

Workforce Race Equality Standard Progress Report July 2017

Purpose

This report provides the information which will be included in the Trust's published WRES report this year. It includes the data for the nine metrics (with the exception of Indicator 4) which has been submitted to NHS England via UNIFY2 by the deadline of 1st August 2017. This data forms the basis of NHS England's report into the WRES which is due in late 2017/early 2018. It also includes progress to date against the WRES action plans published in July 2015 and August 2016, together with additional suggested actions for 2017/2018. Some of the suggested actions have been informed by discussion with the Trust's Black, Asian & Minority Ethnic Workers Forum.

Workforce Race Equality Standard (WRES) - Background

In response to the NHS Equality & Diversity Council announcement in July 2014 that it had agreed action to ensure employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace, the [Workforce Race Equality Standard](#) (WRES) was implemented.

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on Boards. The WRES highlights any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

NHS organisations published and or submitted their WRES data for the first time in summer 2015. This data presented each organisation's response to each of the nine WRES indicators and constitutes their WRES baseline. Alongside their WRES baseline data, organisations also developed their WRES Action Plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

From 2016/17, WRES reporting has been included in the NHS standard contract for NHS provider organisations and it also featured in the new 2016/17 CCG Assessment and Improvement Framework.

Planned actions in the 2016 report were linked to the 2016 – 2019 Equality & Diversity Strategic Objectives for the Trust, approved in July 2016 and integrated into the Trust's Equality & Diversity Action Plan. (The action plan is included in the 2016-2017 Equality & Diversity Annual Report.)

Workforce Race Equality Standard (WRES) – 2017 Report

The data which has been submitted to NHS England, comparisons with previous years' data and actions taken and planned, is shown below.

Workforce Indicators – for each of the four workforce indicators, compare the data for white and BME staff.

