

# Workforce Race Equality Standard Reporting Template

## REPORTING TEMPLATE

### Template for completion

**Name of provider organisation**

Heart of England NHS Foundation Trust

**Date of report: month/year**

June 2017

**Name and title of Board lead for the Workforce Race Equality Standard**

Hazel Wyton – Director of Workforce

**Name and contact details of lead manager compiling this report**

Sally Lawson, Workforce Diversity Manager (Diversity Lead) Mobile 07854 952 102

**Names of commissioners this report has been sent to**

Jemima Shurvinton (NHS BIRMINGHAM CROSSCITY CCG), Michelle Dunne (NHS BIRMINGHAM CROSSCITY CCG), Alison Hughes (NHS BIRMINGHAM CROSSCITY CCG), Linda Greaves (NHS BIRMINGHAM CROSSCITY CCG), Graham Caine (NHS BIRMINGHAM CROSSCITY CCG), Neil Walker (NHS SOLIHULL CCG)

**Name and contact details of co-ordinating commissioner this report has been sent to**

Neil Walker, Chief Contract and Performance Officer, Solihull CCG, [neildavidwalker@nhs.net](mailto:neildavidwalker@nhs.net)

**Unique URL link on which this report will be found (to be added after submission)**

**This report has been signed off by on behalf of the Board on (insert name and date)**

Hazel Wyton – Director of Workforce:

## Report on the WRES indicators

### 1. Background narrative

a. Any issues of completeness of data

**Indicator 3** – is based on 1<sup>st</sup> June 2016 to 31<sup>st</sup> March 2017, as opposed to a two year rolling average. It includes both live and closed cases.

**Indicator 4** – data is based on non-mandatory training that is recorded on Moodle, as opposed to all non-mandatory training that has taken place. The dataset for the current reporting year relates to 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017. The data set for the previous year relates to 1st January 2016 to 31st March 2016.

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

**Indicator 4** - The organisation utilises Moodle as its 'Virtual Learning Environment' (VLE) to host e-learning. Any member of staff enrolled onto multiple courses has only been counted once. Alterations to the education programme from one year to the next often reflect changing organisational priorities. Some courses are likely to be added to the programme whilst others may be removed and updated. In these instances direct comparisons may not always be possible. CPD is not captured centrally across the organisation as the range of activities is very broad and developed locally. This data does not reflect non-e-learning, such as, face to face training.

**2b & 3a: Comparison of proportion of BAME staff employed within the organisation / self-reporting at the date of the report:**

Last years' report did not include the category "Unknown" so the total staff population being examined was smaller than the actual total trust population.

### 2. Total numbers of staff

a. Employed within this organisation at the date of the report

10566 staff

b. Proportion of BAME staff employed within this organisation at the date of the report

27.35%

## Report on the WRES indicators, continued

### 3. Self reporting

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

94.4%

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

Awareness was raised in 2016/17 and work was carried out by the Trust through an emailed questionnaire, hosted on Moodle, to all staff asking them to self-report their ethnicity as well as other protected characteristics in order to improve the data which we hold on staff.

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

Further work planned for 2017 in the way of a targeted campaign to capture missing staff data.

### 4. Workforce data

a. What period does the organisation's workforce data refer to?

Indicator 1 – based on staff in post as at 31st March 2017

Indicator 2 – based on the period 1st April 2016 – 31st March 2017

Indicator 3 – based on disciplinary cases between 1st June 2016 – 31st March 2017

Indicator 4 – based on non-mandatory training data held on Moodle for the period 1<sup>st</sup> April 2016 – 31st March 2017.

