Equality and Diversity report

1. Workforce Race Equality Standard Update (WRES)

An update paper including an action plan was presented at February's Board and can be found in Appendix 1. Progress against the actions will be monitored via the EDI Steering Group and progress against these will be reported at Workforce Council each quarter.

2. Workforce Disability Equality Standard Update (WDES)

What is the Workforce Disability Equality Standard?

The Workforce Disability Equality Standard (WDES) is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

Changes to the NHS Standard Contract

The NHS Standard Contract for 2017-19 (January 2018 edition) set out that NHS Trusts and Foundation Trusts will have to implement the WDES in the first year. The indicative timetable and the reporting deadline of August 2019 are outlined in the table below. This brings the reporting timetable in line with the Workforce Race Equality Standard (WRES). There will be further consultation in 2018 about extending the scope of the WDES, beyond NHS Trusts and Foundation Trusts, to include other providers of NHS funded services operating under the NHS Standard Contract.

NHS England is now working on an ambitious timetable for the implementation of WDES, which includes a series of consultation activities and events. Following these, we will finalise the metrics and publish a suite of products to support delivery.

Making a difference for disabled staff

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is

in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of trust.

Recent and next steps

NHS Trusts and Foundation Trusts will not need to undertake any preparatory work before March 2018. Discussions about the WDES, its implementation and the collection of the data will take place during the consultation period.

Key indicative milestones are included in the table below.

Date	**Action**
March 2018	Online Survey.
March 2018	Regional Consultation Events.
Autumn 2018	Publication of the WDES.
Autumn/Winter 2018	NHS Trusts and Foundation Trusts review their data and reporting against the metrics.
June 2019	Reporting sheet with prepopulated data sent to NHS Trusts and Foundation Trusts.
August 2019	First WDES reports to be published in August 2019, based on data from the 2018/19 financial year.
April/May 2020	First National WDES annual report published by NHS England.

The Council will be advised of the Trusts progress in-line with the schedule and reports together with actions plans will be brought to Council akin to the WRES.

3. Public Sector Equality Duty – Annual Equality Reporting

The Trusts set of annual equality reports are presented to Council, and can be found at embedded within this report, these consist of:

- Workforce Profile including Recruitment & Selection Activity Report
- Annual Patient Profile Report
- Use of Interpreters Report

Workforce Profile including Recruitment & Selection Activity Report

This report looks at all staff employed by the Trust by protected group, in this Trust information is collected relating to the following:

- Age

- Sex
- Disability status
- Ethnicity
- Sexual orientation
- Religion or belief.

This year's report shows that there are still large 'gaps' in the data held around some of the protected characteristics in particular sexual orientation (31% undisclosed), religion or belief (31% undisclosed) and disability (18% undisclosed).

Recommendations following the publication of this report are:

- Carry out a data cleanse exercise to try and reduce some of the gaps seen for the above protected characteristics
- Ensure that when reports are written containing details of protected characteristics that we are using 'sex' and not 'gender' when presenting information involving male and female employees/patients – 'gender' is not a protected characteristic

Annual Patient Profile Report

This report looks at the demographics of patients who have accessed Trust services between December 2016 and November 2017, and includes information on patients accessing both inpatient and outpatient services during this period.

The report also includes demographic information on the local communities the Trust serves (Halton, St Helens and Knowsley) which is used to show whether patients from the different protected groups in the local communities are accessing the services provided by the Trust.

The protected characteristics discussed in this report include:

- Age
- Sex
- Ethnicity
- Religion or belief
- Marital status

Currently information around disability status and sexual orientation is not collected.

In discussions with the Medway team to have these fields added to the new PAS as soon as possible, but they will not be available when the PAS is launched at the end of April 2018, it will be later in the year when sexual orientation will be able to be collected and there is no date yet for when disability status will be added (will only be added to the system when they become part of the national dataset, and it becomes mandatory to collect them).

Compared to previous years, demographics show that our local populations are changing and becoming more diverse. We can demonstrate that people from these

changing populations are accessing Trust services by the change in the languages requested by patients requiring foreign language interpreters.

final draft patient profile 2016 to 17.doc

Recommendations from this report:

Ensure that the new PAS system has fields in which we can collect information around disability status and sexual orientation as soon as possible, as currently we are not collecting this information from patients.

