

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

CORPORATE DECISIONS TEAM

Meeting Date: 26 July 2017

Title and Author of Paper: : 2016 EDS2 and WRES Updates and Submissions

Paper for Debate, Decision or Information: Decision

Key Points to Note:

This paper provides an update on the action plan associated with these submissions, a discussion of how the Trust compares on the WRES Nationally against NHS England's WRES Data Analysis Report published in April 2017. Finally this paper will detail our submissions for WRES and EDS2 2017 and suggested actions for approval.

Budget implications: Possible requirements for E&D Strategy Consultation

Equal Opportunities, Legal and Other Implications: EDS2 and WRES helps us to fulfil our Public Sector Equality Duties

Action Proposed and Person Responsible for Action: The development of Equality Diversity and Inclusion strategy that will complement and support the Trust Strategy and the emerging associated support strategies. We benchmark our current activities against those for which there are national evidence that are proven to work and adopt good practice to address the highlighted issues – particularly within the staff survey metrics in collaboration with the BAME Staff Network.

Outcome required: Approval of the assessments for EDS2 and WRES and their associated proposed actions.

Date for completion: EDS2 and WRES are yearly assessments, Strategy for completion Winter 2017.

Reference to Other Papers / Strategy / Policies: : NTW (O) 42 Equality Diversity and Human Rights Policy

Background

The NHS Equality and Diversity Council (EDC) implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015.

- A Workforce Race Equality Standard (WRES) that requires the Trust to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the level of BAME Board representation.
- Equality Delivery System (EDS2)

At Trust Board June 2016 our submissions for the WRES and EDS2 were approved for publication. This paper provides an update on the action plan associated with these submissions, a discussion of how the Trust compares on the WRES Nationally against NHS England's WRES Data Analysis Report published in May 2016. Finally this paper will detail our submissions for WRES and EDS2 2016 and suggested actions for approval.

An Update on Key EDS2 actions for 2016/17

For 2016-17 we agreed the following actions to follow on from our EDS2 assessment.

Make Equality and Diversity everyone's business by incorporating it into the devolved model of working

- Action plans have been developed for each of the existing operational groups as a result of EDS2 rating exercises within groups. Examples of actions have been to – Explore incidents and complaints in relation to protected characteristics, how to improve the collection of and use of information, working with the Bengali Community to improve access to services. The actions that have been developed will need to be revisited as we transition to the locality model. The Equality and Diversity Lead will work with the localities during the Autumn of 2017 to realign the work and conduct new EDS2 benchmarking that is locality-based.
- EDS2 actions for 2016-17 deliberately concentrated on devolution within service delivery, for the coming year there is a need to identify areas requiring the need for and development of corporate-services specific actions. Consideration here also needs to be given to NTW Solutions. The Company does not have responsibility under the public sector equality duty, there however needs to be some consideration of how we will work together to ensure that wider equality and diversity objectives are met, this will be explored as part of the work that will take place on benchmarking and identifying areas for Corporate action during the coming year.

Campaign to staff to promote the benefits of disclosure of protected characteristics

- This was an agreed action following analysis of protected characteristic returns for the Staff Survey compared to information that is held in ESR. Disclosure of protected characteristic information is typically higher in Staff Survey results. The Trust is not alone in this finding, work done nationally to

prepare for the introduction of the Workforce Disability Equality Standard has found that nationally the Staff Survey reports 17% of staff are disabled, whereas the national average reported on ESR is 8%. Work to address these discrepancies is important because so many of the workforce metrics (we have the Workforce Race Equality Standard, next year will see the introduction of the Disability Standard, to be followed by Workforce Equality Standards for the remaining protected characteristics) going forward will rely on accurate equality and diversity information.

- A campaign was devised that would collect this information over a period of months, the campaign has worked up bulletin articles, an email to all staff with a link to an intranet questionnaire that feeds a spreadsheet. The campaign was devised to run in three parts, with the staff list being split into three alphabetically and invited to update their data. The split, similar to how we've operated the Friends and Family test would allow input of data into ESR to be spread over the period of a number of months.
- Feedback from the Equality and Diversity Group in December and Business Delivery Group in March suggested that this was too laborious and that we should focus the campaign upon using ESR self-service. Discussion at Business Development Group took place to decide the best way forward. We have devised a briefing sheet to promote the importance of disclosure of protected characteristic information, to be used in conjunction with ESR Self-Service upon its introduction.
- Given the timescales for implementation of ESR self-service, alternative methods of collating this information are now being discussed with the Executive Director of Commissioning and Quality Assurance in her role as Senior Information Risk Owner.

