Meeting Title	**Board**		
Meeting Date	**12ᵗʰ September 2018**		**Agenda No**
Report Title	Annual Equality and Diversity Report 2017/ 2018		
Lead Executive Director	**Liz Edelman, Head of HR**		
Report Authors	**Seyram Klu, Workforce Intelligence & Systems Manager** **Helen Aaron, Associate Director of HR**		
Action Required	Decision □ **Discussion** □ Monitoring □ *(please tick)*		
Strategic Objective(s)	*Objectives 2 and 5*		
Executive Summary	In accordance with best practice, this report provides an overview of the workforce profile with regards to the 9 protected characteristics according to the Equality Act 2010. It also provides the Board with the annual Workforce Race Equality Standard (WRES) Information for the Trust in line with the NHS requirements and reporting deadline of 30ᵗʰ September 2018		
Background / Context	The Equality Delivery System was been implemented by the NHS to ensure that NHS bodies follow the Equalities Act 2010 and to ensure that they consider Equality and Diversity in all policy-making, decisions and workforce activities Our commitment to ensuring Equality and Diversity within our workforce is important to the Trust in helping us to deliver safe, caring and excellent services in line with our Trust values. This report provides a snapshot of our Equalities data to facilitate discussion around what we could do better and what should be our focus. It sets the stage for work to be considered by the Equality and Diversity Steering Group and highlights the specific actions around the Workforce Race Equality Standard which the Group will take forward.		
Key Issue 1 *(replace with a brief summary of the issue)*	*N/A*		
Key Issue 2 *(insert more lines if required)*	N/A		
Timescale for Benefits to be Realised	*N/A*		

Assessment of Implications

Financial	Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trust? Yes / **No** Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trust? Yes / **No** If yes, can these implications be <u>fully</u> covered by existing budgets? Yes/No **N/A** If there are capital implications, the proposal was approved by the Capital Investment Group on __**N/A**_____ The above financial assessment has been approved by the Director of Finance / Deputy Director of Finance (delete as appropriate) on __**N/A**
Risk	*Non-compliance with WRES reporting deadline of 30th September 2019* *Lack of oversight and governance around the subject of Equality and Diversity in line with CQC Well Led requirements*
Equality and Diversity	This information provides detailed workforce profile information to identify potential trends for groups with protected characteristics which may require future analysis with regard to impact.
Freedom of Information	*No exemptions apply*
Other *Implications Identified (including patient safety and quality, legal and regulatory compliance)*	
Recommendation	The Board is invited to note this report
Appendices	N/A

1.0   INTRODUCTION

1.1   This report provides a snapshot of the Trust's workforce data in line with best practice to meet our responsibilities around the Equality Delivery System and the Equality Act 2010.

1.2   Section A presents the Trusts workforce data against the 9 protected characteristics namely: age; disability; gender reassignment; marriage and civil partnership; maternity; race (ethnicity); religion or belief; sex (gender); and sexual orientation. It goes further to review these against our major workforce activity i.e. recruitment, leavers (turnover), sickness absence and employee relations.

1.3   The information in the report covers 4946 staff, a snap shot of the Trust as at March 2018 while data analysis for leavers, employee relations and sickness cover 12 months of activity to March 2018.

1.4   Section B summarises the Trust's 2018 position on the Workforce Race Equality Standard (WRES) and the specific actions we will take to promote /and or address any areas of concern.

2.0   REPORT HIGHLIGHTS

2.1   The major highlights from the analysis show that at March 2018,

- The White / Black and Ethnic Minority (BME) profile is 68.32% vs 28.31% (3.38% not stated)
- Majority of our staff are females (75% females vs. 25% males)
- 71.84% of our staff are under 50 years and 28.16% are over 50.
- 1.82% of our staff have declared a disability status.
- 49% of staff are married and 35% are single and the rest unstated.
- 3.4% of the female workforce on maternity and adoption leave at March 18
- 65.18% of staff are heterosexual, 1.4% are bisexual/Gay or Lesbian. 13.42% do not wish to disclose their sexuality.
- 41.83% of our staff is Christian.
- There are significant gaps in the data we hold on our staff around disabilities, religion, sexual orientation and ethnicity at 25%, 17%, 20% and 3% respectively. We continue to request information from our staff and to ensure that as much information on diversity data is provided on starter sign-on with the Trust.
- The 2018 WRES report highlights areas for concern on BME workforce data which will be addressed in the associated action plan (Appendix 2).

Further details are provided in Sections A and B.

SECTION A – 2017/18 BTUH EQUALITY AND DIVERISTY REPORT

### 3.   ETHNICITY

3.1   Current Status
At March 2018, the Trust employed 4946 staff, 68.32% of which were White, 14.11% Asian, 7.72% Black, 4.93% Chinese or other and 1.54% Mixed. 3.38% of staff had not stated their ethnic origin.   Fig 1 and 2 below details the staffing breakdown by ethnic grouping and also by pay band.

