Brighton and Sussex University Hospitals
NHS
NHS Trust

# NHS Workforce Race Equality Standard (WRES)

2016 Report & Action Plan

Contents

Background

All the available evidence shows that BME staff have a far inferior experience of the NHS as employees when compared to white staff. In the context of the standard White staff comprise White British, White Irish and White Other, whereas BME staff comprise all other categories with the exception of "not stated".

At 31 March 2016, a total of 8222 staff were employed by BSUH NHS Trust. Of these, 1370 (16.7%) were BME and 6597 (80.2%) were white. The ethnicity of the remaining 255 (3.1%) staff was not stated.

| Ethnic Group	Number	%
BME	1370	16.7%
White	6597	80.2%
Not stated / Other	255	3.1%
Total	8222	100.0%

Total Staff by Ethnicity 31 March 2016

3.1%
16.7%
80.2%

- BME
- White
- Not stated
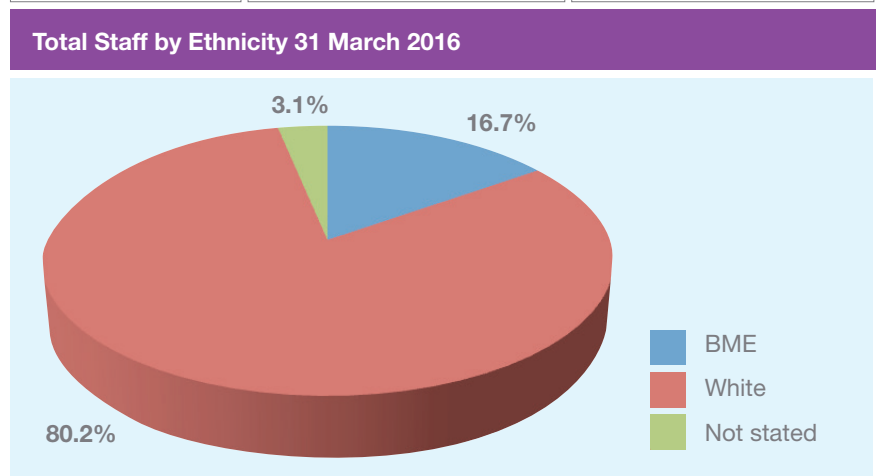
At 31 March 2015, a total of 7220 staff were employed by BSUH NHS Trust. Of these, 1080 (15.0%) were BME and 5899 (81.7%) were white. The ethnicity of the remaining 241 (3.3%) staff was not stated.

Ethnic Group	Number	%
BME	1080	15.0%
White	5899	81.7%
Not stated / Other	241	3.3%
Total	7220	100.0%

Total Staff by Ethnicity 31 March 2015
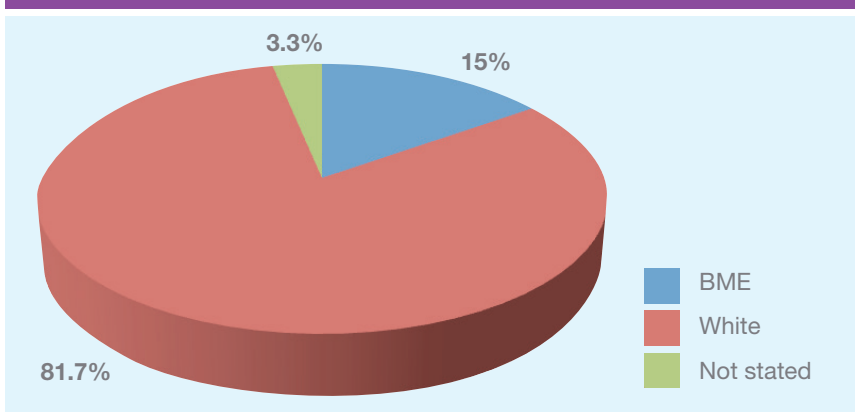
The Workforce Race Equality Standard which came into effect on 1st April 2015 aims to address this inequality along racial lines and all providers, as holders of the standard contract 2015/16 except "small providers" were required to implement the standard by 1st July 2015. This is now the second year of reporting and data can be compared with the previous year to assess whether any improvement has been achieved.

The standard comprises nine metrics four of which are specifically on workforce data and four are derived from the national NHS Staff Survey indicators. The aim is to compare the experience of BME staff and white staff with the objective of closing the gaps highlighted by those metrics. The final metric requires provider organisations to address the low levels of BME Board representation. Consequently, the WRES is a tool to measure improvements in the workforce with respect to BME staff.