It is recommended that we review how we collect information on the protected characteristics of our service users to ensure that we have fewer instances of not ascertained. We also need to routinely collect information cross all of the protected characteristics.

- Scoping work around this suggests that some parts of the Trust are better at collecting protected characteristic information than others. A meeting with the Deputy Director of Commissioning and Quality Assurance has been arranged to discuss how we can move forward on this. This meeting has been delayed until the end of July 2017 when the standard for the monitoring of sexual orientation is finalised nationally. The action is therefore being continued as part of our plan for 2017-18.

Monitor the effectiveness of attendance at events to establish whether they are helping to contribute to widening our recruitment base and creating a more diverse workforce

- Recruitment had a presence at Pride for the first time in 2016. For 2017 we will be at Pride and the Mela with a dedicated stall, rather than as part of Patient Information. For this to work we will need to track the protected characteristics of applicants that express an interest as a result of these events throughout the recruitment process. Core information is submitted on a 6 monthly basis to the Workforce Quality and Performance Committee and will require further refinement ensure we establish the effectiveness of these campaigns.

Conduct Equal Pay Audit upon receipt of government guidance on how to do so.

- This is listed as an objective on the EDS2 rating tool. We will be conducting our Gender Pay Gap reporting, based on a snapshot at the end of March and will need to evaluate the need for any further work on the basis of that analysis. The Board of Directors have already received information on this reporting requirement.

Expand the provision of Staff Networks to at least include alongside the BAME: networks for disabled staff, LGBT Staff and Faith.

- BAME Network was established in March 2016
- Disabled Staff in November 2016
- LGBT Staff Network May 2017
- A group of Buddhist staff met in July 2016 to examine staff survey issues. No further need for a Faith Network has been expressed.
- We need to continue with the growth of the networks. The support of staff-side in this is crucial.

Continue Equality and Diversity promotional activities.

- Campaign during anti-bullying week attracted national attention which has resulted in the Trust attending a Share and Learn event.
- Equality and Diversity Lead is part of an advisory group for the launch of the Workforce Disability Equality Standard
- NHS Employer's Diversity and Inclusion Partners for 2016-17 and notified in May 2017 that we are part of their Alumni Programme
- Finalist in North East Equality Awards for work on Dementia Friends
- Equality and Diversity Week 2017 saw the launch of the Trust's LGBT Network and Mediation Service.

EDS2 2017 Submission

It is recommended that the overall ratings for EDS2 remain the same as those for 2016. Work has commenced on all the actions and in has in some areas led to further actions. This work needs to come to fruition before we revise our overall ratings. Work will need to continue to address the actions identified. Analysis of 2016 Staff Survey results suggest that the role of the Staff Networks will be extremely important and that they should be formally incorporated into the governance structure for Equality and Diversity. The actions that are emerging from the devolved approach to EDS2 will need to be realigned to the new locality structure. This in many ways will allow a far more coherent approach to Equality and Diversity as actions will be far easier to target and address the diverse needs of the population that we serve across the diverse localities.

It has become increasingly apparent that the decision to replace an Equality and Diversity strategy with a yearly update of EDS2 has led to a detailed focus on actions, which is important, but lacks the steer that a 'bigger picture' strategy could give. It is recommended that consideration is given to the development of a strategy

taking a Diversity and Inclusion approach that will have to complement and support the Trust Strategy and the emerging associated support strategies

Workforce Race Equality Standard

Key WRES actions for 2016 were to:

Examine our values-based recruitment activity to ensure that it does not introduce cultural bias in any of the activities. We should also incorporate unconscious bias into equality and diversity training.

- Unconscious bias training materials have been devised and have been presented at the Equality and Diversity Group discussions are taking place with the Head of the Training Academy about how this can be incorporated into our Training Programme. Work needs to take place to look at values-based recruitment.

BAME network will keep a watching brief on formal disciplinary process figures with a particular view to ascertaining whether there is a cultural competency base to proceedings.