Fig 1 Ethnicity Profile

14.11%
7.72%
4.93%
1.54%
3.38%
68.32%

■ Asian ■ Black ■ Chinese or Other ■ Mixed ■ Not stated ■ White
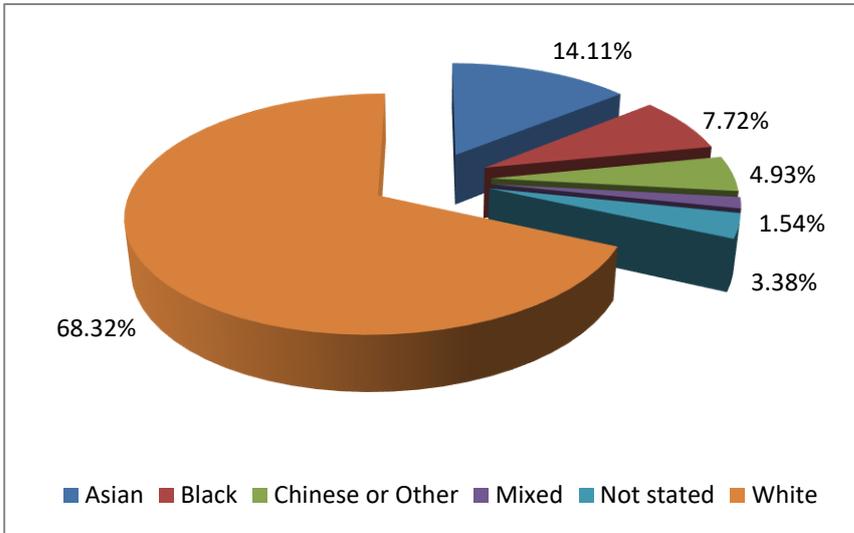
A further detailed breakdown by ethnic code as recorded in ESR in line with Health and Social Care Information (HSCIC) requirements is provided in Appendix 1. It shows the % staff composition in the 44 various ethnic origins from which the summary in the adjacent graph has been derived.

Fig 2   Ethnicity Profile by Band

■ White
■ Not stated
■ Mixed
■ Chinese or Other
■ Black
■ Asian
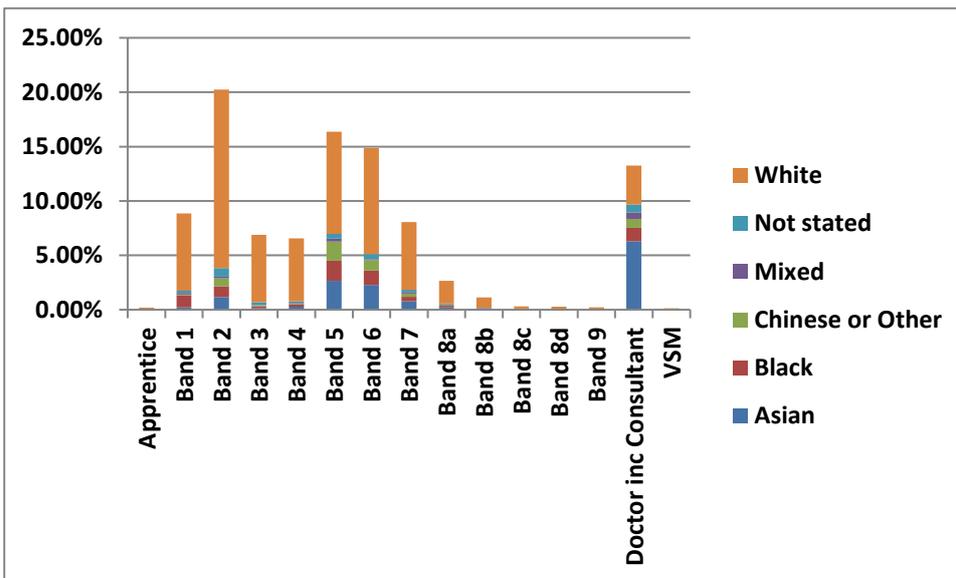
The adjacent graph shows ethnic distribution across staff pay bands. This indicates that the highest percentages of BME staff are within Band 2, Band 5/6 (nursing workforce) and the medical workforce.

Currently, 28.31% of our staff are of BME origin as compared to 68.32% white staff. We have an almost equal representation of BME and white staff in higher bands (Bands 8 , VSMs and Doctors) at 54.7% vrs 40.7%. However once doctors are excluded, the ratio of BME to white in higher bands changes to 19.2% vrs to 78.8% (2.13% unstated). Majority of staff in Band 1-5 are white as compared to BME (76% vs. 21%) while in Bands 6-7, 70% of staff as white and 27 % are of BME origin.

3.2   **Recruitment Activity**
Of 8598 white applicants over the 12 month period to March 2018, 5414 were shortlisted and 802 of these were appointed. Of 2446 Asian applicants, 1608 were shortlisted and 188 were appointed. Of 387 applicants of Mixed Origin, 255 were shortlisted and 20 appointed. Of 1946 Black applicants, 1259 were shortlisted and 145 were appointed. Of 426 applicants of Chinese or other origin, 272 were shortlisted and 46 were appointed.

The above information shows that a higher proportion of white staff (9%) was appointed in comparison to BME staff 8% as a percentage of their applicant numbers.

3.3 Leaver Activity

Leavers' data indicates that of 944 leavers in the 12 month period, 66.3% were white, 13.6% were Asian, 9.96% were Black, 3.4% Chinese, 3.4% Mixed. 3.4% of leavers did not have ethnicity stated.