Use of interpreting Services Report:

This report looks at the use of interpreting and translation services and includes information on:

- Languages requested
- Type of interpreter used (telephone or face to face foreign language/BSL)
- Cost of providing interpreting services
- Number of bookings
- Fill rate – quality of service

The cost of providing interpreting services in the Trust has increased significantly over the past 4 years. In 2013/14 the total cost of providing interpreting services was £61,600 compared to £187,927 for the 12 month period November 2016 to October 2017 which is the subject of this report.

This increased cost is partially because the number of face to face interpreters used has increased over the past 5 years, but also the increasing hourly cost of using a face to face interpreter.

The languages requested have also changed significantly from recent years, with this year seeing increased requests for interpreters who speak:

- Arabic
- Kurdish
- Romanian
- Czek
- Hungarian

The increase in requests for the above languages reflects the changing communities we serve therefore reassures us that people in the local communities are accessing the services the Trust provides.

Over the past 12 months we have had several issues with the current service provider including falling fill rate, cancelled procedures because of interpreter not attending,

queries over the expenses paid to interpreters – all of the issues raised have been robustly monitored/managed by the Patient Inclusion and Experience Lead and the Head of Procurement.

We are about to go out to tender for a new interpreting service provider and are looking at alternatives to 'face to face' interpreters including using a secure video link. We are engaging in a collaborative approach to procuring interpreting services with several other Trusts including Southport, Warrington, MerseyCare and Wirral.

Use of British Sign Language (BSL) interpreters is also included in this report. Again the numbers of BSL interpreters is steadily increasing year on year.

This year there have been several issues raised by both the Deafness Resource Centre who provide this service and some of the clinical staff. To improve the relationship with both the Deafness Resource Centre and ourselves we are currently facilitating awareness raising sessions delivered by managers from the centre to our staff throughout the next few months – managers from the Deafness Resource Centre are attending team meetings across the Trust to deliver this awareness training.


interpreters annual report Jan 18.doc


LGBT Staff Network Poster.docx

Recommendations following this report:

- Continue to robustly manage current provision of interpreting services
- Ensure that staff are booking the most appropriate type of interpreter (not all consultations need a face to face interpreter – many could use a telephone interpreter)
- Promote the use of telephone interpreters where appropriate
- Continue to explore other ways of delivering foreign language interpreters
- Enter into tender process to identify new provider in collaboration with other Trusts

The Trust is required to publish these reports on its website to show our compliance with the PSED, at least annually. Further analysis of the data is being conducted, comparing last year's data, and looking at further disaggregation. The EDI Steering Group will review the analysis and associated recommendations to take forward and track progress.


Workforce Profile Information 01.12.201


Recruitment ED Profile Jan 17 - Dec 17

EDS2 – collaborative approach for patient facing goals:

Meeting with other Trusts/Commissioning support unit on 12/03/18 to pull together the information gathered around current health inequalities, start work on identifying which areas each individual Trust will look to start working on.

Accessible Information Standard (disabilities):

New PAS is now almost completely compliant with the standard (maybe a few tweaks needed once it goes live).

Currently in the process of setting up a task and finish group to look at how we implement this standard operationally – where do we source material in alternate formats from, IG considerations etc.

Navajo update:

Staff network survey was launched and report now written showing results:

LGBT survey report feb 18.docx

Have kept the survey open to allow staff who work in the Trust but are not employed by the Trust to take part – communications and link to the survey have been forwarded to Medirest to be circulated in their staff meetings/display in communal areas.

Virtual staff network – now set up, in process of launching it to all the staff who responded to the survey and left their contact details.

Closed Facebook group – open for staff who identify as LGBT (initially – will consult with members of the group on how they want to see the group grow).

Face to face staff network – now looking at how we want to set this group up/what the structure would look like.

Third party reporting system:

Al Russo and the group have developed posters to help prevent hate crime in the Trust, in particular in the Emergency Department. Final amendments are being made to the posters before being sent to comms for approval to use in the Trust/include the Trusts logo on the posters.

Al is to meet with Assistant Director of Patient Safety/Freedom to Speak Up Guardian to discuss how best to implement the third party reporting system in the Trust and ascertain which committee would provide approval its implementation.

