

Board of Directors	Agenda Item	Enc
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Document Title:	Workforce Race Equality Standard and Priority Improvement Plan.
Sponsoring Executive Director:	Jane Landick, Company Secretary. Greg Moores, Director of Workforce and Development.
Author(s):	Balwinder Kaur, Head of Equality and Inclusion.
Date of Meeting:	27 th September 2018

Purpose of the Report

Approval Assurance Information

Executive Summary

The report highlights the key findings from the Workforce Race Equality Standard raw data analysis. Appendix A contains the Workforce Race Equality Standard Priority Improvement Plan 2018.
 The WRES Priority Improvement Plan is required to be published via the Trust's website into the Public domain by 28th September 2018.

Recommendations

The Workforce and Development Committee is asked to:

- **Note** the report.
- **Monitor** its progress.

Monitoring/Compliance

Which strategic priorities does this paper address	Provide high quality recovery focused services Respect inspire and develop our workforce Innovate through co-operation and co-production Delivery regulatory financial performance and quality standards Expand our current service portfolio in order to enrich our services.
Regulatory compliance (tick all that apply)	CQC: Safe <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> NHS Improvement Licence <input type="checkbox"/> Other <input type="checkbox"/> (add details below)
Other	NHS CONTRACT AND PUBLIC SECTOR EQUALITY DUTY
Committees / meetings where this paper has been considered	Presented at Workforce Development Committee 29th September 2018.

Inter-dependencies (tick all that apply and add details where relevant)

Legal	<input checked="" type="checkbox"/>	All providers as holders of the NHS standard Contract 18/19 will be required to meet this standard. The Equality Act 2010 puts an obligatory duty for equal opportunities for recruitment, selection and employment practices.
Clinical	<input checked="" type="checkbox"/>	Our workforce will be empowered and supported to deliver care in a way that is consistent with our values and promotes respect and dignity to colleagues and staff.

		Our policies will protect staff from violence and abuse from service users. This supports the Equality Objective, Strategy and the Workforce Priorities for the Trust.
Risk Register	<input checked="" type="checkbox"/>	Positive reputation as a fair employer.
Financial	<input checked="" type="checkbox"/>	Unfair recruitment and employment processes and practices may lead to withdrawal of commissioned services and legal challenge.
HR	<input checked="" type="checkbox"/>	Our workforce will be empowered and supported to deliver care in a way that is consistent with our values and promotes respect and dignity to colleagues and staff. Our policies will protect staff from violence and abuse from service users. This supports the Equality Objective, Strategy and the Workforce Priorities for the Trust.
Staff Side involvement actions undertaken/planned	<input checked="" type="checkbox"/>	To be shared with Staff and Trade Union representatives as part of the Workforce Matters Committee. This report and action plan will be shared with the BME Staff Inclusion Network.
Social Care	<input checked="" type="checkbox"/>	Our workforce will be empowered and supported to deliver care in a way that is consistent with our values and promotes respect and dignity to colleagues and staff. Our policies will protect staff from violence and abuse from service users. This supports the Equality Objective, Strategy and the Workforce Priorities for the Trust.
Involvement and Experience	<input checked="" type="checkbox"/>	The overall WRES document has been consulted on across diverse staff and community groups/ organisations. The Trust will publicise the requirement and our associated actions plan to patient and public via the website and community partnerships including the EDS2 document.
Equality Impact	<input checked="" type="checkbox"/>	The overall WRES highlights inequality in opportunities and experience for BME Staff. Positive action should be evident via the progress reports of the WRES Improvement Plan.
Information exempt from Disclosure	<input checked="" type="checkbox"/>	Currently the WRES report has been sent to NHS England: August 2018. This Improvement Plan is required to be published on the Trust's external website by 28 th September 2018.
Requirement for further review	<input checked="" type="checkbox"/>	Review on six monthly basis.

Workforce Race Equality Standard

2017 - 2018

Director Lead: Greg Moores. Director of Workforce and Development.

Author: Balwinder Kaur. Head of Equality and Inclusion.

Key findings from the WRES raw data analysis 2017-2018.

