

# Workforce Race Equality Standard Reporting Template

## REPORTING TEMPLATE

### Template for completion

#### Name of provider organisation

Heartlands Hospital, Solihull Hospital and Good Hope Hospital

#### Date of report: month/year

July 2018

#### Name and title of Board lead for the Workforce Race Equality Standard

Mr Tim Jones, Executive Director of Workforce and Innovation.

#### Name and contact details of lead manager compiling this report

Sally Lawson, Workforce Diversity Manager, [sally.lawson@heartofengland.nhs.uk](mailto:sally.lawson@heartofengland.nhs.uk) / 07854 952 102

#### Names of commissioners this report has been sent to

Jemima Shurvinton (NHS BIRMINGHAM CROSSCITY CCG), Michelle Dunne (NHS BIRMINGHAM CROSSCITY CCG), Alison Hughes (NHS BIRMINGHAM CROSSCITY CCG), Linda Greaves (NHS BIRMINGHAM CROSSCITY CCG), Graham Caine (NHS BIRMINGHAM CROSSCITY CCG), Neil Walker (NHS SOLIHULL CCG)

#### Name and contact details of co-ordinating commissioner this report has been sent to

Neil Walker, Chief Contract and Performance Officer, Solihull CCG, [neildavidwalker@nhs.net](mailto:neildavidwalker@nhs.net)

#### Unique URL link on which this report will be found (to be added after submission)

#### This report has been signed off by on behalf of the Board on (insert name and date)

Mr Tim Jones, Executive Director of Workforce and Innovation

## Report on the WRES indicators

### 1. Background narrative

a. Any issues of completeness of data

**Indicator 3** – is based on 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018, as opposed to a two year rolling average. It includes both live and closed cases.

**Indicator 4** – data is based on non-mandatory training that is recorded on Moodle, as opposed to all non-mandatory training that has taken place. The dataset for the current reporting year relates to 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018.

b. Any matters relating to reliability of comparisons with previous years

**Indicator 4** - The organisation utilises Moodle as its 'Virtual Learning Environment' (VLE) to host e-learning. Any member of staff enrolled onto multiple courses has only been counted once. Alterations to the education programme from one year to the next often reflect changing organisational priorities. Some courses are likely to be added to the programme whilst others may be removed and updated. In these instances direct comparisons may not always be possible. CPD is not captured centrally across the organisation as the range of activities is very broad and developed locally. This data does not reflect non-e-learning, such as, face to face training.

### 2. Total numbers of staff

a. Employed within this organisation at the date of the report

10,802 staff

b. Proportion of BAME staff employed within this organisation at the date of the report

29.2%

## Report on the WRES indicators, continued

### 3. Self reporting

a. The proportion of total staff who have self-reported their ethnicity

94.6%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Awareness was raised in 2017 and work was carried out by the Trust through an emailed questionnaire, hosted on Moodle, to all staff asking them to self-report their ethnicity as well as other protected characteristics in order to improve the data which we hold on staff.

c. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity

Yes. It is our intention to launch a trust wide campaign to encourage staff to self-report across all of the protected characteristics to improve self reporting across other indices as well as ethnicity. This was delayed from the last reporting period in order to ensure a new Trust wide approach post-merger.

### 4. Workforce data

a. What period does the organisation's workforce data refer to?

Indicator 1 – based on staff in post as at 31st March 2018

Indicator 2 – based on the period 1st April 2017 – 31st March 2018

Indicator 3 – based on disciplinary cases between 1st April 2017 – 31st March 2018

Indicator 4 – based on non-mandatory training data held on Moodle for the period 1<sup>st</sup> April 2017 – 31st March 2018.

