Imperial College Healthcare NHS
NHS Trust

Annual Workforce Equality and Diversity Report 2017/2018

(Incorporating Workforce Race Equality Standard)

Sebastiano Rossitto and Daisy Tsai

Directorate of People and Organisational Development

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Introduction

In line with the Equality Act 2010 the Trust is required to publish equality information annually to show how it has complied with the public sector equality duty. This annual report focuses on workforce and will provide the Trust with valuable insights into our workforce equality performance and identifies priority areas for improvement. In addition, this report has incorporated information required by the Workforce Race Equality Standard (WRES) which is mandated in the NHS standard contract.

The report is separated into four main parts:

- **Part 1** provides a summary of the workforce equality performance in 2017-18 with priority focus for the coming year.
- **Part 2** provides Imperial College Healthcare NHS Trust workforce profile in 2017-18 by different protected characteristics.
- **Part 3** reviews in details the Trust workforce equality performance in 2017-18 in various areas
- **Part 4** focuses on actions that have been taken and planned for the coming year

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Executive summary

Imperial College Healthcare NHS Trust is committed to diverse and inclusive culture where people are valued and treated fairly and respectfully. The Trust has established an equality and diversity steering committee in early 2018 in order to progress further on the equality and diversity agenda. The Committee meets quarterly and has representatives from staff side, clinical divisions and corporate areas. Although at its fledgling stage, the Trust has made progress on raising awareness on equality and diversity agenda and various local initiatives have been taken forward, such as flying a Pride flag to support participation in London Pride and equality and diversity drop-in sessions for staff. We will continue working to create a culture of inclusion while at the same time take actions on priority areas for improvement based on the findings in this report.

This report reviews different aspects of the Trust workforce equality performance in 2017-18. Analysis and details of the performance is provided in the relevant sections of the report. While positive changes have been observed in some areas of focus from last year, the Trust recognises that continuous improvement requires lasting concerted efforts and satisfactory outcome takes time to achieve. For the coming year we will therefore continue focusing on the following priority areas that remain as some of the key challenges identified in the report:

- Improve workforce representation of BME people on Band 7 and above
- Reduce the differential in the relative likelihood of BME and White people receiving D or E ratings (PDR)
- Mitigate disproportionate representation of BME people entering formal workforce procedures
- Address the concerns about harassment and bullying reflected in the 2017-18 NHS staff survey
- Address issues identified in Gender Pay Gap report
- Produce a Workforce Disability Equality Scheme
- Develop a system to track and monitor short- and medium-term progress against long-term equality objectives

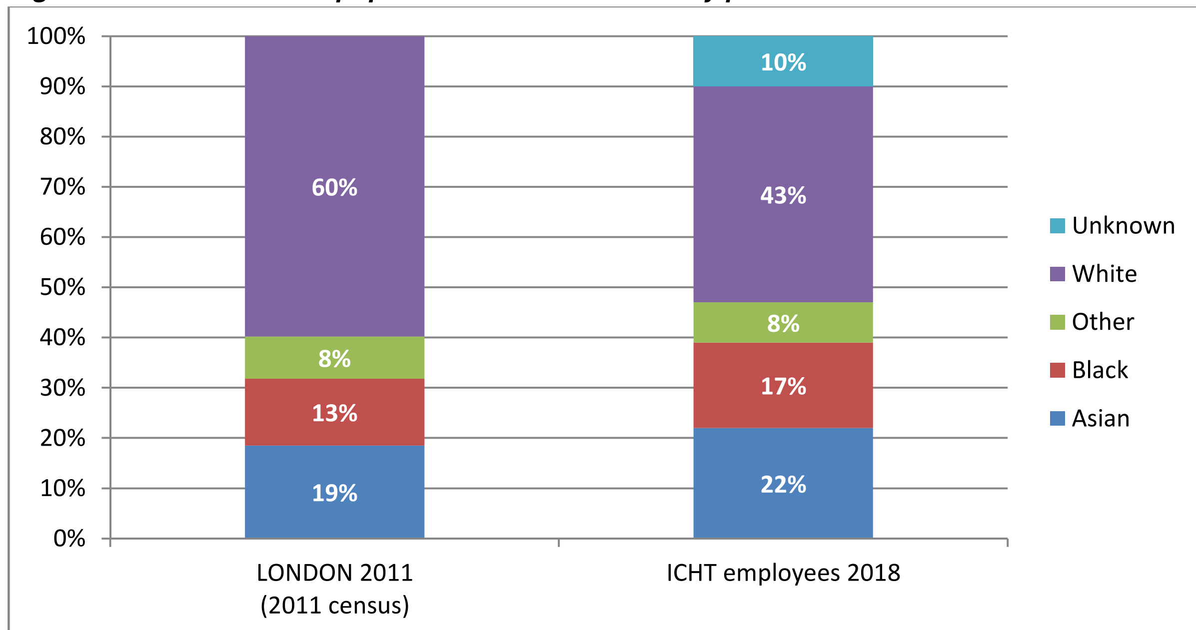
1. Trust Workforce Profile

1.1 Ethnicity

The percentage of staff employed by the Trust from Black and Minority Ethnic (BME) backgrounds accounts for 47%, White 43% and 10% were of unknown ethnicity. When excluding the unknown category and looking at only those who disclosed their ethnicity, 53% of those who disclosed their ethnicity were from BME backgrounds and 47% from White.

Comparing to London population using 2011 Census, 40% of the London population is of BME backgrounds and 60% is white.

Fig. 1 London local population and Trust ethnicity profile



When the workforce ethnicity data is split by clinical and non-clinical staff, it is largely comparable within bands. The majority of people in junior roles band 1 to band 6 are from BME backgrounds. This changes with seniority as the majority of people in bands 7 and above, both clinical and non-clinical are from white backgrounds. Similarly, there are more doctors, including consultants from white backgrounds than BME backgrounds. The disproportionate distribution can be seen from the representative lines in Fig 2 and Fig 3. Detailed breakdown with exact figures can be found in Appendix 1.

Fig.2 Percentage of staff by ethnicity in each AfC bands and Very Senior Managers (VSM)

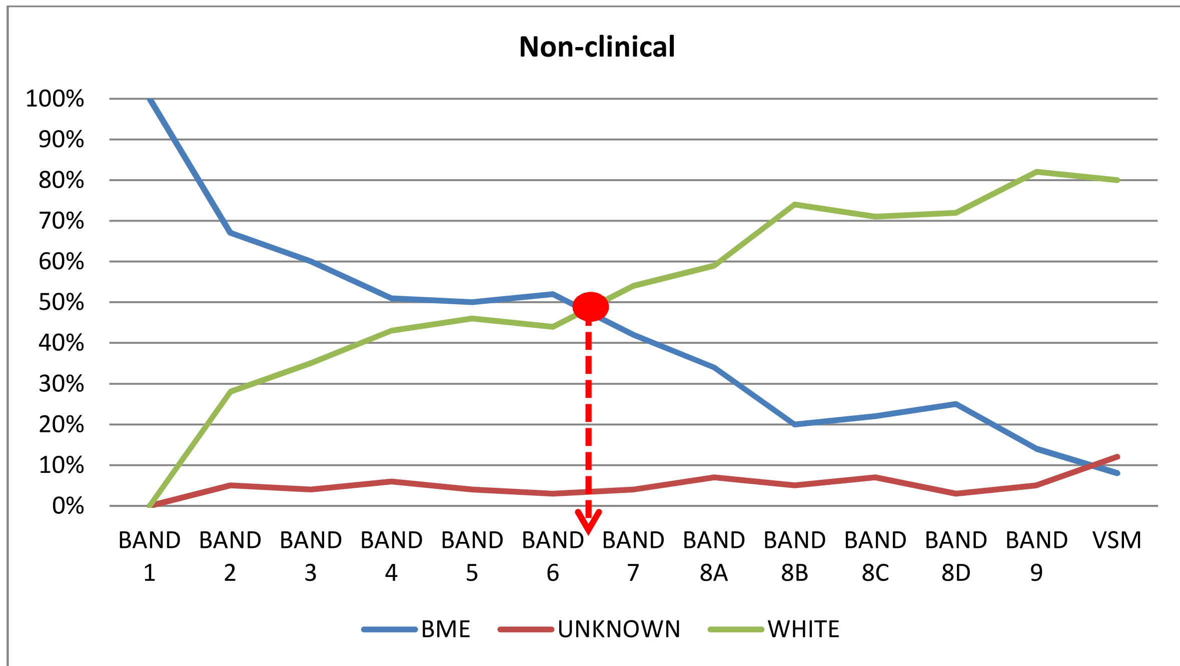
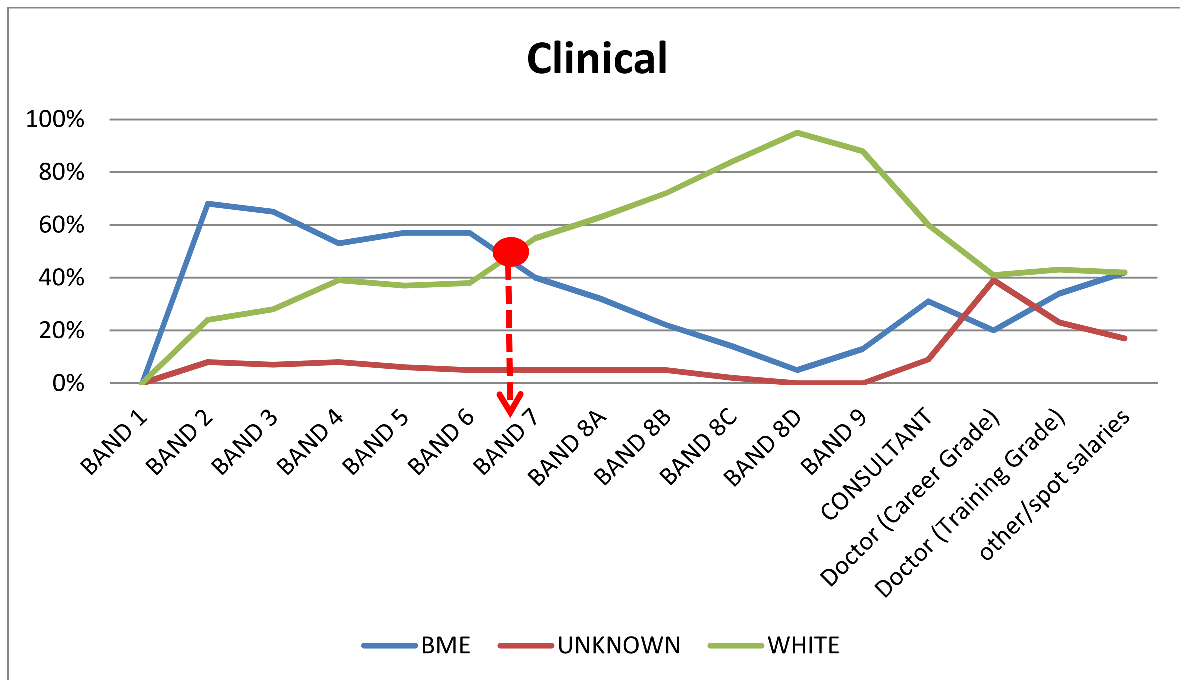


