Annual Workforce Race Equality Standard (WRES) Report
July 2020
# Contents page

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Executive summary</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>Workforce Race - Setting the scene</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>WRES Indicators</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Indicator 1</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Indicator – 2</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Indicator – 3</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>Indicator - 4</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>Indicator 5 – 8</td>
<td>16</td>
</tr>
<tr>
<td>8</td>
<td>Indicator 9</td>
<td>18</td>
</tr>
<tr>
<td>9</td>
<td>WRES Leadership and Governance</td>
<td>18</td>
</tr>
<tr>
<td>10</td>
<td>BAME staff network</td>
<td>18</td>
</tr>
<tr>
<td>11</td>
<td>Future actions and priorities for 2019 – 2020</td>
<td>19</td>
</tr>
<tr>
<td>12</td>
<td>Conclusions</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Appendix 1 – Action Plan</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Appendix 2 – Pay band by race</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Appendix 3 – Staff Experience and Retention Plan (SERP) Drivers Diagram</td>
<td>27</td>
</tr>
</tbody>
</table>
Executive summary

Royal Free London NHS Foundation Trust serves one of the most diverse populations in London, committed to eliminating discrimination, valuing diversity and promoting equality of opportunity to build and sustain an inclusive environment to deliver and receive safe and compassionate care.

2020 has heralded a year where all organisations have come under significant pressure as a result of COVID-19 pandemic. The Trust’s workforce through its leadership, commitment, devotion, skills and expertise has delivered high quality patient care and staff support when faced with the biggest challenge the NHS has ever faced.

The unprecedented COVID19 pandemic also highlighted a statutory obligation and duty of care as we continue to learn more about the impact of COVID-19 on our black, Asian and minority ethnic (BAME) colleagues, who are four times more susceptible to be infected by COVID-19.

To reduce and eliminate the risks of susceptibility to the virus, the Trust established a targeted engagement exercise to identify and support BAME and ‘at risk’ staff via a COVID-19 risk assessment process. This will help to reduce and eliminate risks posed to BAME and At Risk staff. There are wide range of adjustments that can support staff including working from home, working different shift patterns, working in non-patient facing roles, and accessing appropriate PPE and fit mask testing.

More recently the unlawful death of George Floyd by the American police. has had a global impact which also affected our BAME staff. The trust has demonstrated its support through discussions at the BAME staff network meeting and in a poignant and supportive statement that was published:

“We want to reach out to staff who are feeling anxious, distressed, worried, and afraid about these events which come at a time when our black and minority ethnic communities are disproportionately impacted by COVID-19. The board of the RFL is proud of the rich diversity of the Royal Free London and we do not tolerate racism and hate crime. The RFL is a place where we want all staff to feel safe, protected and listened to. We believe this is essential that everybody who walks through our doors has the best possible experience. We are all in this together. We support you and are here for you. Black Lives Matter”.

Our WRES data, this year shows, the rate of progress is has been slow and in some indicators the improvements seem to be regressing. Therefore, there is a need to be more ambitious and take bolder steps as an organisation to tackling these gaps.

Actions already in to address gaps in the WRES data:

- Diverse interview panel for Band 8a and above
- Managers are asked to explain outcomes of the BAME Band 8a and above interviews where the shortlisted BAME candidates are not successful. They are required to discuss recommendations for development with the
unsuccessful BAME candidates as well as report the actions they have taken to the Group CEO.

- All recruiting managers and the interview panel members are expected to be trained in recruitment and selection training.
- BAME staff mentoring;
- Piloting career development workshops for staff to help support access to promotional opportunities.
- Divisional level scrutiny of disciplinary cases in conjunction with the Employee Relations team.
- WRES task and finish group was set up to follow through the review of the Recruitment and Selection Training, expand the unconscious bias within the training and split the training into two parts, part one is e-learning module and part two is a face-to-face training.
- Enforcement and scrutiny of the interview panels to support WRES improvement within indicator 1 and 2.
- 67 speaking up champions are in place across the Trust to support Trust’s zero tolerance and address bullying and harassment;
- The Organisational development team delivered sessions at the BAME staff network to help staff access mentors and coaches pool in the Trust.
- The BAME staff network developed and published its first series of BAME newsletter to enhance communication with hard to reach BAME staff across the Trust informing them about access to development and Trust initiatives.
- Developed the capacity and capability of BAME staff network to engage in meaningful and sustained WRES programme of work, organising Black History month activities and inviting external speakers to provide inspiration.
- Group CEO and site CEOs attended BAME staff network meetings to discuss WRES metrics, action plan, discuss solutions, providing visible support during COVID-19 pandemic and Black Lives Matters campaign.
- Regular WRES updates to the People Committee and the Trust Board.

