

Meeting:	
Date of Meeting:	
Report Title:	WRES Report 2016/17
Author(s):	Isabella Kpobie- Diversity Manager
Executive Sponsor(s):	Human Resources Directors
Purpose:	For information and action
Scrutiny Pathway:	Workforce OD Group and EMT
Transparency:	Public

Executive Summary

This paper provides the overview of the Trust's results against the nine indicators within the Workforce Race Equality Standard (WRES). It also provides an analysis and suggests actions to address the gaps between the experience of BME and White staff.

The Trust's metrics for the WRES show BME staff' experience of working at South West London and St George's Mental Health NHS Trust and also reflects the wider NHS. It shows that while the workforce is representative of the local community, this is not the case across all grades and that BME staff are less represented at more senior levels – above Band 6.

The Second report produced by the NHS England WRES team was released in April 2017 to reflect on the Data Between April 2015 – March 2016.

Recommendation

The Workforce and OD group and EMT are asked to: Review the trust results, suggested action plan and its alignment with the Corporate and Workforce Organisational Development Equality and Diversity Objectives.

Corporate Risk	Cross ref. 1012,1014,1015,1126	Board Assurance Risk	N/A
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KEY IMPLICATIONS

Outlined below is the key implications which may result from the proposals or information contained within this report

Assurance/Governance:	To ensure that the Trust complies with its mandatory obligations in relation to Equality and Diversity (Equality Delivery System since April 2015, Workforce Race Equality Standard Since April 2015, Public Sector Equality Duty)
Clinical:	Demonstrate improvements for patients and carers in accessibility, Experience and better health outcomes.
Equality & Diversity:	Equality and Diversity act 2010 – Elimination of discrimination for patient and Staff with Protected characteristic (Age, Disability, Sexual orientation, Gender, Gender Reassignment, Race, Religion or Belief, Marriage and civil partnership, Pregnancy and Maternity)
Estates:	N/A
Financial:	N/A
Legal:	Compliance with Equality Act 2010
Quality:	Demonstrate improvements for patients and carers in accessibility, Experience and better health outcomes. Demonstrate improvements for staff as representative, supported and well led workforce.
Reputation:	Support the Trust Values – Respectful, Open, Compassionate, Collaborative and Consistent
Strategy:	Equality and Diversity 2016-2020, Workforce and OD Strategy
Workforce:	Workforce Profile (Public Sector Equality Duty)
Other (specify):	N/A

Appendices/Attachments:

Appendix 1: Essential management Modules

Appendix 2: BME Staff Conversation recommended actions

Appendix 3: Stages of confidence and progress on race equality

1. Introduction

The NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves- the patients and public as well as the staff who work in it.

1.1. The Equality Act 2010 replaced previous anti-discrimination laws. It harmonised equality legislation, simplifying and strengthening the law to protect individuals from unfair treatment. The Act introduced a 'General' public sector equality duty, which states that public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those that do not.
- Foster good relations between people who share a protected characteristic and those that do not.

1.2. The WRES prompts inquiry to better understand why BME staff receive much poorer treatment than White staff

Research and evidence strongly suggest that less favourable treatment of Black and Ethnic Minority (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. (NHS Equality and Diversity Council)

1.3. Evidence also shows a clear link between the proportion of BME staff reporting discrimination at work and levels of patient satisfaction:

"the greater the proportion of staff from a black or minority ethnic background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction" (West et al, 2011).

1.4. The WRES is included within the NHS Standard Contract as part of a concerted effort to ensure that all NHS staff is treated fairly and that the NHS is making best use of the diverse talents and experiences of its workforce. The Trust's CQC Inspection in March 2016, considered the Trust's evidence from the WRES as part of their inspection, within the Well-led domain.

1.5. All Trusts were required to submit their initial metrics for the indicators by July 2016. It was anticipated that the WRES 2015 would highlight any differences between the experience and treatment of White staff and BME staff, and encourage and support trusts to develop strategies and actions to reduce those differences:

"Organisations will be expected to do what the best ones already do, to scrutinise and understand the data and act on it, and then work towards a level playing field where the treatment of staff is not unfairly affected by their ethnicity" (NHS England, 2015a)

1.6. There are nine indicators; five are specific to Trust Workforce data whilst the four remaining indicators relate to the national NHS staff survey. The technical guidance and metrics for the WRES were updated in March 2017, the Trust ESR and Staff Survey results were used to complete the WRES data Analysis on which the report is based.

1.7. The initial WRES data analysis report provided a benchmark nationally on the 2015 staff survey results. The current data analysis report was released in April 2017 and was based on all nine

indicators. The analysis was undertaken to consider how the Trust benchmarks with similar organisations, and to learn lessons from trusts that perform better against specific indicators. NHS England expects Trusts to “*demonstrate measurable progress year on year*” and that failure to do so will be a breach of the NHS Standard Contract (2015a).

- 1.8. The CQC inspection in March 2016 included a focus on equality and diversity in particular the WRES 2014 results and actions. Inspectors met with the Equality and Diversity lead, Evolve BME network Chair and Assistant Director Human Resources and hosted a forum for BME staff to give their feedback on their experience of working for the Trust.
- 1.9. In June 2015 the Board implemented the Equality Delivery Scheme (EDS2) to support the development and implementation of the Equality and Diversity Strategy 2016-2020 and the Equality and Diversity Strategy Action plan. Corporate Objective for 2016/17 is to roll out the EDS2 all Trust services.
- 1.10. The Equality and Diversity Steering Group was established in March 2016 and had its first meeting in April 2016. The aim of the group will be to support the Diversity Manager to;

Oversee the collection, evaluation of evidence and recommendations for the delivery of the Equality and Diversity action plan, WRES, EDS2 and Public Sector Equality Duty (PSED).

The WRES Conference 2016 highlighted the importance of all senior leaders being able to articulate their trust’s WRES results and the actions which are being taken. Engagement with Evolve (BME Staff group), Staff Side colleagues and the Pan London Equality and Diversity group and WRES Team will be also be essential to achieving progress in the WRES.

