Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Employment Strategy and Engagement Committee	Date:	6th August 2015

Agenda item	Title	Executive Director lead and presenter	Report author
	Workforce Race Equality Standard Report (UPDATE)	**Director of Resources** **Head of Human Resources**	**E&D Advisor** **Head of Compliance** **Workforce Planning Manager**

This report is for:	
Decision	**X**
Discussion	**X**
To Note	

History

This report provides detailed analyses of the initial baseline data provided to ESEC in May 2015.

The following impacts have been identified and assessed within this report	
Equality	X
Quality	X
Privacy	

Executive summary of key issues

The analyses has highlighted the following:

- Areas where there are parities amongst BME and White staff (in relation to BME representation in the workforce, in receiving appraisals, and BME representation on the Board)
- Areas where there are BME disproportionalities (for example, higher likelihood of their involvement in formal disciplinary processes, of development needs identified, of experiencing bullying, harassment or abuse from patients and other staff, of experiencing discrimination at work from managers)
- Key thematic issues affecting BME staff disproportionately more than White staff, mainly focusing on training and development, career progression and perception of internal culture. This has informed further key lines of enquiry moving forward.

We have produced a draft action plan (attached) as a result of our assessment for which we are seeking approval.

We indicate how the actions add value to the business and also how they link into existing work streams currently being delivered or planned.

This report addresses these strategic priorities:	
We will deliver the best care	
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	

1 The NHS Workplace Race Equality Standard (WRES)

1.1 Background

The WRES has been included in the 2015/16 NHS standard contract, and the Care Quality Commission will consider the Standard in their assessments from April 2016.

Data is analysed to meet the requirements of 9 indicators within the Standard; 4 specifically for workforce data; 4 based on national staff survey; and 1 on Board composition.

NHS England has produced Technical Guidance on applying each indicator, what to consider and how to calculate the indicator, which the Trust as applied.

1.2 Introduction

The Trust produced its initial baseline data against the WRES which was reported to ESEC at their 7th May 2015. This report provides deeper analyses of what the data actually means for Trust, and identifies actions that we are taking forward.

For this update, there is no significant change to the data provided in May, except in relation to Indicator 4 (Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White Staff). We have recalculated this indicator using the WRES Technical Guidance. We have taken the total number of employees, excluding bank staff, and we have taken the approach of counting the *number of employees, rather than number of occasions* any individual employee has accessed non-mandatory and training and CPD.

The outcomes of the assessment will be reported on the DoH produced 'WRES Reporting Template' for publication which includes brief narrative regarding actions we plan to take forward where necessary.

We have produced an action plan which we believe is meaningful and adds business value. We have identified links of each action to our strategic priorities, current work being taking forward and how each action relates our PRIDE values.

1.3 Future Reporting

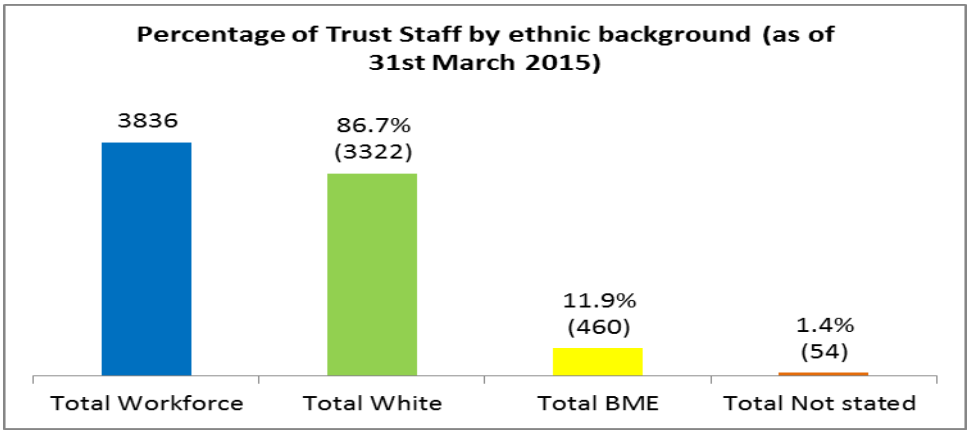
In terms future reporting, we will:

- Provide update report against the WRES indicators using end of quarter 3 data (December 2015)
- Provide end of financial year annual report which will contain the final first full year's final baseline statistics for future comparative analyses. A report on this data will be presented to ESEC in March 2016.
- From 2016 / 2017 financial year, we intend to provide 6 monthly reports on the WRES (i.e. September 2016 and March 2017).

2 Workforce Indicators

2.1 The standard indicators – workforce data

Trusts overall workforce profile as of 31 March 2015 – not an indicator



The Trust provides services in BANES, Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The data from the 2011 census (taken from NOMIS web) shows that in these areas the BME population makes up 8.3% of the total population of these areas. In this regard, our total *BME representation exceeds* the *total overall BME population*.

When we consider the overall BME working age population (18yrs-65yrs) within the AWP catchment area, which is 154,351, the percentage of our BME staff against this working age population is 0.3%. In comparison, the percentage of White staff in the workforce in comparison to overall White working age population in the catchment area (1,190,608) is 0.3%. These figures show parity from this perspective.

Using our BME workforce data and comparing it with overall BME working population data provides a richer perspective, more so than the comparison with overall BME population. We need to continue to promote Trust as an 'employer of choice' amongst BME communities, and consider setting milestones (rather than targets) on annual percentage of increase in BME work force against overall BME working population.

