# APPENDIX B: WORKFORCE RACE EQUALITY STANDARD ACTION PLAN - 2022-23

**This document supports the first Workforce Race Equality Standard Report, which was approved at Trust Board on 28th September 2022.**

This plan has been co-produced with the Ethnic Minority and Race Equality Network (EMREN) and other stakeholders, based on the results of the EPUT WRES Report 2022, and progress against actions from the 2021-2022 plan.

The Executive Team have made a commitment to prioritise Equality Diversity and Inclusion (ED&I) by driving the transformational work through their directorates, policies and workstreams. This approach will lead to positive changes in culture at EPUT and greater racial equity for all staff. Progress againt this plan will be driven through the Equality and Inclusion Sub Committee and the EMREN Network, with assurance provided to the People Equality and Culture Committee (PECC)

**Roles and responsibilities:**

**Executive Directors**

* Executive Team accountable for the delivery of the Action Plan
* Sponsor and drive the implementation of these actions and provide support to ensure their delivery
* Allocate appropriate resources to ensure that responsible teams are able to deliver effectively
* Sponsor the Staff Networks and attend meetings regularly to increase engagement with staff across the Trust.
* Ensure that ED&I is at the heart of executive decision making for staff and patients

**Responsible Leads**

* Allocate appropriate time and resources to develop and deliver the actions within this plan
* Provide relevant data to the Equality and Inclusion Sub-Committee
* Work in collaboration with the Ethnic Minority and Race Equality Network to ensure lived experience is used to prevent cultural bias, as well as working with and attending the Network to provide updates on progress

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| **Progress Colour Key** | |
| Action has been successfully implemented. |  |
| Action is currently being implemented. |  |
| Action is delayed or experiencing blockages. |  |
| Action was not implemented / partially implemented. |  |