Fig.3 Percentage of staff by ethnicity in each AfC bands, medical grades and VSMs



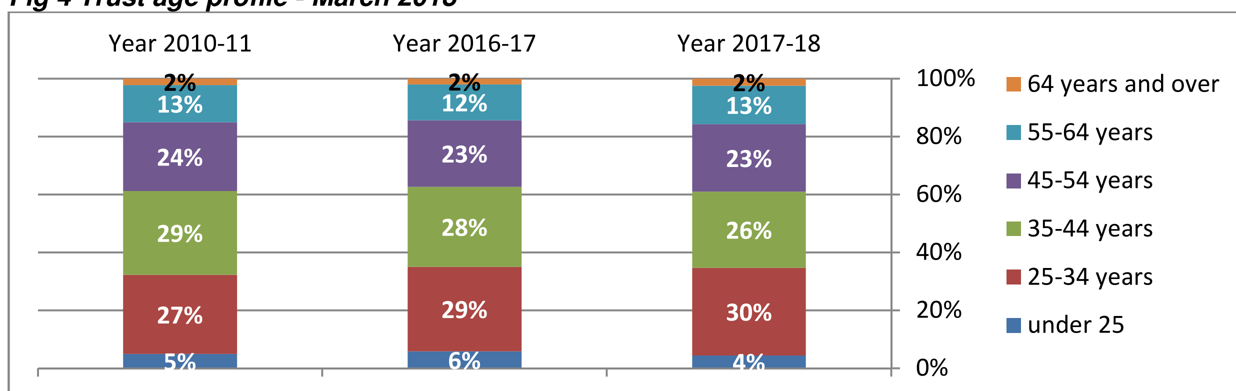
1.2 Age

There have been no significant changes in the workforce composition in regards to age since 2010/11. The majority of our staff, circa 80% are aged 25 to 54.

The most noticeable variation is the composition within the wider age group 25 to 44. When comparing year 2017-18 to year 2010-11, the overall percentage of this wider group remains the same 56%, with an increase of 3 % to age group 25-34 and a decrease of 3 % to age group 35-44.

The Trust seeks to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships and the promotion of flexible working.

Fig 4 Trust age profile - March 2018

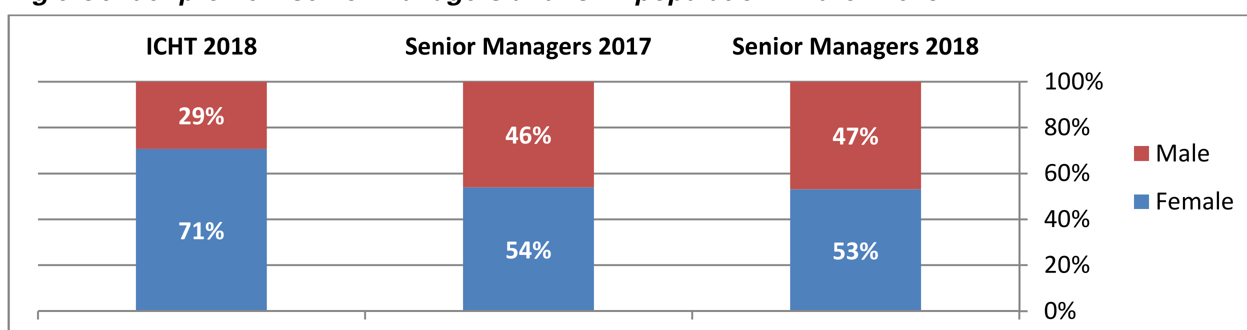


1.3 Gender

The workforce split in regards to gender has remained unchanged since 2010-11: 71% of our staff are female and 29% are male. The high proportion of female workers is typical of NHS organisations, reflecting the gender split of people entering healthcare professions. Figures published by NHS Employers in 2017 show that 77% of NHS workforce are women and 23% are men[1].

The proportion of male employees continues to increase in more senior roles. The figure below shows that 47% of people employed as senior managers are men and 53% are women. This is a slight increase from 46% in year 2017/18 and a continuous trend from 2014/15 when 34% of senior managers were men and 66% were women.

Fig 5 Gender profile – senior managers and ICHT population - March 2018



Note: Senior managers refer to band 8-9 AND includes senior medical staff and VSMs

[1] https://www.nhsemployers.org/-/media/Employers/Images/2018-D-and-I-infographics/Gender-in-the-NHS-2018.pdf

1.4 Trust Board of Directors Composition[2]: gender and ethnicity

The Board of Directors comprises 12 people, including 5 executive directors and 7 non-executive directors. All 12 Board directors are voting members.

Overall, white people account for 83% of Board Directors compared to 43% of the workforce as a whole. 75% are men and 25% are women compared to the overall Trust composition of 29% male and 71% female.

Separating the Board executive and non-executive directors shows that white people account for 100% of executive directors and 71% of non-executive directors. With regard to gender split, 20% of Board executive directors and 29% of Board non-executive directors are female.

This continues to be an important area of review for the Trust. We have included the equality and diversity policies as part of the criteria when selecting the talent sourcing providers for board executive recruitment and will continue to do so to ensure that they are fair, equitable and transparent.

Fig 6 Trust Board composition by gender and ethnicity 2018

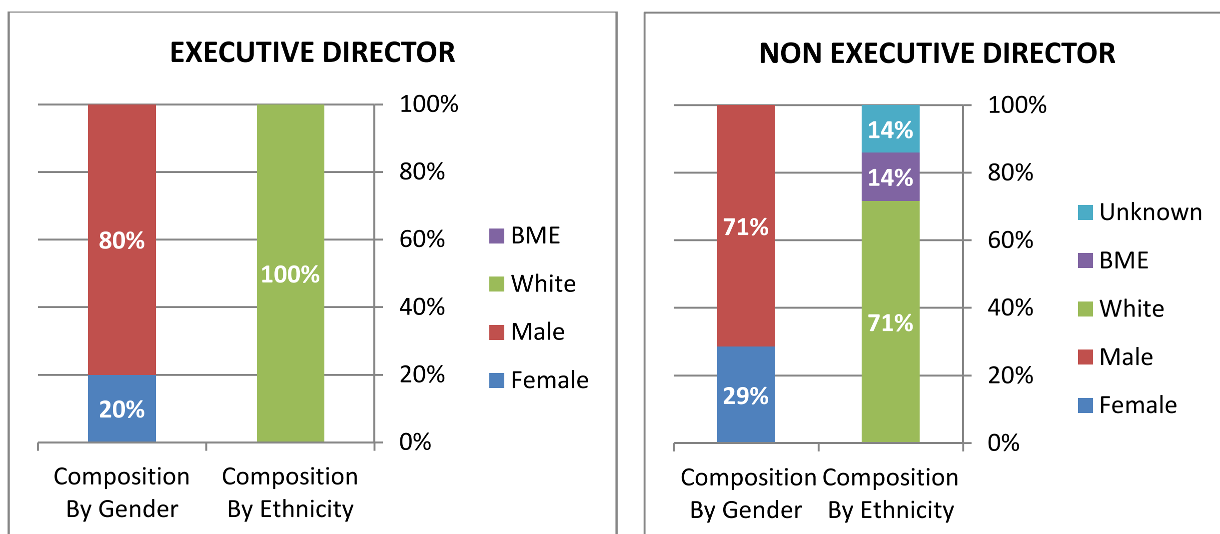
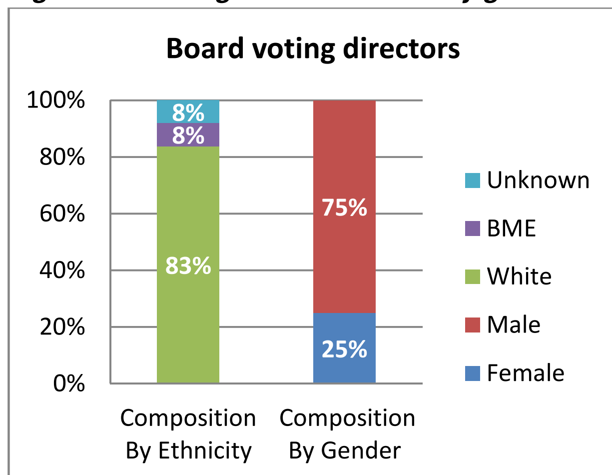


Fig 7 Trust voting Board directors by gender and ethnicity 2018



[2] Data is based on 31st March 2018

1.5 Data quality for disability, sexual orientation and religion – 2017/18

The Trust does not have sufficient workforce information on disability, sexual orientation and religion to run meaningful workforce reports on these protected characteristics. However, the workforce information has improved year on year. The records have increased from 40-46% in 2013/14 to roughly 70% in 2017/18. See Table 2 below.