Indicators 5-8 – 2015 and 2016 National Staff Survey

Indicator 9 – based on staff in post as at 31st March 2017

## Report on the WRES indicators, continued

### 5. Workforce Race Equality Indicators

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective																																																																																																								
	<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>																																																																																																												
1	<p>Percentage of staff in each of the AfC Bands 1-9 and VSM* (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>*VSM = Staff on Bands 8d and 9, Executive Directors, Chair and Non-Executive Directors.</p> <p>**Excludes medical staff</p>	<p><b>Clinical Staff**</b></p> <table border="1"> <tr><td>Band 1</td><td>0%</td></tr> <tr><td>Band 2</td><td>31%</td></tr> <tr><td>Band 3</td><td>19%</td></tr> <tr><td>Band 4</td><td>14%</td></tr> <tr><td>Band 5</td><td>36%</td></tr> <tr><td>Band 6</td><td>24%</td></tr> <tr><td>Band 7</td><td>14%</td></tr> <tr><td>Band 8a</td><td>11%</td></tr> <tr><td>Band 8b</td><td>11%</td></tr> <tr><td>Band 8c</td><td>12%</td></tr> <tr><td>Band 8d</td><td>17%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <p><b>Non-Clinical Staff</b></p> <table border="1"> <tr><td>Band 1</td><td>21%</td></tr> <tr><td>Band 2</td><td>19%</td></tr> <tr><td>Band 3</td><td>20%</td></tr> <tr><td>Band 4</td><td>15%</td></tr> <tr><td>Band 5</td><td>20%</td></tr> <tr><td>Band 6</td><td>18%</td></tr> <tr><td>Band 7</td><td>21%</td></tr> <tr><td>Band 8a</td><td>15%</td></tr> <tr><td>Band 8b</td><td>11%</td></tr> <tr><td>Band 8c</td><td>0%</td></tr> <tr><td>Band 8d</td><td>0%</td></tr> <tr><td>Band 9</td><td>16%</td></tr> </table> <table border="1"> <tr><td>VSM</td><td>0%</td></tr> <tr><td>Workforce</td><td>27.35%</td></tr> </table>	Band 1	0%	Band 2	31%	Band 3	19%	Band 4	14%	Band 5	36%	Band 6	24%	Band 7	14%	Band 8a	11%	Band 8b	11%	Band 8c	12%	Band 8d	17%	Band 9	0%	Band 1	21%	Band 2	19%	Band 3	20%	Band 4	15%	Band 5	20%	Band 6	18%	Band 7	21%	Band 8a	15%	Band 8b	11%	Band 8c	0%	Band 8d	0%	Band 9	16%	VSM	0%	Workforce	27.35%	<p><b>Clinical Staff**</b></p> <table border="1"> <tr><td>Band 1</td><td>0%</td></tr> <tr><td>Band 2</td><td>31%</td></tr> <tr><td>Band 3</td><td>21%</td></tr> <tr><td>Band 4</td><td>11%</td></tr> <tr><td>Band 5</td><td>39%</td></tr> <tr><td>Band 6</td><td>23%</td></tr> <tr><td>Band 7</td><td>14%</td></tr> <tr><td>Band 8a</td><td>10%</td></tr> <tr><td>Band 8b</td><td>10%</td></tr> <tr><td>Band 8c</td><td>8%</td></tr> <tr><td>Band 8d</td><td>17%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <p><b>Non-Clinical Staff</b></p> <table border="1"> <tr><td>Band 1</td><td>22%</td></tr> <tr><td>Band 2</td><td>18%</td></tr> <tr><td>Band 3</td><td>22%</td></tr> <tr><td>Band 4</td><td>15%</td></tr> <tr><td>Band 5</td><td>17%</td></tr> <tr><td>Band 6</td><td>20%</td></tr> <tr><td>Band 7</td><td>24%</td></tr> <tr><td>Band 8a</td><td>15%</td></tr> <tr><td>Band 8b</td><td>11%</td></tr> <tr><td>Band 8c</td><td>7%</td></tr> <tr><td>Band 8d</td><td>0%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <table border="1"> <tr><td>VSM</td><td>3.57%</td></tr> <tr><td>Workforce</td><td>27.90%</td></tr> </table>	Band 1	0%	Band 2	31%	Band 3	21%	Band 4	11%	Band 5	39%	Band 6	23%	Band 7	14%	Band 8a	10%	Band 8b	10%	Band 8c	8%	Band 8d	17%	Band 9	0%	Band 1	22%	Band 2	18%	Band 3	22%	Band 4	15%	Band 5	17%	Band 6	20%	Band 7	24%	Band 8a	15%	Band 8b	11%	Band 8c	7%	Band 8d	0%	Band 9	0%	VSM	3.57%	Workforce	27.90%	<p>Previous year's data show 11.30% BAME staff in bands 8-9 and VSM compared to 27.90% BME staff in the overall workforce.</p> <p>As at 31st March 2017 there are 10.60% BAME staff in Bands 8-9 and VSM compared to 27.35% BAME staff in the overall workforce.