

## Equality Diversity and Inclusion Report 2017-2018



## **1. Introduction**

This Equality Act report covers the period 2017-2018 and provides a picture of the Trust's progress on equality and diversity along the nine protected characteristics. It presents information on the Trust's work programme for both workforce and service delivery; staff and patients. This report also sets includes key achievements over the period 2017-18, key challenges and identifies key priorities for 2018-19.

Over the period of this report we have achieved the following:

- Increased the representation of BME staff at Board level
- Established the Equality, Diversity and Inclusion Steering Group reporting into a sub-Committee of the Board. This group meets every six weeks and works to specific work streams including providing Board assurance on EDI matters.
- Launched the HEART values, incorporating the Equality value and providing a framework by which we deliver care.

In addition the Trust has:

- Included positive action statements in adverts and recruitment processes for posts at band 8A and above. This is aimed at attracting BME staff at these grades
- Introduced a triage process to address issues of overrepresentation of BMEs on disciplinary panels
- Investigated informal stages and links to entry to formal stage and mechanism to reduce entry
- Routinely provided recruitment and selection training for managers incorporating unconscious bias
- Integrated unconscious bias training in all internal leadership and management programmes
  
- Implemented a diversity requirement as mandatory criteria when engaging with external recruitment agencies for Very Senior Management roles.
- Participated in an NHS mentoring initiative to increase number of BMEs at Board level

## **2. Overview of the requirements of the PSED and the General Duty**

The Public Sector Equality Duty (PSED) has two parts: General Duty and Specific Duty. The General Duty has three aims:

The need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct
- Advance equality of opportunity
- Foster good relations

The Specific Duty places a requirement on the Trust to publish:

- Equality objectives, at least every four years

- Information to demonstrate compliance with the equality duty, annually

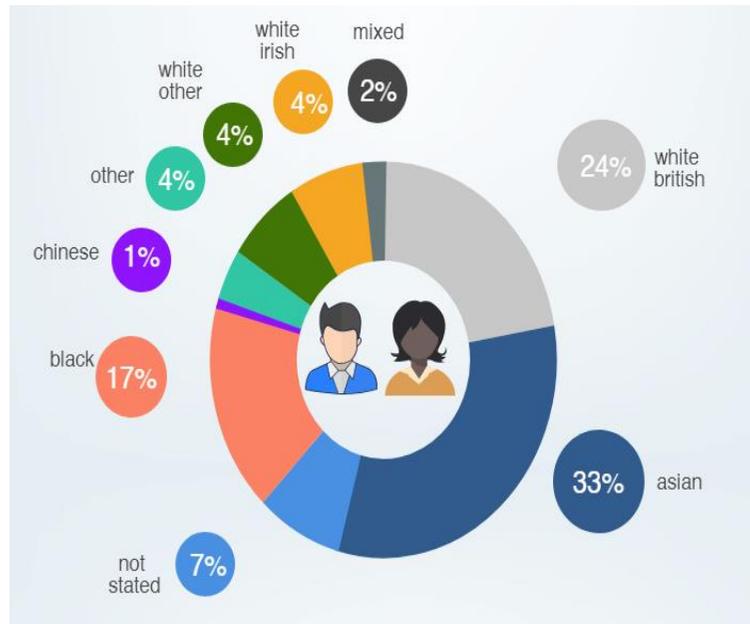
This report provides a summary of PSED activity and other actions designed to minimise disadvantage, improve staff and patient experience and service delivery ensuring equity for all. As one of the largest group of Hospitals in the country, located in one of the most diverse areas of London, it is imperative that both staff and patients experience equity and inclusion.

### 3. Workforce profile 2017-18

In 2017-2018 the Trust had a total workforce 8638. Outlined below is a profile of our staff by the nine protected characteristics:

#### 3.1 Ethnicity

Staff from Black Minority Ethnic groups represent 60% of the workforce. This is an increase of 4% on the previous year, of which the highest category was those from British Indian backgrounds at 19%.



Employees from White ethnic backgrounds make up 32% of the workforce (this includes White Irish and White other). We have a diverse mix of staff from across the globe (over 100 countries) and our ethnic diversity indicates the richness of the talent in the organisation. Our data indicates 7% of staff have not stated their ethnicity and we expect this to improve when we introduce self-service – a system which enables staff to update their own personal details.

Fig.1 Breakdown of staff working in the Trust by ethnic grouping

### 3.2 Gender

Fig.2 Breakdown of staff working in the Trust by gender

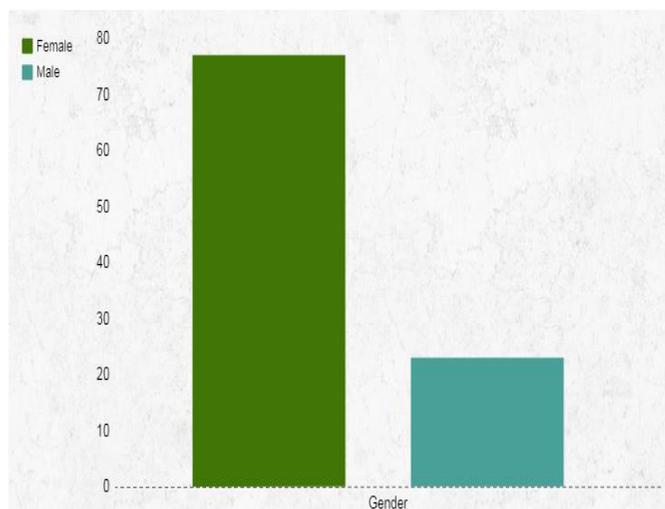


Fig 2. Indicates that women make up the largest proportion of the Trust workforce. (Female 77%, male 23%)

### 3.3 Gender Pay Gap

Our data indicates that the Trust has a mean gender pay gap of 6.6% and a median gender pay gap of 4%. This is overwhelming in part due to pay within our medical workforce. Overall our gender pay gap shows that amongst the Agenda for Change grades, there is only a slight difference in pay between genders of 1-2%. The key area where there is a gap is within our medical staff, with a mean difference of 16.4%. One possible explanation for this is that we have a higher proportion of female medical staff in the lower grades compared to male medical staff who are more evenly split across grades.

