TRUST BOARD PUBLIC – MARCH 2018

Agenda Item Number:
Enclosure Number:

Subject:	**Equality, Diversity and Inclusion**
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Purpose of paper	This paper sets out our compliance: Equity of Access, Equality and Non-Discrimination.
Key points for Trust Board members *Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals*	**The Equality Act 2010** The Equality Act 2010 outlaws discrimination based on access to goods and services as well as employment, on the basis of nine protected characteristics. The Act offers protection against discrimination to individuals possessing a minimum of one of the nine characteristics in employment and service delivery. They are: • Age • Disability • Race including ethnicity and national identity • Sex • Gender re-assignment • Marriage and civil partnership • Pregnancy and maternity • Religion or belief • Sexual orientation and transgender In addition to this, the **Public Sector Equality Duty** (PSED) requires public bodies to have due regard to the need to: • Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. • Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Specific duties, set out in regulations to the Equality Act require us to: • Publish information to demonstrate compliance with the public sector Equality Duty, annually. This information must be published in such a manner that it is accessible to the public, either in a separate document or within another published document. • Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable. To meet the needs of the Equality Act the Equality Delivery System was commissioned by the NHS Equality and Diversity Council in 2010, and launched in 2011. It was developed to help NHS organisations to continuously improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS. **The Equality Delivery System (EDS2)** The trust has embraced the EDS2 and developed an Equality Standard to integrate this in everything we do. The EDS2 has 4 Goals: • Better Health Outcomes for All • Improved Patient Access and Experience

- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership at All Levels

Organisations assess themselves against the EDS2. Good practice examples are:
- Equality Standard toolkit – EDS2 completed in each Clinical Service Centre
- Patient access and experience in-depth review toolkit completed in each CSC
- Equality Impact Group (EIG – Equality Impact Leads identified and active in each CSC
- Diversity Moments, learning, education and development toolkit
- The Patient, Family and Carer Collaborative which has representation from a range of individuals and from protected characteristics groups

Workforce Race Equality Standard (WRES)
Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS provider organisations to agree actions to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. In July 2017 we were visited by Dr Habib Naqvi, Head of Policy from the national Workforce Race Equality Standard (WRES) office who gave the organisation assurance that the commitment the Trust is giving to the important WRES agenda was robust.   The 2018/19 Improvement plan includes:
- A feasibility study to remove unconscious bias in the recruitment of bands 7 and above.
- Investigation into a filter step in the disciplinary process where BAME staff are involved.
- Additional coaching and mentoring for BAME staff.
- Auditing of key employment data by ethnicity.
- More BAME staff to become a Freedom to Speak Up Advocate.
- Increased ethnicity in senior leadership roles.

Workforce Disability Equality Standard (WDES)
The NHS Equality and Diversity Council (EDC) have taken another step to advance equality within the NHS. The Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from 2019, with a preparatory year from 2017-18. PHT will be working with disabled staff and an external community disability group to prepare for the first WDES in 2019.

Inclusion, Equality and Diversity Strategy
The current strategy is coming to an end and a new 5 year strategy is currently under review and will be ratified at the Workforce and Organisational Development sub-committee of the Board in the spring. The strategy will include an integrated improvement plan with key indicators, targets and timeframes that will cover the Trusts priority requirements under the various Equality and Diversity standards and schemes (WRES, EDS2 and WDES) as well as the results from the National NHS Staff Survey.

NHS Employers Diversity and Inclusion Partners programme

The Trust have applied to join the 2018/19 programme. The focus of the programme is based on four developmental modules that provide partners with detailed strategic policy support, the opportunity to undertake personal development and a forum to share good practice and network with fellow colleagues in the NHS, and other diversity and inclusion subject matter experts. We will know if we are successful in May 2018

2017 National Staff Survey
This survey looks at 4 specific areas in relation to the experiences of Black Minority Ethnic (BME) staff. The specific areas are:
- KF25 percentage of staff experiencing harassment, bullying of abuse from patients, relatives or the public in the last 12 months;
- KF26 percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months;
- KF21 percentage of staff believing that the organisation provides equal opportunities for career progression or promotion;
- Q17b in the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?