This indicates that more BME staff left the Trust than white staff when compared to the general staffing profile of 28% vs. 68% (BME to White).

3.4 Sickness Absence Cases

Of the numbers of staff who went through absence management, 80.5 % of sickness cases were white staff, Asian 7%, Black 5.3%, Chinese 2.6%, Mixed Origin 1.3%. The rest (3.3%) had no ethnicity stated.

3.5 Employee Relations Activity

Of the numbers of staff for which there are capability, disciplinary, bullying or grievance cases 71.4% of these are white staff and the rest black and ethnic minorities (Black:10.1%, Asian:11.2%, Chinese 3.4%, Mixed: 3.9%. 0% of cases ethnicity was not stated). This data is representative of the general staffing profile where white staff is the majority.

4. AGE

4.1 Current Status

The composition of our workforce indicates that majority of our staff are between the ages of 41 to 45 and 26 to 30. Comparatively, 40% (2003) of our workforce is over the age of 45 compared to 60% (2943) under 45. The proportion of our staff above 50 and closer to retirement age is relatively high at 28.2% with an equally higher number of staff over 60 at 6.3%. The detail is shown below.

Fig 3 Age Profile
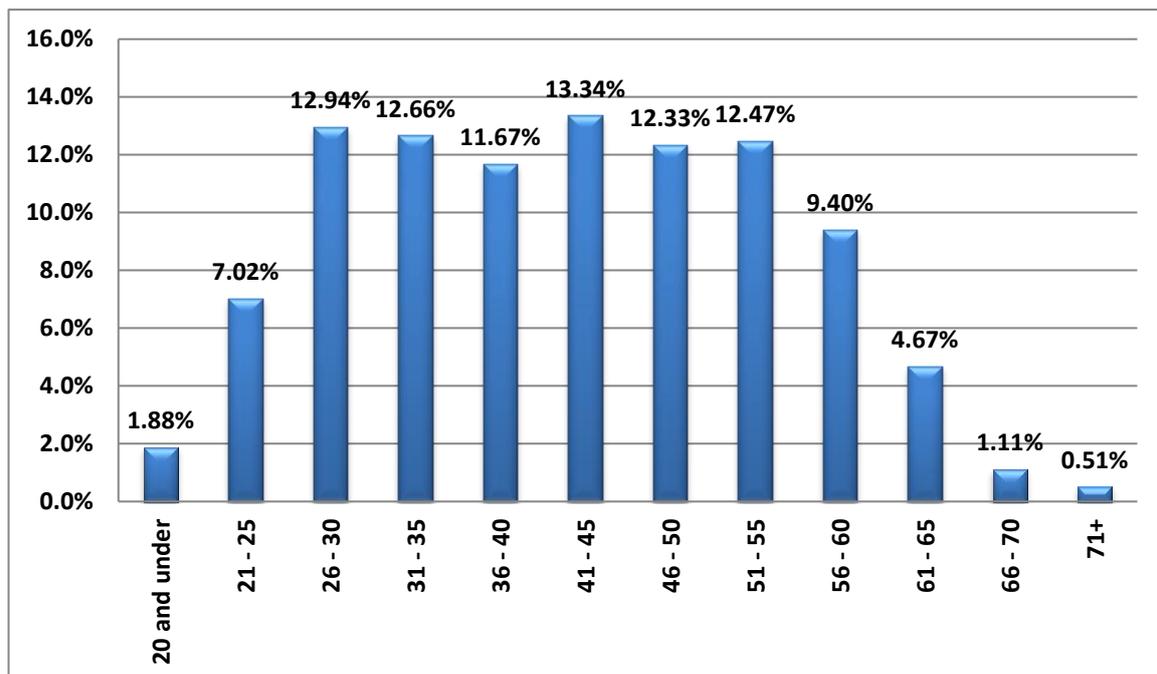
4.2   Recruitment Activity

Of 5256 applicants under 30 years, 66% (3477) were shortlisted and 11% (563) of these were appointed. Of 6750 applicants between 30 and 49 years, 60% (4073) were shortlisted and 10% (700) of these were appointed. Of 2316 applicants over 50 years, 61% (1421) were shortlisted and 8.55% (198) of these were appointed.

This indicates that a higher proportion of staff under 30 and over 50 are appointed into jobs that they apply for compared to other age groups.

4.3   Leaver Activity

Majority of leavers over the 12 month period to March 2018 were between the ages of 25 to 35 (44%). Leaver numbers reduced proportionately with higher age bands, comparable to the wider staff profile.

4.4   Sickness Absence Cases

Of the staff who went through absence management over a 12 month period to March 2018, 22% of cases were aged under 30, 50% between 30 and 49 and 28% over 50.

4.5   Employee Relations

Over the 12 month period to March 2018, majority of staff with capability, disciplinary, bullying or grievance cases were between the ages of 20 and 30 (31%) and (46 to 50) 27.5%. The rest were split averagely across the rest of the age groups.

5.   GENDER

5.1   Current Profile

Based on the data snapshot at 31 March, 75.7% of our staff were female and 24.3% were male. This is depicted in Fig 4 below.

