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| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

Equality Update

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| Presented by | Pat Campbell, Director of Human Resources/ Kez Hayat, Head of Equality, Diversity and Inclusion | | |
| Author | Kez Hayat, Head of Equality, Diversity & Inclusion | | |
| Lead Director | Pat Campbell, Director of Human Resources | | |
| Purpose of the paper | <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Update the Trust Board on progress and proposed actions on the Trust's Diversity and Inclusion agenda, covering our contractual and legal obligations • Provide an update on ongoing and targeted engagement with BAME staff in relation to COVID-19 • Provide an update on BAME Risk assessments – (current position) • Present proposals in reviewing and refreshing the role of the BAME staff network in line with national focus and requirements • Provide an update on our forthcoming WRES and WDES submissions | | |
| Key control | To be in the top 20% of NHS Employers | | |
| Action required | To note | | |
| Previously discussed at/ informed by | Executive Team Meeting | | |
| Previously approved at: | Committee/Group | Date | |
| | Executive Team Meeting | 6 July 2020 | |
| | | | |

Key Options, Issues and Risks

The report aims to provide an update on a range of equality and diversity actions and recent interventions. This includes our approaches to COVID-19 and our recent targeted engagement with BAME staff across the Trust, covering BAME risk assessments and the Trust's BAME staff network in terms of aligning key activity to the national ambitions on BAME networks recently presented by the Chief People Officer.

We are continuing to progress and develop key areas of work on our contractual obligations on areas such as WRES and WDES, a further detailed report is currently being developed on our current progress and refreshed data for 2020.

Further emphasis and action has been placed on the Trust's approach to BAME risk assessments and the Trust's BAME staff network. A range of webinars have taken place with BAME staff across the Trust to listen to concerns and issues to ensure the right level of support and protection are in place. A letter from NHS England/Improvement on 24 June 2020 clarified the expectation around risk assessments for at risk staff groups. (see Appendix B)

There is lots of focus from the National Peoples Directorate on the importance of having 'thriving BAME networks' in place across the NHS and wider system. Discussions have commenced with members of the BAME network in reviewing and refreshing the work of the network.

Analysis

We continue to develop the diversity and inclusion agenda, including our contractual and legal obligations. We are reviewing and refreshing the Trust's approach to Diversity and Inclusion. Although a number of equality objectives have previously been agreed across the district we are looking at wider actions in order to raise the profile of diversity and inclusion across the Trust.

| | | | |
|----------------------|---------------------------------|--------------------|-------------------|
| Meeting Title | Trust Board | | |
| Date | 9th July 2020 | Agenda item | Bo.7.20.21 |

| Recommendations |
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| <p>It is recommended that the Trust Board of Directors</p> <ol style="list-style-type: none"> 1. Note the contents of this report 2. Support the proposed activities in section 3.2 3. Agree to receive updates on the progress and actions |

| Risk assessment | | | | | | |
|--|--------------|---------|----------|------|-------------|--------|
| Strategic Objective | Appetite (G) | | | | | |
| | Avoid | Minimal | Cautious | Open | Seek | Mature |
| To provide outstanding care for patients | | | g | | | |
| To deliver our financial plan and key performance targets | | | g | | | |
| To be in the top 20% of NHS employers | | | | | g | |
| To be a continually learning organisation | | | | g | | |
| To collaborate effectively with local and regional partners | | | | | g | |
| The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes. | Low | | Moderate | High | Significant | |
| | Risk (*) | | | | | |
| Explanation of variance from Board of Directors Agreed General risk appetite (G) | | | | | | |

| Benchmarking implications (see section 4 for details) | Yes | No | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| Is there Model Hospital data relevant to the content of this paper? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there any other national benchmarking data relevant to the content of this paper? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Risk Implications (see section 5 for details) | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Corporate Risk register and/or Board Assurance Framework Amendments | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Quality implications | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Resource implications | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Legal/regulatory implications | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Diversity and Inclusion implications | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Performance Implications | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Regulation, Legislation and Compliance relevance |
|--|
| <p>NHS Improvement: (please tick those that are relevant)</p> <p> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework </p> <p> <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual </p> |
| Care Quality Commission Domain: Well Led |

| | | | |
|----------------------|---------------------------|--------------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

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|---|
| Care Quality Commission Fundamental Standard: Staffing |
| NHS Improvement Effective Use of Resources: People |
| Other (please state): |

| Relevance to other Board of Director's Committee: (please select all that apply) | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Workforce | Quality | Finance & Performance | Partnerships | Major Projects | Other (please state) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

