

Workforce Race Equality Standard Metrics Report & Action Plan August 2019

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 and minority ethnic (BME) 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 black and minority ethnic (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 WRES data for the first time in August 2015. This data presented each organisation's response to each of the nine WRES indicators and constitutes the WRES baseline. Alongside the WRES baseline data, organisations also developed Action Plans that outline the practical approach needed to continuously improve organisational performance 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 previous reports have been linked to the 2016 – 2019 Equality & Diversity Strategic Objectives for the Trust, and updates included in annual Equality & Diversity Reports. In order to further develop the existing programme of work into an inclusive strategy, the Trust has worked with internal stakeholders (including members of the Trust's BAME Workers Forum) and the National WRES Team, and launched its Workforce Diversity & Inclusion Strategy in May 2019.

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 was submitted to NHS England via the Strategic Data Collection Service by 30th August 2019. This data forms the basis of NHS England's report into the WRES which is due in late 2019/early 2020. It also includes a comparison with last year's data, actions taken so far and further planned actions to support workforce race equality, linking them to the Year 1 actions to deliver the Trust's Workforce Diversity & Inclusion Strategy Plan.

Feedback from the Trust's BAME Workers Forum is included in the conclusion to this report.

Workforce Race Equality Standard (WRES) – 2019 Report & Action Plan

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 previous year (2018)	Data for reporting year (2019)	Narrative																																																																																																																
<p>Overall workforce = 83.1% White and 14.9% BME (2% unknown/not given)</p> <p>Non-Clinical Staff</p> <table><tr><th></th><th>White</th><th>BME</th><th>Unknown</th></tr><tr><td>Band 1</td><td>45.8%</td><td>52.6%</td><td>1.6%</td></tr><tr><td>Band 2</td><td>86.9%</td><td>12.0%</td><td>1.0%</td></tr><tr><td>Band 3</td><td>89.4%</td><td>10.0%</td><td>0.6%</td></tr><tr><td>Band 4</td><td>94.1%</td><td>5.0%</td><td>0.9%</td></tr><tr><td>Band 5</td><td>92.0%</td><td>7.6%</td><td>0.4%</td></tr><tr><td>Band 6</td><td>92.4%</td><td>6.9%</td><td>0.7%</td></tr><tr><td>Band 7</td><td>95.0%</td><td>4.3%</td><td>0.7%</td></tr><tr><td>Band 8A</td><td>94.8%</td><td>5.2%</td><td>0.0%</td></tr><tr><td>Band 8B</td><td>97.9%</td><td>2.1%</td><td>0.0%</td></tr><tr><td>Band 8C</td><td>95.7%</td><td>4.3%</td><td>0.0%</td></tr><tr><td>Band 8D</td><td>100.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td>Band 9</td><td>100.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td>VSM</td><td>100.0%</td><td>0.0%</td><td>0.0%</td></tr></table>		White	BME	Unknown	Band 1	45.8%	52.6%	1.6%	Band 2	86.9%	12.0%	1.0%	Band 3	89.4%	10.0%	0.6%	Band 4	94.1%	5.0%	0.9%	Band 5	92.0%	7.6%	0.4%	Band 6	92.4%	6.9%	0.7%	Band 7	95.0%	4.3%	0.7%	Band 8A	94.8%	5.2%	0.0%	Band 8B	97.9%	2.1%	0.0%	Band 8C	95.7%	4.3%	0.0%	Band 8D	100.0%	0.0%	0.0%	Band 9	100.0%	0.0%	0.0%	VSM	100.0%	0.0%	0.0%	<p>Overall workforce = 83% White and 14.4% BME (2.5% unknown/not given)</p> <p>Non-Clinical Staff</p> <table><tr><th></th><th>White</th><th>BME</th><th>Unknown</th></tr><tr><td>Band 1</td><td>48.2%</td><td>45.9%</td><td>5.9%</td></tr><tr><td>Band 2</td><td>83.1%</td><td>11.1%</td><td>5.7%</td></tr><tr><td>Band 3</td><td>87.0%</td><td>9.9%</td><td>3.1%</td></tr><tr><td>Band 4</td><td>92.8%</td><td>5.6%</td><td>1.6%</td></tr><tr><td>Band 5</td><td>91.6%</td><td>7.2%</td><td>1.2%</td></tr><tr><td>Band 6</td><td>91.9%</td><td>6.8%</td><td>1.4%</td></tr><tr><td>Band 7</td><td>93.1%</td><td>4.6%</td><td>2.3%</td></tr><tr><td>Band 8A</td><td>96.0%</td><td>4.0%</td><td>0.0%</td></tr><tr><td>Band 8B</td><td>94.0%</td><td>4.0%</td><td>2.0%</td></tr><tr><td>Band 8C</td><td>95.7%</td><td>4.3%</td><td>0.0%</td></tr><tr><td>Band 8D</td><td>100.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td>Band 9</td><td>100.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td>VSM</td><td>100.0%</td><td>0.0%</td><td>0.0%</td></tr></table>		White	BME	Unknown	Band 1	48.2%	45.9%	5.9%	Band 2	83.1%	11.1%	5.7%	Band 3	87.0%	9.9%	3.1%	Band 4	92.8%	5.6%	1.6%	Band 5	91.6%	7.2%	1.2%	Band 6	91.9%	6.8%	1.4%	Band 7	93.1%	4.6%	2.3%	Band 8A	96.0%	4.0%	0.0%	Band 8B	94.0%	4.0%	2.0%	Band 8C	95.7%	4.3%	0.0%	Band 8D	100.0%	0.0%	0.0%	Band 9	100.0%	0.0%	0.0%	VSM	100.0%	0.0%	0.0%	<p>Data is taken from the ESR as at 31st March 2018 and 31st March 2019. These are the figures submitted via SDCS.</p> <p>The percentage shown is for each pay band. The percentage of BME staff in the lowest band (Band 1) is much higher than that in the overall workforce, and 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 make-up of the overall workforce.</p> <p>It is disappointing to see no real increase in the numbers of BME staff in senior grades, in spite of actions taken.</p>
	White	BME	Unknown																																																																																																															
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More disappointing is the increase in the number of staff whose ethnicity is not recorded on the ESR.