Workforce Race Equality Indicators

The nine metrics are detailed in the table below:

Table 1. The Workforce Race Equality Standard Indicators	
	Workforce Indicators For each of these four workforce indicators, compare the data for White and BME staff.
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. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.
2	Relative likelihood of staff being appointed from shortlisting across all posts.
3	Relative likelihood of 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.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD.
	National NHS Staff Survey findings (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.
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.
	Boards representation indicator For this indicator, compare the difference for White and BME staff
9	Percentage difference between the organisation's Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator.

The data presented below refers to the following time periods.	
Indicator 1	1 April 2015 - 31 March 2016
Indicator 2	1 April 2015 – 31 March 2016
Indicator 3	1 April 2014 – 31 March 2016 two year rolling average
Indicator 4	1 April 2015 – 31 March 2016
Indicator 5, 6, 7 and 8	Staff survey 2015
Indicator 9	31 March 2016

Indicator 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 clinical staff.

As shown in the table below, as of 31 March 2016, 10.1% of non-clinical staff and 19.8% of clinical staff of known ethnicity were from BME backgrounds. For non-clinical staff, BME staff were clearly over-represented at Band 1 and not represented at all among very senior management. For clinical staff, BME staff were clearly over-represented at Bands 1, 2 and 5 and not represented at all above Band 8B. Among medical staff, there was a clear over-representation of BME staff at the non-consultant career grades. This data does not include the 255 (3.1%) staff who did not state their ethnicity.

Payband	Non-clinical					Clinical				
	White	BME	Total	White %	BME %	White	BME	Total	White %	BME %
Band 1	290	95	385	75.3%	24.7%	6	2	8	75.0%	25.0%
Band 2	382	37	419	91.2%	8.8%	621	179	800	77.6%	22.4%
Band 3	412	21	433	95.2%	4.8%	223	48	271	82.3%	17.7%
Band 4	341	20	361	94.5%	5.5%	161	19	180	89.4%	10.6%
Band 5	150	13	163	92.0%	8.0%	1191	341	1532	77.7%	22.3%
Band 6	108	5	113	95.6%	4.4%	993	144	1137	87.3%	12.7%
Band 7	72	8	80	90.0%	10.0%	559	51	610	91.6%	8.4%
Band 8A	49	2	51	96.1%	3.9%	137	14	151	90.7%	9.3%
Band 8B	39	7	46	84.8%	15.2%	45	3	48	93.8%	6.3%
Band 8C	14	2	16	87.5%	12.5%	19	0	19	100.0%	0.0%
Band 8D	8	1	9	88.9%	11.1%	8	0	8	100.0%	0.0%
Band 9	15	1	16	93.8%	6.3%	3	0	3	100.0%	0.0%
VSM	12	0	12	100.0%	0.0%	0	0	0	0.0%	0.0%
Medical: Consultants	0	0	0	0.0%	0.0%	302	112	414	72.9%	27.1%
Medical: Non-consultant career grades	0	0	0	0.0%	0.0%	30	35	65	46.2%	53.8%
Medical: Trainee grades	0	0	0	0.0%	0.0%	407	210	617	66.0%	34.0%
TOTAL	1892	212	2104	89.9%	10.1%	4705	1158	5863	80.2%	19.8%

It should be noted that this indicator has changed since 2015, when the requirement was to show the percentage of 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.

Workforce Race Equality Indicators

The data submitted for 2015 for Indicator 1 was as follows:

The percentage of BME staff in Bands 8-9 VSM (including executive Board members and senior medical staff) at 30 June 2015 was 6.6%, compared with 15.2% of BME staff in the overall workforce.

If the data for 2016 is presented as a comparison, the percentage of BME staff in Bands 8-9 VSM (including executive Board members and senior medical staff) was 7.9%, compared with 17.2% of BME staff in the overall workforce of known ethnicity.

Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

For the reporting period 1 April 2015 – 31 March 2016, the results were as follows:

Ethnicity	Applied	Shortlisted	% Shortlisted from applied	Appointed	% Appointed from Shortlisted
White	10833	4422	40.82%	1215	27.48%
BME	4390	1443	32.87%	338	23.42%
Not stated	323	139	43.03%	204	146.76%
Total	15546	6004		1757	

Likelihood of white staff being appointed from shortlisting (1215/4422) = 0.274
Likelihood of BME staff being appointed from shortlisting (338/1443) = 0.234
The relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 0.274/0.234 = **1.17 times greater**

The data submitted for 2014-15 showed that the likelihood for white staff was **1.26 times greater**. This suggests a slight improvement during 2015-16; however, discrepancies in the number of applicants whose ethnicity was not stated mean that this data is somewhat unreliable.