1 PURPOSE/ AIM

The purpose of this report is to:

- Update the Trust Board on progress and proposed actions on the Trust's Diversity and Inclusion agenda, covering our contractual and legal obligations
- Provide an update on ongoing and targeted engagement with BAME staff in relation to COVID-19
- Provide an update on BAME Risk assessments due to COVID-19
- Present proposals in reviewing and refreshing the role of the BAME staff network in line with national focus and requirements
- Provide an update on our forthcoming WRES and WDES submissions

2 BACKGROUND/CONTEXT

- 2.1 There are a number of national levers and drivers that give us a clear direction for delivering Equality, Diversity and Inclusion. These include the legal framework, the NHS Constitution, including our contractual obligations namely, Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap Reporting, Equality Delivery System 2 and the Accessible Information Standard. All these drivers provide a framework for mainstreaming equality, diversity and inclusion in all our core functions of the Trust.
- 2.2 The Trust has significant policy and practice in place in line with the above legislative and contractual arrangements; this has been reported to the Trust Board previously in terms of the Trust's performance and progress. Further detailed reports including the Trust's refreshed data for 2020 and action plans will be presented in September 2020.
- 2.3 The Trust appointed the Head of Equality, Diversity & Inclusion who commenced employment on 24th February 2020, to support the Trust in developing and strengthening the diversity and Inclusion agenda across the Trust. Over the last four months, the Diversity and Inclusion Unit have been instrumental in scoping out key activity and priorities in relation to equality, diversity and inclusion. Some of this activity has involved an internal desk top review of existing diversity interventions with focus on identifying key areas of action and priorities, aligning this to the wider organisational development agenda.
- 2.4 **COVID-19 and BAME staff and communities:** Emerging evidence over the last few months in the UK and abroad suggests that black and minority ethnic (BAME) communities are being disproportionately affected by COVID-19, with particular links to other health inequalities including racism, along with concerns mounting over the over-representation of BAME health care professionals among coronavirus fatalities. The government has agreed to an inquiry to understand why such a high number of people from BAME backgrounds are dying from the virus. The review is to be led by NHS England, and NHS Improvement and Public Health England.
- 2.5 **BAME staff engagement:** Considerable efforts have been made over the last three months to engage with BAME staff across the Trust, with the aim of providing a safe space, responding to risks, concerns and issues. A number of themed webinars have taken place with over 250 BAME staff across the Trust engaging in these discussions. The sessions have been facilitated by the Head of Equality, Diversity and Inclusion along with members of the Executive Team as 'panel experts' who have listened and provided reassurance and support on the challenges and concerns raised.

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

- 2.6 **National COVID-19 BAME Webinars:** The Trust has been involved and engaged in a range of national and regional webinars organised and facilitated by Prerena Issar, NHS Chief People Officer, these webinars have been delivered in response to the disproportionate impact on BAME Staff across the NHS. Significant focus and emphasis has been on ensuring all Trust's across the wider system have effective and 'thriving' BAME staff networks.
- 2.7 **BTHFT BAME Staff – Risk Assessments:** Due to the disproportionate impact of COVID-19 on BAME communities there has been considerable emphasis on all Trusts to ensure all BAME staff undergo a risk assessment.
- 2.8 We have completed 97% of all assessments with our BAME colleagues across the Trust. The assessments outstanding are due to staff on long term sick or shielding who will be risk assessed on their return. A small number of staff have not engaged: where this is the case targeted efforts are being made to ensure all BAME staff assessments are completed. There has been considerable focus on ensuring all BAME assessments are carried out in a timely manner and we continue to monitor the health and safety of staff as we move from one phase of the pandemic towards a more regular way of working. Managers across the Trust have been encouraged to have compassionate and engaging conversations with staff in conducting the assessments and referrals made to Occupational Health where necessary. Some of the themes from the webinars have centred on the following key areas:
- Appropriate levels of PPE
 - Concerns expressed over working in high risk areas
 - Staff with underlying health conditions requiring additional support and adjustments
 - Additional support measures for BAME staff in the workplace
 - Workplace adjustments with focus on reducing risk
 - Intake of Vitamin D for BAME staff
 - Environment issues
- A letter from NHSE/I dated 24 June 2020, (see Appendix B) stated the expectation around risk assessments for at risk staff groups and reminded employers of their legal duty to protect the health, safety and welfare of our staff. The letter stated that employers need to make significant progress in deploying risk assessments within the next 2 weeks and complete them for all staff in at-risk groups within 4 weeks. The letter asks organisations to publish metrics internally until fully compliant. The Trust has had an approach to automatically risk assess staff who have declared underlying health conditions. Staff over 70, staff under 70 with an underlying health condition, pregnant women, staff living with extremely vulnerable household members and BAME staff. We have continually reviewed our risk assessment approach in light of emerging evidence and are now agreeing an approach with the CMO to ensure other staff groups who may be at greater risk feel supported. We are currently agreeing how and where we publish our metrics through our Workforce group.
- 2.9 **Trust BAME Staff Network:** The Head of Equality, Diversity and Inclusion is currently in the process of reviewing and refreshing the Trust's BAME network, with a focus on terms of reference, membership, role and remit and more importantly how the network is feeding into strategic decision making structures and governance alignment. The recent BAME webinars in response to COVID-19 have provided a significant opportunity to work in partnership with our BAME staff across the Trust to raise the profile of race equality and