Additional actions proposed to achieve faster progress in the Trust’s WRES data:

- Set a Trust target of 40% BAME management by 2022 (Indicator 1) and a target of relative likelihood of BAME shortlisted to 1.10 by 2022 (Indicator 2), and a relative likelihood of 1.10 for indicator 3 by 2022
- Roll out additional and targeted support for BAME staff (internal candidates) to prepare them for promotion and support for BAME staff newly promoted
- Roll out diverse interview panels for Band 5 to 7 across all occupational staff groups in the next 6 months.
- Review Recruitment policy to ensure all acting up, secondments and short-term projects posts go through same diverse interview panel process and outcomes are reported to measure progress
- Use Quality Improvement (QI) methodology consistently across all Trust’s Business Units for disciplinary cases to achieve a more sustainable improvement, and continue the quality assurance checks where a Director level has to sign off a disciplinary investigation before it can proceed to the formal hearing stage.
- Implement reverse mentoring, i.e. BAME staff mentors senior executives in the Trust to gain insight into BAME staff lived experience, get involve in
difficult face-to-face discussion, reading, listening, seek out to understand the local challenges staff are facing and be prepared to take action to address inequalities.

- Conduct equality impact assessments as a regular workforce tool, viewing all Trust workforce data via the lens of race equality to understand the impact of all changes to clinical pathways, work plans, policies, systems and processes.
- Explore how all staff and managers can practice inclusive behaviours and be culturally sensitive in their approach to psychological and emotional support of staff.
- Challenge structural racism to address health in-equalities impact on BAME staff by implementing staff health and wellbeing strategy that impacts positively on staff in Bands 1 – 5 in the organisation.
- Reduce the percentage of staff saying they experienced harassment, bullying or abuse from patients by 5% by 2022
- To move the Trust out of bottom 20% of acute Trust in bullying and harassment staff on staff scores by 2022.
- To move out of bottom 20% of acute Trust in equal opportunities, career progression and experiencing discrimination scores by 2022.
- Implement more professional career development workshops, application and interview support sessions for staff across the sites and build a sustainable talent pipeline for the future from the current band 6, and 7, growing and supporting the existing BAME talent that exists in the Facilities team who may not be utilising their full capabilities.
- Group CEO and site CEOs Trust to send out an executive letter of support to all managers to help encourage planned staff release for attendance at BAME staff network meetings and other relevant Trust engagement initiatives such as Black History month celebrations.
- Review the e-learning module on equality, diversity and inclusion to reflect changes in the equality landscape, i.e. “building capacity and confidence of each staff to engage with inclusive behaviours at every level.
- Recruitment drive to increase the representation of on BAMEs on the Trust Board to reflect the local population and the overall workforce.
- A review of Board interview questions to reflect demonstrable understanding of “why tackling race discrimination is important and what the applicants are doing personally to achieve this” (culled from Roger Kline After the speeches.

WRES continues to be a key NHS standard to measure its performance against race equality. Further national WRES data is awaited late autumn to enable further benchmarking exercise.

David Grantham
Chief People Officer
1.0 Workforce race equality – setting the scene

The NHS Workforce Race Equality Scheme (WRES) was introduced to help ensure employees from black, asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

1.1. Overall workforce race equality profile

As at 31\textsuperscript{st} March 2020, the overall Trust workforce consists of 10,139 staff with an ethnicity breakdown as below:

Table 1 - Workforce race profile

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Headcount</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAME</td>
<td>5143</td>
<td>50.72%</td>
</tr>
<tr>
<td>White</td>
<td>4858</td>
<td>47.91%</td>
</tr>
<tr>
<td>Other</td>
<td>138</td>
<td>1.36%</td>
</tr>
</tbody>
</table>

Chart 1 Ethnicity profile -

The race profile of the overall workforce is reflective of the local population we serve and evenly represented.

2.0 WRES 9 Indicators

There are nine WRES indicators measuring gaps between the experiences of BAME staff compared to their white counterparts. The expectation is to reduce the gaps and have a better balanced and more equal experience for both staff groups. The Trust has been scrutinising and tracking this data since 2015/2016 to measure progress.
3.0 WRES indicator 1

WRES indicator 1 requires the Trust to measure the percentage of staff in Agenda for Change (AfC) pay bands 1 – 9 and Very Senior Managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce. Please see a full breakdown of the pay bands in appendix 2.

Currently the Trust has 47.91% White and 50.72% BAME staff in post across all grades of staff and the expectation is the senior management level should broadly reflect this representation. In the last twelve months, the Trust’s overall White staff group has reduced by 2% from 50% and the BAME staff group increased by 1.72% from 49%.