Fig 4 Gender Profile
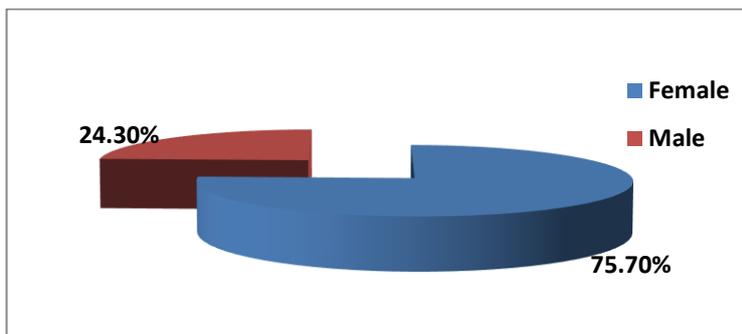
5.2   Recruitment Activity

Of 14338 applicants in the 12 month period, 26.11% were male and 73.73% were female. (72.5%) females of these were shortlisted compared to males 2458 (27.4%). 76.2% to 23.6% were appointed in favour of females. It appears from the data that females were slightly more successful in being shortlisted and appointed as compared to males.

5.3   Leaver Activity

Of 944 leavers over a one year period, 71.9% were female and 28.1% were male. This represents a high percentage of males leaving when compared to the general male profile of 24.3%.

5.4 **Sickness Absence Cases**

Of the staff that went through absence management over the 12 month period to March 2018, 11.7% of absence management cases were male with females at 88.3%.
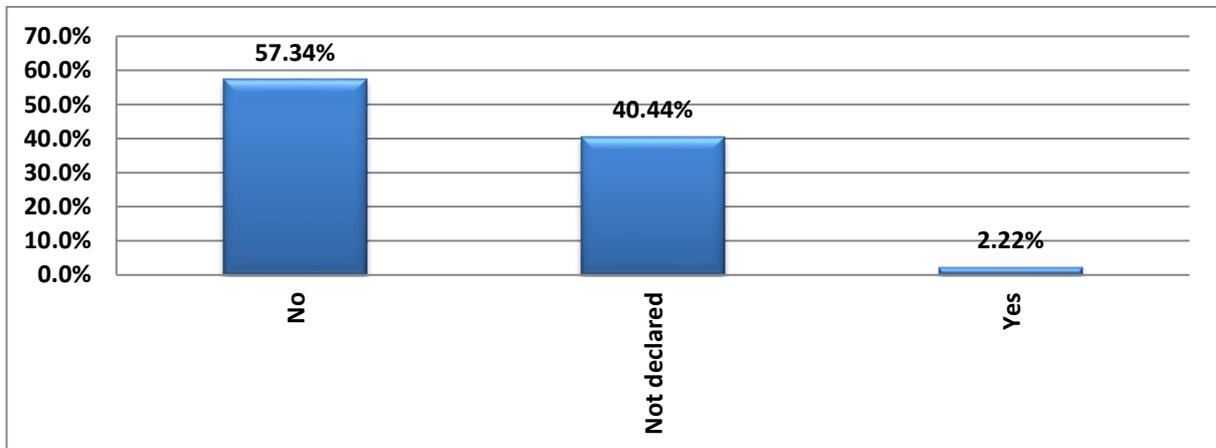
5.5 **Employee Relations**

65% of capability, disciplinary, bullying or grievance cases in the 12 month period to March 2018 were related to female staff and the rest, male staff.

6 **DISABILITY**

6.1 **Current Profile**

2.2 % of our staff declared having a disability while 40.4% of our staff declared not having a disability. 57.3% of staff had no information.

Fig 5 Disability Profile

6.2 **Recruitment Activity**

Of 14338 applicants over the 12 month period to March 2018, 612 (4.27%) declared a disability, 415 (2.89%) were shortlisted and (0.25%) were appointed.

6.3 **Leaver Activity**

Of the 944 leavers over the same period 71% did not have a disability, 2.9% had a disability and the rest were not stated. This follows the wider staff profile.

