

Report to:	Public Board of Directors	Agenda item:	20
Date of Meeting:	27 April 2016		

Title of Report:	Equality & Diversity Priorities 2016/17
Status:	Information
Board Sponsor:	Claire Buchanan, Director of HR
Author:	Sue Smith, Deputy Director of HR
Appendices	1. Equality Objectives 2016-17 2. Workforce Race Equality Standard (WRES)

1. Executive Summary of the Report

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act and in the process simplified the law, removing inconsistencies and making it easier for people to understand and comply with it, whilst also strengthening the ways in which discrimination and inequality might be tackled.

The purpose of this paper is to demonstrate what systems, process and governance are in place within the Trust to meet the requirements of the Equality Act 2010, in particular the Public Sector Equality Duty (PSED) and general duty.

The PSED encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

Equality considerations must therefore be reflected in the design of all policies and the delivery of all services; in short, the organisation must have due regard of the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not (this includes tackling prejudice and promoting understanding).

Having due regard means that we must take account of these three aims as part of our decision making processes – in how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics
- Meet the needs of people with protected characteristics

- Encourage people with protected characteristics to participate in public life or in other activities where participation is low

Complying with the general duty may mean that we treat some people differently than others; this will be to ensure we meet their needs as far as this is allowed in discrimination law. It also explicitly recognises that disabled people's needs are different from those of non-disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is also underpinned by a number of specific duties which include the need for us to:

- Set specific, measurable equality objectives
- Analyse the effect of our policies and practices on equality and consider how they further the equality aims
- Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis

The Equality & Diversity Committee oversee this work on behalf of the Trust and work with two very specific frameworks to enable us to achieve these aims, namely:

- Equality Delivery System (EDS2), through which we refresh our equality objectives annually
- Workforce Race Equality Standard (WRES), by which assess the experiences of our BME workforce and develop actions plans to address any identified shortfalls accordingly.

The implementation of the EDS2 and the WRES are also a core part of Section 13 of the 2016/17 NHS Standard Contract and underpin many of the standards set out by the Care Quality Commission (CQC).

2. Recommendations (Note, Approve, Discuss)

The Board of Directors is invited to note the contents of this report.

3. Legal / Regulatory Implications

The NHS Constitution requires us to:

- Provide a comprehensive service to all, irrespective of gender, race, disability, age, sexual orientation, religion or belief;
- Respect every individual's human rights;
- Promote equality through our services giving due regard to groups or sections of society where improvements in health or life expectancy are not keeping pace with the rest of the population.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Details of risks and mitigating actions are monitored through the Strategic Workforce Committee.	
5.	Resources Implications (Financial / staffing)
HR resources to model and cost creative solutions and negotiate change.	
6.	Equality and Diversity
This report supports equal opportunities for staff and patients across the Trust.	
7.	References to previous reports
Bi-annual Equality and Diversity Update - October 2015.	
8.	Freedom of Information
Public.	

Equality Objectives 2016-17

1. Introduction

- 1.1 The Trust held its annual “Showcasing Equality” event on 9th March 2016, to which members of staff, patients and carers, plus local stakeholders were invited to attend. The event was a success and enabled the Trust to demonstrate what work has been undertaken this year in relation to equality and diversity and identify its priorities for action in the forthcoming year.

2. Equality Delivery System (EDS2)

- 2.1 The purpose of the EDS2 is to drive up equality performance and embed equality into mainstream NHS business, so achieving demonstrable compliance with both the general and public sector duties within the Equality Act 2010.
- 2.2 Central to the EDS2 framework is the publication of equality objectives, which in turn arise from the grading assessment undertaken against the 18 outcomes grouped under the following 4 goals:
- Better health outcomes
 - Improved patient access and experience
 - A representative and supported workforce
 - Inclusive leadership

3. Assessment of Equality Performance

- 3.1 The grading assessment undertaken to assess our equality performance involves a review of evidence against each of the outcomes which comprise the 4 equality goals within the EDS2 framework, using very specific criteria outlined below:

Grading Criteria:

Excellent		evidence covers all 9 protected characteristics
Achieving		evidence covers all 6-8 protected characteristics
Developing		evidence covers all 3-5 protected characteristics
Underdeveloped		evidence covers 2 or less protected characteristics
Not applicable		

Protected groups are: Age; Disability; Gender Reassignment; Race; Religion or Belief; Sex; Sexual Orientation; Pregnancy & Maternity; Marriage & Civil partnership

- 3.2 The outcome of the assessment process undertaken by each of the workshops at the Showcasing Equality event on 9th March 2016 was as follows:

Better Health Outcomes:	Grade
Services have been commissioned, procured, designed and delivered to meet the health needs of the local communities.	excelling
Individual people's health needs are assessed and met in appropriate and effective ways.	developing
Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	achieving
When people use the Trust, their safety is prioritised and they are free from mistakes, mistreatment and abuse.	achieving
Screening, vaccination and other health promotion services reach and benefit all local communities.	achieving

Improved patient access and experience:	Grade
People/ carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	achieving
People are informed and supported to be as involved as they wish to be in decisions about their care.	achieving
People report positive experiences of the Trust.	achieving
People's complaints about services are handled respectfully and efficiently.	achieving

A representative and supported workforce:	Grade
Fair recruitment and selection processes lead to a more representative workforce at all levels.	excelling
The Trust is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	achieving
Training and development opportunities are taken up and positively evaluated by all staff.	achieving
When at work, staff are free from abuse, harassment, bullying and violence from any source.	developing
Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	achieving
Staff report positive experiences of their membership of the workforce.	achieving

Inclusive leadership:	
Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond the Trust.	developing
Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	developing
Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	developing

4. Review of Equality Objectives 2015-16

- 4.1 As part of the evidence review in each of the workshops, participants also reviewed the published equality objectives identified in the previous year to evaluate how effective they have been and reach agreement about whether they should be revised or replaced in the forthcoming year:

Better Health Outcomes:			
Objective: Reporting into the Quality Board, the Patient Empowerment Group will be established to review and improve the way in which patient information is communicated.			
Measurement: Patient information leaflets and information, Safe Staffing information, complaints & FFT			
Director Lead: Commercial Director		Project Manager: Head of Commercial Projects	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Establish the group + resource / project set up	Undertake an assessment of good practice both internally and across the CCGs.	Set targets / KPIs around the specific redevelopment of the first set of identified patient information.	Redevelop one further set of patient information.

Improved patient access and experience:			
Objective: Using the Friends and Family Test (FFT) results, audit in-patients and their carers reported experiences of their treatment and care outcomes, against the following four protected characteristics - race, age, disability, and gender, to identify any issues regarding how they are being listened to and respected, and also how their privacy and dignity is prioritised.			
Measurement: Report which identifies themes @ protected characteristics to Quality Board			
Director Lead: Director of Nursing		Project Manager: Head of Patient Experience	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assess feedback against the protected characteristics	Using stakeholder engagement, define work plan	Implement	Evaluate

A representative and supported workforce:			
Objective: Ensure robust systems and processes are in place to address abuse, harassment, bullying, and violence against staff from patients, their relatives and carers.			
Measurement: 2015 Staff Survey results			
Director Lead: Director of HR		Project Manager: Head of HR	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Scope what is currently in place by assessing: <ul style="list-style-type: none"> Datix Reports Stakeholder engagement Training 	Define and implement the work/action plan	Implement work/action plan	Evaluate work/action plan

provision • Security arrangements • Communications			
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Inclusive leadership:			
Objective: Strengthen engagement activity between the Trust and local schools / colleges, with the aim of raising aspirations amongst young people and supporting the development of the future workforce.			
Measurement: Identification of appropriate work related health care experiences for school age children.			
Director Lead: Director of HR		Project Manager: Associate Director of Organisational & People Development	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stakeholder engagement to scope and define the work plan	Implement	Implement	Evaluate

5. Identification of Equality Objectives 2016/17

5.1 Based on the grading of our EDS2 evidence against the four goals and a review of the objectives in 2015/16, two equality objectives has been carried over from the previous year and two new equality objectives identified for the forthcoming year:

Better Health Outcomes:			
Objective: Ensure our ability to meet the needs of patients with a mental health diagnosis or challenging behaviour becomes embedded within clinical practice, so enabling the trust to fulfil its duty to “parity of esteem”.			
Measurement: Patient information leaflets and information, complaints & FFT			
Director Lead: Director of Nursing		Project Manager: Deputy Director of Nursing	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Recruit a Mental Health Project Coordinator in conjunction with the Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)	Undertake a base line assessment of what provision is in place at present to support “parity of esteem” and develop Action Plan.	Implement Action Plan.	Evaluate Action Plan.

Improved Patient Access and Experience:			
Objective: Improve the identification, recognition and support of carers through the patient pathway.			
Measurement: Increase in the number of carers referred to the carers hub			
Director Lead: Director of Nursing		Project Manager: Lead for Patient & Carer Experience	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Review the terms of reference for the Carer Hub, which meets bi-monthly, to enable it to address this objective.	Develop a badge/passport for Carers that is fit for purpose.	Use listening events/focus groups to gain Carer feedback on the proposed badge/passport.	Implement a pilot of the Carer badge/passport along a chosen patient pathway and then evaluate.