</p> <p>BAME staff are underrepresented overall when compared to the local population (an average of 29%, with local variation, 18% Good Hope, 11% Solihull, 52% Heartlands)</p> <p>BAME staff are further under presented in senior positions and compared to the previous year's data the Trust has seen a small decrease in the percentage of BAME staff in Bands 8-9 and VSM overall.</p> <p><b>Note:</b> The 7% reduction in BAME band 8c relates to the loss of 2 staff members. The 16% increase in BAME band 9 relates to the addition of 2 staff members.</p> <p><b>Note:</b> Last years' report did not</p>	<p><b>Actions Taken</b></p> <p>A BAME Staff Network and the Inclusion Steering Group was formed to positively influence equality across HEFT and continues to link into future initiatives.</p> <p>The Trust actively works alongside the local community to support local and sustainable recruitment. This involves working alongside local schools to raise the profile of the Trust as an employer and advise on career opportunities.</p> <p>Unconscious Bias training was delivered to a cohort of Group Support Managers as part of their induction process.</p> <p>Unconscious Bias training has been included in the Consultant's 4 week induction programme</p> <p>The Trust will include an Inclusion DVD for all new starters joining the Trust as part of Corporate Induction</p> <p>The Trust includes positive action statements on Band 8 and 9 job adverts.</p> <p><b>Actions Planned</b></p> <p>The Trust will be exploring options to</p>
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				include the Ethnic Origin "Unknown" so the total staff population being examined was smaller than the real total trust population.	<p>introduce Unconscious Bias training to all managers in the Trust to reduce bias and discriminatory behaviours.</p> <p>Linking in with external media (Black History Month Magazine) and working with links in the local community to raise the profile of the Trust as a diverse employer</p> <p>Formalise access to "acting up" opportunities to improve fairness and equality of opportunity.</p> <p>Access to mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership Academy such as 'Ready Now' for BAME band 8a and above and other courses.</p>
	<b>Indicator</b>	<b>Data for reporting year</b>	<b>Data for previous year</b>	<b>Narrative – the implications of the data and any additional background explanatory narrative</b>	<b>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective</b>
2	Relative likelihood of staff being appointed from shortlisting across all posts	Relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.60 times greater.	Relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.58 times greater.	<p>The information taken from NHS Jobs shows that BAME applicants make up 46% of shortlisted applications and 35% of appointments at HEFT.</p> <p>Further investigation is required in order to understand the reasons for this.</p> <p>NHS England has quoted, "In 2016, white shortlisted applicants were 1.57 times more likely to be appointed from shortlisting than black and minority ethnic applicants".</p>	<p><b>Actions Taken</b></p> <p>Recruitment and Selection training for panellists has been revised along with a review of the Recruitment and Selection policy and rules have been redefined as to who can shortlist and be on interview panels.</p> <p>A review has been undertaken into all 'recruiting managers' in the Trust to ensure that anyone with recruiting responsibilities has undergone the R&amp;S training and this is refreshed every 3 years.</p> <p>An audit was carried out on a sample of recently recruited to positions in the Trust where there has been both White</p>