6.4 **Sickness Absence Cases**

Of the numbers of staff who went through absence management over the same period 3.8% of staff had a disability.
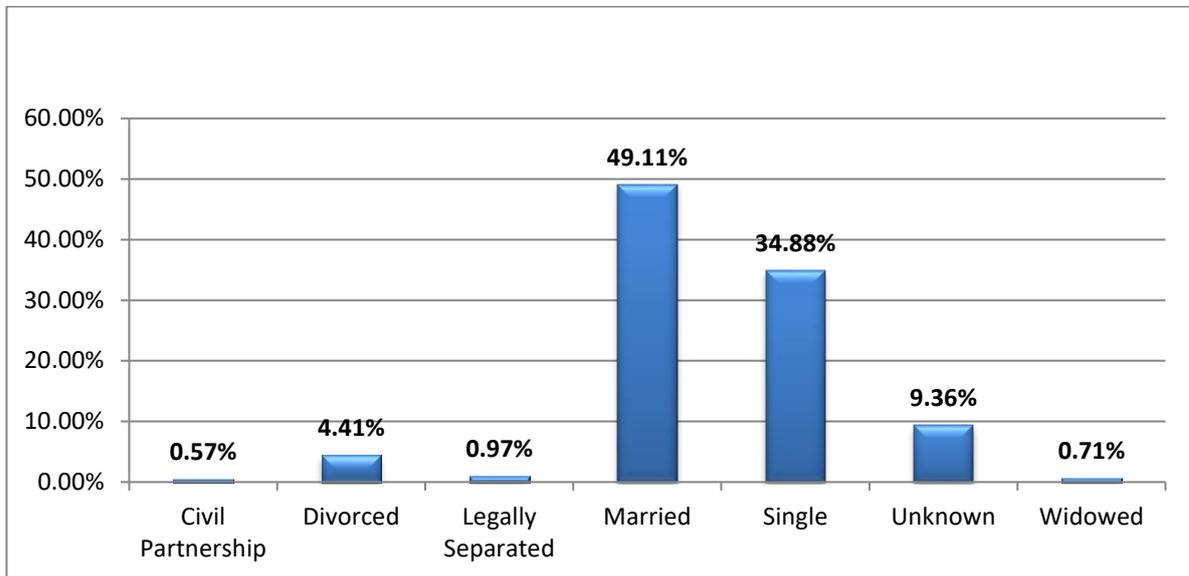
6.5 **Employee Relations**

9% of staff who went through capability, disciplinary, bullying or grievance declared a disability. The rest were either without disability (60%) or had not stated it.

7 **MARITAL STATUS**

7.1 **Current Profile**

Majority of our staff are married as compared to single or other categories. Details are shown below.

Fig 6 Marital Status

7.2   Recruitment activity
Of 14338 applicants in the 12 month period to March 2018, majority (44.8%) were single as compared to married applicants (40.7%) or other categories (14.4%). At shortlisting stage, single applicants were a slight majority over married staff (47.6% vs. 40.4%) while at appointment stage more married applicants were appointed compared to single applicants (38.6% vs. 35.4%).

7.3   Leaver Activity
Of leavers over the same period, 39.8% of leavers were married, 48% were single and 4% were divorced/or widowed.   This indicates married staff left less often than single staff when compared with the staff profile.

7.4   Sickness Absence Cases
Of the numbers of staff who went through absence management over the same period 48.5% were married, 34% single, and 6.7% divorced /separated.

7.5   Employee Relations
Of staff involved in capability, disciplinary, bullying or grievance cases, married staff were the highest majority at 38.2%, single at 46.1% and divorced at 3.9%. This falls in line with the staff profile.

8   MATERNITY/ PATERNITY STATUS

8.1   Current status
At March 2018, 126 out of 4946 staff were on maternity and adoption leave.   This represents 3.4% of the female workforce.

8.2   Recruitment Activity
Maternity information during recruitment is not required (in order to avoid bias). This was therefore not available to report for the 12 month period to March 2018.

8.3   Leaver Activity
15 out of 944 leavers (1.6%) in the 12 month period to March 2018 were staff on maternity leave who did not return after maternity leave.

8.4   Sickness Absence Cases
About 3% of sickness cases in the period were pregnancy related cases. These were mostly short term sickness cases.

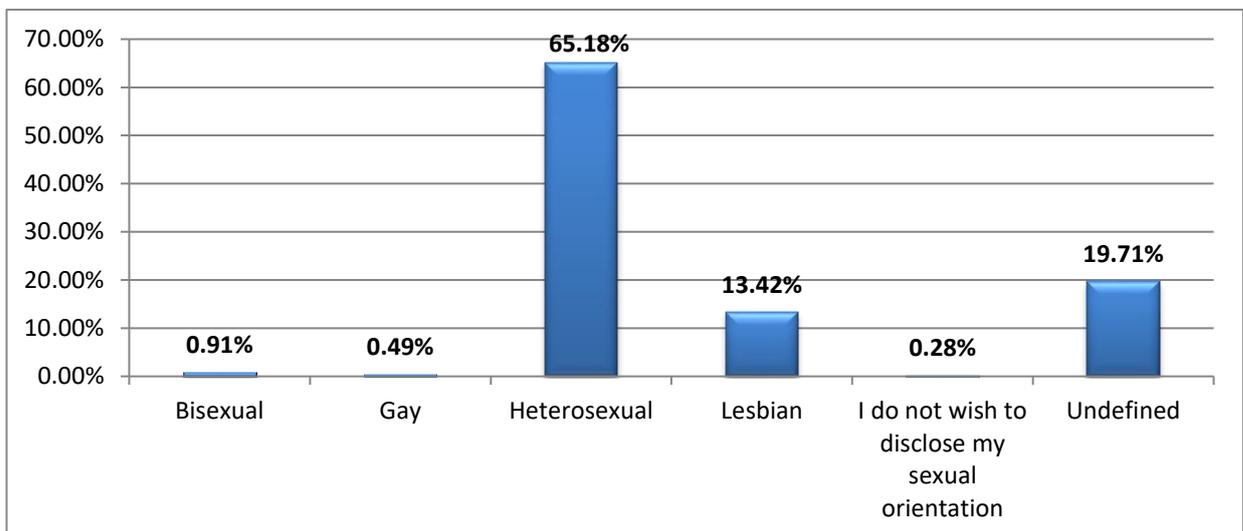**8.5   Employee Relations**
None of the cases over the 12 month period to March 2018 were related to staff on maternity leave.