This situation seems to be indicative of the national picture regarding medical staff where there is a disproportionately high number of female medical staff at the lower grades. This however is the reverse at the higher grades. A high level driver for this is that traditionally the medical workforce was predominantly male however over the last ten years; more women are entering the profession. This positive trend has however caused a disproportionate number of female medical staff to be at the lower bands of the profession causing the pay gap.

It is expected that over time this picture will change as female medical staff progress to higher grades. All being equal this will reduce the gap. The key action is to monitor female progression organisationally and ensure that there are no other factors that negatively impact this trend such as a high female attrition or internal structures restricting progression.

### 3.4 Pregnancy and maternity

During the reporting period 4% of female staff commenced maternity leave. This may have implications for flexible working patterns thus requiring planned resourcing. The Trust has a range of policies and procedures to support working parents including a nursery.

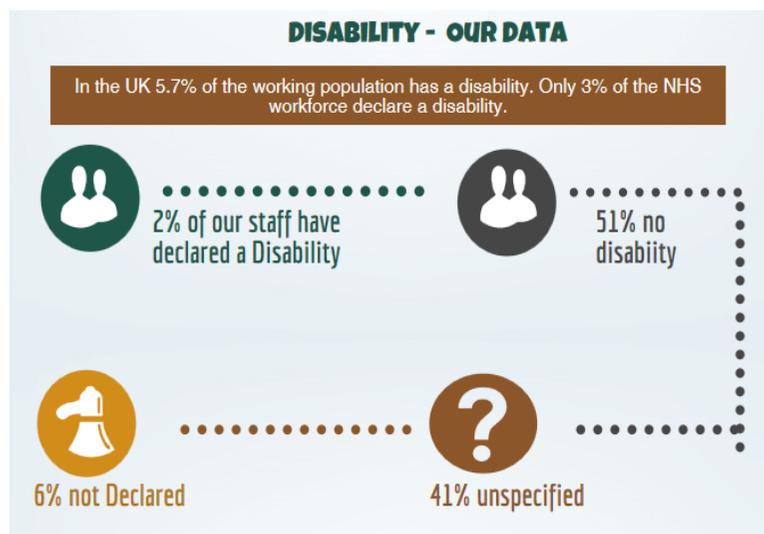
### 3.5 Sexual orientation

When compared with previous years, the numbers of staff reporting as heterosexual was unchanged at 53%. The numbers of staff who 'preferred not say', or reported as undefined was 46%. This represents a large proportion of the workforce and has implications for the work the Trust seeks to do under the equality and diversity agenda. It anticipates that with the roll out of self-service, sexual orientation disclosures will improve.

### 3.6 Disability

Although 5.7% of the UK working population declare a disability, only 3% of the NHS workforce do so and in 2017-2018 only 2% of our staff declared a disability.

Fig.3 Breakdown of staff working in the Trust by disability



There has been no change in the data reported in the previous year. In 2019 the Workforce Disability Equality Standards (WDES) will be launched. The purpose of WDES is to improve the experience of Disabled staff working in, and seeking employment, in the NHS. By 1<sup>st</sup> August 2019, all NHS Trusts must publish their Workforce Disability Equality Standards and action plans.

The Trust has also invested in initiatives to promote staff health and wellbeing. This has included signing up to the Mayor of London's Healthy Workplace Charter and promoting Virgin Pulse Global Challenge.

### 3.7 Age

In 2017-2018, staff between 51 to 66 years represent 27% of the organisation's overall workforce. Although this is unchanged from the previous year, the proportion of staff between 20-30 years fell by 2% when compared to the previous year. This demographic requires ongoing planning to enable the organisation better manage workforce supply in future years. This is also important to retain organisational memory and better harness the knowledge, experience and clinical skills on this group before and/or after reach retirement.

### 3.8 Marital Status

Married	48.48%
Divorced	2.64%
Civil Partnership	0.56%
Widowed	0.56%
Single	41.93%
Unknown	1.13%
Legally separated	0.88%
Blank	3.82%

### 3.9 Working Patterns

F/T	78.53%	6783
p/time	21.46%	1854
undefined	0.01%	1
Blank	0.01%	1

(88% of part time workers are female)

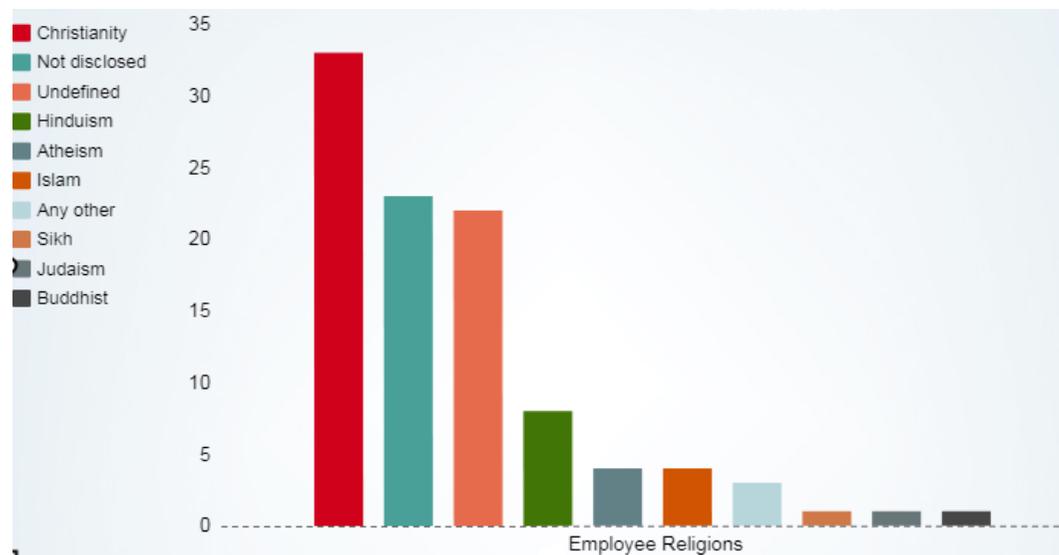
### 3.10 Sexual Orientation

Gay	0.61%
Lesbian	0.16
Heterosexual	52.69%
Bi-sexual	0.42%
Prefer not to say	23.78%
Undefined	22.34%

The organisation does not have full sexual orientation data as staff e either prefer not to disclose or have not provided this information at point of recruitment

### 3.11 Religion

The data indicates that the Trust workforce is still predominantly Christian. Chaplains in all faiths are available across all the sites.