1. Under representation of BME staff within bands 8a and above.
2. Over representation of BME staff within bands 1-4.
3. Relative likelihood of BME staff being appointed from shortlisting. Evidence suggests that BME applicants are less likely than White applicants to secure appointments after shortlisting.
4. Inconsistent recording of equality data for staff accessing non mandatory training
5. Increased rates for BME staff experiencing bullying, harassment or abuse from patients, relatives or the public over the last 12 months.
6. Differing experiences of White staff (data highlights increase in incidents) and BME staff (data highlights a decrease) experiencing harassment, bullying or abuse from Staff over the last 12 months.
7. Low levels of BME staff believing that the Trust provides equal opportunities for career progression or promotion.
8. Increased rates for White and BME staff experiencing discrimination at work from colleagues e.g. manager/team leader or other colleagues.
9. Increasing Trust Board Level Diversity to represent the local population.

The Trust has identified 7 key areas for priority outcomes and developed an improvement plan which will be an ongoing plan of action and reviewed against the findings of future WRES data analysis year on year. The Trust will continue to identify and implement any initiatives and positive action against all of the WRES metrics and findings. Appendix A contains the WRES Priority Improvement Plan 2018.



SubmissionTemplate
Workforce Race Equality Standards 2017/18 template

Answer Required
Auto Populated
N/A

INDICATOR	DATA ITEM	MEASURE	31st MARCH 2017						31st MARCH 2018						Notes	
			WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL			
			Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures		
1	Percentage of staff in each of the AIC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	(a) Non Clinical workforce														
		1 Under Band 1	Headcount	0	0	0	0	0	0	0	0	0	0	0	0	
		2 Band 1	Headcount	116	116	17	17	17	17	119	119	17	17	19	19	
		3 Band 2	Headcount	140	140	7	7	17	17	136	136	6	6	14	14	
		4 Band 3	Headcount	217	217	4	4	13	13	240	240	9	9	13	13	
		5 Band 4	Headcount	190	190	10	10	10	10	191	191	9	9	9	9	
		6 Band 5	Headcount	67	67	4	4	4	4	71	71	7	7	3	3	
		7 Band 6	Headcount	58	58	5	5	6	6	65	65	4	4	4	4	
		8 Band 7	Headcount	59	59	4	4	3	3	59	59	5	5	6	6	
		9 Band 8A	Headcount	29	29	1	1	1	1	33	33	2	2	0	0	
		10 Band 8B	Headcount	28	28	2	2	1	1	20	20	2	2	2	2	
		11 Band 8C	Headcount	8	8	0	0	3	3	8	8	0	0	3	3	
		12 Band 8D	Headcount	7	7	1	1	0	0	7	7	1	1	0	0	
		13 Band 9	Headcount	2	2	0	0	0	0	4	4	0	0	0	0	
		14 VSM	Headcount	4	4	0	0	0	0	7	7	0	0	0	0	
		(b) Clinical workforce (of acute Non Medical)														
		15 Under Band 1	Headcount	0	0	0	0	0	0	0	0	0	0	0	0	
		16 Band 1	Headcount	12	12	0	0	0	0	0	0	0	0	0	0	
		17 Band 2	Headcount	221	221	24	24	26	26	250	250	24	24	33	33	
		18 Band 3	Headcount	226	226	12	12	16	16	234	234	10	10	15	15	
		19 Band 4	Headcount	74	74	6	6	3	3	91	91	10	10	10	10	
		20 Band 5	Headcount	529	529	40	40	70	70	542	542	56	56	56	56	
		21 Band 6	Headcount	527	527	35	35	44	44	599	599	56	56	53	53	
		22 Band 7	Headcount	274	274	19	19	19	19	309	309	16	16	18	18	
		23 Band 8A	Headcount	69	69	9	9	6	6	67	67	11	11	6	6	
		24 Band 8B	Headcount	26	26	1	1	2	2	31	31	1	1	3	3	
		25 Band 8C	Headcount	26	26	2	2	2	2	25	25	2	2	2	2	
		26 Band 8D	Headcount	4	4	0	0	0	0	6	6	0	0	0	0	
27 Band 9	Headcount	2	2	1	1	0	0	3	3	0	0	0	0			
28 VSM	Headcount	1	1	0	0	0	0	1	1	1	1	0	0			
(c) of which Medical & Dental																