Awareness raising events held:

- World AIDS Day – 1st December – stall in main reception
- LGBT History Month – February – stall in main reception, communication out via Facebook and Twitter accounts
- International Women's Day – 8th March – communication out via social media accounts
- Deafness Awareness Training – managers from St Helens Deafness Resource Centre attending key team meetings to raise awareness with staff on how best to work with a BSL interpreter – initial feedback is these sessions are working well

-END-

Appendix 1

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD PAPER

Paper No:
Subject: Annual Workforce Race Equality Standard Report WRES 2018
Purpose: To provide an update further to September's Board meeting in relation to the Trusts performance, benchmarking against local, national and acute Trusts. Actions are also included within this paper associated with the results and associated links to the Equality Delivery System 2 (EDS2)
Summary: Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS provider organisations. The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated. WRES has been part of the NHS standard contract, starting in 2015/16 and included in the 2016/17 NHS standard contract. To provide an update further to September's Board meeting in relation to the Trusts performance, benchmarking against local, national and acute Trusts. Actions are also included within this paper associated with the results. The report compliments the standard WRES reporting template that has been provided to all NHS organisations by NHS England and will be completed for publication after this Board meeting.
Corporate Objective met or risk addressed: Developing organisational culture and supporting our workforce
Financial Implications: N/A
Stakeholders: Staff, Managers, Executive Board, Patients.
Recommendation(s): The Trust Board are requested to accept the updated report and action plan.
Presenting Director: Anne-Marie Stretch, Deputy CEO & Director of Human Resources
Board Date: 28th February 2018

Introduction

This paper provides further details in relation to Indicator 1 in relation to a disaggregation of bandings across clinical and non-clinical bandings as requested at September's Board meeting. The report also provides comparison with previous and local, national and acute Trust data to put the picture for The Trust into perspective. An external Equality and Diversity expert has reviewed our results and supported the Trust in formulating the action plan in line with best practice.

There are a total of nine indicators that make up the WRES split across Workforce, Staff Survey and Board Representation. Appendix 1 provides an overview of all WRES indicators.

The paper includes linkages to the Equality Delivery System, referred to in this paper as EDS2. The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The EDS was reviewed and refreshed after engagement with key stakeholders in 2013 and EDS2 was launched in November 2013. EDS2 is more streamlined and simpler to use compared with the original EDS. It is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all.

The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty. The WRES and EDS2 are complementary but distinct. The data and analysis for the WRES indicators will assist organisations when implementing EDS2.

WRES Indictor 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Links to EDS2 3.1: *Fair NHS recruitment and selection processes lead to a more representative workforce at all levels*

VSM is defined as 'Chief Executive', 'Finance Director', 'Other Executive Director', 'Board Level Director', 'Clinical Director - Medical', 'Medical Director', 'Director of Nursing', 'Director of Public Health'

In the context of the WRES, White staff comprises White British, White Irish and White Other (Ethnicity codes A,B, C) whereas BME staff comprises all other categories.

At September Board, the following information was provided in relation to Indicator 1 2017 results:

Data for reporting year 2017	Data for previous year 2016
Overall Staff Workforce BME: 7.87%	Overall Staff Workforce BME: 7.54%
Non-Clinical BME: 0.67% (10/1471)	Non-Clinical BME: 0.84% (12/1435)
Clinical BME: 10.6% (403/3768)	Clinical BME: 10.23% (375/3664)

It was requested at September's meeting that disaggregation of the banding data in the table above was required. Table 1 overleaf provides an overview of the Trust's 2017 data.

Clinical / Non-Clinical	Banding	% BME	% White	% Null	%Not Stated/ Not Given
Clinical	Band 1	0.0%	100.0%	0.0%	0.0%
	Band 2	2.3%	96.8%	0.1%	0.8%
	Band 3	4.3%	94.3%	0.5%	1.0%
	Band 4	0.9%	99.1%	0.0%	0.0%
	Band 5	14.0%	85.7%	0.0%	0.4%
	Band 6	4.7%	93.9%	0.0%	1.4%
	Band 7	3.1%	95.9%	0.0%	1.0%
	Band 8a	4.0%	94.1%	0.0%	2.0%
	Band 8b	0.0%	100.0%	0.0%	0.0%
	Band 8c	12.5%	87.5%	0.0%	0.0%
	Band 8d	0.0%	100.0%	0.0%	0.0%
	Band 9	0.0%	100.0%	0.0%	0.0%
	Medical & Dental	42.7%	57.3%	0.0%	0.0%
Non Clinical	Apprentice	0.0%	100.0%	0.0%	0.0%
	Band 1	0.4%	99.6%	0.0%	0.0%
	Band 2	1.0%	98.3%	0.0%	0.7%
	Band 3	0.4%	99.1%	0.0%	0.4%
	Band 4	0.4%	99.6%	0.0%	0.0%
	Band 5	0.0%	100.0%	0.0%	0.0%
	Band 6	1.4%	98.6%	0.0%	0.0%
	Band 7	0.0%	100.0%	0.0%	0.0%
	Band 8a	3.4%	96.6%	0.0%	0.0%

