

Workplace Race Equality Standard Action Plan 2017

Reviewed and Updated August 2017

No	WRES Indicator	Current Position	Objective
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 percentage of BME staff in Band 8-9, VSM (including executive Board members and consultant medical staff) is 10.49%. However for non-clinical staff the percentage is 1.57%. There is a clear issue with non-clinical BME staff not progressing in the organisation and this is likely to be the case with clinical BME staff too once consultant medical staff are taken out of the calculation	To create and implement a Talent Management Strategy for all staff with specific reference to support for protected groups
			Develop programme to actively improve non-disclosure rates
2	Relative likelihood of staff being appointed from shortlisting across all posts.	It is marginally more likely to be appointed if BME (13% more likely compared to White Staff)	Take Positive Action to support under representative groups to apply to the trust
			All vacancies (internal and external) are explicitly available to all groups irrespective of background
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.	It was 1.2 times more likely for White staff to enter formal disciplinary than BME staff	To ensure Reasonable Adjustments are considered and monitored consistently across the organisation
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME staff were 8% more likely to access Non-Mandatory Training	To ensure that all staff are equipped with the skills to foster an inclusive environment
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 26% BME: 26%	Patients and the public are aware of their responsibilities to respect our staff and behave in a way which does not discriminate.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 25% BME: 34%	To develop and embed a robust communication strategy to effectively engage and inform staff about inclusion issues

			<p>Improve/ update Information on support groups on the public website to promote the organisation as an inclusive employer</p>
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 89% BME: 70%	Develop a mentoring scheme to support and harness the diverse talent of the workforce
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	White: 6% BME: 21%	<p>Develop a leadership strategy which has explicit reference to managing and leading a diverse workforce. Ensure leaders have the skills and knowledge to manage a diverse workforce and understand their responsibilities in setting a workplace culture.</p> <p>To ensure that all policies reflect an inclusive approach to support staff</p>
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	4% difference. (0% BME representation on Trust Board. 4% BME representation in overall workforce)	Trust to visibly demonstrate senior buy-in for Inclusion agenda through the appointment of an Executive Sponsor