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**Workforce Race Equality Standard (WRES): Annual Report 2021**

1. **Introduction**

Commissioned by the NHS Equality and Diversity Council and NHS England, the WRES is underpinned by engagement with NHS and national healthcare organisations. The EDC adopted the WRES as the best means of helping the NHS to improve its workforce race equality performance. There is considerable evidence that the less favourable treatment of BME staff has a significant impact on wellbeing, patient outcomes and on the efficient and effective running of the NHS.

The NHS WRES was made available to the NHS from April 2015, is included in the NHS standard contract with annual publication of reports. The main purpose is to help organisations review data against the WRES indicators, to produce action plans which will close the gaps in workplace experience between White and Black Minority Ethnic (BME) staff and to improve BME representation in organisations and at Board level.

1. **Executive Summary**

The WRES 2021 report compared to the previous year shows

There has been a slight increase in the number of BME staff in the organisation by +1% with the highest percentage of BME staff being in AfC band 6 overall and AfC band 8a has the lowest within the workforce at 8% with no BME staff above this banding.

There has been improvement for BME staff from the previous year in: recruitment, accessing non-mandatory training, experiencing bullying & harassment from patients/relatives, experiencing discrimination, believing the organisation provides equal opportunities in career progression and total Board representation.

There is agreed focus to improve supported with specific actions in the areas of; bullying and harassment, recruitment and equal opportunities for career progression. Whilst the areas of bullying & harassment and recruitment have improved from the previous period, it is important to further improve these areas which will also align with the NHS People Plan actions including overhaul of recruitment practice and the introduction of the civility and respect toolkit. Our staff networks will be reviewed and become part of the decision making process with the support of our reciprocal mentoring programme.

1. **Progress**

There has been a slight increase of BME staff in the organisation by 1%. AfC band 6 has the highest percentage of BME staff compared the whole organisation overall at 24%, which is the same as the previous period. Bands 2, 3, 4, 5 & 6 have between 13-17% of BME staff within the whole workforce, Band 7 has 9% and Band 8a has the lowest at 3%. There are no BME staff above Band 8a in the organisation with the exception of non-executive director post.

There has been *improvement* in several areas:

* White staff are 2 times more likely to enter the formal disciplinary process with 1 BME staff member entering compared to the previous period of 2 BME staff
* Likelihood of BME being recruited at 67% compared to previously 50%
* BME staff are more likely to access continued professional development during this period: White staff are 1.01 times more likely to access CPD compared to the previous period of 1.08 times more likely
* A reduction of 6% in the amount of BME staff reporting bullying & harassment by the public
* A 10% increase in BME staff believing the organisation provides equal opportunities in career progression
* A 2% decrease in BME staff experiencing discrimination from colleagues

There has been a *less positive* response in:

* An increase in BME staff reporting bullying & harassment by other staff by 5%
* Members of the executive Board by 0.99% which is due to the increase in BME staff in the overall organisation

The BAME staff network group supports our staff with feedback through the EDI Committee and reporting to Board. A reciprocal programme is being established to give senior managers and Board the opportunity to work with staff from protected groups, to gain feedback on experience and embed diversity in decision making.

1. **Conclusion**

The WRES 2021 shows improvement across all areas, with some significant improvements in believing the organisation provides equal opportunities in career progression, reduction in bullying & harassment by the public and recruitment of BME staff. Areas which were less positive are: bullying & harassment by staff and executive Board membership compared to the overall workforce.

Areas highlighted for targeted actions include: recruitment, career progression and bullying & harassment which, although showing improvement we are committed to improve further. Supporting BME staff through initiatives such as through staff network and diversity in decision making, health and wellbeing initiatives and conversations remain a priority during this reporting period.