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.

Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.

Clinical Staff - Non-Medical 2018

	White	BME	Unknown
Band 1	65.1%	33.9%	1.0%
Band 2	80.4%	19.4%	0.3%
Band 3	87.0%	13.0%	0.0%
Band 4	92.5%	7.5%	0.0%
Band 5	79.4%	19.9%	0.7%
Band 6	90.0%	9.6%	0.4%
Band 7	94.8%	4.7%	0.5%
Band 8A	93.0%	6.1%	0.9%
Band 8B	96.5%	3.5%	0.0%
Band 8C	95.1%	2.4%	2.4%
Band 8D	87.5%	0.0%	12.5%
Band 9	100.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%

Clinical Staff - Non-Medical

	White	BME	Unknown
Band 1	65.0%	32.4%	2.6%
Band 2	80.1%	18.5%	1.4%
Band 3	85.8%	12.9%	1.3%
Band 4	92.9%	6.7%	0.4%
Band 5	79.6%	18.8%	1.6%
Band 6	89.1%	10.1%	0.8%
Band 7	94.5%	5.0%	0.5%
Band 8A	92.6%	6.5%	0.9%
Band 8B	96.6%	3.4%	0.0%
Band 8C	95.2%	2.4%	2.4%
Band 8D	85.7%	0.0%	14.3%
Band 9	100.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%

Clinical Staff – Medical & Dental 2018

	White	BME	Unknown
Consultants (including Senior Medical Staff)	81.8%	15.3%	2.9%
Non-consultant career grades	63.1%	26.3%	10.6%
Trainee grades	72.9%	12.6%	14.5%
Other	47.6%	4.8%	47.6%

Clinical Staff – Medical & Dental 2019

	White	BME	Unknown
Consultants (including Senior Medical Staff)	80.0%	14.9%	5.0%
Non-consultant career grades	66.4%	26.7%	6.9%
Trainee grades	75.1%	16.1%	8.8%
Other	56.5%	8.7%	34.8%

Actions taken:

- Training to raise awareness of unconscious bias/stereotyping included in Recruiting the Best training for recruiting managers, and in Corporate Induction section on Equality & Diversity, and Equality, Diversity & Human Rights training.
- Anonymising of application forms as presented for shortlisting.
- More applicants from BME backgrounds encouraged through promoting career opportunities (including apprenticeships and traineeships) in appropriate local schools & colleges
- Apprentice recruitment data (including gender, ethnicity, age etc) reported to the Education Skills Funding Agency
- Review of advertising and selection process for internal opportunities to ensure transparency and equality of opportunity
- Work with Bristol Manifesto for Race Equality HR Leads on city-wide recruitment initiatives
- Introduction of Reverse Mentoring Scheme involving staff from BAME backgrounds and senior managers from October 2018
- Promotion of Leadership & Management development training to staff from protected groups, through delivery of presentation to E&D Group, BAME Forum and other appropriate groups.
- Open forum discussions during October 2018 with the BAMEW Forum and Trust Equality & Diversity Group about barriers to progression and how best to remove them.