29 Consultants	Headcount	39	39	44	44	13	13	40	40	40	40	10	10			
30 of which Senior medical manager	Headcount															
31 Non-consultant career grade	Headcount	13	13	21	21	13	13	14	14	19	19	4	4			
32 Trainee grades	Headcount	3	3	4	4	0	0	3	3	4	4	1	1			
33 Other	Headcount	3	3	0	0	0	0	5	5	0	0	0	0			
34 Number of shortlisted applicants	Headcount							1881	1881	407	407	63	63			
35 Number appointed from shortlisting	Headcount							498	498	106	106	14	14			
2	Relative likelihood of staff being appointed from shortlisting across all posts	36 Relative likelihood of shortlisting/appointed	Auto calculated	0.2023701003		0.1395923301			0.2647527911		0.2604422604		0.2222222222			
		37 Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.49					1.02							
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38 Number of staff in workforce	Auto calculated					3203	3203	311	311	285	238			
		39 Number of staff entering the formal disciplinary process	Headcount	29					4		4					
		40 Likelihood of staff entering the formal disciplinary process	Auto calculated	0.0086321381		0.0000000000		0.0065563634		0.0160771704		0.0294117647				
		41 Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated			0.00				2.45						
4	Relative likelihood of staff accessing non-mandatory training and CPD	42 Number of staff in workforce (White)	Auto calculated					3203	311				238			
		43 Number of staff accessing non-mandatory training and CPD (White)	Headcount					0		0			0			
		44 Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	-		-		0.0000000000		0.0000000000		0.0000000000				
		45 Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	-		-										
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46 % of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	Percentage	25.33%		27.22%		25.27%		32.76%						
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47 % of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	16.93%		21.02%		18.09%		20.11%						
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48 % staff believing that trust provides equal opportunities for career progression or promotion	Percentage	90.25%		82.35%		89.24%		81.36%						
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? a) Manager/team leader or other colleague	49 % staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	4.88%		13.92%		6.51%		11.96%						
9	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	50 Total Board members	Headcount						8		1					
		51 of which: Voting Board members	Headcount						5		1					
		52 of which: Non Voting Board members	Auto calculated			0	0	0	3		0		0			
		53 Total Board members	Auto calculated		0	0	0	0	8		1		0			
		54 of which: Exec Board members	Headcount						3		0		1			
		55 of which: Non Executive Board members	Auto calculated		0	0	0	0	5		0		1			
		56 Number of staff in overall workforce	Auto calculated		2960		272		289		3203		311			
		57 Total Board members - % by Ethnicity	Auto calculated								88.9%		11.1%			
		58 Voting Board Member - % by Ethnicity	Auto calculated								83.3%		16.7%			
		59 Non Voting Board Member - % by Ethnicity	Auto calculated								100.0%		0.0%			
		60 Executive Board Member - % by Ethnicity	Auto calculated								75.0%		0.0%	25.0%		
		61 Non Executive Board Member - % by Ethnicity	Auto calculated								83.3%		0.0%	16.7%		
		62 Overall workforce - % by Ethnicity	Auto calculated	0.00%	84.1%	0.00%	7.7%	0.00%	8.2%	0.00%	85.4%	8.3%	0.0%	6.3%		
63 Difference (Total Board-Overall workforce)	Auto calculated								3.9%		2.8%		-6.3%			