					<p>and BAME candidates and where a White candidate had been appointed to the post in order to identify any concerns in the system. The audit did not highlight any areas of concern or where a fair process had not been applied.</p> <p>The Trust continues to roll out Values Based Recruitment, which is an evidence based selection process, to ensure staff are appointed based on behavioural suitability as well as technical suitability.</p> <p><b>Actions Planned</b> The Trust will be exploring options to introduce Unconscious Bias training to all managers in the Trust to reduce bias and discriminatory behaviours. In particular, “Unconscious Bias for Recruiting Managers” will be incorporated into the revised recruitment and selection training for all managers with recruiting responsibilities.</p> <p>Identify specific areas where there is a failure to recruit BAME staff – especially at senior bands.</p> <p>The Trust will ensure, where possible, the interview panel is diverse and that the panel is made up of panellists from other areas of the Trust.</p> <p>Formalise the recruitment process to “acting up” and all internal positions to improve fairness and equality to opportunity.</p>
3	Relative likelihood of staff entering the formal	The relative likelihood	he relative likelihood	Nationally BAME staff are twice as	<b>Action Taken</b>

	<p>disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year*</p> <p>*based on historic recording issues, data is based on formal disciplinary action between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016, rather than a two year rolling average.</p>	<p>of BME staff entering the formal disciplinary process, compared to White staff is 1.90 times greater.</p>	<p>of BME staff entering the formal disciplinary process, compared to White staff is 1.81 times greater</p>	<p>likely to enter formal disciplinary processes and be disciplined for similar offences than White staff.</p> <p>The information taken from the Employee Relations Case Tracker shows that BME staff make up 40.5% of disciplinary cases. This is disproportionate to the number of BAME staff in the overall workforce.</p>	<p>The system to record disciplinary action has been reviewed and with effect from 1st May 2016 all disciplinary cases are now recorded on ESR allowing for more accurate and robust data analysis.</p> <p>Heads of Department and HR Managers receive a monthly report where trends are addressed and actions recommended.</p> <p>In response to WRES 2016 an audit of disciplinary cases was undertaken to highlight any disparity. The audit did not find any areas of concerns where an unfair process had been applied.</p> <p><b>Actions Planned</b> The Trust will be exploring options to introduce Unconscious Bias training to all managers in the Trust.</p> <p>HR will ensure that managers receive training on the relevant Trust policies, including the disciplinary policy, and that the training will include unconscious bias and reinforce the need for fairness and consistency when applying the policies.</p>
	<p><b>Indicator</b></p>	<p><b>Data for reporting year</b></p>	<p><b>Data for previous year</b></p>	<p><b>Narrative – the implications of the data and any additional background explanatory narrative</b></p>	<p><b>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective</b></p>
<p>4</p>	<p>Relative likelihood of staff accessing non-mandatory training and CPD.</p>	<p>Relative likelihood of White staff accessing non-mandatory training is 0.92 more likely than BAME</p>	<p>Relative likelihood of White staff accessing non-mandatory training is 0.84 more likely than BAME</p>	<p>Initial results based on the data from March 2016 to April 2017 suggest that White staff are more likely to access non-mandatory training and this percentage has increased from the previous year.</p>	<p><b>Action taken</b> The Trust has implemented a new learning management system 'Easy Learning' with all non-mandatory elements fully migrated and continues to migrate the wider education portfolio including all non-mandatory elements.</p>