Proposed Action/s:

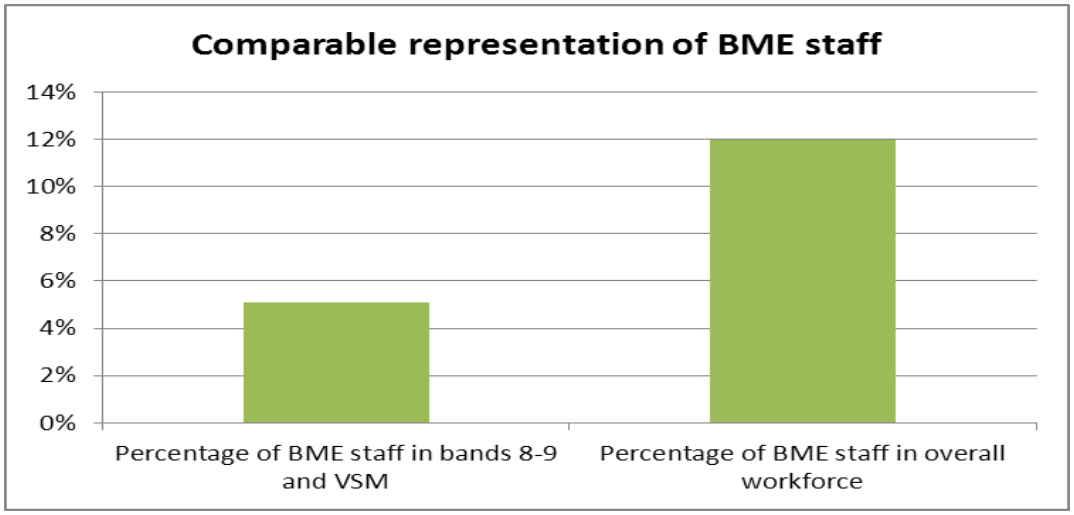
- Continue to promote AWP as an 'employer of choice' amongst BME communities
- Adopt an annual milestone regarding percentage of increase in BME workforce. Suggested milestone by end of year one is 12.5% of the overall workforce (amounting 479 BME staff).

Value of the actions to the Business: The actions add *commercial value* and *value to service delivery* because it will contribute towards enhancing our reputation as a diverse employer, and enable us to delivery sensitive and quality services impacting positively on diversity.

Link to current work already in place or planned: Development of the Workforce Strategy.

WRES Indicator 1: Percentage of BME staff in Bands 8-9, VSM (including executive Board members and medical staff) compared with the percentage of BME staff in the overall workforce senior roles compared with the overall workforce

This indicator demonstrates the numbers of staff from BME backgrounds who are working in senior roles in the organisation. It is calculated on the percentage of BME staff in Bands 8-9 and Very Senior Manager (VSM) grades (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce. The Trust position as of 31 March 2015 is shown below.



The overall workforce data is based on substantive and fixed-term contracts; *bank staff are not included*.

Of the overall BME staff (460), 3% (15) are in bands 8-9 and VSM, compared to 15% (494) of the overall White Staff (3322). Therefore, 97% (445) of overall BME staff are in bands 1-7, compared to 85% (2828) of overall White staff.

We need to understand what actual job roles are fulfilled by BME staff. This will help us to understand whether or not BME staff are more likely to be in, for example, domiciliary roles, Health Care Assistant Roles, Community Psychiatric Nurse roles, etc. If significant disparities in comparison to white staff are found, then we need to take appropriate actions in promoting career development amongst BME staff.

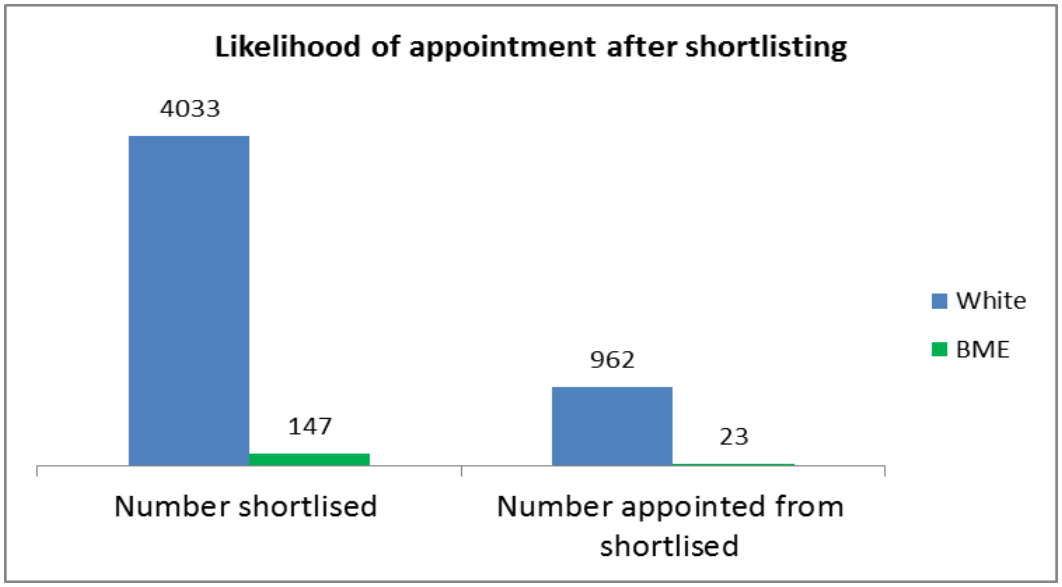
Proposed Action/s:

- Carry out further data analyses of actual BME job roles across pay bands 1-7 and identify progression pathways to band 8 and above.
- Use this information to inform the development of our workforce and talent management strategy, and career development pathways.

Value of the actions to the Business: Using the information from the actions will provide *business opportunities* to develop pathways for progression enabling us to be employer of choice

Link to current work already in place or planned: Development of the Workforce and Organisation Development Strategies, and Talent Management Framework

WRES Indicator 2: Likelihood of BME staff being appointed from shortlisted compared to that of white staff being appointed from shortlisting across all posts



In considering the numbers, we have calculated that the relative likelihood of White staff being appointed from shortlisting compared to BME staff is 2 times the greater.

We do not know whether there are significant differences between professions or departments. We would need to do further assessment of data available for this in the future.