The data quality for new starters 2017/18 stands at 88% for all three protected characteristics. This remains the same compared to 2016/17.

Table 2 Disability, sexual orientation and religion records for all staff including new staff

Protected Characteristic	Recorded demographic for all staff in 2013/14	Recorded demographic for all staff in 2014/15	Recorded demographic for all staff in 2015/16	Recorded demographic for all staff in 2016/17	Recorded demographic for all staff in 2017/18
Disability	40%	47%	56%	62%	66%
Sexual Orientation	46%	54%	60%	67%	70%
Religion	46%	54%	60%	67%	70%

Table 2.1 Disability, sexual orientation and religion records for new staff

Protected Characteristic	Recorded demographic for NEW staff in 2013/14	Recorded demographic for NEW staff in 2014/15	Recorded demographic for NEW staff in 2015/16	Recorded demographic for NEW staff in 2016/17	Recorded demographic for NEW staff in 2017/18
Disability	95%	89%	92%	87%	88%
Sexual Orientation	96%	88%	90%	88%	88%
Religion	96%	88%	90%	88%	88%

2. Recruitment and Selection

The Trust monitors the progress of applicants through the selection process by some of the protected characteristics. A summary of the monitoring information is shown in tables 3-10 (see Appendix 2 for tables 5-10).

2.1 Recruitment by ethnicity

68% of applicants throughout 2017/18 were from BME groups while 46% of those appointed were from BME groups. In comparison, 29% of applicants described their ethnic origin as white and 43% of those appointed were from white background. For more details of analysis at recruitment stages (application, shortlisting and appointing), please see Appendix 2.

2.2 Relative likelihood of being appointed from shortlisting

Table 3 Likelihood of being appointed from shortlisting by ethnicity – 2017/18

Descriptor	White	BME	Unknown
Number of shortlisted applicants	4634	7805	589
Number appointed	946	1014	231
Relative likelihood	0.2041	0.1299	0.3921

The likelihood of white applicants being appointed from shortlisting is 0.2041 and 0.1299 for applicants from BME groups. The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly 1.57 times greater; this is an increase from last year when the relative likelihood was 1.30 times greater.

Recruitment analysis by gender shows that conversion rate for female applicants' remains slightly higher than for male applicants. The percentage split of male and female applicants is almost identical to the previous year but there is a slight decrease in the percentage of male appointees.

Table 4 Recruitment analysis by gender 2017-18 and 2016-17

	2016-17			2017-18		
Gender	Applicants	Shortlisted	Appointed	Applicants	Shortlisted	Appointed
Male	32.38%	28.57%	26.43%	32.00%	27.69%	25.42%
Female	67.02%	70.80%	73.36%	67.57%	72.00%	74.35%
Not stated	0.60%	0.63%	0.21%	0.43%	0.31%	0.23%

Analysis of conversion rates by transgender, age, sexual orientation, religion and disability remain broadly in line with the ratio of applicants and those shortlisted. Please see Appendix 2 for more details.

Diversity training is mandatory for everyone working at the Trust. In addition recruitment training is provided for managers.

3. Training and Development

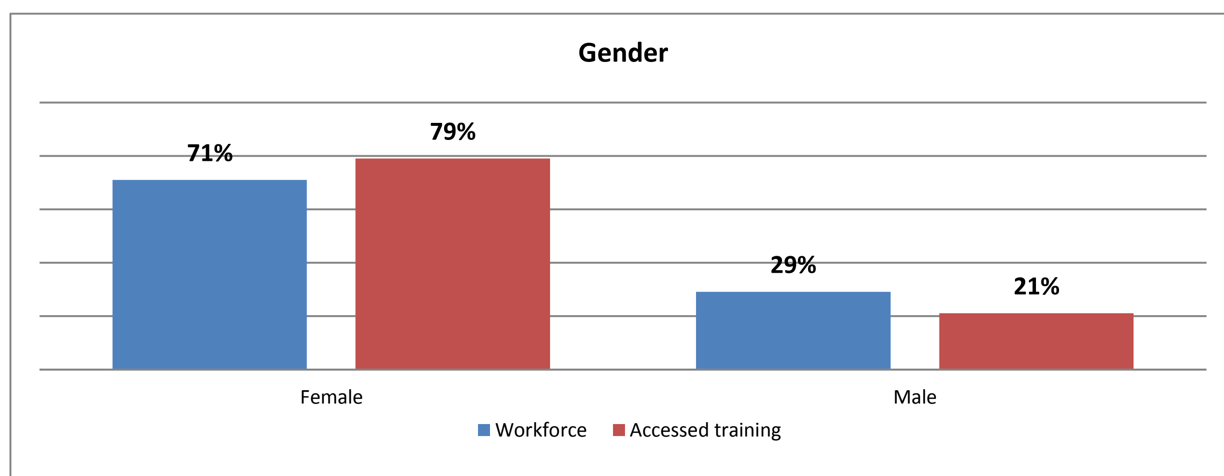
An analysis of people accessing non-mandatory training that is centrally recorded in HR has been undertaken. This includes leadership development and skills training, a total of 20 different courses running throughout the year provided by Learning and Development team. This is the only data which is centrally available for equality analysis. It does not include Core Skills training (i.e. statutory and mandatory training) as this is non-discretionary and required by all staff regardless of age, gender or ethnicity. It also does not include locally delivered training, professional and clinical education, or any externally provided training. The results are not therefore an indication of all training activity available within the Trust.

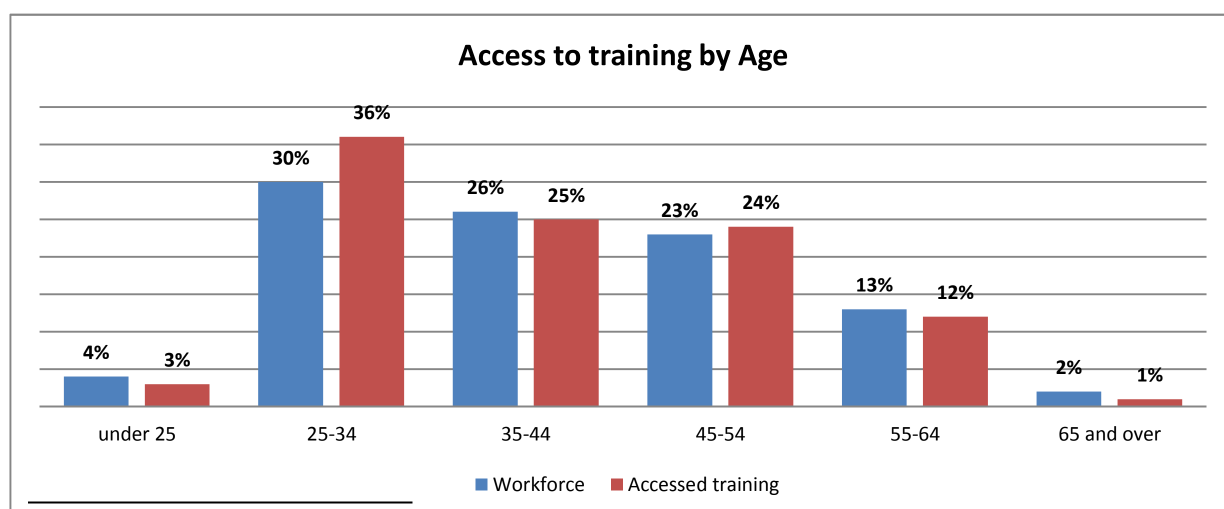
Access to courses which have been analysed shows that access is broadly in line with the workforce composition. The main outliers are:-

When the data is cut by gender, women are slightly more likely to access training than men within the organisation. This finding has remained the same for the past few years.

Access to training for people from different age groups shows that age group 25-34 are more likely to attend courses. This remains the same as last year.

Table 11 Access to training by gender, ethnicity and age 2018[3]





[3] The data is based on those who completed the training in 2017/18.

3.1 Relative likelihood of accessing non-mandatory training

The likelihood of BME people accessing non mandatory training was 0.1156 and for white people it was 0.1027. The relative likelihood of BME people accessing non mandatory training was 1.1256 times greater than white staff. This remains closely similar to that of last year (1.1364). However, the drop in the likelihood of people accessing non mandatory training in general was noticeable in both groups. For BME people, it decreased from 0.1541 last year to 0.1156 this year and white people it was 0.1356 to 0.1027 this year.

Table 12 Access to non-mandatory training by ethnicity

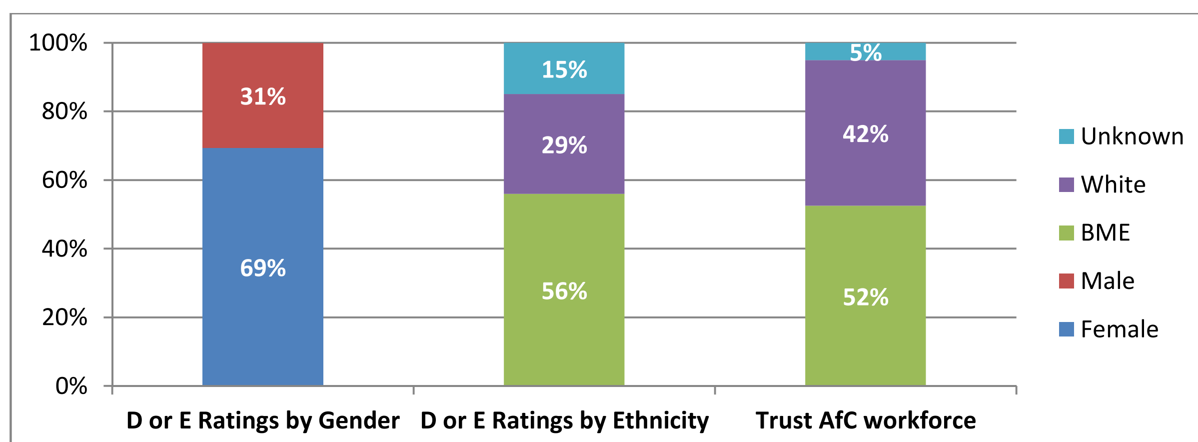
Descriptor	Number of Staff in Workforce	Staff accessing non mandatory training	Likelihood of accessing non mandatory training
White	4889	502	0.1027
BME	5457	631	0.1156
Unknown	943	1	0.0011

4. Performance Development Review (PDR) – D or E rating

PDR ratings have pay implications for people on Agenda for Change contracts because incremental pay increases are awarded to people who are given A, B or C ratings. 62 people (less than 1% of the Trust population) were awarded D or E rating in their PDR in 2017/18, compared to 50 people in 2016/17. D or E ratings indicate that performance is unsatisfactory and trigger formal performance management processes in line with the Trust poor performance management policy.