SubmissionTemplate
Workforce Race Equality Standards 2017/18 template

	Answer Required
	Auto Populated
	N/A

INDICATOR	DATA ITEM	MEASURE	31st MARCH 2017						31st MARCH 2018						Notes
			WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL		
			Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	
1	1a) Non Clinical workforce														
	1	Under Band 1	Headcount	0	0	0	0	0	0	24	24	0	0	4	4
	2	Band 1	Headcount	70	70	11	11	47	47	189	189	8	8	31	31
	3	Band 2	Headcount	303	303	11	11	47	47	189	189	8	8	31	31
	4	Band 3	Headcount	238	238	9	9	28	28	196	196	9	9	24	24
	5	Band 4	Headcount	154	154	7	7	21	21	129	129	3	3	15	15
	6	Band 5	Headcount	107	107	4	4	13	13	91	91	3	3	15	15
	7	Band 6	Headcount	55	55	1	1	5	5	50	50	1	1	6	6
	8	Band 7	Headcount	55	55	1	1	4	4	42	42	2	2	4	4
	9	Band 8A	Headcount	51	51	1	1	7	7	43	43	0	0	5	5
	10	Band 8B	Headcount	51	51	1	1	2	2	14	14	1	1	2	2
	11	Band 8C	Headcount	13	13	0	0	1	1	13	13	0	0	0	0
	12	Band 8D	Headcount	5	5	0	0	1	1	4	4	0	0	0	0
	13	Band 9	Headcount	2	2	0	0	0	0	1	1	0	0	0	0
	14	VSM	Headcount	5	5	0	0	1	1	6	6	0	0	0	0
	1b) Clinical workforce														
	Of which Non Medical														
	15	Under Band 1	Headcount	0	0	0	0	0	0	0	0	0	0	0	0
	16	Band 1	Headcount	0	0	0	0	0	0	0	0	0	0	0	0
	17	Band 2	Headcount	143	143	10	10	19	19	212	212	14	14	30	30
	18	Band 3	Headcount	397	397	14	14	55	55	422	422	18	18	97	97
	19	Band 4	Headcount	383	383	6	6	15	15	336	336	3	3	17	17
	20	Band 5	Headcount	713	713	45	45	62	62	627	627	42	42	84	84
	21	Band 6	Headcount	907	907	72	72	80	80	806	806	81	81	78	78
	22	Band 7	Headcount	605	605	13	13	23	23	355	355	13	13	22	22
	23	Band 8A	Headcount	124	124	12	12	5	5	113	113	14	14	4	4
	24	Band 8B	Headcount	12	12	1	1	0	0	9	9	1	1	0	0
	25	Band 8C	Headcount	7	7	0	0	0	0	6	6	0	0	0	0
	26	Band 8D	Headcount	1	1	1	1	0	0	1	1	1	1	0	0
	27	Band 9	Headcount	1	1	0	0	0	0	1	1	0	0	0	0
	28	VSM	Headcount	2	2	0	0	0	0	2	2	0	0	0	0
	Of which Medical & Dental														
	29	Consultants	Headcount	7	7	8	8	10	10	7	7	6	6	8	8
	30	Of which Senior medical manager	Headcount												
31	Non-consultant career grade	Headcount	32	32	14	14	10	10	24	24	14	14	6	6	
32	Trainee grades	Headcount	1	1	2	2	0	0	2	2	2	2	1	1	
33	Other	Headcount	1	1	0	0	3	3	2	2	3	3	2	2	
34	Number of shortlisted applicants	Headcount		2204						2656		339		38	
35	Number appointed from shortlisting	Headcount		378						504		48		8	
36	Relative likelihood of shortlisting/appointed	Auto calculated		0.1719600726		0.1078431373				0.1933996465		0.1415929204		0.2105263158	
37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated		1.59						1.37					
38	Number of staff in workforce	Auto calculated							3728	3728	219	219	455	395	
39	Number of staff entering the formal disciplinary process	Headcount							20	20	0	0	0	0	
40	Likelihood of staff entering the formal disciplinary process	Auto calculated		0.0038406145		0.0142857143				0.0053648069		0.0000000000		0.0000000000	
41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated				3.72						0.00			
42	Number of staff in workforce (White)	Auto calculated							3728	3728	219	219	395	395	
43	Number of staff accessing non-mandatory training and CPD (White)	Headcount								253		17		33	
44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated		0.0832933269		0.0714285714				0.0678648069		0.0776255708		0.0835443038	
45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated		1.17						0.87					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	20.75%		18.63%				21.97%		31.87%				
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	15.80%		24.00%				16.84%		19.78%				
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	Percentage	90.87%		84.62%				89.03%		73.33%				
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	Percentage	4.54%		10.68%				4.30%		12.90%				
9	50 Total Board members		Headcount							14		0		0	
	51 of which: Voting Board members		Headcount							4		0		0	
	52 Non Voting Board members		Auto calculated		0		0			10		0		0	
	53 Total Board members		Auto calculated		0		0			14		0		0	
	54 of which: Exec Board members		Headcount							8		0		0	
	55 Non Executive Board members		Auto calculated		0		0			6		0		0	
	56 Number of staff in overall workforce		Auto calculated		4245		235		418		3728		219		395
	57 Total Board members - % by Ethnicity		Auto calculated								100.0%		0.0%		0.0%
	58 Voting Board Member - % by Ethnicity		Auto calculated								100.0%		0.0%		0.0%
	59 Non Voting Board Member - % by Ethnicity		Auto calculated								100.0%		0.0%		0.0%
	60 Executive Board Member - % by Ethnicity		Auto calculated								100.0%		0.0%		0.0%
	61 Non Executive Board Member - % by Ethnicity		Auto calculated								100.0%		0.0%		0.0%
	62 Overall workforce - % by Ethnicity		Auto calculated	0.00%	86.7%	0.00%	4.8%	0.00%	8.5%	0.00%	85.9%	5.0%	0.0%	9.1%	
63 Difference (Total Board -Overall workforce)		Auto calculated								14.1%		-5.0%		-9.1%	