Proposed Action/s:

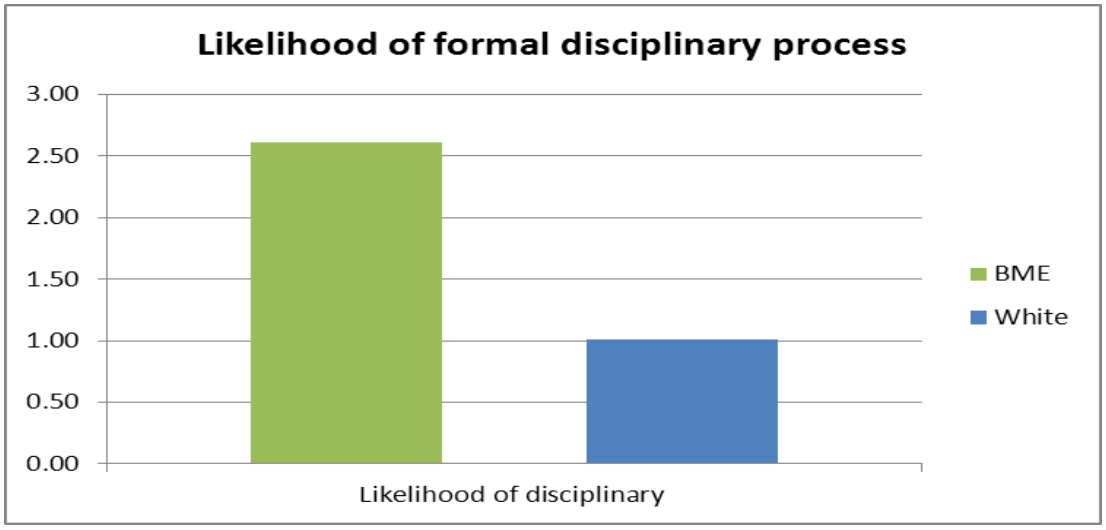
- Interrogate likelihood of appointment after shortlisting data by profession / department, and utilise this information to inform workforce strategy.
- Review recruitment guidance and processes to highlight any unconscious bias
- Work with Learning and Development to incorporate unconscious bias elements in our 'Living our Values' training.

Value of the actions to the Business: It will provide *business opportunities* because addressing unconscious bias will enable us to recruit and retain talented BME staff with right skill sets, and increase the reputation of the Trust as a diverse employer.

Link to current work already in place or planned: Development of the Workforce Strategy.

WRES Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

This data is from January 2014 to April 2015. The indicator requires two years of rolling average data of the current year and previous year.



During the time period, 12 BME staff were in the process of formal disciplinary compared to 33 White staff.

BME staff are 2.5 times more likely to be involved in a formal disciplinary process than White colleagues.

We need to understand this data within a wider context of disciplinaries in order to allow us to make meaningful assessment; looking more closely into the nature and causes of formal disciplinary and their outcomes will enable to us to review our relevant policies, and inform any staff training and development. A deeper scrutiny regarding disciplinaries will also inform wider organisation development work.

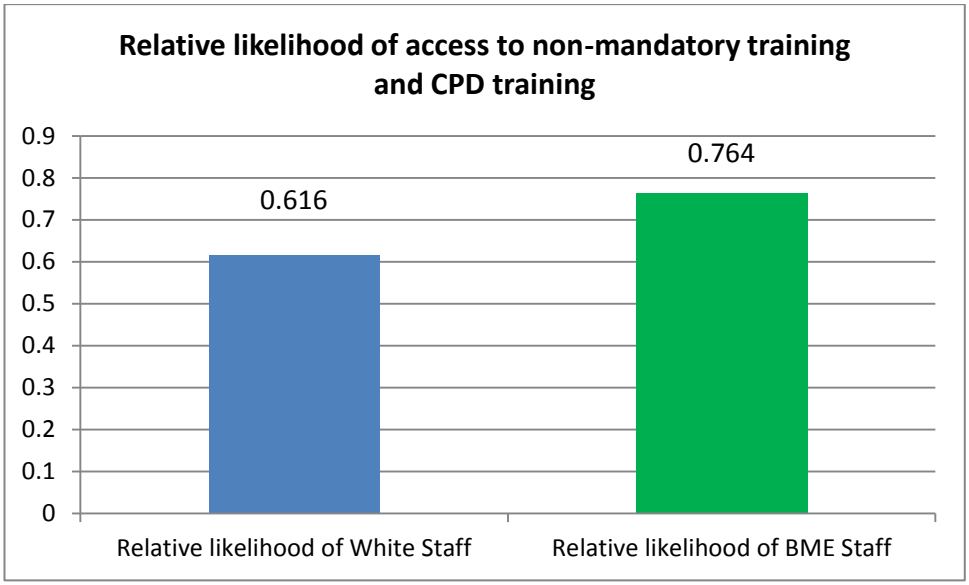
Proposed Action/s

- Assess (a) overall total number of formal disciplinaries; (b) break down of the nature of disciplinary; (c) disciplinaries by service areas (if this does not identify individuals); and (d) outcomes of disciplinaries.
- Use the information to inform further actions to identify the reasons behind the disproportionality.

Value of the actions to the Business: The actions will help to *reduce business risks* related to the failure to develop a positive organisational culture which could have a negative impact on staff recruitment and retention.

Link to current work already in place or planned: Links to Organisation Development Strategy, and Leadership Development Programme.

Indicator 4: Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White Staff



Of the total number of White staff (3241), 1996 staff accessed non-mandatory and CPD training as of March 2015. Therefore, White staff are 0.62 times more likely to access such training in relation to overall White workforce.

Of the total number of BME staff (437), 344 staff accessed non-mandatory and CPD training. Therefore, BME staff are 0.76 time more likely to access such training in relation to overall BME workforce.

The relative likelihood of BME staff access non-mandatory training and CPD is 1.2 times the greater than White staff.

We need to understand whether this relative likelihood is positive or negative – for example, are staff accessing non-mandatory training because of performance issues related to annual appraisals, or whether there is higher motivation for career progression?

Proposed Action/s

- Assess data against types of non-statutory and mandatory training accessed in order to understand why BME applications are more likely, and whether this is positive or negative.

Value of the actions to the Business: Using the information will provide a *business opportunity* by understanding the motivations and imperatives of staff accessing non-mandatory training and CPD. If outcomes of our assessment show that there are positive reasons for this, then we can promote this which can further enhance our reputation as an employer of choice.

Link to current work already in place or planned: Talent Management Framework

2.2 The standard indicators – staff survey data

National NHS Staff Survey findings.

We have assessed data relating to each of the 4 staff survey indicators required for WRES. Data has been extracted from the National NHS Annual Staff Survey 2014.

In addition, we have included data on Q3 of the staff survey below, relating to learning, development and appraisals, although we are not required to report on this as part of the WRES. This is because the information provides evidence for our work in relation to HR and Organisation Development Strategies.

The following should be noted:

We have taken our data from the *overall number of White and BME respondents to the entire survey*.

