

BOARD MEETING

30 June 2016

Paper Title:	BME Diversity in Employment Strategy - Six Month Review
Section:	Public
Lead Director:	Sandra Knight, Director of HR & OD
Paper Author:	Fiona Sherburn, Deputy Director of HR & OD
Agenda Item:	12
Presented For:	Discussion

1. Purpose of this Report:

The purpose of this report is to provide the Board with an update on the delivery of the:

- BME Diversity in Employment Strategy

2. Summary of Key Points

The BME Diversity in Employment Strategy was ratified in April 2014. To support the delivery of the strategy the Board has agreed a set of metrics and KPIs to measure its impact. This includes the aspirational target of 35% BME representation within the workforce at all levels, in training and in nominations for the Council of Governors.

The Board has also requested a six monthly update on progress on the delivery of the strategy and underpinning action plan. The action plan is detailed at Appendix 1.

Proposed priorities for 2016 include:-

- *promoting BME role models,*
- *developing a support programme for unsuccessful BME job applicants,*
- *supporting the Board's development around cultural competence,*
- *developing local workforce representation objectives,*
- *undertaking further analysis of the staff survey results to understand why BME staff report feeling that they experience discrimination at work and that they believe that the Trust doesn't provide equal opportunity for career progression and promotion,*
- *analysing the Workforce Race Equality Scheme (WRES) 2015 benchmark report, identifying themes and following up Trusts that are exemplars in order to implement best practice*
- *examining the reasons for the over representation of BME staff in disciplinary processes and developing appropriate actions to address this issue,*
- *delivering in partnership with Enable 2 – cultural competence training for all staff,*

In addition, following the success of the BME Development Programme 'Moving Forward' which completed in June 2015 a second cohort will run from June 2016. Places have been offered to Bradford Hospitals Teaching Foundation Trust, (10 have been taken up) which should help the participants network and learn from participants who can offer a different work context. There are 14 participants from the Trust on this cohort.

Work experience opportunities have been delivered and are planned with Bradford College whose intake for Health and Social Care is 80% from a BME background and the Black Health Forum.

3. Board Consideration

The Board are asked to note the progress made to date and to continue to provide support in the achievement of the BME Diversity in Employment Strategy.

4. Financial Implications

Revenue Y Capital

There is potential to act commercially and generate income from the Moving Forward Programme.

5. Legal Implications

The Trust has a duty to take due regard of the Equality Act 2010, this includes the specific duty to

- (a) Eliminate discrimination, harassment, victimization and any other conduct that is prohibited by or under this Act;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The NHS Equality Delivery System (EDS) 2 is designed to support NHS Trusts to be compliant with the Equality Act 2010 and the Public Sector Equality Duty. Failure to do so could lead to interaction with the Equality and Human Rights Commission via an inquiry or investigation and if founded an Unlawful Act Notice issued. It can also lead to an employment tribunal or litigation which would have a financial and reputational impact.

6. Equality Impact Assessment

The Equality Delivery System Framework in itself is an equality impact assessment. The process includes collecting and analysing data in partnership with service users, carers, staff and partners agreeing objectives and methods of delivery in partnership. The process in 2012 led to the development of the Equality Objectives which include the objective to reduce discrimination for BME staff and job applicants. The BME Diversity in Employment Strategy is a direct output of that work. It has been designed and is being delivered alongside a reference group which is actively equality impact assessing proposals and plans for delivery.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee	<input type="checkbox"/>	Service Governance Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Resources Committee	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/> Y	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

8. Risk Issues Identified for Discussion

There are a numbers of external and internal obstacles to meeting the 35% aspirational target.

These include; relatively low labour turnover (especially in senior roles) within the Trust, CIP targets which will reduce recruitment opportunities across the Trust, unconscious bias in recruitment and management, BME staff leaving the organisation to take up senior positions outside of the Trust.

In light of this the Board is asked to consider whether the 35 percent aspirational target is achievable by 2020 or whether a 10 year target should be set. This would be in line with the target and trajectory set by Bradford Teaching Hospitals Foundation Trust.

9. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
A diverse workforce and inclusive leadership that reflect the community it serves delivers better health outcomes and patient experience.		The development and retention of a diverse workforce enables the Trust to optimise this valued resource and avoid unnecessary turnover and recruitment.	The Equality Act 2010 includes the duty to foster positive relationships between people of different groups and promote equality of opportunity. The BME Diversity in Employment Strategy supports compliance with these duties.

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

11. Recommendations:

That the Board:

- (a) Note the progress made in delivering the strategy,
- (b) Support the priorities outlined above for 2016.

BME Diversity in Employment Strategy

1. Background

In April 2014 the Board ratified the BME Diversity in Employment Strategy. The strategy was a response to the EDS2 process in 2012 that highlighted differences in BME and White staffs' responses to career related questions in the staff survey and underrepresentation of local BME groups in the workforce generally and particularly in band 7 and above roles in comparison to the working age BME population in Bradford of 35%. This was followed by a commissioned piece of research to ascertain the factors influencing this situation in the Trust followed by a Board and Senior Manager time out to develop the strategy and action plan.

2. Delivery Update

The action plan is included in Appendix 1 with a detailed update on progress.

An update on the key metrics is included in Appendix 2 and the most up to date workforce data is included in Appendix 3.

Appendix 2 shows that good progress is being made against the key metrics. In particular it is worth noting that 48.40 percent of the public who nominated themselves for the Council of Governors are from a BME background and 35 percent of staff who nominate themselves as staff governors are also from a BME background. In addition 27 percent of staff have undertaken Cultural Competence training in the last 12 months as part of the Engaging Leaders programme and two members of the first cohort of Moving Forward are being sponsored by a member of the Board.

Further work is however required to:-

- increase the attendance by BME staff on the Trust's development programmes from the baseline of 9 percent to the target of 20 percent,
- Improve the number of graduates from the Cellar project finding employment within the Trust,
- understand why staff satisfaction by BME staff has fluctuated over the last three years and develop appropriate actions to address the concerns/issues.

Appendix 3 shows that overall there has been an increase in the number of BME staff recruited to the Trust over the last 12 months. The biggest increase has been at bands 2, 5 and 6. There has been a small reduction in BME staff employed within the Trust at bands 1 (due to staff TUPEing out of the Trust and bands 8d and medical staff (due to resignations and retirements).

A summary of progress on key milestones is included below. The action plan that underpins the strategy in Appendix 1 is predominately green.

The following work will be prioritised for 2016/17. The board is asked to note that these priorities reflect the fact that the Equality and Diversity Manager has left for 12 months on maternity leave and has not been backfilled. This means that the work programme for 2016/17 will need to be prioritised with work also being absorbed by colleagues across the HR/OD directorate where possible.

- *promoting BME role models,*
- *developing a support programme for unsuccessful BME job applicants,*
- *supporting the Board's development around cultural competence,*
- *developing local workforce representation objectives,*
- *following up on the staff survey results that have shown that BME staff feel discriminated against and don't believe they have equal access for progression,*
- *examining the reasons for the over representation of BME staff in disciplinary processes and developing appropriate actions to address this issue.*
- *delivering in partnership with Enable 2 cultural competence training for all staff,*

Key achievements

The further development of the **Moving Forward Programme** following feedback from cohort 1 has concluded and the second programme commenced in June 2016.

A comprehensive evaluation of cohort one took place, this resulted in a number of recommendations being made to strengthen the programme even further.

These included:-

- Invite line managers to the launch event so that they are better prepared to support potential participants through the application process and if successful on the actual programme,
- Provide ongoing coaching throughout the programme to help participants be better equipped to manage people and situations they find challenging from the very outset as well as providing them with support and challenge in determining and attaining their future goals at an earlier point in the process,
- Use graduates of the programme as mentors, role models and ambassadors for the programme, as well as potential presenters of course content,
- Make the oppression module more relevant and practically useful by including workplace examples,
- Expand the celebration event to include more service leaders and should be well-publicised throughout the Trust.

The above have now been incorporated into **cohort two**.

The Trust has received 14 applications from staff for Moving Forward as well as ten from Bradford Teaching Hospitals Foundation Trust. The interviews took place in May 2016.

The sponsorship programme is now established, with two of the Moving Forward graduates currently being sponsored by a member of the Board. Their experiences will be reviewed and lessons learned used to help develop the programme.