2. WRES 2016 Key Findings

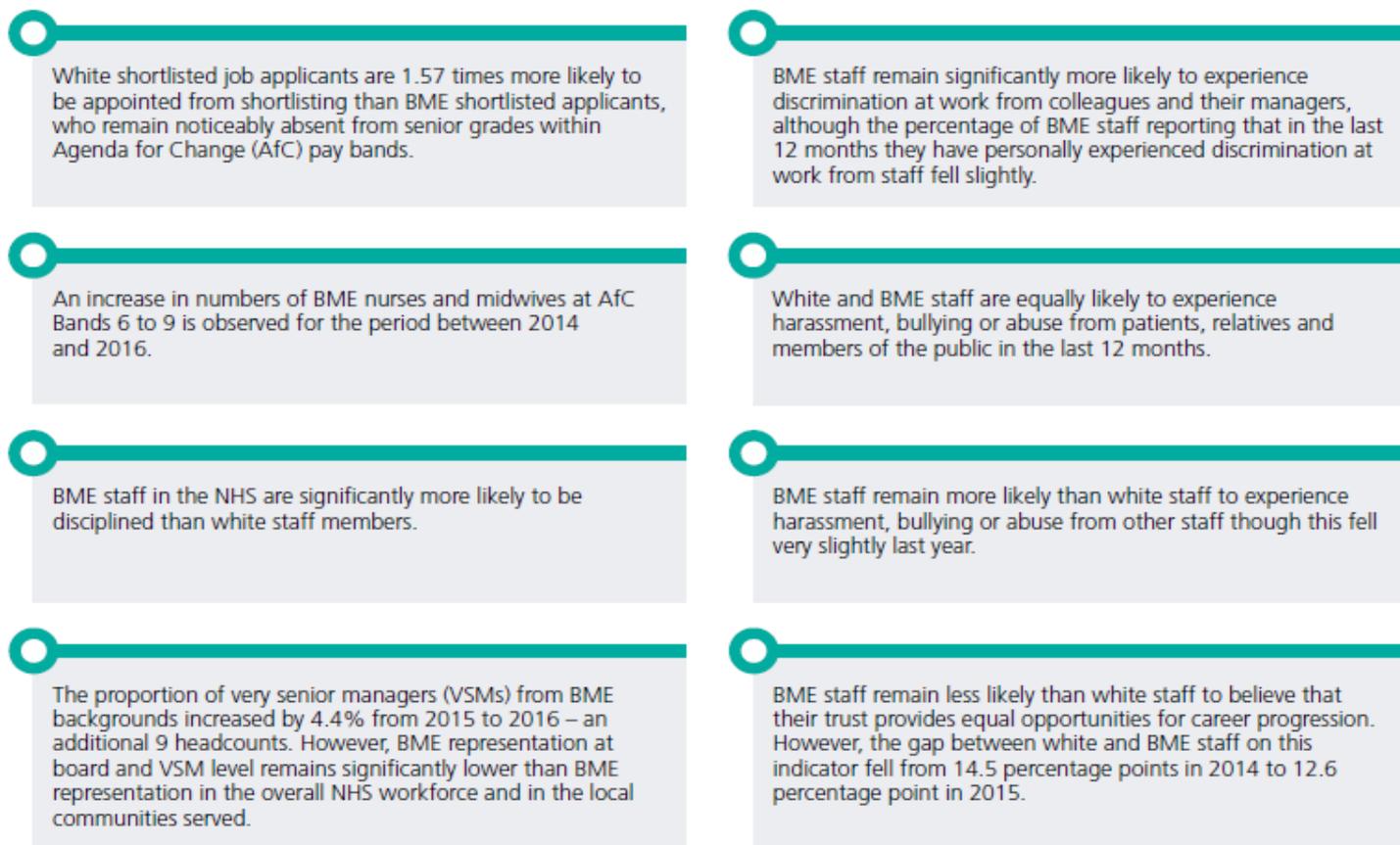


Figure 1: WRES National Key findings

3. The WRES indicator results

	<p>Workforce indicators For each of these four workforce Indicators, <u>compare the data for white and BME staff</u></p>
1.	<p>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</p> <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>Note: This refers to both external and internal posts</p>
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.</p>
4.	<p>Relative likelihood of staff accessing non-mandatory training and CPD</p>
	<p>National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u></p>
5.	<p>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>
6.	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>
7.	<p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p>
8.	<p>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</p>
	<p>Board representation indicator For this indicator, <u>compare the difference for white and BME staff</u></p>
9.	<p>Percentage difference between the organisations' Board membership and its overall workforce disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p>Note: this is an amended version of the previous definition of Indicator 9</p>