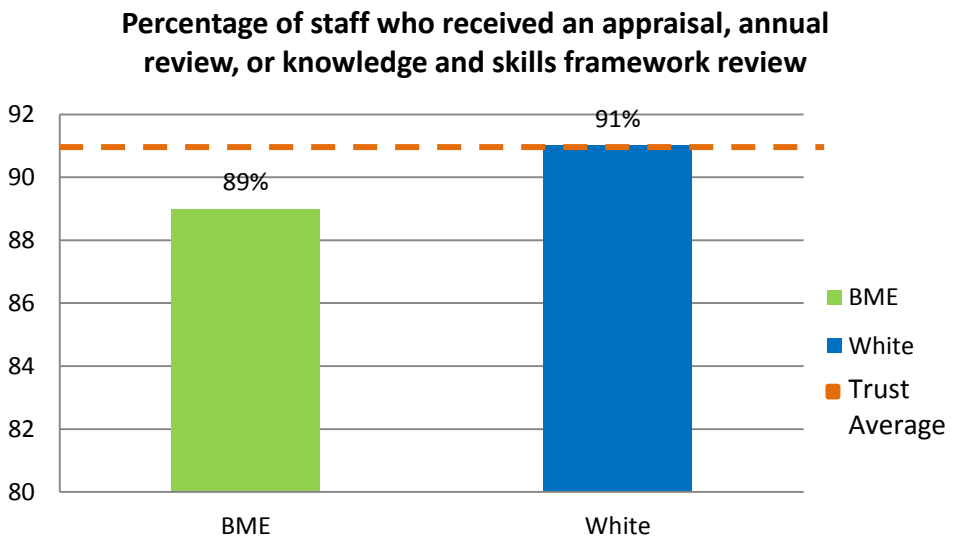
***Data in this section of the report should be related to the overall number of White and BME respondents as below*:**

Overall total response to whole survey = 1790
Total White Respondents = 1485
Total BME respondents = 173
Total Ethnicity unknown = 132

- The Trust decided that 2014 Staff survey would be broader and open to all staff who wished to respond. Overall, 1790 responses were received, making the overall response rate at 51% of the Trust workforce in December 2014. This means that 49% of data relating to the entire survey is not available to analyse
- In relation to comparing 2014 WRES metric outcomes with those relating to 2013, we are unable to achieve this as the Trust signed up to a 'Basic' survey (as defined by Picker Institute Europe, and classified as such if surveys are sent to a less than 850 people). The overall number of responses from Trust staff to the 2013 survey was significantly lower – therefore comparison with 2014 outcomes would not give truer analyses and would be misleading.

Q3: In the last 12 months, have you had an appraisal, annual review, development review, or knowledge and skills framework development review? (Not required for WRES reporting)

We looked at the percentage of BME staff who received an appraisal in the past twelve months as of March 2015.

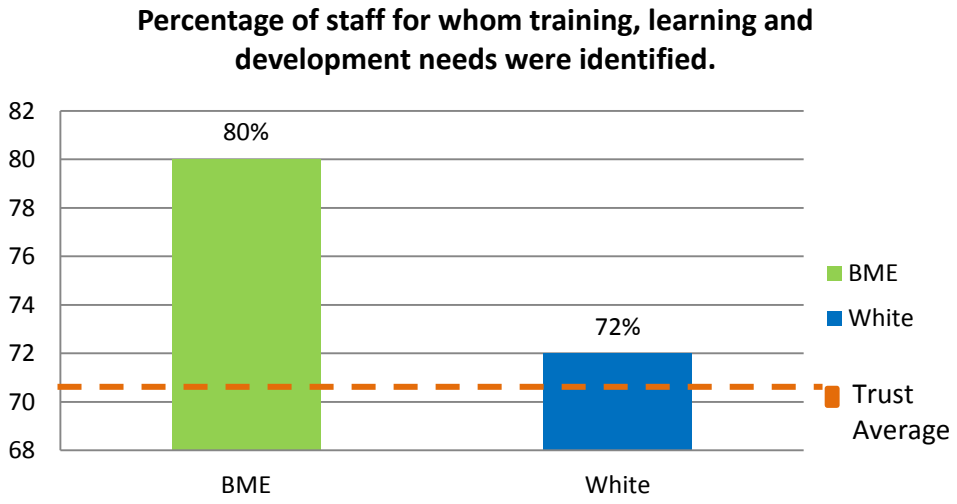


Of the total number of BME staff respondents, 89% (154) have received an appraisal, annual review, or knowledge and skills framework review in ton comparison 91% (1351) of total White respondents.

Overall, the relative likelihood of BME staff receiving an appraisal, annual review or knowledge and skills framework review is almost even compared to White staff.

This is positive news because the Trust introduced performance related pay linked to annual appraisals in April 2014. This has given the organisation more focus for achieving high percentage of appraisals, and service areas / teams are challenged on low level of performance.

Q3 e) If so, were training, learning or development needs identified during the appraisal?

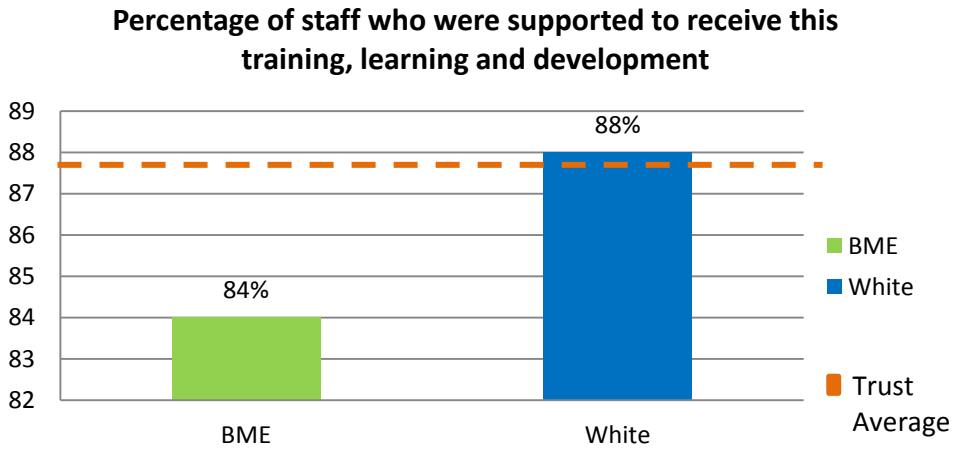


Of the total number of BME staff respondents, 80% (138) had their training, learning and development needs identified in comparison 72% (1069) of total White respondents.