Three hundred and thirty three staff attended **module 2 of the Engaging Leaders Programme on Cultural Excellence**. This session takes participants through a series of activities designed to get them thinking about their role in ensuring cultural excellence as leaders.

A further **work experience** scheme was launched in March and one is planned for June 2016. These schemes are run in partnership with Bradford College and target students on the second year of the Health and Social Care Diploma. Eighty percent of the intake of students to that course is from a BME background with the majority being local young

people. The hope is to broaden the students' understanding of employment options within BDCFT and strengthen the position of the Trust as an employer of choice.

The review of the **staff networks** took place in January 2016 with the results expected in July 2016. The report and recommendations will be shared with the staff networks so that the appropriate actions can be developed in partnership with them to address the key issues highlighted in the report.

3. National Workforce Race Equality Standard (WRES)

The standard requires Trusts to publish data on their race equality performance. The data required is already being analysed and monitored as part of this strategy.

One element of the WRES that was not included within the BME Diversity in Employment Strategy was the ratio of BME versus White staff entering into disciplinary procedures. In line with the national picture, the figures the Trust submitted did show an over-representation of BME staff entering into disciplinary procedures. As noted above one of the key priorities for 2016/17 will be to analyse disciplinary cases over the past two years, looking at sex, ethnicity, nature of the case, outcome of the case, whether it went to appeal and length of time it took to resolve. A data analysis report of WRES indicators across all Trusts was published in early June. This is being analysed to understand the Trust's relative position which will lead to a review of the current BME workforce strategy and action plan. High performing trusts will be approached to learn from them the actions, conditions and initiatives that have enabled them to succeed.

4. Proposals

The current strategy sets out an aspirational target to achieve a workforce that is reflective of the wider population i.e. 35 percent of the workforce to be from a BME background.

To achieve this target, based on the current headcount, the Trust would need to recruit an additional 402 BME staff. Given that the Trust's current labour turnover is around 11 percent achieving this target by 2020 will be extremely challenging.

Bradford Hospitals Teaching Foundation Trust has set a 10 year timeline to achieve a reflective workforce. It is therefore proposed that the Trust take the same approach and extend the timescale from 2020 to 2025.

This would still be a challenging target – but one that is more realistic and achievable than the current five year target. It is worth noting the following factors which will make achieving a reflective workforce by 2020 more difficult; the current labour turnover (around 11 percent) is low compared to many other Trusts; interventions are being put in place to help retain staff and reduce labour turnover to ensure that the Trust can retain valuable skills and experience; the workforce cost improvement programmes that all directorates are having to implement – all of these will reduce headcount over the next five years as well as the limited opportunities for staff to progress into more senior posts and the current demographics and career aspirations of the senior management team (8b/c and above) suggests that opportunities for progression into those posts will be limited and staff may have to leave the Trust to secure a more senior post.

5. Assurances in Place

The strategy includes a robust action and communications plans which is reported on in detail in Appendix 1.

6. Financial Implications

The strategy is delivered predominately internally using the funded resources within the HR Directorate. External funding has been secured for the Moving Forward Programme through Health Education Yorkshire and the Humber for 2016/17 – funding beyond that is unlikely so the possibility of using the programme to income generation is now being explored. The potential for the programme to become part of a whole economy approach to leadership development is part of this exploration which would support the local Sustainability and Transformation Plan (STP)

7. Risk Implications

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Risk to compliance with the Equality Act (2010), performance and reputation if objectives are not met	Low	Medium	Strategy and action plan in place
Reputational risk of noncompliance with the Equality Act (2010) and poor results in the Workforce Race Equality Standard	Medium	Medium	Strategy and action plan in place

8. Communication and Involvement

The BME Diversity in Employment Strategy is a response to the feedback from staff via the career progression study carried out in 2013.

The on-going development and delivery of the projects is being done in partnership with the Reference Group and with input from the BME Staff Network 'Aspiring Cultures'.

Board members have influenced the Moving Forward Programme through their active support including mentorship and thoughts on the modules available.

The review of the staff networks will provide the Trust with a further opportunity to consider how it strengthens its engagement with the workforce.

9. Monitoring and review

The strategy's KPIs and metrics are monitored quarterly at the Workforce Transformation Steering Group. Six monthly updates are received at the Trust Board. Regular discussions

on progress and direction are held at the Reference Group and BME Staff Network 'Aspiring Cultures'.