When comparing these measures, there is a negative difference between the experiences

	of BME and White staff groups and three of the measures are worse than the national average for acute trusts. When comparing these measures to the previous year for white staff, all bar one have remained the same; for BME staff all measures show a negative decline.
Options and decisions required: *Clearly identify options that are to be considered and any decisions required*	n/a
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	To note the contents of this report
Consideration of legal issues (including Equality Impact Assessment)?	Equality Act 2010 Public Sector Equality Duty (PSED) Equality Delivery System 2 Workforce Race Equality Standard (WRES) Workforce Disability Standard (WDES)
Consideration of Public and Patient Involvement and Communications Implications?	

Links to Portsmouth Hospitals NHS Trust Board Organisational Priorities, Assurance Framework/ Risk Register	
Organisational Priorities	
Board Assurance Framework, Risk Register Reference	4: Create a healthy organisational culture where staff report they are well led and have high levels of satisfaction working in the trust (OC)
Risk Description	
CQC Reference	Well Led KLOEs: 3. Equality and diversity is promoted within and beyond the organisation; 7. People's views and experiences gathered from a range of equality groups acted on to shape and improve the services and culture

Committees/Meetings at which paper has been discussed/ approved:	Date

Equality, Diversity and Inclusion

1. Equality Delivery System 2

The Equality Delivery System (EDS2) is a national framework developed by NHS England to help NHS organisations improve their equality and diversity performance for patients and staff, to meet the needs of the Equality Act.   In 2014 we set out our 4 year strategy/WRES to provide Portsmouth Hospitals NHS Trust with a sustainable delivery model for equality and diversity and help us respond positively to our legal, regulatory and commissioner requirements, including the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES).

The EDS2 has 4 Goals which became our quality objectives:
- Better Health Outcomes for All
- Improved Patient Access and Experience
- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership at All Levels

Performance against the goals is currently measured by how well people do from BAME backgrounds as highlighted in the Workforce Race Equality Standard (WRES) and moving forward this will be developed for staff with disabilities within the Workforce Disability Equality Standard (WDES).

Crucial to the delivery of our Equality Standard was to develop an understanding of our roles and responsibility to equality and diversity. We aimed to achieve this through establishing:

- **The Equality Impact Group (EIG)** - The purpose of the EIG is to provide support, advice, assurance and governance for the Trust Board to ensure the organisation is committed to:
  - Developing and embedding a culture of promoting Equality and Diversity and eliminating unlawful discrimination;
  - Meeting its duties and responsibilities under Equality, Diversity & Human Rights legislation and codes of practice, including NHS, commissioner and regulatory requirements;
  - Promoting, recognising and valuing the diverse nature of communities and staff groups within the organisation.

- **The Equality Standard** – which was designed to mainstream equality and diversity in everything we do and offer incremental recognition of improvement with three levels of award: bronze, silver and gold. The Equality Standard toolkit includes a guidance document outlining standard criteria and a Provider Compliance Assessment (PCA) to record evidence. More specifically, the Equality Standard:

  - Provides a single reference point incorporating all elements of the Equality Act 2010 and EDS2;
  - Aims to significantly impact upon the way EDS2 is integrated into everyday business activity;
  - Provide clinical and corporate services with a toolkit to plan and monitor their work on Equality and Diversity;
  - Outline the key criteria services will work towards and the level of evidence provided will determine the standard level achieved;
  - Identify our performance and raise standards in equality and diversity practice; and
  - Improve organisational response to legal, commissioner and regulatory requirements.