Figure 2: WRES Indicators

3.1. Indicator 1- Percentage of staff in each of the Face Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

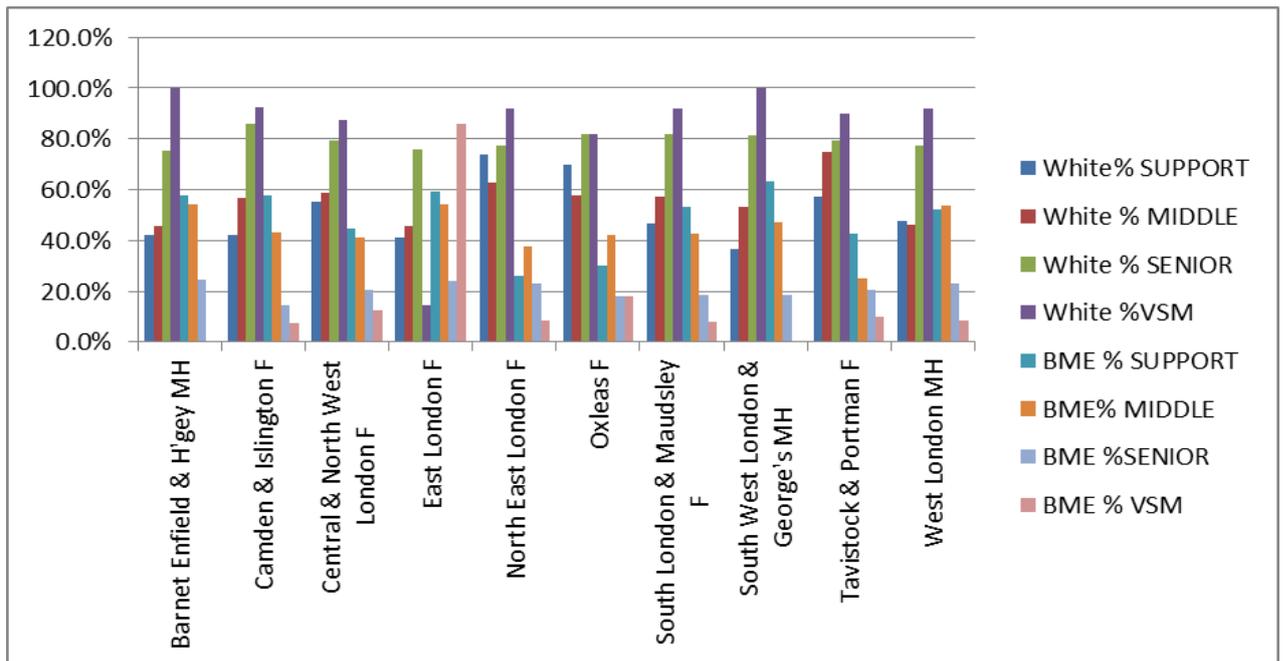


Figure 3: London Skill mix -Support (Bands 1-4), Middle (Bands 5-7), Senior (Bands 8a to 9), and VSM -very senior managers

Black and Ethnic minority staff makes up 44.37% of all Trust employees (939 individuals) compared to 38.37% (840 individuals) in 2014/15. 14.34% of these staff is band 8-9, VSM and medical staff.

This compares with 32.95% of all white employees in these pay bands. These ratios have remained stable over the last 3 years and shows that the White staff Group proportionally has more staff in senior positions by approximately 10%.

Ethnicity	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	VSM
White	25.6%	30.8%	53.9%	37.9%	55.9%	70.4%	76.3%	86.4%	82.6%	88.2%	100.0%
BME	74.4%	69.2%	46.1%	62.1%	44.1%	29.6%	23.8%	13.6%	17.4%	11.8%	0.0%

The data suggests that there is a greater proportion of BME staff within Bands 2, 3 and 5. There were no staff at band 9 or VSM in March 2016

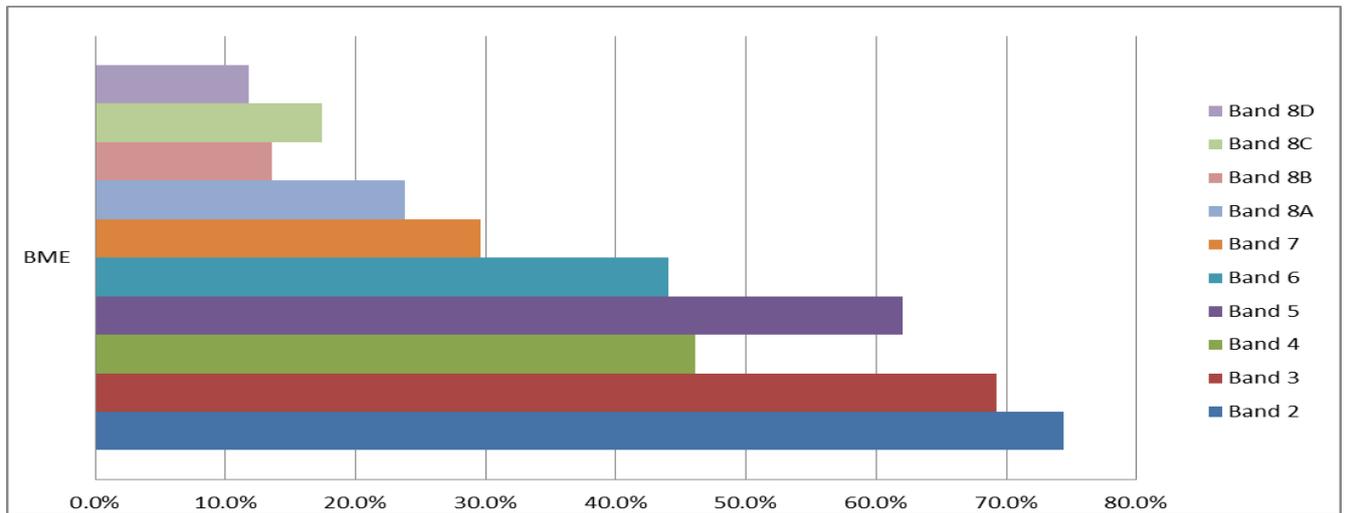


Figure 4: Trust Workforce profile of BME March 2016

The Evolve staff network has been key in providing developmental training opportunities for BME staff through programmes such as Achieving success, (originally aimed a BME staff in bands 5-7), the last cohort of this programme was made available to all staff in the Trust from Band 3 upwards. The Trust Mentoring Scheme, Community Mentoring Scheme and Unconscious Bias training (mandatory for all staff involved in recruiting staff) have all been programmes developed and implemented through Evolve.

Actions:

1. Corporate Objective- Increase in number of BME staff interviewing for Band 8a and above roles in the Trust.
2. Development Assessment Centres for posts 8a and above
3. New PADR to identify Talent and succession planning development initiatives
4. Corporate Objective – 100% of managers to complete Unconscious Bias Training