10. Recommendations

That the Board:

- (a) Note the progress that has been made in delivering the strategy,
- (b) Support the proposal to move the target to achieve a representative workforce of 35 percent of staff from a BME background from 2020 to 2025.

Action plan in response to:	BME Diversity in Employment Strategy Action Plan		
Brief detail of initial issue:	The plan for delivering the key objectives of the BME Diversity in Workforce Strategy 2014 - 2016		
Date action plan developed:	July 2014 Revised June 2016		
Owner of plan:	Deputy Director of HR and OD		
Lead (allocated to):	Head of Equality and Work Experience		
To be monitored by:	Workforce Transformation Steering Group		
RAG Key:	No progress or barrier to implementation	Progress made towards target but not yet complete / slippage	On target to achieve / achieved or complete
Involvement:	Direct contributions of staff through the action research into BME Staff Progression within BDCT		

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
1.	Create visible Board level commitment to the strategy by appointing a	Michael Smith	1. NED Champion to be identified 2. NED to support	NED Champion in place and actively supporting this work.	August 2014	Mike Smith and Nadira Mirza are

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	NED Champion		delivery of key messages, report progress and any challenges in delivery.	The Board are aware of work stream and are able to contribute regularly to its delivery		Board Champions
2.	Ensure clear action plan developed and agreed to implement the strategy	Sandra Knight Lisa Wright Abdul Khalifa	1. EMT to agree communication and action plans.	Effective plans in place.	August 2014	Complete
3.	Create aspirational targets on the representation of BME staff at all levels – monitor regularly and communicate progress internally and externally	Nikki Wilson Lisa Wright HRBPs	1. Review the staff ethnic breakdown against locality and community populations by service and by band and at a Trust wide level. 3. Agree and propose a %	Representation of BME employees at each level and changes since the last reporting period. Shift in the profile of the workforce by locality linked to	October 2014 Monitor every 3 months Agree targets with EMT (August 2014) Gain Board agreement as part of the review of the IPR	KPI's and metrics agreed. Initial reporting took place as part of the EDS process in December 2014 The 35% aspirational target

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			<p>increase target that focuses on localities and on specific under-represented ethnic groups and bands</p> <p>4. Using information that identify roles for positive action and GoR</p> <p>5. Target training on positive action, R&S and unconscious bias in those areas with low representation when compared with the local population</p> <p>6. Monitor changes and report to Workforce Transformation</p>	<p>profile of the local population (work will be undertaken to explore the possibility of reviewing the workforce profile against the community profiles in localities</p>	<p>(September 14)</p> <p>Begin reporting quarterly (October 14)</p>	<p>is reported to the Board within the Performance Dashboard.</p> <p>Training embedded into Engaging leaders and delivered in cohort 1 and 2.</p>

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			Steering Group.			
4.	Create targeted development interventions for Band 5/6 employees	Fay Davies	<ol style="list-style-type: none"> Design a pilot programme building on the action research findings and Innov8 different leaders gain approval from funder for the programme (LETB). Secure funding for a pilot programme. Agree the process for promoting and targeting the programme e.g. individual emails to all BME staff promoting the programme and aiming the 	<p>Targeted development interventions for Band 5/6 employees in place.</p> <p>Position of BME employees in the Talent map.</p> <p>Personal stories of the impact some of the key objectives have had on employees</p>	<p>August 2014</p> <p>September/October 2014</p>	<p>Moving Forward Cohort 1 completed June 2015.</p> <p>Funding secured for cohort 2 and due to start in February / March 2016.</p> <p>Evaluation complete in mid-December 2015.</p> <p>50% participants have been promoted. 20% developing their commercial and clinical ideas.</p>

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			<p>programme at target bands and ethnicities.</p> <p>4. Create the infrastructure/ interventions.</p> <p>5. Implement the programme.</p> <p>6. Evaluate it for impact relating to the strategic objectives.</p> <p>7. Assess feasibility for sustaining the pilot following the evaluation findings.</p> <p>8. Track those attending the programme for promotion and development and</p>	<p>Position in talent map ongoing development programme in place</p>	<p>January 2015</p> <p>February 2015</p> <p>August 2015</p> <p>September 2015</p> <p>Ongoing</p> <p>Annual reporting</p>	