## **4. Workforce actions and initiatives to meet the PSED**

### **4.1 WRES Report**

The Workforce Race Equality Report (WRES) is at appendix A of this report. Key issues that stand out is the progression of staff from Black Minority Ethnic backgrounds in the organisation and their over representation in disciplinarys when compared to their staff from White ethnic backgrounds. The Trust has put in place action plans to tackle both of these issues (see appendix A)

### **4.2 Bullying and Harassment**

The Dignity and Respect at Work Policy was ratified on 1<sup>st</sup> March 2018 replacing the Bullying and Harassment Policy. It includes changes in the way that the Trust handles formal complaints and increased the role of mediation during investigations. The policy has recently been supported by a toolkit for managing bullying and harassment including re-launch of the Bullying and Harassment Advisory Service.

### **4.3 Staff networks**

The organisation has two staff networks and is in the process of developing a Disability network to support its implementation of the Workforce Equality Standard later in 2019:

- **LGBTQI staff network**

In 2018, the LGBTQI (Lesbian, gay, bisexual, transgender, queer/questioning & intersex) Staff Network reviewed its terms of reference and organised a more formal committee structure, with two co-chairs (one male, one female) and positions of secretary and of communications lead. This is in preparation to play a more influential role in the implementation of the Equality, Diversity and inclusion Plan 2019-21 which include work on the NHS Sexual Orientation Monitoring Standard. The network is represented on the Trust's Equality Diversity and Inclusion Steering Group by one of the two co-Chairs.

The network committee have developed a work plan for 2019 which includes activities to celebrate LGBT History Month in February and representing the Trust within the London Pride Parade in July 2019. It also intends to mark key LGBT national and international events such as Transgender Day of Visibility in March 2019 and the International Day against Homophobia, Transphobia, and Biphobia (IDAHOBIT) in May 2019.

- **Black and minority ethnic (BME) staff networks**

The Trust has two BME staff networks, aligned to the predecessor.

The BME staff network (NWP/CMH Branch) ran a stall at the Northwick Park Hospital annual open day. Both BME staff networks were involved in the planning and delivery of the Black History Month roadshow celebrations at five sites across the boroughs of Brent, Harrow and Ealing.

- **Access to learning and development**

In 2017-2018 there were 960 applications for 'Continual Professional Development (CPD) course funding from staff working in clinical and non-clinical areas of the Trust. Applications for funding are routinely monitored by ethnicity as a requirement of the Workforce Race Equality

Standard. Most importantly to ensure that there is fair access to learning and development opportunities in the organisation. Outlined below is a breakdown of the ethnic profile of funding applications in 2017-2018 compared to the profile of the overall workforce.

The data indicates that there was no differential in accessing funding by staff by their ethnicity.

Table 1.

	<b>BME</b>	<b>White</b>	<b>Ethnicity not known</b>
CPD applications	56.8%	32.5%	10.7%
Workforce as a whole	64.33%	27.87	7.8%

- **Equality diversity and inclusion training**

It is mandatory for all staff to complete the Equality and Diversity on-line training every three years. Training is also available to staff on dementia awareness (level 1 is on-line and level 2). This is a one day classroom-based training for care giving staff. There is also learning disability awareness training available provided for learning Disability Champions in each clinical area. Health Care Assistants attend a session on Equality and Diversity as part of their CARE Certificate training. Mental Capacity training is mandatory for all our staff clinical and non-clinical. This is important to raise awareness on physical as well as mental health issues.

- **Reaching out and stepping up programme**

To address the identified issue of over-representation of Black and minority ethnic staff within the lower pay bands, a programme was developed and delivered to BME staff between bands 2 to 4 to equip them with career development skills.

The 'Reaching Out and Stepping Up' Programme is a three-day programme which was run twice in 2018 involving 29 staff. The programme included: communication skills, assertiveness, influencing skills, interview skills, problem solving, emotional intelligence and managing change. The participants were also involved in lot of self-reflection and produced an updated CV as part of the course. The overall feedback was excellent and delegates felt they had learned from the programme and were able to apply the learning to their current workplace and future careers. The programme is to be repeated in early 2019

BME staff are also supported and enabled to attend external skills and leadership development programmes facilitated and funded by Health Education England.

#### **4.4 Black history month 2017**

We are proud of our diverse workforce representing heritage from 149 different countries including the island of South Atlantic island of St Helena and Democratic People's Republic of Korea (North Korea). Our longest serving BME employee has been with the organisation for 42 years and 8 months service.

Annually the Trust actively celebrates the contribution of its BME workforce during Black History month and in October 2017 along with members of the Black and Minority Ethnic (BME) Staff networks the Trust took a roadshow across five of the in-patient sites. With a variety of food from Caribbean, African and South Asian cultures, a Steel Pan duo and information about career development opportunities for staff and patients. Local teams were also involved in 'bring and share' lunches to celebrate the family and cultural heritage of team members.