EDI Lead

July 2021

**Workforce Race Equality Standard**

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| **Date of this report** | July 2021 |
| **Name of Provider Organization** | Nottingham CityCare Partnerships |
| **Name and Title of Board Lead for Workforce Race Equality Standard** | Deborah Hayman Director of Finance and Corporate Services |
| **Name and contact details of Lead Manager completing this report** | Fiona Cambridge Equality Diversity & Inclusion Leadf.cambridge@nhs.net  |
| **Name of Commissioners this report has been sent to** | NHS Nottingham & Nottinghamshire Clinical Commissioning Group |
| **This report has been signed off by the Board by** | Lou Bainbridge Chief Executive Officer |

**Report on the WRES Indicators**

1. **Background Narrative**
2. Any issues of completeness of data

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| None |

1. Any matters relating to reliability of comparisons with previous years

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| None |

1. **Total Numbers of Staff**
2. Employed within this organisation at the date of this report

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|  1105  |

1. Proportion of BME[[1]](#footnote-1) staff employed within this organisation at the date of this report

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|  13.93% (1 in 7 staff are BME)  |

**3. Self-Reporting**

1. The proportion of total staff who have self-reported their ethnicity

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| 99.46%  |

1. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity

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| Staff complete self-reporting on application, at recruitment and for the staff survey. Awareness raising to staff on the importance of data and how this can updated in on-going. |

1. Are any steps planned during the current report period to improve the level of self-reporting by ethnicity

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| Continue to raise awareness of the importance of recording during equality training, on the website and in CityCare Cascade |

1. **Workforce Data**
2. What period does the organisation’s workforce data relate to?

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| April 2020 to April 2021 (exception indicator 3 which is a rolling two year period) |

**5. Workforce Race Equality Indicators**

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|  | **Indicator**For each of these four workforce indicators, the Standard compares the metrics for White and BME staff | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 1 | *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:** *Non clinical staff*
* *Clinical staff of which:*
	+ *Non-medical*
	+ *Medical & dental*

*Definitions are based on ESR occupation codes with the exception of medical & dental staff* *Please see attached table for % BME against whole BME workforce* | **Band 1 non-clinical**Nil | **Band 1 non-clinical**Nil | Band 6 has the highest percentage of BME staff within the whole workforce at 24% which remains as the previous reporting period.Bands 2, 3, 4 & 5 have fairly equal percentages of BME staff compared to the whole workforce ranging from 13-17%Band 7 has 9% of BME staff compared to the whole workforce.Band 8a has the lowest number of BME staff within the whole workforce at 3% and there are no BME staff above Band 8a. | **EDS2 Goal 3 - 1c Monitoring career pathways in promotion.** The Equality & Diversity Committee regularly monitor and report to the Board on career progression & appointment of staff (BME & White staff). Overhaul of the recruitment process in line with Model Employer, Midlands Race & Inclusion Strategy and NHS People Plan including* diverse interview panels
* values based recruitment
* target for BME employment
* raining for recruiting managers and interview training for staff wishing to progress
* talent management process
* comply or explain giving full constructive feedback to candidates & explanation for unsuccessful BME candidates

New and established managers will undertake a management programme Widen the market with targeted advertising and engagement; social media, local communities, recruitment events.**EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey*** Engagement with BME staff network & contribution to training programmes
* Cultural awareness and cultural intelligence training, recruitment training
* Recruitment and promotion report to EDI Committee and Board with action plan.
* Upskill managers to support staff