Planned action(s) from the Workforce Diversity & Inclusion Strategy Plan April 2019 – March 2020:

- Review of shortlisting process to provide assurance that the anonymised process removes opportunities for bias
- Review interview template and interview question bank with a view to including D&I section / specific question (eg: “What have you done in your previous role(s) to promote diversity and inclusion?”)
- Research/commission/develop refresher training for recruiting managers – Inclusivity in Recruitment – to be delivered as one hour, back to back sessions over two days. (Will include launch of refreshed JDs, advertising and interview Qs)
- Refresh panel composition with a view to including an extra, independent, person as part of the selection process to challenge on aspects of inclusivity. (For interviews of B7 or B8a and above roles initially)
- Review recruitment processes for Board appointments, including executive search agencies.

The above are included in the Workforce D&I Strategy plan to support delivery of the following objective:

We will be recognized as an inclusive employer committed to ensuring our workforce reflects the community it serves.

In addition, we will aim to increase ESR declaration rates and reduce the number in the ‘Not known/not declared’ categories

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 previous year (2018)</i>	<i>Data for reporting year (2019)</i>	<i>Narrative</i>
White staff are 2.23 times more likely to be appointed from shortlisting than BME staff.	White staff are 1.6 times more likely to be appointed from shortlisting than BME staff.	<p>Data is for April 2017 to March 2018 and for April 2018 to March 2019, as submitted via SDCS.</p> <p>The data is taken from the TRAC system used for all recruitment episodes.</p> <p>More detailed data is published on the Trust's website at Equality Performance & Objectives</p> <p>There is an encouraging increase in the likelihood of BME staff being appointed from shortlisting. As the data is for appointments made up to 31st March 2019, it is not reflected in the data for Indicator 1, above.</p> <p>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</p> <p>Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.</p>

Actions taken:

As for Indicator 1, above, relating to Recruitment

Planned action(s) from the Workforce Diversity & Inclusion Strategy Plan April 2019 – March 2020:

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.

Data for previous year (2018)	Data for reporting year (2019)	Narrative
Relative likelihood of BME staff entering the formal disciplinary process is 3.16 times greater than white staff	Relative likelihood of BME staff entering the formal disciplinary process is 2.06 times greater than white staff.	<p>This is measured by the number of BME and white staff entering a formal disciplinary investigation as recorded on the Case Management System.</p> <p>Data is for cases live between 1st April 2017 and 31st March 2018, and 1st April 2018 and 31st March 2019. For both years the number of cases exclude ongoing cases live during the previous period.</p> <p>It is encouraging to see a decrease in the relative likelihood of BME staff entering the formal disciplinary process.</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> <p>Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.</p>

Actions taken:

- 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.
- Actions in Divisional Improving Staff Experience plans to reduce the number of formal disciplinary cases – especially involving BME staff – where appropriate

Planned action(s) from the Workforce Diversity & Inclusion Strategy Plan April 2019 – March 2020:

- Review of our people policies (as they fall due for review) to ensure a consistent message and approach to inclusion
- Ensure we continue to offer to Investigating Officers training to all managers undertaking HR related investigations

The above are included in the Workforce D&I Strategy plan to support delivery of the following objective:

Inclusion is integral in our people policies encouraging positive conversation and introducing informal processes where possible

In addition, we will use the NHS WRES strategy document 'A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS' to test a model of good practice to reduce the disproportionate gap in BME and white staff entering the formal process.

4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff.