- **Equality Standard levels**
  - Bronze: documented processes are in place to achieve each standard criteria;
  - Silver: practical evidence is reported against each standard criteria; and

- Gold: the Equality Impact Group (EIG) will require evidence that CSC's have monitored their processes and demonstrate significant outcomes for equality improvement across all protected characteristics.

- **Diversity Moments** (table below) - This is the learning, education and development programme for equality, diversity and inclusion. Diversity Moments offers a series of high impact learning modules including and are being cascaded through CSC's by the Equality Impact Group members:

Organisational Diversity Moments	Patient Diversity Moments	Workforce Diversity Moments
EDS2 - understanding roles and responsibility (this includes the Equality Standard Toolkit)	Delivering Person Centred Care – a Diversity Roadmap	Delivering the behavioural components of excellent customer service
WRES – Understanding roles and responsibility (this includes the WRES Strategy and Implementation Plan)	Improving Diverse Patient Insight and Experience	Improving workforce health and wellbeing
Embedding Values Based Diversity	Transcultural Healthcare Practice – identifying factors that define transcultural nursing and methods to promote culturally competent nursing care	Unconscious Bias and its impact on clinical and corporate decision making
Understanding and completing Equality Analysis	Understanding Health Inequalities and Wellbeing for groups protected by the Equality Act 2010	Systems Thinking – Improving the cultural capability of the workforce

Actions taken in response to the Equality Delivery System (EDS2)

- Equality Impact Group (EIG – Equality Impact Leads identified and active in each CSC
- Each CSC has completed an EDS2 return via the Equality Standard Bronze Award in December 2015
- Each CSC has completed the Silver Standard 'in-depth review of patient access and experience' in December 2016
- The WRES was published on the Trust website on 31 January 2018 as per requirements
- Re-launch of the Black Asian Minority Ethnic Staff Network
- The Equality and Diversity Policy for staff and managers has recently been updated (1st March 2018) following review and feedback from an Employers Network for Equality and Inclusion audit
- The Equality Impact Statement for Policies has been updated to include all 9 protected characteristics.
- The Trust has a Freedom to Speak up Guardian and a cohort of Freedom to Speak Up Advocates, 1 BAME staff member has taken up the Advocate role following the BAME Network relaunch event. LGBT+ and Disabled Staff Networks are in the early stages of forming, staff will be encouraged to become FTSU Advocates through their network events.
- Respect Me prevention of Workplace Bullying and Harassment Campaign
- Reports to the Equality Impact Group and Trust Board have provided regular updates on the progress of the EDS2 objectives
- Diversity Moments, a learning, education and development toolkit which is currently being cascaded by EIG members.
- The Patient, Family and Carer Collaborative has representation from a range of individuals and groups from protected characteristics groups
- Information on complaints from patients regarding 'age' are submitted to the Department of Health each quarter.   This enables the Trust to evaluate whether

complaints have been handled less fairly within specific services. The 2017 data saw an increase in complaints from younger patients and from patient's aged 75 years and over in the Emergency Department which was not unexpected.

- Quarterly Patient Experience reports are presented to the Board and Governance Committee. The average percentage of patients who would recommend in-patient services in Q2 is 96.6%, which is above the national average of 96%.
- The Accessible Information Standard to ensure the standardisation of communication and information support for patients, service users, carers and parents has been implemented in the Trust. 12 staff have been trained in basic Makaton to support the increasing number of people who communicate using this method.

2. Workforce Race Equality Standard (WRES)

The WRES was introduced in April 2015 and requires organisations providing a NHS service to demonstrate progress against nine indicators of workforce race equality. The WRES applies to all types of providers of non-primary healthcare services operating under the full length version of the NHS Standard Contract11. The WRES seeks to better understand why black and minority ethnic staff often receive much poorer treatment than white staff in the workplace and to understand (namely black and minority ethnic staff), it is a tool designed to tackle systemic attitudes deeply rooted within the organisation. To achieve this requires 'collective leadership' i.e. high levels of engagement between leaders at all levels.