Indicators 5-8 – 2016 and 2017 National Staff Survey

Indicator 9 – based on staff in post as at 31st March 2018

## Report on the WRES indicators, continued

### 5. Workforce Race Equality Indicators

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective																																																																																																								
	<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>																																																																																																												
1	<p>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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>*VSM = Staff on Bands 8d and 9, Executive Directors, Chair and Non-Executive Directors.</p> <p>**Excludes medical staff</p>	<p><b>Clinical Staff**</b></p> <table border="1"> <tr><td>Band 1</td><td>0%</td></tr> <tr><td>Band 2</td><td>34.5%</td></tr> <tr><td>Band 3</td><td>23.0%</td></tr> <tr><td>Band 4</td><td>15.2%</td></tr> <tr><td>Band 5</td><td>39.5%</td></tr> <tr><td>Band 6</td><td>24.9%</td></tr> <tr><td>Band 7</td><td>15.8%</td></tr> <tr><td>Band 8a</td><td>12%</td></tr> <tr><td>Band 8b</td><td>10%</td></tr> <tr><td>Band 8c</td><td>12.5%</td></tr> <tr><td>Band 8d</td><td>16.6%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <p><b>Non-Clinical Staff</b></p> <table border="1"> <tr><td>Band 1</td><td>24.7%</td></tr> <tr><td>Band 2</td><td>19.4%</td></tr> <tr><td>Band 3</td><td>24.1%</td></tr> <tr><td>Band 4</td><td>17.3%</td></tr> <tr><td>Band 5</td><td>18.7%</td></tr> <tr><td>Band 6</td><td>22.6%</td></tr> <tr><td>Band 7</td><td>18.7%</td></tr> <tr><td>Band 8a</td><td>17.4%</td></tr> <tr><td>Band 8b</td><td>11.8%</td></tr> <tr><td>Band 8c</td><td>5.3%</td></tr> <tr><td>Band 8d</td><td>0%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <table border="1"> <tr><td>VSM</td><td>0%</td></tr> <tr><td>Workforce</td><td>29.2%</td></tr> </table>	Band 1	0%	Band 2	34.5%	Band 3	23.0%	Band 4	15.2%	Band 5	39.5%	Band 6	24.9%	Band 7	15.8%	Band 8a	12%	Band 8b	10%	Band 8c	12.5%	Band 8d	16.6%	Band 9	0%	Band 1	24.7%	Band 2	19.4%	Band 3	24.1%	Band 4	17.3%	Band 5	18.7%	Band 6	22.6%	Band 7	18.7%	Band 8a	17.4%	Band 8b	11.8%	Band 8c	5.3%	Band 8d	0%	Band 9	0%	VSM	0%	Workforce	29.2%	<p><b>Clinical Staff**</b></p> <table border="1"> <tr><td>Band 1</td><td>0%</td></tr> <tr><td>Band 2</td><td>31%</td></tr> <tr><td>Band 3</td><td>19%</td></tr> <tr><td>Band 4</td><td>14%</td></tr> <tr><td>Band 5</td><td>36%</td></tr> <tr><td>Band 6</td><td>24%</td></tr> <tr><td>Band 7</td><td>14%</td></tr> <tr><td>Band 8a</td><td>11%</td></tr> <tr><td>Band 8b</td><td>11%</td></tr> <tr><td>Band 8c</td><td>12%</td></tr> <tr><td>Band 8d</td><td>17%</td></tr> <tr><td>Band 9</td><td>0%</td></tr> </table> <p><b>Non-Clinical Staff</b></p> <table border="1"> <tr><td>Band 1</td><td>21%</td></tr> <tr><td>Band 2</td><td>19%</td></tr> <tr><td>Band 3</td><td>20%</td></tr> <tr><td>Band 4</td><td>15%</td></tr> <tr><td>Band 5</td><td>20%</td></tr> <tr><td>Band 6</td><td>18%</td></tr> <tr><td>Band 7</td><td>21%</td></tr> <tr><td>Band 8a</td><td>15%</td></tr> <tr><td>Band 8b</td><td>11%</td></tr> <tr><td>Band 8c</td><td>0%</td></tr> <tr><td>Band 8d</td><td>0%</td></tr> <tr><td>Band 9</td><td>16%</td></tr> </table> <table border="1"> <tr><td>VSM</td><td>0%</td></tr> <tr><td>Workforce</td><td>27.35%</td></tr> </table>	Band 1	0%	Band 2	31%	Band 3	19%	Band 4	14%	Band 5	36%	Band 6	24%	Band 7	14%	Band 8a	11%	Band 8b	11%	Band 8c	12%	Band 8d	17%	Band 9	0%	Band 1	21%	Band 2	19%	Band 3	20%	Band 4	15%	Band 5	20%	Band 6	18%	Band 7	21%	Band 8a	15%	Band 8b	11%	Band 8c	0%	Band 8d	0%	Band 9	16%	VSM	0%	Workforce	27.35%	<p>Previous year's data show 10.60% BAME staff in bands 8-9 and VSM compared to 27.35% BME staff in the overall workforce.