Data for previous year (2018)	Data for reporting year (2019)	Narrative																				
Relative likelihood of white staff accessing non-mandatory training is 1.32 times greater.	Relative likelihood of white staff accessing non-mandatory training is 1.24 times greater	<p>Diversity data is recorded for all training undertaken through the Learning Management System. However, not all non-mandatory training uses this system. As the data required for the SDCS submission calculates the relative likelihood based on a comparison with the overall workforce, this has again not been included as the numbers will not be statistically relevant.</p> <p>As an alternative, the responses to Q20 as reported this year for the 2017 and 2018 National Staff Surveys have been used.</p> <table><tr><th>Descriptor</th><th>BME 2017</th><th>White 2017</th><th>BME 2018</th><th>White 2018</th></tr><tr><td>Number of staff in workforce</td><td>1,398</td><td>7,826</td><td>1,401</td><td>8,067</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>420</td><td>3,111</td><td>538</td><td>3,836</td></tr><tr><td>Likelihood of receiving such training</td><td>0.300</td><td>0.397</td><td>0.384</td><td>0.475</td></tr></table> <p>Relative likelihood of White staff accessing non-mandatory training compared to BME staff (0.397/0.300) = 1.32 times greater (2018)</p> <p>Relative likelihood of White staff accessing non-mandatory training compared to BME staff (0.475/0.384) = 1.24 times greater (2019)</p> <p><i>Links to the Equality & Diversity Strategic Objectives for 2016 – 2019:</i> 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> <p>Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.</p>	Descriptor	BME 2017	White 2017	BME 2018	White 2018	Number of staff in workforce	1,398	7,826	1,401	8,067	Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	420	3,111	538	3,836	Likelihood of receiving such training	0.300	0.397	0.384	0.475
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Likelihood of receiving such training	0.300	0.397	0.384	0.475																		

Actions taken:

The recording and reporting of non-Mandatory training data was included in the WRES action plans for 2015 and 2016.

- 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
- 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
- Promotion of Leadership & Management development training to staff from protected groups, through delivery of presentation to E&D Group, BAME Forum and other appropriate groups
- Open forum discussions during October 2018 with the BAMEW Forum and Trust Equality & Diversity Group about barriers to progression and how best to remove them
- First stage of Leadership & Management Training is added to the training plan for all new managers and supervisors

Planned action(s) from the Workforce Diversity & Inclusion Strategy Plan April 2019 – March 2020:

- Diversity and Inclusion attendance figures to be reported as part of data sets being developed

The above is included in the Workforce D&I Strategy plan to support delivery of the following objective:

Our Education Strategy focuses on inclusion and is a key enabler to delivering the vision supported by our Trust Values

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. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

Data for previous year (2018) (2017 Staff Survey Results)		Data for reporting year (2019) (2018 Staff Survey Results)	Narrative
White	26.2%	White 24.3%	<p>Data is taken from the National Staff Survey results for 2017 and 2018. (All substantive staff receive a Staff Survey questionnaire to complete.)</p> <p>It is positive to see a continued reduction in the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public as reported in the Staff Survey.</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>
BME	25.0%	BME 24.3%	

Actions taken:

- Raise 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
- 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.
- 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.)

Planned additional action(s) for 2019/2020:

- Finalise and publish support for staff who are verbally or physically abused by patients

6. Percentage of staff saying they have experienced harassment, bullying or abuse from staff in the last 12 months

<i>Data for previous year (2018) (2017 Staff Survey Results)</i>	<i>Data for reporting year (2019) (2018 Staff Survey Results)</i>	<i>Narrative</i>
White 22.6% BME 28.3%	White 23.1% BME 26.5%	<p>Data is taken from the National Staff Survey results for 2017 and 2018. (All substantive staff receive a Staff Survey questionnaire to complete.)</p> <p>Although there has been an encouraging reduction in incidents of harassment, bullying or abuse from colleagues, these are still unacceptably high scores.</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>

Actions taken:

- Equality, Diversity & Human Rights training included as part of Essential Training 3-yearly updates for all staff from October 2017 includes a section on tackling bullying & harassment at work. Available as an e-learning package or face to face sessions.
- Launch of new Dignity at Work Policy used to promote positive behaviours across the Trust. Rollout during October/November 2017 included discussions and presentations across the Trust.
- Targeted interventions at Divisional level where Staff Survey results have indicated there is a need as part of Divisional Improving Staff Experience plans
- Launch of Leadership Behaviours at UH Bristol during August 2017 – workshops promoting positive leadership behaviours cascaded during Autumn 2017.
- Promotion of Freedom to Speak Up Guardian and Advocates as additional sources of support
- Senior Leader workshop in September 2018 to discuss different approaches to tackling bullying and harassment.
- Dedicated helpline continues to provide support through a confidential helpline and email address

Planned additional action(s) for 2019/2020:

- The Trust's Dignity at Work Policy is undergoing a scheduled revision and will include a focus on early interventions to resolve incidents of unacceptable behaviour.
- The outcomes of the SLT discussions have been developed locally as part of the improving staff experience plans in the divisions
- A targeted 'team development' programme for the Senior Leadership Team is being planned

Links to the Workforce D&I Strategy plan objective:

As leaders we role model the Values and Leadership behaviours, creating an environment that encourages feedback and where staff feel safe to challenge

7. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

<i>Data for previous year (2018) (2017 Staff Survey Results)</i>	<i>Data for reporting year (2019) (2018 Staff Survey Results)</i>	<i>Narrative</i>
White 90.6% BME 69.3%	White 87.0% BME 67.5%	<p>Data is taken from the National Staff Survey results for 2017 and 2018. (All substantive staff receive a Staff Survey questionnaire to complete.)</p> <p>This is an area which has been highlighted for priority action because of the large disparity between the reported experience of BME and white staff.</p> <p><i>Links to the Equality & Diversity Strategic Objectives for 2016 – 2019:</i> 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.</p> <p>Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.</p>

Actions taken:

- Training to raise awareness of unconscious bias/stereotyping included in Recruiting the Best training for recruiting managers, and in Corporate Induction section on Equality & Diversity, and Equality, Diversity & Human Rights training.

- Review 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
- Introduction of Reverse Mentoring Scheme involving staff from BAME backgrounds and senior managers in October 2018
- Promotion of Leadership & Management development training to staff from protected groups, through delivery of presentation to E&D Group, BAME Forum and other appropriate groups.
- Divisions to identify service actions and interventions to improve this result as part of Divisional Improving Staff Experience Plans
- Open forum discussions during October 2018 with the BAMEW Forum and Trust Equality & Diversity Group about barriers to progression and how best to remove them.

Planned action(s) from the Workforce Diversity & Inclusion Strategy Plan April 2019 – March 2020:

- Review of shortlisting process to provide assurance that the anonymised process removes opportunities for bias
- Review interview template and interview question bank with a view to including D&I section / specific question (eg: “What have you done in your previous role(s) to promote diversity and inclusion?”)
- Research/commission/develop refresher training for recruiting managers – Inclusivity in Recruitment – to be delivered as one hour, back to back sessions over two days. (Will include launch of refreshed JDs, advertising and interview Qs)
- Refresh panel composition with a view to including an extra, independent, person as part of the selection process to challenge on aspects of inclusivity. (For interviews of B7 or B8a and above roles initially)
- Review recruitment processes for Board appointments, including executive search agencies.

The above are included in the Workforce D&I Strategy plan to support delivery of the following objective:

We will be recognized as an inclusive employer committed to ensuring our workforce reflects the community it serves.

8. Percentage of staff personally experiencing discrimination at work from their manager/team leader or another colleague in the last 12 months

<i>Data for previous year (2018) (2017 Staff Survey Results)</i>	<i>Data for reporting year (2019) (2018 Staff Survey Results)</i>	<i>Narrative</i>
White 7.0% BME 16.0%	White 6.2% BME 14.1%	<p>Data is taken from the National Staff Survey results for 2017 and 2018. (All substantive staff receive a Staff Survey questionnaire to complete.)</p> <p>Although there is a decrease in the number of BME staff reporting experiences of discrimination from colleagues through the staff survey, the large difference compared to the experience of white staff is a great cause for concern.</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. Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.</p>

Actions taken:

- Equality, Diversity & Human Rights training included as part of Essential Training 3-yearly updates for all staff from October 2017. Available as an e-learning package or face to face sessions.
- Launch of new Dignity at Work Policy used to promote positive behaviours across the Trust. Rollout during October/November 2017 included discussions and presentations across the Trust.
- Targeted interventions at Divisional level where Staff Survey results have indicated there is a need as part of Divisional Improving Staff Experience plans
- Launch of Leadership Behaviours at UH Bristol during August 2017 – workshops promoting positive leadership behaviours cascaded during Autumn 2017.
- Promotion of Freedom to Speak Up Guardian and Advocates as additional sources of support

- Senior Leader workshop in September 2018 to discuss different approaches to tackling bullying and harassment. A detailed plan will be presented to the Senior Leadership Team in November 2018.

Planned additional action(s) for 2019/2020:

The Trust's [Workforce Diversity & Inclusion Strategy & Plan](#), launched in May 2019, has as its core vision an aim to be 'committed to inclusion in everything we do'. Actions to deliver the following objectives from the Workforce Diversity & Inclusion Plan Year 1 are intended to lead to increased cultural competence and therefore a decrease in incidents of discrimination in the workplace.

