



# Workforce Race Equality Standard 2016 – 2021

*Progress Report and Annual Data Return – August 2018*





<b>Contents</b>	
Introduction	4
Progress Summary	5
Metric 1	5
Metric 2	10
Metric 3	11
Metric 4	11
Metric 5	12
Metric 6	13
Metric 7	14
Metric 8	14
Metric 9	14
Appendix 1 - WRES Targets Summary 2016 – 2021	16
Appendix 2 – 2018 Trust data across Support, Middle and Senior staff groups	17
Appendix 3 – Workforce Race Equality Standard Action Plan Progress August 2018 2017 - Targets and Action 2018/19	18
Appendix 4A – Racial Harassment Reporting 2013 - 2018	25
Appendix 4B – Metric 5 Action Plan	28

## Introduction

The Workforce Race Equality Standard (WRES) is a national standard introduced in July 2015. The aim of the WRES is to respond to lack of progress in race equality in the NHS highlighted in reports such as Roger Kline's, "Snowy White Peaks" of the NHS.

The WRES requires NHS organisations to report on and demonstrate progress against nine workforce metrics. The Standard has been included in the NHS Standard Contract since 15/16.

The WRES has nine metrics:

- Four metrics associated with workforce data.
- Four Staff Survey metrics reported by ethnicity
- One metric focused on Board diversity.

Sheffield Health and Social Care Trust Board agreed targets in July 2016 using 2016 WRES data as a starting point (see Appendix 1). Targets are intended to be achieved or maintained by 2021.

Reporting on the nine WRES data metrics is a mandatory requirement as is having an action plan to address any deficits identified reporting takes place through:

- A raw data return to NHS Digital Strategic Data Collection Service, the deadline for this is 10<sup>th</sup> of August 2018.
- Publication through Trust web sites of a summary of this data and an action plan this is required by the 28<sup>th</sup> of September 2018.

This report provides an initial report on the 2018 WRES data and also reports on progress against Trust targets.

## WRES Data and Progress 2018

Trust WRES targets can be found in Appendix 1, RAG rating below relates to progress against these targets as there are no specific targets associated with the national WRES programme.

Please note all staff data includes staff that are employed through the Trust Bank, the reason for this is that Bank staff are subject to disciplinary procedures. WRES guidance says that if bank staff are included they need to be included across all metrics.

**Metric One: Percentage of staff in each of the Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.**

WRES data for metric one is split into Clinical and Non Clinical, which posts sit where, is defined in the WRES national guidance.

The data below provides the percentage of White and BME staff in each Agenda for Change Band as a percentage of staff in that Band and a breakdown of medical staffing grades. The calculations below are made using the full number of staff in the Band including those where ethnicity is not known.

### Clinical

	BME	White	Not Known
Band 1	0%	100%	0%
Band 2	22%	71%	8%
Band 3	13%	67%	20%
Band 4	17%	82%	1%
Band 5	18%	75%	8%
Band 6	7%	87%	6%
Band 7	9%	86%	5%
Band 8a	6%	87%	6%
Band 8b	0%	100%	0%
Band 8c	9%	91%	0%
Band 8d	0%	75%	25%
Band 9	0%	50%	50%

## Medical

	BME	White	Not Known
Medical & Dental Consultant	39%	59%	2%
Medical & Dental Non consultant career grade	23%	69%	8%
Medical & Dental Other	19%	70%	11%
Medical & Dental Trainee Grades	30%	57%	13%

## Non – Clinical

	BME	White	Not Known
Band 1	0%	100%	0%
Band 2	14%	78%	8%
Band 3	9%	89%	2%
Band 4	2%	97%	1%
Band 5	7%	87%	6%
Band 6	14%	82%	5%
Band 7	3%	95%	3%
Band 8a	9%	91%	0%
Band 8b	0%	93%	7%
Band 8c	0%	100%	0%
Band 8d	0%	100%	0%
Band 9	0%	100%	0%

### Trust Targets – Metric 1

Trust targets were set in 2016 based on the percentages of staff in each Band excluding staff where ethnicity was not known. RAG rating has since been based on progress against the targets agreed at that time. Percentage figures have been used, however these may be misleading due to the number of changes in overall staff numbers in the Trust over the last three years. In addition the inclusion of Bank posts affects the figures and present an inaccurate picture in terms of progress.

In this report alternative information has been provided to give a better indication of progress:

- Benchmarking with the 14 other mental health trusts in the North
- 2018 Trust data across Support, Middle and Senior staff groups.
- A report on the change in actual numbers of BME staff employed between 31st

March 2016 and 31<sup>st</sup> March 2018

### Benchmarking 2016 and 2017 national data

The Trust targets for metric 1 were set in 2016 in the first year of WRES reporting. The data presented in the current report represents the third year of WRES reporting in this period the national WRES team have started to publish data across Trusts making it possible to benchmark with other mental health trusts in terms of performance. The available data to date is for staff in post on the 31<sup>st</sup> of March 2016 and 31<sup>st</sup> of March 2017.