9.   SEXUAL ORIENTATION

9.1   Current Profile
The majority of staff are heterosexual (50.4%), with a high proportion not stating their orientation or choosing not to declare their status.

Fig 7 Sexual Orientation

9.2   Recruitment Activity
In the 12 month period to March 2018, 13,343 applicants declared their sexual status out of 14,338.   At applicant and shortlisting stage the equalities data falls in line with the general staff profile of majority being heterosexual.

9.3   Leaver Activity
74% of leavers over the same 12 month period were Heterosexual; Bisexual/Gay was 2.22 %, 13% chose not to disclose their status and the rest were unstated.

9.4   Sickness Absence Cases
Over 59% of staff involved in absence cases in the period were heterosexual and 1% bisexual. This is in line with the general staff profile.

9.5   Employee Relations
Of staff involved in capability, disciplinary, bullying or grievance cases over the period, 66.9% were heterosexual, 11.8% did not wish to disclose their status and 16.3% were unstated. (1.1% Bisexual, 3.9% Gay or Lesbian).

10. RELIGIOUS BELIEF

10.1 Current Profile
Majority of our staff are Christian (42%), atheist (9%) or Muslim (3%) with an almost equal majority either not choosing to declare a status or have not stated their religious belief.

Fig 8 Religion Profile
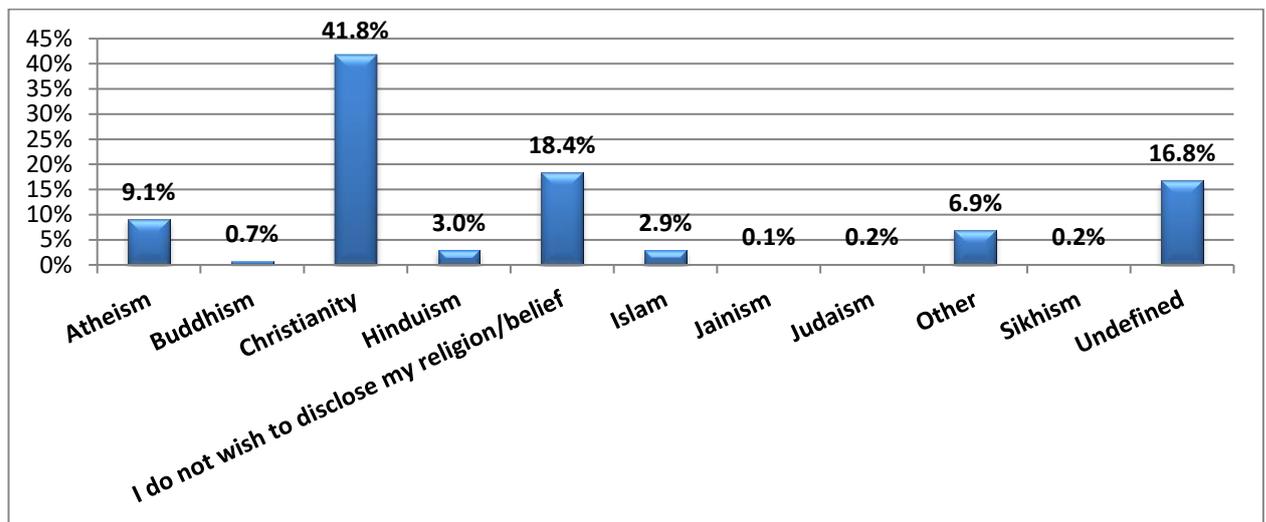
10.2 Recruitment Activity
The analysis shows that majority of applicants (49.9%) over the 12 month period to March 2018 were staff from Christian backgrounds. At shortlisting stage, the ratio went up to 50% as compared to other religions and at appointment stage it increased to 42.9%. This follows the general staff profile.

10.3 Leaver Activity
Leavers over the same period followed the pattern of the general staff profile; the highest number of leavers were Christian at 39.8% (376).

10.4 Sickness Absence Cases
Majority of staff sickness absence cases over the period involved staff who were Christian (41%) and 6.3% atheist with 21% choosing not to disclose their religion.

10.5 Employee Relations
Of staff involved in capability, disciplinary, bullying or grievance cases, 41% of these were Christian, 16.9% did not wish to disclose their religion, and 14.6% did not state their religion. The rest were either Atheist, Hindu, Judaist or Moslem.

11 GENDER REASSIGNMENT

11.1 The electronic staff record system (ESR) used widely across the NHS does not have provision for gender reassignment to be recorded against a person's record. Therefore the Trust does not currently hold details on staff gender reassignment.

However, it is expected that in such instances the affected staff would inform Human Resources should they wish to formally change their gender status on ESR and other records to reflect their new status especially around 'Title' changes i.e. Mr/Ms. These changes can then be made and our records duly updated.

SECTION B – WORKFORCE RACE EQUALITY STANDARD (WRES) 2018 REPORT

INTRODUCTION

1.1   The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from black and ethnic minority (BME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities.

1.2   The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on 9 Race Equality Indicators as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the National Staff Survey.