A Representative and Supported Workforce*:			
Objective: Ensure all staff in clinical divisions working on wards and departments are supported and have effective systems in place to address abuse, harassment, bullying and violence against staff from patients, their relatives and carers.			
Measurement: 2016 Staff Survey results			
Director Lead: Director of HR		Project Manager: Head of HR	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Set up project group to identify key areas of work and develop action plan.	Define and commence implementation of Action Plan.	Continue implementation of Action Plan.	Evaluate Action Plan and define next steps.

*This particular equality objective is a continuation from last year.

Inclusive Leadership*:			
Objective: Strengthen engagement activity between the RUH and local schools/colleges with the aim of encouraging young people to consider a career in the RUH / NHS, especially those from backgrounds which do not typically tend to access NHS careers and in support of the development of the future healthcare workforce.			
Measurement: Increase in the number of work experience placements and number of apprenticeships in non-clinical areas.			
Director Lead: Director of HR		Project Manager: Associate Director of Organisational & People Development	
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Develop relationships with local colleges to coordinate work experience placements at the RUH for a range of students with differing aspirations.	Working closely with schools & colleges, introduce social media as a way of messaging young people about opportunities at the RUH.	Working closely with managers identify vacancies which could be recruited to using an Apprenticeship route in departments not traditionally associated with Apprentices e.g. medical secretaries, IT and cleaning.	Develop a secondary school conference which enables young people to interact with a range of healthcare staff about the wide variety of jobs & careers available in the NHS and at the RUH.

*This particular equality objective is a continuation from last year.

5.2 The Director of Nursing and the Director of HR will be responsible for ensuring that actions are taken to deliver these objectives and as far as possible these actions will form part of the delivery of key work programmes already planned or in place, so that equality is embedded in our work.

5.3 These objectives will also be subject to a full review of progress at our next “Showcasing Equality” event in February 2017, with a quarterly update to the Equality & Diversity Committee throughout the year and a bi-annual update to Board in the autumn.

6. Recommendations

6.1 The Board of Directors is asked to:

- Note and approve the four equality objectives identified as part of the EDS2 process;
- Note the approach to delivering the objectives and thereby embedding equality in the work of the Trust;
- Support their inclusion within the Equality and Diversity Strategy to be developed in 2016;

- Note that progress against these objectives will be reviewed quarterly by the Equality & Diversity Committee and annually, as part of the “Showcasing Equality” programme each February, with a six month update to Management Board in October 2016.

Author : Sue Smith, Deputy Director of HR	Date: 20 th April 2016
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Appendix 2

Workforce Race Equality Standard (WRES)

1. Introduction

1.1 This paper outlines the Trust's performance against the Workforce Race Equality Standard (WRES) since its introduction in June 2016, and identifies further actions to be undertaken over the next twelve months, from 1st April 2016 until 31st March 2017, with a further review of performance required in April 2016.

2. Key Elements of the Workforce Race Equality Standard (WRES)

2.1 The WRES comprises nine standards against which the Trust is required to assess its performance:

- four standards cover the comparison of white and black, minority and ethnic (BME) staff metrics held within the Electronic Staff Record (ESR)
- four standards cover the comparison of white and BME staff responses within the annual NHS staff survey results for 2015
- one standard covers an assessment of whether our Board ethnicity is representative of the local population it serves.

3. Performance against the Workforce Race Equality Standard (WRES)

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

Descriptor	2016*	2015
Total number of staff in overall workforce	5010	4951 (39 unknown)
Number of BME staff in overall workforce	488	486
% of BME staff in overall workforce	9.7%	9.9%
Number of BME staff in Bands 8-9 and Very Senior Managers*	48	50
Total number of staff in Bands 8-9 and Very Senior Managers	481	471 (4 unknown)
Percentage of BME staff in Bands 8-9 and Very Senior Managers	10.0%	10.6%

*Note: this indicator is based on directly employed workforce data within ESR @ 1st April 2016 (excludes bank staff).

The percentage of BME staff in Bands 8-9 and very senior management posts is 10.0%, which is higher than the percentage of BME staff in the overall workforce, which is 9.7%.