</p> <p>As at 31st March 2018 there are 10.83% BAME staff in Bands 8-9 and VSM compared to 29.2% BAME staff in the overall workforce.</p> <p>BAME staff are underrepresented overall when compared to the local population (an average of 29%, with local variation, 23.3% Good Hope, 21.4% Solihull, 34.3% Heartlands)</p> <p>BAME staff are further underrepresented in senior positions, and compared to the previous year's data the Trust has seen a small decrease in the percentage of BAME staff in Bands 8-9 and VSM overall.</p> <p><b>Note:</b> the 5.3% increase in Non-Clinical band 8c relates to the gain of 1 BAME staff member (total number of staff in band 8c = 19). The 16% decrease in Non-Clinical band 9 relates to the addition of 2 BAME staff members.</p>	<p>It should be noted that the Trust has a very stable management structure at senior level which leads to few opportunities becoming available for staff to progress to higher grades. However, the merger by acquisition of Heartlands NHS FT provides UHB with a broader opportunity for staff mobility and increases the specialities in which they can work.</p> <p><b>Actions Taken</b> A BAME Staff Network continues to grow in membership and positively influence equality across HGS and continues to link into future initiatives.</p> <p>Unconscious Bias training has been included in the Consultant's 4 week induction programme and as part of the Trust's Recruitment and Selection training and HR Masterclasses, including disciplinary and grievance training.</p> <p>The Trust has incorporated an Inclusion DVD for all new starters joining the Trust as part of Corporate Induction.</p> <p>Formalised access to 'acting up' opportunities to improve fairness and</p>
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					<p>equality of opportunity.</p> <p>The Trust includes positive action statements on Band 8 and 9 job adverts.</p> <p>The Trust has profiled the career progression of BAME staff from across the bands, including those from middle and senior management, as part of a Role Model campaign.</p> <p><b>Actions Planned</b> The Trust will explore options to introduce leadership programmes, which will include unconscious bias, to all managers in the Trust to reduce bias and discriminatory behaviours.</p> <p>The Trust will work with local BAME community groups to raise the profile of the Trust as a diverse employer.</p> <p>The Trust will work alongside the local community to support local and sustainable recruitment. This involves working alongside local schools to raise the profile of the Trust as an employer and advise on career opportunities.</p> <p>Ensure access to mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership Academy Programmes such as “Ready Now”, for BAME staff 8a and above.</p>
	<b>Indicator</b>	<b>Data for reporting year</b>	<b>Data for previous year</b>	<b>Narrative – the implications of the data and any additional background explanatory narrative</b>	<b>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective</b>
2	Relative likelihood of staff being appointed from shortlisting across all posts	Relative likelihood of white staff being	Relative likelihood of white staff being	The information taken from NHS Jobs shows that BAME applicants make up	<b>Actions Taken</b> Unconscious Bias for Recruiting