1.3   Trusts are required to publish their data at yearly intervals to show progress from the previous year. It is therefore mandatory that BTUH is signed up to the WRES and can track progress or otherwise against the previous year's positon.

2.0   2018 Summary Data

2.1   The update below provides our position at 31 March 2018 to be reported to NHS England on 1 August 2018. The data was taken at 31 March 2018 and compared to the equivalent data of the previous year.   Indicators 5 to 8 are staff survey indicators and therefore relate to the staff survey held the previous year for which results were received in that year (for example, the 2017 survey results were published in 2018).

	Indicator	2018	2017	Action Required
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.	Clinical BME –33.23**%** White –62.32**%** Non Clinical BME –9.6 **%** White: 88.02**%**	Clinical BME – **33.10%** White – **62.32%** Non Clinical BME – **9.57%** White: **88.03%**	✓
2	Relative likelihood of White staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff is **1.03**	Relative likelihood of White staff being appointed from shortlisting compared to BME staff is **1.15**	✓
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.	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is **0.76**	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is **1.35**	✓
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is 0.93	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is **0.91**	✓
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White %29.99% BME.35.4%	White 27.69% BME 32.88%	✓
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White % 26.21 BME28.09%	White 22.83% BME 27.79%	✓
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White % 81.55 BME: 76.69%	White 86.49% BME 75.44%	✓
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White % 6.91% BME: 12.55%	White 4.71% BME 15.03%	✓

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 the indicator	Voting Board member % BME: 7.1%	Voting Board member % BME : 6.7%	✓

5.   MONITORING

5.1   The Equality, Diversity and Inclusion Steering Group will be charged with monitoring the implementation of the WRES action plan within the Trust and ensuring that progress is being made in the required areas.

5.2   The action plan will be submitted to NHS England following approval by the Trust Board and published on the Trust's public site according to NHS England requirements by 30 September 2018. NHSE will monitor progress annually though submission of data.

6. NEXT STEPS

6.1   The Trust has refreshed the Equality, Diversity and Inclusion Steering Group with a revised Terms of Reference and membership to widen representation.

6.2   The Steering Group will review the WRES action plan on a quarterly basis and feed into the existing Trust Governance process to ensure actions are disseminated throughout Divisional Performance Boards with regular reviews at Directors' Forums.

7. CONCLUSION

Though the Trust demonstrates compliance with the law, there is still proactive action that can be taken around gathering data, monitoring trends and implementing actions where interventions are required in line with our staffing needs.   The WRES action plan will take us a step further in taking proactive action in promoting our Equality and Diversity agenda.

Appendix 1

Ethnicity	Ethnic Origin	% of Staff
Asian	H Asian or Asian British - Indian	7.93%
	J Asian or Asian British - Pakistani	1.27%
	K Asian or Asian British - Bangladeshi	0.65%
	L Asian or Asian British - Any other Asian background	3.44%
	LB Asian Punjabi	0.02%
	LC Asian Kashmiri	0.02%
	LD Asian East African	0.02%
	LE Asian Sri Lankan	0.24%
	LG Asian Sinhalese	0.02%
	LH Asian British	0.18%
	LJ Asian Caribbean	0.02%
	LK Asian Unspecified	0.30%
		14.11%
Black	M Black or Black British - Caribbean	0.81%
	N Black or Black British - African	5.24%
	P Black or Black British - Any other Black background	0.67%
	PC Black Nigerian	0.36%
	PD Black British	0.57%
	PE Black Unspecified	0.08%
		7.72%
Chinese or Other	R Chinese	0.47%
	S Any Other Ethnic Group	0.85%
	SC Filipino	3.11%
	SD Malaysian	0.10%
	SE Other Specified	0.40%
		4.93%
Mixed	CX White Mixed	0.08%
	D Mixed - White & Black Caribbean	0.22%
	E Mixed - White & Black African	0.34%
	F Mixed - White & Asian	0.26%
	G Mixed - Any other mixed background	0.08%
	GD Mixed - Chinese & White	0.04%
	GE Mixed - Asian & Chinese	0.02%
	GF Mixed - Other/Unspecified	0.12%
	LA Asian Mixed	0.08%
	PB Black Mixed	0.28%
		1.54%
White	A White - British	60.21%
	B White - Irish	0.91%
	C White - Any other White background	2.12%
	C3 White Unspecified	0.08%
	CA White English	0.10%
	CB White Scottish	0.10%
	CC White Welsh	0.10%
	CE White Cypriot (non specific)	0.02%
	CF White Greek	0.22%
	CH White Turkish	0.06%
	CK White Italian	0.44%
	CP White Polish	0.71%
	CQ White ex-USSR	0.02%
	CR White Kosovan	0.02%
	CS White Albanian	0.06%
	CU White Croatian	0.10%
	CV White Serbian	0.02%
	CY White Other European	3.01%
		68.32%
Not stated	Z Not Stated	3.38%
		3.38%