	Band 8b	0.0%	100.0%	0.0%	0.0%
	Band 8c	0.0%	100.0%	0.0%	0.0%
	Band 8d	0.0%	100.0%	0.0%	0.0%
	Band 9	0.0%	100.0%	0.0%	0.0%
	VSM	12.5%	87.5%	0.0%	0.0%

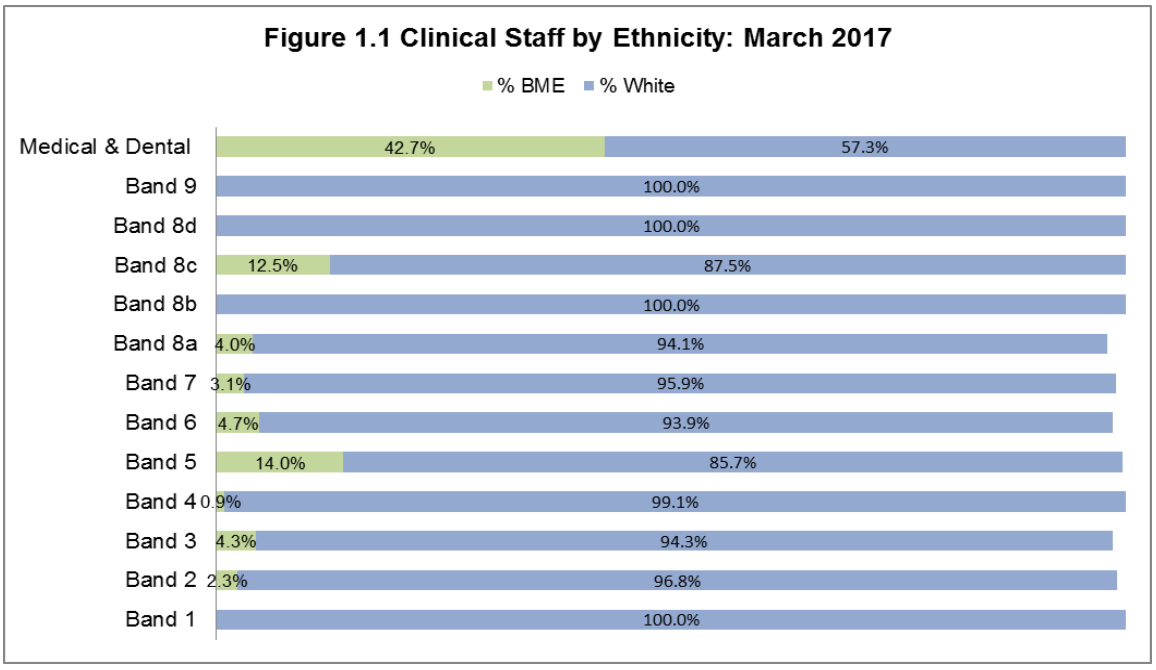
Table 1

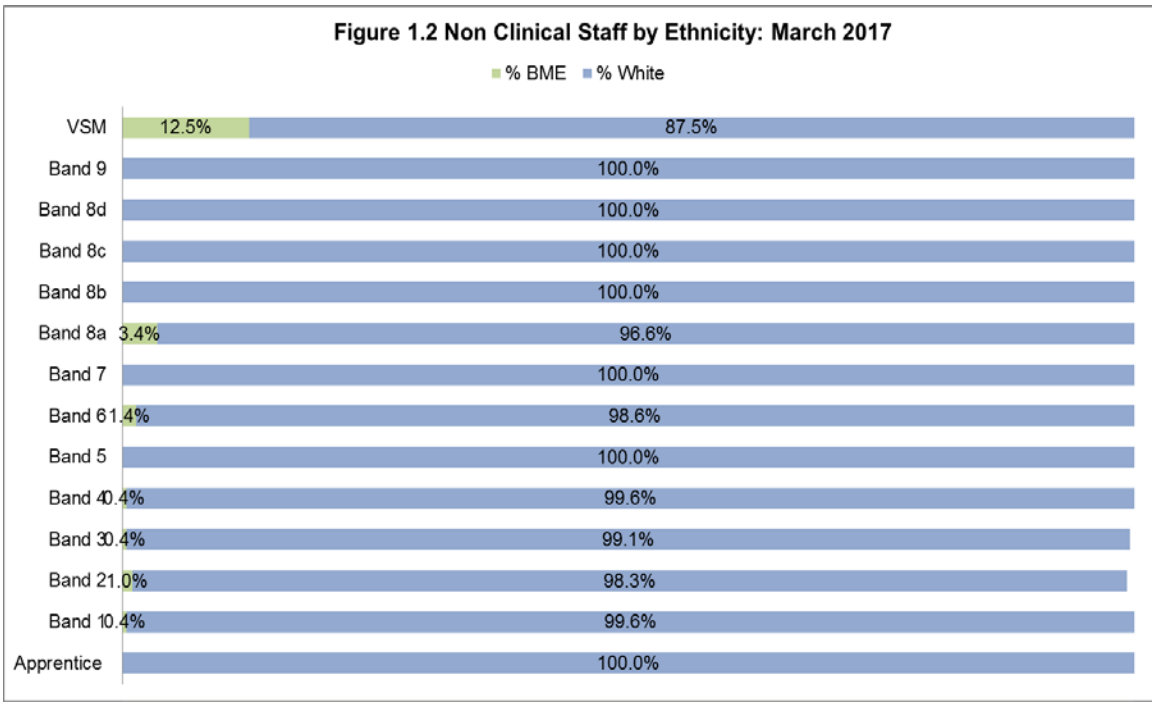
Table 1 shows that in the Trust, there is uneven spread of BME staff across many pay grades. Bands 1, 8b, 8d and 9 has nil BME staff identified within the clinical bandings. Bands 5, 7 and 8b & above excluding VSM within non-clinical bandings has nil BME staff identified.

This mirrors the NHS nationally, where the more senior the pay grade, the less likely it will be filled by BME staff, in bands 8-9 and VSM the proportion of BME staff was substantially lower than it was in the NHS workforce as a whole. (NHS Digital, 2016)

The Trust's data requires further analysis across care groups, job role and ethnic origin is required to identify particular roles/areas/ ethnic origins that are underrepresented, this will be included within the action plan.

Figures 1.1 & 1.2 summarises the Trusts data for clinical and non-clinical ethnicity as at 31st March 2017. The national data is summarised in Figures 1.3 and 1.4.





Note that Null and Not Stated/Not Given data has been excluded from these figures