		<p>appointed from shortlisting compared to BAME staff is 1.58 times greater.</p>	<p>appointed from shortlisting compared to BAME staff is 1.60 times greater.</p>	<p>48% of shortlisted applications and 35% of appointments at HGS, which is no change from the previous year.</p> <p>Further investigation is required in order to understand the reasons for this.</p> <p>NHS Workforce Race Equality Standard 2017 data analysis report for all NHS Trusts has quoted, "The relative likelihood of white staff being appointed from shortlisting compared to BAME staff, across all posts, was 1.60 times greater than for BAME staff".</p>	<p>Managers has been incorporated into the revised recruitment and selection training for all managers with recruiting responsibilities.</p> <p>The Trust has ensured, where possible, the interview panel is relevantly diverse and that the panel is made up of panellists from other areas of the Trust.</p> <p>The Trust has formalised the recruitment process for 'acting up' and all internal positions to improve fairness and equality to opportunity.</p> <p><b>Actions Planned</b> Identify specific areas where there is a failure to recruit BAME staff – especially at senior bands and formulate an action plan to address.</p> <p>Further investigation is required in order to understand the reasons for the disparity between shortlisted and appointed BAME applicants</p> <p>We will work with critical friends to identify areas for improvement and best practice.</p> <p>We will require that at least the Chair of any panel will have received the Trusts recruitment and selection training, which includes unconscious bias, to ensure objectivity and impartiality.</p> <p>Post-merger we have a greater opportunity to draw upon expertise from across the new Trust. We will establish an external* panel member presence on interview panels, someone</p>
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					<p>who knows the job but not the team to ensure greater objectivity and ensure that all interview panels are made up of a minimum of 2 plus the external panellist.</p> <p>We will review the wording of our job descriptions and person specifications to make them more intuitive, inclusive and not so NHS experience orientated so as not to exclude outside applicants.</p> <p>We will look to utilise innovative ways to attract applicants, such as, greater use of social media platforms, in order to create a wider and more diverse talent pool from which to fill the Trust's vacancies.</p> <p>*External to the department not the organisation.</p>
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	The relative likelihood of BME staff entering the formal disciplinary process, compared to White staff is 1.29 times greater.	he relative likelihood of BME staff entering the formal disciplinary process, compared to White staff is 1.90 times greater	<p>Nationally BAME staff are twice as likely to enter formal disciplinary processes and be disciplined for similar offences than White staff.</p> <p>The information taken from the Employee Relations Case Tracker from 31st March 2017 to 1st April 2018 shows that BME staff make up 34.2% of the disciplinary cases This is disproportionate to the number of BAME staff in the overall workforce.</p>	<p><b>Action Taken</b></p> <p>The Trust has included Unconscious Bias training into the HR Masterclasses, including disciplinary and grievance training, for all managers in the Trust.</p> <p>HR has continued to ensure that managers receive training on the relevant Trust policies, including the disciplinary policy, and that the training will include unconscious bias and reinforce the need for fairness and consistency when applying the policies.</p> <p><b>Actions Planned</b></p> <p>Continue to roll out Inclusion and unconscious bias training for managers and consider making this training compulsory for investigating managers.</p>