- BAME Network has received these figures.
- The Trust working with the Royal College of Nursing on recruiting to their Cultural Ambassadors Programme. Cultural Ambassadors receiving training from the RCN to equip them to advise disciplinary panel hearings on issues that may have a cultural competency base to them. The Trust has been working with the RCN on the programme since January 2017 and has been working to generate interest in the programme. Expressions of interest to train were invited during Equality and Diversity Week in May and an open afternoon to find out more about the programme is taking place at Walkergate Park in August. Applicants who are successful in gaining a place on the training will receive the training during Autumn 2017.

We work with the BAME Staff Network to examine the outcomes of appraisals for BAME Staff, comparing those to outcomes of a sample of similar graded white staff.

- This work has yet to take place; the Staff Network needs to grow. We may need to consider an alternative way of delivering this essential piece of work.

That we work with the BAME Staff Network to understand and address the issues behind the figures for Indicators 5 and 8 of the WRES.

- The BAME Network has received the Staff Survey results and a conversation has taken place with the network Chair about 2016 results. It is vital that this work takes place. The BAME Network was relaunched with a meeting on 22nd June 2017 when the WRES submission was discussed. The key view of the attendees at that meeting was that we need to do all that we can to address the issue of cultural competence.

How the Trust compares on the WRES Nationally against NHS England's WRES Data Analysis Report

The 2016 [report](#) is the second publication since the Workforce Race Equality Standard (WRES) was mandated and covers all nine indicators for the first time. In this section a description of the Trust's performance against the report findings is provided, this year's findings are also highlighted along with suggested actions.

The report has three key roles:

- To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda
- To share summaries of what works, good examples and recognising organisations which, at this early stage of WRES implementation, are making progress against the indicators

The Trust features as an organisation where data suggest practice may be better for the following indicators

WRES indicator 3 Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

- The submission for 2015-16 showed parity between White and BAME members of staff entering the formal disciplinary process.
- The figures for 2016-17 show that BAME Staff are 2 times more likely to enter the disciplinary process
- The Trust has agreed to work with the RCN on introducing Cultural Ambassador Programme which will provide panels and investigations with cultural competence. The programme was initiated in the West Midlands
- It is recommended that the outcomes of all 8 cases in 2016-17 are examined to see if there are any learning points regarding cultural competence that can be used as training points for any member of staff conducting disciplinary investigation work.

WRES indicator 7 Percentage of staff believing that their trust provides equal opportunities for career progression or promotion (Staff Survey Key Finding 21)

- The 2015 Staff Survey results that the report is based upon for this indicator showed the following for the Trust 90% of White Staff and 88% of BAME Staff believed that the Trust provides equal opportunities for career progression or promotion. This compared to the averages for the sector of 88% and 75%, so a result that was significantly better than the sector average.
- For 2016 the results are 93% and 85% - the gap has widened.
- It is suggested that a series of focus groups are run in conjunction with the Staff Network at the earliest opportunity to explore this issue.

The findings above are a clear example of the dangers of making too much of the data as highlighted in the report. Caution should be exercised in assuming that trusts

whose data is better are all necessarily engaged in better practice than those who are not. It is evident that some of the best practices on these indicators are being undertaken by trusts where relatively poor data has spurred the board and others into taking determined action to redress unfair outcomes. Being listed on this table does not necessarily mean good practice is underway any more than not being on this list means there is no good practice underway at all. In other words we should not be complacent about the results of these two indicators.

Findings for the remaining indicators were as follows.

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

- The National report states that the overall average for the North is 4% BAME Staff. The Trust's result for 2016 was 3% and has edged up to 3.36% for the 2017 submission. It is anticipated that the work of the staff network and a presence at community events where possible will help improve this figure.

WRES indicator 2 Relative likelihood of staff being appointed from shortlisting across all posts

- White applicants were 1.45 times more likely than black applicants to be appointed from shortlisting. This figure was better than the mental health sector average of 1.6 times, however it should be noted that our submission for 2017 has the relative likelihood at 1.54.
- This indicator is linked by the report writers to indicator 7, where we are seen as an organisation where the data suggests good practice. With the increase in likelihood of a white appointment in this year's results it is suggested that action is required to address this issue. An analysis of recruitment is required to understand the reasons for the difference in likelihood of being appointed, with actions to issues to be developed following the analysis of reasons for failure to be appointed from shortlisting.