Overall, the relative likelihood of BME staff having training, learning and development needs identified is 1.1 times higher than White staff.

We need to understand in more detail of why BME staff development needs are higher – is it related to poor performance identified through appraisals or annual reviews, or is it that BME staff are expressing greater desire for career development?

Q3f) If so, did your manager supported you to receive this training, learning and development?



Of the total number of BME staff respondents, 84% (145) were supported to receive this training, learning and development, compared to 88% (1307) of total White respondents.

Overall, the relative likelihood of White staff receiving support from their managers for training, learning and development compared to BME staff is 1.05 times greater.

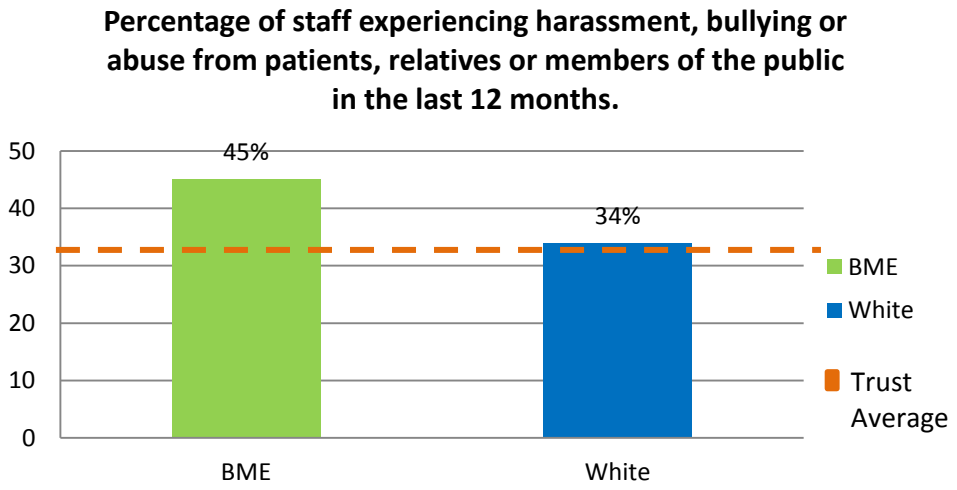
Proposed Action/s:

- Assess what training was undertaken and why it was required in order to understand in more detail of why BME staff development needs are higher
- Assess *role function* against training / learning / development requested to understand in more detail of why the BME figures are 4% below the Trust average.
- Assess data regarding training requests being not being supported in order to understand the difference in perception between White and BME staff

Value of the actions to the Business: The actions will help to *reduce business risks* related to the failure to develop a positive organisational culture which could have a negative impact on staff retention.

Link to current work already in place or planned: Talent Management Framework

WRES Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or members of the public in the last 12 months.



Of the total number of BME staff respondents, 45% (78) experienced harassment, bullying or abuse from patients, relatives or members of the public compared to 34% (505) of total White respondents.

Overall, the relative likelihood of BME staff experiencing harassment, bullying or abuse from patients, relatives or members of the public compared to White staff is 1.3 times greater.

The Trust has a 'Recognition, Prevention &Management of Violence & Aggression Policy' which defines violence and aggression at work in respect to service users, carers and members of the public - "Any incident, in which an person is abused, threatened or assaulted by a member of the public including service users or staff in circumstances arising out of or in the course of his or her care or visit. This includes verbal abuse, threatening, insulting, obscene, racist, or sexist language sufficient to cause fear, intimidation, or serious offence". This policy is intended to be reviewed on yearly basis and promoted amongst patients, relatives and members of the public.

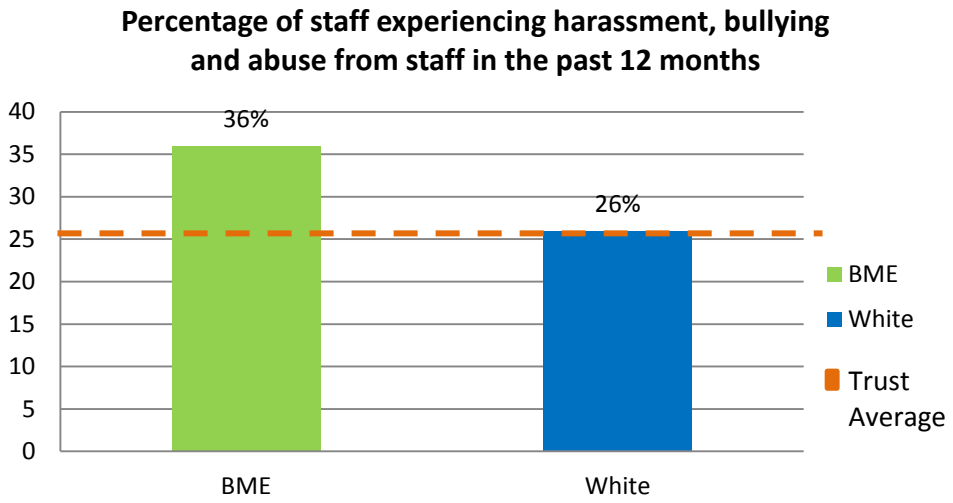
Proposed Action:

- Assess *actual incident* data (nature of harassment / bullying / abuse). A comparison between data from last two years would also help in determining any policy changes.
- Assess the effectiveness of any existing initiatives that aim to reduce inappropriate behaviour from patients, relatives or members of the public. Outcome of assessment should inform whether we can provide better information regarding our staff welfare commitments.

Value of the actions to the Business: The actions will help to *reduce business risks* related to the failure to develop a positive organisational culture which could have a negative impact on staff retention.

Link to current work already in place or planned: Development of the Workforce Strategy and Organisation Development Strategy

WRES Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.



Of the total number of BME staff respondents, 36% (62) experienced harassment, bullying or abuse from staff, compared to 26% (386) of total White respondents to this question.