3.2. Indicator 2 -Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts

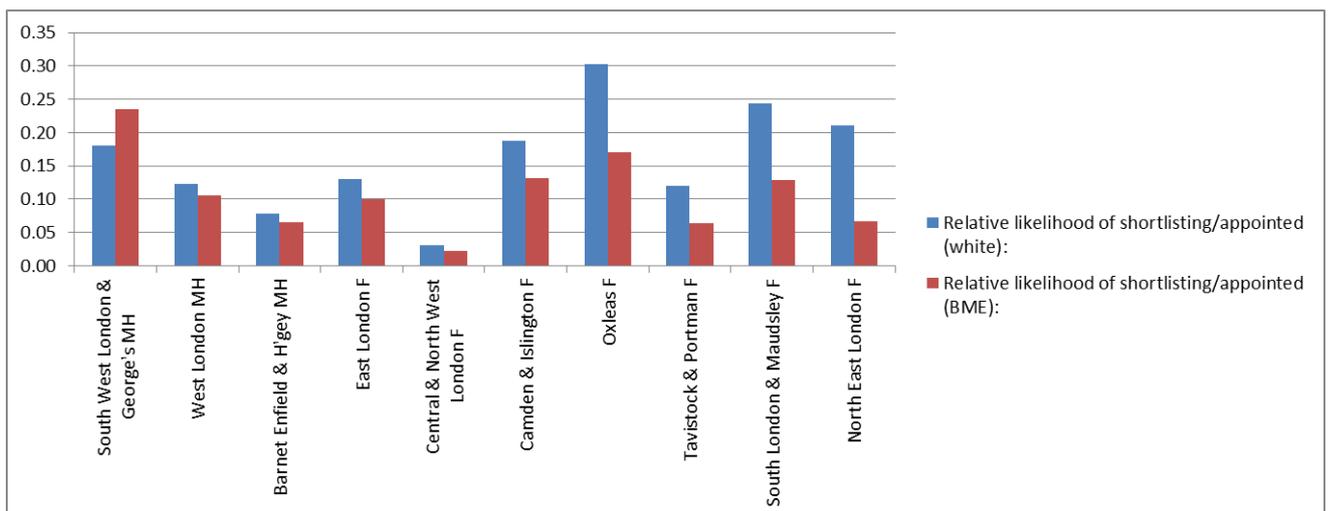


Figure 5: London- Appointment from Shortlisting

The data shows that the Trust is the only mental health Trust in London where BME staff are more likely to be appointed from shortlisting compared to White Staff.

Work is already underway to ensure that the Trust's recruitment processes are objective and fair for all applicants. The Trust invested in the TRAC recruitment model which enables more meaningful information on reasons for candidates not being shortlisted being collected.

The Operational Leadership Group (OLG) approved the development and delivery of mandatory Recruitment and Selection training alongside the Unconscious Bias training. These courses outline the responsibilities of recruiting managers with regards to equal opportunities and employment legislation.

It will be a requirement that only managers who have completed the recruitment, selection and Unconscious Bias training courses, are able to chair recruitment and selection interview panels.

Unconscious Bias training was provided by People Opportunities from January to June 2016 the course was advertised alongside Recruitment and Selection training, on Insite and via email sent to all managers responsible for recruitment.

284 hiring managers (2015/16) were identified; of these 101 signed up to take the training and 71 staff completed the course.

For 2016/17 a corporate objective has been set that 100% of managers should complete the training 175 staff with 'manager' in their job title have been identified. Quotes for commissioning an Unconscious Bias Train the trainer course for staff have been submitted for funding approval.

Over the last 18 months The Trust has purchased a suite of online assessment tools for use in recruitment and Development Assessment Centres (DAC).

The Trust also introduced 'Pooled Recruitment' for high volume posts such as Nursing, Recovery and Support Workers. This process means that potential staff apply for generic posts and are assessed through assessment centres, before being matched to a Team or Ward.

These validated tools enable a greater level of objectivity within the recruitment and assessment processes, and will support the Trust's move towards values based recruitment. Team or Ward Managers participate in the assessment process. Plans are in place to extend Pooled Recruitment to other high volume areas.

Actions:

1. Implement and embed Recruitment and selection training for all staff with recruitment responsibility, ensuring all members are up to date on anti-discriminatory interviewing techniques
2. Commission train the trainer and provide In-house Unconscious Bias training as per the recruitment and selection policy
3. Recruitment/Training and development team to maintain a database of staff that have had, Unconscious Bias and Recruitment and Selection training
4. Train more staff provide feedback from online assessment tools used within recruitment, retention and staff development processes.

3.3. 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 formal investigation

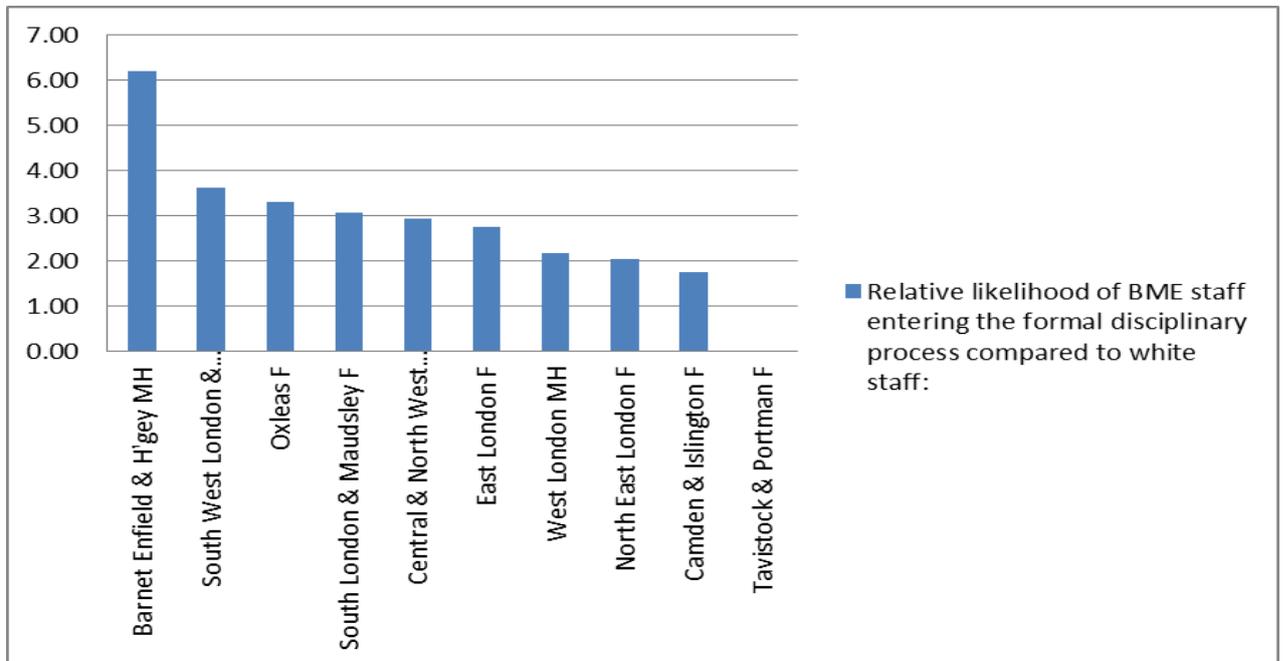


Figure 6: London - staff Entering Disciplinary process

Nationally the Trust is second highest in relation to the likelihood of BME staff entering the formal Disciplinary process

There were 24(1.13% total workforce) cases which entered into a formal disciplinary investigation. There were 7 cases of White staff compared to 17 cases for BME staff.