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			general impact.			
5.	Raise the profile and take up of existing development opportunities with BME staff.	Joanne Somers Lisa Wright	<ol style="list-style-type: none"> 1. Raise profile of opportunities for development of BME staff and identify role models for support in tandem to the above monitor take up by BME staff of generic development opportunities and develop targeted marketing to encourage representative attendance. 2. Target all BME staff across the Trust by individual emails promoting opportunities for 	<ol style="list-style-type: none"> 1. Personal stories of the impact some of the key objectives have had on individual employees 2. Position of BME employees in the talent map 3. Increase in BME staff taking up development/training opportunities 	October 2014 (in line with communications plan)	<p>Information about opportunities is regularly been circulated.</p> <p>Specific opportunities have been targeted with BME staff being identified to participate.</p> <p>Interviews carried out with BME staff role models that will be developed into articles for promotion of the strategy during 2016/17.</p>

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			<p>progression and internal career development workshops.</p> <p>3. Target managers to encourage understanding of the opportunities and BME workforce strategy objectives to encourage/support of BME staff to take up opportunities. Proactive use of appraisal process to agree development plan for aspirant leaders.</p> <p>4. Monitor take up, participation and</p>			

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			completion of development opportunities.			
6.	Provide support to unsuccessful BME job applicants	Joanne Somers Lisa Wright	<ol style="list-style-type: none"> 1. Develop a package of support that draws upon existing opportunities 2. Provide information for unsuccessful candidates about the support available and how to access it 3. Promote the scheme to recruiting managers to give as part of their feedback 4. Consider broader 	Take up of the support offered and evaluation of its impact monitored and carried out.	January 2015	A scheme has been running to offer support to unsuccessful applicants for some time with BDCT as a key partner. The scheme has recently ended and the workforce development team are in discussions to run the programme independently starting from April 2016.

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			access to other underrepresented groups following the initial pilot			Individual support is still offered and advertised to candidate's pre and post interview.
7.	Board session on cultural competence Implement cultural competency training as part of the wider leadership programme and promote cultural competence within other programmes, policies and procedures	Michael Smith/ Paul Hogg Fiona Sherburn	<ol style="list-style-type: none"> Contact made and date agreed with trainer Work with the Real World group to ensure that culturally competent training is embedded in the leadership programme for team leaders (band 7 and above) Include cultural 	<p>Board evaluation is positive and reflected in Board discussions.</p> <p>Percentage of team leaders trained in cultural competence</p> <p>Representation of BME staff in development programmes</p> <p>Personal stories of the impact some of the key objectives have had on</p>	<p>September 2014</p> <p>November 2014 onwards</p> <p>February 2015</p>	<p>An initial session was held at a Board Forward to Excellence Session in June 2015. Two further sessions planned for 2016.</p> <p>A cultural competence module is included in Engaging Leaders and has now been delivered to over 300 band 6 and</p>

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			<p>competency elements into other leadership programmes as appropriate.</p> <p>4. Develop case studies and use different leaders profiles within existing training.</p> <p>5. Develop an e-learning resource to sit alongside the cultural competence training</p> <p>6. Establish an action learning set relating to cultural competence</p> <p>7. Seek opportunities within policies and</p>	individual employees		<p>above leaders.</p> <p>E-learning resources have been evaluated with none meeting our requirements so far. In light if this discussions are underway with an external provider to pilot a cultural competency workshop that would be available to staff</p> <p>Review of policies and procedures</p>

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			procedures for promoting cultural competence through language and key messages			underway – which will look at promoting cultural awareness through language and key messages
8.	Create an effective, senior led sponsorship programme – piloting with a small number of people before further roll-out	Lara Parkinson	<ol style="list-style-type: none"> 1. Research programmes that have been effective and help make a difference 2. Develop a sponsorship programme that will focus on supporting BME staff into senior roles 3. Identify sponsors and ensure they are suitably trained building on 	<p>Profile and update of how the sponsorship relationships are progressing and impact on individual development and career progression</p> <p>Position of BME employees in the talent map</p> <p>Personal stories of the impact some of the key objectives have had on individual</p>	November 2014	<p>Research undertaken and model developed and consulted on widely with the staff network and reference group.</p> <p>Programme has launched.</p>