The BAME management in the trust was 22.2% in 2014/15 against 45% BAME workforce overall. By 2020 BAME management has risen slightly to 30.9% against 50.72% workforce overall.

The Trust set out a target to achieve 30% BAME management by 2020, which it has achieved. Overall the Trust believes the pace of change is slow and it needs to be more ambitious with its target for BAME management.

The Trust has focused on Bands 8a and above in the last three years and Band 6 and 7 posts are feeder pay bands leading to Band 8a senior management levels in the organisation, these groups of staff require a talent management programme that is fully supported by the organisation in order to make a meaningful and sustained progress in this area.

A target of 40% in the next eighteen months is recommended in order to move closer to achieving the 50% that would be proportionate to the overall BAME in the workforce. Further targeted career development support is recommended to address the disproportionate gap. Please see details in graph 1 below.
To achieve a proportionate balance whereby the RFL’s leadership team is similarly representative of both the population it serves and the overall workforce, there is a need to have 170 more BAME managers within the senior manager cohort. This figure has increased from 160 in the last twelve months because the overall numbers of BAME staff in the organisation has increased from 4727 to 5143.

Chart 2 – Bands 8a and above

There is a demonstrable progress made in increasing the proportionality of the BAMEs in Bands 8a and above.
3.1 Diverse Interview panel

Currently the Trust continues to implement a diverse interview panel to enable BAME candidates to feel comfortable and confident to demonstrate their full range of skills, attributes and experiences throughout the interview process. It is important that a diverse interview panel reflects the overall workforce population and helps all staff to feel at ease.

In addition, the Group CEO and Chairman set out clear expectations that all recruiting managers will take the following 3 actions:

1) All recruiting managers, at all levels, must have completed interview training, including unconscious bias training, in order to sit on interview panels.

2) All interviews for positions at Band 8a and above will be conducted by diverse panels which include a trained BAME recruiting manager.

3) Whenever a shortlisted BAME candidate is not appointed to a Band 8a role or above the recruitment panel will write to the Group Chief Executive, to explain:
   a. Why the successful candidate was more suitable in terms of experience, skills or aptitude
   b. What the unsuccessful BAME candidate(s) could do to develop their experience, skills or aptitude in order to be more likely to be appointed for a similar role in the future.

As of 1st November 2019, all recruiting managers in the Trust are expected to have completed their recruitment and selection training in order to progress with setting up interview panels. Where recruiting managers have not completed their training they will are not allowed to progress with advertising a role at Band 8a and above. This process now needs to be extended to Bands 6 and 7 across the organisation.

The site local executive committee are tasked with scrutinising the list of their recruiting managers who have not yet completed their recruitment and selection training.

Moving forward, it is recommended that the staff in bands 5 – 7 have a diverse interview panel in line with best practice.
4.0 WRES indicator 2

Indicator 2 measures the relative likelihood of BAME staff being appointed from shortlisting compared to white staff. The trust has been making continued progress in the area, the lower the figure the better the likelihood; this was 1.69 in 2015 and currently at 1.35 as at 31st March 2020. The Trust has been able to maintain a relatively stable position in the last two years. Please see details in graph 2 below.

Graph 2 – WRES indicator 2
5.0 WRES Indicator 3

Indicator 3 measures the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff over a period of two years.

The trust has regressed in this indicator from 1.31 in March 2019 to 1.68 as at 31st March 2020. Please see details in graph 3 below.

5.1 – Bands 1 – 4 cases

Out of the 91 cases within the Trust in the last two years, BAME staff in Bands 1- 4, accounted for 43 cases (47%).
The relative likelihood for the BAME staff in Bands 1 – 4 also varied, while a BAME staff in Band 2 had the highest relative likelihood to go into a formal disciplinary hearing.

- **Band 2 – 5.95**
- **Band 3 – 1.17**
- **Band 4 – 1.03**

### 5.2 Bands 5 – 7 cases

Out of the 91 cases over two years, staff in Bands 5 – 7 accounted for 37 cases (40%). The relative likelihood for the BAME staff in Bands 5 – 7 varied significantly. BAME staff in Band 6 had the highest relative likelihood to go into a formal disciplinary hearing at 9.79 times more than their White counterpart.

- **Band 5 – 1.53**
- **Band 6 – 9.79**
- **Band 7 – 2.03**

**Chart 6 – Bands 5 – 7 ethnicity**
5.3 Bands 8a and above cases

Staff in Bands 8a and above accounted for 11 cases out of the 91 cases (12%) reported over the last two years. The relative likelihood for the BAME staff in Bands 8a and above to go into a formal disciplinary hearing is 2.69.