**Goal 3 - 3 a-e - review & extend training program, targeted training** **reflecting needs of the organization**Cultural awareness, cultural intelligence and during corporate induction and HR training courses. Reciprocal mentoring programme with Board and senior managers and staff from under-represented groups.**EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours*** Refresh appraisal with managers demonstrating their commitment to EDI
* Recognition of BME staff who are ready to progress within the organisation and talent management
* Leadership & management training/opportunities for future leaders. Ongoing accessibility to BME leadership programmes EMLA, coaching & mentoring opportunities.
* On-going analysis and reporting of career progression within bands and consider staff survey results around career progression opportunities.
* Liaison with BME staff network
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| **Band 2 non-clinical****BME 31%** White 69% **Band 2 clinical****BME 9%** White 91% **B2 % BME in overall workforce 16%** | **Band 2 non-clinical**BME 34% White 66% **Band 2 clinical**BME 5% White 95% **B2 % BME in overall workforce 17%** |
| **Band 3 non-clinical****BME 16%** White 84% **Band 3 clinical****BME 15%** White 85% **B3 % BME in overall workforce 13%** | **Band 3 non-clinical**BME 12% White 88% **Band 3 clinical****BME 14%** White 86% **B3 % BME in overall workforce 12%** |
| **Band 4 non- clinical****BME 14%** White 86% **Band 4 clinical**BME 14% White 86% **B4 % BME in overall workforce 16%** | **Band 4 non- clinical**BME 16% White 84% **Band 4 clinical**BME 14% White 86% **B4 % BME in overall workforce 19%** |
| **Band 5 non-clinical****BME 22%** White 78% **Band 5 clinical****BME 13%** White 87% **B5 % BME in overall workforce 17%** | **Band 5 non-clinical****BME 12%** White 88% **Band 5 clinical**BME 10% White 90% **B5 % BME in overall workforce 14%** |
| **Band 6 non-clinical**BME 9% White 91% **Band 6 clinical**BME 13% White 87% **B6 % BME in overall workforce 24%** | **Band 6 non-clinical**BME 10% White 90% **Band 6 clinical**BME 13% White 87% **B6 % BME in overall workforce 29%** |
| **Band 7 non-clinical**BME nil White 100% **Band 7 clinical****BME 10%** White 90% **B7 % BME in overall workforce 9%** | **Band 7 non-clinical**BME 0% White 100% **Band 7 clinical**BME 8% White 92% **B7 % BME in overall workforce 7%** |
| **Band 8a non-clinical****BME 22%** White 78% **Band 8a clinical**BME 9% White 91% **B8a % BME in overall workforce 3%** | **Band 8a non-clinical****BME 17%**  White 83% **Band 8a clinical****BME 15%**  White 85% **B8a % BME in overall workforce 3%** |
| **Band 8b non-clinical**BME nilWhite 100% **Band 8b clinical**BME nilWhite nil  | **Band 8b non-clinical**BME nil White 100% **Band 8b clinical**BME nilWhite nil |
|  |  | **Band 8c non-clinical**BME nilWhite 100% **Band 8c clinical**BME nilWhite nil  | **Band 8c non-clinical**BME nilWhite 100% **Band 8c clinical**BME nilWhite nil  |  |
|  |  | **Band 8d non-clinical**BME nilWhite 100% **Band 8d clinical**BME nilWhite 100%  | **Band 8d non-clinical**BME nilWhite nil **Band 8d clinical**BME nilWhite 100%  |  |  |
|  |  | **Band 9 non-clinical**BME nilWhite 100% **Band 9 clinical**BME nil White nil  | **Band 9 non-clinical**BME nil White 100% **Band 9 clinical**BME nil White nil  |  |  |
|  |  | **VSM non-clinical**BME nilWhite 100% **VSM clinical**BME nil White nil  | **VSM non-clinical**BME nilWhite 100% **VSM clinical**BME nil White nil  |  |  |
|  |  | **Medical subgroups**BME nilWhite 100%  | **Medical subgroups**BME nil White 100%  |  |  |
| 2 | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. | **Likelihood of White staff being appointed from shortlisting is 0.42 times greater than White candidates** | Likelihood of White staff being appointed from shortlist is 1.36 times greater than BME candidates | **There has been a considerable increase in the appointment of BME staff** **A figure below 1 shows it is more likely for a BME candidate to be appointed than a White candidate** | **EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement*** Cultural awareness, cultural intelligence and recruitment training for appointing managers.
* Patient, public & staff involvement in senior interview panels
* Overhaul of recruitment practices in consultation with BME staff, including targets for BME recruitment, diversity in interview panels, comply or explain for unsuccessful BME candidates
* Targeted advertising in local communities & on social media
* Leadership opportunities for current and future leaders .