In July 2017 we were visited by Dr Habib Naqvi, Head of Policy from the national Workforce Race Equality Standard (WRES) office who gave the organisation assurance that the commitment the Trust is giving to the important WRES agenda was robust. Dr Naqvi is providing support to the development of the Inclusion, Equality and Diversity Strategy.

The WRES 2018/19 improvement plan (Appendix 1) is currently a standalone plan and will move into the integrated Inclusion, Equality and Diversity Strategy Improvement plan in the spring.

3. Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council (EDC) have taken another step to advance equality within the NHS. The Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from 2019, with a preparatory year from 2017-18.

The development of a WDES also includes the concept of 'Disability as an Asset'. The Disability as an Asset Approach, rather than focusing on how disabled people can be 'levelled up' to the capabilities of a 'normally functioning workforce', seeks to celebrate diversity and difference, turning perceived 'deficiency' into assets.

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.

It is anticipated that the WDES will be similar to the WRES in that Electronic Staff Record (ESR) and National Staff Survey data will be utilised to demonstrate the differences between disabled staff and non-disabled staff in key areas of employment and experience. The OD team are undertaking exploratory work with disabled staff to better understand their experiences and to potentially support a disabled staff network (if that is what they want) and will be working with a local community disability network to help and support us.

4. Inclusion, Equality and Diversity Strategy

In 2014 we set out our 4 year strategy to provide Portsmouth Hospitals NHS Trust with a sustainable delivery model for equality and diversity and help us respond positively to our legal, regulatory and commissioner requirements, including the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES).

In headline terms this strategy set out to deliver four quality objectives:

- Better Health Outcomes for All
- Improved Patient Access and Experience
- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership at All Levels

Delivery of the strategy was through the continuation of the Equality Impact Group, a reviewed and published Equality and Diversity policy, Equality impact assessments completed on corporate and clinical policies and all Clinical Service Centres have achieved the Bronze and Silver Award of the Equality Standard and are working on the Gold, clinical divisions completed the EDS2 patient experience and involvement in-depth review and corporate divisions completed the EDS2 customer service in-depth review and Equality objectives have been published to meet the requirements of the EDS2. Equality and diversity training has been re-designed and unconscious bias training integrated into recruitment training.

The current strategy is coming to an end and a new 5 year strategy is currently under review and will be ratified at the Workforce and Organisational Development committee in the spring 2018. The strategy will include an integrated improvement plan with key indicators, targets and timeframes that will cover the Trusts priority requirements under the various Equality and Diversity standards and schemes as well as the results from the National NHS Staff Survey.

5. NHS Employers Diversity and Inclusion Partners programme

The Trust has applied to join the 2018/19 programme. The programme supports participating trusts to progress and develop their equality performance over a period of 12 months, and is closely aligned to the Equality Delivery System (EDS2). The focus of the programme is based on four developmental modules that provide partners with detailed strategic policy support, the opportunity to undertake personal development and a forum to share good practice and network with fellow colleagues in the NHS, and other diversity and inclusion subject matter experts. We will know if we are successful in May 2018.

There are a number of other key benefits for NHS organisations in becoming a partner.

- Increased profile of our organisation at network events, conferences and through the NHS Employers website and communications.
- Advice, guidance and assistance from NHS Employers in meeting the minimum requirements of the Equality Act 2010.
- Free access to training, development, coaching and mentoring for the partner lead person on the use of the tools and techniques within the programme.
- Opportunities to discuss, network and test out new concepts within the safe environment of partner meetings.
- Opportunity to influence national policy direction.
- In some cases, indirect benefits of NHS Employers' membership of national forums, such as the Employers Network for Equality and Inclusion.

6. National Staff Survey 2017

Portsmouth Hospitals NHS Trust chose to survey all staff in 2017 as in previous years. A total of 4210 staff took the opportunity to complete and return a survey, representing a 59% response rate which is in the highest 20% for acute trusts in England and compares with a response rate of 58% in the 2016 survey. 405 Black Minority Ethnic (BME) staff took part in the survey; this is 10% of all staff surveyed and a 1% increase from 2016, and 44% of all BME staff at Portsmouth Hospitals.