Overall, the relative likelihood of BME staff experiencing harassment, bullying or abuse from staff compared to White staff is 1.4 times greater.

Since May 2015, the Trust has invested in an independent consultant and focused on addressing bullying and harassment. Work is currently being done to look at why internal reporting levels do not match the survey outcomes.

Additionally, as of July 2015, we have introduced a new external sourced anti-bullying hotline for staff, and as part of this arrangement data will be collected which will enable us to do fuller analyses than our internal data, and develop appropriate actions.

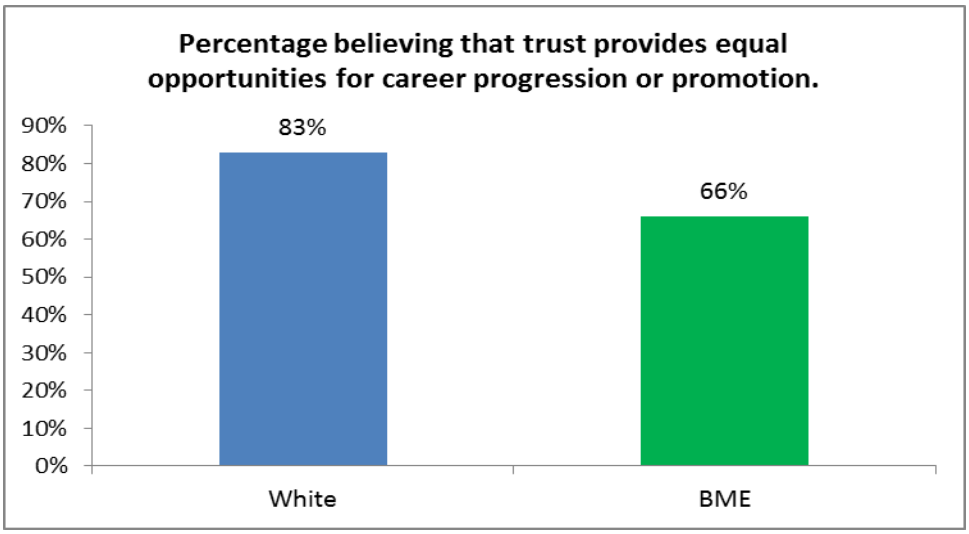
Proposed Action/s:

- Assess cause of bullying - whether BME staff are experiencing racially motivated bullying, harassment or abuse, or whether it is non-racially motivated.
- Assess data in comparison against other protected characteristics in order to identify whether BME staff experiences are disproportional
- Use information gained from above to target any remedial action (this includes consultation with BME staff on planned course of action to be taken).

Value of the actions to the Business: The actions will help to *reduce business risks* related to the failure to develop a positive organisational culture which could have a negative impact on staff retention and recruitment

Link to current work already in place or planned: Development of the Workforce Strategy and Organisation Development Strategy.

WRES Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion.



Of the total number of BME staff respondents, 66% (114) believe that the Trust provides equal opportunities for career progression or promotion. In comparison, 83% (1233) of total White respondents to this question had this belief.

Overall, the relative likelihood of White staff believing that the Trust provides equal opportunities for career progression or promotion compared to BME staff is 1.26 times greater.

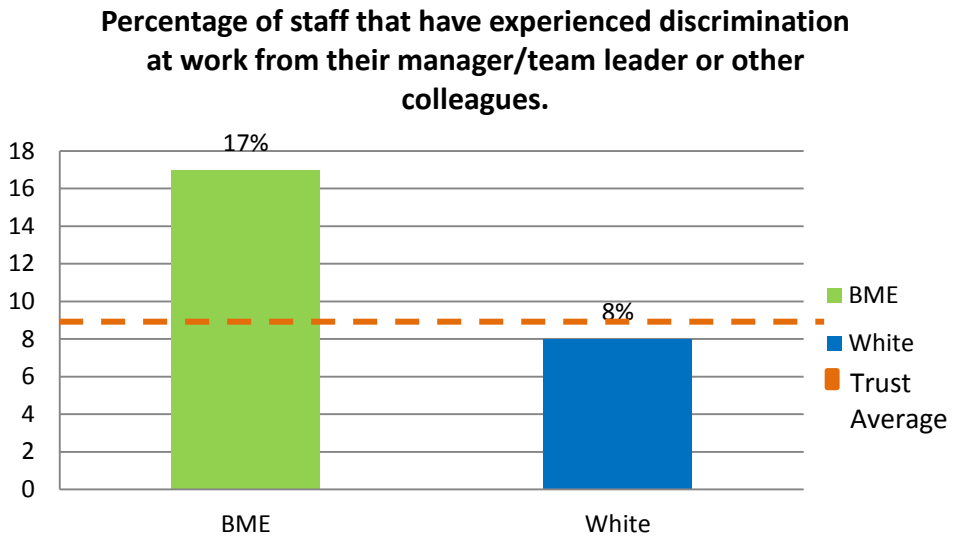
Proposed Action

- Target work to fully understand why BME staff do/do not believe that the Trust provides equal opportunities, including assessing / reviewing existing career pathways across the organisation. This will allow us to identify any relevant and lawful positive action initiatives in career progression as part of our Workforce and OD strategy.

Value of the actions to the Business: The action will help to *reduce business risks* related to the failure to develop a positive organisational culture which could have a negative impact on BME staff retention and recruitment.

Link to current work already in place or planned: Development of the Workforce Strategy and Organisation Development Strategy.

WRES Indicator 8: In the last 12 months I have personally experienced discrimination at work from my manager/team leader or other colleagues.



Of the total number of BME staff respondents, 17% (29) have experienced discrimination at work from their manager / team leader or other colleagues, in comparison to 8% (119) of total White respondents. This is considerably higher than the Trust's average.

Overall, the relative likelihood of BME staff experiencing discrimination at work from their manager / team leader or other colleagues is 2 times greater than White staff.

The Trust's 'Workforce Diversity and Equal Opportunity Policy' is due for review in November 2015. As part of this review, it is important to collect more data through engagement with staff across all levels and service areas, in order to assess both qualitative and quantitative information.