Aware that from June 1st 2018 The Trust will be acquired by SSSFT to form MPFT.

From 1st April 2018 Executive Board acquired by SSSFT. Equality demographics have changed (June 2018).

From 1st June SSSOTF Trust will

**APPENDIX A:
Workforce Race Equality Standard (WRES) Priority Improvement
Plan 2018.**

Priority Outcome	Narrative	Actions Identified	Lead Officers and Timescale for Delivery/Review.
<p>1. Improving the quality of data recorded within Electronic Staff Records (ESR).</p>	<p>Within the WRES, PSED Workforce Equality Data Analysis Report 2018 and internal review of the ESR data within the Trust it was noted that staff data is not up to date on general areas (contact numbers) and within the equality fields the data sets are not completed.</p> <p>There is an opportunity as a newly formed Trust to improve the quality of data held within ESR and empower staff to maintain accurate and up to date information on their staff record.</p> <p>There is an opportunity for the Trust to also up date and inform staff in line with the requirements of the Data Protection Regulations 2018.</p>	<p>1. Undertake a Trust wide exercise to empower staff to complete their personal data on the ESR with a key emphasis on the equality data.</p> <p>2. Ensure that there are reasonable adjustments in place for staff who are unable to record/update their ESR data i.e. manual forms for completion, staff support to complete the data</p> <p>3. Develop initiatives in partnership with the BME staff inclusion network to create positive role models and support data completion of equality fields within ESR.</p>	<p>Equality & Inclusion Lead and ESR Lead & Pay Services Manager.</p> <p><u>Review March 2019.</u></p>
<p>2. Increasing the diversity of the Trust's workforce across all bands and services.</p>	<p>Both Trusts: there is a small improvement for the appointment of BME staff. The relative likelihood rate of White Staff being appointed from shortlisting compared to BME staff has shown a small decline.</p> <p>In SSOTP: BME applicants are 1.3 times unlikely as to be</p>	<p>1. Provide assurance that all equality data fields are completed as requested and recorded at the point of application and shortlisting. All equality fields are recorded within the ESR data set upon successful recruitment.</p>	<p>Equality & Inclusion Lead, Head of Recruitment and Head of Workforce</p>