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 staff; Medical & Dental staff
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Data for reporting year (2017)	Data for previous year (2016)	Narrative	Action taken and planned																																																																																				
<p>Overall workforce = 83.9% White and 15.3% BME (0.9% NULL/Not stated/Not given)</p> <p>Non-Clinical Staff</p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>47.8%</td><td>50.7%</td></tr> <tr><td>Band 2</td><td>87.5%</td><td>12.1%</td></tr> <tr><td>Band 3</td><td>90.4%</td><td>9.6%</td></tr> <tr><td>Band 4</td><td>94.1%</td><td>5.7%</td></tr> <tr><td>Band 5</td><td>94.1%</td><td>5.9%</td></tr> <tr><td>Band 6</td><td>89.7%</td><td>9.6%</td></tr> <tr><td>Band 7</td><td>96.0%</td><td>4.0%</td></tr> <tr><td>Band 8A</td><td>93.0%</td><td>7.0%</td></tr> <tr><td>Band 8B</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 8C</td><td>95.5%</td><td>5.0%</td></tr> <tr><td>Band 8D</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 9</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>VSM</td><td>100.0%</td><td>0.0%</td></tr> </tbody> </table> <p>(Where the totals do not add up to 100%, the ethnicity of the remaining staff is not known or not stated.)</p>		White	BME	Band 1	47.8%	50.7%	Band 2	87.5%	12.1%	Band 3	90.4%	9.6%	Band 4	94.1%	5.7%	Band 5	94.1%	5.9%	Band 6	89.7%	9.6%	Band 7	96.0%	4.0%	Band 8A	93.0%	7.0%	Band 8B	100.0%	0.0%	Band 8C	95.5%	5.0%	Band 8D	100.0%	0.0%	Band 9	100.0%	0.0%	VSM	100.0%	0.0%	<p>Overall workforce = 84.1% White and 15.1% BME (0.8% NULL/Not stated/Not given)</p> <p>Non-Clinical Staff</p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>50.6%</td><td>48.8%</td></tr> <tr><td>Band 2</td><td>87.4%</td><td>12.6%</td></tr> <tr><td>Band 3</td><td>91.6%</td><td>8.4%</td></tr> <tr><td>Band 4</td><td>95.0%</td><td>4.8%</td></tr> <tr><td>Band 5</td><td>94.4%</td><td>5.6%</td></tr> <tr><td>Band 6</td><td>89.3%</td><td>9.2%</td></tr> <tr><td>Band 7</td><td>97.3%</td><td>2.7%</td></tr> <tr><td>Band 8A</td><td>91.1%</td><td>8.9%</td></tr> <tr><td>Band 8B</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 8C</td><td>91.7%</td><td>8.3%</td></tr> <tr><td>Band 8D</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 9</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>VSM</td><td>100.0%</td><td>0.0%</td></tr> </tbody> </table> <p>(Where the totals do not add up to 100%, the ethnicity of the remaining staff is not known or not stated.)</p>		White	BME	Band 1	50.6%	48.8%	Band 2	87.4%	12.6%	Band 3	91.6%	8.4%	Band 4	95.0%	4.8%	Band 5	94.4%	5.6%	Band 6	89.3%	9.2%	Band 7	97.3%	2.7%	Band 8A	91.1%	8.9%	Band 8B	100.0%	0.0%	Band 8C	91.7%	8.3%	Band 8D	100.0%	0.0%	Band 9	100.0%	0.0%	VSM	100.0%	0.0%	<p>Data is as at 31st March 2016 and 31st March 2017, as submitted via UNIFY2.</p> <p>The percentage shown is for each pay band. Whilst the percentage of BME staff in the lowest band (Band 1) is much higher than that in the overall workforce, BME staff are under-represented in other Agenda for Change pay bands, especially at senior levels.</p> <p>The exception is Band 5 non-medical clinical staff – typically from the Nursing & Midwifery staff group.</p> <p>Non-clinical staff on Band 1 would typically be from the Estates & Ancillary staff group.</p> <p>Clinical Staff on Medical & Dental pay grades more closely align with the ethnic</p>	<p><i>Actions taken:</i> July 2016: the Trust Board received presentations from Yvonne Coghill, NHS England Director, WRES, outlining the priorities of WRES, and on unconscious bias.</p> <p><i>An Audit Southwest review of recruitment processes was commissioned and delivered in July 2016. Recommendations included carrying out regular sample checks of interview notes for unsuccessful candidates to identify any potential bias at interview stage. This has been incorporated into Quarterly audits of recruitment files.</i></p> <p><i>Training to raise awareness of unconscious bias/stereotyping included in Recruiting the Best training for recruiting managers from November 2016. Also included in Corporate Induction section on Equality & Diversity and new e-learning Equality, Diversity & Human Rights training, available from end of February 2017.</i></p> <p><i>Planned actions for 2016/2017</i></p>
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Clinical Staff - Non-Medical			Clinical Staff - Non-Medical			make-up of the overall workforce.	(ongoing):
	White	BME		White	BME		
Band 1	67.5%	31.6%	Band 1	69.7%	29.6%	Where the totals do not add up to 100%, the ethnicity of the remaining staff is not known or not stated. This is most frequent among Medical & Dental grades.	<i>Scrutiny of the succession planning element of the Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional Development.</i>
Band 2	80.7%	19.1%	Band 2	81.2%	18.7%		
Band 3	88.5%	11.5%	Band 3	89.9%	10.1%		
Band 4	91.8%	8.2%	Band 4	92.7%	7.3%		
Band 5	78.6%	20.5%	Band 5	78.3%	20.9%		
Band 6	90.1%	9.4%	Band 6	90.7%	9.0%		
Band 7	95.0%	5.0%	Band 7	95.2%	4.1%		
Band 8A	94.0%	6.0%	Band 8A	94.4%	5.6%		
Band 8B	96.5%	3.5%	Band 8B	97.8%	2.2%		
Band 8C	97.1%	2.9%	Band 8C	97.1%	2.9%		
Band 8D	90.0%	0.0%	Band 8D	100.0%	0.0%		
Band 9	100.0%	0.0%	Band 9	100.0%	0.0%		
VSM	100.0%	0.0%	VSM	100.0%	0.0%		
Clinical Staff - Medical & Dental			Clinical Staff - Medical & Dental			Links to the Equality & Diversity Strategic Objective for 2016 – 2019: To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.	
	White	BME		White	BME		
Consultants (including Senior Medical Staff)	82.1%	15.7%	Consultants (including Senior Medical Staff)	82.5%	16.0%		
Non-consultant career grades	70.6%	27.1%	Non-consultant career grades	69.6%	28.0%		
Trainee grades	81.3%	14.4%	Trainee grades	76.1%	17.5%		
Other	50.0%	50.0%	Other	33.3%	66.7%		

