

## Workforce Race Equality Standard Progress Report July 2018

### 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, approved in July 2016 and integrated into the Trust's Equality & Diversity Action Plans. (The current plan is included in the 2017-2018 Equality & Diversity Annual Report.)

### 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 UNIFY2 by the deadline of 10<sup>th</sup> August 2018. This data forms the basis of NHS England's report into the WRES which is due in late 2018/early 2019. It also includes progress to date against the WRES actions included in the Equality & Diversity Action Plans published in August 2016 and September 2017, together with additional suggested actions for 2018/2019.

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

**Workforce Race Equality Standard (WRES) – 2018 Report**

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

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

1	<p><b>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 &amp; Dental staff</b></p>
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Data for reporting year (2018)	Data for previous year (2017)	Narrative	Action taken and planned																																																																																				
<p>Overall workforce = 83.1% White and 14.8% BME (2% unknown/not given) Non-Clinical Staff</p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>45.8%</td><td>52.6%</td></tr> <tr><td>Band 2</td><td>87.0%</td><td>12.0%</td></tr> <tr><td>Band 3</td><td>89.4%</td><td>10.0%</td></tr> <tr><td>Band 4</td><td>94.1%</td><td>5.0%</td></tr> <tr><td>Band 5</td><td>92.1%</td><td>7.5%</td></tr> <tr><td>Band 6</td><td>92.3%</td><td>7.0%</td></tr> <tr><td>Band 7</td><td>95.0%</td><td>4.3%</td></tr> <tr><td>Band 8A</td><td>94.8%</td><td>5.2%</td></tr> <tr><td>Band 8B</td><td>97.9%</td><td>2.1%</td></tr> <tr><td>Band 8C</td><td>95.5%</td><td>4.5%</td></tr> <tr><td>Band 8D</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 9</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>VSM</td><td>100.0%</td><td>0.0%</td></tr> </tbody> </table> <p>(Where the totals do not add up to 100%, the ethnicity of the remaining staff is not known or not stated.)</p>		White	BME	Band 1	45.8%	52.6%	Band 2	87.0%	12.0%	Band 3	89.4%	10.0%	Band 4	94.1%	5.0%	Band 5	92.1%	7.5%	Band 6	92.3%	7.0%	Band 7	95.0%	4.3%	Band 8A	94.8%	5.2%	Band 8B	97.9%	2.1%	Band 8C	95.5%	4.5%	Band 8D	100.0%	0.0%	Band 9	100.0%	0.0%	VSM	100.0%	0.0%	<p>Overall workforce = 83.9% White and 15.3% BME (0.9% NULL/Not stated/Not given) Non-Clinical Staff</p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>47.8%</td><td>50.7%</td></tr> <tr><td>Band 2</td><td>87.5%</td><td>12.1%</td></tr> <tr><td>Band 3</td><td>90.4%</td><td>9.6%</td></tr> <tr><td>Band 4</td><td>94.1%</td><td>5.7%</td></tr> <tr><td>Band 5</td><td>94.1%</td><td>5.9%</td></tr> <tr><td>Band 6</td><td>89.7%</td><td>9.6%</td></tr> <tr><td>Band 7</td><td>96.0%</td><td>4.0%</td></tr> <tr><td>Band 8A</td><td>93.0%</td><td>7.0%</td></tr> <tr><td>Band 8B</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 8C</td><td>95.5%</td><td>5.0%</td></tr> <tr><td>Band 8D</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>Band 9</td><td>100.0%</td><td>0.0%</td></tr> <tr><td>VSM</td><td>100.0%</td><td>0.0%</td></tr> </tbody> </table> <p>(Where the totals do not add up to 100%, the ethnicity of the remaining staff is not known or not stated.)</p>		White	BME	Band 1	47.8%	50.7%	Band 2	87.5%	12.1%	Band 3	90.4%	9.6%	Band 4	94.1%	5.7%	Band 5	94.1%	5.9%	Band 6	89.7%	9.6%	Band 7	96.0%	4.0%	Band 8A	93.0%	7.0%	Band 8B	100.0%	0.0%	Band 8C	95.5%	5.0%	Band 8D	100.0%	0.0%	Band 9	100.0%	0.0%	VSM	100.0%	0.0%	<p>Data is as at 31<sup>st</sup> March 2017 and 31<sup>st</sup> March 2018, as submitted via UNIFY2.