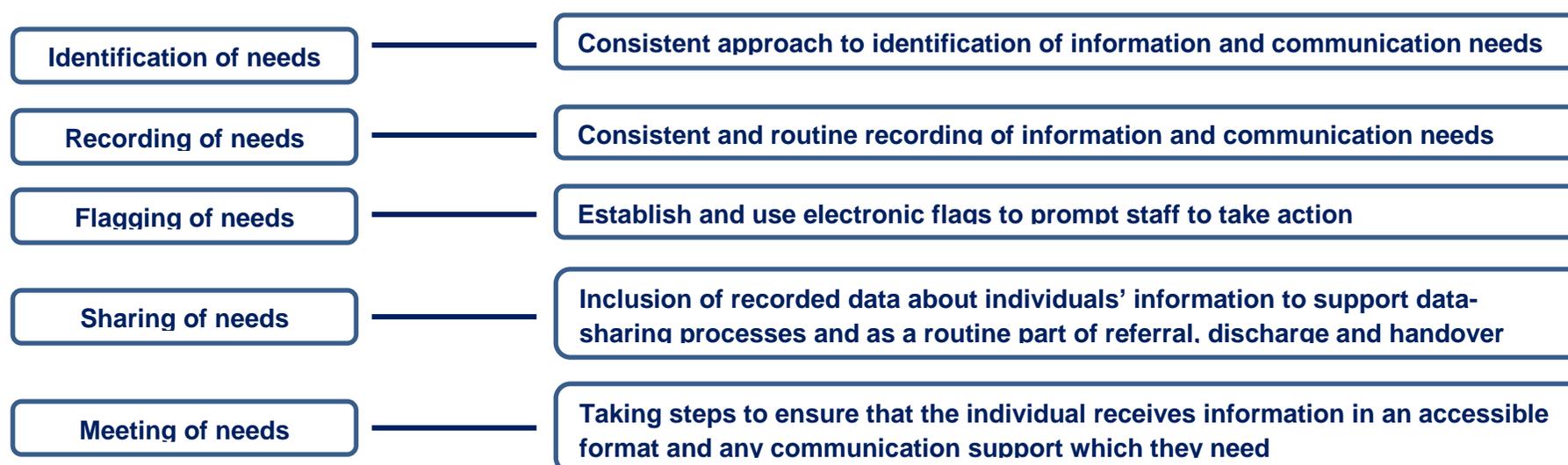
The Communications Department also ran a series of articles within the weekly staff newsletter over the month profiling Black and minority ethnic staff from across the organisation.

## **5. Improving services for patients and the public**

### **5.1 Making information more accessible**

The Trust has a commitment to making information accessible and specific to patient needs. This is vital if we are to ensure that we deliver inclusive and equitable services to our patients. This will also ensure that people with a disability or sensory loss are given information in a way they can understand

The Trust patient experience committee is collaborating with management in implementation of the Accessible Information Standard project. The organisation is also working to raise staff awareness about the standards and working with leads to achieve the five clear outcomes stipulated within the standard:



## **5.2 Communications and accessibility**

The Trust's website was developed in 2018 to increase its accessibility. We are consciously keeping the content in readable language, particularly as our local communities have a high proportion of people for whom English is not their first language. There is also the facility to translate text into languages other than English using Google translate. We have also created a section for people with learning disabilities which are going to be expanded with service user input after the initial launch.

Furthermore, there is a tagging content that provides a visual reference, such as ensuring the correct order of headlines ensuring non-text elements, such as images, have a text equivalent. Additionally the facility has high and low contrast modes which remove standard colours in favour of either a light or dark background for increased contrasts. The typeface on the website is larger than is commonly used, which is in line with the best practice requirements produced by:

NHS England

## **5.3 Project SEARCH**

Project SEARCH is a supported internship programme for young people with learning disabilities and/or those on the autistic spectrum. It is a unique Trust led, one year education to work programme that takes place entirely within Trust premises. It is a partnership between London North West University Healthcare NHS Trust, Harrow College and Kaleidoscope Sabre, supported employment services. The internship offers total workplace immersion, facilitates a seamless combination of employability skills instruction, career exploration and hands-on training through a series of job rotations within the Trust

The programme runs five days a week, for a full academic year. Typically, interns complete three work placements between 10 – 12 weeks in length. Those taking part will have learning disabilities and/or autistic spectrum conditions. Interns are expected to travel independently to the workplace where possible and required to follow the London North West Healthcare NHS Trust induction, new employee checks, Occupational Health guidelines as well as work to the Trusts visions, values and behaviours.

The benefits to the Trust are:

- Access to a talent pool of enthusiastic, motivated and well trained prospective employees.
- Potential cost and efficiency savings in recruitment and overtime or agency staff payments.
- Enhanced business reputation as a disability friendly organisation that actively supports equality & diversity in the workforce by giving a person with a disability a rewarding job and increased independence.

The national percentage of people with learning disabilities in paid employment in the UK is around 6.7%. Project SEARCH programmes across the UK now have over 500 graduates in full time paid employment, many working for NHS organisations or in the wider community. This represents a national average of 65% over the last five years and the international average for employment outcomes stands at 73%.

Within 2017-18 the programme within London North West University Healthcare NHS Trust involved 11 individuals. After completion of the programme, 5 of these individuals obtained paid roles within the Trust, or its contracted providers, 3 obtained paid work elsewhere giving our local programme an employment outcome of 73%

#### **5.4 Dementia and Confusion**

The Confusion Care pathway was launched in Sept 2017. It is now included within the inpatient admittance paperwork and is to be used for those admitted with confusion, delirium or dementia or for those who are diagnosed with confusion delirium, or dementia during their stay in the Trust. These patients are at risk of a longer length of stay or poorer outcomes due to the symptom of confusion which may impede their ability to look after themselves or ask for help. The pathway alerts the staff that this group of people will need extra time for care.

The Trust's Dementia Steering Group has played an important role in improving services for patients including changing the visiting times across the Trust, so that carers can support their families with confusion, delirium & dementia between 11.00am and 9.00pm. They also introduced 'John's Campaign' at the same time as the Confusion Care pathway. This allows carers and families of those with confusion, delirium/dementia to come in outside of visiting hours to either support their family member or assist the nurses with care giving which may be causing anxiety such as being alone overnight.

#### **5.5 Learning Disability**



The **More Time Please** sticker (shown left) was launched in 2018. It is used on notes and wrist bands when a patient with learning disabilities or autism is identified to indicate that they may need more time in their consultations and communications with staff. A larger magnetic version can be used at the top of the patient's bed to remind staff to put reasonable adjustments in place.

#### **4.3 Improving services for transgender patients**

The Gender Recognition Standard Operating Procedure was ratified on March 2018 to ensure that the Trust is compliant with its legal obligations under the gender Recognition Act 2004 and the gender reassignment and sex provisions of the Equality Act 2010 regarding the to the services we provide to patients over the age of 18.

The principles of this protocol have been cross referenced into other patient care policies such as the Privacy, Dignity and Respect Policy (ratified in March 2018) which has a section which explains how Transgender patients, who are in possession of a Gender Recognition Certificate, will be treated in line with their new gender.