The table below shows the percentage of BME staff against White staff in relation to the 3 Key Findings and 1 question analysed by the Workforce Race Equality Standard (WRES).

National Staff Survey 2017 Key Findings & Questions split for Workforce Race Equality Standard (WRES)						
Key Finding / Question		PHT 2014	PHT 2015	PHT 2016	PHT 2017	Average*
KF25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	29%	27%	29%	30%	27%
	BME	36%	26%	34%	39%	28%
KF26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	23%	25%	24%	24%	25%
	BME	27%	28%	24%	29%	27%
KF21: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%	92%	91%	91%	87%
	BME	72%	75%	78%	74%	75%
Q17b: In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	5%	6%	5%	5%	7%
	BME	15%	12%	12%	15%	15%

National Acute Trust average

When comparing these measures, there is clearly a negative difference between the experiences of BME and White staff. When comparing the experience of BME staff from 2016 to 2017, there has been:

- A 5% increase in BME staff experiencing bullying, harassment and violence from patients (KF25).
- A 5% increase in BME staff experiencing harassment, bullying or abuse from staff (KF26)
- A 4% reduction in BME staff believing there are equal opportunities for career progression and promotion (KF21).
- A 3% increase in BME staff personally experiencing discrimination at work for (Q17b).

When comparing these measures to the previous year for white staff, all bar one have remained the same; KF25 the percentage of staff experiencing harassment bullying or abuse from patients has negatively declined by 1%. For BME staff all measures show a negative decline.

When comparing BME responses to the national acute Trust average; KF25, 26 and 21 are worse than the average. KF25 BME staff experiencing harassment, bullying or abuse from patients is significantly worse with an 11% negative difference.

Actions that were implemented as a result of the 2016 survey findings included:
- Further promotion of the Respect Me campaign
- Continued to train managers and supervisors in unconscious bias and to use talent management for succession within appraisal training
- Through national workshops learnt from others and implemented good practice, such as taking good practice from the national WRES Conference with regard to having

BAME staff as Freedom to Speak Up Advocates and re-launching our own BAME staff network.

- Relaunched the Portsmouth Hospitals Black Asian Minority Ethnic Network event in January 2018 and the first network meeting in March 2018
- Research and develop plans to launch Disability and LGBT+ staff networks

The results of the 2017 National Staff Survey (which ran from September to December 2017) will be reported to Trust Board in April.

7. Key actions taking place in 2018/19

First and foremost a review of the Equality, Diversity and Inclusion Strategy (formerly called the EDS2/WRES Strategy) is currently taking place and will be ratified at the Workforce and Organisational Development Committee in the spring of 2018. The strategy will include an integrated improvement plan with key indicators, targets and timeframes that will cover the Trusts priority requirements under the various Equality and Diversity standards and schemes as well as the results from the National NHS Staff Survey.

Key actions to include:

- Identification of the 3 or 4 key staff and patient priorities that the Trust will focus on for the next 12 months (as recommended in the EDS2 technical guidance) with agreed improvement targets
- The first re-launched BAME Network
- LGBT+ and Disabled staff networks
- Conduct a deep dive into our WRES data and identify any hotspots and areas of concern focusing on indicators 7, 8 and 9
- Placing more effort on the development of specific positive action measures to address areas of under-representation or disadvantage i.e. recruitment, learning and development programmes for promotion.
- Promote our values and associated behaviours through training, development and communications to progress and encourage an appreciation of an inclusive workplace.
- Further promotion of inclusivity through the Patient Collaborative and links with local minority communities
- Collaborative working with third party such as Stonewall and KROMA and disability community networks