Indicator 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 – based on a two year rolling period 1 April 2014 – 31 March 2016.

Disciplinaries 01/04/2014 – 31/03/2016				
Ethnic Group	**Number**	**Number in workforce**	**%**	**% in workforce**
BME	13	1225	26.0%	15.2%
White	34	6248	68.0%	81.5%
Not stated	3	248	6.0%	3.3%
Total	50	7721	100%	100%

Disciplinaries by Ethnicity 2014-16
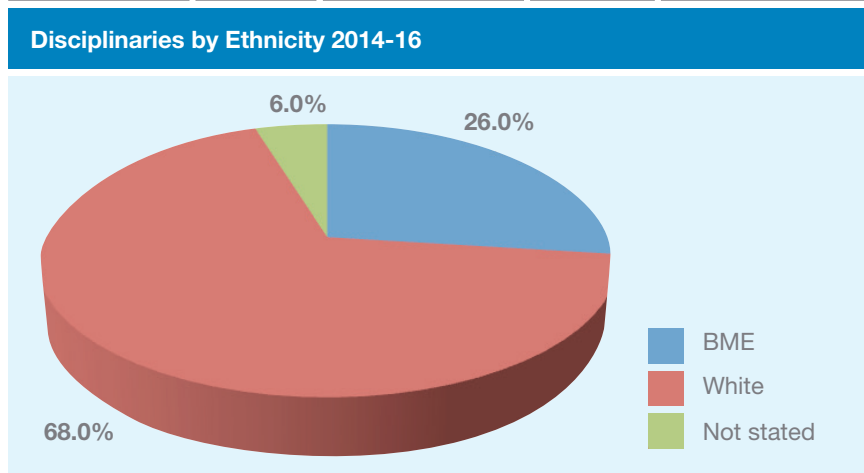
Likelihood of white staff entering the formal disciplinary process (34/6248) = 0.0054
Likelihood of BME staff entering the formal disciplinary process (13/1225) = 0.0106
The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore 0.0106/0.0054 = **1.96 times greater**

Workforce Race Equality Indicators

The disciplinary data for the previous reporting period 2013-2015 is shown below.

NB: The data submitted in 2015 has been recalculated to reflect the requirement for a two year rolling average.

Disciplinaries 01/04/2013 – 31/03/2015				
Ethnic Group	Number	Number in workforce	%	% in workforce
BME	17	1056	20.2%	14.7%
White	62	5822	73.8%	81.8%
Not stated	5	240	6.0%	3.5%
Total	84	7118	100%	100%

Likelihood of white staff entering the formal disciplinary process (62/5822) = 0.0106
Likelihood of BME staff entering the formal disciplinary process (17/1056) = 0.0161
The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore 0.0161/0.0106 = **1.52 times greater**

Disciplinaries by Ethnicity 2013-15
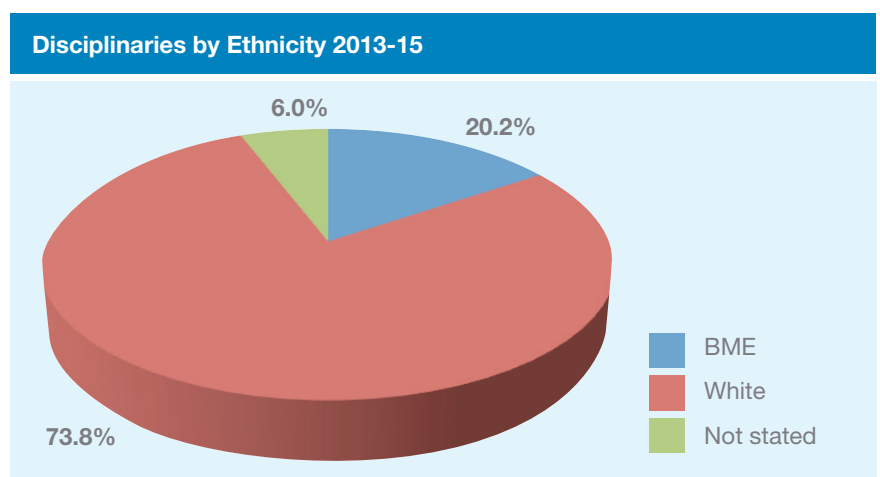
Therefore, although there has been a decrease in the likelihood of entering the disciplinary process for both white staff and BME staff, the relative likelihood of BME staff entering the disciplinary process compared to white staff has increased significantly.

Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD.

The data supplied for 2015-2016 related to applications for education funding submitted by allied health professionals and nursing and midwifery staff.

Ethnic Group	Number applied	% applied	Number funded	% funded	Number in workforce	% in workforce
BME	148	20.1%	125	20.5%	1370	16.7%
White	456	62.0%	375	61.5%	6597	80.2%
Not stated	132	17.9%	110	18.0%	255	3.1%
Total	736	100%	610	100%	8222	100%

Likelihood of white staff applying for funding (456/6597) = 0.0691
Likelihood of BME staff applying for funding (148/1370) = 0.108
Relative likelihood of white staff applying for funding compared to BME staff (0.0691/0.108) = **0.64 times greater.**

Likelihood of white staff being funded for training (375/6597) = 0.0568
Likelihood of BME staff being funded for training (125/1370) = 0.0912
Relative likelihood of white staff being funded for training compared to BME staff (0.0568/0.0912) = **0.62 times greater.**

The data for the same category of training for 2014-15 was as follows:

Likelihood of white staff applying for funding (463/5899) = 0.0784
Likelihood of BME staff applying for funding (102/1080) = 0.0944
The relative likelihood of white staff applying for funding compared to BME staff is therefore 0.0784/0.0944 = **0.83 times greater**

Likelihood of white staff being funded for training (394/5899) = 0.0668
Likelihood of BME staff being funded for training (81/1080) = 0.075
The relative likelihood of white staff being funded for training compared to BME staff is therefore 0.0668/0.075 = **0.89 times greater**

Therefore, the relative likelihood of white staff applying for and receiving funding for training compared to BME staff has decreased since 2015. The likelihood of BME staff applying for and receiving funding has increased slightly, while the likelihood of white staff applying for and receiving funding has decreased slightly.

Workforce Race Equality Indicators

National NHS Staff Survey findings

346 staff at Brighton and Sussex University Hospitals (BSUH) NHS Trust took part in the 2015 survey. The number of white respondents was 291 (88%), compared to 39 (12%) BME respondents. The remaining 16 respondents did not disclose their ethnicity.

Indicator 5

KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The Trust score for 2015 was 41% for BME staff and 36% for white staff. This was an increase from 2014 when the score was 38% for BME staff and 33% for white staff. This is compared to the national average of 28% for acute trusts for both white and BME staff. This question was previously labelled KF18.

Indicator 6

KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

The Trust score for 2015 was 44% for BME staff and 28% for white staff. This was a marked increase from 2014 when the score was 30% for BME staff; however the score for white staff did not change. This is compared to the national average for acute trusts of 28% for BME staff and 25% for white staff. This question was previously labelled KF19.

Indicator 7

KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

The Trust score for 2015 was 68% for BME staff and 87% for white staff. This was a marked increase from 2014 when the score was 44% for BME staff; however the score for white staff hardly changed, from 86%. This is compared to the national average for acute trusts of 75% for BME staff and 89% for white staff. This question was previously labelled KF27.

Indicator 8

Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following?

b) Manager/team leader or other colleagues

The Trust score for 2015 was 22% for BME staff and 7% for white staff. This was an increase from 2014 when the score was 18% for BME staff; however the score for white staff hardly changed, from 8%. This is compared to the national average for acute trusts of 13% for BME staff and 6% for white staff. This question was previously labelled Q23.

Indicator 9

Percentage difference between the organisation's Board voting membership and its overall workforce – comparing the difference in percentage of BME staff. Note: Only voting members of the Board should be included when considering this indicator.

At 31 March 2016, the Trust Board membership included 16.7% BME, compared to 17.2% BME staff in the overall workforce of known ethnicity.