In 2014 the analysis showed that Band 4 staff were investigated more than in any other band, in 2015 Bands 3 and 5 were investigated more than any other band. This could indicate a training need for unqualified and for newly qualified nursing staff. It is hoped that the introduction of the Care Certificate which provides a development and competency assessment for Nursing Assistants/Healthcare workers (introduced in April 2015) and is currently being rolled out across the trust will help to reduce the figures further.

Both the disciplinary and grievance policies confirm that mediation is a useful mechanism that can be considered when issues are raised. The Trust offers external mediators as a recommendation in grievances and bullying and harassment cases. The Trust has also implemented an Essential Management course which includes a suite of management/leadership training courses that (Appendix 1).

The HR team also provide coaching to managers on individual cases to help to resolve issues without the need for formal redress. It is also the case that the proportion of BME staff involved in disciplinary processes has reduced at a greater rate than for White staff, and the Trust aims to continue with this trend.

The 2015 LiA conversations focused on the Trust's values and agreeing the behaviours all staff should both display and expect from others working in the organisation. The refreshed Trust values were launched in by the Chief executive at the Leadership Conference in January 2016. BME staff Conversations were held in October and November and facilitated by the Equality and Diversity Executive Lead and Director of Nursing. The feedback and recommendations from this meeting a number of actions were recommended.

Actions:

1. Embedding of Trust Values and behaviours (on-going)
2. Leadership Conference Equality and diversity awareness conversation (on-going)
3. Completion of Essential Management modules as Part of CPD

3.4. Indicator 4- Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff

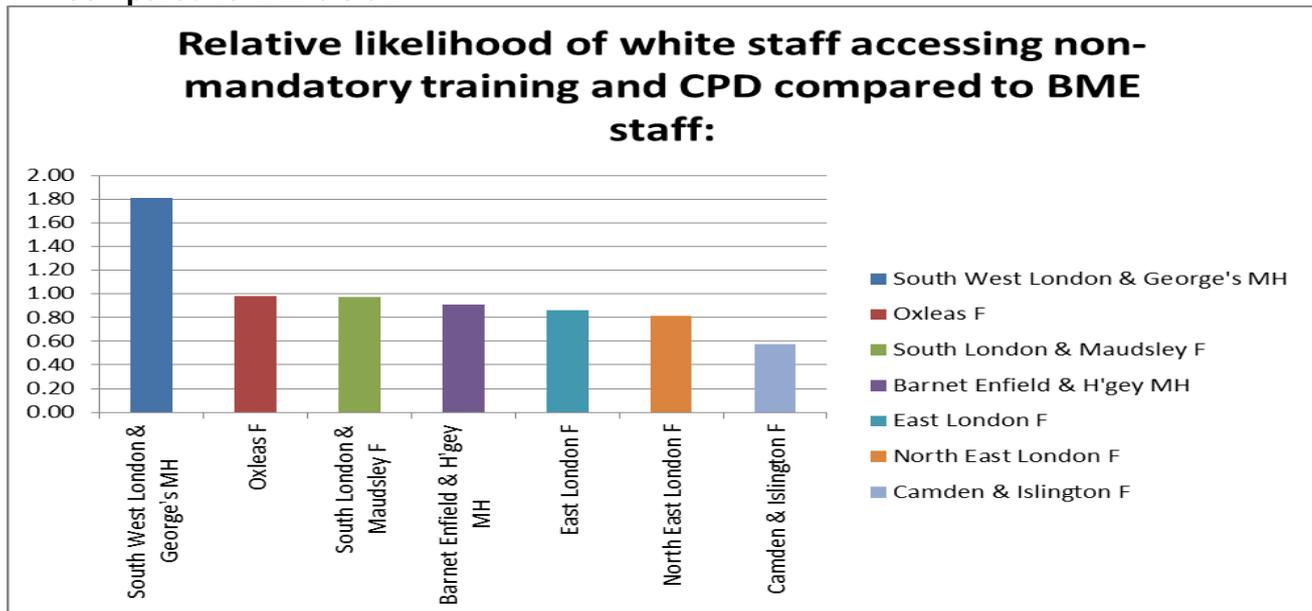


Figure 7: London – Access to Non Mandatory or CPD Courses

Nationally the Trust is rated as most likely (1.81 times) to give access to non-mandatory or CPD courses to White staff compared to BME staff.

Following the 2016 CQC inspection the Trust updated the Supervision policy to acknowledge regular supervision as an opportunity to discuss staff health and wellbeing, workload, performance and support and development they may need to do their job. Similarly the New PADR will also provide an opportunity for managers and staff to identify development opportunities that may include access non-mandatory or CPD courses.