Fig.7 shows the data on people who were awarded a D or E rating on PDR by gender and ethnicity. When cut by gender, the likelihood of employees being awarded D or E rating is broadly in line with the overall workforce composition, with a slightly raised likelihood for male employees. When cut by ethnicity, people from BME backgrounds were more likely to be awarded a D or E rating. 56% of D and E ratings were awarded to BME staff, compared to 29% to White staff. Adopting the methodology applied in Workforce Race Equality Standard (WRES), the relative likelihood of BME people receiving D or E ratings is 1.55 times higher than people of white backgrounds.

Fig 7 People awarded D or E rating on PDR by gender and ethnicity 2017-18[4]



Descriptor	Number of AfC staff in workforce	Staff received D or E ratings	Likelihood of receiving D or E rating
White	3836	18	0.0047
BME	4785	35	0.0073
Unknown	495	9	0.0182
Relative likelihood of BME people receiving D or E ratings was 1.55 times greater than white staff			

When the data on those who received D and E ratings is cut by grade and professional group, there is a disproportionately high number of band 2 to band 4 admin and clerical and unqualified nursing staff (Fig.8 and Fig.9). This remains unchanged from last year.

[4] PDR does not apply to medical staff who have separate performance reviews. For the comparison purposes, medical staff is excluded from the overall workforce, hence referring to Trust AfC workforce specifically.

Grade and professional group may be contributory factors for the high proportion of BME staff amongst those who received low performance ratings but when these factors are taken into account, ethnicity may be a factor as shown in Table 10.

As Fig.10 shows, when comparing to the workforce composition, there is a higher proportion of people receiving D or E ratings from age groups 55 and above. Age group 55 and above constitutes 15% of the Trust workforce and accounts for 35% of the people receiving D or E ratings.

The Trust has entered into the 5th year of conducting PDRs in line with this process. This will be an important area of review in the coming year, in particular when the new NHS pay progression rule is implemented from April 2019. These findings will be of important reference to ensure that the progression rule is objective and fairly applied.

Fig 8 People awarded D or E rating on PDR by band 2017-18

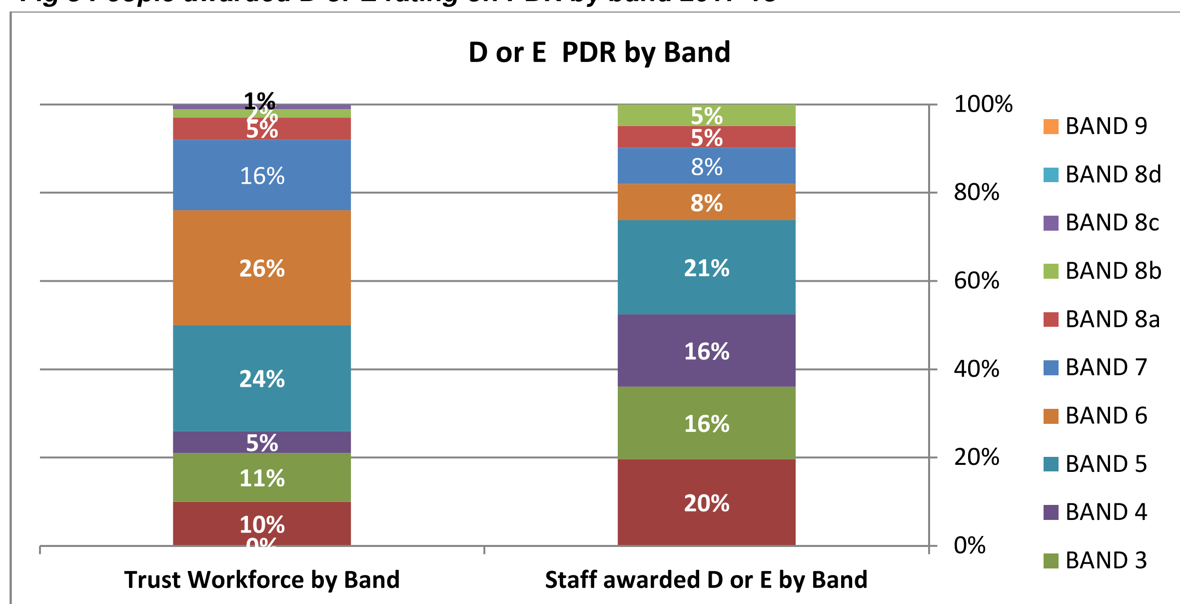


Fig 9 People awarded D or E rating on PDR by professional group 2017-18

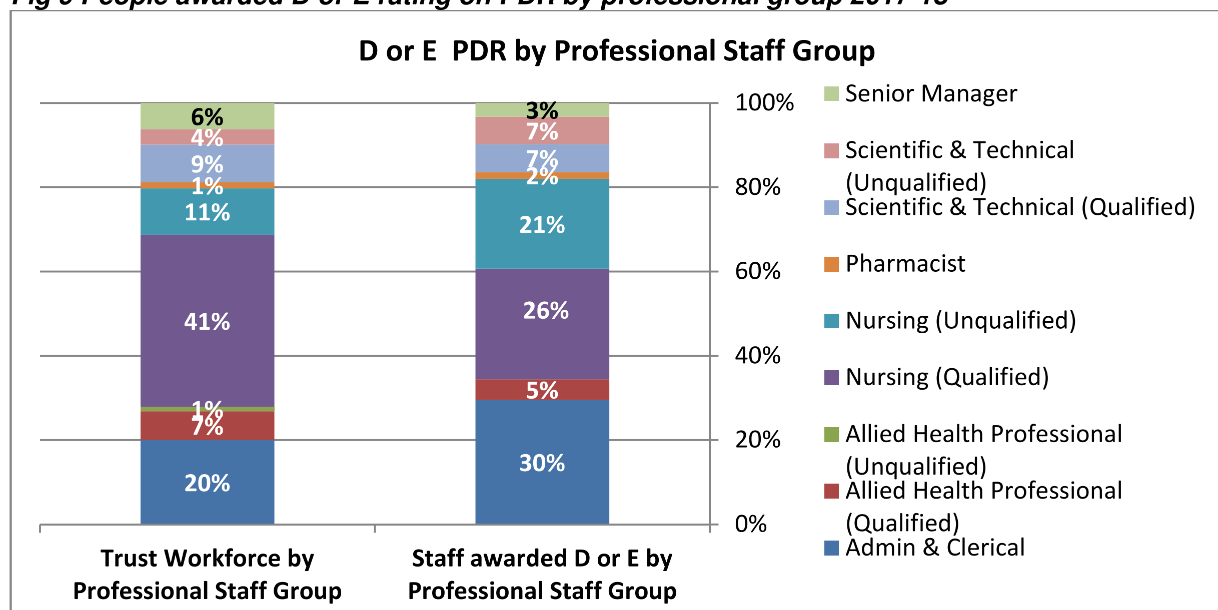
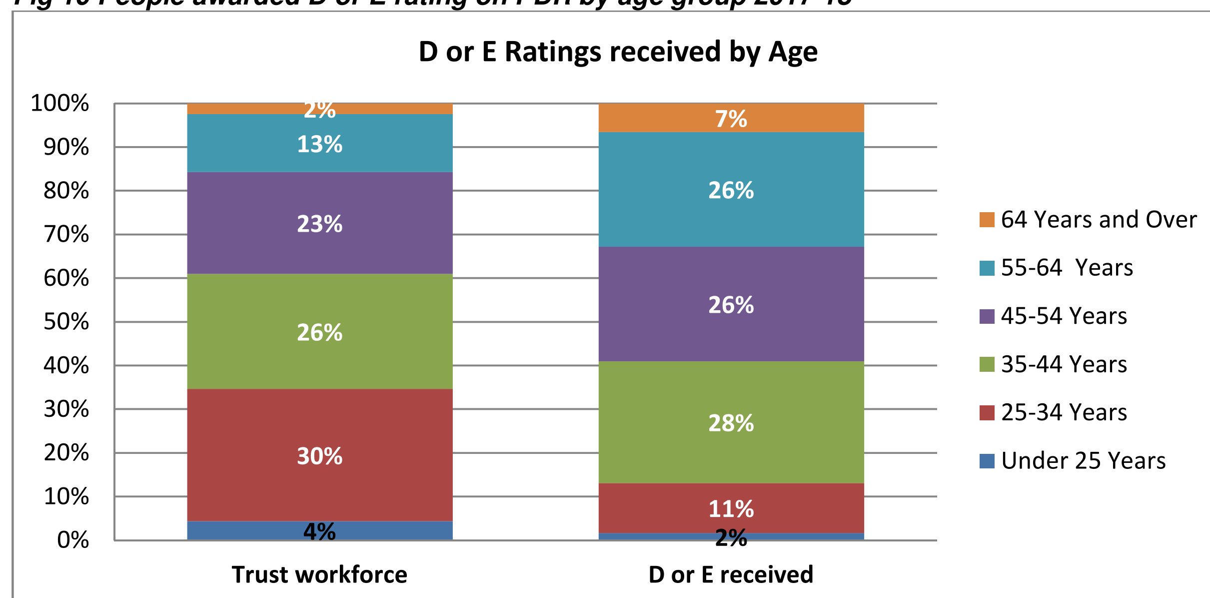


Table 13 People awarded D or E rating on PDR 2017-18 by Band and Ethnicity

	BME		White		Unknown	
	Workforce	Received D or E rating	Workforce	Received D or E rating	Workforce	Received D or E rating
B2	68%	58%	25%	33%	7%	8%
B3	62%	55%	32%	27%	5%	18%
B4	52%	70%	42%	20%	6%	10%
B5	56%	38%	39%	46%	5%	15%
B6	57%	100%	39%	0%	5%	0%
B7	40%	60%	55%	40%	5%	0%
B8a	32%	33%	62%	0%	5%	67%
B8b	21%	33%	73%	33%	5%	33%

Note – Total headcount of people receiving D or E rating in 2017-18 was **62.**

Fig 10 People awarded D or E rating on PDR by age group 2017-18



5. Promotion and Leavers

White staff members are more likely to leave than other ethnic groups, accounting for 49% of leavers in 2017/18. When the data is split by gender, women are marginally more likely to leave than men – women accounted for 73% of leavers compared to 71% the workforce. This is different from last year when men were more likely to leave by 3% when compared to the male workforce population.

