

<b>Workforce Race Equality Indicators Action plan 2015 – 2016</b>					
<b>Number</b>	<b>Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Outcome</b>
1	Increase percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	Continue with current strategy: Training/mentoring for BME staff.	LM	Sept 2016	<b>Priority</b>
		Training for managers on non-discriminatory selection.	Learning & Dev	April 2016	
		Retention interview - BME staff at same post or level for three years to evaluate reasons why they have not progressed/where they want to go (and for item 2)			
		BME staff observe at interviews		Sept 2016	Can sit on Valued manager recruitment
		BME Staff to be part of appointment panels at Band 8 and above.		Sept 2016	Agreed for HR Director July 2016. 1 BME member involved in stakeholder group.

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2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	As for 1	LM. Learning & Dev	September 2016	<b>Priority</b>
		Exit - request interview report to identify why BME staff leave and if they are more likely to leave than White staff	BC	September 2016	To request report.
		Valued Based recruitment. To be rolled out to all posts. Ensure open and transparent recruitment process	Employment Services	September 2016	
		Remove bias in recruitment	Review recruitment skills for managers. Ensure at least 1 person on panels had this training. Set up Working Group to look at sample job descriptions to ensure relevant.	December 2016	

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		Investigate ESOL/ other training to support staff in bands 5 and below and encourage them to think about career progression. Unions offering ESOL training. Under discussion.	L&D	December 2016	
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	Training for HR Partners on racism	LM	September 2016	See R Dogra for other ideas

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4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	Monitor appraisals	L&D	September 2016	
		Equality training for staff with little access to MLE system	LM	September 2016	Over 100 staff in FM had face to face training in equality issues since August 2015
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	With 6, 7 and 8. Carry out survey of staff to identify their experience of H&B/career opportunities.	LM/BC	October/November 2016	All surveys on hold re SAS 2015. Drop in for staff in 2015 attended by 1 person.
		Identify someone to collate information			
		BHM event – Open session with Chair of BME Group to discuss H&B.	BC	9 <sup>th</sup> October 2015	Meet organised – 1 person attended.

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6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	As for 5			Priority
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	As for 6.			
		Continue with current items interview skills trng/mentoring for BME and Val Manager training	LM	Review annually	
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	See Q5. Find out more of BME staff experience.	BC	October 2016	
		F&F test for staff. Request results to identify if issues for BME staff.	BC	October 2016	F&F omits equality monitoring for staff.
		Encourage equality monitoring for the F&F Test for staff.	BC	October 2016	

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9	Boards are expected to be broadly representative of the population they serve	Look at possibility of setting up an "apprenticeship" scheme for BME people to increase representation on the board. Sign up to UWE – Diversity Advantage initiative.	BC – report item from conference.		Board priority. NBT involved in Raised with Trust Secretary. "Diversity Advantage" Univ West England pilot project to support BME people onto Boards for 2016
10	Accountability at the top for removing blockages	BME training for Board	A Young C Exec	December 2016	Roger Kline delivered Board training Dec 2015. Board pledges being chased
		A Young, Chief exec to attend 2 x BME Staff Group meetings		March 2016	A Young attended BME meetings with HR Director.
11	Cultural change at top: Awareness of research e.g. Snowy Peaks Listen to BME staff Implement change Monitor Set Targets for promotion	Valued manager training – further sessions to be run.	LM	March 2016 and ongoing	Val Manager training over 20 managers attended Jan 2015- Jan 2016
		Drop in sessions to be offered.	LM	One offered in Oct 2015 with BME Group chair. 1 person attended	
12	Dev Strong Frameworks for engagement		Staff Engagement manager	November 2016	Build membership of BME Dev Group. Regularly advertised.

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13	Raise equality profile	BME History Month and other initiatives		October 2016	Completed October 2015. Invite Marvin Rees 2016
14	Systematic approach to promote equality	Board to agree BME action plan		March 2016	E&D Com agreed. Operational Workforce Group to approve September
15	Equality part of manager's objectives		BC		2014 Equality training Mandatory from 1 April 2015. Now part of appraisals.
16	Secondments	To be visible	Employment Services	April 2016	Sent out when notified. Other opportunities e.g. apprenticeships/courses sent.
17	Shadowing	Consider a prog for BME staff so they can gain insight into other roles	HR	December 2016	May/June BME members shadowed equality training presentations/co-delivered 1 session

Progress will be recorded in the Workforce Race Equality Standard this will be reported to the Equality and Diversity Committee and the Workforce Committee . NHS England will be monitoring the WRES.  
Lesley Mansell Equality and Diversity Manager. September 2015