* Regular reporting from NHS jobs discussion at E&D and HR Group.
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| 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\*\*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year. | White staff are 2 times more likely to enter the formal disciplinary process than BME staff | White staff are 2 times more likely to enter the formal disciplinary process than BME staff |  | **EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours*** Management HR toolkit including training for all managers
* Deep dive undertaken into disciplinary cases
* Revision of HR policy & HR training
 |
| 4 | Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff | **1.01 times more likely for White staff to access non-mandatory training than BME staff** | 1.08 times more likely for white staff to access non-mandatory training than BME staff |  | **EDS2 Goal 3 - 3 a-e Review & extend training program, targeted training reflecting needs of the organization*** Aspiring leaders programme and management programme established. Increased opportunity for development with clear pathways with new appraisal system.
* BME staff network and protected release time.
* You Said We Did staff survey action plan
* Continue BAME talent management programme
* Cultural awareness and cultural intelligence training
* Reciprocal mentoring programme
* Consultation with BME staff network
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|  | **Indicator****For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for White and BME staff** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 5 | KF 25. Percentage of staff experiencing harassment, bullying or abuse from *patients, relatives or the public* in last 12 months | **White 19%** | White 23%  | There has been an improvement in the percentage of staff experiencing bullying & harassment from patients & relatives by BME staff 6% and White staff 4% | **EDS2 Goal 3 - 5 Address issues from staff survey** * Deep dive, including survey, into bullying & harassment with consultation from BME network
* BME listening meeting with Board & feedback from staff
* BME staff network – consult & represent views
* Managers training programme to effectively support staff – cultural awareness & cultural intelligence
* Introduction of civility and respect toolkit (NHSE&I)
* Civility and respect champions working with Freedom to Speak Up
* Comms to staff of safety measures in place & reporting process
* Refresh comms for patients around zero tolerance
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| **BME 15%** | BME 21%  |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from *staff* in last 12 months | White 13%  | White 13%  | Bullying & harassment from staff experienced by White staff has remained the same and has increased by 5% for BME staff |
| **BME 25%** | BME 20%   |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion | **White 94%** | White 92%  | There has been an improvement in staff believing the organisation provides equal opportunities in career progression/ promotion for BME staff by 10% and White staff by 2%.There is a gap of 18% between the perception of BME staff and White staff | **EDS2 Goal 3 - 2 Equality of access to training and development*** Aspiring leaders programme
* Reciprocal mentoring
* Recruitment training to participate in interview panels
* Cultural awareness and cultural intelligence training
* Increase opportunity for development with clear pathways
* Talent management process
* BME staff network consultation
* Protected release time for BME staff to attend training
* EMLA pilot leadership training for lower banded BME staff on leadership programmes
* You Said We Did staff survey action plan
* Coaching offer from BME senior lead for BME staff support network
* Targeting information to specific groups
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| **BME 76%** | BME 66%  |
| 8 | Q17. In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues | **White 2%** | White 4%  | There has been a reduction of staff experiencing discrimination at work for BME staff by 2% and White staff 2%. There is a 10% difference between the experience of White staff and BME staff | **EDS2 Goal 3 - 3 E&D staff training** **EDS2 Goal 3 - 5 Monitor staff survey & action plan to address issues*** BME staff network – consult & represent views with reporting to EDI Committee
* Cultural Intelligence & cultural awareness training for managers
* Reciprocal mentoring programme
* Civility and respect toolkit and champions
* Freedom to speak up
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| **BME 12%** | BME 14%  |