The likelihood of people being promoted by ethnicity is broadly in line with the Trust workforce composition, with a slight raised percentage for people of white background. When promotions are cut by gender, women are more likely to be promoted than men.

Fig 11 Promotions and leavers by ethnicity 2017-18

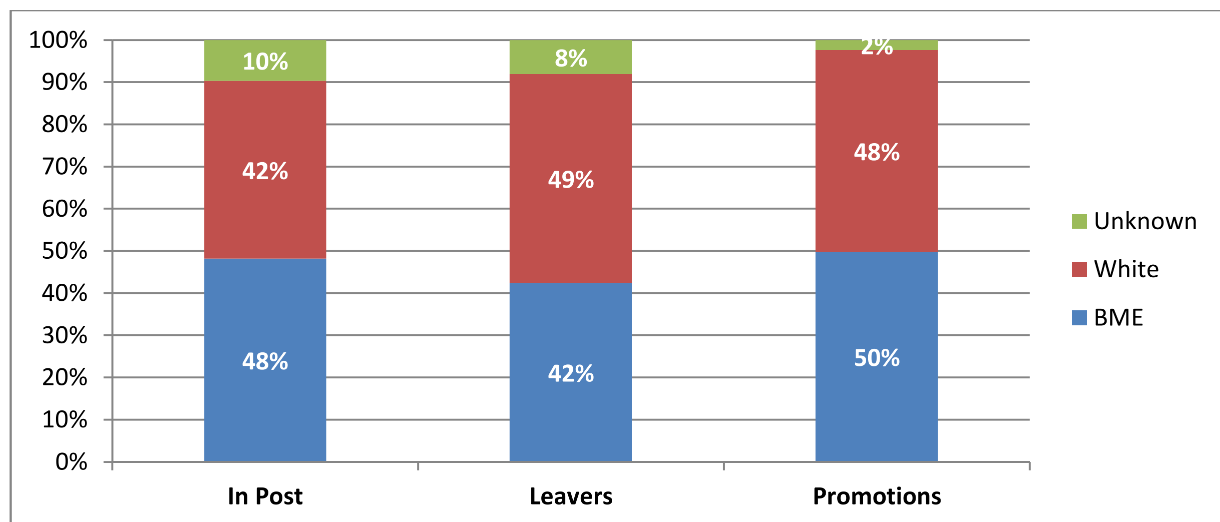
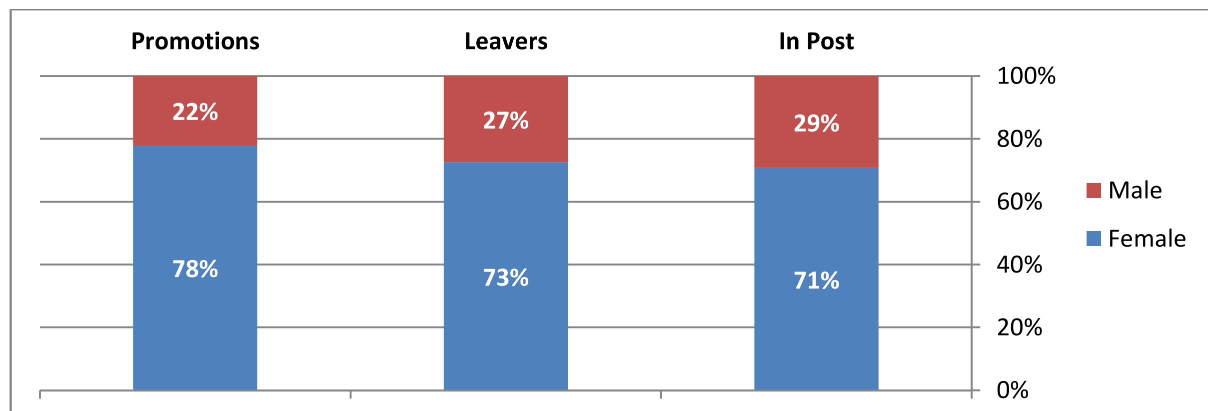


Fig 12 Promotions and leavers by gender 2017-18



6. Application of Formal Workforce procedures

The Trust monitors the formal application of workforce procedures by ethnicity, gender and age. In 2017/2018 (table 14), there were 382 formal meetings in total under the disciplinary, performance, grievance and sickness procedures. Figures in this report exclude capability and disciplinary cases under the Maintaining High Professional Standards framework for medical staff.

6.1 Ethnicity

Table 14 shows that in 2017/18, there were 87 formal disciplinary hearings, 20 (23%) involved Asian people, 19 (22%) involved Black people and 34 (39%) involved White people while the remaining 18% of cases involved other or unknown ethnic groups. The total number of disciplinary cases is similar to the previous year as in 2016/2017 there were 89 cases. The involvement of Asian people in disciplinary processes has increased from 13.5% to 23%, which is proportionate to the number of Asian people in the total workforce which is 22%. The involvement of Black people who constitute 17% of the overall workforce has reduced significantly from 34.8% to 22%.

This figure is therefore more proportionate than in the previous year when there were 34.8% of cases involving Black people who constituted 18% of total workforce. The number of formal disciplinary meetings involving White people increased from 36% in 2016/2017 to 39% in 2017/18. Given that White people constitute 43% of the workforce population in both 2016/17 and 2017/18, the distribution of the disciplinary cases this year is comparatively more proportionate than in the previous year.

In 2017/18, there were 17 formal performance meetings. There has been a drop in formal performance management meetings from 2016/2017 when there were 22 cases. In 2017/2018, White people who made up 43% of the workforce accounted for 47% of performance meetings. Although Black people’s participation in such meetings is still disproportionate, it has reduced significantly from 40.9% in 2016/2017 to 29% in 2017/2018.

In 2017/2018, there were 253 formal sickness meetings, both long term and short term, of which 17% involved Asian people, 26% Black people, 40% involved White people. Although in 2016/2017, there were fewer sickness meetings (213), the participation of various ethnic groups in those meetings was similar to 2017/2018 although in 2016/2017 there were fewer Black people involved in the sickness meetings (21%) and more White people involved in such meetings (42%).

There were also 25 formal grievance hearings, of which 7 (28%) involved White people and 16 (64%) involved BME people. The involvement of White people in grievance processes has increased by 11.3 % since last year and the involvement of BME people has reduced by 13.8%.

Table 14 Formal meetings by ethnicity 2017/2018

		Disciplinary		Capability (Performance)		Sickness		Grievance	
Ethnicity	**% of Trust population**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**
Asian	22%	20	23%	3	18%	43	17%	4	16%
Black	17%	19	22%	5	29%	66	26%	7	28%
White	43 %	34	39%	8	47%	102	40%	7	28%
Other	8%	11	13%	0	0%	25	10%	5	20%
Unknown	10%	3	3%	1	6%	17	7%	2	8%
Total	100%	87	100%	17	100%	253	100%	25	100%

Table 15 below suggests that both seniority and staff ethnicity are factors influencing participation in formal workforce procedures. Junior people (bands 2-5) from all ethnic groups are more likely to be involved in formal procedures than senior people. In 2017/18, white people at band 3, 5 and 6 accounted for the majority of the formal cases involving white people and BME people at band 2, 3 and 5 accounted for most cases within the BME group. Participation in all formal procedures is higher for BME people as a cumulative.

Table 15 Formal meetings by ethnicity and band 2017/18

Band	No of meetings involving white people	% of meetings involving white people	% of white people by band in workforce	No of meetings involving BME people	% of meetings involving BME people	% of BME people by band in workforce
2	17	5%	2%	43	12%	6%
3	26	7%	4%	50	14%	7%
4	14	4%	2%	20	6%	3%
5	27	8%	7%	42	12%	11%
6	32	9%	8%	36	10%	12%
7	21	6%	7%	12	3%	5%
8 and above	11	3%	6%	2	1%	2%
Medical & Dental	3	1%	11%	3	1%	7%
Total	151	42%	47%	208	58%	53%

Note: for the purpose of this table, 23 meetings involving people of "unknown" ethnic status were excluded.

Tables 16 to 19 (Appendix 3) suggest that both occupational group and ethnicity are factors influencing participation in formal workforce procedures. For some occupational groups, there were not sufficient numbers to draw meaningful conclusions, however for the other occupational groups, the following conclusions could be drawn.

Table 16 shows that admin & clerical employees are more likely to be involved in formal performance, grievance and disciplinary meetings than other occupational groups when the figures are compared to the Trust's population. Also, qualified and unqualified nursing staff are more likely to be involved in disciplinary meetings.

Table 16 highlights that admin & clerical staff, who made up 16% of the workforce, accounted for 29% of performance meetings, 38% of disciplinary meetings and 24% of grievance meetings. This disproportionate involvement is particularly the case for BME admin & clerical employees in all formal performance, grievance and disciplinary procedures (tables 17, 18 and 19).