				<p>Over the last 18 months a new Trust-wide Learner Management System (LMS) has been introduced. A phased approach to implement was adopted. Phase 1 involved the migration of all mandatory training elements. Phased 2 commenced in November 2015 and involves the gradual migration of the wider non-mandatory e-learning education portfolio. Full implementation continues however it is estimated that 85% of the education portfolio is now managed through Easy Learning.</p>	<p>An oversight group was established that worked with the Workforce Diversity Manager to consider and define appropriate improvement metrics.</p> <p><b>Actions Planned</b> Improved awareness and access to non-mandatory training, such as, mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership Academy such as 'Ready Now' for BAME band 8a and above, 'Stepping Up' for BAME band 5 to 7 and other courses.</p> <p>Improved awareness and visibility of role modelling for BAME staff regardless of band or position.</p>
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	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective								
	<b>National NHS Staff Survey indicators (or equivalent)</b> <b>For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.</b>												
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<table border="1"> <tr> <td>White</td> <td>24.28</td> </tr> <tr> <td>BME</td> <td>24.54</td> </tr> </table>	White	24.28	BME	24.54	<table border="1"> <tr> <td>White</td> <td>28.18%</td> </tr> <tr> <td>BME</td> <td>27.21%</td> </tr> </table>	White	28.18%	BME	27.21%	<p>BAME and White staff indicate a similar experience of harassment, bullying or abuse from patients.</p> <p>There has been a decrease in the percentage of BAME staff reporting harassment, bullying or abuse from patients since 2015. This is a consistent decrease from the previous year (2014).</p>	<p><b>Actions Taken</b> Conflict Resolution is now part of all staff core mandatory training.</p> <p>An audit of the Datix System incident forms was undertaken which highlighted that very few BAME staff are using the Datix system to record incidents of harassment, bullying or abuse of patients, relatives or the public.</p> <p><b>Actions Planned</b> Continue to implement and embed conflict resolution and resilience training to support staff.</p> <p>Continue the BAME staff network as a source of advice and support for staff.</p>
White	24.28												
BME	24.54												
White	28.18%												
BME	27.21%												
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<table border="1"> <tr> <td>White</td> <td>22.36</td> </tr> <tr> <td>BME</td> <td>27.49</td> </tr> </table>	White	22.36	BME	27.49	<table border="1"> <tr> <td>White</td> <td>25.68%</td> </tr> <tr> <td>BME</td> <td>31.72%</td> </tr> </table>	White	25.68%	BME	31.72%	<p>BAME and White staff indicate a similar experience of harassment, bullying or abuse from staff.</p> <p>There has been a decrease in the percentage of staff reporting harassment, bullying or abuse from staff since 2015. However there has been a greater decrease reported by BAME staff.</p>	<p><b>Actions Taken</b> HR Managers and Heads of Department use monthly reports taken from Business Intelligence in ESR to identify trend analysis data associated to harassment with a section associated directly to race. The reports provide an indication of trends associated to staff groups, particular ethnicities as well as particular departments in the Trust. This allows for specific actions to be initiated to support resolution and support staff.</p> <p>Throughout January 2017 the Trust held</p>
White	22.36												
BME	27.49												
White	25.68%												
BME	31.72%												

					<p>its 'zero tolerance to bullying and harassment' campaign for staff which included 'drop in' sessions for information and advice. Posters and leaflets were displayed and distributed in all staff areas on all sites. The Freedom to Speak Up Guardian role was introduced to act as a confidential contact for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their race. In addition the Trust has recruited nine Confidential Contacts, which is an increase of three, to support the Freedom to Speak Up Guardian and offer confidential support and sign posting to staff.</p> <p>Revised Trust's Equal Opportunities policy to reinforce the commitment of all staff to workforce equality, diversity and inclusion.</p> <p><b>Action Planned</b> Implement the Trust's revised Trust's Dignity at Work policy that will provide effective support for staff experiencing harassment.</p> <p>Continue to improve awareness of the Freedom to Speak Up Guardian Role that will support a group of staff acting as confidential contacts. This provides a confidential service for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their race.</p> <p>Continue to improve awareness of the Trust's confidential care helpline CIC and</p>
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					<p>promote other well-being initiatives which are available to staff.</p> <p>Continue the BAME staff network as a source of advice and support for staff.</p>
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	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective								
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	<table border="1"> <tr> <td>White</td> <td>86.03</td> </tr> <tr> <td>BME</td> <td>68.72</td> </tr> </table>	White	86.03	BME	68.72	<table border="1"> <tr> <td>White</td> <td>84.61%</td> </tr> <tr> <td>BME</td> <td>62.98%</td> </tr> </table>	White	84.61%	BME	62.98%	<p>Whilst there has been a marked improvement in the reported belief that the Trust provides equal opportunities for career progression by BAME staff in 2015 this is significantly lower than the percentage of White staff.</p> <p>The implications maybe that BAME staff may not put themselves forward for career progression.</p>	<p><b>Actions Taken</b></p> <p>The Trust has introduced a number of staff forums and network groups, including the BAME Staff Network and the Inclusion Steering Group, which allows the Trust to explore with members of the Minority Ethnic network and gain a greater understanding behind the reason for the disparity in the number of BAME staff believing the trust provides equal opportunities for career progression and promotion compared to White staff, and to advise on next steps.</p> <p><b>Actions Planned</b></p> <p>Formalise the recruitment process to “acting up” and all internal positions to improve fairness and equality to opportunity.</p> <p>Improved awareness and promotion of access to leadership programmes such as ‘Ready Now’ for BAME band 8a and above, ‘Stepping Up’ for BAME band 5 to 7 and other courses.</p> <p>Develop case studies of BAME role models throughout the Trust and across the bands.</p>
White	86.03												
BME	68.72												
White	84.61%												
BME	62.98%												
8	Q 17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	<table border="1"> <tr> <td>White</td> <td>5.99</td> </tr> <tr> <td>BME</td> <td>13.60</td> </tr> </table>	White	5.99	BME	13.60	<table border="1"> <tr> <td>White</td> <td>6.08%</td> </tr> <tr> <td>BME</td> <td>13.97%</td> </tr> </table>	White	6.08%	BME	13.97%	<p>The proportion of BAME staff saying they have personally experienced discrimination at work from their manager, team leader, or colleague has reduced since 2015, which is a consistent reduction from the previous year (2014). However the number of BAME staff is over double that of</p>	<p><b>Actions Taken</b></p> <p>The Trust has introduced a number of staff forums and network groups, including the BAME Staff Network and the Inclusion Steering Group. This allows the Trust to work in partnership with BAME staff and other groups to develop E&amp;D initiatives and focus on key</p>
White	5.99												
BME	13.60												
White	6.08%												
BME	13.97%												