Basildon and Thurrock University Hospitals NHS
NHS Foundation Trust

Appendix 2

Workforce Race Equality Standard (WRES) 2018 Action Plan

Workforce Race Equality Standard (WRES) Action Plan				
Indicator	**Area (WRES standard template)**	**Action**	**Timeline**	**Owner**
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.	WRES Data – Unchanged from 2017 to 2018 • Measure shortlisted vacancy % for internal BME candidates compared with wider Trust employee representation % • Identify actions to improve engagement • Detailed analysis on non clinical roles where there is an imbalance and develop action plan by job role/type (9.6% BME compared to the overall Trust BME employee 28.1% although census local geography ethnicity profile is more aligned) • Plan for wider and appropriate advertising of vacancies internally and externally, including publications, websites and Social Media with significant minority readership (engage with Recruitment, Line Managers and BME groups for guidance)	Nov 2018 Dec 2018 Nov 2018 Jan 2019	HR Recruitment Recruiting Managers HR Workforce Information HR Recruitment Recruiting Managers
2	Relative likelihood of White staff being appointed from shortlisting across all posts.	WRES Data - Improvement from 2017 to 2018 (1.03) • Measure shortlisted vacancy % for internal BME candidates compared with wider employee representation % • Identify actions to improve engagement • Plan for wider and appropriate advertising of Vacancy internally and externally, including publications, websites and Social Media with significant minority readership • Promote existing courses on preparing applications and interview techniques for all staff	Nov 2018 Dec 2018 Nov 2018	HR Recruitment Recruiting Managers People and Organisational Development (POD)

	Workforce Race Equality Standard (WRES) Action Plan			
Indicator	**Area (WRES standard template)**	**Action**	**Timeline**	**Owner**
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.	WRES Data – Inconsistent from 2017 to 2018 • Further analysis to establish if there are patterns for types of misconduct or divisional skews that precipitate formal disciplinary action • Refresh communication to all staff about acceptable conduct guidelines	Dec 2018 Dec 2018	HR Communications
4	Relative likelihood of staff accessing non-mandatory training and CPD.	WRES Data – Very slight improvement from 2017 to 2018 (0.93) • Promotion of communication plan of career opportunities for all employees via the Trust Intranet (The Hub), line managers, and new employee induction • Refresh constructive appraisal and development discussions	Dec 2018 Mar 2019	Medical Director/ Director of Nursing/Communications POD
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	2017 Trust Survey 31% (NHS Average for Acute Trusts 28%) c.f. no change from 2016 but poorest ranking compared with other Trusts. • Use Trust wide initiative Respect messages to inform patients, relatives and the public of the Trust standards of behaviour towards staff. • Monitor number of incidents and where there are patterns of incidents, establish action plans to reduce • Ensure that staff are familiar with reporting procedures and access to support for their personal wellbeing • Develop further training for staff to minimise escalation through effective communication and active listening with respect	Nov 2018 Nov 2018 Nov 2018 Feb 2019	People and Organisation Development Complaints Occupational Health POD

	Workforce Race Equality Standard (WRES) Action Plan			
Indicator	**Area (WRES standard template)**	**Action**	**Timeline**	**Owner**
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	Additional workshops will be held in divisional areas as part of their staff survey action plans. Divisions will engage in the Trust wide initiative called Respect which is a long term plan designed to inform employees • Appropriate and inappropriate behaviour • Bullying and harassment v fair management • Bystander Interventions • Support available and what you can do https://thehub.btuh.nhs.uk/workspaces/project-and-work-programmes/respect Monitor and track the number of grievances and ensure that the grievance process is effective in outcomes for the victim and perpetrator. Promote and monitor the introduction and use of Speak Up Guardians	Sep 2018 Dec 2018 Dec 2018	Divisional Management/People and Organisation Development/Line Managers Head of HR DoN
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	2017 Trust Survey 81% (NHS Average for Acute Trusts 85%) c.f. 2016 Trust 84% Via the re-established Equality, Diversity and Inclusion forum, review • Measures of training attendance and shortlisted vacancy % for internal BME candidates compared with wider employee representation % and actions to improve engagement • promotion of communication plan of career opportunities for all employees via the Trust Intranet (The Hub), line managers, and new employee induction	Dec 2018	HR – Recruitment HR/POD/ Communications

Workforce Race Equality Standard (WRES) Action Plan				
Indicator	**Area (WRES standard template)**	**Action**	**Timeline**	**Owner**
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	2017 Trust 7% - white; 13% BME (NHS Average for Acute Trusts 7% White, 15% BME) • Establish and run divisional workshops for managers and staff to remind staff of Trust policies, procedures, impact of discrimination, positive behaviours and getting to know the individual beyond pre-conceptions • Use other forums to promote getting to know work colleagues ○ E.g. Schwartz rounds, stepping up presentations; stepping up magazine personal profiles	Mar 2019 Jan 2019	POD/HRBP Equality, Diversity and Inclusion Steering Group Communications
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 the indicator	2017 7.1% BME (c.f. 21.8% BME of Trust Employees) • Plan for wider and appropriate advertising of next Board Vacancy internally and externally, including publications, websites and Social Media with significant minority readership • Promote mentorship scheme for all senior/mid-level talent to raise visibility of Board Member roles and skill sets • Consider secondments to Board support roles/projects as part of Trust talent development/succession plan for minority and all under-represented groups. • Organise and hold minority networking events for the region with wide promotion throughout the sector	TBC Dec 2018 Dec 2018	MD/Head of HR POD MD/POD/HoHR Equality, Diversity and Inclusion Steering Group