Chart 7 – Bands 8a and above

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>31.07%</td>
</tr>
<tr>
<td>White</td>
<td>68.16%</td>
</tr>
<tr>
<td>Other</td>
<td>0.77%</td>
</tr>
</tbody>
</table>

5.4 Business Units cases

There is also a wide variation across Trust business units relative likelihood of BAME staff to go into formal disciplinary hearing. Royal Free Hospital site has the highest indicator, full details set out below.

- Royal Free Hospital – **4.11**
- Chase Farm Hospital – 1.87
- Group Clinical Services – 1.25
- Barnet Hospital – 1.23
- Corporate – 1.20

5.5 Divisions and site cases

The relative likelihood of BAME staff going into formal disciplinary hearing by site and divisions are set out below:

- Royal Free SASS – **8.42**
- Royal Free TASS – 3.60
- Royal Free Medicine & Urgent Care – 5.43
- Royal Free Hospital Management – 1.35
- Barnet Hospital Management – **9.76**
- Barnet Hospital Women’s – 3.22
- Barnet Hospital SAS – 1.77
- Chase Farm Hospital Management – 1.87
- Group Clinical Services – 1.06
• Corporate Finance – 3.71
• Corporate Workforce – 2.39
• Corporate IM&T – 1.00

5.6 Occupational Staff Group cases

The occupational staff groups highlights a more balanced variation of relative likelihood set out below:

• Healthcare Scientists – 1.84
• Allied Health and Professionals – 1.36
• Additional Clinical Services – 1.21
• Medical and Dental – 1.13
• Nursing and Midwifery – 1.09
• Admin and Clerical – 1.07
• Additional Professional, Scientific and Technical staff – 1.03
• Estates and Ancillary – 1.03
• Healthcare Assistants – 1.02

The employee relations team continues to support managers regularly in their investigation process and as a result of COVID19 pandemic, they are working in hubs with managers and trade unions to resolve cases informally where appropriate.

A key point to note is that the trust achieved a demonstrable improvement of 1.31 in the fourth quarter of 2018. This period coincides with when the Trust participated in the NHS England Quality Improvement (QI) project focusing on reducing the relative likelihood of BAME staff going to formal disciplinary process. Since the completion of the project the relative likelihood has been rising.

Nationally the NHS has now set expectations that this indicator will be improved with expectations as below:

<table>
<thead>
<tr>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>51% of NHS organisations within the non-adverse range of 0.8 and 1.25*</td>
<td>76% of NHS organisations within the non-adverse range of 0.8 and 1.25*</td>
<td>90% of NHS organisations within the non-adverse range of 0.8 and 1.25*</td>
</tr>
</tbody>
</table>

*0.8 and 1.25 refers to the relative likelihood of BME staff entering the formal disciplinary process compared to white staff as measured by WRES indicator 3

A stretching and yet achievable, aspiration for the NHS would be to reach equality in terms of the likelihood of staff entering the disciplinary process for both white and BME staff across at least 90% of all NHS organisations by 2022.
For indicator 3, the Trust has not achieved the range expected of 0.8 – 1.25. This area requires concerted effort with QI coach support across the Trust to focus on moving the dial of progress back to the range between 0.8 – 1.25.

6.0 WRES Indicator 4

Indicator 4 measures the relative likelihood of BAME staff accessing non-mandatory and career progression development Continuous Personal Development (CPD).

The trust has improved its data collation in this area, though more work is still required in order to ensure all non-mandatory training is collated into the Trust’s OLM system to enable more accurate data reporting.

The lower the figure the better the likelihood; this was 1.16 in 2014/15 and currently at 1.07 as at 31st March 2020, same figure achieved a year ago, 31st of March 2019.

The areas requiring improvement range from the QI training implemented trust wide to start collating the protected characteristics of staff applying for the training and monitoring via the equality lens who is successful in accessing the training and who is not and why.

There are other hosts of training funded via the Health Education England (HEE) not currently captured as part of the Trust’s non-mandatory training. These are gaps in the data that needs to be addressed in order to have a complete picture of who continues to access non-mandatory training in the Trust and who does not, and what actions would be put in place to close the gaps identified.

Currently the Trust’s non-mandatory training data shows that BAME staff are more likely to access non-mandatory training than their white counterparts. Please see details in graph 3 below.

Graph 4 – WRES Indicator 4
The Trust Board continues to mentor BAME staff to support their career progression and the OD team attends the BAME staff network meetings regularly to help cascade more information about leadership development.