Actions:

1. Supervision to include identification of development/training needs for staff
2. Implementation Essential Management Course
3. PADR to include discussion and identification of Job relevant non-mandatory or CPD courses to support staff development
4. Use of COMPASS to record staff feedback from courses attended
5. Training need analysis to support organisational succession planning

Staff Survey - WRES indicators

The analysis for WRES Indicators 5-8 were taken from the Staff survey results

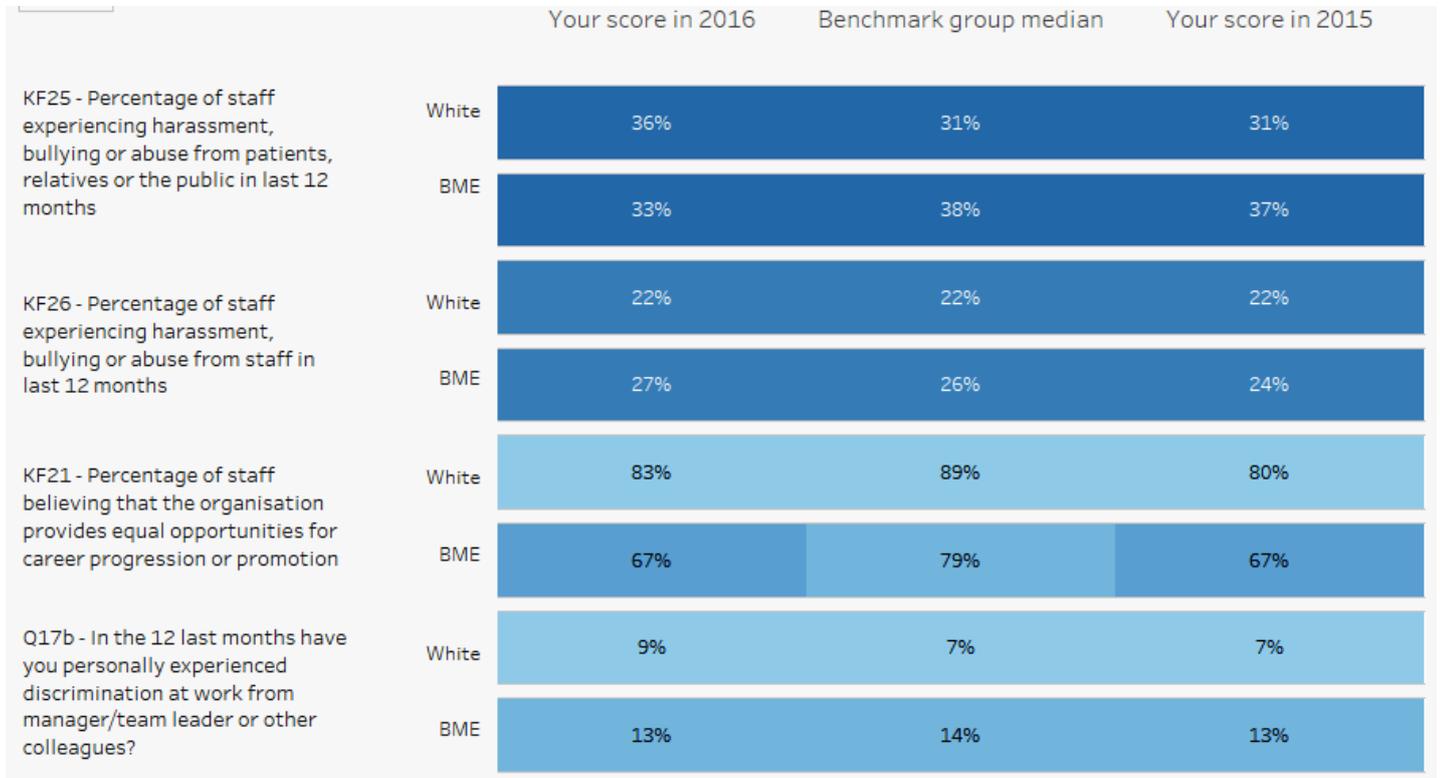


Figure 8: SWLSTG Staff Survey WRES indicators

3.5. Indicator 5- Staff Survey Key Finding 25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

The Results for 2016 show that although there was an improvement in the percentage of BME staff experience of bullying and harassment from patients, relative or the public. There has been an increase for white staff from 31% to 36% which is above average for mental health trusts.

There is still more to do and the Trust Equality and Diversity Steering Group will continue to liaise and engage with staff to consider further ways in which improvements can be made and embedded.

Actions:

1. Develop and implementation of a communications campaign to address violence, bullying and harassment of staff by patients, relatives and the public

3.6. Indicator 6 - Staff Survey Key Finding 26: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

The 2016 results show that the percentage of staff experiencing harassment or bullying from staff has remained the same for White staff at 22% but has increased for BME staff rising from 24% to 27%

The BME staff conversation suggested a number of actions to address bullying and harassment (see Appendix 2)

Actions:

1. Further engagement events with staff to address bullying and harassment
2. Zero tolerance campaign regarding violence in the workplace

3.7. Indicator 7- Staff Survey Key Finding 21: Percentage believing that trust provides equal opportunities for career progression or promotion

The 2016 results show that whilst there has been opportunity for career progression for White staff BME staff opportunities have remained the same and 2015 but lower than the national average for mental health Trusts.

Development Assessment Centres carried out as part of SLM, CSR1 and CSR2 provided some staff with an opportunity to apply for roles that would provide career progression or realignment to a new role based on recognising and developing their skills.

White and BME staff had almost identical access to non-mandatory training and promotion. However, some BME staff felt that it was difficult to gain promotion within the trust. (CQC 2016)

Action:

1. Corporate Equality and Diversity Objective to Increase in number of BME staff interviewing for Band 8a and above roles in the Trust

**3.8. Indicator 8- Staff Survey Question 17: In the last 12 months have you personally experienced discrimination at work from any of the following:
b) Manager/team leader or other colleague**

The 2016 results show that there the experience of discrimination at work by a manager/team leader or colleagues has remained the same as 2015 for BME staff at 13% but has shown an increase for white staff rising from 7% to 9%.

The Trust has developed and will be implementing new Supervision and PADR policies and will provide training for both Man. a significant improvement in the number of staff receiving supervision was noted in the staff survey results.

The Trust continues to host LiA conversation to gain a better understanding of the issues facing staff, and agree in partnership actions to address these issues.