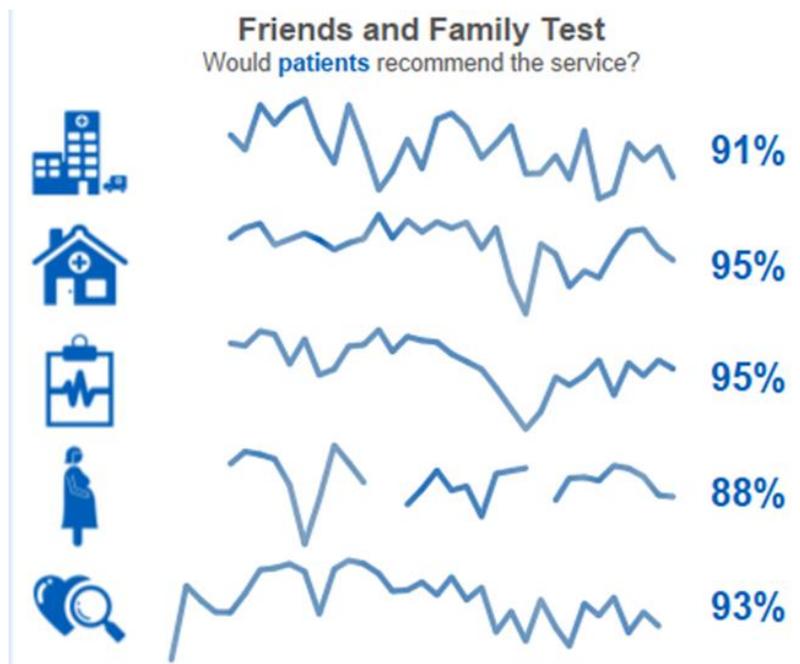
#### **5.6 Listening to our patients**

We regularly hold patient experience surveys as this enables us to deliver excellent care to our patients. The Friends and Family test provides an opportunity for us to receive feedback from patients about their experience and the care they receive.

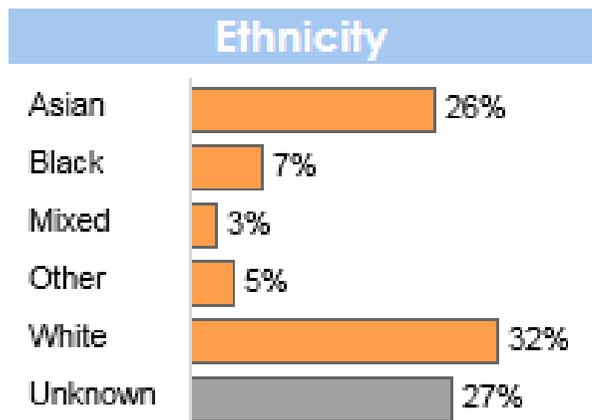
- **Friends and Family Test / I want great care**

Total FFT responses received in 2017-18 = 70, 114

Recommend rate in October 2018 is below (last public figures available)



### Participation in FFT by ethnicity



## Response volumes and recommend rates by NHSE reporting groups

	Responses	Recommended
A&E	14,013	92.34%
Outpatient	19,153	93.83%
Inpatient	21,732	94.44%
Maternity	3,196	90.74%
Community	2,609	95.67

### Positive and Negative Reviews in Numbers

All feedback is welcomed, both good and bad as it can help improve the Trust and see where we are going wrong. Below is a breakdown of responses over the last year. Positive Reviews: Over the last year there were 72,221 out of 76,840 patients who scored their experience as 'Positive'

Negative Reviews:

Within the last year there were a total of 1,129 out of 76,840 patients who scored their experience as 'Negative'

### We are listening and taking action

You said: "It is hard to get around the hospital"

•"It would be helpful to be able to borrow a wheelchair."

We did;

- Brought more wheelchairs
- Collect wheelchairs from around the hospital and return them to key points several times a day
- Provided information in key areas about how to get a wheelchair
- Recruited wayfinding volunteers to help

Divisional rolling action plans have been developed and are monitored monthly with the Divisional Governance leads to ensure that actions that have been agreed are completed and that evidence is provided to support closure.

### 5.7 Language and interpreter use 2017-18

The Trust is committed to providing high quality, equitable, effective services that meet the needs of our patients. To this aim, we provide language and interpreting services in a range of languages using suitably skilled interpreters in the preferred language of the patient. This service includes face to face interpreting including telephone interpreting in an area where privacy and confidentiality can be maintained.

The Trust also provides sign language and information in Braille to meet the needs of patients. In 2017-2018, the Trust received 20,832 requests for interpreting. The main languages requested were as follows:

Table. 2

Punjabi	4307
Arabic	2314
Polish	1968
Gujarati	1792
Tamil	1696
Romanian	1638
Somali	1156
Farsi (Persian)	824
Urdu	805
British Sign Language	774

### **5.8 Complaints and PALS**

An alternative route for members of the public to raise concerns is through the PALS service. Informal concerns received by the PALS team are not logged as formal complaints however; they are recorded to capture key areas of concern. Following receipt there is a focus on rapid resolution of these concerns with the direct contact with the service in order for prompt resolution.

The PALS dashboard has been developed and will provide a more detailed demonstration of the patients/families/carers and the public comment about, in relation to aspects of the services we provide.

In 2017-18, The Trust received 1,119 complaints out of a total of 995,595 patients seen or treated which is a rate of 0.11%.

During the period there were three complaints raised as issues of perceived discrimination: Two of the complaints were concerns about race discrimination and one concerned religious discrimination. Two of these complaints were partially upheld on investigation and one was not upheld. There was one PALS enquiry with a concern regarding discrimination, which was regarding disability access.

Complaints and PALS enquiries are monitored by the patient's: age, ethnicity, sex/gender, and whether the patient has a learning disability.

New leaflets and posters have been published that explain the PAL Service and 'How to make a formal complaint'. Additionally, the Trust's website also demonstrates ways in which the public can provide the Trust with feedback whether good, bad or in between.

Complaints and PALS leaflets are available in Arabic, Gujarati, Punjabi and Romanian. These are the four most frequently used languages, other than English) within the boroughs covered by the Trust.

## **5.9 Complaints action plans**

An inherent part of complaints management is ensuring that when care and service failures are identified, lessons are learnt and actions are taken to improve the quality of services and care we provide. On receipt of a formal complaint, these are logged and acknowledged within three working days and forwarded to the division with an action plan template for completion. The action plan is based on the one used within clinical governance. The response and outcome of the investigation, including the action plan is then embedded on Datix.