Planned additional action(s) for 2017/2018:

- Discover and attempt to remedy the relatively high numbers of Medical & Dental staff with unknown or unrecorded ethnicity
- Explore with the Deputy Head of Education how to encourage more applicants from BME backgrounds through promoting career opportunities (including apprenticeships and traineeships) in appropriate local schools & colleges
- Apprentice recruitment data (including gender, ethnicity, age etc) will be tracked and reported upon to the Education Skills Funding Agency and thereby shared with HM Inspectorate Ofsted to inform a future inspection of the Trust's apprenticeship provision
- Scrutinise the advertising and selection process for internal opportunities to ensure transparency and equality of opportunity

2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts			
	<i>Data for reporting year (2017)</i>	<i>Data for previous year (2016)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	White staff 1.9 times more likely to be appointed from shortlisting than BME staff.	White staff 1.54 times more likely to be appointed from shortlisting than BME staff.	<p>Data is for the calendar year 2016 and for April 2016 to March 2017, as submitted via UNIFY 2.</p> <p>For unavoidable reasons, two different systems were used to provide the data for 2015.</p> <p>Because of rotational posts and the relatively recent introduction of TRAC for the recruitment of Medical & Dental posts, the data for 2016 is for Agenda for Change posts only.</p> <p>More detailed data is published on the Trust's website at Equality Performance & Objectives</p> <p>The numbers of staff appointed whose ethnicity has not been recorded has reduced significantly since the 2016 report.</p>	<p><i>Actions taken:</i> As for Indicator 1, above relating to Recruitment.</p> <p><i>Links to the Equality & Diversity Strategic Objective for 2016 – 2019:</i> To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</p>

Number of shortlisted applicants: White = 4,010; BME = 1,298
Number appointed from shortlisting: White = 1,175; BME = 200
Likelihood of White staff being appointed from shortlisting = 1,175/4,010 = 0.293
Likelihood of BME staff being appointed from shortlisting = 200/1,298 = 0.154

Relative likelihood of White staff being appointed from shortlisting compared to BME staff (0.293/0.154) is therefore 1.9 times greater

Planned additional action(s) for 2017/2018:

Until we can be confident that we can report on all recruitment episodes so that annual comparisons are valid, it is recommended that the only additional action specific to this indicator is to achieve this. Additional actions described for Indicator 1 should also influence the outcomes for this indicator.

3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into 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				
	<i>Data for 2017</i>	<i>Data for 2016</i>	<i>Data for 2015</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	Relative likelihood of BME staff entering the formal disciplinary process is 2.38 times greater than White staff	Relative likelihood of BME staff entering the formal disciplinary process is 2.49 times greater than White staff	Relative likelihood of BME staff entering the formal disciplinary process is 3.55 times greater than White staff	<p>2015 data is for cases live between 1st April 2014 and 31st March 2015.</p> <p>2016 data is for cases live between 1st April 2015 and 31st March 2016, excluding ongoing cases live during the previous reporting period.</p> <p>2017 data is for cases live between 1st April 2016 and 31st March 2017, excluding cases live during the previous reporting period.</p> <p>All as submitted via UNIFY2.</p>	<p><i>Actions taken:</i></p> <p><i>As part of the Equality & Diversity Action Plan, a report was completed in April 2016 benchmarking the Trust's outcome for this indicator in 2015 against other AUKUH trusts. The report also scrutinised the outcomes for different staff groups and was presented, with recommendations, to the Equality & Diversity Group in May 2016 and the WF&OD Group in July 2016.</i></p> <p><i>Further analysis of the data for 2015/2016 and 2016/2017, comparing entry into the disciplinary process by pay band shows that the majority of cases involve staff from lower pay bands. 50.7% of non-clinical staff in Band 1 are from BME backgrounds (as at 31st March 2017).</i></p> <p><i>Planned Actions for 2016/2017 (ongoing):</i> <i>Carry out a comparison with the data for 2016 and 2017 to identify any differences and follow up with remedial actions as appropriate.</i></p> <p><i>Links to the Equality & Diversity Strategic Objective for 2016 – 2019:</i> To work towards a more inclusive and supportive working environment for all of our staff.</p>

Because the disproportionate number of BME staff entering the disciplinary process is an ongoing cause for concern, the data for three years is given above. Calculations of the relative likelihood are shown below, as they include numbers of cases and the numbers of staff in post.