				<p>White staff which is disproportionate to the overall number of BAME staff in the workforce.</p>	<p>priorities.</p> <p>In October 2016 the Trust held its first Black History Month conference to showcase stories from BAME staff and to promote equality and inclusivity in the workplace.</p> <p>The Trust core values continue to be embed Trust-wide through the roll out of values based recruitment and a revised appraisal process which also includes the values.</p> <p>HR Managers and Heads of Department use monthly reports taken from Business Intelligence in ESR to identify trend analysis data associated to discrimination with a section associated directly to race. This allows for specific actions to be initiated to support resolution and support staff.</p> <p>The Freedom to Speak Up Guardian role was introduced to act as a confidential contact for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their race. In addition the Trust has recruited nine Confidential Contacts, which is an increase of three, to support the Freedom to Speak Up Guardian and offer confidential support and sign posting to staff.</p> <p>Implementation of a revised Leavers Policy which includes a more effective system to conduct, record and analyse exit interviews, with a particular emphasis upon the protected</p>
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					<p>characteristics, has been introduced.</p> <p><b>Action Planned</b>  Implement the Trust’s revised Dignity at Work policy that will provide effective support for staff experiencing harassment.</p> <p>The Trust will be exploring options to introduce Unconscious Bias training to all managers in the Trust.</p> <p>Corporate Induction will include an Inclusion and Unconscious Bias DVD for all new starters to promote equality, fair treatment and inclusivity in the workplace.</p> <p>Continue the BAME staff network as a source of advice and support for staff.</p>
	<p><b>Board representation indicator</b>  For this indicator, compare the difference for White and BME staff</p>				
9	<p>Percentage difference between the organisations’ Board voting membership and its overall workforce.</p>	<p>As at 31st March 2017 there were 12 voting Board Members,</p>	<p>As at 31st March 2016 there were 10 voting Board Members, including Non-Executives, 1 of</p>	<p>BAME voting Board members remains the same as the previous year with 1 member which is BAME. However as the Board has increased by 2 members the overall BAME representation has</p>	<p><b>Actions Taken</b>  Job advertisements for positions on the Board include language which invites candidates who could help the Trust engage effectively with the diverse</p>

		including Non-Executives, 1 of which is BAME  BAME representation at Board Level is 8% compared to 27.3% in the overall workforce.	which was BAME  BAME representation at Board Level is 10% compared to 27.9% in the overall workforce.	slightly decreased.	population that we serve, especially those from a minority ethnic background.  <b>Actions Planned</b> Continue with the positive action statement on all job advertisements for Board Members.  Continue with the review of the advertisement routes and options to attract BAME candidates to the Board.
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## Report on the WRES indicators, continued

**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.”**

The annual equality monitoring report is reviewed and agreed by Chief Executive Group/Trust Board

**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.**

Actions relating to WRES will support evidence in respect of EDS2 and the annual equality monitoring report.