Qualified nursing employees were more likely to be involved in formal disciplinary meetings, namely 36% of cases compared to 32% of qualified nurses in this occupational group. Table 18 shows that White qualified nurses were more likely to be involved in disciplinary hearings, namely 50% of cases compared to 43% of qualified White nurses.

Similarly, unqualified nursing employees were more often involved in formal disciplinary meetings, namely 15% of cases compared to 9% of unqualified staff. Within this group, White unqualified employees were more likely to be involved in disciplinary hearings, namely 38% of cases compared to 28% of unqualified White staff.

The Trust delivers Understanding Workforce Policies and Procedures training to ensure that managers are appropriately trained in fair application of workforce policies, including disciplinary, poor performance and dignity and respect policies. The Trust has also recently included training on unconscious bias in the training sessions. Two new check points have been added to the disciplinary process to ensure that all cases are dealt with fairly and consistently. On-boarding and a positive working relationship with the line manager and the team plays an important role here. Managers will continue to be reminded about the importance of undertaking a thorough induction for each new employee.

6.2 Relative likelihood of entering into formal disciplinary procedure

Table 20 shows that the likelihood of BME people entering the formal disciplinary procedure over the two year rolling period from April 2016 to March 2018 was 0.0095 and for white people it was 0.0066. Therefore the relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 1.439 times greater. This demonstrates a downward trend as 2015-2017 figure was 2.125.

Table 20 Likelihood of entering the formal disciplinary meeting by ethnicity – two year average 2016-18

Descriptor	Average number of staff in workforce (2016-18)	Annual average of number of formal disciplinary meetings (2016-18)	Relative likelihood of entering formal disciplinary meetings
White	**4981**	**33**	**0.0066**
BME	**5385**	**51**	**0.0095**
Unknown	**1101**	**5**	**0.0045**

6.3 Gender

Comparing the figures against the Trust population, table 21 shows that men are more likely than women to be the subject to disciplinary and performance procedures. Women, on the other hand, are more likely than men to be involved in sickness and grievance procedures. This is the same as last year.

Table 21 Formal meetings by gender 2017/2018

		Disciplinary		Capability (Performance)		Sickness		Grievance	
Gender	**% of Trust population**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**
Female	71%	55	63%	10	59%	214	85%	19	76%
Male	29%	32	37%	7	41%	39	15%	6	24%
Total	100%	87	100%	17	100%	253	100%	25	100%

6.4 Age

Table 22 demonstrates that the 35-44 age group were the most likely to raise grievances with 32% of all grievance cases in 2017/2018 emanating from this age group. This is disproportionate as they constitute 26% of the Trust population. This is a deviation from 2016/2017, where the highest number of grievance meetings involved the 45-54 age group.

The 45-54 age group had a slightly higher participation rate in performance meetings (29%) and sickness meetings (28%) in comparison to their Trust population (23%).

The 55-64 age group constitutes 13% of the Trust workforce but was involved in 21% of the total disciplinary meetings, 35% of performance meetings, 19% of sickness and 20% of grievance meetings. This showed a disproportionate involvement of the 55-64 group in all processes.

Table 22 Formal meetings by age 2017/2018

		Disciplinary		Capability (Performance)		Sickness		Grievance	
Age group	**% of Trust population**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**	**Number of cases**	**% of cases**
Under 25	4%	5	6%	1	6%	7	3%	0	0%
25-34	30%	27	31%	3	18%	67	26%	5	20%
35-44	26%	22	25%	2	12%	59	23%	8	32%
45-54	23%	13	15%	5	29%	70	28%	6	24%
55-64	13%	18	21%	6	35%	48	19%	5	20%
65 and over	2%	2	2%	0	0%	2	1%	1	4%
Total	100%	87	100%	17	100%	253	100%	25	100%

7. Staff experience: 2017 NHS National Staff Survey Results

The Trust monitors staff experience by protected characteristics through the annual NHS Staff Survey. The 2017 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender.

7.1 Gender

There are few significant differences in experience by gender, except two areas: 1) violence, harassment and bullying; 2) equality and diversity. Overall women were more likely to report experiencing violence, harassment, bullying or abuse. It is also female group that reported higher proportion of discrimination at work in the last 12 months.

7.2 Disability

People with disabilities and those who do not report to have a disability provide similar answers to the majority of the key findings. Where the responses differ significantly, they are typically less favourable for disabled people.

Disabled people provide less favourable responses to questions relating to equality and diversity, health and well-being as well as harassment, bullying or abuse. For example disabled people were more likely than non-disabled people to report work related stress in the last 12 months (59% compared to 37%). Disabled people are also more likely to report experiencing harassment, bullying or abuse from both staff and patients, relatives or the public in the last 12 months.

7.3 Age

People of all age groups report similar experiences on the majority of the key findings. The area where responses differ most significantly relates to violence, harassment and bullying, as well as equality and diversity. The age group 16-30 were more likely to report experiencing physical violence and harassment, bullying or abuse from patients, relatives or the public in the last 12 months. The age groups 31-40 and 51 above had higher percentage of experiencing harassment, bullying or abuse from staff in the last 12 months.

It is also age groups 31-40 and 51 above who did not believe that the organisation provided equal opportunities for career progression or promotion.

7.4 Ethnicity

When the data is split by ethnicity, the biggest variation is on questions relating to equality and diversity. BME people were more likely to report experiencing discrimination at work (27% BME, 11% white) and felt less positive about the organisation's equal opportunities for career progression.

However, BME people report more positively than white people on job satisfaction and quality of appraisals.

7.5 NHS National Survey questions mandated by the WRES.

Under the Workforce Race Equality Standard the Trust is required to publish the responses cut by ethnicity to the following NHS staff survey results.

For comparison, the figures from last year's staff survey were also included: the responses were comparatively more positive in most of the areas in the 2017 survey outcome, with the most noticeable improvement in reduction in both White and BME staff experiencing harassment, bullying or abuse from staff in last 12 months (Table 24) and the increase in BME staff believing in Trust providing equal opportunities for career progression or promotion (Table 25). Reducing experience in bullying and harassment continues to be a key focus for the Trust.

Table 23: Percentage of staff who report experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

	White	*BME*
2017	**35%**	**30%**
2016	33%	31%

Table 24: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

	White	*BME*
2017	**28%**	**28%**
2016	32%	32%

Table 25: Percentage of staff who believe that trust provides equal opportunities for career progression or promotion.

	White	*BME*
2017	**88%**	**83%**
2016	87%	74%

Table 26: In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?

	White	*BME*
2017	**5%**	**17%**
2016	7%	19%

8. 2017-18 Action update

8. Progress on actions agreed last year 2017-18

A number of actions were agreed by managers and staff side colleagues following the analysis of the data contained in last year`s report. Actions and the progress relating to them are noted below:

ACTION 1: Improve workforce representation of BME people and female staff at Band 7 and above

1.1 Introduce values-based interviews, which includes new guidance on recruitment and selection and highlight the minefield of potential bias. Recruitment and selection training will be adapted to include the new guidance - Resourcing

The new guides were introduced from October onwards. They facilitate a structured interview and recommend the inclusion of another form of assessment to help the selection process to achieve a higher reliability and validity. Anecdotally the feedback is very positive and recruiting managers feel better supported and more confident in asking values based questions. The candidate feedback about the assessment and selection process is positive. We are in the process of developing assessment guides for medical appointments.

1.2 Review the language used on job adverts so it is more inclusive and target diverse groups - Resourcing

All rolling adverts have been redrafted and the Trust is in the process of producing templates to use for all posts. A wider use of social media is being used in addition to NHS Jobs and print adverts.

1.3 Monitor and report on the demographic breakdown of people on the talent plan - Talent

The Trust talent management process includes reviewing performance of senior people at Band 8C and above and placing people onto 9-box talent grids. Those who are identified as successors will then be put in the succession plan. Relevant data is submitted to the Executive Team on an annual basis. The data monitors the number of people reviewed in the talent management process compared with the number that make it onto the succession plan for gender and ethnicity for divisional director, divisional director of nursing and divisional director of operations roles. The data does not suggest that any staff group are more or less likely to be placed on the succession plan when participating in the Trust's talent process. This process will be repeated following the 2018 talent programme.

1.4 Review all leadership programmes and ensure that they promote a culture of inclusions and raising awareness of diversity issues - Talent

Although our leadership programmes do not include explicit content on managing diversity in the workplace, teaching on the importance of building inclusive teams and working environments, as well as valuing diversity of thought and experience are key aspects of our leadership and management development modules. This action is on-going.

1.5 Refresh skills and awareness of Diversity and Inclusion issues and unconscious bias across all our professional P & OD staff to ensure we are offering the best practice and consistent advice and support - Talent

This action will be carried over to the coming year with further discussion. A learning needs analysis will be undertaken of P&OD staff to inform the design of activities to improve understanding of diversity issues with activities undertaken by March 2019.

Action 2: Improve disproportionate representation of BME people receiving D or E rating (PDR)

2.1 The PDR training content will be reviewed to raise awareness of unconscious bias and best practice at PDR - Talent

PDR training content was reviewed and now included a video on unconscious bias where participants were asked to think about how bias can influence decisions in the workplace and to be aware of the biases they may have. The training then stresses the importance of using the ratings in a fair and equitable way, encouraging calibration of ratings to help remove bias in decision making. Models that are discussed in the training remind managers to make decisions on performance by using mutually agreed objectives, a good evidence base of work and behaviour through the year and ensuring the PDR is a two way conversation.

ACTION 3: Mitigate disproportionate representation of BME people entering formal workforce procedures

3.1 Review the reasons that people are facing formal procedures to establish whether further training and support can be offered to prevent staff from entering into formal procedures - Employee Relations

Detailed analysis of the reasons that people enter formal procedures, the occupational groups and the outcomes has now taken place. This analysis will inform a wider review of formal processes currently being undertaken.