</p> <p>The percentage shown is for each pay band. Whilst the percentage of BME staff in the lowest band (Band 1) is much higher than that in the overall workforce, BME staff are under-represented in other Agenda for Change pay bands, especially at senior levels.</p> <p>The exception is Band 5 non-medical clinical staff – typically from the Nursing &amp; Midwifery staff group.</p> <p>Non-clinical staff on Band 1 would typically be from the Estates &amp; Ancillary staff group.</p> <p>Clinical Staff on Medical &amp;</p>	<p><i>Actions taken:</i> Training to raise awareness of unconscious bias/stereotyping included in Recruiting the Best training for recruiting managers from November 2016. Also included in Corporate Induction section on Equality &amp; Diversity and revised Equality, Diversity &amp; Human Rights training, available from end of February 2017. Anonymising of application forms as presented for shortlisting.</p> <p><i>Planned actions for 2017/2018 (ongoing):</i></p> <ul style="list-style-type: none"> <li>Remedy the disproportionately high numbers of Medical &amp; Dental staff with unknown or unrecorded ethnicity</li> <li>Encourage more applicants from BME backgrounds through promoting career opportunities (including apprenticeships and traineeships) in appropriate local schools &amp; colleges</li> </ul>
	White	BME																																																																																					
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Clinical Staff - Non-Medical			Clinical Staff - Non-Medical			Dental pay grades more closely align with the ethnic make-up of the overall workforce.	<ul style="list-style-type: none"> <li>Apprentice recruitment data (including gender, ethnicity, age etc) will be tracked and reported upon to the Education Skills Funding Agency and thereby shared with HM Inspectorate Ofsted to inform a future inspection of the Trust's apprenticeship provision</li> <li>Review the advertising and selection process for internal opportunities to ensure transparency and equality of opportunity</li> </ul>
	White	BME		White	BME		
Band 1	65.1%	33.9%	Band 1	67.5%	31.6%	Where the totals do not add up to 100%, the ethnicity of the remaining staff is not known or not stated. This is most frequent among Medical & Dental grades. (137 of 191 staff with unknown or not stated ethnicity in the whole workforce.)	
Band 2	80.4%	19.3%	Band 2	80.7%	19.1%		
Band 3	87.1%	12.9%	Band 3	88.5%	11.5%		
Band 4	92.4%	7.6%	Band 4	91.8%	8.2%		
Band 5	79.3%	19.8%	Band 5	78.6%	20.5%		
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Band 8C	95.1%	2.4%	Band 8C	97.1%	2.9%		
Band 8D	87.5%	0.0%	Band 8D	90.0%	0.0%		
Band 9	100.0%	0.0%	Band 9	100.0%	0.0%		
VSM	100.0%	0.0%	VSM	100.0%	0.0%		
Clinical Staff - Medical & Dental			Clinical Staff - Medical & Dental				
	White	BME		White	BME		
Consultants (including Senior Medical Staff)	80.4%	16.0%	Consultants (including Senior Medical Staff)	82.1%	15.7%		
Non-consultant career grades	64.0%	25.8%	Non-consultant career grades	70.6%	27.1%		
Trainee grades	73.3%	11.7%	Trainee grades	81.3%	14.4%		
Other	47.6%	4.8%	Other	50.0%	50.0%		

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 Corporate Objective for 2018/2019:  
Significant increase in the percentage of staff who are BAME, particularly at management levels

**Planned additional action(s) for 2018/2019:**

- Work with Bristol Manifesto for Race Equality HR Leads to develop city-wide recruitment initiatives
- Develop a workplan to ensure the Trust is promoted as an employer of choice to people from all protected groups
- 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.
- 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.