					<p>Add to bespoke targeted HR training where 'hotspots' are noticed across all workforce metrics.</p> <p>We will work with critical friends to identify areas for improvement and best practice.</p> <p>We will develop training programmes for managers with a particular emphasis on the protected characteristics, focussing on how workplace issues impact on personal performance and workplace wellbeing.</p>
	<b>Indicator</b>	<b>Data for reporting year</b>	<b>Data for previous year</b>	<b>Narrative – the implications of the data and any additional background explanatory narrative</b>	<b>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective</b>
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training is 0.95 more likely than BAME	Relative likelihood of White staff accessing non-mandatory training is 1.02 more likely than BAME	Results based on the data taken from Easy Learning, as of March 2018, suggest that BAME staff are more likely to access non-mandatory training.	<p><b>Action taken</b> Improved awareness and access to non-mandatory training, such as mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership Academy such as 'Ready Now' for BAME band 8a and above, 'Stepping Up' for BAME band 5 to 7 and other courses.</p> <p>The personal and professional progression of BAME staff in the Trust was profiled as part of the Trust's role model campaign to inspire and motivate others.</p> <p><b>Actions Planned</b> Across the new combined Trust we will improve awareness and access to non-mandatory training, such as mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership</p>

					<p>Academy such as 'Ready Now' for BAME band 8a and above, 'Stepping Up' for BAME band 5 to 7 and other courses.</p> <p>Improved awareness and visibility of role modelling for BAME staff regardless of band or position.</p> <p>Delivery of a senior leadership development course designed to reflect the Trust's new vision and values and supportive of transitioning into a new organisation, the management of change and resilience, and behaviours needed to create a positive culture, innovation and leadership beyond authority.</p> <p>We will conduct a series of monthly short leadership masterclasses / workshops across a range of leadership developmental activities topics designed to bring managers / leaders together in a discursive way.</p> <p>The implementation of both mentorship (including reverse mentoring) and coaching programmes using the considerable experience of senior staff to help develop emerging talent.</p> <p>The creation of shadowing opportunities for staff either new in their role or those wishing to gain exposure to senior leadership activities e.g. observing a board meetings / CIAG.</p>
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	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective								
	<b>National NHS Staff Survey indicators (or equivalent)</b> <b>For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.</b>												
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<table border="1" data-bbox="712 475 945 544"> <tr> <td>White</td> <td>27.19%</td> </tr> <tr> <td>BME</td> <td>27.09%</td> </tr> </table>	White	27.19%	BME	27.09%	<table border="1" data-bbox="976 475 1209 544"> <tr> <td>White</td> <td>24.28%</td> </tr> <tr> <td>BME</td> <td>24.54%</td> </tr> </table>	White	24.28%	BME	24.54%	<p>BAME and White staff indicate a similar experience of harassment, bullying or abuse from patients.</p> <p>There has been an increase in the percentage of BAME staff and White staff reporting harassment, bullying or abuse from patients since 2016. This is despite there being a decrease in these figures in 2014 and 2015.</p>	<p><b>Actions Taken</b> Continue to implement and embed conflict resolution and resilience training to support staff.</p> <p>Continue the BAME staff network as a source of advice and support for staff.</p> <p><b>Actions Planned</b> We will extend our red and yellow card sanctions to include relatives and visitors as we have seen an increase in violence and aggression from these two groups.</p> <p>We will further develop training and equip our staff with the tools to have difficult conversations that challenge discrimination.</p>
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6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<table border="1" data-bbox="712 1066 945 1134"> <tr> <td>White</td> <td>23.34%</td> </tr> <tr> <td>BME</td> <td>25.73%</td> </tr> </table>	White	23.34%	BME	25.73%	<table border="1" data-bbox="976 1066 1209 1134"> <tr> <td>White</td> <td>22.36%</td> </tr> <tr> <td>BME</td> <td>27.49%</td> </tr> </table>	White	22.36%	BME	27.49%	<p>BAME and White staff indicate a similar experience of harassment, bullying or abuse from staff.</p> <p>There has been a slight decrease in the percentage of BAME staff reporting harassment, bullying or abuse from staff since 2016.</p>	<p><b>Actions Taken</b> Continued to improve awareness of the Freedom to Speak Up Guardian Role that will support a group of staff acting as confidential contacts. This provides a confidential service for staff to approach for advice where they feel they may have experienced harassment and that this may have been associated to their race.</p> <p>Continued to improve awareness of the Trust’s confidential care helpline CiC and promoted other well-being initiatives which are available to staff.</p>
White	23.34%												
BME	25.73%												
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					<p>Continued the BAME staff network as a source of advice and support for staff.</p> <p><b>Actions Planned</b></p> <p>We introduced the BAME Network to actively engage with our BAME workforce and complement the other Networks. We are aware that some Trans BAME staff and LGB+ staff have encountered hostility from other BAME staff when they have transitioned or come out. These are small numbers but there is need to address BAME on BAME LGBT+ discrimination.</p> <p>We plan a multi faith approach to address the faith and cultural issues at play and link them to the relaunched Trust values by discussing with our faith team and agreeing an action plan.</p> <p>We will develop a code of conduct for staff that reinforces positive behaviours that the Trust expects.</p> <p>As part of the values and culture work stream, and to support the development of the Trust's leadership programme, we will develop a DVD which shares the personal experiences of staff from underrepresented groups within our workforce. This will candidly raise awareness of negative behaviours that our staff have experienced and demonstrate that 'it can happen here'.</p>
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7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	<table border="1"> <tr> <td>White</td> <td>82.64%</td> </tr> <tr> <td>BME</td> <td>67.52%</td> </tr> </table>	White	82.64%	BME	67.52%	<table border="1"> <tr> <td>White</td> <td>86.03%</td> </tr> <tr> <td>BME</td> <td>68.72%</td> </tr> </table>	White	86.03%	BME	68.72%	<p>Whilst there has been an improvement in the reported belief that the Trust provides equal opportunities for career progression by BAME staff in 2017 this is significantly lower than the percentage of White staff.</p> <p>The implications maybe that BAME staff may not put themselves forward for career progression.</p>	<p><b>Actions Taken</b> Formalise the recruitment process for 'acting up' and all internal positions to improve fairness and equality to opportunity.</p> <p>Improved awareness and promotion of access to leadership programmes such as 'Ready Now' for BAME band 8a and above, 'Stepping Up' for BAME band 5 to 7 and other courses.</p> <p>The personal and professional progression of BAME staff in the Trust was profiled as part of the Trust's role model campaign to inspire and motivate others.</p> <p><b>Actions Planned</b> Continue to encourage access to NHS leadership programmes such as 'Ready Now' for BAME band 8a and above, 'Stepping Up' for BAME band 5 to 7 and other courses.</p> <p>Continue to profile BAME role models throughout the Trust and across the bands.</p> <p>We will work with partners to develop an offering within the Trust of career surgeries and access to career advisors in order to provide advice and support to those staff looking to advance personally and professionally.</p>
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BME	67.52%												
White	86.03%												
BME	68.72%												
8	Q 17. In the last 12 months have you personally experienced discrimination at work from any of	<table border="1"> <tr> <td>White</td> <td>6.39%</td> </tr> </table>	White	6.39%	<table border="1"> <tr> <td>White</td> <td>5.99%</td> </tr> </table>	White	5.99%	The proportion of BAME staff saying they have personally experienced	<b>Actions Taken</b> Implemented the Trust's revised Dignity				
White	6.39%												
White	5.99%												