WRES indicator 4 Relative likelihood of staff accessing non – mandatory training and continuing professional development (CPD)

- National data suggests that there is not a great difference between White and BAME staff accessing non-mandatory training. Locally our figures for 2016 showed that BAME staff were more likely, for 2017 the balance has tipped from 0.4 to 1.11 – the sector average. We need to work out the reason for this change, the likelihood could be better reporting of non-mandatory training – the report acknowledges that the data for this indicator has typically been poor. The action will be to work with the Training Academy to understand the reason for this change and then act on any barriers, perceived or otherwise that may be affecting the take-up of CPD opportunities.

WRES indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (Key Finding 25)

- Figures from 2015 Staff Survey showed that 30% of white staff and 38% of BAME staff experienced this within the Trust, the report showed that the

average for mental health trusts was 34%. Our figure for the 2016 survey has risen dramatically to 51%. The report suggests that organisations that have addressed the issues identified in WRES indicators 5,6,7 & 8 have agreed at board level that:-

- The levels of bullying are such that they constitute a significant risk and must be tackled.
- Bullying of staff is linked to the wider narrative regarding the impact on organisational effectiveness.
- There are links between the bullying of staff, and the care and safety of all patients.
- Sustained and meaningful staff engagement is important.
- Board members should model the behaviours they expect of others and hold themselves to account.
- There should not be reliance upon individual members of staff raising concerns, but instead, there should be an endeavour to improve the organisational climate

These points are reflected in the most recent NHS Social Partnership 'call to action' on bullying. The Trust is signing up to the call to action. A task group has met and conducted a gap analysis looking at our existing approaches and best practice. The group will be reporting to CDT in August. In addition a deep dive of these results is being conducted on the 2016 Staff Survey to identify areas that may need specific local actions to address high rates of harassment, bullying or abuse.

WRES indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Key Finding 26)

- Figures for the 2015 Staff Survey showed 17% for White staff and 19% for BAME. This was below the average for mental health trusts of 24%. The gap for 2016 however has increased 17% for White staff remains static, whilst the gap for BAME has grown to 24%
- The action points in indicator 5 above apply equally to 6.
- Continued work with the BAME Staff Network to understand experiences and explore possible solutions will be vital.

WRES Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following - Manager / team leader or other colleagues? (Question 17b)

- Figures for the 2015 Staff Survey show 6% White and 12% BAME. This was better than (but only just) the sector average of 13%. Figures for 2016 are 5% and 12%.
- Actions to address indicators 5 & 6 will be equally applicable to indicator 8.

WRES indicator 9 Percentage difference between the organisations' board voting membership and its overall workforce

- With 1 member of the voting board members identifying as BAME, this was in line with the findings of 37% of Trusts submitting WRES data.
- We identified gaps in our data at Board Level in 2015 this has now been addressed with the following 1 BAME member and 13 White members of the Board.

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WRES 2017 Submission

The comments and actions in this section are in addition to those described in the previous section of this report

SUMMARY

Staff list @ 1 April: Primary assignment. Payscale not zero. Includes Nursebank.

2011 ONS Census (Tyne and Wear; Northumberland UA)

	NTW at 1/4/14		NTW at 1/4/15		NTW at 1/4/16		NTW at 1/4/17		2011 census
BME staff	175	2.72%	195	3.00%	205	3.08%	232	3.36%	5.4%
White staff	5423	84.43%	5439	83.61%	5630	84.46%	5830	84.55%	94.6%
Chose not to state ethnicity	757	11.79%	787	12.10%	754	11.31%	756	10.96%	n/a
No information provided	68	1.06%	84	1.29%	77	1.16%	77	1.12%	n/a
Total staff at 1st April	6423		6505		6666		6895		

Key Points

- Number of BME staff are rising, though still below 2011 Census figures
- Attendance at community-based events is beginning to take place to encourage consideration of careers within the Trust
- Work still needs to take place to certainly reduce the incidence of no information provided and where possible encourage staff to choose to state ethnicity by promoting the reasons we look to collect that information.