| **Workforce Indicator** | **Objectives** | **Actions** | | **Outcomes** | **Updates** | **Delegated Responsibility** |
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| **Indicator 1**  Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and Very Senior Managers (including executive Board members) compared with the percentage of staff in the overall workforce  **[Higher % = Better]**  **[Bank Staff not included in 2022 data]**  **BME Staff Percentage**  2021: 24.7%  2022: 22.7% **[Declined]**  Higher than 2021 National Average | EPUT has a strong and diverse workforce, representative of all communities and bringing innovation into the organisation.  EPUT attracts more BME staff and is recognised as an inclusive employer.  Improved data monitoring of diversity within EPUT. As well as representation across senior Trust pay-bands. | 1. Track progress of representation on a quarterly basis via ESR data and report this to the E&ISC to ensure this level is maintained or improved. |  | * 25% increase representation of BME staff across staff bands, in particular bands 7 and above by July 2023 which will bring more BME lived experience into the organisation and positively impact staff morale and wellbeing. * 50% increase in Recruitment processes and advertisements targeted to potential BME applicants which will enable to Trust to demonstrate and live the values that we’ve set out to achieve that we are an inclusive employer. | * Succession planning is already underway and the ED&I Sub Committee will ensure there is a diverse pipeline of candidates for senior roles that are reflective of the communities that we serve which will enable the increase of BME staff in more senior roles. * Development and implementation of the inclusive recruitment pack which provides top tips on how to recruit inclusively which will support the increase the appointments of diverse candidates within EPUT. | Executive Director - Medical |
| 1. Create targeted recruitment adverts to attract BME staff into joining the EPUT workforce, in particular higher bands where there is lower representation. |  |
| 1. Review messaging and images of all job adverts as well as adding positive messaging on anti-racism and the Trust’s commitment to race equality. This is targeted at our Human Resources and, Recruitment teams as well as all hiring managers in the organisation. |  |
| 1. Conduct regular stakeholder sessions to present and review:    * Current recruitment process    * Values and behavior based questions    * Job descriptions and person specifications   Use feedback to identify potential biases and to develop a more inclusive recruitment process and materials |  |
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| **Indicator 2**  Relative likelihood of white staff being appointed from shortlisting compared to BME staff  *Lower Ratio = Better, with “1” being equal likelihood.*  2021: 1.59  2022: 1.44 **[Improved]**  Lower than 2021 National Average Ratio | Equip all hiring staff with skills for application and interview.  All hiring managers have had a) training, b) aware of the policy  All hiring managers have the tools they need to prevent bias or discrimination.  Influence ED&I within the ICS | 1. Inclusive recruitment pack guidance will be implemented across the Trust to equip hiring managers with the tools to shortlist and recruit without bias. (regular drop in sessions will made available for hiring managers) |  | * 1% increase of staff from BME backgrounds being appointed from shortlisting | * Recruitment team to work with hiring managers to ensure they use the inclusive recruitment pack, as well as attend de-bias workshop training which will increase the diversity of shortlisted candidates | Executive Team |
| 1. Create targeted campaigns to recruit BME candidates to roles where there is a lack of representation. |  |
| 1. EPUT to lead the ED&I agenda to drive racial equality in recruitment within the ICS – SRO for Inclusion in MSE and HWE ICS’s |  |
| 1. Increase number of “Inclusion Ambassadors” with lived experience from EMRE Network and the wider workforce to provide input into the shortlisting process |  |
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| **Indicator 3**  Relative likelihood of BME staff entering the formal disciplinary process in comparison to White staff, as measured by entry into a formal disciplinary investigation  *Lower Ratio = Better, with “1” being equal likelihood.*  2021: 3.40  2022: 3.11 **[Improved]**  Higher than 2021 National Average Ratio | EPUT avoids unnecessary entry for BME staff into formal disciplinary investigations, and aims to resolve incidents informally.  Senior Leaders are seen to model inclusive behaviours | 1. Campaign to implement the effective use of the Behaviour Toolkit for staff across the Trust ensuring the principles within are embedded to align with the Trust values. |  | * Reduction of staff entering formal capability process by 5% in comparison to their white counterparts. | * Work with Head of Employee Relations is underway to ensure the reasonable adjustment policy has a consistent approach for all managers. | Executive Team |
| 1. Policy reform on clear lines of where misconduct and other behaviours are not acceptable |  |
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| **Indicator 4**  Relative likelihood of White staff accessing non-mandatory training and career progression and development (CPD) in comparison to BME staff.  *Lower Ratio = Better, with “1” being equal likelihood.*  2021: 1.64  2022: 0.84 **[Improved]**  Lower than 2021 National Average Ratio  **Executive Lead**  Executive Director of People and Culture | BME staff are staying within the organisation, and are progressing into senior roles as part of their career journey. | 1. Use monitoring of career progression and development data to track progress and trends. |  | * 25% increase uptake of BME staff accessing EPUT Leadership Development Programmes (LDP) and Management Development Programme (MDP) * 20% BME staff at all levels to be empowered to access appropriate education programmes. | * Education Team have agreed to monitor uptake of training courses by BME staff      * Rollout of Phase 2 of the RISE Programme targeted at BME staff from bands 2 – 8a which will increase career progression | Executive Director of People and Culture |
| 1. BME staff to have access to the MSE ICS Executive Reciprocal Mentoring for Inclusion Program (RMFI) which provides opportunities for individuals from under-represented groups to work as equal ‘partners in progress’ with senior executive leaders which will directly contribute towards the creation of a more equitable and inclusive organization. |  |
| 1. Provide targeted career progression and enhance access to EoE/national leadership programmes that already exist for BME staff training for BME staff to build confidence and prepare them for leadership roles. |  |
| 1. Targeted campaign of existing career progression and development programmes available to BME staff, as well as how to access them. |  |