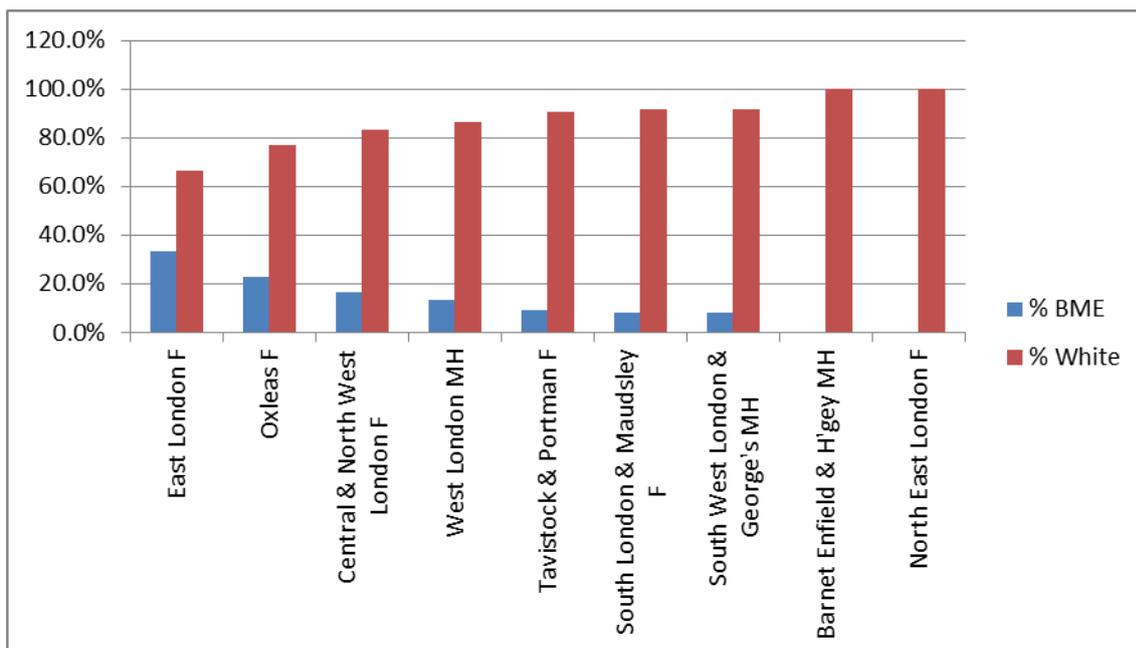
Two BME Staff conversations which were open to all Trust staff were held and facilitated by the Executive Equality and Diversity lead and the Director of Nursing the actions based on a number of themes discussed (appendix 2) will be reviewed by the Equality and Diversity steering group.

Actions:

1. On-going embedding of Supervision for all staff.
2. Implementation of the action plan and recommendations from the BME staff conversations

3.9. Indicator 9- Percentage difference between the organisations' Board voting membership and its overall workforce

NB: *only voting members of the board were included when considering this indicator*



At March 2016 The Trust Board was not considered to be broadly representative of the population we serve:

BME composition of Trust Board	8.3%
BME composition of South West London*	45.5%

* Data taken from 2011 Census. The Trust also provides services on a national and regional basis, though as per the technical guidance, comparison is made with the geographical area the Trust covers: Kingston, Merton, Wandsworth, Sutton and Richmond.

In 2015, the Trust successively applied for funding to deliver inclusion training for the Board, as part of its development. This will focus on developing inclusion using a human rights approach and the associated responsibilities at Board and several senior levels of management within the Trust.

The Trust Board has undergone a number of changes within the last year, which have included an increase in the representation of BME staff and Non-Executive Directors.

Actions:

1. Deliver Inclusion Programme for Trust Board (September 2015)

3.10. Conclusion

The Trust saw a number of improvements in the 2015 WRES results locally and there were a number of initiatives put in place to support the improvements made so far. However, the national benchmarking highlights that the Trust still has some work to do to continue to improve and embed the improvements achieved.

The Trust recognises that BME staff will be a key part to the solution in tackling race discrimination. Engaging with BME staff, Evolve and Staff side to identify root causes for the metrics described above.

Board leadership and commitment to the changes required is essential to ensuring that Sustainable progress is made. The full roll out and implementation of the Equality Delivery System (EDS2) will also provide an opportunity to demonstrate that the workforce is supported, representative and well led, and on Target to become achieving in relation to the stages of confidence and progress on race equality(appendix 3).

4. References

Archibong U. and Darr A. (2010), *The involvement of Black and Minority Ethnic staff in NHS disciplinary proceedings*, University of Bradford and NHS Employers

Kline R. (2014), *The 'snowy white peaks' of the NHS: a survey of discrimination on governance and leadership and the potential impact on patient care in London and England*, Middlesex University

NHS England (2015), *Technical guidance for the NHS Workforce Race Equality Standard (WRES)*, NHS England

NHS England (2015a), *Frequently asked questions on the Workforce Race Equality Standard (WRES)*, NHS England

NHS Providers (2014), *Leading by example: the race opportunity for NHS provider boards*, NHS Providers

West M. et al (2011), *NHS staff management and health service quality: results from the NHS Staff Survey and related data*, Lancaster University

Kline R. et al (2017) *NHS Workforce Race Equality Standard 2016 data analysis report For NHS Trusts*
Picker Institute, *2016 NHS Staff Survey results*

Appendix 1: Essential Management Modules

Session title	Date and Venue	Session outline	Criteria
Managing Teams	<p>26/5/17 Daffodil Art Space 9.30m to 4.30pm</p> <p>With follow up session: 8 June 9.00 to 1.00 – Daffodil Art Space 9.30am – 4.30pm</p> <p>AND</p> <p>13 June – Daffodil</p> <p>With follow up session: 11 July 2017 1.00pm – 5.00pm Daffodil Art Space</p>	<p>Are you new to management? Have you recently taken on a management role or changed teams?</p> <p>This session will take you through some of the essential skills for managing a team: Moving from Friend to Manager, Delegating effectively, managing teams who are geographically spread, Communication and how to avoid Management Traps.</p> <p>Lunch is not provided</p>	<p>Bands 5-8a Employed by SWSLSTG MH Trust Able to commit to the whole session time Be prepared to share your experience and take part in activities!</p>
Having Difficult Conversations	<p>10th July – Daffodil / Conference Room B&C</p> <p>AND</p> <p>16 August Daffodil Art Space</p>	<p>As a manager there are just some conversations you have to have, but are not always pleasant to think about having; maybe because you have to ask about personal issues (especially when managing absence, for example), or maybe because a concern has arisen about someone's performance (capability, disciplinary etc.). This session will take you through the key skills that you need to make these conversations easier, and highlight how and when these kinds of policies come into effect.</p> <p>Lunch is not provided</p>	<p>Any line manager employed by SWLSTG NHS Trust Able to commit to the whole session time Be prepared to share your experience and take part in activities!</p>
Being Fair	<p>8 August Hughes Room B, Tolworth Hospital</p> <p>AND</p> <p>12 September – Hughes Room B, Tolworth Hospital</p>	<p>We all know or should know, about Equality and Diversity – we all update our Mandatory and Statutory training as required.</p> <p>But, what does this really mean in the workplace? What kinds of scenario should be mindful of and how do we apply the principles of E&D to say, Recruitment?</p> <p>This session will cover how you, as a manager, should be applying the key principles in everyday management and what kinds of scenarios you may be faced with; including exploration of various forms of discrimination and harassment. We will also look at what makes an inclusive leader.</p>	<p>Any line manager employed by SWLSTG NHS Trust Able to commit to the whole session time Be prepared to share your experience and take part in activities!</p>