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

more importantly to influence and work alongside the Trust to further improve our performance on WRES and WDES, including the wider diversity and inclusion agenda.

- 2.10 **Bradford Health and Social Care Economic Partnership:** A letter was sent to all NHS and Local Authority Directors of HR, Workforce and OD in the WY&H Health and Care Partnership by Rob Webster reminding all HRD's of our collective commitments made to ensure our BAME staff feel supported and to increase the diversity of our leadership across the system. A stocktake was conducted with all HRD's of organisational positions against the recommendations to help organisations understand their current position with a focus on prioritising the recommendations. This has been reviewed at the Health and Care Executive Board and the Health and Wellbeing Board where the commitment to continued collective action on equalities was renewed. In relation to the specific point about BAME representation in the recruitment of senior roles the stocktake showed that this was embedded in policy and practice but there was scope across the place to expand the pool of BAME colleagues who support recruitment. It is intended that the place based workforce group will now take forward further engagement with the local BAME staff networks to co-produce the next steps. (Recommendations, Summary and conclusion attached as Appendix A)
- 2.11 **West Yorkshire and Harrogate Health and Care Partnership:** In addition to the Trust's BAME network, The Head of Diversity and Inclusion and the Associate Director of Human Resources, both from a BAME background are active members of the West Yorkshire and Harrogate Health Care Partnership BAME Network. This is a newly formed network with a big focus on wider system cultural change on race equality and the wider diversity and inclusion agenda. The network presented its key priorities to the WY&H Partnership Board Meeting in public on 3rd March 2020, these are:
- **Measure and Impact**
Indicators for workforce race equality data
Identify and agree LA data
Benchmarking of current position
Recommendation reports to SLEG
 - **COVID research and health inequalities**
linked with Health Inequalities Network
Focus on:
Covid-19
Mental Health
Maternity and Diabetes
 - **Talent, Retention, Culture**
Development of how the network will oversee the core offer
Leadership compact
Programme development WYH BAME Fellowship Bespoke training
Leadership masterclass
 - **Recruitment & Selection, Succession Planning**
Oversight and support
Recruitment and selection work with HRD's showcasing good practice
Training in recruitment and selection for staff
Comms Campaign on positive role models
 - **Influence**

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

Mentoring Scheme between Programme directors, SLE and BAME Network
Oversight of call to action of BAME networks
Supporting accountability on delivery