CALCULATIONS for INDICATOR 3

		Staff in post
Live Cases between 1st April 2014 and 31st March 2015		31st March 2015
White	94	White 7,395
BME staff	59	BME 1,306
ALL Live cases between 1st April 2015 and 31st March 2016		31st March 2016
White	76	White 7,580
BME staff	37	BME 1,363
Live cases between 1st April 2015 and 31st March 2016 - excluding cases live during previous year.		
White	56	
BME staff	25	

Calculations

2014 - 2015

No of staff in workforce: White = 7,395; BME = 1,306

Number of staff entering formal disciplinary process: White = 94; BME = 59

Likelihood of White staff entering formal disciplinary process (94/7,395) = 0.0127

Likelihood of BME staff entering formal disciplinary process (59/1,306) = 0.0451

Relative likelihood of BME staff entering formal disciplinary process compared to white staff is therefore BME likelihood/White likelihood = 3.557

2015 - 2016 (excluding cases live during previous year).

No of staff in workforce: White = 7,580; BME = 1,363

Number of staff entering formal disciplinary process: White = 56; BME = 25

Likelihood of White staff entering formal disciplinary process (56/7,580) = 0.0073

Likelihood of BME staff entering formal disciplinary process (25/1,363) = 0.0183

Relative likelihood of BME staff entering formal disciplinary process compared to white staff is therefore BME likelihood/White likelihood = 2.516

ALL Live cases between 1st April 2016 and 31st March 2017

White	60
BME staff	30

Staff in post

31st March 2017

White	7,769
BME	1,413

Live cases between 1st April 2016 and 31st March 2017 - excluding cases live during previous year.

White	51
BME staff	22

Calculation

2016 - 2017 (excluding cases live during previous year).

No of staff in workforce: White = 7,769; BME = 1,413

Number of staff entering formal disciplinary process: White = 51; BME = 22

Likelihood of White staff entering formal disciplinary process (51/7,769) = 0.0065

Likelihood of BME staff entering formal disciplinary process (22/1,413) = 0.0155

Relative likelihood of BME staff entering formal disciplinary process compared to white staff is therefore BME likelihood/White likelihood = 2.384

Whilst the relative likelihood is decreasing year on year, it is recognised that more work needs to be done to understand why the numbers are disproportionately high and what can be done to address this. Some further analysis of figures for 2015/2016 and 2016/2017 shows that the majority of disciplinary cases reported on the Case Management System – from which all of the above data is derived – involve staff from lower pay bands.

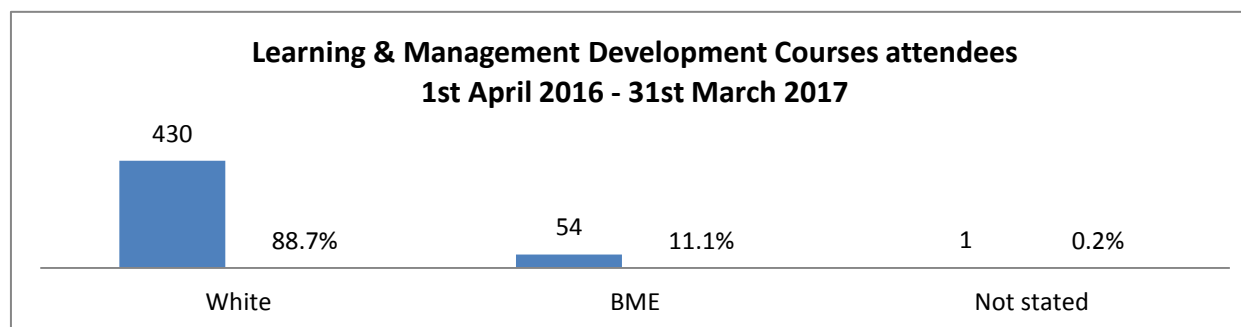
Planned additional action(s) 2017/2018:

- Further examination of the last two years' worth of data to identify any particular areas or departments with a particularly high incidence of disciplinary cases
- Joint HR/Staff Side 'surgeries' where the application of the disciplinary policy and process is discussed with managers, supervisors and staff
- Actions in Divisional Improving Staff Experience plans to reduce the number of formal disciplinary cases – especially involving BME staff – where appropriate

4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff															
	Data for reporting year (2017)	Data for previous year (2016)	Narrative	Action taken and planned												
	Complete data not available.	Data not available	<p>Recording and reporting of diversity data for some elements of non-mandatory training is now undertaken – specifically for Leadership and Management Development courses. However, as the data required for the UNIFY2 submission calculates the relative likelihood based on a comparison with the overall workforce, this has again not been included as the numbers could be misleading.</p> <p>As an alternative, the relative likelihood based on responses to the 2015 and 2016 National Staff Surveys (carried out on a full census basis) is given below.</p> <table border="1" data-bbox="752 671 1505 970"> <thead> <tr> <th>Descriptor</th> <th>BME 2015</th> <th>White 2015</th> </tr> </thead> <tbody> <tr> <td>Number of staff responding to National Staff Survey 2015</td> <td>402</td> <td>3,128</td> </tr> <tr> <td>Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)</td> <td>283</td> <td>2,269</td> </tr> <tr> <td>Likelihood of receiving such training</td> <td>0.70</td> <td>0.725</td> </tr> </tbody> </table> <p>2015 Relative likelihood - Number of staff responding: White = 3,128; BME = 402 Number of staff receiving non-mandatory training: White = 2,269 ; BME = 283 Likelihood of White staff accessing training is $2,269/3,128 = 0.725$ Likelihood of BME staff accessing training is $283/402 = 0.70$</p> <p>Relative likelihood of White staff accessing non-mandatory training compared to BME staff = $(0.725/0.70)$ 1.03 times greater.</p>	Descriptor	BME 2015	White 2015	Number of staff responding to National Staff Survey 2015	402	3,128	Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	283	2,269	Likelihood of receiving such training	0.70	0.725	<p><i>The recording and reporting of non-Mandatory training data was included in the WRES action plans for 2015 and 2016. Continue development of a Trust wide system for the collection and reporting of all non-mandatory training data with a target date of June 2018.</i></p> <p><i>This is an ongoing priority action for 2017/2018, and is also included in the Equality & Diversity Action Plan.</i></p> <p><i>Scrutiny of the succession planning element of the Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional Development will take place during 2018</i></p> <p><i>Links to the Equality & Diversity Strategic Objectives for 2016 – 2019:</i></p> <p>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</p> <p>To work towards a more inclusive and supportive</p>
Descriptor	BME 2015	White 2015														
Number of staff responding to National Staff Survey 2015	402	3,128														
Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	283	2,269														
Likelihood of receiving such training	0.70	0.725														

		Descriptor	BME 2016	White 2016	working environment for all of our staff.
		Number of staff responding to National Staff Survey 2016	365	3,136	
		Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	278	2,249	
		Likelihood of receiving such training	0.76	0.717	
<p><i>2016 Relative likelihood -</i> Number of staff responding: White = 3,136; BME = 365 Number of staff receiving non-mandatory training: White = 2,249; BME = 278 Likelihood of White staff accessing training is $2,249/3,136 = 0.717$ Likelihood of BME staff accessing training is $278/365 = 0.76$</p> <p>Relative likelihood of White staff accessing non-mandatory training compared to BME staff = $(0.717/0.76)$ 0.94 times greater.</p>					

As outlined above, recording and reporting of diversity data for some elements of non-mandatory training is now undertaken – specifically for Leadership and Management Development courses. This is a suite of training courses available to staff from all staff groups. Information about them is circulated to a group of 800 employees who have been identified as having some line-management responsibilities, and attendance can be booked through an employee’s electronic Learning & Development portal. During the period 1st April 2016 to 31st March 2017 there were 1,125 individual attendances by 485 staff:



Using the method of calculating relative likelihood described in the WRES Technical Guidance:

Number of staff in workforce (as at 31st March 2017): White = 7,769; BME = 1,413

Number of staff accessing Leadership & Management Development training: White = 430; BME = 54

Likelihood of White staff accessing training is $430/7,769 = 0.055$

Likelihood of BME staff accessing training is $54/1,413 = 0.038$

Relative likelihood of White staff accessing Leadership & Management Development training compared to BME staff = $(0.055/0.038)$ 1.44 times greater.