Data for 31<sup>st</sup> of March 2016 is provided in the table below. This indicates the base line for the trust compared to other mental health trusts in the North. SHSC ranking against other trusts is indicated in the table below i.e. the percentage of BME staff in each banding group. This table indicates that our poorest performance at this time was in the senior staff group where SHSC was 9<sup>th</sup>. In Support and Middle staff groups SHSC were in the top four Trusts.

TRUST	SUPPORT (1-4)	MIDDLE (5-7)	SENIOR (8 – 9)
A	1.0%	4.0%	5.6%
B	28.3%	18.5%	23.2%
C	9.6%	4.4%	0.0%
D	1.9%	4.3%	3.6%
E	0.8%	1.4%	1.8%
F	2.4%	2.3%	1.9%
G	8.2%	5.5%	21.1%
H	15.8%	11.2%	9.4%
I	5.5%	5.4%	2.9%
J	2.8%	2.9%	2.5%
K	9.0%	7.9%	5.3%
L	2.8%	3.6%	4.4%
<b>SHSC</b>	<b>15.6%</b>	<b>10.9%</b>	<b>2.9%</b>
N	4.9%	7.0%	3.4%
O	1.8%	2.7%	2.7%
	<b>3rd Highest</b>	<b>3rd Highest</b>	<b>9<sup>th</sup> Highest</b>

National data is not currently available for staff in post on the 31<sup>st</sup> of March 2018.

National data for staff in post on the 31<sup>st</sup> of March 2017 was published in December 2017 and indicates the position of the trust at this point benchmarked against other mental health organisations in the north. Due to changes in organisations the table

below does not match the alphabetical order in the first table however it is still possible to compare SHSC to 14 other mental health organisations in the North and the top ranking organisations are based in Bradford and Leeds.

TRUST	SUPPORT (1-4)	MIDDLE (5-7)	SENIOR (8 – 9)
A	24.3%	15.2%	9.8%
B	2.5%	2.0%	4.1%
C	0.8%	1.5%	1.1%
D	14.0%	11.9%	5.3%
E	2.3%	2.4%	1.7%
F	8.1%	6.2%	5.6%
G	16.4%	11.3%	8.5%
H	6.7%	5.4%	3.2%
E	1.6%	4.1%	4.1%
J	2.5%	2.5%	2.0%
K	9.6%	8.3%	4.7%
L	2.3%	3.8%	2.9%
<b>SHSC</b>	<b>14.9%</b>	<b>10.4%</b>	<b>3.8%</b>
N	5.6%	7.3%	3.2%
o	2.1%	3.0%	2.4%
	<b>3rd Highest</b>	<b>4th highest</b>	<b>8th highest</b>

This table indicates that in 2017:

- There had been an improvement in the senior staff group both in the percentage of staff in that group from 2.9% to 3.8% and in the ranking against other trusts although SHSC were still only 8<sup>th</sup> of 15.
- SHSC had moved down from 3<sup>rd</sup> to 4<sup>th</sup> in the middle group but this appears to be due to the fact that data from Manchester was not included in the 2016 spreadsheet (i.e. there are four Trusts that appear to have higher figures generally Bradford Leeds Manchester and SHSC)

### **2018 Trust data across Support, Middle and Senior staff groups.**

Appendix 2 provides detail about the breakdown of staff in the Support, Middle and Senior staff groups; this indicates that on the 31<sup>st</sup> of March 2018;

- In Support Bands 1-4 - 17% of staff had BME ethnicity and 83% white ethnicity, Including not known reduces the percentage of BME staff in this group to 15%.
- Looking at the split of BME staff across bands 2, 3 and 4 BME staff were much



less likely to be in band 4 than 2 or 3.

- In Middle Bands 5 -7 - 12% had BME ethnicity and 88% white ethnicity. Including not known reduces the percentage of BME staff in this group to 11%.
- Looking at the split of BME staff across bands 5, 6 and, 7 BME staff were much more likely to be in Band 5 than 6 or 7.
- In Senior Bands 8a, b, c, d and 9 - 5% had BME ethnicity and 95% white ethnicity. Including not known does not reduce the percentage of BME staff in this group.
- The majority of BME staff in this group are in Band 8a

### Change in actual numbers of BME staff employed between 31st March 2016 and 31st March 2018

The table below shows the actual changes in numbers of staff in post across bands between 2016 and 2018 – this is a better indicator of progress than percentages due to changes in the Trust staffing over this period.