Actions are added to an action plan tracker for each division. The action plans are discussed with the Divisional Governance coordinators on a monthly basis to ensure that gaps in the evidence of completion are updated.

## **6.0 Translated literature**

During national organ donation week, literature was made available in Gujarati was available at the promotion as Gujarati is the most commonly spoken language in Harrow outside of English. This was in order to extend the reach of the organ donation message to a wider community. Our staff are extending their reach with the Specialist Nurse for Organ donation undertaking work with Harrow Mosque to break down some of the stigma and misunderstandings surround organ donation within the local Muslim communities.

### **6.1. FOI requests pertaining to EDI**

Between the periods of 1 March 2017 – 31 March 2018, the Trust received nine equality related Freedom of Information (FOI) requests, these related to:

- How many of the nurses, doctors, clinical staff and all other staff employed by the Trust are EU nationals
- The number of staff employed in either an equality or diversity role/capacity by the Trust, and their pay bandings
- For each financial year from 2011-2012, how many nurses, clinical, non- clinical, and doctors are employed by the Trust aged 55+
- Number of reported deaths (per year) for any patients with learning disabilities
- Gender pay gap; how accessible is starting & existing salary for grades 6 and up over past 10 years
- How many BSL interpreters are available to each of the Trust's sites, and cost per year  
Wheelchair provider and cost to the Trust
- What equality and diversity training does LNWH provide to its healthcare professional staff
- How many staff at Ealing Hospital are EU citizens from countries outside of the UK

## **7. High level actions for 2019/20**

In order to address the gaps identified in this report, we plan to take forward the following actions;

- Develop a communication plan to encourage the completion of monitoring information for both staff and the public. This will include information on the purpose of data collection, remove any barriers by reassuring that LNWH adheres to very strict rules regarding the use and safe keeping of the data provided to us.

- Revamp both our internet and intranet sites to ensure we make information more accessible and engaging particularly to patients who English is not their first language
- Make sexual orientation data accessible on our patient and staff systems to ensure that data is readily available to address gaps in a timely manner
- Breakdown the Workforce Race Equality Standard (WRES) data in both a corporate and localised Divisional format (linked to staff survey data) to enable Divisions to have a local picture which enables them to address issues in their areas.
- Implement the Workforce Disability Equality Standard (WDES) and establish a Staff Disability group to ensure better capture of disability data beyond the point of recruitment.
- Continue the organisation's gender pay gap with a view to addressing any gaps particularly within the medical workforce
- Further embed the Accessible Information Standards

Appendix A

**WORKFORCE RACE EQUALITY STANDARD REPORT 2018  
(Covering 01 April 2017- March 2018)**

<b>Name of organisation</b>	London North West University Healthcare NHS Trust	<b>Date of report: month/year</b>	
<b>Name and title of Board lead for the Workforce Race Quality Standard</b>	Claire Gore, director of HR and OD	August	2018
<b>Name and contact details of lead manager compiling this report</b>	Obibugo Maduako-Ezeanyika, Assistant Director of Learning & OD Obi.maduako-Ezeanyika@nhs.net		
<b>Names of commissioners this report has been sent to</b>	Brent CCG, Ealing CCG and Harrow CCG		
<b>Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)</b>	Lead commissioner, Huw Wilson-Jones at North West London Commissioners		
<b>This report has been signed off by on behalf of the Board on (insert name and date)</b>	The Trust Executive team , 01 August 2018		

**1. Background narrative**

<b>Any issues of completeness of data</b>	Our data is obtained from our Electronic Staff Records (ESR) and internal HR databases
<b>Any matters relating to reliability of comparisons with previous years</b>	<p>Over the last year the Trust has worked to improve its data collection processes particularly around 'staff entering the formal disciplinary process. This year's report provides more accurate information which has supported the recent introduction of a new employee relations triage process for disciplinaries. This is aimed at reducing the number of BME entering the formal disciplinary process.</p> <p>We are yet to commence the implementation of 'self-service' which will enable staff update their personal records and assist in reducing data gaps under the 'not disclosed' and 'not unspecified' categories.</p> <p>The Trust's new 'Trac' system has also enabled a more accurate data capture of the Trust recruitment process ensuring we are more accurately able to report on the relative likelihood of staff being appointed from shortlisting.</p>

**2. Total numbers of staff**

<b>a. Employed within this organisation at the date of the report</b>	8429
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<b>b. Proportion of BME staff employed within this organisation at the date of the report</b>	64.33% of the London North West University Healthcare Trust identity as BME
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### 3. Self-reporting

<b>a. The proportion of total staff who have self-reported their ethnicity</b>	92.2% of staff have self –reported their ethnicity
<b>b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity</b>	The work with implementing ESR self-service element is still in development however the Trust aims undertake work at the point of recruitment of new staff to improve Self-reporting.
<b>c. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity</b>	<p>At the point of recruitment, we aim to actively capture self-reporting of ethnicity data.</p> <p>In terms of existing staff, we will encourage staff to update their ethnicity data at the point of internal mobility to new roles and via our change forms. In addition we will undertake a data cleansing initiative to manually update records from personnel files.</p> <p>This will include intranet messaging , wider organisational communications and work with our staff networks regarding the importance of providing this information to the organisation.</p>

### 4. Workforce data

<b>a. What period does the organisation's workforce data refer to?</b>	01 April 2017-31 March 2018
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### 5. Workforce Race Equality Indicators

Please note the high level summary points should be provided in the text boxes below – the details should be contained in accompanying WRES Action plans

	<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>
	<b>For each of these for workforce indicators, compare the data for White and BME staff</b>				
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared	<b>Overall:</b> White: 36% BME: 64%	<b>Overall:</b> White:37% BME: 63%	In 2017-2018 BMEs made up 64% of the overall workforce, an increase of 1% over the previous year.	The Trust is currently consulting on its year Equality Diversity and Inclusion (EDI) Plan. It has also self-assessed against the EDS2 and its WRES