3.2 Review the training provided for managing workforce procedures to include a focus on potential bias - Employee Relations

A section in unconscious bias has been included in the workforce policies and procedures training that we regularly deliver for managers. Participates are asked questions that challenge their unconscious bias and advised to be aware of how such bias may affect in the work setting.

ACTION 4: Actions will be developed to address the concerns about harassment and bullying reflected in the 2017-2018 NHS staff survey

4.1 A review of the national local survey results will take place with a targeted action plan aimed at prevention of harassment and bullying across the organisation

A detailed analysis was undertaken which included data from staff surveys both results national and local, datix reports and cases logged with the employee relations team. The following actions were implemented throughout last year:

- Leadership programmes and a focus on role modelling good behaviours and having the courage to tackle poor behaviours

- PDR process new focus on 80/20 - 80% what we achieved and 20% how we achieved it
- Conflict resolution training provided by CONTACT services
- Mediation services continue to made available
- A “How to engage and retain your staff” master class and toolkit for managers was launched in June 2017
- Training available for staff on dealing with violence and aggression
- Additional questions were added to local engagement survey to gather more information at ward/departmental level

9. Action Plan for 2018-19

We have observed some positive changes in some areas of focus from last year. However the Trust recognises that continuous improvement requires lasting concerted efforts and satisfactory outcome takes time to achieve. For the coming year we will therefore continue focusing on the following four priority areas from last year that remain as some of the key challenges identified in the report. At the same time, we will carry on work that helps create a culture of inclusion.

Areas of focus 1

Improve workforce representation of BME people on Band 7 and above

Resourcing

- Carry out an analysis of the shortlisting to review all bands and all staff groups to better understand any hotspots
- Produce guidance on the panel mix to encourage a panel with diverse representation
- Review where all adverts are placed and broaden advertising to better target BME candidates
- Promote best practice assessment and selection guides to ensure all managers are using the materials
- Re-launch the Careers Clinics and promote the support that is given to help people secure a new role
- Review the Recruitment and Selection policy to ensure the end to end process fully supports diversity and inclusion
- Review Recruitment and Selection training to ensure that everyone is familiar with the new best practice guides and the principles of fair, objective and open recruitment and selection is fully embedded
- Review the internal promotion process and outcomes to encourage all managers to promote opportunities within the Trust in an open and fair way which facilitates as diverse as possible coming forward

Areas of focus 1 (continued from above)

Talent	Proactively support and secure nominations for national BME programmes run by NHS Leadership Academy ("Stepping Up" and "ready now")
	Ensure that all participants on Trust leadership programmes who are from under-represented groups have access to a Mentor/Coach as part of the programme
	Develop Business Case for an online appraisal system to that in future, we can access records of objective setting and personal development plans for al staff, including those from under represented group in order to formulate future action
	Develop and source funding for a pilot BME mentoring programme targeting those at band 7 and above who aspire to work in a more senior position.
Talent **HRBPs**	Ensure that all leaders from underrepresented groups who are in scope for the Trust Talent management process have a PDP

Areas of focus 2

Reduce the differential in the relative likelihood of BME and White people receiving D or E ratings (PDR)

Talent	Implement mid-year reviews to enable earlier notification of concerns and provide people with the opportunity to make the necessary improvements
	Provide monthly reports to divisional senior management team of grades awarded throughout PDR period. This will allow calibration of grades during the PDR window

Areas of focus 3

Mitigate disproportionate representation of BME people entering formal workforce procedures

ERAS	Introduce two check points to be carried out by senior managers in formal disciplinary process. This will enable consideration of a number of factors prior to beginning an investigation or entering into a formal disciplinary hearing.
	Review the reasons that people are facing formal procedures to establish whether further training and support can be offered to prevent staff from entering into formal procedures
	Introduce mandatory training specifically for Chairs of disciplinary hearings and Investigators.

Areas of focus 4

Address the concerns about harassment and bullying reflected in the 2017-18 NHS staff survey

Engagement	Re-energise Trust values and behaviours through 'delivering our promise 2' programme

Wellbeing	Develop a 'speaking up' strategy and action plan
	Continue to focus on 'prevention' through targeted actions based on analysis of incidents

Areas of focus 5

Broad E&D objectives for 2018-9

E&D	
	Produce a set of measures, annual targets and a reporting mechanism to track short and medium-term progress against or longer-term equality objectives
	Produce a Workforce Disability Equality Scheme
	Support the creation of an action plan to address the issues arising from the Gender Pay analysis report

Appendix 1

Table 1 Ethnicity profile – percentage of staff in each of the AfC bands, medical grades and Very Senior Managers (VSM) – March 2018

Non-Clinical	BME	UNKNOWN	WHITE	Count
BAND 1	100%	0%	0%	2
BAND 2	67%	5%	28%	213
BAND 3	60%	4%	35%	648
BAND 4	51%	6%	43%	383
BAND 5	50%	4%	46%	309
BAND 6	52%	3%	44%	263
BAND 7	42%	4%	54%	190
BAND 8A	34%	7%	59%	115
BAND 8B	20%	5%	74%	129
BAND 8C	22%	7%	71%	55
BAND 8D	25%	3%	72%	36
BAND 9	14%	5%	82%	22
Spot Salary	0%	50%	50%	4
VSM	8%	12%	80%	25
Grand Total				**2394**

Clinical	BME	UNKNOWN	WHITE	Count
BAND 1	0%	0%	0%	0
BAND 2	68%	8%	24%	707
BAND 3	65%	7%	28%	541
BAND 4	53%	8%	39%	171
BAND 5	57%	6%	37%	1718
BAND 6	57%	5%	38%	1885
BAND 7	40%	5%	55%	1142
BAND 8A	32%	5%	63%	356
BAND 8B	22%	5%	72%	116
BAND 8C	14%	2%	84%	44
BAND 8D	5%	0%	95%	20
BAND 9	13%	0%	88%	8
VSM	0%	0%	100%	2
CONSULTANT	31%	9%	60%	722
Doctor (Career Grade)	20%	39%	41%	338
Doctor (Training Grade)	34%	23%	43%	1117
other	42%	17%	42%	12
Grand Total				**8899**

Appendix 2 Recruitment data 2017-18

Table 5 Recruitment analysis by ethnicity

Ethnic Origin by %	Applicants	Shortlisted	Appointed
White - Brit	13.41	17.95	23.96
White - Irish	1.20	2.22	3.83
Any other white	13.99	15.41	15.38
Asian/Asian Brit - Indian	10.94	9.99	8.49
Asian/Asian Brit - Pakistani	4.87	3.31	1.78
Asian/Asian Brit - Bangladeshi	4.29	2.78	1.64
Any other Asian	7.84	8.11	7.49
Black/Black Brit - Caribbean	6.40	5.85	4.34
Black/Black Brit - African	18.15	15.18	9.72
Any other Black	3.89	3.44	2.24
Mixed - White & Black Caribbean	1.14	1.17	1.00
Mixed - White & Black African	1.30	0.90	0.46
Mixed - White & Asian	0.70	0.80	0.73
Any other mixed	1.61	1.54	1.51
Chinese	0.80	1.03	1.64
Any other ethnic	5.67	5.80	5.25
Not stated	3.80	4.52	10.54

Table 6 Recruitment analysis by transgender 2017-18

Transgender by %	Applicants	Shortlisted	Appointed
No	22.66	23.18	25.29
Yes	0.20	0.21	0.18
Not stated	77.14	76.61	74.53

Table 7 Recruitment analysis by age 2017-18

Age by %	Applicants	Shortlisted	Appointed
Under 20	0.91	0.68	0.36
20-24	17.19	14.01	15.43
25-29	26.87	26.49	30.35
30-34	17.92	18.58	17.62
35-39	11.32	11.77	11.23
40-44	8.77	9.69	8.72
45-49	7.48	8.76	8.76
50-54	5.46	5.79	4.84
55-59	3.02	3.15	1.87
59-64	0.89	0.91	0.64
65+	0.14	0.14	0.18
Not stated	0.03	0.03	0.00

Table 8 Recruitment analysis by disability 2017-18

Disability by %	Applicants	Shortlisted	Appointed
No	94.81	93.38	87.91
Yes	3.29	3.48	2.14
Not stated	1.90	3.14	9.95

Table 9 Recruitment analysis by religion 2017-18

Religion by %	Applicants	Shortlisted	Appointed
Atheism	7.27	9.55	12.73
Buddhism	1.25	1.20	1.64
Christianity	48.65	49.41	44.32
Hinduism	7.73	6.73	5.16
Islam	17.78	13.74	9.77
Jainism	0.18	0.18	0.14
Judaism	0.29	0.31	0.32
Sikhism	1.30	1.41	1.41
Other	5.37	5.34	5.43
I don’t wish to disclose	10.18	12.13	19.08

Table 10 Recruitment analysis by sexual orientation 2017-18

Sexual orientation by %	Applicants	Shortlisted	Appointed
Bisexual	1.10	0.91	0.77
Gay	1.72	2.14	2.65
Heterosexual	87.40	86.29	80.92
Lesbian	0.30	0.29	0.32
Not stated	9.48	10.37	15.34

Appendix 3 Application of formal workforce procedures by occupational group 2017/18

Table 16 Formal meetings by occupational group 2017/18

		Performance		Disciplinary		Grievance	
	% of Trust Population	No of meetings	% of meetings	No of meetings	% of meetings	No of meetings	% of meetings
Admin & Clerical	16%	5	29%	33	38%	6	24%
Allied Health Professional (Qualified)	5%	3	18%	-	-	1	4%
Allied Health Professional (Unqualified)	1%	-	-	-	-	-	-
Doctor (Career Grade)	-	-	-	-	-	-	-
Doctor (Consultant)	9%	-	-	-	-	3	12%
Doctor (Training Grade)	13%	-	-	3	3%	-	-
Nursing (Qualified)	32%	4	24%	31	36%	5	20%
Nursing (Unqualified)	9%	1	6%	13	15%	1	4%
Pharmacist	1%	-	-	-	-	1	4%
Scientific & Technical (Qualified)	7%	3	18%	2	2%	5	20%
Scientific & Technical (Unqualified)	3%	1	6%	4	5%	1	4%
Senior Manager	5%	-	-	1	1%	2	8%
TOTAL	100%	17	100%	87	100%	25	100%

