

<ul style="list-style-type: none"> We are planning an additional enhanced EDI training course which we aim to roll out this summer and will include further explanation as to why this information is required (2021). 	Susannah Bridges (HR Adviser) Cheryl Jarvis (Organisation Development and Training Manager)	31/07/2021
<p>4. (Indicator 2) Analysing the figures, there doesn't seem to be a blockage in BME career progression. Therefore the target is to increase representation of BME in general throughout the organisation.</p> <ul style="list-style-type: none"> Ensure recruitment publications and photographs on our website include a wide range of images that are inclusive of BME and other minority groups. 	Lisa Henderson, (Deputy Director of HR)	Ongoing throughout the year
<p>5. (Indicator 2) We are confident that our shortlisting processes are robust and fair, because there is no opportunity for recruiting managers to view names or Ethnic Monitoring data at the shortlisting stage. Recruitment training is offered to all managers within ECCH. The training includes guidance on conscious and unconscious bias.</p> <ul style="list-style-type: none"> Review viability of all interviewing managers attending unconscious bias training. 	Cheryl Jarvis (OD and Training Manager)	31/03/2021
<p>6. (Indicator 3) Likelihood of Entering a Disciplinary.</p> <p>The likelihood of BME staff entering a disciplinary has decreased from 7.28% to 0.00%.</p> <p>All investigations are supported by a member of the HR team and all HR staff that support an investigation have been trained in Unconscious Bias Training.</p> <ul style="list-style-type: none"> We monitor all casework on a monthly basis. We will continue to closely monitor cases by ethnicity and if the data indicates any potential inequalities further investigation will be conducted. 	Sam Sullivan (Deputy Director of HR)	Ongoing
<p>7. (Indicator 4) Likelihood of staff accessing non-mandatory training and CPD</p> <p>Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME: A score below 1 highlights that white staff are less likely to access non-mandatory training and CPD. Our score has reduced from 1.07 to 0.83.</p>	N/A	
<p>8. WRES Indicators 5 to 8</p> <p>Please note: The wording for these 4 indicators is taken directly from the National NHS Staff survey questions. These questions are included in our annual staff survey. Organisations with less than 100 BME staff can choose to opt out of providing data for WRES staff indicators for 5, 6, 7, & 8. This is because where there are less than 50 responses they are excluded by WRES for analysis. However we have chosen to still provide figures for these.</p> <p>Indicator 5). Of our responses to the staff survey, our scores show that you are more likely as a BME person to experience bullying and harassment from a member of the public than a white staff member this year, which is a change from last year however, it should be noted that this information is provided based on the whole organisation as opposed to just the responses which therefore does not necessarily give an accurate</p>		

<p>representation of the entire workforce:</p> <p>The number of BME staff experiencing bullying and harassment from a member of the public has increased from 1% up to 14.29% which is a concern: Analysis of responses shows that 50% of responses stated never and 50% stated between 3-5 times.</p> <p>The number of white staff experiencing bullying and harassment from a member of the public has decreased from 23.00% to 7.83%. However, again we believe this to be in relation to the number of responses to the staff survey which was only 30% as opposed to a reflection of our entire workforce: Analysis of responses shows that 64.8% of respondents stated never and 10.5% responded as not applicable.</p> <p>We offer support to our staff in relation to any bullying and harassment concerns and complaints and operate a zero tolerance policy.</p> <p>We encourage our staff to raise a Datix if they experience any form of bullying, harassment or abuse from patients, relatives or public so that these can be fully investigated.</p> <p>We are looking at ways to improve the response rate to the staff survey which will give a more accurate reflection of the organisation. This includes gaining support and suggestions to improve response rates from our Shareholder Council and looking at ways to encourage completion, including the option of using a new work app.</p> <p>Indicator 6). This year, sadly the number of BME staff experiencing bullying, harassment or abuse from staff has increased from 1% to 7.15% which is a concern however again, appears to reflect our response rates to the survey as opposed to the entire organisation.