Figure 1.3: Non-clinical staff by ethnicity: March 2016

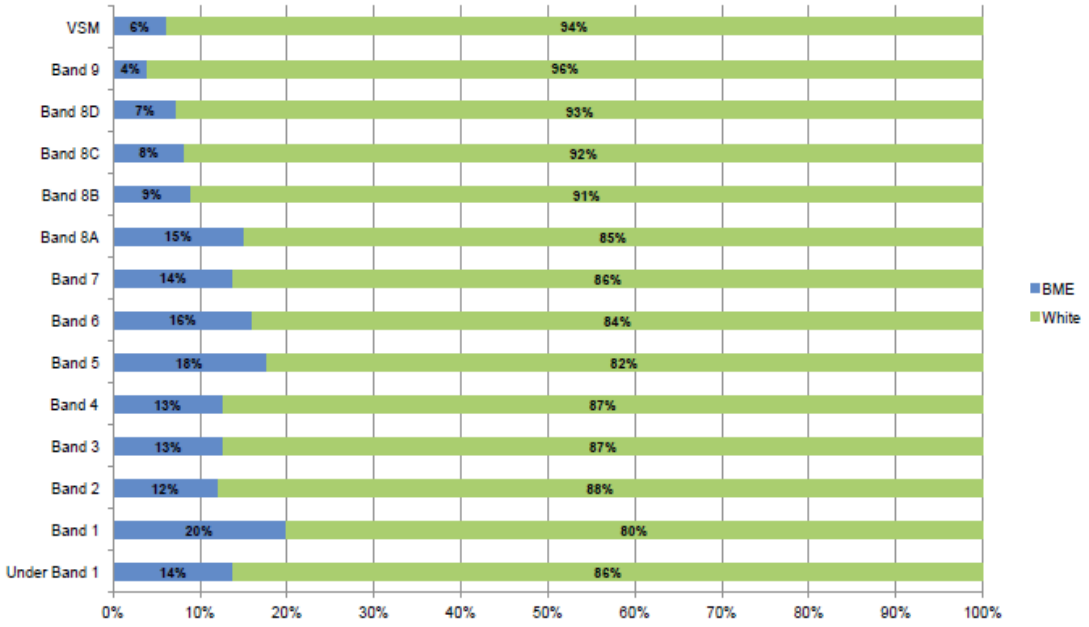
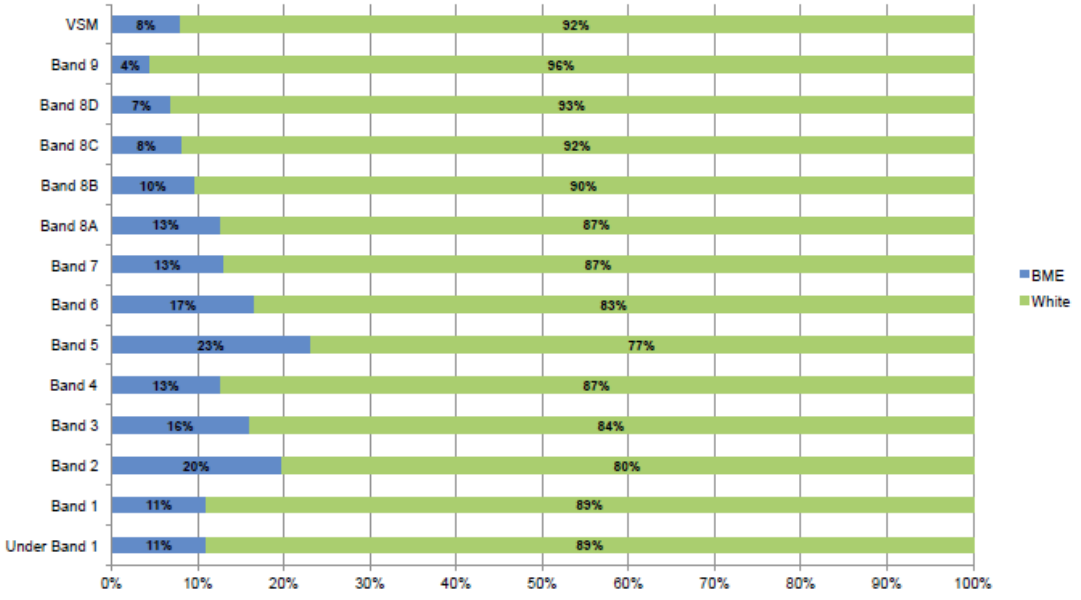


Figure 1.4: Clinical staff by ethnicity: March 2016



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Action 1: Analyse the data provided in Table 1 further by care group, job role and disaggregation by ethnic origin to identify any trends or gaps.

Action 2: To include a positive statement supporting applications from BME applicants on appropriate all advertisements. To also seek alternative advertisement methods via regional BME networks to capture a wider audience.

Action 3: Develop positive employee case studies of BME staff across ethnic origins to profile career progression success stories and encourage existing managers and individuals as well as attracting potential staff to apply for vacancies.

Workforce Disability Equality Standard (WDES)

Building on the existing WRES, NHS England has agreed with the NHS Equality and Diversity Council to mandate a Workforce Disability Equality Standard (WDES) via the NHS Standard Contract in England from April 2018, following a preparatory year from April 2017. The Trust will therefore be required to assess whether disabled staff face discrimination from 2018 in addition to the WRES. The Trust has participated in the consultation of WDES.

Based on the Trusts 2016-2017 workforce equality monitoring data, The Trust has high numbers of the workforce choosing not to disclose equality data i.e.:

- Disability 21.7%
- Religion 33.16%
- Sexual orientation 32.54%

Action 4: In preparation for the introduction of WDES together with ongoing performance monitoring against the WRES, The Trust workforce will be encouraged to update all their data (including equality data on ESR self-serve) via the online ESR Portal. Communication to staff regarding, who has access to this information, why do we need it and what do we do with it will be provided.

Workforce Planning and Human Resources will lead on this and monitor progress via the ESR Steering Group and Equality & Diversity Steering Group.

This will also ensure the data in Indicator 1 for the WRES 2018 is as accurate as possible.

WRES Indicator 2: Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.