Proposed Action/s

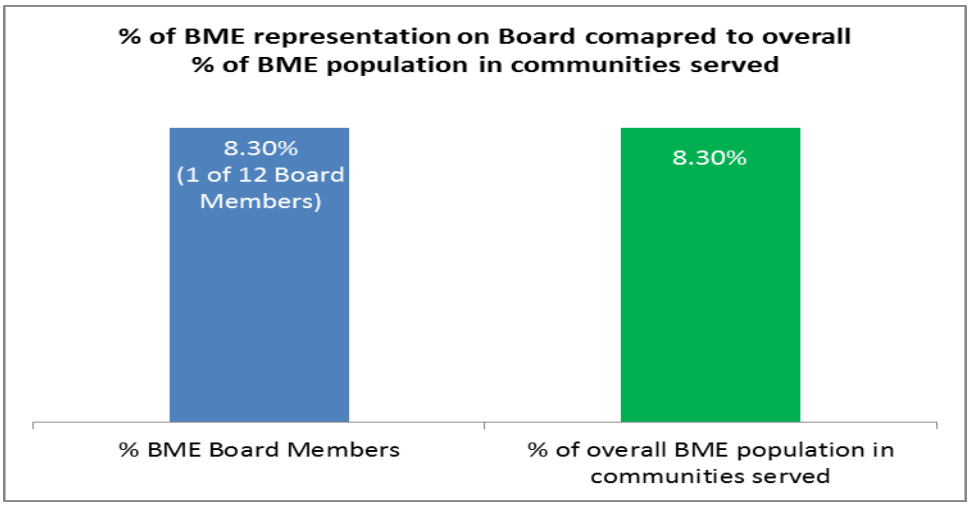
- Assess and interrogate grievance data to identify any racially motivated grievances and correlate this with service areas in order to understand prevalence / cultural issues, allowing us to take further appropriate further steps.

Value of the actions to the Business: These actions will help to *reduce business risks* related to the failure to develop a positive organisational culture which could have a negative impact on BME staff retention and recruitment.

Link to current work already in place or planned: Organisation Development Strategy.

2.3 The standard indicators – Board data

WRES Indicator 9: Boards are expected to be broadly representative of the population they serve.



Board memberships for this purpose are those who are voting members.

The data from the 2011 census (taken from NOMIS web) shows that within our catchment areas the BME population make up 8.3% of the total population of these areas. There are 12 voting members of our Board, 11 White and 1 BME. Therefore, 8.3% of our Board membership is BME.

Our board is representative of the BME population it serves.

The Trust is working towards achieving a 'Foundation Trust' status, and for the organisation to be an integral part of the community it serves. The Board may wish to consider how it should maintain equality and diversity at the heart of the strategic direction setting and decision making. This could be linked into the Board Development Programme.

3 Next steps

In accordance with the calendar milestones, the Human Resources and Organisation Development Teams will work to start to address the proposed actions to understand and address shortfalls identified by the WRES indicators. The teams will work in collaboration with the Trust's Head of Compliance and Equality and Diversity Advisor to produce an action plan which will link into existing team priorities, thereby integrating equality as part of the overall team objectives and outcomes.

4 Conclusion

A fuller analysis of the data sets has enabled us to identify how the WRES indicators relate to the following strategic priorities, and in particular:

- 'We will continually to improve what we do'
- 'We will support and develop our staff'

It has also enabled us to identify meaningful actions that can be integrated within current workstreams being delivered, such as Organisation Development Strategy; Talent Management Framework; Workforce Strategy; and Leadership Development Programme.

Carrying out a fuller assessment of the data has enabled the Trust to:

- Establish an initial baseline from which our performance on the Workforce Race Equality Standard can be measured in the future.
- Provided a more meaningful 'picture' of proportionality / disproportionality issues relating BME staff in AWP as follows:

  - Proportionality in
    a) BME / White workforce representation in comparison to respective working age population in our catchment area.
    b) BME / White staff receiving an appraisal, annual review and skills framework review.
    c) BME Board representation in comparison to overall BME population in our catchment area.

  - Disproportionality in
    a) Over-representation of BME staff in bands 1-7 in the workforce, and under-representation in Bands 8-9 and Very Senior Management
    b) Lower likelihood of BME staff appointed after being shortlisted than White staff.
    c) Higher likelihood of BME staff involvement in formal disciplinary processes.
    d) Higher likelihood of BME staff having training needs identified as a result of appraisal and annual review.
    e) Lower likelihood of BME staff receiving support from their managers for training and learning development.
    f) Higher likelihood of BME staff experiencing bullying, harassment and abuse from patients, relatives and members of the public, and from other staff.
    g) Lower likelihood of BME staff believing that the Trust provides equal opportunities in career progression and development.
    h) Higher likelihood of BME staff experiencing discrimination from their manager

- The disproportionality has enabled us to identify specific themes relating to training and development, career progression, and perception of internal culture which informs key lines of enquiry to move forward with, and helps to focus our resources and efforts on through the proposed action plan.

WRES 2015 Action Plan (Draft)

WRES Standard Area: Trusts overall workforce profile as of 31 March 2015 (not WRES Indicator, but needed to establish context)			
The overall BME working age population (18yrs-65yrs) within the AWP catchment area, which is 154,351, the percentage of our BME staff against this working age population is 0.3%. In comparison, the percentage of White staff in the workforce in comparison to overall White working age population in the catchment area (1,190,608) is 0.3%. These figures show parity from this perspective. Actions: (a) Continue to promote AWP as an 'employer of choice' amongst BME communities; (b) Adopt an annual milestone regarding percentage of increase in BME workforce. Suggested milestone by end of year one is 12.5% of the overall workforce (amounting 479 BME staff)			
Lead Officer Responsible: Head of HR / E&D Advisor	Key Success Factors: - Discussion ESEC on the benefits of setting annual milestones regarding to percentage of increase.	Progress / further action:	Time scale: August 2015

WRES Indicator 1: Percentage of BME staff in Bands 8-9, VSM (including executive Board members and medical staff) compared with the percentage of BME staff in the overall workforce senior roles compared with the overall workforce.			
Of the overall BME staff (460), 3% (15) are in bands 8-9 and VSM (compared to 15% (494) of the overall White Staff (3322)). Therefore, 97% (445) of overall BME staff are in bands 1-7 respectively (compared to 85% (2828) of overall White staff) Action: (a) Carry out further data analyses of actual BME job roles across pay bands 1-7 and identify progression pathways to band 8 and above; (b) Use this information to inform the development of our workforce and talent management strategy, and career development pathways.			
Lead Officers Responsible: Workforce Planning Manager / HR Business Partners / Head of Learning and Development	Key Success Factors: - Information contributes to the development of workforce and talent management strategy	Progress / further action	Time scale: November 2015