	<p>appointed within the Trust in comparison to a White applicant. Last year this was 1.59 times unlikely.</p> <p>In SSSFT: BME applicants are 1.02 times unlikely to be appointed within the Trust in comparison to a White applicant. Last year this was 1.49 times unlikely.</p>	<p>2. Develop opportunities for Staff at successful recruitment to complete ESR data re: Equality demographics</p> <p>3. Scope opportunities and initiatives to standardise reporting of applicant activity against equality groupings in order to identify any improvements, trends and patterns. This needs to be analysed against clinical and non- clinical roles as well as pay band and linked to all the stages of recruitment (shortlisting etc)</p> <p>4. Add information to job adverts and other recruitment documentation to encourage applicants from under-represented groups to apply and to disclose their equality data in confidence by emphasising the need for us to use this information to ensure that the Trust is treating people fairly.</p> <p>5. Seek to make better use of technology and social media to reach and attract potential candidates from all protected characteristic communities. Specific media opportunities to be scoped. This includes widening participation: work experience, apprenticeship opportunities.</p> <p>6. Send bulletin of vacancies into community settings such as community based groups, places of worship etc.to maximise exposure of vacancies across the Trust.</p>	<p>Development & Learning.</p> <p><u>Review March 2019.</u></p>
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		<p>7. To undertake a random selection audit to review actual shortlisting practices and criteria used.</p> <p>8. To review interviewer training and refresher training provided for recruiting managers to raise awareness of equality and diversity issues, with a review of the unconscious bias as a component of the training.</p> <p>9. Encourage all staff involved in recruitment and selection processes to attend appropriate training so that they are aware of the Trust aims to make selection a fairer process and the link to the Equality Objective Representative workforce.</p> <p>10. Utilise members from BME staff inclusion network and BME governors to be role models for Trust recruitment and related campaigns</p> <p>11. Undertake analysis of BME apprenticeships, work experience etc and develop initiatives/positive action to encourage people from BME groups e.g. work with schools where high numbers of BME students.</p> <p>12. Undertake an equality demographics analysis of the Exit interview/ Leavers data to help identify reasons BME staff leave the Trust and inform Trust's Recruitment and Retention Strategies.</p>	
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<p>3. Provision of ongoing assurance and evidence that the implementation of the disciplinary process is fair for all staff and that the equality demographics for staff entering the disciplinary process are robustly recorded.</p>	<p>Both Trusts: work is required to maintain consistent equality data on ESR and the ethnicity of those entering the formal disciplinary process.</p> <p>In SSOTP: This year it is noted that of staff who entered a disciplinary process all staff had White ethnic group recorded. However last year's WRES data highlighted BME staff were 3.72 times more likely to enter the formal process.</p> <p>In SSSFT: Last year's WRES data highlighted the gap in completion of ethnicity of staff entering the formal process. This year the data highlights BME staff are 2.45 times more likely to enter the formal process. It is to be noted that this does evidence an increase but highlights the work of the trust to robustly record the ethnicity.</p> <p>BME staff have an increased relative likelihood of 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.</p> <p>The Trust moving forward needs to assure that the implementation of the disciplinary process is fair for all staff and that the equality demographics for staff entering the disciplinary process are robustly recorded.</p> <p>The Trust will provide a regular review of its disciplinary data in order to identify and patterns or overrepresentation of staff groups.</p>	<ol style="list-style-type: none"> 1. The Trust to have a robust formal and informal disciplinary register/record whereby the equality data is recorded consistently and robustly for all staff upon entry. 2. The data on this register is then reviewed on a minimum of a six monthly basis to identify any patterns such as same teams, over representation of any equality group, staff group or pay band and appropriate actions and findings to be reported to the Workforce and Development Committee. 3. Human Resources to share an overview of this disciplinary data with line managers and to work with them to try to encourage them to address conduct issues earlier and at a more informal level, where appropriate. 4. Undertake a review and quality assure the EA of the disciplinary policy and guidance notes to ensure that there is clear guidance on addressing issues at an early, informal stage where possible and appropriate. To ensure that there is a link with the Bullying and Harassment Policy: Dignity and Respect at work policy. 5. The BME Staff Inclusion Network to support the development of the Managers and staff guide related to the dignity and respect at work policy linking this with the Trust Values and behaviour framework. 6. To encourage managers undertaking 	<p>Equality & Inclusion Lead and Head of Human Resources.</p> <p><u>Review March 2019.</u></p>
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		<p>disciplinary investigations, hearings and appeals to undertake equality and diversity training prior to carrying out these roles in order to increase awareness of equality and cultural competence issues and how they relate to the disciplinary process.</p> <p>7. To undertake more in depth analysis of the qualitative and quantitative data to identify any issues and trends by directorate, by profession and by band.</p> <p>8. To publicise the disciplinary policy and procedure to further ensure that staff are aware of the expectations of them in terms of conduct and that they understand the potential consequences of failure to comply.</p> <p>9. Publicise across all staff groups the values behaviours and practices expected of Trust employees promoting an inclusive culture and working environment.</p>	
<p>4. Provision of ongoing assurance and evidence that there is equality of opportunity in career development and within learning and development opportunities for BME Staff across the Trust.</p>	<p>Both Trusts: It is noted that there is a requirement to improve the recording of equality data during the processes of recording staff accessing non mandatory training.</p> <p>In SSOTP: the likelihood rate has shown a slight decrease from last year's 1.17 to this year's 0.87</p> <p>In SSSFT: the likelihood rate was recorded as 0.46 it is noted that there were high numbers of Ethnicity not known/recorded.</p> <p>Both Trusts: there was a decrease in percentage rate</p>	<p>1. Improve the reliability of training data to obtain a clearer and more accurate picture of staff access to non-mandatory training and areas of training.</p> <p>2. The Trust will review the current position with regard to the recording of all training and assesses the options to increase data recording of all training and development accessed by staff. Explore opportunities to link the Training and Development database with ESR to capture training data by</p>	<p>Equality & Inclusion Lead, Head of Workforce Development & Learning and Head of OD & Leadership.</p>