7.0 WRES Indicator 5 – 8
Table 2 – WRES indicator 5-8

<table>
<thead>
<tr>
<th>WRES indicators 5 – 8</th>
<th>RF National staff survey</th>
<th>White staff 2018</th>
<th>BAME staff 2018</th>
<th>White staff 2019</th>
<th>BAME staff 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 5 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</td>
<td>Favourable result for BAME staff (lowest best) 20%</td>
<td>33%</td>
<td>30%</td>
<td>35%</td>
<td>32%</td>
</tr>
<tr>
<td>Indicator 6- % of staff experiencing harassment, bullying or abuse from staff in the last 12 months.</td>
<td>Unfavourable result for BAME staff (Highest - worst 20%)</td>
<td>23%</td>
<td>26%</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Indicator 7 % of staff believing that the organisation provides equal opportunities for career progression or promotion.</td>
<td>Unfavourable result for BAME staff (Highest worst 20%)</td>
<td>83%</td>
<td>66%</td>
<td>80%</td>
<td>67%</td>
</tr>
<tr>
<td>Indicator 8 % of staff having personal experience of discrimination from manager/team leader or colleagues</td>
<td>Unfavourable result for BAME staff (highest – worst 20%)</td>
<td>8%</td>
<td>16%</td>
<td>9%</td>
<td>16%</td>
</tr>
</tbody>
</table>
The NHS Staff survey was completed by 3,810 staff in the Trust between September – December 2019. The result showed that more than a quarter of Trust staff who responded in the 2019 NHS staff survey said they experienced bullying and harassment or abuse from their colleagues. The figure increases to more than a third among staff from BAME backgrounds. More than one in three staff also experienced abuse from members of the public and users.

The Trust has in place a wide range of interventions to address bullying and harassment driven by a working group which developed a wide range of 9 bullying and harassment videos focusing upon inappropriate behaviours in the workplace. The Trust has 67 speaking up champions in place to act as independent support advising staff to raise concerns. The Trust has a mediation process in place and the trade union are working in collaboration with Trust management to lead the speaking up champions initiative trust wide.

Further statements were released by the Trust in response to the Black Lives Matter protests to show support for BAME staff.

“The Royal Free London (RFL) stands together with our black staff, minority ethnic staff, volunteers, patients, and community against racism and hate crime. We are proud of the diversity of our staff, our volunteers, and the communities we serve. Thanks to this diversity, we are able to provide the very best care to our patients. We stand together to put an end to racism and promote equality and will continue to listen and learn from our black and ethnic minority staff”.

The Trust addressed and closed a total of 46 cases in the last 12 months, while the RFL Freedom to speak up guardian scheme designed to encourage whistleblowing shows that 13 of the 23 cases raised anonymously by staff concerned bullying and harassment.

The Trust has reiterated that it will not tolerate bullying and harassment in the workplace.

The gaps identified for indicators 7 covering provision of equal opportunities for career progression or promotion shows a 13% difference in the staff experience. A more ambitious programme of career support is required to close the gap identified.

While the gaps identified for indicators 8 covering provision of equal opportunities for career progression or promotion and having personal experience of discrimination from manager/team leader or colleagues shows a 7% difference in the staff experience. The Trust would need to consider a programme of reverse mentoring to start understanding the lived experience of BAME staff in order to identify actions to put in place to address the inequalities.
8.0 WRES Indicator 9

Indicator 9 measures the percentage difference between the organisations board voting membership and its overall workforce.

In 2015, the Trust Board was 100% White, it has since made progress and recruited 2 BAME non-executive directors.

The Trust Board including non-executive directors are 21 in total and they have voting rights.

The breakdown is 90.5% white and 9.5% BAME Non-Executives

9.0 WRES Leadership and Governance

The Trust Board is committed and accountable for the delivery of WRES and works with the wider system to drive improvements. The Board’s focus is on achieving a proportionate number of BAME managers in the Trust. This requires a cultural transformation which the enforcement of the Trust’s recruitment and selection policy and procedure underpins.

The People Committee reports to the Trust Board and receives the WRES report for discussion, scrutiny and implementation and in turn provides the Board with the assurance required that WRES is regularly monitored, delivered and sustained.

The Trust’s Equality Steering Group meeting has not been held in the last twelve months and due to COVID-19 initial work on equality was pause and the group’s meeting are now been reinstated.

Members of the Trust Board mentor BAME staff across the Trust as part of Trust’s initiative to support BAME career progression.

The BAME staff network is part of the Trust’s staff network collaborative working with the LGBT, Disabled and Women’s network to share good practice an support each other with trade unions and the Chaplaincy on board.

10.0 BAME staff network

The trust has a Black, Asian and Minority Ethnic (BAME) group staff network in the workplace.