<b>2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts</b>			
<i>Data for reporting year (2018)</i>	<i>Data for previous year (2017)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
White staff 2.23 times more likely to be appointed from shortlisting than BME staff.	White staff 1.9 times more likely to be appointed from shortlisting than BME staff.	<p>Data is for April 2016 to March 2017 and for April 2017 to March 2018, as submitted via UNIFY 2.</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 <a href="#">Equality Performance &amp; Objectives</a></p> <p>The numbers of staff appointed whose ethnicity has not been recorded continues to reduce.</p> <p>The data for white and BME staff being shortlisted from application shows that the relative likelihoods are much closer. This would seem to indicate that "blind" shortlisting is quite effective in removing the effect of unconscious bias. It also indicates the importance of ensuring that staff who interview are appropriately trained – including the impact of unconscious bias.</p>	<p><i>Actions taken:</i> As for Indicator 1, above relating to Recruitment.</p> <p><i>Planned actions for 2017/2018 (ongoing):</i> As for Indicator 1, above relating to Recruitment.</p> <p><i>Links to the Equality &amp; Diversity Strategic Objective for 2016 – 2019:</i> <b>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</b></p> <p><i>Links to the Corporate Objective for 2018/2019:</i> Significant increase in the percentage of staff who are BAME, particularly at management levels</p>

**Planned additional action(s) for 2018/2019:**

Additional actions described for Indicator 1 should also influence the outcomes for this indicator.

**3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation\***

**\*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year**

<i>Data for 2018</i>	<i>Data for 2017</i>	<i>Data for 2016</i>	<i>Narrative</i>	<i>Action taken and planned</i>
Relative likelihood of BME staff entering the formal disciplinary process is <b>3.2</b> times greater than white staff	Relative likelihood of BME staff entering the formal disciplinary process is <b>2.38</b> times greater than White staff	Relative likelihood of BME staff entering the formal disciplinary process is <b>2.49</b> times greater than White staff	<p>2016 data is for cases live between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016, excluding ongoing cases live during the previous reporting period.</p> <p>2017 data is for cases live between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017, excluding cases live during the previous reporting period.</p> <p>2018 data is for cases live between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018, excluding cases live during the previous reporting period.</p> <p>All as submitted via UNIFY2.</p> <p>The number of cases involving members of staff in lower pay bands remains relatively high, and there has been an increase in reporting of cases involving medical and dental staff.</p> <p>22 cases involving estates &amp; ancillary staff – 11 of them BME staff.</p>	<p><i>Actions taken:</i></p> <p><i>Further analysis of the data for 2015/2016 and 2016/2017, comparing entry into the disciplinary process by pay band shows that the majority of cases involve staff from lower pay bands. 50.7% of non-clinical staff in Band 1 are from BME backgrounds (as at 31<sup>st</sup> March 2017).</i></p> <p><i>Planned actions for 2017/2018 (ongoing):</i></p> <ul style="list-style-type: none"> <li><i>Further examination of the last two years' worth of data to identify any particular areas or departments with a particularly high incidence of disciplinary cases</i></li> <li><i>Joint HR/Staff Side 'surgeries' where the application of the disciplinary policy and process is discussed with managers, supervisors and staff</i></li> <li><i>Actions in Divisional Improving Staff Experience plans to reduce the number of formal disciplinary cases – especially involving BME staff – where appropriate</i></li> </ul> <p><i>Links to the Equality &amp; Diversity Strategic Objective for 2016 – 2019:</i></p> <p><b>To work towards a more inclusive and supportive working environment for all of our staff.</b></p>

**Planned additional action(s) 2018/2019:**

- Audit of equitable application of Disciplinary Policy and Procedure within Employee Services