Comparison with the Staff Survey response to the question about non-mandatory training shows that relatively fewer BME staff accessed the Leadership Development training than other non-mandatory training.

Work will continue to enable reporting across all non-mandatory training courses, and to encourage the participation of BME staff in continuing professional development and non-mandatory training.

Planned additional action(s) for 2017/2018:

- Divisional E&D reps to work with Divisional training leads – with support from the BAMEW Forum - to promote non-mandatory training and Continuing Professional Development to BME staff
- It is anticipated that the e-Appraisal system, introduced in May 2017, will prompt more informed discussions between employees and their managers – including discussions about training and development opportunities.
- The Trust has developed a governance strategy for the recording of essential specific to role job competencies, with a pilot study undergoing within nursing to establish a framework for recording competencies and corresponding non-mandatory training
- The assessment process for an apprenticeship requires all apprentices to either hold a relevant qualification in literacy or numeracy, or to attain over the course of their apprenticeship. Therefore, the Trust has implemented a support programme of basic and functional skills, for all employees, designed to improve literacy and numeracy standards and to facilitate progression onto an apprenticeship programme.

National NHS Staff Survey indicators. For each of the four staff survey indicators, compare the outcomes of the responses for White and BME Staff

5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
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Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Data for 2015 (2014 Staff Survey results)	Narrative	Action taken and planned
White 27.22% BME 27.86%	White 28.12% BME 30.36%	White 29.70% BME 31.46%	<p>Full census surveys were carried out in 2014, 2015 and 2016. Data is based on these returns, as submitted via UNIFY2.</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey result for 2016:</p> <p>White: 27% BME: 26%</p> <p><i>The 2015 data is included for comparison. The official template requires only two years' worth of data.</i></p>	<p><i>Actions taken:</i> Additional H&B Advisors recruited autumn 2016 (to participate in rota for confidential helpline) and confidential one to one sessions run January/February 2017. Advisors email address available from April 2017 to enable alternative means of contact. Staff awareness that clinical incident reporting can be used to report incidents of harassment, bullying, abuse or discrimination by patients, relatives and the general public raised through Divisional E&D reps.</p> <p><i>Actions planned 2016/2017 (ongoing):</i> Through the Equality & Diversity Group, explore how best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.</p> <p><i>Links to the Equality & Diversity Strategic Objective for 2016 – 2019:</i> To work towards a more inclusive and supportive working environment for all of our staff.</p>

Planned additional action(s) 2017/2018:

- Targeted interventions at Divisional level where Staff Survey results have indicated there is a need (Divisional Improving Staff Experience plans will include details)
- Work on guidance and support for staff experiencing racial abuse from patients with cognitive impairments (for example, dementia), and how to communicate expectations of behaviours to these patients. (Working with Dementia team and BAMEW Forum members.)

6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
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Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Data for 2015 (2014 Staff Survey results)	Narrative	Actions taken and planned
White: 22.73% BME: 28.13%	White 25.06% BME 33.76%	White 25.60% BME 39.95%	<p>Full census surveys were carried out in 2014, 2015 and 2016. Data is based on these returns, as submitted via UNIFY2.</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey results for 2016:</p> <p>White: 24% BME: 27%</p> <p><i>The 2015 data is included for comparison. The official template requires only two years' worth of data.</i></p>	<p><i>Actions taken:</i> Additional H&B Advisors recruited autumn 2016 (to participate in rota for confidential helpline) and confidential one to one sessions run January/February 2017. Advisors email address available from April 2017 to enable alternative means of contact.</p> <p><i>Proposal to introduce a 'Dignity at Work Policy' presented to WF&OD Group June 2016 describing the benefits of moving to a culture which goes beyond policies of managing harassment and bullying to a culture of dignity and respect at work. Policy in development March – August 2017. Anticipated approval September 2017.</i></p> <p><i>New Equality, Diversity & Human Rights e-learning package available to all staff from end of February 2017. Includes section on harassment and bullying at work. To be included in Essential Training 3-yearly updates form September/October 2017. Face to face version in development – estimated completion August 2017.</i></p> <p><i>Links to the Equality & Diversity Strategic Objective for 2016 – 2019:</i> To work towards a more inclusive and supportive working environment for all of our staff.</p>