4.2 Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts*:

Descriptor	2016*		2015	
	White	BME	White	BME
Number of shortlisted applicants	4,018	851	4,036	878

Numbers appointed from shortlisting	346	47	392	50
Likelihood (shortlisting / appointed)	0.09	0.06	0.10	0.06

*Note: 2016 indicator is based on data held in NHS Jobs between 1st April 2015 and 31st March 2016

The relative likelihood of White staff being appointed from shortlisting in compared to BME staff (0.09/0.06) is 1.50 times greater.

- 4.3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*:

Descriptor	2016*		2015	
	White	BME	White	BME
Number of staff in workforce	5010	488	4426	486
Number of staff entering the formal disciplinary process	101	16	129	28
% of staff entering the formal disciplinary process	2.02%	3.28%	2.91%	5.76%
Likelihood (entering disciplinary process)	0.02	0.03	0.03	0.06

*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.

The relative likelihood of BME staff entering the formal disciplinary process compared to White staff (0.03/0.02) is now 1.5 times greater, an improvement on last year when it was 2.0 times greater.

- 4.4 Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff:

Descriptor	2016*		2015**	
	White	BME	White	BME
Number of staff in workforce	5010	488	4426	486
Number of staff accessing non-mandatory training and CPD	608	49	-	-
% of staff accessing non-mandatory training and CPD	12.1%	10.0%	-	-
Likelihood (entering disciplinary process)	0.12	0.10	-	-

*Note: this indicator is based on non-clinical non-mandatory training data currently held within ESR.

** No information available.

Currently only non-clinical non-mandatory training is recorded such as Introduction to Qualification and Credit framework (QCF), Introduction to Apprenticeships, and management development courses are recorded on ESR.

Given the information available, the relative likelihood of White staff accessing non-clinical non-mandatory training comprising compared to BME staff (0.02/0.03) is 0.67 times greater.

4.5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

Key Finding 25	2015	2014
White	30%	32%
BME	27%	32%

*Data obtained from 2015 and 2014 NHS Staff Survey Results .

Whilst there has been some improvement, both data sets for White and BME staff are below average when compared to the average (median) score for both white and BME staff (28%) working in medium acute trusts.

4.6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months:

Key Finding 26	2015	2014
White	24%	22%
BME	27%	25%

*Data obtained from 2015 and 2014 NHS Staff Survey Results.

Both data sets for White and BME staff have deteriorated since last year and are slightly below average when compared to the average (median) score for white staff (25%) and BME staff (28%) working in medium acute trusts.

4.7 Percentage believing that Trust provides equal opportunities for career progression or promotion:

Key Finding 27	2015	2014
White	92%	92%
BME	75%	73%

*Data obtained from 2015 and 2014 NHS Staff Survey Results.

The score for white staff has remained above average when compared to the average (median) score for white staff working in acute trusts (89%), but there has been some improvement since last year in the BME data set, now at 75% and comparable to the average (median) score for BME staff working in acute trusts (75%).

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

Question 17(b)	2015	2014
White	6%	6%
BME	18%	17%

*Data obtained from 2015 and 2014 NHS Staff Survey Results.

The White data set remains comparable to the average (median) score for white staff working in average acute trusts (6%) but the BME data set is three times

higher and is also significantly below average when comparable to the average (median) score for BME staff working in acute trusts (13%).

4.9 Boards are expected to be broadly representative of the population they serve:

Descriptor	Board**	B&NES*	Wiltshire*	Somerset*
White	100.0%	94.6%	96.6%	98.0%
BME	0.0%	5.4%	3.4%	2.0%

* Data obtained from the 2011 Population Census for each area.

**Board is defined as voting members irrespective of whether they are Executive or Non-Executive Directors.

5. Conclusion

5.1 Examination of the data currently available in support of the Trust's position against the WRES indicates that despite a detailed action plan being put in place last year (Appendix 2.1), further work is still if we are to establish a better understanding of what appears to be potentially detrimental treatment of BME staff across a number of areas.

6. Recommendations

6.1 The Board of Directors is asked to note the revised nine point action plan outlined within Appendix 2.2 for the forthcoming year and be assured that the Equality and Diversity Committee will rigorously monitor its implementation over the next twelve months, with a full review in April 2016.

