take	-			decision-making committees and forums. The		
and why?	actions below will support this objective.					
Reference	Action to be taken	Responsible	Completion	Outcomes	Rag Rating	
		owner(s)	date			
	applications from as diverse pool of			for new positions.		
	talent as possible to demonstrate the					
	Trust's commitment to diversity and					
	•			Brought forward from 22/23 as work around this action needs to continue		
	Trust's commitment to diversity and inclusion.					
	Trust's commitment to diversity and inclusion.  Including Senior Managers in the					
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Metrics 2: Rel Metrics 3: Rel This Metric w	<ul> <li>2. Workforce Data - Employee Relations and Education &amp; Training – WRES Metric 2, 3, 4</li> <li>Metrics 2: Relative likelihood of BME staff compared to white staff being appointed from shortlisting across all posts.</li> <li>Metrics 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.</li> <li>This Metric will be based on data from a two-year rolling average of the current year and the previous year.</li> <li>Metrics 4: Relative likelihood of staff accessing non-mandatory training and CPD.</li> <li>Objectives</li> <li>Reduce the gaps in experience between white staff and BAME staff</li> <li>Support managers to understand structural and individual acts of racism and develop cultural intelligence programmes</li> </ul>					
What actions do we need to take and why?	interventions and Learning and De	the data collection and analysis of HR The actions below are focused on raising Ambassador programme to help close the				
Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating	
2.1	Undertake annual analysis of the use of the RCN Cultural Ambassadors in all disciplinary data to identify any trends or issues in relation to race.	Head of EDI/Head of Employee Relations/HR and OD	Quarterly	<ul> <li>Regular reports on progress taken to EDI Steering committee.</li> <li>Cohort of BAME Staff trained and supporting disciplinary investigations.</li> <li>CA participants championing EDI and actively involved within the Trust activities.</li> <li>CAs to sit on Band 8A interview panels.</li> <li>Identify learning lessons from CA programme and have actions to address the identified gaps.</li> </ul>		





Metrics 2: Metrics 3: This Metric	Orkforce Data - Employee Relation Relative likelihood of BME staff compared Relative likelihood of staff entering the for will be based on data from a two-year ro Relative likelihood of staff accessing non-r	ing across all posts. ry into a formal disciplinary investigation.			
2.2	Provide divisions and directorates with WRES data for their workforce.  EDI becomes a standing item on the Directorates Business Meetings- Staff Survey, pulse survey, WRES, WDES, Gender Pay Gap, and planned delivery of identified actions that Directorates need to undertake to improve their staff experience.  Violence and Aggression Procedure revised and relaunched. Focused work around racism and discrimination to be a theme throughout the policy.	Divisions/Execs/VSM's	April 2024	<ul> <li>Embed EDI as BAU</li> <li>Promoting and encouraging visible representation of BAME staff in communication activity and in forums such as Board meetings/committee meetings etc.</li> <li>Staff to feel safe at work</li> <li>Staff know how to report racist abuse and violence and are encouraged to do so.</li> <li>Staff receive appropriate support following abuse and violence.</li> <li>Communication and training plan for line managers and staff on the revised violence and aggression policy.</li> <li>Patient/Public facing communication plan to be developed.</li> <li>These can be measured by:         How many people attended the microaggression and civility sessions.</li> <li>Provide divisions and directorates with their specific workforce representation</li> </ul>	





2. Workforce Data - Employee Relation Metrics 2: Relative likelihood of BME staff compared Metrics 3: Relative likelihood of staff entering the for This Metric will be based on data from a two-year ro Metrics 4: Relative likelihood of staff accessing non-r		
	data and WRES scores, highlighting areas	
	of underrepresentation or disparities.	
	Conduct a thorough review of the	
	violence and aggression procedure,	
	focusing on racism and discrimination.	
	Gather feedback from employees, track	
	incidents, and evaluate any changes in	
	the reported incidents of racism or	
	discrimination.	
	Monitor the impact of the policy	
	changes and measure the outcomes in	
	terms of reducing incidents and	
	improving the overall staff experience.	
	Outcome: Presentation at Board from	
	each directorate re Staff survey and	
	Recruitment and retention plan.	
	Brought forward from 22-23 as more work needs to be done around this.	