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| **Indicator 5**  Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last twelve months.  *Lower % = Improvement*  2021: 33%  2022: 37% **[Declined]**  Higher than 2021 National Average | Staff are equipped with tools and training to challenge and effectively report bullying, harassment and abuse (including discriminatory behaviour) from those accessing our services.  Promoting health and wellbeing of BME staff. | 1. Staff will receive training and practice in appropriately challenging racism and micro-aggressions in the workplace. |  | * + Increase the number of staff safely and effectively reporting incidents of harassment, bullying and abuse from patients and carers by 5%   + Decrease in staff experiencing for incidents of harassment, bullying or abuse from patients, relatives or the public 2% which will increase morale and productivity. | * + Effective implementation of the Behaviours Toolkit will ensure there is a clear process and procedure in place to allow effective targeting of repeat offences and ensuring appropriate action is taken to hold patients and careres to account.   + Director of Employee Experience, to lead a Task and Finish group with key stakeholders across the Trust, including the Head of Employee Relations which to create an effect process and procedure in place which will form part of the updated Zero Tolerance Policy. | Executive Director of People and Culture  Chief Operating Officer  Executive Director - Medical  Executive Director - Nursing |
| 1. Identify harassment, bullying or abuse “hot spots” based on Trust data and develop a process and targeted work aimed at addressing these areas. |  |
| 1. Co-produce ideas on action to be taken to address bullying and harassment from patients / carers. |  |
| 1. Policy reform on clear lines of where abuse, harassment, misconduct, racism and other behaviours are not acceptable |  |
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| **Indicator 6**  Percentage of BME staff experiencing harassment, bullying or abuse from staff in last twelve months.  *Lower % = Improvement*  2021: 27%  2022: 28% **[Declined]**  Higher than 2021 National Average | Staff are equipped with tools and training to challenge and effectively report Bullying, Harassment and Abuse, as well as discriminatory behaviour.  Demonstrate the importance of staff networks and the resource they are to the organisation  Continue to focus on lived experiences  Promoting health and wellbeing of BME staff | 1. Work with frontline staff affected by bullying and harassment, encouraging them to report incidents    * + 1. F2SU Principle Guardian to support resolution of reports of incidents        2. Strengthen the relationship between EPUT and Essex Police |  | * Increase the number of staff safely and effectively reporting incidents of harassment, bullying and abuse from staff by 5% | * + Effective implementation of the Behaviours Toolkit will ensure there is a clear process and procedure in place to allow effective targeting of repeat offences and ensuring appropriate action is taken to hold patients and careres to account. | Executive Team |
| 1. Executive sponsor for the EMRE Network to engage with staff and understand the challenges they face and work together to seek solutions |  |
| 1. Raise understanding of the impact of racism and microaggression on individuals within the organisation. |  |
| 1. Raise awareness about the impact of discrimination both covert and subtle on the wellbeing of BAME staff |  |
| 1. Share lived experience of BAME colleagues so staff are able to see how it creates a non-inclusive culture in the Trust |  |
| 1. Demonstrate the importance of the staff networks and the resource they are to the organisation. |  |
| 1. Co-produce ideas on action to be taken to address bullying and harassment |  |
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| **Indicator 7**  Percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion.  *Higher % = Improvement*  2021: 41%  2022: 49% **[Improved]**  Same as 2021 National Average | BME staff can access clear career progression routes, with high performers being part of EPUT’s succession plans | 1. Share PEN Plan data with Equality and Inclusion Sub-Committee and EMREN Network to ensure that staff from BME communities are being nominated for career development. |  | * 20% increase in BME staff in the EPUT Pen Very High Performers | * This is measured through a quarterly OD report which will be monitored by the Equality and Inclusion Sub Committee and for assurance at the People Equality and Culture Committee | Executive Director of People and Culture |
| 1. Provide mentoring “partnerships” for senior BME staff, where they are able to mentor a member of staff looking to progress within the organisation. |  |
| 1. Develop Career Lounge session aimed primarily at BME staff within EPUT. With BME Staff Senior Leads sharing their career journey. |  |
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| **Indicator 8**  Percentage of BME staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months.  *Lower % = Improvement*  2021: 18%  2022: 17% **[Improved]**  Higher than 2021 National Average | Develop staff toolkit for conversations about race  Staff affected by racial discrimination will be supported  Leadership models ambition for Race Equality within EPUT | 1. Educate staff on the effects of discriminatory behavior and macroaggressions, and the impact this has on people and teams. |  | * Decrease of BME Staff experiencing discriminatory behavior by 4% within the Trust which will improve psychological safety within the organisation. | * Education Team to develop a fit for purpose ED&I offering to provide all staff with the tools and guidance on allyship, having conversations about race, bias and discrimination | Executive Team |
| 1. Develop dedicated and targeted Here For You resource to support BME staff members affected by discriminatory behavior in EPUT. |  |
| 1. Staff receive training to appropriately challenge discrimination and microaggressions, as well as supporting those affected by discriminatory behaviour. |  |
| 1. Executive Team’s to drive the ED&I agenda and promote that discriminatory behavior will not be tolerated within EPUT. |  |
| 1. Allyship behaviours and effective methods of challenging discriminatory behavior for those affected. |  |
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| **Indicator 9**  Percentage difference between the organisations’ Board voting membership and its overall workforce  **0% = Equal representation between workforce and Board for Black, Asian and Minority Ethnicity Staff]**  **Board Voting Membership:**  2021: 0.3%  2022: 2.3% **[Declined]**  **Lower than 2021 National Average**  **Board Executive Membership:**  2021: 10.4%  2022: 10.2% **[Improved]**  **Lower than 2021 National Average** | Improved data monitoring of diversity within EPUT as well as representation across senior Trust pay-bands.  Our Senior Leadership is diverse and representative of our workforce. | 1. Implement Succession plan within EPUT, ensuring that potential CEO, Executives, Clinical / Service Directors and deputies are identified using [NHS Leadership Academy’s 9 box Grid](https://peoplefirst.nhsbt.nhs.uk/Learning-and-Development/the-9-box-grid.htm). |  | * Decreased representation gap by 1% between executive team and overall workforce will promote inclusivity within the organisation, improving staff morale. | * There has been an increase in the number of voting members of the Board declaring they have a disability | Chief Executive |
| 1. Ensure that EPUT PEN Plan reflects ongoing inclusion targets. |  |
| 1. “Inclusion Ambassadors” with lived experience to be involved in recruitment processes, from shortlisting, for Executive and Non-Executive Directors. |  |
| 1. Review Progress against EPUT [Model Employer](https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf) Targets and identify areas for development within senior bandings. |  |
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