**Workplace Race Equality Standard (WRES)
Action Plan 2015-16**

No.	Component	Responsibility	Completion Date	RAG
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce. <i>ACTION: Workforce team to contact 39 employees categorised as unknown ethnic code, to achieve 100% data quality on ESR.</i>	Senior Workforce Analyst	Jul 15	green
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. <i>ACTION: Recruitment team to present detailed breakdown of how these figures cut across vacancies by staff group and banding for inclusion in a report to be shared with the Equality & Diversity Committee for comment and feedback.</i>	Resourcing Manager	Sep 15	green
3	Relative likelihood of BME staff entering the formal disciplinary process*, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. <i>ACTION: Review of BME staff and associated issues requiring entry to the formal disciplinary process to be shared with the Equality & Diversity Committee for comment and feedback.</i>	Head of HR	Sep 15	green
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff. <i>ACTION: From April 2015 to record on ESR specific non-mandatory training to enable reporting against ethnic groups. Courses to include: introduction to QCF, introduction to apprenticeship and management development courses.</i>	Training Compliance Manager	Ongoing	green
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (KF 18). <i>ACTION: The Equality Objective for the Trust this year under "A Representative and Supported Workforce" is to ensure robust systems and processes are in place to address abuse, harassment, bullying and violence against staff from patients, their relatives and carers. A project team has been established by the Head of HR to take this work forward, reporting into the Equality & Diversity Committee.</i>	Head of HR	Mar 16	green
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF 19). <i>ACTION: Establish a Diversity Forum for staff at RUH, led by Diversity Champion, to identify solutions about how this issue might be taken forward.</i>	Deputy Director of HR / Diversity Champion	Jul 15	green
7	Percentage believing that trust provides equal opportunities for career progression or promotion (KF27). <i>ACTION: Write to all BME staff asking them for their feedback at an engagement session (RCN national Equal Opportunities lead to facilitate) about what positive action might be taken to improve their career progression / promotion opportunities – develop action plan for presentation to Equality & Diversity Committee.</i>	Deputy Director of HR / Diversity Champion	Jun 15	green
8	Q 23 - In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.	Deputy Director of HR / Diversity	Jul 15	green

	<i>ACTION: Establish a Diversity Forum for staff at RUH, led by Diversity Champion, to identify solutions about how this issue might be taken forward.</i>	Champion		
9	Boards are expected to be broadly representative of the population they serve. <i>ACTION: Request positive action plan to be undertaken by Recruitment Agency during next Non-Executive recruitment process.</i>	Board Secretary	Nov 15	green

Appendix 2.2

Workplace Race Equality Standard (WRES) Action Plan 2016-17

No.	Component	Responsibility	Completion Date	RAG
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce. <i>ACTION: None required</i>			
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. <i>ACTION: Head of Resourcing to present detailed breakdown of how these figures cut across vacancies by staff group and banding for inclusion in a report to be shared with the Equality & Diversity Committee for comment and feedback prior to the development of an action plan.</i>	Resourcing Manager	May 16	
3	Relative likelihood of BME staff entering the formal disciplinary process*, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. <i>ACTION: Review of BME staff and associated issues requiring entry to the formal disciplinary process to be shared with the Equality & Diversity Committee for comment and feedback.</i>	Head of HR	May 16	
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff. <i>ACTION: Associate Director of Organisational & People Development to present detailed breakdown of how these figures compare to all known non-mandatory training provided within the trust for inclusion in a report to be shared with the Equality & Diversity Committee for comment and feedback prior to the development of an action plan.</i>	Associate Director of Organisational & People Development	May 16	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (KF25). <i>ACTION: The Equality Objective for the Trust this year under "A Representative and Supported Workforce" is to ensure all staff in clinical divisions working on wards and departments are supported and have effective systems in place to address abuse, harassment, bullying and violence against staff from patients, their relatives and carers.</i>	Head of HR	Mar 17	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26). <i>ACTION: Letter to be sent to all BME staff requesting they attend focus group with Diversity Champion, following next Diversity Forum (Wilful Blindness) in May 2016.</i>	Deputy Director of HR / Diversity Champion	Sep 16	
7	Percentage believing that trust provides equal opportunities for career progression or promotion (KF27). <i>ACTION: Associate Director of Organisational & People Development to present detailed breakdown of how these figures compare to all known non-mandatory training provided within the trust for inclusion in a report to be shared with the Equality & Diversity Committee for comment and feedback prior to the development of an action plan.</i>	Deputy Director of HR / Diversity Champion	May 16	
8	Q 17b - <i>In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?</i> <i>ACTION: Letter to be sent to all BME staff requesting they attend focus group with Diversity Champion, following next Diversity Forum (Wilful Blindness) in May 2016.</i>	Deputy Director of HR	Sep 16	

9	Boards are expected to be broadly representative of the population they serve. <i>ACTION: Review positive action taken to date and explore best practice, for further discussion with Equality & Diversity Committee to consider future actions.</i>	Board Secretary	Dec 16	
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