believing that the Trust provides equal opportunities for career progression or promotion across both groups of staff. There needs to be a high priority action to address this area within the Trust.

In SSOTP: the rate has slightly decreased for the White staff group (from 90.87% to 89.03%) but there was a **10% decrease amongst the BME staff group** (from 84.62% to 73.33%).

In SSSFT: the rate has slightly decreased for the White staff group (from 90.25% to 89.24%) and a slight decrease for the BME staff group (from 82.35% to 81.36%)

There is a significant disproportion of BME staff reporting that they do not believe the Trust provides Equal opportunities in employment.

It is noted that the NHS Staff Survey and the 2018 WRES analysis, a disproportionate number of BME staff do not believe the Trust to provide equality of opportunity in learning and development and career promotion.

Moving forward the Trust needs to assure equality of opportunity in career development and learning and development through the increase in numbers of BME staff accessing non mandatory training and positive action to support BME staff for career development opportunities.

ethnicity.

3. Further analysis should be undertaken to understand any areas of under-representation (either by BME or white staff) in terms of accessing non-mandatory training and to identify directorates, roles or job bands where further review or action is required.

4. Identify from the BME staff inclusion network where any barriers exist to access training across the Trust: triangulating findings with the NHS Staff Survey and their own Trust experience. Identify actions to address any barriers that are identified.(Link with action 7 within this Priority).

5. Identify ways in which the Trust can increase participation by BME staff in the available programmes designed to create a level playing field for BME staff and to give those with the talent and potential to move into senior leadership roles the tools to do so. (Link to WRES indicators 1 and 9)

6. Ensure the Trust has an updated Equality Analysis for all training and development policies and procedures including within the career progression pathway/processes to ensure identified actions to address any unequal and positive action.

7. Undertake some Listening and engagement work with all staff, e.g.

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		<p>Diversity Staff Networks with support from the Equality and Inclusion Manager, to improve the Trusts understanding of staff perceptions and experiences about fairness and equal opportunities in career progression and promotion and result in appropriate action to improve the position.</p> <p>8. Workforce marketing to include positive actions around equal opportunities and career progression/promotion for BME Staff.</p> <p>9. Review the responses to the staff survey question relating to whether the Trust acts fairly in relation to career progression and promotion in more detail on an annual basis to establish what changes take place over time. Ensure that this forms part of discussions with Clinical Directorates as part of the mainstream NHS survey analysis work and related survey action plans.</p>	
<p>5. Decreasing the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</p>	<p>Both Trusts: There has been an increase in BME staff experiencing harassment, bullying or abuse within both Trusts over the last 12 months. There needs to be a high priority action to address this area within the Trust.</p> <p>In SSOTP: There has been an increase in experience for White staff (from 20.75% to 21.97%) and BME staff (from 18.63% to 31.87%). The BME staff rate has increased by 12%</p>	<p>1. A refreshed communication campaign to all service users and visitors to the Trust regarding the Trust approach to bullying, harassment, abuse and violence to staff. Linking with the conflict resolution policy, Trust values and dignity and respect policy, including Trust confidential Respect email: respect@mpft.nhs.uk</p> <p>2. Review mechanisms available to staff to report incidents to ensure that these are easy to access, quick and simple to use and</p>	<p>Equality & Inclusion Lead, Head of Human Resources, Risk Management Manager and Communications Manager.</p>