Appendix 1 - Workforce Race Equality Standard (WRES) Improvement Plan 2018/19

	Indicator	Reported data for 2017	Reported data for 2016	Narrative	Action	Who	Completion date
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.	Clinical White 60.4% BAME 19.8% Non Clinical White 17.4% BAME 1.0%	Clinical White 61.3% BAME 18.9% Non Clinical White 17.6% BAME 0.9%	The percentage of BAME staff has increased for both clinical and non-clinical workforce.	Explore ways to reduce inequalities between BAME and white staff at shortlisting and interview	OD Team Recruitment Team	Sept. 2018
					Through the Inclusion, Equality and Diversity Strategy agree the targets to increase the current % of BAME staff across all bands with a particular focus on band 7 and above.	OD Team Director of Workforce & OD	Apr. 2018
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are 1:18 times more likely to be shortlisted than BAME staff	White staff are 1:22 times more likely to be shortlisted than BAME staff	An improvement from the previous year.	Continue with unconscious bias training which is included in recruitment training for managers and overseas recruitment. So far 123 managers have received unconscious bias training.	Recruitment Team	Complete
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	BAME staff are 1:07 times more likely than white staff to enter the process	BAME staff are 0:20 times less likely than white staff to enter the process	An increase in BAME staff entering a formal process from the previous year.	Explore ways to reduce inequalities between BAME and white staff subject to a disciplinary process	OD Team Operational HR Team	Sept. 2018
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BAME staff are 0:68 less likely than white to access training	BAME staff are 0:66 times less likely than white staff to access training	A slight increase from the previous year.	Support and encourage BAME staff to access internal coaches and mentors and to become mentors themselves.	OD Team	Mar 2018
					Annual appraisal auditing to include the review of PDP by ethnicity to highlight any hot spot areas and offer appropriate interventions.	OD Team	Nov. 2018
5	NSS KF 25*. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 29% BAME 34%	White 27% BAME 26%	The percentage has increased for both.	Staff are trained in supporting patients with Dementia and Mental Health issues, as well as the recruitment of a mental health specialist in the Emergency Department.	ED, MOPRS Management Teams	Complete
					Work with the BAME network to undertake a deep dive review and develop plans from this.	OD Team	Jun. 2018

6	NSS KF 26*. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 24% BAME 24%	White 25% BAME 28%	A reduction in B&H for both white and BAME staff from the previous year and below the average score for acute trusts nationally for BAME staff	Follow the recommendations from the external B&H review.	B&H Steering group	Jun. 2018
					Conduct a feasibility study in the review of exit interviews by protected characteristics.	OD Team Operational HR	Jun. 2018
					BAME staff members have taken up the Advocate role following the BAME Network relaunch event. (1 in post – 2 pending)	FTSU Guardian	Mar. 2018
7	NSS KF 21*. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 91% BAME 78%	White 92% BAME 75%	An increase in BAME staff from 2015 and 2% above the national acute trust average. BAME staff significantly lower than white.	Further to recommendations from the WRES Implementation Team conduct a feasibility study on training BAME staff network members in interviewing skills and unconscious bias to act as a guardian of a fair process by participating in shortlisting and the interview process for bands 7 to 9.	OD Team Recruitment Team	Jun. 2018
8	NSS 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	White 5% BAME 12%	White 6% BAME 12%	Below the national acute trust average of 6% for white staff and 14% for BAME staff. BAME staff are twice as likely to experience discrimination as white staff.	Empower the BAME Staff Network in partnership with the Freedom to Speak Up Guardian and Respect Me lead to develop a 'safe place' for staff to discuss discrimination and access support.	FTSU Guardian Staff Side Convenor	Sep. 2018
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	White 22.1% BAME -21%	White 4.4% BAME 13.2%	There are no BAME Board Members	Future work to ensure comparative representation.	Chairman	Jun. 2018
					Board member is the E&D Lead.	Director of Workforce & OD	Complete

*The WRES was published in July 2017 and therefore includes the 2016 Staff Survey data