Planned additional action(s) 2017/2018:

- Launch of new Dignity at Work Policy to be used to promote positive behaviours across the Trust. Rollout plan to be completed October/November 2017.
- Targeted interventions at Divisional level where Staff Survey results have indicated there is a need as part of Divisional Improving Staff Experience plans
- Provision of face to face Equality, Diversity & Human Rights training – from October 2017
- Launch of Leadership at UH Bristol during August 2017 – workshops promoting positive leadership behaviours will then be cascaded during Autumn 2017.

7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
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Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Data for 2015 (2014 Staff Survey results)	Narrative	Action taken and planned
White 90.54% BME 77.49%	White 89.42% BME 73.26%	White 89.72% BME 62.82%	<p>Full census surveys were carried out in 2014, 2015 and 2016. Data is based on these returns, as submitted via UNIFY2.</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey results for 2016:</p> <p>White: 88% BME: 76%</p> <p>This is one of the Key Findings in which UH Bristol scored in the best 20% of acute trusts.</p> <p><i>The 2015 data is included for comparison. The official template requires only two years' worth of data.</i></p>	<p><i>Actions taken:</i> July 2016: the Trust Board received presentations from Yvonne Coghill, NHS England Director, WRES, outlining the priorities of WRES, and on unconscious bias.</p> <p><i>An Audit Southwest review of recruitment processes was commissioned and delivered in July 2016. Recommendations included carrying out regular sample checks of interview notes for unsuccessful candidates to identify any potential bias at interview stage. This has been incorporated into Quarterly audits of recruitment files.</i></p> <p><i>Training to raise awareness of unconscious bias/stereotyping included in Recruiting the Best training for recruiting managers from November 2016. Also included in Corporate Induction section on Equality & Diversity and new e-learning Equality, Diversity & Human Rights training, available from end of February 2017.</i></p> <p><i>Planned actions for 2016/2017 (ongoing): Scrutiny of the succession planning element of the Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional Development.</i></p> <p><i>Exploration of how disparities can be taken into consideration as part of Retention and Appraisal plans, Workforce and Divisional Business Continuity plans, as recommended by the Equality and Diversity Group and included in the E&D Action Plan.</i></p> <p><i>The recording and reporting of non-Mandatory training</i></p>

				<p><i>data was included in the WRES action plans for 2015 and 2016.</i></p> <p><i>Continue development of a Trust wide system for the collection and reporting of all non-mandatory training data with a target date of June 2018.</i></p> <p><i>Links to the Equality & Diversity Strategic Objectives for 2016 – 2019:</i></p> <p>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</p> <p>To work towards a more inclusive and supportive working environment for all of our staff.</p>
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Planned additional action(s) 2017/2018:

- Scrutinise the advertising and selection process for internal opportunities to ensure transparency and equality of opportunity
- The Trust is developing progression and learning pathways for existing staff, through the apprenticeship structure, to develop within their career and into leadership and management opportunities
- Divisional E&D reps to work with Divisional training leads – with support from the BAMEW Forum - to promote non-mandatory training and Continuing Professional Development to BME staff
- It is anticipated that the e-Appraisal system, introduced in May 2017, will prompt more informed discussions between employees and their managers – including discussions about training and development opportunities.