The two BME NEDs were appointed to the Trust Board in April 2015 and prior to this the Trust Board was 100% white. However, it should be noted that there have been further changes to the Board since April 2016 and its membership is again 100% white.
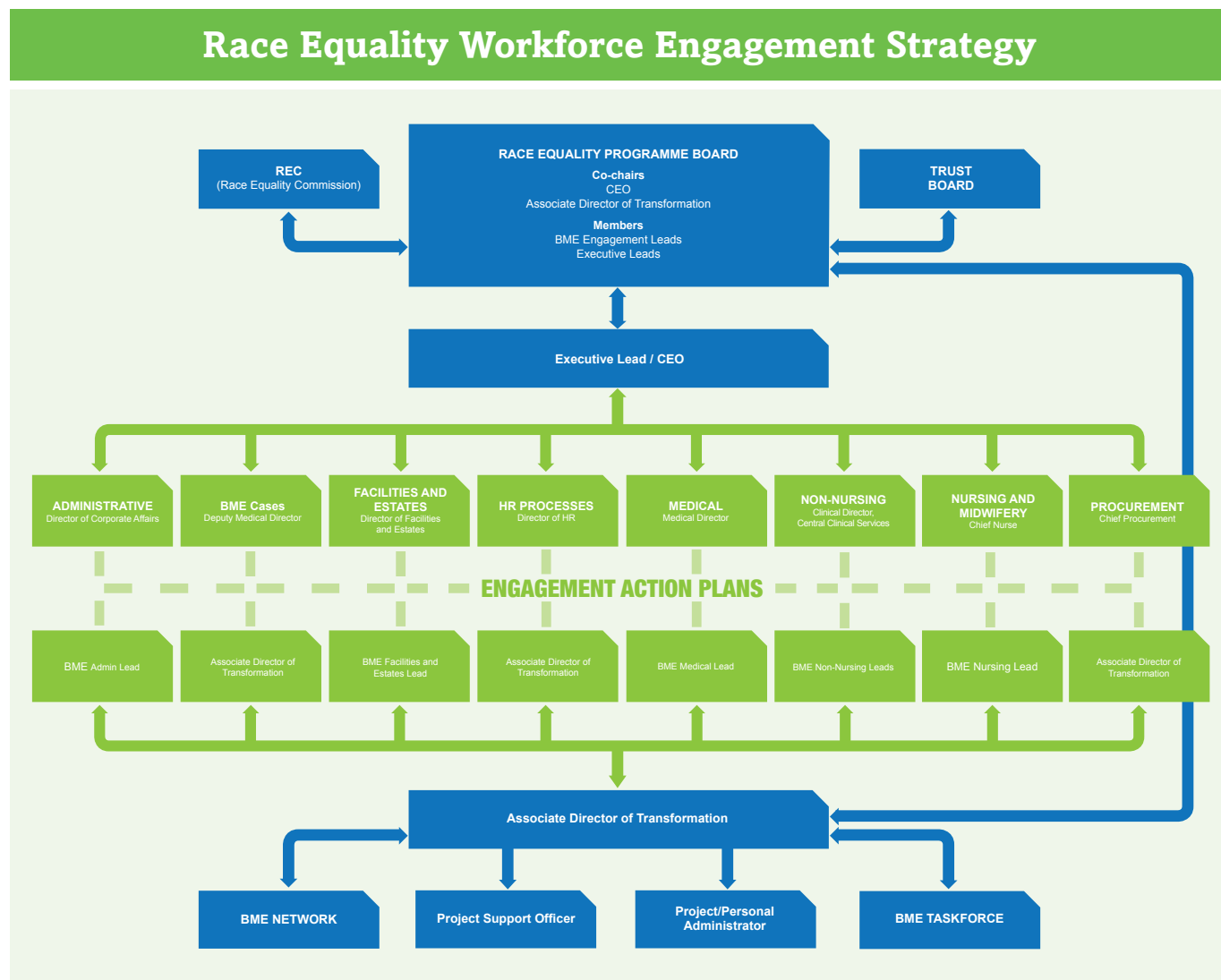
Other Factors to be Considered

Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain."

In August 2016 the Care Quality Commission (CQC) recommended that BSUH NHS Trust be placed in special measures. Integral to this recommendation was the failure of the Trust to deliver on its legal obligations concerning race equality and the consequential adverse impact on BME staff.

The CQC report specifically states that staff from BME backgrounds reported that bullying, harassment and discrimination was rife in the organisation with inequality of opportunity. In addition, there was an overwhelming feeling that BME staff felt very undervalued and bullied and reported that when they did raise concerns they were threatened with disciplinary action.

In October 2014 BSUH NHS Trust and the local BME Network jointly launched a Race Equality Workforce Engagement Strategy. The Strategy outlined the process by which BSUH and the BME Network would work in partnership to ensure the Trust delivers on its statutory obligations concerning race equality. The diagram below provides an overview of the strategic approach.