- 2.12 **WRES and WDES submissions - 2020:** Due to COVID-19 there was an initial announcement from NHS England which suggested this year's submissions for WRES and WDES had been suspended. However, due to the disproportionate impact on BAME communities and people with disabilities and long term health conditions both submissions have been reinstated. We are currently working on our data sets for the 2020 submission. The deadline for WRES and WDES submission is 31st August 2020.
- 2.13 **Existing WRES and WDES action plans:** These will be reviewed to ensure we are focussing on the key areas that require progress/improvement. The Trust data and refreshed action plans will be presented in the next report. This will include our position and progress and what next in terms of priorities for action.
- 2.14 **LGBTQ+ and Enable Staff Network Meetings**
On 6th May 2020 we held our first virtual meeting for LGBTQ+ and Disabled Staff to provide an opportunity to talk about any questions or concerns they had arising from COVID-19. A second meeting is now scheduled for 13th July on Webex and colleagues from Organisational Development and Occupational Health will be joining to help alleviate staff concerns and provide guidance and information. This meeting is being publicised widely within the Trust.
- 2.15 **Disability Equality & Disability Leave Policy**
In line with our WDES action plan which was commended by NHSI/ NHS England in their 2019 WDES Report, we launched our new Disability Equality & Disability Leave policy, which is now available on the Trust Intranet. Training to accompany the policy was prepared and the first session took place on 12th March 2020 for colleagues in Human Resources, Organisational Development, Health & Wellbeing and with Union Representatives, feedback from this session was very positive. The first session for line managers was scheduled to take place on 26th March 2020, but unfortunately due to COVID-19 this is currently on hold. We are now looking at new ways to roll out the training, to raise the profile of the new policy, and to incorporate the principles of disability equality in the workplace.
- 2.16 **Trans Equality Policy**
The Trans Equality Policy was reviewed by a small focus group at the end of 2019 and taking into account issues that have been raised via the LGBTQ+ Staff Network. The final revised draft went to JNCC/LNC on 17th June 2020 and is currently out for consultation.
- 2.17 **Ramadan Guidance for Managers and staff**
Ramadan this year was very different due to COVID-19. The Diversity & Inclusion Unit developed some updated guidance for Trust staff in partnership with the Assistant Chief Nurse and the Chaplaincy Team, emphasising the need for managers and staff to be supportive and respectful of their Muslim colleagues who were observing the holy month and encouraging those staff to also take good care of their own health & wellbeing at this difficult time. This was shared widely in the Trust and made available on the Trust intranet.
- 2.18 **Gender pay gap reporting suspended for 2020:** The Government Equalities Office (GEO) and the Equality and Human Right Commission (EHRC) have suspended gender pay gap reporting regulations for this year, due to the Covid-19 pandemic.

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

- 2.19 The gender pay gap reporting regulations require organisations with 250 or more employees to publish the differences in mean and median hourly rates of pay for male and female full-time employees, the gap in mean and median bonus pay, the proportions of male and female employees awarded bonus pay, and the proportions of male and female staff in the lower, lower middle, upper middle and upper quartile pay bands.
- 2.20 Charles Cotton, senior reward advisor at the CIPD said: “The Government’s decision to relax this year’s gender pay gap reporting deadline is testimony to the incredible and unprecedented pressure that organisations, and the HR profession in particular, are under. Keeping our workforces safe and paid, as well as supporting new working practices to help businesses survive, must remain the priority throughout this crisis.
- 2.21 Given the reporting data is based on a snapshot date in April last year, most employers will already have the data already, and most of their narrative too. It should just be a question of delaying their reporting to when the current crisis has passed. This is the case for us.
- 2.22 The Trust’s recent data suggests that our median pay gap has been reduced by 0.84% with the bonus pay gap remains the same. We are currently exploring development opportunities for Women in leadership and management.

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| 3 | PROPOSAL |
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- 3.1 **Current Equality Objectives – Position and Progress**
- 3.2 The following objectives were approved in the January 2020, the Head of Diversity and Inclusion is currently reviewing the Trust’s position and aligning other key areas of work to these objectives.

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

2020/2024 Equality Objectives

| Objective | Actions |
|---|---|
| “See The Person” campaign To include: <ul style="list-style-type: none"> • To implement the Accessible Information Standard (AIS) • To improve access and experience of services for all service users with a protected characteristic. • To increase the awareness, across the health economy, of the issues experienced by service users with a protected characteristic. | We will work with local people with different Equality Act protected characteristics to co-produce a “See the Person” programme. We will link with the VCS Assembly’s Equalities Forum to recruit local people to this programme. This will build on a project currently being developed by Airedale Hospital – it began with a focus on “see the person, not the disability” and we propose to extend it to include all protected characteristics (of course many patients and service users have several protected characteristics). Its aims are to improve patient experience, especially for people with protected characteristics, by helping staff to see beyond stereotypes, to be aware that we are all more than our protected characteristics and medical conditions and to learn how to adapt communication styles to meet the needs of different groups of people. A range of learning and development resources (course, videos, information sheets etc) will be developed along with patient communication aids (such as those produced in the development of the AIS. Managers will be supported to introduce and embed the programme into their teams. At the start of the project we will explore and agree how to measure improvement in this area and then make sure that we do this. |
| To implement the recommendations in the Unhealthy Attitudes Stonewall Study and Equity partnership LGB&T Local Health Needs Assessment: | We will build a strong team of NHS Rainbow Badge wearers across our NHS system who gradually increase our understanding of LGBT+ equality and contribute to creating a more inclusive NHS culture and to interventions to improve the patient experience of LGBT+ people locally. We hope to work with voluntary sector partners to gather feedback from local LGBT+ people about their experiences of local NHS services and how they could be improved. This engagement activity will be repeated after a year or so to measure the impact of our NHS Rainbow Badge work. |
| Reduce the Gender Pay Gap: | Complete our Gender Pay Gap data return. Develop an action plan to address the findings of the audit using the NHS Employers Guide “Addressing your Gender Pay Gap”. |
| Improve Workforce Race Equality | Implementation of the Workforce Race Equality Standard (data submission and action plan) |
| Improve Workforce Disability Equality | Implementation of the Workforce Disability Equality Standard (data submission and action plan) Our commitment to Project SEARCH objective to remain the same, but will form part of our objective to Improve Workforce Disability Equality. |