The aim and objectives of the BAME staff network is to:

- Provide a safe, supportive and confidential environment for BAME staff to network and discuss issues of specific interest that have an effect on the protected group;
- Provide a professional support and information about how individual issues may be raised in the Trust;
- Act as a voice for BAME staff offering a source of consultation and a means of communicating with the trust about BAME issues in relation to Trust’s policies and practices;
• Contribute to staff development and awareness raising in relation to equality and diversity.

11.0 Future Actions and Priorities for Workforce race equality standards - 2019 – 2020

The WRES metrics have highlighted areas where BAME staff experiences are getting better and others requiring improvement. The Trust also accepts the need for accelerated improvement as a model employer. To achieve this, the following areas of work detailed in the action plan in appendix 1 will constitute part of the Trust’s Staff Experience and Retention Plan (SERP), please see appendix 3 for details.

These are the key future priority areas for the Trust’s workforce race equality standards in the next 12 months:

Additional actions proposed to achieve faster progress in the Trust’s WRES data:

- Set a Trust target of 40% BAME management by 2022 (Indicator 1) and a target of relative likelihood of BAME shortlisted to 1.10 by 2022 (Indicator 2), and a relative likelihood of 1.10 for indicator 3 by 2022
- Set a target to achieve relative likelihood of 1.10 for indicator 3 by 2022
- Roll out additional and targeted support for BAME staff (internal candidates) to prepare them for promotion and support for BAME staff newly promoted
- Roll out diverse interview panels for Band 5 to 7 across all occupational staff groups in the next 6 months.
- Review Recruitment policy to ensure all acting up, secondments and short-term projects posts go through same diverse interview panel process and outcomes are reported to measure progress
- Use Quality Improvement (QI) methodology consistently across all Trust’s Business Units for disciplinary cases to achieve a more sustainable improvement, and continue the quality assurance checks where a Director level has to sign off a disciplinary investigation before it can proceed to the formal hearing stage.
- Implement reverse mentoring, i.e. BAME staff mentors senior Executives in the Trust to gain insight into BAME staff lived experience, get involve in difficult face-to-face discussion, reading, listening, seek out to understand the local challenges staff are facing and be prepared to take action to address inequalities.
- Conduct equality impact assessments as a regular workforce tool, viewing all Trust workforce data via the lens of race equality to understand the impact of all changes to clinical pathways, work plans, policies, systems and processes.
- Reduce the percentage of staff saying they experienced harassment, bullying or abuse from patients by 5% by 2022
- To move the Trust out of bottom 20% of acute Trust in bullying and harassment staff on staff scores by 2022.
- To move out of bottom 20% of acute Trust in equal opportunities, career progression and experiencing discrimination scores by 2022.
Explore how all staff and managers can practice inclusive behaviours and be culturally sensitive in their approach to psychological and emotional support of staff.

Challenge structural racism to address health inequalities impact on BAME staff by implementing staff health and wellbeing strategy that impacts positively on staff in Bands 1 – 5 in the organisation.

Implement more professional career development workshops, application and interview support sessions for staff across the sites and build a sustainable talent pipeline for the future from the current band 6, and 7, growing and supporting the existing BAME talent that exists in the Facilities team who may not be utilising their full capabilities.

Group CEO and site CEOs Trust to send out an executive letter of support to all managers to help encourage planned staff release for attendance at BAME staff network meetings and other relevant Trust engagement initiatives such as Black History month celebrations.

Review the e-learning module on equality, diversity and inclusion to reflect changes in the equality landscape, i.e. “building capacity and confidence of each staff to engage with inclusive behaviours at every level.

Recruitment drive to increase the representation of on BAMEs on the Trust Board to reflect the local population and the overall workforce.

A review of Board interview questions to reflect demonstrable understanding of “why tackling race discrimination is important and what the applicants are doing personally to achieve this” (culled from Roger Kline After the speeches.

12.0 Conclusions

The RFL recognises that more needs to be done and at a faster pace for race equality to occur and improve the experiences of its BAME staff.