Race Equality Workforce Engagement Strategy

Race Equality Workforce Engagement Strategy

REC
(Race Equality Commission)

RACE EQUALITY PROGRAMME BOARD

Co-chairs
CEO
Associate Director of Transformation

Members
BME Engagement Leads
Executive Leads

TRUST BOARD

Executive Lead / CEO

| **ADMINISTRATIVE** Director of Corporate Affairs | **BME Cases** Deputy Medical Director | **FACILITIES AND ESTATES** Director of Facilities and Estates | **HR PROCESSES** Director of HR | **MEDICAL** Medical Director | **NON-NURSING** Clinical Director, Central Clinical Services | **NURSING AND MIDWIFERY** Chief Nurse | **PROCUREMENT** Chief Procurement |

ENGAGEMENT ACTION PLANS

| BME Admin Lead | Associate Director of Transformation | BME Facilities and Estates Lead | Associate Director of Transformation | BME Medical Lead | BME Non-Nursing Leads | BME Nursing Lead | Associate Director of Transformation |

Associate Director of Transformation

BME NETWORK

Project Support Officer

Project/Personal Administrator

BME TASKFORCE

As shown delivery of the strategy is overseen by a Programme Board which is co-chaired by the Chief Executive Officer and the Associate Director of Transformation. The latter being the operational lead for the Programme. Membership of the Programme Board includes all the Executive Director Leads and the BME Engagement Leads for nursing, doctors, non-nursing, administrative and Facilities and Estates staff.

Progress on this important agenda is achieved via partnership working between the named Executive Director Leads and BME Engagement Leads and their appointed team members. Engagement being facilitated by the co-production of action plans to address the systematic failures as a result of the institutional racism which exists.

The CQC Report (page 30) highlights that at the time of inspection the strategy had fallen into disarray amidst a culture of disciplinary action and grievance placing any progress at significant risk. Furthermore, that this risk did not appear to have been acknowledged by the Trust Board. It was partly in response to this finding that in October 2016 the Associate Director of Transformation in her capacity as Chair of the local BME Network and the BME Engagement Leads presented a paper to the Trust Board recommending that the Race Equality Workforce Engagement Strategy be re-established.

In line with the directive of the existing interim Chief Executive Officer the action plan outlined below directs that the failures specifically outlined in this WRES report and the wider failures due to the institutional racism that exists be addressed by way of the existing Race Equality Workforce Engagement Strategy.

WRES Action Plan

Objective	Activity Required
Re-establishment of the Race Equality Workforce Engagement Strategy	To identify the BME Leads for each of the professional workstreams - Nursing, Medical, Non-Nursing, Administrative, Facilities and Estates and to establish their BME Engagement Teams. To identify the Executive Leads for each of these workstreams and to establish their Management Engagement Teams. To agree a schedule of regular meetings for each workstream and agree protected time for the BME Engagement Leads and team members to attend meetings and progress their workstreams. To agree Terms of Reference for each workstream engagement group. To establish a Race Equality Programme Board, to include all BME and Executive Engagement Leads and the overall Leads for the Strategy i.e. the Chief Executive and the Associate Director of Transformation. To agree a schedule of monthly Programme Board meetings. To re-establish the Race Equality Commission (REC) as a critical friend to the Trust. To develop a Communication strategy for the Race Equality Workforce Engagement Strategy. To submit regular updates to CQC on the progress of the Race Equality Workforce Engagement Strategy. To submit regular updates to the CCG on the progress of the Race Equality Workforce Engagement Strategy.

Resources	Target Date	Expected Outcomes	By Whom
BME Leads	Strategy to be fully operational by 15 May 2017.	Meetings for 2017 scheduled. Executive and BME staff full participation in the delivery of the Race Equality Workforce Engagement Strategy.	BME Leads
BME Engagement Teams			BME Engagement Teams
Executive Leads			Executive Leads
Management Engagement Teams			Management Engagement Teams
Associate Director of Transformation			Associate Director of Transformation
Transformation Team			Transformation Team

WRES Action Plan

Objective	Activity Required
Address the under-representation of BME staff at middle and senior management positions, including addressing training and development of BME staff **WRES Indicators 1, 4, 6, 7, 8**	Undertake a comprehensive analysis of the ethnic profile of staff for each Agenda for Change (AfC) or other payband structure, for each of the professional groups. **Nursing:** To address the under-representation of BME nurses at middle and senior management positions. Identify all BME nurses who wish to progress their careers; conduct a TNA for all BME nursing staff and use the results to prioritise and deliver identified training needs. Facilitate the training and development of BME nurses. To establish a Training and Development Programme for BME nurses. Agree positive action initiatives to ensure that BME nurses are selected for: a.　　acting up opportunities b.　　nurse In charge c.　　shadowing opportunities d.　　mentorship training e.　　mentoring opportunities Ensure that all staff have equal access to information about post vacancies when they come up. To re-establish and recruit to the BME Trainee Matron post. To address the training and development of BME healthcare assistants. To support qualified nurses currently working as Band 2 HCAs to gain NMC status by supporting IELTS training. Identify all such nurses who wish to register with the NMC and require support to gain IELTS. Provide training to obtain IELTS. Ensure this is clearly communicated. To develop clear career pathways at BSUH to show staff the steps required for career advancement and monitor the outcomes. Facility to enhance access to educational/ academic support for BME nurses. To ensure all BME nursing staff have an appraisal and PDP.