	<p>with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff</p>	<p><b>Non clinical workforce</b>  Band 1 67% White 33% BME  Band 2 36% White 64% BME  Band 3 31% White 69% BME  Band 4 39% White 61% BME  Band 5 46% White 54% BME  Band 6 45% White 55% BME  Band 7 51% White 49% BME  Band 8A 56% White 44% BME  Band 8B 58% White 42% BME  Band 8C 74% White 26% BME  Band 8D 76% White 24% BME  Band 9 82% White 18% BME  VSM 78% White 22% BME</p> <p><b>Clinical workforce excluding medical staff</b>  Band 2 19% White 81% BME  Band 3 33% White 67% BME  Band 4 33% White 67% BME  Band 5 24% White 76% BME  Band 6 31% White 69% BME  Band 7 45% White 55% BME  Band 8A 55% White 45% BME  Band 8B 47% White 53% BME  Band 8C 66% White 34% BME  Band 8D 73% White 27% BME  Band 9 100% White 0% BME  VSM 25% White 75% BME</p>	<p><b>Non clinical workforce</b>  Band 1 67% White 33% BME  Band 2 36% White 64% BME  Band 3 31% White 69% BME  Band 4 39% White 61% BME  Band 5 47% White 53% BME  Band 6 48% White 52% BME  Band 7 54% White 46% BME  Band 8A 58% White 42% BME  Band 8B 56% White 44% BME  Band 8C 76% White 24% BME  Band 8D 89% White 11% BME  Band 9 83% White 17% BME  VSM 76% White 24% BME</p> <p>Clinical workforce excluding medical staff</p> <p>Band 2 19% White 81% BME  Band 3 33% White 67% BME  Band 4 32% White 68% BME  Band 5 25% White 75% BME  Band 6 33% White 67% BME  Band 7 47% White 53% BME  Band 8A 56% White 44% BME  Band 8B 51% White 49% BME  Band 8C 70% White 30% BME  Band 8D 73% White 27% BME  Band 9 100% White 0% BME  VSM 30% White 70% BME</p>	<p>Compared with the previous reporting period, BME representation as Board and voting member has doubled (proportion BME members voting in previous year 14%)</p> <p>The proportion of BME at AfC bands 8A-9, 8C-9 increased by 8% and VSM in clinical roles by 5%. However as a proportion of the total Trust workforce, BME staff remain under represented in senior AfC pay grades and over-represented in the most junior roles.</p> <p>The data also indicates that when compared with the previous year, there has been a 15% increase in the number of staff not disclosing their ethnicity. This will require further work in order to establish a more accurate data on the ethnicity of our workforce particularly within AfC pay grades bands 2-7 (clinical and VSM (non-clinical) workforce.</p>	<p>actions will be informed by these. The Trust will publish its EDI plan on its website once it has concluded its consultation on its plans with staff and patients.</p> <p>The Trust will build on actions introduced in the previous year on improving BME representation in senior roles. It will also continue its participation on the NHSi Next programme and BME WRES frontline initiative.</p> <p>Strengthen BME development initiatives by launching the BME leadership programme aimed at improving and enabling BME progression to the most senior roles particularly AfC pay grades 8D and 9</p> <p>Build on work around career progression and mobility of BME at AfC band 2-4</p> <p>Introduce measures to improve disclosure of ethnicity.</p>
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	1.22	1.74	<p>The gap for this indicator is Narrowing.</p> <p>Data for all reporting periods refer external recruitment activity.</p>	<p>Mandate recruitment and selection training (incorporating unconscious) for management sitting on recruitment and selection panels</p> <p>Review all acting up arrangements and implement robust processes for recording internal mobility.</p>

					Introduce a requirement for a visible BME to sit on recruitment and selection panels
3.	Relative likelihood of staff entering formal 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.	2.36	1.52	<p>When compared to previous year likelihood has almost doubled. Since the last reporting period, the Trust has implemented more accurate reporting mechanisms for cases.</p> <p>It has also introduced a triage process to create a more robust and objective mechanism for decision making in this area.</p> <p>For reasons mentioned above, caution is urged when drawing conclusions from this data when compared to the previous reporting period</p>	<p>The Trust disciplinary policy has been updated.</p> <p>A further analysis and monitoring of our disciplinary data will be undertaken to understand the banding of individuals entering the formal disciplinary Process. This will enable us better understand the data and establish patterns if apparent.</p> <p>Embed the new disciplinary triage process which provides greater senior management oversight and scrutiny over decisions to take disciplinary action</p> <p>Integrate unconscious bias training in the Trust Leadership and management programmes</p>
4.	Relative likelihood of staff accessing non-mandatory training and CPD	0.68	1.11	<p>The data indicates that staff from BME backgrounds are more likely to access non mandatory training. We are however aware that staff in non-clinical Admin and clerical roles (bands 2-4) of which a significant proportion are from BME backgrounds are less likely to access training.</p> <p>Further investigation is required to establish whether there is a differential between ethnic groups</p>	<p>To investigate the proportion of BME staff within AfC band 2-7 pay grades in non clinical roles accessing non-mandatory training to establish any differentials in experience when compared with White colleagues.</p> <p>Implement measures to address any differentials.</p>

				grades (directly or indirectly)	
	<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>
	<b>National NHS Staff Survey indicators (or equivalent)</b> For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff.</u>				
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse (BHA) from patients, relatives or the public last 12 months.	White 36.75% BME 34.21%	White 33.79% BME 34.02%	The numbers of staff from White backgrounds who say they are experiencing BHA from patients has increased by 2% and BME only slightly. This data will require triangulation with other data with the aim of targeting hot spot areas and equipping staff to deal with this growing issue.	The Trust is currently implementing its Staff survey action plan around this finding.  We will be running a campaign to raise awareness of this growing issue and provide targeted training to better equip staff to deal with this issue, particularly staff working in ward areas.
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse (BHA) from staff in last 12 months.	White 28.68% BME 31.43%	White 29.23% BME 31.74%	Although there has been a slight reduction in the numbers of staff who say they are experiencing BHA from colleagues these numbers are unacceptable. We recognize the need to triangulate this data to enable us develop high impact and meaningful initiatives to tackle this issue	Triangulate this data with data from other sources including Datix.  Roll out BHA advisor roles across the Trust to ensure that staff are supported Launch the Dignity and respect at work policy.  Embed and actively promote mediation a mechanism for resolving workplace conflict
7.	KF 21. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	White 83.96% BME 68%	White 84.24% BME 63.62%	There is a significant disparity in the perception of White and BME staff There has been a 5% increase in numbers of BME believing the trust	Over the next year we will be launching our talent management strategy incorporating specific actions around BME talent.