Links to EDS2 3.1: *Fair NHS recruitment and selection processes lead to a more representative workforce at all levels*

The table below provides the results for 2017 alongside the previous year and national, regional and acute averages.

StHK 2017	1.35 times greater
StHK 2016	1.26 times greater
National Average 2016	1.57 times greater
North Average 2016	1.3 times greater
Acute Trust Average 2016	1.5 times greater

The figures indicate a slight improvement in the past year. The Trust is performing above the north average, but below acute and national.

Nationally findings have shown that, overall, BME staff tend to be more qualified than white staff yet have less demonstrable formal workplace experience. There is therefore recommendation that organisations look at how more informal experience is better recognised during the recruitment process (such as work shadowing, work experience and including in personal specifications.

Action 5: Review Equality & Diversity training provision across the Trust and introduce e-learning where appropriate to ensure staff are provided with a basic understanding of the Equality Act, protected characteristics and signposting to further literature but also training for those staff involved in recruitment and selection training and equality impact assessments for example.

Action 6: Recognise the benefits of informal experience during the recruitment process and amend person specifications as appropriate.

WRES Indicator 3 : Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Indicator Guidance Note: this is calculated by cases entering the formal disciplinary process as measured by entry into a formal disciplinary investigation. This refers to staff who have entered a formal investigation as prescribed by the local disciplinary process. Any occasional cases where disciplinary action is not preceded by an investigation should also be included in this definition. Staff who have been subject to an investigation, but for whom no further action was taken should be counted.

Links to EDS2 3.6: *Staff report positive experiences of their membership of the workforce.*

The table below provides the results for 2017 alongside the previous year and national, regional and acute averages.

StHK 2017	3.68 times greater
StHK 2016	3.79 times greater

National Average 2016	1.56 times greater
North Average 2016	1.4 times greater
Acute Trust Average 2016	1.4 times greater

Data shows that BME staff are 3.68 times greater to enter the formal disciplinary process when compared with white staff, although this indicator has improved slightly for The Trust since last year, there is however further work to be done on this issue.

The table below shows The Trust Staff Satisfaction Survey 2016 results compared to other acute Trusts on each of the sub-dimensions of staff engagement. The Trust score of 3.96 was the highest (best) 20% when compared with all acute Trusts, an improvement from 3.92 in 2015 and above the national average of 3.81.

Action 7: The introduction of the Employee Relations Tracker System in January 2018, will ensure accurate data collection and verification due to alignment with ESR rather than the current system of an excel spreadsheet.

Action 8: Further analysis of factors such as location, role, band, reason for disciplinary of all and BME staff to identify any trends or information gaps.
Unconscious bias literature has been circulated throughout the Trust previously however embedding this further is required in various methods.

The HR Business Partners will undertake case file reviews with managers to ensure cases require formal investigation or should be dealt with informally and/or subject to learning/improvement approach in addition to ensuring the correct policies are used to address performance issues.

WRES Indicator 4 : Relative likelihood of BME staff accessing non-mandatory training and Continuing Personal Development compared to White staff.

Links to EDS 3.3: *Training and development opportunities are taken up and positively evaluated by all staff*

The table below provides the results for 2017 alongside the previous year and national, regional and acute averages.

StHK 2017	0.97 times greater
StHK 2016	0.41 times greater
National Average 2016	1.10 times greater
North Average 2016	1.1 times greater
Acute Trust Average 2016	1.2 times greater

In 2017, the Trust's results are better than the national, north and acute averages but it has increased from last year's results. Further investigation is required to identify the breadth of training that is offered and captured as well as the 'take up' rate of training by BME staff compared to White staff.

Action 9: The Oracle Learning Management (OLM) is the training administration module of the Electronic Staff Records (ESR). This can be utilised to undertake further analysis and categorisation of non-mandatory training and Continuing Personal Development (CPD) accessed by BME staff and undertake comparative analysis across BME and white staff.

WRES Indicators 5-8: relate to Staff Survey findings.