This report and the action plan in Appendix 1 demonstrate key areas of focus for the next 12 months and regular updates will be provided to the People Committee and Trust Board.
## Appendix 1 – WRES Action Plan – 2020 – 2021

<table>
<thead>
<tr>
<th>WRES standard</th>
<th>Strategic action</th>
<th>Board lead responsible</th>
<th>Operational lead responsible</th>
<th>Target staff group</th>
<th>Timescale for completion</th>
<th>Operational Actions</th>
<th>Success criteria (measure)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1</strong></td>
<td>Measures the percentage of staff in Agenda for Change (AfC) pay bands 1 – 9 and Very Senior Managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce.</td>
<td>To recruit 170 BAME managers into Band 8a and above posts, proportionate to the overall workforce profile.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>Band 8a and above Proposed Bands 5 - 7</td>
<td>2- 3 years</td>
<td>a. Set up a work stream to focus on all workforce equality actions.</td>
</tr>
<tr>
<td><strong>Indicator 2</strong></td>
<td>Measures the relative likelihood of BAME staff being appointed from shortlisting compared to white staff.</td>
<td>To reduce relative likelihood to 1.10 by 2022.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>All applicant s both external and internal</td>
<td>18 months</td>
<td>a. Review the current Recruitment and Selection training and related actions.</td>
</tr>
<tr>
<td><strong>Indicator 3</strong></td>
<td>Measures the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff.</td>
<td>To reduce relative likelihood to 1.10 by 2022.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>All staff groups</td>
<td>18 months</td>
<td>a. To implement QI methodology to improve informal disciplinary process outcomes.</td>
</tr>
<tr>
<td><strong>Indicator 4</strong></td>
<td>Measures the relative likelihood of BAME staff accessing non-mandatory and career progression development CPD compared to white staff.</td>
<td>To achieve 1.10 relative likelihood by 2022.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>All staff groups</td>
<td>18 months</td>
<td>a. To improve data collection of all Trust’s non-mandatory training i.e. QI training.</td>
</tr>
<tr>
<td><strong>Indicator 5</strong></td>
<td>Measures the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</td>
<td>To reduce scores by 5% in 2022.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>All staff groups</td>
<td>18 months</td>
<td>To consider zero tolerance campaign posters across the Trust.</td>
</tr>
<tr>
<td>Indicator 6</td>
<td>To move out of bottom 20% of acute Trust in scores by 2022.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>All staff groups</td>
<td>18 months</td>
<td>a. To continue implementation of speaking up champions and showcasing the bullying and harassment videos.</td>
<td>Reduce the percentage of staff saying they experienced harassment, bullying or abuse from staff by 5%</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Indicator 7</strong></td>
<td>To move out of bottom 20% of acute Trust in scores by 2022.</td>
<td>Chief People Officer</td>
<td>Deputy Director of People &amp; Head of Workforce – Staff Experience</td>
<td>All staff groups</td>
<td>18 months</td>
<td>a. To set up regular sessions to support staff with application and interview preparation and professional career development. b. provide mentors and coaches for BAME staff. c. build sustainable talent pipeline in Band 6 and</td>
<td>Reduce the percentage of staff believing the Trust does not provide equal opportunities for career progression by 5%</td>
</tr>
</tbody>
</table>
| Indicator 8 | To move out of bottom 20% of acute Trust in scores by 2022 | Chief People Officer | Deputy Director of People & Head of Workforce – Staff Experience | All staff groups | 18 months | a. Continue speaking up champions initiative  
b. develop the capability and capacity of the BAME staff network to engage and scrutinise WRES  
c. seek to have a WRES expert to go be trained for the Trust.  
d. Group CEO and site CEO supporting staff release at network meetings and Trust initiatives. | Reduce the percentage of staff saying they experience discrimination by 5% |

Measures the percentage of staff having personal experience of discrimination from management/team leader or colleagues.
<table>
<thead>
<tr>
<th>Indicator 9</th>
<th>To recruit 5 BAME Executives</th>
<th>Chairman and Group CEO</th>
<th>Chief People Officer</th>
<th>Trust Executive</th>
<th>18 months</th>
<th>Increase BAME representation on the Trust Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures the percentage difference between the organisations board voting membership and its overall workforce.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Continue to use diverse recruitment agencies and head hunters to achieve WRES indicator 9.</td>
</tr>
</tbody>
</table>