INDICATOR 1: Percentage of BME staff in each band plus VSM

Staff list @ 1 April: Primary assignments

VSM defined by very senior subjective codes

	Apprentice	Band 1	Band 2		Band 3		Band 4	
Ethnic Code2	Non clinical	Clinical	Clinical	Non clinical	Clinical	Non clinical	Clinical	Non clinical
White	96.77%	100.00%	94.74%	89.06%	86.97%	89.95%	91.48%	84.94%
BME	0.00%	0.00%	3.51%	1.11%	4.75%	1.26%	1.70%	1.51%
Chose not to state	3.23%	0.00%	1.75%	9.83%	6.79%	7.29%	6.82%	13.25%
No info	0.00%	0.00%	0.00%	0.00%	1.49%	1.51%	0.00%	0.30%
BME: % difference from whole workforce BME (3.36)	-3.36%	-3.36%	0.14%	-2.26%	1.38%	-2.11%	1.66%	-1.86%

Band 5		Band 6		Band 7		Band 8A		Band 8B	
Clinical	Non clinical	Clinical	Non clinical	Clinical	Non clinical	Clinical	Non clinical	Clinical	Non clinical
85.01%	82.14%	87.52%	77.67%	86.57%	82.26%	79.44%	75.00%	86.11%	91.11%
3.63%	1.79%	2.08%	0.97%	2.07%	1.61%	4.44%	0.00%	0.00%	2.22%
8.71%	16.07%	10.22%	21.36%	11.36%	14.52%	15.56%	25.00%	12.50%	6.67%
2.66%	0.00%	0.18%	0.00%	0.00%	1.61%	0.56%	0.00%	1.39%	0.00%
0.26%	-1.58%	-1.29%	-2.39%	-1.30%	-1.75%	1.08%	-3.36%	-3.36%	-1.14%

Band 8C		Band 8D		Band 9		Medical	Trust		VSM	
Clinical	Non clinical	Clinical	Non clinical	Clinical	Non clinical	Clinical	Clinical	Non clinical	Clinical	Non clinical
91.49%	66.67%	83.33%	77.78%	66.67%	100.00%	42.74%	58.33%	27.27%	50.00%	100.00%
2.13%	0.00%	0.00%	0.00%	0.00%	0.00%	19.66%	0.00%	0.00%	50.00%	0.00%
4.26%	33.33%	13.33%	22.22%	33.33%	0.00%	2.99%	41.67%	63.64%	0.00%	0.00%
2.13%	0.00%	3.33%	0.00%	0.00%	0.00%	34.62%	0.00%	9.09%	0.00%	0.00%
-1.24%	-3.36%	-3.36%	-3.36%	-3.36%	-3.36%	16.29%	-3.36%	-3.36%	46.64%	-3.36%

- From Band 1 – 8A – better representation across the board in clinical rather than non-clinical areas
- No non-clinical 8A BME appointments
- No clinical 8B BME appointments
- No non-clinical 8C appointments
- Choosing not to state and no provision of information appears to be a bigger issue in non-clinical areas – however as referenced earlier the data quality will be addressed by a campaign to improve reporting which will either be by a census approach or the ESR Self Service reporting route.

INDICATOR 2: Likelihood of appointment from shortlisting

Shortlisting: report from NHS jobs via ESR team (this can't be run for more than the last 12 calendar months)

	2013-14		2014-15		2015-16		2016-17	
	White	BME	White	BME	White	BME	White	BME
Shortlisted applicants*	n/a	n/a	3798	347	4980	413	3942	358
Appointed*	n/a	n/a	686	47	754	43	765	45
Likelihood of appointment from shortlisting	n/a	n/a	0.18	0.14	0.15	0.10	0.19	0.13
Relative likelihood (white/BME)		n/a		1.33		1.45		1.54

* includes both internal and external applicants

- Relative likelihood of appointment for BME members of staff appears to be marginally worse compared to 2014-15 and 2015-16
- Gap in likelihood of appointment from shortlisting across all three years of data.
- With the increase in likelihood of a white appointment in this year's results it is suggested that action is required to address this issue. An analysis of recruitment is required to understand the reasons for the difference in likelihood of being appointed, with actions to issues to be developed following the analysis of reasons for failure to be appointed from shortlisting.