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|  | **Does the Board meet the requirement on Board membership?** | **Data for reporting year** | **Data for previous year** | **Narrative – implications of this data and background narrative** | **Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives** |
| 9 | Percentage difference between the organisations Board voting membership and its overall workforce:1. By Executive member of the Board
2. By membership of the Board
 | a. -13.99%b. + 2.67% | 1. -13%
2. - 13%
 | There has been an increase difference between the voting members of the Board due to an increase in BME staff in the whole workforce.There is improvement in BME representation in Non-Exec members of the Board | **EDS2 goal 3 – 1 monitor Board representation**Consider diversity in appointment of new members |

6.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”.

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| CityCare were awarded “excellent” at the CQC inspection. CQC comments included; the leadership team at CityCare demonstrated they were meeting the objectives and promoting the values of the Workforce Race Equality Standard (WRES) with processes that promoted staff involvement and led to action plans which addressed causes of inequality. Board minutes we reviewed indicated regular discussions of the WRES were taking place and WRES requirements were embedded and reviewed appropriately.  |

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

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| Action Plans: Equality Delivery System (2), Model Employer, NHS People Plan, Midlands Race & Inclusion, WRES, You Said We Did staff survey, recruitment review, civility & respect, health & well-being |

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| **14 Annex B –Office of National Statistics 2001 Ethnic Categories Ethnic Categories 2001**  |
| A – White -British

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| Old Ethnic Codes - staff employed after 1 April 2001 must have their ethnic group assessed and recorded using the new categories and codes as detailed above. The “old” codes shown below are for reference only.  |
| 0 – White  |
| 1 – Black – Caribbean  |
| 2 – Black – African  |
| 3 – Black – Other  |
| 4 – Indian  |
| 5 – Pakistani  |
| 6 – Bangladeshi  |
| 7 – Chinese  |
| 8– Any other Ethnic Group  |
| 9 – Not given |

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| B – White -Irish  |
| C – Any other white background  |
| D – Mixed White and Black Caribbean  |
| E – Mixed White and Black African  |
| F – Mixed White and Asian  |
| G – Any other mixed background  |
| H – Asian or Asian British -Indian  |
| J – Asian or Asian British -Pakistani  |
| K – Asian or Asian British - Bangladeshi  |
| L – Any other Asian background  |
| M – Black or Black British -Caribbean  |
| N – Black or Black British -African  |
| P – Any other Black background  |
| R – Chinese  |
| S – Any other ethnic group  |
| Z – not stated  |
| Note: a more detailed classification for local use if required is contained in Annex 2 of DSCN 02/2001.  |
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**WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2021**