National NHS Staff Survey indicators For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff	
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Links to: EDS2 3.4: *When at work, staff are free from abuse, harassment, bullying and violence from any source.*

Links to: EDS2 3.6: *Staff report positive experiences of their membership of the workforce.*

The extract table below from the Trust 2016 staff survey findings provides an overview of the results and comparison with 2015. Responses to the 2016 staff survey break down as follows and detailed in Table 2. 15 respondents did not specify their ethnicity:

- 93% (622) of respondents – White
- 7% (49) of respondents – BME

			Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	24%	27%	22%
		BME	26%	26%	32%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	17%	24%	20%
		BME	13%	27%	28%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	92%	88%	93%
		BME	81%	76%	75%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	3%	6%	6%
		BME	13%	14%	12%

Table 2

Indicator 5 (KF 25) (Lower score = better) showed a decrease for BME staff from 32% to 26% but an increase for White staff from 22% to 24%. Both results were either lower than or equal to the average for Acute Trusts.

Indicator 6 (KF26) (Lower score = better) showed a decrease for White staff from 20% to 17% and a considerable decrease for BME from 28% to 13%. Both results were considerably lower than the average for Acute Trusts.

Indicator 7 (KF21) (Higher score = better) showed a slight decrease for White staff from 93% to 92% but a considerable positive increase for BME staff from 75% to 81%. Both results were higher than the average for Acute Trusts.

Indicator 8 (Q17b) (Lower score = better) showed a decrease for White staff from 6% to 3% but a slight increase for BME staff from 12% to 13%. Both results were lower than the average for Acute Trusts.

Action 10: Assess what the Trust currently promotes and has clearly displayed as the Trust's message to the public regarding harassment or bullying of staff via the Promoting Personal Safety Group.

Action 11: Interrogate available data further to undertake useful cross analysis for example, how do numbers formal bullying & harassment based issues compare with the staff survey results.

Action 12: Include these four questions to reflect these Indicators within newly revised Appraisal documentation to capture a wider workforce audience and opportunity for further questioning regarding how incidents were reported, to who and how with links to the Speak in Confidence anonymous online system. Appendix 2 is an extract from the newly revised appraisal paperwork.

WRES Indicator 9 : Percentage difference between the organisations' Board voting membership and its overall workforce.

Links to EDS2 3.1: *Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.*

The table below provides the results for 2017 alongside the previous year and national, regional and acute averages.

StHK 2017	18.18%
StHK 2016	18.18%
National Average 2016	7.1%
North Average 2016	5.5%
Acute Trust Average 2016	6.7%

As of 31st March 2017, the Trust had a BME workforce of 7.87%. 18.18% of voting members on the Board are identified as being from a BME background.

Data based upon the WRES returns for 193 NHS trusts, it was found that nationally:

- 43.5% (84) of trusts reported having no BME board members
- 37.3% (72) of trusts reported having one BME board member
- 10.9% (21) of trusts reported having two BME board members
- 4.7% (9) of trusts reported having three BME board members
- 2.6% (5) of trusts reported having four BME board members
- 1.0% (2) of trusts reported having five BME board members

Action 13: Appoint Non Executive to Equality, Diversity and Inclusion Steering Group to ensure the Board are fully engaged with and updated regarding the Equality, Diversity and Inclusion agenda.

Appendix 1: The Workforce Race Equality Standard Indicators

Workforce indicators For each of these four workforce Indicators, compare the data for white and BME staff	
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: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.
2.	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts
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.
4.	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff	
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Board representation indicator For this indicator, compare the difference for white and BME staff	
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 Note: this is an amended version of the previous definition of Indicator 9

Appendix 2: Section 2 Extract from Appraisal e-form launched in November 2017

During the last 12 months…							
I have raised concerns about harassment, bullying or abuse from patients, relatives or the public	No Yes N/A	I have raised concerns about harassment, bullying or abuse from staff	No Yes N/A	I have personally raised concerns about discrimination at work from another member of staff	No Yes N/A	I believe the Trust provides equal opportunities for career progression or promotion	No Yes

Summary of discussion… I have concerns which are affecting my workplace experience?	☐ YES. Continue completing this section	☐ NO. Move onto SECTIO

I know how to raise concerns	Yes I am now aware	I am aware of how to access the Speak Out Safely Guardians	Yes I am now aware
I am aware of how to access the Speak In Confidence anonymous online system? For more information please click here	Yes I am now aware	I have already shared my concerns with either my Line/Departmental Manager and/or Speak Out Safely Guardian and/or reported via the Speak In Confidence system and plans are in place to remove / reduce my concerns	Yes No N/A
Today we have discussed development opportunities and agreed actions to address my concerns. These will be included as personal objectives within my Personal Development Plan (PDP).	Yes No N/A	Today we have discussed the practicalities and agreed actions of when and how to address my concerns	Yes No N/A