</p> <p>The number of white staff has decreased from 19.00% to 3.70%. There was also 4.05% of staff whose ethnicity has not been disclosed (which is an increase from 0.00% last year).</p> <p>ECCH have freedom to speak up policies in place. Additional training in this area is proposed for this year because we recognise the importance of staff being able to raise any concerns.</p> <p>This year, HR has had 1 formal complaint of Bullying and Harassment, which was investigated and this was not made by BME staff.</p> <p>Indicator 7). Staff believing that the organisation provides equal opportunities for progression has increased for BME staff from 2% up to 14.29% which is encouraging.</p> <p>Indicators 1a and 1b which compares pay bands and does not suggest there are blockages to career progression. There has been a decrease for white staff from 59.00% to 20.37% however, as previously stated only 30% of the workforce completed the survey: Of the White staff who responded to the survey 65.3% of those said that they did believe that the organisation provides equal opportunities and a further 28.8% said they did not know.</p> <p>All posts are advertised via NHS Jobs and circulated to all employees every week. All shortlisting is undertaken anonymously via NHS jobs (this includes internal roles), and managers will not be given personal</p>	<p>Deborah French, (Director of HR) in conjunction with the communications team</p> <p>Ali Jennings, Deputy Director of Quality and Susannah Bridges (HR Adviser)</p>	<p>Ongoing</p> <p>Ongoing</p>
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<p>information about the individual prior to interview. We continue to promote best practice to our line managers via our Recruitment Matters programme which include unconscious bias.</p> <p>Enhanced EDI training is planned for roll out this year and will seek to focus on key areas which require improvement.</p> <p>Indicator 8). Staff stating that they have personally experienced discrimination at work has stayed at 0% for BME staff. This would appear to support the comment above that it is more about their perception of ECCH rather than their experience.</p> <p>All of our employees are required to undertake Equality, Diversity and Human Rights training every 3 years. Our EDI Steering Group oversee all aspects of Equality, Diversity and Inclusion in ECCH. We have a zero tolerance of discrimination and encourage the reporting of all cases of discrimination.</p> <p>We will:-</p> <ul style="list-style-type: none"> • Work closely with the Quality Team to ensure that all cases from Datix that may indicate violence, abuse or potential discrimination are followed through via investigation (and action, if deemed appropriate). • Raise awareness of Datix and encourage staff to raise Datix if appropriate to do so. <p>Note for the Board: HR would make a cautionary note to the Board that the BME sample is low for all of the WRES questions. The sample reference for indicators 5, 6, 7, & 8 are based on results from the staff survey (2019). Previous years data was provided based on the number of staff who had responded to the staff survey and was not based on the whole headcount. This year's reporting figures are based on the survey responses divided by the whole headcount. This year 30% of the organisation responded to the survey.</p>	<p>Lisa Henderson and Sam Sullivan, (Deputy Director of HR) in conjunction with Hannah Lewis (Incident and Risk Manager)</p>	<p>Ongoing</p>
<p>9. Review all Equality, Diversity and Inclusion training provision</p> <ul style="list-style-type: none"> • Continue with Face Value Awareness training, ensuring that all staff with line management responsibility attend tailored training, to include: <ul style="list-style-type: none"> ○ Conscious and Unconscious Bias ○ Cultural and Behavioural Awareness • Design and deliver in-house enhanced EDI training course for managers; please see above action 3 	<p>Cheryl Jarvis (OD and Training Manager)</p>	<p>Ongoing</p>
<p>10. Review and report on progress</p> <ul style="list-style-type: none"> • Demonstrate continuous progress towards closing the differences between the treatment and experience of White and BME staff by implementing the above actions • An annual report will be made to Board, comprising the WRES data and the associated WRES Action Plan, highlighting issues in moving towards workforce race equality, progress made and action required to make further progress 	<p>Deborah French, (Director of Human Resources)</p>	<p>Ongoing</p>