25
Appendix 2 – Pay Bands by Race

Table 2 – Pay bands by race profile Tables

<table>
<thead>
<tr>
<th>Bands</th>
<th>White</th>
<th>BAME</th>
<th>Other</th>
<th>White</th>
<th>BAME</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Clinical</td>
<td>1166</td>
<td>1013</td>
<td>18</td>
<td>53.07%</td>
<td>46.11%</td>
<td>0.82%</td>
</tr>
<tr>
<td>Band 1</td>
<td>14</td>
<td>76</td>
<td></td>
<td>15.56%</td>
<td>84.44%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 2</td>
<td>46</td>
<td>126</td>
<td>2</td>
<td>26.44%</td>
<td>72.41%</td>
<td>1.15%</td>
</tr>
<tr>
<td>Band 3</td>
<td>225</td>
<td>204</td>
<td>6</td>
<td>51.72%</td>
<td>46.90%</td>
<td>1.38%</td>
</tr>
<tr>
<td>Band 4</td>
<td>313</td>
<td>236</td>
<td>4</td>
<td>56.60%</td>
<td>42.68%</td>
<td>0.72%</td>
</tr>
<tr>
<td>Band 5</td>
<td>170</td>
<td>133</td>
<td>5</td>
<td>55.19%</td>
<td>43.18%</td>
<td>1.62%</td>
</tr>
<tr>
<td>Band 6</td>
<td>76</td>
<td>70</td>
<td></td>
<td>52.05%</td>
<td>47.95%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 7</td>
<td>100</td>
<td>83</td>
<td></td>
<td>54.64%</td>
<td>45.36%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 8A</td>
<td>61</td>
<td>32</td>
<td>1</td>
<td>65.59%</td>
<td>34.41%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 8B</td>
<td>71</td>
<td>28</td>
<td>1</td>
<td>71.00%</td>
<td>28.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td>Band 8C</td>
<td>35</td>
<td>10</td>
<td></td>
<td>77.78%</td>
<td>22.22%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 8D</td>
<td>10</td>
<td>3</td>
<td></td>
<td>76.92%</td>
<td>23.08%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 9</td>
<td>3</td>
<td>1</td>
<td></td>
<td>75.00%</td>
<td>25.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>VSM</td>
<td>42</td>
<td>11</td>
<td>0</td>
<td>79.25%</td>
<td>20.75%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Clinical</td>
<td>3663</td>
<td>3714</td>
<td>71</td>
<td>49.18%</td>
<td>49.87%</td>
<td>0.95%</td>
</tr>
<tr>
<td>Band 1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>50.00%</td>
<td>50.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 2</td>
<td>274</td>
<td>628</td>
<td>7</td>
<td>30.14%</td>
<td>69.09%</td>
<td>0.77%</td>
</tr>
<tr>
<td>Band 3</td>
<td>232</td>
<td>296</td>
<td>6</td>
<td>43.45%</td>
<td>55.43%</td>
<td>1.12%</td>
</tr>
<tr>
<td>Band 4</td>
<td>73</td>
<td>67</td>
<td></td>
<td>52.14%</td>
<td>47.86%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 5</td>
<td>552</td>
<td>746</td>
<td>13</td>
<td>42.11%</td>
<td>56.90%</td>
<td>0.99%</td>
</tr>
<tr>
<td>Band 6</td>
<td>762</td>
<td>655</td>
<td>16</td>
<td>53.18%</td>
<td>45.71%</td>
<td>1.12%</td>
</tr>
<tr>
<td>Band 7</td>
<td>582</td>
<td>419</td>
<td>2</td>
<td>58.03%</td>
<td>41.77%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Band 8A</td>
<td>194</td>
<td>78</td>
<td>2</td>
<td>70.80%</td>
<td>28.47%</td>
<td>0.73%</td>
</tr>
<tr>
<td>Band 8B</td>
<td>67</td>
<td>27</td>
<td>1</td>
<td>70.53%</td>
<td>28.42%</td>
<td>1.05%</td>
</tr>
<tr>
<td>Band 8C</td>
<td>25</td>
<td>7</td>
<td></td>
<td>78.13%</td>
<td>21.88%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 8D</td>
<td>8</td>
<td>1</td>
<td></td>
<td>88.89%</td>
<td>11.11%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Band 9</td>
<td>3</td>
<td></td>
<td></td>
<td>100.00</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>VSM</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>100.00</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Consultant</td>
<td>396</td>
<td>589</td>
<td>10</td>
<td>39.80%</td>
<td>59.20%</td>
<td>1.01%</td>
</tr>
<tr>
<td>Senior Medical Managers</td>
<td>12</td>
<td>2</td>
<td></td>
<td>85.71%</td>
<td>14.29%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Non-Consultant Grade</td>
<td>33</td>
<td>68</td>
<td>0</td>
<td>32.67%</td>
<td>67.33%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Trainee Grades</td>
<td>432</td>
<td>425</td>
<td>14</td>
<td>49.60%</td>
<td>48.79%</td>
<td>1.61%</td>
</tr>
<tr>
<td>Medical &amp; Dental Other</td>
<td>6</td>
<td>5</td>
<td></td>
<td>54.55%</td>
<td>45.45%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>4829</td>
<td>4727</td>
<td>89</td>
<td>50.07%</td>
<td>49.01%</td>
<td>0.92%</td>
</tr>
</tbody>
</table>
Appendix 3 – Staff Experience and Retention Plan (SERP)