| **Indicator** | **Action/Next Steps** | **Outcomes Measure** | **CityCare & Integrate Care System Strategic Plans**  | **Lead** |
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| Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.*Findings:****0.42 times greater for BME staff*** *(appointed BME staff 67% white staff 50%)* | A comprehensive recruitment action plan has been developed. Below are over-arching actions:* Identify gaps in AfC pay bands/staff groups for BME staff & compare to population served – challenge where under-representation continues
* Introduce target of 19% BME staff at all levels by 2025
* Develop innovative methods of recruitment & advertising add statement at advert to attract BME candidates
* Add diversity (BME staff) to shortlisting panels with training to support
* Values based recruitment with specific race, equality and inclusion questions
* Develop batch interviews
* Talent management process - sponsorship for senior roles for competent BME staff
* Written justification for non-appointment to Chair: comply or explain
* HR training for recruiting managers & for staff attending interviews to be “equality representatives”
* Cultural Awareness training, Cultural Intelligence training & tools to support productive conversations about race
* Reciprocal mentoring programme for Board/senior managers and staff from diverse groups
* Executive & senior manager’s job descriptions include essential criteria of knowledge & skills in addressing EDI issues
* Take into account evidence of bullying & harassment and discrimination when a person is applying for any senior post including director level
* Review and refresh recruitment policy & process
* Recruitment & Retention Task & Finish Group linking to CityCare strategic objectives (reporting to HR/OD Group)
* Staff network group participation
 | Improvement in recruitment/promotion for BAME candidates - NHS jobs dataReview at EDI Committee meetingsModel Employer reporting ICS reporting on recruitment action plan | CityCareMake CityCare a great place to work ICSEquality Diversity & Inclusion Enabling cultural change & leadership developmentA Model EmployerMidlands Race & Inclusion StrategyNHS People Plan:Overhaul recruitment & promotion processes to reflect diversity of community Senior leadership represents the diversity of the NHSStaff networks are able to contribute & inform decision making process NHS People PromiseWe work flexiblyWe each have a voice that countsWe are compassionate & inclusive | HREDIL&E |
| Percentage believing the organisation provides equal opportunities in career progression*Finding:****BME 76%*** *compared to previous year 66%* |
| Percentage of staff experiencing harassment, bullying or abuse from *Findings:**Experience of B/H from patients/public for* ***BME staff improved by 6%******to 15%***B/H from *staff* in last 12 months *BME staff increased by 5% to 25%* | * Develop an anti-racist action plan: safe space for productive discussions around race
* Create allyship programme for BME staff to share experience with White staff who will use privilege to amplify issues and support discussion about race
* Staff hold themselves accountable for anti-racism in supervision & appraisal
* Staff network support group engagement to contribute and inform
* Cultural Awareness training
* Cultural Intelligence training for Board and senior mangers
* Reciprocal mentoring programme for Board/senior managers and staff from diverse groups
* Roll out of NHSE&I Civility & Respect toolkit including results of bullying & harassment deep dive survey
* Review and refresh Dignity at Work and associated policies
* Discuss in health and wellbeing conversations during one to one management supervision
* Personal development review include a personal objective in addressing race inequalities
* Senior leaders and Board performance objectives on WRES in appraisal and be accountable for progress made on this agenda
* Work with Freedom To Speak Up Guardians
* Take into account evidence of bullying & harassment and discrimination when a person is applying for any senior post including director level
 | Reduction in reported cases to DATIXStaff Survey 2021 responsesB&H survey 2022 | CityCareMake CityCare a great place to work ICSA happier workforceEquality Diversity & Inclusion Retaining staffEnabling cultural change & leadership developmentMidlands Race & Inclusion Strategy NHS People PlanPrevent & tackle bullying & harassment and create culture of civility & respectDiscuss as part of health and wellbeing conversationsStaff networks are able to contribute & informWork with Freedom to Speak Up guardiansNHS People PromiseWe are safe & healthyWe are compassionate & inclusiveWe each have a voice that counts | EDIODHRL&E |
| In the last 12 months have you personally experienced discrimination at work from m*anager/team leader or other colleagues**Findings:* ***BME staff have improved by 2% at 12%*** |
| Percentage difference between the organisations Board voting membership and its overall workforce:a. By voting members b. By executive membership  *Findings:****We currently have one BME non-executive Board member*** | * By 2028 leadership will be representative of the overall BME workforce
* Board to consider diversity of appointment of staff member representatives
* Senior leaders and Board performance objectives on WRES in appraisal and be accountable for progress made on this agenda
* Diversity in decision making:
	+ Diversity with sub-committees of the Board
	+ Involve talent through staff network support groups & reciprocal mentoring
 | Board membership  | CityCareMake CityCare a great place to work ICSEquality Diversity & Inclusion Enabling cultural change & leadership developmentModel EmployersMidlands Race & Inclusion StrategyNHS People Plan | Board |

Supporting Processes:

* EDI Strategy & Workplan January 2020 and HR Strategy & Workplan 2020
* EDI Committee
* EDI resources: intranet, videos, policies & procedures, guidance and training
* BME network
* People IMT Group

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1. The definitions of “Black and Minority Ethnic” and “White” used in the NHS England Standard and Guidance have followed the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary, and are as used in Health and Social Care Information Centre data. These definitions were based upon the 2001 ONS Census categories for ethnicity. “White” staff include White British, Irish and Any Other White. The “Black and Minority Ethnic” staff category includes all other staff except “unknown” and “not stated.” (these are presented in Annex B) [↑](#footnote-ref-1)