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

<i>Data for reporting year (2018)</i>	<i>Data for previous year (2017)</i>	<i>Narrative</i>	<i>Action taken and planned</i>												
<p>Relative likelihood of white staff accessing non-mandatory training is 1.42 times greater.</p>	<p>Complete data not available.</p>	<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 UNIFY2 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 Q18a of the 2017 National Staff Survey have been used.</p> <table border="1" data-bbox="640 683 1400 1002"> <thead> <tr> <th><b>Descriptor</b></th> <th><b>BME 2017</b></th> <th><b>White 2017</b></th> </tr> </thead> <tbody> <tr> <td>Number of staff in workforce</td> <td>1,398</td> <td>7,829</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>297</td> <td>2,362</td> </tr> <tr> <td>Likelihood of receiving such training</td> <td>0.212</td> <td>0.301</td> </tr> </tbody> </table> <p><b>Relative likelihood of White staff accessing non-mandatory training compared to BME staff (0.301/0.212) = 1.42 times greater</b></p>	<b>Descriptor</b>	<b>BME 2017</b>	<b>White 2017</b>	Number of staff in workforce	1,398	7,829	Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	297	2,362	Likelihood of receiving such training	0.212	0.301	<p><i>The recording and reporting of non-Mandatory training data was included in the WRES action plans for 2015 and 2016.</i></p> <p><i>Planned actions for 2017/2018:</i></p> <ul style="list-style-type: none"> <li><i>Divisional E&amp;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</i></li> <li><i>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.</i></li> </ul> <p><i>Links to the Equality &amp; Diversity Strategic Objectives for 2016 – 2019:</i></p> <p><b>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</b></p> <p><b>To work towards a more inclusive and supportive working environment for all of our staff.</b></p>
<b>Descriptor</b>	<b>BME 2017</b>	<b>White 2017</b>													
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**Planned additional action(s) for 2018/2019:**

- 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.

**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 <b>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>				
<i>Data for 2018 (2017 Survey results)</i>	<i>Data for 2017 (2016 Survey results)</i>	<i>Data for 2016 (2015 Staff Survey results)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
White 26.16%  BME 25.00%	White 27.22%  BME 27.86%	White 28.12%  BME 30.36%	<p>Data is based on the National Staff Survey returns, as submitted via UNIFY2. (All substantive staff receive a Staff Survey to complete.)</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey result for 2017:</p> <p>White: 27% BME: 28%</p> <p><i>The 2016 data is included for comparison. The official template requires only two years' worth of data.</i></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>Actions taken:</i> Harassment &amp; Bullying Advisors continue to provide support through a confidential helpline and email address on a rota basis. Staff awareness that clinical incident reporting can be used to report incidents of harassment, bullying, abuse or discrimination by patients, relatives and the general public raised through Divisional E&amp;D reps.</p> <p><i>Actions planned 2016/2017 (ongoing):</i> Through the Equality &amp; Diversity Group, explore how best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.</p> <p><i>Actions planned 2017/2018 (ongoing):</i></p> <ul style="list-style-type: none"> <li>• Targeted interventions at Divisional level where Staff Survey results have indicated there is a need (Divisional Improving Staff Experience plans will include details)</li> <li>• 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.)</li> </ul> <p><i>Links to the Equality &amp; Diversity Strategic Objective for</i></p>

				<p>2016 – 2019: <b>To work towards a more inclusive and supportive working environment for all of our staff.</b></p>
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**Planned additional action(s) 2018/2019:**

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

<b>6</b>	<b>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</b>
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Data for 2018 (2017 Survey results)	Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Narrative	Actions taken and planned
<p>White 22.61%</p> <p>BME 28.31%</p>	<p>White: 22.73%</p> <p>BME: 28.13%</p>	<p>White 25.06%</p> <p>BME 33.76%</p>	<p>Data is based on the National Staff Survey returns, as submitted via UNIFY2. (All substantive staff receive a Staff Survey to complete.)</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey results for 2017:</p> <p>White: 25%</p> <p>BME: 27%</p> <p>The 2016 data is included for comparison. The official template requires only two years' worth of data.</p> <p>In spite of all of the actions taken to tackle bullying and</p>	<p><i>Actions taken:</i></p> <p><i>Harassment &amp; Bullying Advisors continue to provide support through a confidential helpline and email address on a rota basis.</i></p> <p><i>Equality, Diversity &amp; Human Rights e-learning package available to all staff from end of February 2017. Includes section on harassment and bullying at work. Included in Essential Training 3-yearly updates from September/October 2017.</i></p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Targeted interventions at Divisional level where Staff Survey results have indicated there is a need as part of Divisional Improving Staff Experience plans</i></li> <li>• <i>Provision of face to face Equality, Diversity &amp; Human Rights training – from October 2017</i></li> <li>• <i>Launch of Leadership Behaviours at UH Bristol during August 2017 – workshops promoting positive leadership behaviours cascaded during Autumn 2017.</i></li> </ul>