	With BANK					Without BANK				
	No. BME 2016	No. BME 2017	No. BME 2018	Change 17/18	Change 2016/18	No. BME 2016	No. BME 2017	No. BME 2018	Change 17/18	Change 2016/18
<b>Band 2</b>	108	119	119	0	11	65	64	55	-9	-10
<b>Band 3</b>	89	84	65	-19	-24	53	46	29	-17	-24
<b>Band 4</b>	22	18	20	2	-2	19	16	18	2	-1
<b>Band 5</b>	78	67	68	1	-10	61	54	55	1	-6
<b>Band 6</b>	26	33	35	2	9	26	30	33	3	7
<b>Band 7</b>	14	17	18	1	4	14	15	18	3	4
<b>Band 8a</b>	4	6	7	1	3	4	6	7	1	3
<b>Band 8b</b>	0	0	0	0	0	0	0	0	0	0
<b>Band 8c</b>	1	1	1	0	0	1	1	1	0	0
<b>Band 8d</b>	0	0	0	0	0	0	0	0	0	0
<b>Band 9</b>	0	0	0	0	0	0	0	0	0	0

This table indicates that:

- The number of BME Bank staff is significant in bands 2 and 3.
- There have been net losses of BME staff in bands 2 to 5 in the last three years and these are similar when including Bank and excluding Bank.
- There have been net increases in staff in posts 6, 7 and 8 but increases in staff in Band 6 are impacted by Bank staff i.e. two 'new' posts appear to be Bank posts.

### **Conclusion in terms of progress and Metric 1**

- Although progress is being made in relation to metric one this remains slow.
- Further review of the loss of BME staff in the Support Bands is required to understand this.
- Future internal WRES reporting needs to report data with and without Bank included.
- Looking at benchmark data and numbers of staff recruited may be a better way of measuring progress for metric one rather than the targets originally set in 2016.

### **Metric Two: Relative likelihood of staff being appointed from shortlisting across all posts.**

2016	2017	2018
1.48	0.88	0.94

The WRES return indicates that BME applicants are slightly more likely to be appointed from shortlisting than white staff. This data does however include Bank staff recruitment and we know that there is a high percentage of BME staff registered with the Trust Bank so this is a factor to be mindful of.

### **Metric Three: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**

This metric is based on a two year period, the 1<sup>st</sup> June 2016 to the 31<sup>st</sup> of May 2018. The current relative likelihood of BAME staff entering the formal disciplinary process has increased since the 2017 WRES report from **1.55** to **1.65**. Data is based on 67 of 73 cases in the period as 6 had unknown ethnicity

2016	2017	2018
1.85	1.55	1.65

- In 2017/2018 work was undertaken to improve the HR case database which has improved the quality of information available on disciplinaries.
- The main action planned to address this metric has been the new Problem Resolution Framework, this was tested in 2017 however and following revisions will be introduced in 2018.

**Metric Four: Relative likelihood of staff accessing non-mandatory training and CPD.**

The Trust does not currently have an electronic system that collates information about access to learning and development. Data for the 2016 and 2017 reports have therefore been based on an internal Access to Learning and Development survey. This was repeated in 2018 but the number of staff completing this was considerably lower than in 2016 and 17. This year therefore data has been used which has been obtained from the learning and development department regarding course applicants. The figure of 1.31 has been obtained from this data. A new electronic form has been introduced this year that is required for any staff who want to attend non mandatory study including for example conferences, the data from this form will be used in future to collate this metric.

2016	2017	2018
1.85	0.75	1.31

Focused work on development opportunities has continued and has been supported by the Trust financially for the third year running.

- A third cohort of mentoring has started
- A second Working Together conference took place in December 2017, with

feedback being presented form staff involved in the trust mentoring programme

- A Development Workshop was piloted in 2017 which is now being rolled out to all staff as part of the trust leadership and development pathway.

### Staff Survey Metrics

The NHS staff survey is completed annually the last one being completed in 2017. Due to timing of reports survey data reported in the WRES report relates to data from the previous year i.e. for the 2018 report 2017 staff survey data is used.

#### **Metric Five: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**

	SHSC 2014	SHSC 2015	SHSC 2016	SHSC 2017	Median Mental Health 2017
<b>White</b>	29%	35%	36%	34%	32%
<b>BME</b>	33%	27%	38%	41%	36%

As previously reported the high percentage of staff experiencing harassment from patients is supported by incident reporting which shows the same picture. A summary of reports and trends since 2013 is provided in appendix

Looking over the previous three staff survey results (see Fig.1 Below) there has been a marked deterioration from 27% in 2015 (below the average for mental health) to 41% in 2017.

81 BME staff responded to this question in the staff survey, considering that 41% of these have experienced harassment or bullying from patients relatives of the public this continues to highlight that this is a significant issue in the Trust.