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			<p>the Innov8 different leaders</p> <p>4. Agree how to target scheme and promote it appropriately.</p> <p>5. Evaluate the scheme for impact with all those involved</p> <p>6. Roll out the scheme after responding to the evaluation findings</p>	employees		<p>An evaluation of the first cohort has been undertaken and the feedback and recommendations used to shape and further develop the second cohort of Moving Forward.</p>
9.	Review the impact of the BME network and ensure it is structured in	Simon Large and Sandra Knight	1. Initial discussion with the Network Chairs regarding	Clarity regarding expectation and contribution/potential	August /September 2014	Aliya – please can you turn this box to

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	a way to support delivery of the Trust's vision	Lisa Wright	<p>Trust's vision/strategy and role of Networks.</p> <p>2. Build upon the findings within the action research by surveying BME staff specifically about their needs and expectations of a network. Draw upon results of item 1 above.</p> <p>3. Ascertain expectations of the network from the Board and other key groups including the national BME NHS Staff Network</p> <p>4. Undertake the same exercise</p>	The subsequent network arrangements are evaluated as being useful, valued, embedded within the organisation and having an impact.	October/November 2014	<p>amber</p> <p>A consultant was commissioned to carry out this piece of work. A draft report has been received. Discussions with the consultant on the action plan will take place in June and a final version agreed for completion in July 2016.</p>

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			<p>with other staff networks</p> <p>5. Build knowledge and expertise of other NHS and none NHS organisations and their staff network systems</p> <p>6. Write up the review findings with options for networks, staff and EMT/Board to consider; this should include a set key objectives derived from the survey</p> <p>7. Agree and implement a preferred option</p>			

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10.	Create and implement an effective plan to increase the representation of BME Governors	Stella Jackson Lisa Wright	<ol style="list-style-type: none"> 1. Work alongside the FT membership manager and the involvement lead to establish methods for promoting the role of governor to BME communities 2. Work alongside the Trust Board to ensure the opportunities that arise from diverse governor profile are understood and sought 3. Use the above process to identify potential governors and support those 	<p>Clear action plan in place.</p> <p>Representation of BME governors in the Council of Governors.</p>	November 2015 (in line with communications strategy)	<p>45% of Public Governor nominations were from people from BME backgrounds</p> <p>45% of staff Governor nominations were from people from a BME background</p>

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			<p>people to establish appropriate networks</p> <p>4. Work nationally to identify governors from other Trusts and the learning from them about their governor journey plus the positive impacts the role has created</p> <p>5. Work with governors to identify ways of engaging with community leaders</p>			
11.	Create a communications and engagement plan both internally and externally that sets out why	Jayne Murphy Lisa Wright	<ol style="list-style-type: none"> 1. Draft a draft communication plan 2. Approve and begin 	<p>Communication plan and effective delivery</p> <p>Personal stories of</p>	<p>September 2014</p> <p>March 2015</p>	<p>Communications article on Moving Forward Participants</p>

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
	diversity in employment is important to the Trust and outlining the key proposals to ensure understanding, commitment and ownership and delivery at all levels	Abdul Khalifa	its delivery 3. Establish a group to advise on communication prior to distribution to ensure key messages are right	the impact some of the key objectives have had on individual employees	March 2016	published. Framework drafted. Regular comms are circulated
12.	A Summative evaluation process is developed and delivered to ensure maximum impact of the project	Lisa Wright	1. A strategic reference group for the work is established to advise on impact throughout the 2 years 2. Triangulate information collected through the evaluation with other information e.g. staff survey	Employee survey / pulse survey data available by BME breakdown demonstrating a positive shift in the perceptions of BME staff against low scoring areas particularly in relation to development and progression. Personal stories of	October 2014 Ongoing March 2016	Strategic Reference Group continues to meet and influence the strategies delivery Evaluation will be complete by December 2015