		Lunch is not provided.	
Raising Concerns	5 September Daffodil Art Space AND 10 October Daffodil Art Space	When staff come to us with a concern, which policy do you enact – is it a disciplinary offence, is it a grievance, is it bullying and harassment or even a whistleblowing concern? Navigating your way around these and being clear about how you decide which policy it is can be difficult: especially as these things don't come up every day. This session will help you navigate this area and give you the core skills for dealing with employees concerns and for if you are chairing panels or hearings in these scenarios. We will be using an Action Learning Set approach to explore these issues, in the afternoon. Lunch is not provided	Any line manager employed by SWLSTG NHS Trust Able to commit to the whole session time Be prepared to share your experience and take part in activities!
Growing People	3 October Daffodil Art Space AND 15 November – Daffodil Art Space	How does the organisation attract and retain the best people? What is your role in this and how do you engage your people; develop them and grow them? And why is it even important to us? This session will cover what you, as managers and leaders, need to do to support your staff and your services to enable them to run effectively. This will be around the Planning and Recruiting to what we need; Retaining talent once you have them in post; Developing Teams and Individuals (and how this crosses over with Supervision and Appraisal) and also how you play a part in looking after organisational wellbeing. Lunch is not provided	Any line manager employed by SWLSTG NHS Trust Able to commit to the whole session time Be prepared to share your experience and take part in activities!
Leadership & You	7 November Hughes Room B, Tolworth Hospital AND 5 December Hughes Room B, Tolworth Hospital	What style of leader are you? What kind of leader do you want to be? Leadership vs. management will be explored in this session, and a look at how you can build your own leadership toolkit so that you can adapt and flex your style in a way that suits you. This session will also cover leading by example and aspects of positive psychology. Lunch is not provided.	Any line manager employed by SWLSTG NHS Trust moving into a leadership position, or thinking of moving into a leadership position Able to commit to the whole session time Be prepared to share your experience and take part in activities!

Appendix 2: BME Staff Conversation Recommendations

Theme	Feedback	Action
Bullying and harassment	<ul style="list-style-type: none"> • What are the thresholds around bullying and Harassment • Development of pathways to raise concerns 	<ul style="list-style-type: none"> • Clear statement for all disciplinaries about how panels are made up • All chairs of panels to have received non biases training • All reports to break down the outcome of cases by protected characteristic so that this is transparent • training and development for leaders about the management skills in line with values
Communication	Use a variety of methods to share information	<ul style="list-style-type: none"> • Team briefs, Skype meetings, nurses and ward manager meeting • Who am I screensaver • Bulletins • All conferences and development days to include inclusion and or diversity and equality conversations
Career progression and recruitment Coaching and Mentoring	How can you ensure equity of access to career progression and leadership opportunity for BAME staff	<ul style="list-style-type: none"> • Multi-professional career cafes • Access to Leadership academy courses aimed at BAME staff • Career pathway development • Identify Coaches and Mentors internally
Leadership	Staff have a variety of skills and training but often do not have the capacity to share the skills e.g. coaching , mentoring, racial equality and cultural capability(RECC)	<ul style="list-style-type: none"> • Identifying staff skills across the trust to enable staff apply their skills where possible as trainers
Governance		<ul style="list-style-type: none"> • Clear and regular meaningful agenda items on trust wide and team level governance meetings
Floor to board engagement		<ul style="list-style-type: none"> • Development of reverse shadowing programme- senior leaders/board members to do shadow work and staff members to shadow senior leaders.

Appendix 3: Equality and Diversity Implementation plan 2017/18

Milestone	Dependencies	Who	When by
Establish and embed staff networks for all protected characteristics		Diversity Manager	December 2017
Achieve 75% of EDS2 "Delivering"	Facilitated by Associate Director Employee Engagement & Opportunity	Chief Operating Officer	December 2017
Employer of people with Learning Disabilities & Mental Health Status		Associate Director Employee Engagement & Opportunity /Associate Director of HRBP	December 2017
Report in the top 20% of all London Mental Health Trusts for WRES		Associate Director Employee Engagement & Opportunity	March 2018
Improve Staff Support Process post incident– Physical Violence against staff & Verbal Abuse	Facilitated by Associate Director Employee Engagement & Opportunity	Chief Operating Officer/Director of Nursing	February 2018
Improve number of BME staff interviewing for Band 8a and above		Associate Director Employee Engagement & Opportunity	March 2018

Appendix 4

The Audit Commission identified a five stage journey relevant to WRES implementation.

Table 14. Stages of confidence and progress on race equality

Stage	Level of confidence and progress
Resisting	No understanding of the importance of race equality – focus of work on producing a scheme and/or policy.
Intending	Say race equality is important but still have a poor understanding of the depth of change required.
Starting	Better understanding of local issues, expressed within a high level vision.
Developing	Understand the issues and where they are trying to get to. Still need to prioritise activity.
Achieving	Have a clear vision for where they are trying to get to and have set out and prioritised improvements to specific local outcomes. Achievement is recognised by peers and information and advice is regularly sought.