			<p>harassment at work, these are still unacceptably high scores.</p>	<ul style="list-style-type: none"> <li>Promotion of Freedom to Speak Up Guardian and Advocates as additional sources of support</li> </ul> <p>Links to the Equality &amp; Diversity Strategic Objective for 2016 – 2019: <b>To work towards a more inclusive and supportive working environment for all of our staff.</b> Corporate plan 2018/2019: Reduction of 30% in experience of bullying &amp; harassment as reported in the Staff Survey</p>
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**Planned additional action(s) 2017/2018:**

- Senior Leader workshop in September to discuss different approaches to tackling bullying and harassment. A detailed plan will be presented to the Senior Leadership Team in November 2018.
- Divisions to identify service actions and interventions to improve this result as part of Divisional Improving Staff Experience Plans

<b>7</b>	<b>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</b>
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Data for 2018 (2017 Survey results)	Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Narrative	Action taken and planned
White 90.57% BME 69.29%	White 90.54% BME 77.49%	White 89.42% BME 73.26%	<p>Data is based on the National Staff Survey returns, as submitted via UNIFY2. (All substantive staff receive a Staff Survey to complete.)</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey results for 2017:                      White: 87%                      BME: 75%</p>	<p><i>Actions taken:</i>                      Training to raise awareness of unconscious bias/stereotyping included in Recruiting the Best training for recruiting managers from November 2016. Also included in Corporate Induction section on Equality &amp; Diversity and revised Equality, Diversity &amp; Human Rights training, available from end of February 2017.</p> <p><i>Planned actions 2017/2018 (ongoing):</i></p> <ul style="list-style-type: none"> <li>Review the advertising and selection process for internal opportunities to ensure transparency and equality of opportunity</li> <li>The Trust is developing progression and learning pathways for existing staff, through the</li> </ul>

			<p><i>The 2016 data is included for comparison. The official template requires only two years' worth of data.</i></p> <p><i>It is evident that the perception of BME staff is that opportunities for career progression are limited. It has therefore been defined as an organisational priority in Divisional Improving Staff Experience Plans to identify service actions and interventions to improve this result.</i></p>	<p><i>apprenticeship structure, to develop within their career and into leadership and management opportunities</i></p> <ul style="list-style-type: none"> <li><i>Divisional E&amp;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</i></li> </ul> <p><i>Links to the Equality &amp; Diversity Strategic Objectives for 2016 – 2019:</i> <b>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</b></p> <p><b>To work towards a more inclusive and supportive working environment for all of our staff.</b></p> <p><i>Links to the Corporate Objective for 2018/2019:</i> <i>Significant increase in the percentage of staff who are BAME, particularly at management levels</i></p>
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**Planned additional action(s) 2018/2019:**

- Work with Bristol Manifesto for Race Equality HR Leads to develop city-wide recruitment initiatives
- Develop a workplan to ensure the Trust is promoted as an employer of choice to people from all protected groups
- 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.