Resources	Target Date	Expected Outcomes	By Whom
Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team Education and Knowledge Directorate	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.	Ensure that BME nurses are equally represented at middle and senior management positions. Create a level playing field for BME nurses to compete equally and fairly for senior management positions. An ongoing Training and Development Programme provided for BME nursing staff. BME nurses have the opportunity to gain practical experience at Band 8. BME healthcare assistants given equal opportunities to develop. BME healthcare assistants given access to training and development. Pathways complete for all to see and shared with nursing teams with the Trust and HE partners. Clearly identified route for anyone requiring education support and development. Chief Nurse is able to demonstrate that all BME nursing staff receive their annual appraisal as part of their Continuing Professional Development.	BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team

WRES Action Plan

Objective	Activity Required
Address the under-representation of BME staff at middle and senior management positions, including addressing training and development of BME staff **WRES Indicators 1, 4, 6, 7, 8**	**Medical:** To address the under-representation of BME doctors in senior leadership roles. To identify the managerial positions open to doctors and the ethnicity of the current holders of these posts. Actively identify BME consultants who are interested in managerial and clinical leadership and then provide these individuals with appropriate support and development. Nominate BME doctors for Leadership development programmes. To review the process for the Trust nominating doctors to external bodies and roles. To address the training and development of BME doctors. To establish mentoring and role modelling opportunities for BME doctors. **Non-nursing:** To address the under-representation of BME non-nursing staff at higher paybands, including middle and senior management positions. To identify the managerial positions open to non-nursing staff and the ethnicity of the current holders of these posts. To host two half day events for non-nursing BME staff, to identify their training and development needs and how they would like to progress their careers. To develop and implement training and development opportunities for BME non-nursing staff.

Resources	Target Date	Expected Outcomes	By Whom
Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team Education and Knowledge Directorate	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.	BME doctors in senior leadership positions including CEO, Medical Director etc. Inform BME Network of what is available and when they become available. Equality of access for BME doctors and in particular SAS doctors which grade has an over-representation of BMEs. BME Access to Mentorship Programmes with at least two BMEs undergoing mentorship.	BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team

WRES Action Plan

Objective	Activity Required
Address the under-representation of BME staff at middle and senior management positions, including addressing training and development of BME staff **WRES Indicators 1, 4, 6, 7, 8**	**Administrative:** To address the under-representation of BME admin staff at higher paybands, including middle and senior management positions. To identify the managerial positions open to admin staff and the ethnicity of the current holders of these posts. To engage BME admin staff to identify their training and development needs and how they would like to progress their careers. To develop and implement training and development opportunities for BME admin staff. **Facilities and Estates:** To address the under-representation of BME Facilities and Estates staff at higher paybands, including middle and senior management positions. To identify the managerial positions open to Facilities and Estates staff and the ethnicity of the current holders of these posts. To engage BME Facilities and Estates staff to identify their training and development needs and how they would like to progress their careers. To develop and implement training and development opportunities for BME Facilities and Estates staff.

Resources	Target Date	Expected Outcomes	By Whom
Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team Education and Knowledge Directorate	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.		BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team

WRES Action Plan

Objective	Activity Required
Address the bias in the recruitment process along racial lines **WRES Indicator 2, 7**	**Nursing:** To undertake a review of the nursing recruitment process. To look at best practice in nursing recruitment. To introduce recruitment targets. To monitor the recruitment process. BME nurses to be trained to participate in the recruitment process. **Medical:** To review the data on applicants, shortlisting and appointments by ethnicity and directorate. To undertake a review of the recruitment process for doctors. Develop a new model for consultant interviews to include race equality. BME Network involvement in recruitment process for doctors and members of the Board. To monitor the recruitment process. **Non-nursing:** To undertake a review of the recruitment process for non-nursing staff. To review the data on applicants, shortlisting and appointments by ethnicity and department. Encourage the development of transparent recruitment criteria for each individual department. BME non-nursing staff to be trained to participate in the recruitment process. To monitor the recruitment process.