				provides equal when compared with previous year.	<p>We have introduced bespoke interventions for certain AfC grades in the Trust including supporting staff to participate in national BME programmes.</p> <p>Continue to use HEART to reinforce Equality Diversity and Inclusion considerations in all aspects of Trust working life.</p> <p>Embed unconscious bias training in training for managers.</p>
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	White 8.15%  BME 17.74%	White 8.63%  BME 18.24%	<p>There has been a slight decrease in the number of BME staff who say that they have personally experienced discrimination at work.</p> <p>Although the number of BME who report experiencing discrimination fallen when compared to previous year, this is still double that of staff from White backgrounds.</p>	<p>Continue to use HEART to reinforce Equality Diversity and Inclusion considerations in all aspects of Trust working life.</p> <p>Embed unconscious bias training in management and appraisal training for managers.</p>
	<b>Board representation Indicator.</b> For this indicator, compare the difference for <u>White and BME staff.</u>				
9.	Percentage difference between the organisations Board voting membership and its overall workforce	35%	49%	<p>Compared to the previous reporting period the percentage difference between the organisation's Board voting membership and its overall workforce has reduced by 14%. However when compared to 2016 BME representation on the Board and as voting members has doubled.</p>	<p>When recruiting to very senior roles (VSM) the Trust will continue to instruct agencies to select potential candidates interview from a diverse field.</p> <p>The Trust is mindful that more work is required in addressing underrepresentation of BME staff in AfC band 8C-9 roles and addressing the non disclosure of ethnicity by staff in these</p>

					pay grades.
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**6. Are there any other factors or data which should be taken into consideration in assessing progress?**

The process for recording staff entering formal disciplinary process in 2016/2017 was weak. Since 2017, the Trust has introduced a more robust process for recording disciplinarys and more recently introduced a 'triage process' which is aimed at creating a more objective and transparent process for decision making.

**7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against eh WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attached the WRES Action Plan or provide a link to it.**

This report will be published on the Trust website along with an action plan which will be monitored by the Trust Patient and Staff Committee

**Staff Survey/WRES Improvement Action Plan 2018/2019  
Update July 2018**

WRES Indicator	Actions	Success Criteria
	<p>Launch two year Equality Diversity and Inclusion plan aimed at improving BME access to opportunities and experience of the workplace</p> <p>Introduce ESR data cleansing initiative</p> <p>Introduce initiative to increase disclosure of ethnicity at point of recruitment</p> <p>Launch Trust talent management strategy with specific actions around BME talent</p>	<p>Plan launched and staff perception of the workplace and access to opportunities improve.</p> <p>Positive increase in BME responses to Staff Survey findings KF 21, KF25, KF 26 and Q17 over 2017/2018 baseline</p> <p>10% reduction in the number of staff not disclosing their ethnicity</p>
<p><b>Indicator 2:</b> Relative likelihood of staff being appointed from shortlisting across all posts.</p>	<p>Requirement that a BME employee sits on recruitment panels for roles at Band 8A and above</p> <p>Mandate recruitment training for managers.</p> <p>Review all acting up arrangements over 6 months for EDI</p> <p>Integrate unconscious bias training in all internal leadership and management programmes</p>	<p>Continued narrowing the gap in relative likelihood of White staff being appointed compared to BME staff over 2017/2018 baseline</p> <p>All recruitment panellist attend unconscious bias training before involvement in recruitment</p> <p>Unconscious bias training routinely delivered out across the Trust and embedded in all internal leadership and management programmes</p>
<p><b>Indicator 3:</b> Relative likelihood of</p>	<p>Continue to improve data capture,</p>	<p>10% reduction in representation of BME staff in formal disciplinary processes</p>

staff entering the formal disciplinary process.	<p>monitoring and reporting processes</p> <p>Monitor new 'disciplinary triage' process for its effectiveness</p> <p>Investigate informal stages and links to entry to formal stage and mechanism to reduce entry</p>	
<b>Indicator 4.</b>	Investigate the proportion of BME staff within AfC ban 2-7 pay grades in non-clinical roles accessing non-mandatory to establish any differentials and implement measures where appropriate	Non-mandatory training is broken down by AfC pay bands
<b>Indicator 5:</b> Percentage of staff experiencing harassment and bullying from relatives or the public in last 12 months	<p>Improve reporting processes and actively mediate interventions and reporting processes to staff</p> <p>Promote zero tolerance of bullying and harassment and abuse to patients and the public.</p> <p>-training for staff mental health liaison</p>	<p>10% increase in staff reporting</p> <p>1% reduction in staff saying they have experienced bullying and harassment in the last 12 months in the staff survey 2018.</p>
<b>Indicator 6:</b> Percentage of staff experiencing harassment bullying or abuse from staff.	<p>Continue to embed HEART BUILD and ABC tools locally encouraging staff to challenge poor behaviours</p> <p>Publicise Dignity At Work Policy</p> <p>Relaunch Bullying and Harassment Advisor roles</p>	<p>1% reduction in staff saying they have experienced bullying and harassment in the last 12 months in the staff survey 2018 and other indices</p> <p>70% of staff are aware of the DRAW policy and how to report bullying and harassment.</p>

	Triangulate data including a review of Datix	
<b>Indicator 7:</b> Percentage (of staff) believing that the Trust provides equal opportunities for career progression or promotion	Launch BME development initiatives in Senior roles and band 2-4 roles	2% reduction in BME staff believing staff offer career progression or promotion  1% increase in the number of BME staff at band 8 and above
	Implement career clinics	
<b>Indicator 8:</b> In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	Train managers in career management and talent conversation – linked to appraisal training	95% of all staff are compliant with their Equality and diversity training.  70% of BME staff having appraisals and talent conversations An increase in BME representation in bands 8C-9 roles over 2017/2018 baseline
	Continue to increase compliance with equality and diversity training within Core Skills Training.  Monitor BME mobility between bands 8A-9	
<b>Indicator 9:</b> Percentage difference between the organisations Board voting membership and its overall workforce	Ensure that positive action statements are included in adverts and recruitment processes for band 8A and above roles  Implement a diversity requirement as a mandatory criteria when engaging with external recruitment agencies for VSM roles	Continue to improve BME representation at Board level to reflect total representation of the workforce