Table 17 Formal performance meetings by ethnicity and occupational group 2017/18

Occupational Group	No of performance meetings involving **WHITE** people	% of performance meetings involving **WHITE** people	% of **WHITE** people in occupational group in workforce	No of performance meetings involving **BME** people	% of performance meetings involving **BME** people	% of **BME** people in occupational group in workforce
Admin & Clerical	1	20%	41%	4	80%	59%
Allied Health Professional (Qualified)	3	100%	68%	0	0%	32%
Allied Health Professional (Unqualified)	0	0%	44%	0	0%	56%
Doctor (Career Grade)	0	0%	53%	0	0%	47%
Doctor (Consultant)	0	0%	67%	0	0%	33%
Doctor (Training Grade)	0	0%	56%	0	0%	44%
Nursing (Qualified)	1	25%	43%	3	75%	57%
Nursing (Unqualified)	1	0%	28%	0	0%	72%
Pharmacist	0	0%	48%	0	0%	52%
Scientific & Technical (Qualified)	2	100%	47%	0	0%	53%
Scientific & Technical (Unqualified)	0	0%	32%	1	100%	68%
Senior Manager	0	0%	68%	0	0%	32%
Total	8	50%	47%	8	50%	53%

Note: For the purpose of this table, 1 meeting involving an employee of ‘unknown’ ethnicity has been excluded.

Table 18 Formal disciplinary meetings by ethnicity and occupational group 2017/18

Occupational Group	No of disciplinary hearings involving **WHITE** people	% of disciplinary hearings involving **WHITE** people	% of **WHITE** in occupational group	No of disciplinary hearings involving **BME** people	% of disciplinary hearings involving **BME** people	% of **BME** in occupational group
Admin & Clerical	11	34%	41%	21	66%	59%
Allied Health Professional (Qualified)	0	0%	68%	0	0%	32%
Allied Health Professional (Unqualified)	0	0%	44%	0	0%	56%
Doctor (Career Grade)	0	0%	53%	0	0%	47%
Doctor (Consultant)	0	0%	67%	0	0%	33%
Doctor (Training Grade)	1	33%	56%	2	67%	44%
Nursing (Qualified)	15	50%	43%	15	50%	57%
Nursing (Unqualified)	5	38%	28%	8	62%	72%
Pharmacist	0	0%	48%	0	0%	52%
Scientific & Technical (Qualified)	1	50%	47%	1	50%	53%
Scientific & Technical (Unqualified)	0	0%	32%	3	100%	68%
Senior Manager	1	100%	68%	0	0%	32%
Total	34	39%	47%	50	57%	53%

Note: For the purpose of this table, 3 meetings involving employees of ‘unknown’ ethnicity have been excluded.

Table 19 Formal grievance meetings by ethnicity and occupational group 2017/18

Occupational Group	No of grievance meetings involving white people	% of grievance meetings involving white people	% of white people in occupational group in workforce	No of grievance meetings involving BME people	% of grievance meetings involving BME people	% of BME people in occupational group in workforce
Admin & Clerical	1	17%	41%	5	83%	59%
Allied Health Professional (Qualified)	1	100%	68%	0	0%	32%
Allied Health Professional (Unqualified)	0	0%	44%	0	0%	56%
Doctor (Career Grade)	0	0%	53%	0	0%	47%
Doctor (Consultant)	1	50%	67%	1	50%	33%
Doctor (Training Grade)	0	0%	56%	0	0%	44%
Nursing (Qualified)	1	20%	43%	4	80%	57%
Nursing (Unqualified)	0	0%	28%	1	100%	72%
Pharmacist	0	0%	48%	1	100%	52%
Scientific & Technical (Qualified)	1	25%	47%	3	75%	53%
Scientific & Technical (Unqualified)	0	0%	32%	1	100%	68%
Senior Manager	2	100%	68%	0	0%	32%
Total	7	30%	47%	16	70%	53%

Note: for the purpose of this table, 2 meetings involving employees of ‘unknown’ ethnicity and 1 meeting involving multiple individuals have been excluded.

Appendix 4 GLOSSARY OF TERMS USED IN THIS REPORT

Unknown	A combination of Not stated and Unrecorded
Senior Managers	This includes people in bands 8-9, very senior managers and senior medical staff (consultants, career grade doctors)
Spot salaries	People who are not on NHS payscale, e.g. through TUPE
PDR	Performance and Development Review
New Starters	People who began working for the Trust between April 2017 and March 2018
Non-clinical support	Admin & Clerical, Estates and senior managers
Clinical support	Unqualified, Nurses, Scientific and Technical (S&T) and Allied Health Professionals (AHP)
Scientific & Technical	Qualified Scientific & Technical and pharmacists
BME	Black & Minority Ethnic (i.e. all ethnicity excluding White)
White	A combination of White British and White Other
Promotions	People who have an upward change of band/grade during the reporting year and are still employed at the end of the reporting year.

Appendix 5 Cross-referencing the Workforce Race Equality Standard requirements with the Annual Workforce Equality and Diversity Report (see Appendix 6 for details)

	Indicator For each of these nine workforce indicators, data is compared for white and BME staff	Section of the report
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce (split by clinical and non-clinical staff).	1.1
2	Relative likelihood of staff being appointed from shortlisting across all posts.	2.2
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (a two year rolling average of the current year and the previous year).	6.2
4	Relative likelihood of staff accessing non-mandatory training and CPD.	3.1
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	7.5
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	7.5
7	Percentage of staff who believes that trust provides equal opportunities for career progression or promotion.	7.5
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/Team Leader or other colleagues.	7.5
9	Percentage of difference between the organisations' Board membership and its overall workforce (split by voting membership and executive membership)	1.4

Appendix 6 Workforce Race Equality Standard data

WRES indicators explained

- 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 BME representation on boards.

Indicator 1

- Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by clinical and non-clinical staff

Non- Clinical 2018

	BME	UNKNOWN	WHITE	Count
BAND 1	100%	0%	0%	2
BAND 2	67%	5%	28%	213
BAND 3	60%	4%	35%	648
BAND 4	51%	6%	43%	383
BAND 5	50%	4%	46%	309
BAND 6	52%	3%	44%	263
BAND 7	42%	4%	54%	190
BAND 8A	34%	7%	59%	115
BAND 8B	20%	5%	74%	129
BAND 8C	22%	7%	71%	55
BAND 8D	25%	3%	72%	36
BAND 9	14%	5%	82%	22
Spot Salary	0%	50%	50%	4
VSM	8%	12%	80%	25
Grand Total				**2394**

Clinical 2018

	BME	UNKNOWN	WHITE	Count
BAND 1	0%	0%	0%	0
BAND 2	68%	8%	24%	707
BAND 3	65%	7%	28%	541
BAND 4	53%	8%	39%	171
BAND 5	57%	6%	37%	1718
BAND 6	57%	5%	38%	1885
BAND 7	40%	5%	55%	1142
BAND 8A	32%	5%	63%	356
BAND 8B	22%	5%	72%	116
BAND 8C	14%	2%	84%	44
BAND 8D	5%	0%	95%	20
BAND 9	13%	0%	88%	8
VSM	0%	0%	100%	2
CONSULTANT	31%	9%	60%	722
Doctor (Career Grade)	20%	39%	41%	338
Doctor (Training Grade)	34%	23%	43%	1117
other	42%	17%	42%	12
Grand Total				**8899**

Indicator 2

- Relative likelihood of staff being appointed from shortlisting across all posts

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
White	4634	946	0.2041
BME	7805	1014	0.1299
Unknown	589	231	0.3921

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly 1.57 times greater. This is an increase from last year when the relative likelihood was 1.30 times greater.

Indicator 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

Descriptor	Average number of staff in workforce (2016-18)	Annual average of number of formal disciplinary meetings (2016-18)	Likelihood of entering formal disciplinary meetings
White	4981	33	0.0066
BME	5385	51	0.0095
Unknown	1101	5	0.0045

The relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 1.439 times greater. This is an improvement from 2015-2017 when it was 2.125.

Indicator 4

- Relative likelihood of staff accessing non-mandatory training and CPD

Descriptor	Number of Staff in Workforce	Staff accessing non mandatory training	Likelihood of accessing non mandatory training
White	4889	502	0.1027
BME	5457	631	0.1156
Unknown	943	1	0.0011

The relative likelihood of BME people accessing non mandatory and CPD training was 1.1256 times greater than white staff. This remains closely similar to that of last year 1.1364.

Note: The data collected only includes leadership development and skills training which is provided by Learning and Development team as this is the only data which is centrally available for equality analysis. It does not include locally delivered training, professional and clinical education or any externally provided training and results are not therefore an indication of all training activity available within the Trust.

Indicator 5

- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

	White	***BME***
2017	**35%**	**30%**
2016	**33%**	**31%**

Indicator 6

- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	White	***BME***
2017	**28%**	**28%**
2016	32%	32%

Indicator 7

- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

	White	***BME***
2017	**88%**	**83%**
2016	87%	74%

Indicator 8

- Q17. In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues

	White	*BME*
2017	**5%**	**17%**
2016	7%	19%

Indicator 9

- Percentage difference between the organisations' Board membership and its overall workforce disaggregated: By voting membership of the Board; By executive membership of the Board

	White	*BME*	*Unknown*
Overall Trust workforce	43%	48%	10%
Overall Trust Board members	83.3%	8.3%	8.3%
Voting Board members	83.3%	8.3%	8.3%
Executive Board members	100%	0%	0%
Non-executive Board members	71%	14%	14%

Action plan for 2018/19

- Section 9 of this report set out areas of focus with detailed actions for year 2018-19. The areas of focus have been identified mostly from our WRES performance and the actions are developed with an aim to improve our WRES indicators.