Metrics 5: Pei Metrics 6: Pei Metrics 7: Pei	Reduce the gaps in experience	nt, bullying or abuse nt, bullying or abuse qual opportunities fo experienced discrim between white staff	e from patients, relate from staff in last 1 or career progression in the front and BAME staff.	2 months. on or promotion. m any of the following Manager/team		
actions do we need to take and why?						
Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating	
3.1	Host four listening events. —     Re-Launch Network Name,     Black History Month etc.     Promote the work of the     Network.     Co-deliver staff Induction.	Head of EDI/Network Chairs	April 2024	<ul> <li>BAME Network Strategy to be added to the Staff Networks Strategy</li> <li>BAME and non-BAME staff participating in organised initiatives.</li> <li>A clear programme of cultural and diversity events shared across the organisation.</li> <li>Continued development of Network Chairs.</li> </ul>		





3. Staff Metrics 5: Pe Metrics 6: Pe Metrics 7: Pe Metrics 8: In leader or oth Objectives What actions do we need to take and why?					
Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
3.2	Develop a coaching and mentoring register for BAME Staff – each Division to identify BAME colleagues (extended to other underrepresented groups – young people and disabled staff)	Head of Recruitment/Head of EDI/Clinical Education Team/Deputy Chief Nurse	March 2024	<ul> <li>The Trust is able to provide a formal structure to facilitate BAME staff career development.</li> <li>Each division to identify at least 5 BAME colleagues to access coaching or mentoring to develop their careers.</li> <li>Coaches / mentors are identified for BAME colleagues to support career development.</li> </ul>	
3.3	Continue focus to reduce the number of BAME staff experiencing B&H from staff, managers, team leaders or other colleagues – identify actions to be undertaken working with the Freedom	Head Of Employee Relations /Head of EDI/Learning and development	Ongoing	<ul> <li>Staff Survey and WRES data for this indicator improves.</li> <li>Pulse Survey data improves.</li> <li>Line managers and staff having more sensitivity on their impact on</li> </ul>	





<u> Collaboration</u>						
Metrics 5: Per Metrics 6: Per Metrics 7: Per Metrics 8: In 1	Survey Indicators & Staff Engagement – rcentage of staff experiencing harassment rcentage of staff experiencing harassment rcentage believing that Trust provides extended the last 12 months have you personally captured the colleagues.	nt, bullying or abuse nt, bullying or abuse qual opportunities fo	from patients, rela from staff in last 1 or career progression	2 months. on or promotion.		
Objectives	Reduce the gaps in experience	between white staff	and BAME staff.			
What actions do we need to take and why?	d ,					
Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating	
	to Speak Up Guardian (F2SU), link in with the Women's, DaD, LGBT+ Networks.  • Training workshops around micro aggression, incivility, active allyship.  • Line Managers development programme.			others.  Revised Dignity at Work and Grievance Procedures that ensure our processes and practices are free from bias		
3.4	Actively encourage participation of BAME staff to sign up to the Cultural Intelligence offer, through the EDI System Training and Education Group.  Ensuring all staff have a high quality annual appraisal that includes a discussion on EDI, wellbeing	Head of EDI/HRD	June 2024	<ul> <li>BAME Staff uptake of non-Mandatory training programmes increases.</li> <li>BAME Staff are actively encouraged to seek development opportunities and positive stories captured from their participation.</li> </ul>		





3. Staff Metrics 5: Pe Metrics 6: Pe Metrics 7: Pe Metrics 8: In leader or oth					
Objectives	Reduce the gaps in experience	between white staff	and BAME staff.		
What actions do we need to take and why?	The actions in this part of the WRES act of our Black, Asian and minority ethnic				
Reference	Action to be taken	Responsible owner(s)	Completion date	Outcomes	Rag Rating
	conversation and career aspiration with a PDP.			<ul> <li>Increase % of delegates accessing non-Mandatory training from BAME backgrounds – annually.</li> </ul>	





Action plan history log	Date
Initial draft – OPR Head of EDI	18.05.2023
Update-OPR, JM and CN Chair and Deputy Chair BAME Network	22.05.2023
Update-OM Director of HR and OD	22.05.2023
Update- OPR and CC non-Exec and Sponsor for BAME Network	25.05.2023
Update- OPR on behalf of the Network	16.06.2023
Update - OM	4.08.2023