WRES Indicator 2: Likelihood of BME staff being appointed from shortlisted compared to that of white staff being appointed from shortlisting across all posts.			
The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 2 times the greater. Action/s: (a) Interrogate likelihood of appointment after shortlisting data by profession / department, and utilise this information to inform workforce strategy; (b) Review recruitment guidance and processes to highlight any unconscious bias; (c) Work with Learning and Development to incorporate unconscious bias elements in our 'Living our Values' training.			
Lead Officer Responsible: Head of HR / Head of Learning and Development / Recruitment Lead	Key Success Factors: - A get better picture of proportionality is established and assessment made of where positive action initiatives can be implemented.	Progress / further action	Time scale: November 2015

WRES Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.			
BME staff are 2.5 times more likely to be involved in a formal disciplinary process than White colleagues. Action: (a) Assess (i) overall total number of formal disciplinaries; (ii) break down of the nature of disciplinary; (iii) disciplinaries by service areas (if this does not identify individuals); and (iv) outcomes of disciplinaries. (b) Use the information to inform further actions to identify the reasons behind the disproportionality.			
Lead Officer Responsible: Head of HR / Workforce Planning Manager / E&D Advisor	Key Success Factors: - A fuller assessment BME data within a wider context of disciplinaries is made in order to allow us to make meaningful assessment.	Progress / further action	Time scale November 2015

WRES Indicator 4: Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White Staff			
The relative likelihood of BME staff access non-mandatory training and CPD is 1.2 times the greater than White staff. Action: Assess data against types of non-statutory and mandatory training accessed in order to understand why BME applications are more likely, and whether this is positive or negative.			
Lead Officer Responsible: Head of Learning and Development / Head of Staff Engagement and Talent Management	Key Success Factors: - We are able to identify the types of non-statutory and mandatory training and CPD is being accessed, and whether this is as result of performance appraisals, aspirations for career development etc.	Progress / further action	Time scale November 2014

Staff survey data (Not WRES Indicator, but useful for OD purposes): (a) *In the last 12 months, have you had an appraisal, annual review, development review, or knowledge and skills framework development review? (b) If so, were training, learning or development needs identified during the appraisal? (c) If so, did your manager support you to receive this training, learning and development?*			
The relative likelihood of BME staff having training, learning and development needs identified is 1.1 time higher than White staff. ***The relative likelihood of White staff receiving support from their managers for training, learning & development compared to BME staff is 1.05 times greater. The data also shows that in relation to Trust average (87.5% of staff) the figures for BME staff are nearly 4% below this.*** Actions: (a) Assess what training was undertaken and why it was required in order to understand in more detail of why BME staff development needs are higher; (b) Assess role function against training / learning / development requested to understand in more detail of why the BME figures are 4% below the Trust average; (c) Assess data regarding training requests being not being supported in order to understand the difference in perception between White and BME staff			
Lead Officer Responsible: Head of Learning and Development / Head of	Key Success Factors: - We have a fuller understanding about why BME training, learning and development needs are higher.	Progress / further action:	Time scale November 2015

Staff Engagement and Talent Management			

WRES Indicator 5 (NHS Staff Survey findings): *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or members of the public in the last 12 months.*			
The relative likelihood of BME staff experiencing harassment, bullying or abuse from patients, relatives or members of the public compared to White staff is 1.3 times greater. Actions: (a) Assess actual incident data (nature of harassment / bullying from patients) and consider whether current welfare at work policy needs to be reviewed; (b) Assess the effectiveness of existing initiatives that aim to reduce inappropriate behaviour from patients, relatives or members of the public.			
Lead Officer Responsible: Head of Human Resources	Key Success Factors: - A comparison between last two years is used to determine any policy changes in relation to action (a) - Outcome of assessment under action (b) informs whether we can provide better information regarding our staff welfare commitments.	Progress / further action	Time scale Jan 2016

WRES Indicator 6 (NHS Staff Survey findings): *Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.*			
The relative likelihood of BME staff experiencing harassment, bullying or abuse from staff compared to White staff is 1.4 times greater. Actions: (a) Assess cause of bullying - whether BME staff are experiencing racially motivated bullying, harassment or abuse, or whether it is non-racially motivated; (b) Assess data in comparison against other protected characteristics in order to identify whether BME staff experiences are disproportional; (c) Use information gained from above to target any remedial action (this includes consultation with BME staff on planned course of action to be taken).			
Lead Officer Responsible: Head of Human Resources	Key Success Factors: - A fuller and meaningful assessment of BME experience of bullying is made and staff consulted / involved in creating anti-bullying	Progress / further action	Time scale Jan 2016

	culture		

WRES Indicator 7 (NHS Staff Survey findings): *Percentage believing that Trust provides equal opportunities for career progression or promotion.*			
The relative likelihood of White staff believing that the Trust provides equal opportunities for career progression or promotion compared to BME staff is 1.26 times greater. Action: Target work to fully understand why BME staff do/do not believe that the Trust provides equal opportunities, including assessing / reviewing existing career pathways across the organisation.			
Lead Officer Responsible: Head of Staff Engagement and Talent Management	Key Success Factors: - Relevant and lawful positive action initiatives in career progression as identified as part of our Workforce and OD strategy.	Progress / further action	Time scale November 2015

WRES Indicator 8 (NHS Staff Survey findings): *In the last 12 months I have personally experienced discrimination at work from my manager/team leader or other colleagues.*			
The relative likelihood of BME staff experiencing discrimination at work from their manager / team leader or other colleagues is 2 times greater than White staff. Actions: (a) Assess and interrogate grievance data to identify any racially motivated grievances and correlate this with service areas in order to understand prevalence / cultural issues allowing us to take further appropriate further steps.			
Lead Officer Responsible: Head of Human Resources	Key Success Factors: - Reduction in percentage and incident data in relation to this question - Staff feel confident in addressing anti-discrimination in the workplace	Progress / further action	Time scale: November2015