Resources	Target Date	Expected Outcomes	By Whom
Recruitment Team Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.	To achieve a fair and equitable nursing recruitment process. To have more diverse recruitment panels. Inform the BME Network of panel composition for Consultant and Board appointments. At least one BME nominated by the BME Network on Consultant/ Board interview panels. Equitable recruitment processes.	BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team

WRES Action Plan

Objective	Activity Required
Address the bias in the recruitment process along racial lines **WRES Indicator 2, 7**	**Administrative:** To undertake a review of the recruitment process for admin staff. To review the data on applicants, shortlisting and appointments by ethnicity and department. BME admin staff to be trained to participate in the recruitment process. To monitor the recruitment process. **Facilities and Estates:** To undertake a review of the recruitment process for Facilities and Estates staff. To review the data on applicants, shortlisting and appointments by ethnicity and department. BME Facilities and Estates staff to be trained to participate in the recruitment process. To monitor the recruitment process.

Resources	Target Date	Expected Outcomes	By Whom
Recruitment Team Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.		BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team

WRES Action Plan

Objective	Activity Required
Address the unfair application of HR policies to the detriment of BME staff, including grievances, bullying and harassment, disciplinaries and capability **WRES Indicators 3, 6, 8**	Undertake a review of all HR cases involving BME staff during the last five years. Resolve all outstanding HR cases involving BME staff. To develop a process whereby completed HR cases involving BME staff are used to train and develop managerial staff. Disseminate learning from conduct cases to enable organisational learning. The learning must include a Trust-wide audience so that the seriousness of racist behaviour can be made clear. To ensure that Trust policies are applied equally to all staff. To introduce a mandatory race equality training programme for all staff and managers, including medical staff. Those in leadership positions Trust-wide should be equipped with both an understanding of the Trust's race equality problems and the tools with which to deal with these problems. Race equality should form part of 360 feedback and be incorporated into annual appraisal and performance reviews.

Objective	Activity Required
Address the racial harassment of BME staff by patients, relatives and visitors **WRES Indicator 5**	To implement the Security Protocol for BME staff: All staff and managers to be made aware of the Security Protocol. To monitor all race-related Datix reports occurring at BSUH and their outcomes.

Resources	Target Date	Expected Outcomes	By Whom
Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.	Cases resolved fairly. No perpetrator in a senior management role. Increased knowledge and understanding of the consequences of racial discrimination. Reduction in racial discrimination incidents. Fairness in application of Trust policies irrespective of ethnicity. All staff and managers to have received race equality training. Current leadership team is upskilled to effectively deal with issues. Race equality included in annual appraisal.	Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team

Resources	Target Date	Expected Outcomes	By Whom
Chief Nurse Associate Director of Transformation Transformation Team BSUH Managers Security Sussex Police	Protocol to be implemented across the Trust by 1 April 2017.	Effective reporting and handling of racial abuse incidents and staff supported.	Chief Nurse Associate Director of Transformation

WRES Action Plan

Objective	Activity Required
Other race equality issues to be addressed **WRES Indicators 6, 8**	**Nursing:** To establish fair, transparent and equitable rostering for nurses and health care assistants. To ensure all new European and non-European nurses are welcomed, inducted and supported. To review the status of BME student nurses working on placement in the Trust. **Medical:** To address the inequity regarding the CEA awards. To ensure equitable job planning for BME doctors. To ensure equality within all key workforce indicators. **Non-nursing:** To ensure fair allocation of duties and shift patterns; giving BME non-nursing staff opportunities to cover the full range of tasks available in their particular role. To build up and maintain contact and provide support to all non-nursing BME staff. To ensure new BME non-nursing employees joining BSUH are welcomed and informed about the race equality agenda. **Administrative:** To ensure fair allocation of duties and shift patterns; giving BME admin staff opportunities to cover the full range of tasks available in their particular role. To ensure new BME admin employees joining BSUH are welcomed and informed about the race equality agenda. **Facilities and Estates:** To ensure fair allocation of duties and shift patterns; giving BME Facilities and Estates staff opportunities to cover the full range of tasks available in their particular role. To ensure new BME Facilities and Estates employees joining BSUH are welcomed and informed about the race equality agenda.

Resources	Target Date	Expected Outcomes	By Whom
Human Resources BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team	Progress on all actions to be demonstrated by 30 June 2017 in time for next WRES submission.	Rostering practices and policy in place that are equitable to all. Retained, motivated and well cared for workforce. Explicit commitment to reflect BMEs in awards by proportion of workforce. BME Network to nominate at least one member of the CEA awards panel. Ensure equality.	BME Engagement Teams Management Engagement Teams Associate Director of Transformation Transformation Team