8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
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Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Data for 2015 (2014 Staff Survey results)	Narrative	Action taken and planned
White 6.33% BME 13.45%	White 6.08% BME 17.36%	White 6.72% BME 21.41%	<p>Full census surveys were carried out in 2014, 2015 and 2016. Data is based on these returns, as submitted via UNIFY2.</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey results for 2016:</p> <p>White: 6% BME: 14%</p> <p><i>The 2015 data is included for comparison. The official template requires only two years' worth of data.</i></p>	<p><i>Actions taken:</i> Additional H&B Advisors recruited autumn 2016 (to participate in rota for confidential helpline) and confidential one to one sessions run January/February 2017. Advisors email address available from April 2017 to enable alternative means of contact.</p> <p><i>Proposal to introduce a 'Dignity at Work Policy' presented to WF&OD Group June 2016 describing the benefits of moving to a culture which goes beyond policies of managing harassment and bullying to a culture of dignity and respect at work. Policy in development March – August 2017. Anticipated approval September 2017.</i></p> <p><i>New Equality, Diversity & Human Rights e-learning package available to all staff from end of February 2017. Includes information about different types of discrimination under the Equality Act 2010 and rights and responsibilities of staff. To be included in Essential Training 3-yearly updates from September/October 2017. Face to face version in development – estimated completion August 2017.</i></p> <p><i>Actions planned 2016/2017 (ongoing):</i> Through the Equality & Diversity Group, explore how best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.</p> <p><i>Links to the Equality & Diversity Strategic Objective for 2016 – 2019:</i></p>

				To work towards a more inclusive and supportive working environment for all of our staff.
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Planned additional action(s) 2017/2018:

- Launch of new Dignity at Work Policy to be used to promote positive behaviours across the Trust. Rollout plan to be completed October/November 2017.
- Targeted interventions at Divisional level where Staff Survey results have indicated there is a need as part of Divisional Improving Staff Experience plans
- Provision of face to face Equality, Diversity & Human Rights training – from October 2017
- Launch of Leadership at UH Bristol during August 2017 – workshops promoting positive leadership behaviours will then be cascaded during Autumn 2017.
- Inclusion events promoting the Trust’s three Staff Forums (including BAMEW Forum) to raise awareness of support available to staff from their peers

Board Representation Indicator. For this indicator, compare the difference for White and BME staff.

9	Percentage difference between the organisations' Board voting membership and its overall workforce, and the Board's Executive membership and its overall workforce
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<i>Data for 2017</i>	<i>Data for 2016</i>	<i>Narrative</i>	<i>Action taken and planned</i>
93.8% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 15.3% Percentage difference between Voting Board Membership & overall workforce = -15.3% Exec Board membership = 100% White	93.3% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 15.1% Percentage difference between Voting Board Membership & overall workforce = -15.1% Exec Board membership = 100% White	Data as submitted via UNIFY2 in 2017. Please note that the UNIFY2 submission in 2017 asked for unknown/null ethnicity, hence the figures of less than 100%	<i>Actions planned 2016/2017 (ongoing):</i> A review of the criteria for selection of candidates by executive search agencies, ensuring they are committed to diversity. A review of the diversity of Governors in partnership with the Membership Office. These actions are still considered appropriate to address the apparent disparity between Board membership and the overall workforce. Links to the Equality & Diversity Strategic Objectives for 2016 – 2019: To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. To work towards a more inclusive and supportive working environment for all of our staff.

Planned additional action(s) 2017/2018:

In light of the ongoing work needed to achieve the actions described above, it is recommended that no additional actions are added in respect of this indicator.

Conclusion and Recommendations

Reporting against the indicators of the WRES prompts the Trust to look in more depth at specific areas of the experience of BME staff.

The information for the indicators to be published this year shows little change in the make-up of the Trust's workforce. Although BME staff are still relatively more likely to enter the formal disciplinary process, the likelihood has decreased and the WRES is encouraging us to think in more detail about why this is and what we can do about it.

We are still not in a position to provide comprehensive information about who accesses non-mandatory training, but work is much further forward on this than it was last year. It is planned to use the response to the Staff Survey question about accessing non-mandatory training as an alternative once again.

The Indicators based on Staff Survey findings show that the experience of BME staff in terms of harassment, bullying, discrimination and equal opportunities for career progression are improving each year. However, it is essential that more progress is made towards the change in culture which will place an emphasis on inclusion and positive behaviours.

The Trust has submitted its 2017 data to NHS England using the UNIFY2 template before the deadline of 1st August 2017. It is intended, as last year, to produce a separate report which includes the information presented here.

The additional actions for 2017/2018 include suggestions from members of the Trust's BAMEW Forum. Their input will be invaluable in formulating and achieving a continuous improvement in workforce race equality.

It is recommended that this progress report is approved for use as the basis of the report to be submitted for publication.