	<p>In SSSFT: The rate for White staff has remained static (from 25.33% to 25.27%) and BME staff have recorded an increase of 5% (from 27.22% to 33.76%)</p> <p>Decrease the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</p>	<p>that appropriate responses are received by staff who report to ensure that they are aware of action taken. Publicise the incident reporting process to encourage staff to report issues.</p> <p>3. Ensure a process is in place to support staff where an incident has occurred offering support from EI manager, Staff support services . This should be publicised regularly to staff in high risk areas.</p> <p>4. Review the data available to identify service areas where staff are reporting high incidence of occurrence and identify actions to address with the local service user and staff groups.</p> <p>5. Review the data available on penalties issued to patients to ascertain whether the current process is resulting in appropriate action being taken.</p> <p>6. Ensure consistent information is given to all staff re: Hate Crimes, Freedom to Speak Up and Raising Concerns initiatives.</p>	<p><u>Review March 2019.</u></p>
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<p>6. Decreasing the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</p>	<p>Both Trusts: White staff have reported an increase whilst BME staff have shown a fall in percentage. However rates are high and there needs to be a high priority action to address this area within the Trust.</p> <p>In SSOTP: The rate has increased for White staff (from15.80% to 16.84%) and for BME staff the rate has decreased (from 24% to 19.78%) by 4%.</p> <p>In SSSFT: The rate has increased for White staff (from 16.93% to 18.09%) and for BME staff the rate has slightly decreased (from 21.02% to 20.11%).</p> <p>Decrease the percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months</p>	<ol style="list-style-type: none"> 1. Undertake a refreshed communication campaign to staff regarding bullying and unacceptable behaviours, re-emphasising the zero tolerance approach and the Trust values and behaviour framework including Trust Respect email: respect@mpft.nhs.uk 2. In areas where bullying has been identified as an issue, consider implementing a programme of anti-bullying training and poster campaigns which set out Trust expectations regarding acceptable behaviours and pathways of support and sanctions. 3. Work with the BME staff inclusion network to look development of guide/resources supporting the dignity at work policy which incorporates an element of assertiveness and/or resilience training to give staff some tools and to help them feel more confident in addressing or reporting behaviours which make them feel uncomfortable. 4. Undertake annual reviews of the Trust Bullying and Harassment Policy against the findings and feedback from NHS Staff survey, internal surveys and reporting figures. 5. Scope implementation of Call to Action, Freedom to Speak Up and Respect campaigns. 	<p>Equality & Inclusion Lead, Head of Human Resources and Head of OD & Leadership.</p> <p><u>Review March 2019.</u></p>
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		6. Scope Trust wide implementation to the Cultural Ambassador RCN program and Reverse Mentoring.	
7. Decreasing the number of Staff that personally experience discrimination at work from A Manager/Team Leader or other colleagues	<p>Both Trusts: there has been an increase in percentage rates experiencing discrimination at work. More work and analysis is required as a high priority action to address this area within the Trust.</p> <p>In SSOTP: the White staff percentage has remained almost static (from 4.54% to 4.39%) and for the BME staff the rate has increased by 2% (from 10.68% to 12.90%)</p> <p>In SSSFT: the White staff percentage has increased by nearly 2% (from 4.88% to 6.51%) and for the BME staff the rate has decreased by just over 2% (from 13.92% to 11.56%).</p> <p>Decrease the percentage of BME staff experiencing harassment, bullying or abuse from managers/team leaders in the last 12 months.</p>	<ol style="list-style-type: none"> 1. Undertake further data analysis work on areas of service / directorate where this is reported and deliver key messages to staff of Trust expectations in relation to the dignity at work policy and dignity and respect Charter. 2. Actively promote and support the production of equality in the workplace guide for staff looking at inclusive culture and promoting equality in the workplace. 3. Develop awareness through existing and new initiatives for manager training/awareness to reiterate and include the messages of equality and identification of behaviours and practices that can be identified as discrimination. 4. Ensure managers and team leaders are up to date with the Trust's equality training including Unconscious bias awareness. 	<p>Equality & Inclusion Lead and Head of Human Resources.</p> <p><u>Review March 2019.</u></p>

		<p>5. Develop Equality Ambassadors- from the Inclusion networks- that will support colleagues in the workplace who are experiencing discrimination.</p> <p>6. In areas where bullying has been identified as an issue, consider implementing a programme of anti-bullying training and positive action campaigns which set out Trust expectations regarding acceptable behaviours and pathways of support and sanctions. (Link with WRES Priority 6).</p>	
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