Theme	Requirement	Responsible Lead	Action to be taken, progress made and/or reasons for lack of progress	Evidence Assurance & Outcomes	Date for completion & RAG	Progress
			3. Arrangements are agreed for reporting progress across the Trust	the impact of some of the key objectives have had on individual employees. Progress achieved towards the aspiration targets in the Board IPR		
13.	Examining the reasons for the over representation of BME staff in disciplinary processes and developing appropriate actions to address this issue.	Fiona Sherburn	Examine reasons for BME staff entering into a disciplinary process and compare with non BME staff. Develop actions to address issues highlighted from the analysis Monitor impact of actions and revise as appropriate	BME staff no longer being over represented in disciplinary processes. Positive staff survey results from BME staff	Sept 2016	Aliya – please can you turn this box to Amber Draft report prepared into the issues – but further analysis is required and then an action plan to be completed

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14.	Review with staff side – BME in Employment Strategy and the WRES data	SK/FS	Review actions taken to date, Develop actions to address any issues highlighted from the review Monitor actions and revise as appropriate	Clear action plan in place		

BME Diversity in Employment Strategy

Communications Plan

This document sets out the key communications planned to support delivery of the BME Diversity in Employment Strategy.

The key messages will be appropriately tailored to the different audiences. Staff briefings will be cascaded via Board in Brief, e comms and line manager cascade.

Date	Action	Audience	Key messages
September 2014	The purpose and results of the research is shared with staff. The BME Diversity in Workforce	A briefing for managers A briefing for staff	<ul style="list-style-type: none"> • The diversity of the Bradford, Airedale and Craven populations and their health needs. • References to national research regarding the

	<p>Strategy and Action Plan is shared with staff.</p>	<p>A briefing for BME staff</p> <p>Publicity for FT members and BME community organisations</p> <p>Presentation at the BME Staff Network</p>	<p>benefits of representative workforces.</p> <ul style="list-style-type: none"> • The business rationale / benefits for a representative workforce and its positive impact on patient outcomes. • The findings of the Innov8 research in the Trust and current Trust workforce profile at an organisational level and by pay band. The Forward to Excellence session and Executive Team Time Out that shaped the development of the strategy. • The approval of the BME Diversity in Employment strategy and the key objectives and interventions by the Board. • Existing opportunities available for all staff and how to access them. • Starting this work with BME staff, other underrepresented groups will be identified through the work and appropriate interventions developed. • Information about the band 5/6 development programme and how to access it. • Information about the BME strategy group and how to get more information or be involved.
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	Six monthly Board progress report		
October 2014	To promote as part of the leadership programme cultural competency training	Leadership promotional material Planned for June 2015	<ul style="list-style-type: none"> • The importance of leaders in creating a culturally competent workplace. • The business benefits e.g. improved patient outcomes, more motivated staff and improved performance of individuals and teams.
November 2014	Workforce profile including localities with under representation and priorities / KPIs selected as a result. Information for managers about the sponsorship programme	A briefing for managers A briefing for staff A briefing for BME staff Presentation at the BME staff network	<ul style="list-style-type: none"> • The locality populations to be focused on and the rationale for that focus. • Patient stories from within localities that focus on cultural needs being met, how that happened and the positive impacts on health outcomes. • Information for managers about the sponsorship programme including detail that gets them thinking about their team and staff that would benefit.
November 2014	Promote the role of Governors and in particular the need to ensure the Trust has a diverse governor profile	Briefing for staff Briefing for managers Briefing for BME staff	<ul style="list-style-type: none"> • The role of governors • The benefits and opportunities of having a diverse governor profile • Support for staff wishing to become a staff

			<p>governor</p> <ul style="list-style-type: none"> • Trust Secretary mentoring/supporting potential Staff Governors • Case studies/profiles from governors from a BME background.
December 2014	<p>Promotion of the sponsorship programme</p> <p>This will happen in June 2015 at the end of the Moving Forward programme</p>	A briefing for all staff and managers	<ul style="list-style-type: none"> • Information about the programme, examples of its impact from elsewhere. • Rationale for the programme. • Information about other similar opportunities for none BME staff. • Existing opportunities available for all staff and how to access them. • Starting this work with BME staff, other underrepresented groups will be identified through the work and appropriate interventions developed.
Ongoing	Reporting on new initiatives, key milestones, achievements and successes.	<p>To all staff and community</p> <p>e-update</p>	<ul style="list-style-type: none"> • Existing opportunities available for all staff and how to access them. • Starting this work with BME staff, other underrepresented groups will be identified through the work and appropriate

		Connections Blog on website	interventions developed.
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