Links to actions to deliver the following objectives from the Workforce Diversity & Inclusion Strategy Plan Year 1 (April 2019 – March 2020):

- We are committed to inclusion in everything we do including Recruitment, Induction, Training, Appraisal and Talent Management
- We celebrate and value the contribution all of our staff make at all levels of the organization
- We encourage shared learning by openly sharing our diversity data in a meaningful way
- Inclusion is integral in our people policies encouraging positive conversation and introducing informal processes where possible
- We will be recognized as an inclusive employer committed to ensuring our workforce reflects the community it serves

In addition, the Trust's Dignity at Work Policy is undergoing a scheduled revision and will include a focus on early interventions to resolve incidents of unacceptable behaviour.

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

9. Percentage difference between the organisation's Board voting membership and its overall workforce, and the Board's Executive membership and its overall workforce

<i>Data for previous year (2018)</i>	<i>Data for reporting year (2019)</i>	<i>Narrative</i>
<p>93.8% of Voting Board Members are White</p> <p>0% of Voting Board Members are BME</p> <p>6.3% of Voting Board Members are of unknown/not stated ethnicity</p> <p>14.9% of the overall workforce are BME</p> <p>Percentage difference between Voting Board Membership & overall workforce is -14.9%</p> <p>Exec Board membership = 100% White</p>	<p>88.2% of Voting Board Members are White</p> <p>0% of Voting Board Members are BME</p> <p>11.8% of Voting Board Members are of unknown/not stated ethnicity</p> <p>14.4% of the overall workforce are BME</p> <p>Percentage difference between Voting Board Membership & overall workforce is -14.4%</p> <p>Exec Board membership = 100% White</p>	<p>Data is taken from the ESR as at 31st March 2018 and 31st March 2019. These are the figures submitted via SDCS.</p> <p><i>Links to the Equality & Diversity Strategic Objectives for 2016 – 2019:</i> 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. Links to the Workforce Diversity & Inclusion Strategy 2020 – 2025 as described below.</p>

Planned action(s) from the Workforce Diversity & Inclusion Strategy Plan April 2019 – March 2020:

- Review recruitment processes for Board appointments, including executive search agencies

The above is included in the Workforce D&I Strategy plan to support delivery of the following objective:

We will be recognized as an inclusive employer committed to ensuring our workforce reflects the community it serves

Conclusion

The Trust is committed to improving the working experience of all of its staff and acknowledges that it has further to travel for our BME staff. We were inspected in May of this year and rated Outstanding by the CQC, including in the Well-led domain. However, their report highlighted the following:

“Poor representation from the black and minority ethnic (BME) group in the higher levels of management was seen to represent limitations to development opportunities for this group of staff. Whilst the group spoke highly of the behaviours and attitudes of senior leaders with regards to staff of a BME background, it was also felt that a lack of movement to better represent the diversity of the workforce at a more senior level was a cultural issue borne out of a lack of action in this regard for many years.”

This echoes the outcomes of our WRES reports, and the WRES and the Trust’s previous WRES outcomes have been key drivers in the development of our Workforce Diversity & Inclusion Strategy, as we recognise that as an organisation we have not been making the progress we would wish towards improving the working experience of many of our BME staff.

The Strategy and accompanying action plan sets out our vision of being ‘committed to inclusion in everything we do’, and how we aim to deliver this over the next five years.

Vital to the continuous improvement in the experience of our BME staff is the work of our BAMEW Forum. They are actively engaged in conversations and have their own workplan, and are also contributing to the national WRES Frontline Staff Discussion Forum. Their input and participation is crucial to the delivery of the planned actions, and we are delighted that one of the Forum members will be part of cohort 3 of the WRES Expert programme.

Members of the Forum have highlighted the data for Metric 4 (relative likelihood of BME staff accessing non-mandatory training and CPD) and the necessity of ensuring that those who allocate time and money for continuing professional development (CPD) are aware of their responsibility to provide support to BME staff to progress along with their peers of the same banding. Without access to CPD, BME staff will continue to be under-represented at senior management level, as shown by the data in Metric 1.

Accountability for improving the experience of BME staff sits with the Trust Board. Progress is reported into the Board on a quarterly basis through the People Committee, who will be the approving body for this Report and Action Plan.