	<p>the following? b) Manager/team leader or other colleagues</p>	<table border="1"> <tr> <td data-bbox="707 129 831 165">BME</td> <td data-bbox="831 129 952 165">14.55%</td> </tr> </table>	BME	14.55%	<table border="1"> <tr> <td data-bbox="969 129 1070 165">BME</td> <td data-bbox="1070 129 1214 165">13.60%</td> </tr> </table>	BME	13.60%	<p>discrimination at work from their manager, team leader, or colleague has slightly increased since 2016, although previous years has seen a consistent reduction from 2014. However the number of BAME staff is over double that of White staff which is disproportionate to the overall number of BAME staff in the workforce.</p>	<p>at Work policy that will provide effective support for staff experiencing harassment.</p> <p>The Trust has included Unconscious Bias training to all managers in the Trust.</p> <p>Corporate Induction includes an Inclusion and Unconscious Bias DVD for all new starters to promote equality, fair treatment and inclusivity in the workplace.</p> <p>Continuation of the BAME staff network as a source of advice and support for staff.</p> <p><b>Actions Planned</b> We will develop a code of conduct for staff that reinforces positive behaviours that the Trust expects.</p> <p>As part of the values and culture work stream, and to support the development of the trusts leadership programme, we will develop a DVD which shares the personal experiences of staff from underrepresented groups within our workforce. This will candidly raise awareness of negative behaviours that our staff have experienced and demonstrate that 'it can happen here'.</p> <p>We have a disconnect between National Staff Survey data in this area of reporting and Trust internal reporting that needs further exploration.</p>
BME	14.55%								
BME	13.60%								

	<b>Board representation indicator</b> For this indicator, compare the difference for White and BME staff				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	As at 31 <sup>st</sup> March 2018 there were 15 voting Board Members, including Non-Executives, 1 of which is BAME  BAME representation at Board Level is 6.6% compared to 29.2% in the overall workforce.	As at 31st March 2017 there were 12 voting Board Members, including Non-Executives, 1 of which is BAME  BAME representation at Board Level is 8% compared to 27.3% in the overall workforce.	BAME voting Board members has remained the same as the previous year with 1 member which is BAME. However as the Board has increased by 3 members the overall BAME representation is disproportionate to the overall BAME workforce and the BAME local population.  It should be noted that the Trust has a very stable management structure at senior level which leads to few opportunities becoming available for staff to progress to higher grades. However, the merger with University Hospitals NHS FT provides HGS with a broader opportunity for staff mobility and increases the specialities in which they can work.	<b>Actions Taken</b> Job advertisements for positions on the Board include language which invites candidates who could help the Trust engage effectively with the diverse population that we serve, especially those from a minority ethnic background.  The Trust continues with the positive action statement on all job advertisements for Board Members.  The Trust continues with the review of the advertisement routes and options to attract BAME candidates to the Board.  <b>Actions Planned</b> The Trust will continue with the positive action statement on all job advertisements for Board Members and will look to innovatively utilise routes for recruitment in order to attract from a wider and more diverse talent pool.

## Report on the WRES indicators, continued

**6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain.”**

Nothing further than raised above

**7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.**

Actions relating to WRES will support evidence in respect of EDS2 and the annual equality monitoring report.