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

3.2 The way forward: Priorities for the next 6 months

- **A Trust wide approach to Dignity and Respect:** with a focus on ‘informal conflict resolution and early dispute resolution’, promoting inclusivity and tackling bullying and harassment.
- **Awareness raising across the Trust so that senior managers, middle managers and the wider workforce are aware of our diversity and inclusion priorities:** including their role in embedding diversity and inclusion across the Trust, including our approaches to creating a culture of dignity respect.
- **WRES and WDES submissions are key frameworks:** where we will be proactive rather than reactive to some of the challenges we are faced with. A review of both action plans will take place. The key area of focus will be on the indicators which require improvement.
- **Equality Impact Assessments:** Based on the experiences of managers who have used the existing equality impact assessment template and the comments received, we are reviewing the Trust’s equality impact assessment template and guidance documentation. We need to increase the number of completed EIA’s. Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. These are sometimes referred to ‘Brown Principles’ and set out how courts interpret the duties. They are not additional legal requirements but form part of the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.
- **Development of Diversity and Inclusion Strapline:** Consideration of developing a Trust wide Diversity and Inclusion strapline in consultation with our staff equality networks and wider staff. This will signal a positive commitment to embedding and mainstreaming diversity and inclusion in everything we do.
- **Diversity and Inclusion Steering Group:** Will be replaced by the Diversity Work Stream to a wider Diversity and Inclusion Steering group chaired by the Director of HR. The group will consist of key managers across the core functions of the Trust whose role will be to help develop and implement our diversity and inclusion priorities but more importantly to have good representation from across the Trust to table issues and solutions to diversity and inclusion practice from their respective CBU’s and departments. This will enable the Trust to raise the profile of diversity and inclusion across the Trust.
- **BAME Staff Network:** There is strong need to re-invigorate and re-energise existing staff equality networks in line with NHS England requirements. Work has already commenced in doing this and the re-launch of the BAME network will take place in the coming months. The Chief People Officer, Prerena Issar recently presented the following 5 Ambitions for all BAME staff networks across the NHS to develop:
 - Every NHS organisation will have a thriving and effective BAME staff Network.
 - BAME networks are not a single BAME conscience for an organisation but will work to increase understanding and make things fairer for all.
 - BAME networks will support organisations at Board level to help make recruitment fairer, support talent management and career progression of BAME staff.

| | | | |
|---------------|---------------------------|-------------|------------|
| Meeting Title | Trust Board | | |
| Date | 9 th July 2020 | Agenda item | Bo.7.20.21 |

- All BAME staff networks will have a Board-level champion – ideally, a non-BAME ally to provide sponsorship.
- Being a BAME network lead is a badge of honour – and there will be no fear of reprisal.

A core group of BAME staff will be identified to work alongside the Diversity and Inclusion Unit to explore and examine the above ambitions and align the network activity to ensure we are in line with the national ambitions and more importantly the network is ‘thriving’.

- There is recognition and acknowledgement that the Trusts leaders and managers play a vital role in creating an organisational culture which values diversity and promotes a culture of dignity and respect. To ensure that our leaders and managers can drive this forward we need to create leadership development opportunity around the diversity and inclusion agenda with aims of bringing the diversity agenda to life, where the lived experiences of our staff can be shared in an open and safe space and uncomfortable but important conversations can take place.
- A review of staff induction to take place ensuring the right messages are being given in terms of the Trust’s diversity and inclusion agenda and how we link this agenda to patient care and patient experience agenda.
- To review the Reciprocal Mentoring scheme which was launched then had to be paused due to COVID 19 priorities.

4 RECOMMENDATIONS

It is recommended that the Trust Board:

1. Note the contents of this report
2. Support the proposed activities in section 3.2
3. Agree to receive updates on the progress and actions of our contractual obligations WRES and WDES
4. Agree to receive updates on the progress and actions on the Trust’s BAME staff network

5 Appendices

Appendix A: WY&H BAME network recommendation plan ‘Increasing the diversity of our leadership’/ Summary and conclusions from place based Stockdale

Appendix B: Letter from NHS England and Improvement