8	<b>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</b>
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Data for 2018 (2017 Survey results)	Data for 2017 (2016 Survey results)	Data for 2016 (2015 Staff Survey results)	Narrative	Action taken and planned
White 6.96%  BME 16.01%	White 6.33%  BME 13.45%	White 6.08%  BME 17.36%	<p>Data is based on the National Staff Survey returns, as submitted via UNIFY2. (All substantive staff receive a Staff Survey to complete.)</p> <p>The following are the average (median) scores for acute trusts, as taken from the published full NHS Staff Survey results for 2017:</p> <p>White: 7% BME: 15%</p> <p><i>The 2016 data is included for comparison. The official template requires only two years' worth of data.</i></p> <p><i>The rise in the number of BME staff who tell us through the Staff Survey that they have experienced discrimination at work from a colleague is also concerning. It has also been defined as an organisational priority in Divisional Improving Staff Experience Plans to identify service actions and interventions to improve this result.</i></p>	<p><i>Actions taken:</i> <i>Harassment &amp; Bullying Advisors continue to provide support through a confidential helpline and email address on a rota basis.</i></p> <p><i>New Equality, Diversity &amp; Human Rights e-learning package available to all staff from end of February 2017. Includes section on harassment and bullying at work. Included in Essential Training 3-yearly updates from September/October 2017.</i></p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Targeted interventions at Divisional level where Staff Survey results have indicated there is a need as part of Divisional Improving Staff Experience plans</i></li> <li>• <i>Provision of face to face Equality, Diversity &amp; Human Rights training – from October 2017</i></li> <li>• <i>Launch of Leadership Behaviours at UH Bristol during August 2017 – workshops promoting positive leadership behaviours cascaded during Autumn 2017.</i></li> <li>• <i>Promotion of Freedom to Speak Up Guardian and Advocates as additional sources of support</i></li> <li>• <i>Inclusion events promoting the Trust's three Staff Forums (including BAMEW Forum) to raise awareness of support available to staff from their peers</i></li> </ul> <p><i>Actions planned 2016/2017 (ongoing):</i> <i>Through the Equality &amp; Diversity Group, explore how</i></p>

				<p><i>best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.</i></p> <p><i>Links to the Equality &amp; Diversity Strategic Objective for 2016 – 2019:</i> <b>To work towards a more inclusive and supportive working environment for all of our staff.</b></p>
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**Planned additional action(s) 2017/2018:**

- Senior Leader workshop in September to discuss different approaches to tackling bullying and harassment. A detailed plan will be presented to the Senior Leadership Team in November 2018.
- Divisions to identify service actions and interventions to improve this result as part of Divisional Improving Staff Experience Plans

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

<b>9</b>	<b>Percentage difference between the organisations’ Board voting membership and its overall workforce, and the Board’s Executive membership and its overall workforce</b>
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<i>Data for 2018</i>	<i>Data for 2017</i>	<i>Narrative</i>	<i>Action taken and planned</i>
<p>93.8% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 14.8% Percentage difference between Voting Board Membership &amp; overall workforce = -14.8%</p> <p>Exec Board membership = 100% White</p>	<p>93.8% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 15.3% Percentage difference between Voting Board Membership &amp; overall workforce = -15.3%</p> <p>Exec Board membership = 100% White</p>	<p>Data as submitted via UNIFY2 in 2017 and 2018.</p> <p>Please note that from 2017 the UNIFY2 submission asked for unknown/null ethnicity, hence the figures of less than 100%</p>	<p><i>Actions planned 2016/2017 (ongoing):</i> <i>A review of the criteria for selection of candidates by executive search agencies, ensuring they are committed to diversity.</i></p> <p><i>A review of the diversity of Governors in partnership with the Membership Office.</i></p> <p><i>These actions are still considered appropriate to address the apparent disparity between Board membership and the overall workforce.</i></p> <p><i>Links to the Equality &amp; Diversity Strategic Objectives for 2016 –</i></p>

			<p><i>2019:</i>  <b>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</b>  <b>To work towards a more inclusive and supportive working environment for all of our staff.</b>  <i>Links to the Corporate Objective for 2018/2019:</i>  <i>Significant increase in the percentage of staff who are BAME, particularly at management levels</i></p>
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## Conclusion

The Trust is committed to improving the response to the Staff Survey question about equal opportunities for career progression and is actively working to establish what is blocking progression and what the organisation can do to remove the barriers. The outcome of these discussions and actions taken by the Trust should also contribute to an increase in the number of BAME staff in more senior positions in the Trust.

Members of the Trust’s BAME Forum are actively engaged in these conversations 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

Also vital to the continuous improvement in the experience of our BME staff is the engagement of the Trust’s Senior Leaders. The Board welcomed a discussion with Yvonne Coghill (Director of WRES Implementation for NHS England) in September, and Yvonne will be returning in early 2019 to lead a workshop to engage with our senior leaders and other stakeholders. The Board is also being invited to take part in and champion the Reverse Mentoring Scheme.

Accountability for improving the experience of BME staff sits with the Trust Board. Progress is reported into the Board on a monthly basis through the People Committee.