INDICATOR 3: Likelihood of entering a formal disciplinary process

(2 year rolling average)

Capsticks year end report

	2014-15		2015-16		2016-17	
	White	BME	White	BME	White	BME
Staff entering formal process	107	6	72	2	97	8
Staff in workforce	5439	195	5630	205	5830	232
Likelihood	0.020	0.031	0.01	0.01	0.017	0.034
Relative likelihood (BME/White)		1.55		1.00		2.00
Two year rolling relative likelihood BME Staff entering disciplinary process				1.3		1.67

- The submission for 2015-16 showed parity between White and BAME members of staff entering the formal disciplinary process.
- The figures for 2016-17 show that BAME Staff are 2 times more likely to enter the disciplinary process
- The Trust has agreed to work with the RCN on introducing Cultural Ambassador Programme which will provide panels and investigations with cultural competence. The programme was initiated in the West Midlands
- It is recommended that the outcomes of all 8 cases in 2016-17 are examined to see if there are any learning points regarding cultural competence that can be used as training points for any member of staff conducting disciplinary investigation work.

INDICATOR 4: Relative likelihood of accessing non-mandatory training and CPD

	2013-14		2014-15		2015-16		2016-17	
	White	BME	White	BME	White	BME	White	BME
Staff who have accessed non-mand training/CPD*	72	15	28	4	87	8	139	5
Staff in workforce	5423	175	5439	195	5630	205	5830	232
Likelihood	0.013	0.086	0.005	0.021	0.015	0.039	0.024	0.022
Relative likelihood (white/BME)		0.15		0.25		0.40		1.11
* One or more times								

- Prior to 2016-17 BME staff were more likely to access non-mandatory training and CPD, for 2016-17 the balance has tipped and now white staff are more likely to access non-mandatory training and CPD.
- National data suggests that there is not a great difference between White and BAME staff accessing non-mandatory training. Locally our figures for 2016 showed that BAME staff were more likely, for 2017 the balance has tipped from 0.4 to 1.11 – the sector average. We need to work out the reason for this change, the likelihood could be better reporting of non-mandatory training – the report acknowledges that the data for this indicator has typically been poor. The action will be to work with the Training Academy to understand the reason for this change and then act on any barriers, perceived or otherwise that may be affecting the take-up of CPD opportunities.

2.3: Workforce Race Equality Standards

Derived from unweighted data, based on the respondent 's selected ethnicity.

	<i>Your Organisation 2016 (White)</i>	<i>Your Organisation 2016 (BME)</i>
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (-)	31%	51%
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (-)	17%	24%
KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion (+)	93%	85%
17b. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager or c) other colleagues (-)	5%	12%

- All of these metrics show that BME staff experience more discrimination compared to white members of staff
- There is a clear need to look at the Staff Survey results to drill down to try to establish if this is occurring in particular areas and to work in conjunction with Staff Side and the BAME Staff Network to address these issues.
- Actions are detailed in the previous section of the report

INDICATOR 9: Voting board members

Non-exec directors, Exec directors, Chair, CEO

N = 14	2013-14		2014-15		2015-16			2016-17		
	Board	Trust	Board	Trust	Count	Board	Trust	Count	Board	Trust
BME	0.0%	2.7%	0.0%	3.0%	1	7.1%	3.1%	1	7.1%	3.4%
WHITE	54.5%	84.4%	50.0%	83.6%	8	35.7%	84.5%	13	93.0%	84.6%
Chose not to state	36.4%	11.8%	42.9%	12.1%	5	35.7%	11.3%			
No info recorded	9.1%	1.1%	7.1%	1.3%	0	0.0%	1.2%			
Board BME % compared to Trust BME%		-2.7%		-3.0%			4.10%			3.7%

- Board shows greater representation than the Trust.

Key WRES 2017 actions are:

- We benchmark our current activities against those for which there are national evidence that are proven to work as highlighted in Section 7 of the National Report and adopt good practice to address the highlighted issues – particularly within the staff survey metrics in collaboration with the BAME Staff Network.

Recommendations

It is recommended that the Board endorse the assessments and actions of EDS2 and WRES and they are approved for publication to meet the terms of the NHS Standard Contract. Publication is required by 1st August 2017. The actions will be further explored by the E&D Committee and discussed within the new Locality Clinical Business Units.

Christopher Rowlands
Equality and Diversity Lead July 2017