A specific action plan has been developed in relation to metric 5 (Appendix

**Staff experiencing bullying or harrassment from patients /service users**

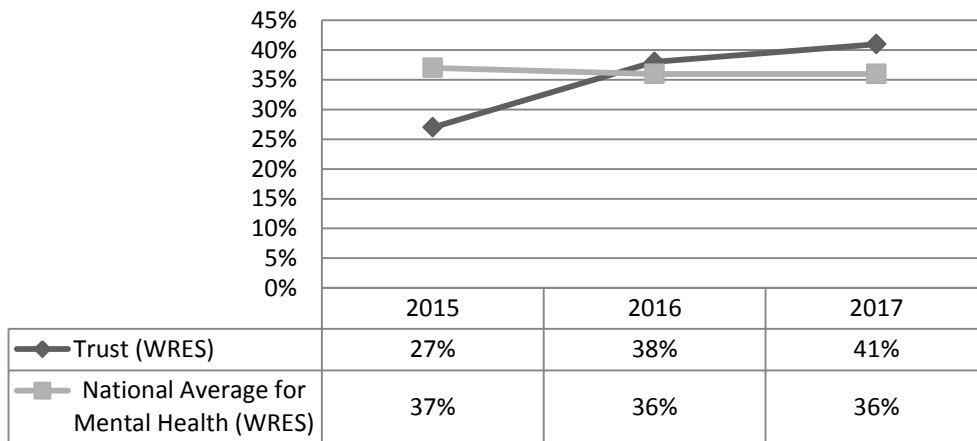


Fig.1

At the time of writing this report plans were in place to meet with another mental health Trust to look at options for collaborative working and joint learning in responding to this area and an early review of the use of the Trust Zero tolerance (third party) policy is also planned.

**Metric Six: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

	SHSC 2014	SHSC 2015	SHSC 2016	SHSC 2016	Median Mental Health 2017
<b>White</b>	18%	27%	19%	21%	21%
<b>BME</b>	21%	15%	22%	15%	26%

The percentage of staff in White groups experiencing harassment bullying or abuse from staff in the last 12 months is in line with the national average for mental health. For BME groups the Trust staff survey figure is below the median for mental health trusts and has returned to the same level as 2015.

Although 15% is unacceptable this does constitute progress in terms of the targets agreed by the Trust.

**Metric Seven: Percentage believing that trust provides equal opportunities for career progression or promotion.**

	SHSC 2014	SHSC 2015	SHSC 2016	SHSC 2017	Median Mental Health 2017
<b>White</b>	91%	90%	91%	82%	91%
<b>BME</b>	86%	67%	82%	81%	77%

Fewer staff generally responded to this question that did for the other staff survey questions included in the WRES i.e. 54 BME staff as opposed to 81 for other questions. Although this metric is in the top five metrics that have deteriorated in the general Staff Survey in terms of WRES this is a small change from 2016 and appears to be significantly above the national average for mental health. Improvement on the low score in 2015 has also been maintained.

**METRIC EIGHT: In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues**

	SHSC 2014	SHSC 2015	SHSC 2016	SHSC 2017	Median Mental Health 2017
<b>White</b>	7%	7%	7%	9%	6%
<b>BME</b>	4%	13%	7%	7%	14%

The Trust has consistently scored relatively well on this metric and for BME staff the Trust remains below the median for other mental health Trusts.

**Metric Nine: Percentage difference between the organisations' Board voting membership and its overall workforce**

From 2017 trusts are required to look at the percentage difference between the

organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

For SHSC as of 31<sup>st</sup> of March 2018

- Percentage of the workforce, where ethnicity is known, from a BME group = 15%
- Percentage voting Board members from a BME group = 9% - difference - **6%**
- Percentage of Executive Board members from a BME group = 20% - difference **+ 5%**

## **Appendix 1 – WRES Targets Summary 2016 – 2021**

### **Metric One**

- Increase the numbers of staff from BAME groups in Bands 3 and 4 to 14%
- Increase the number of staff from BAME groups in Bands 6 and 7 and 8a,b,c,d to 9%
- Improve ethnicity recording for staff in Band 3 to 5% not known

### **Metric Two**

- Decrease the WRES score for Metric Two to 1.00 or below

### **Metric Three**

- Decrease the WRES score for Metric Three to 1.00 or below
- Improve ethnicity recording for staff subject to disciplinary to 95%

### **Metric Four**

- Decrease the WRES score for Metric Four to 1.00 or below

### **Metric Five**

- A year on year reduction from previous year
- BAME percentage is equal to or less than White percentage
- BAME percentage is less than median for mental health

### **Metric Six**

- A year on year reduction from previous year
- BAME percentage is equal to or less than White percentage
- BAME percentage is less than median for mental health

### **Metric Seven**

- A year on year increase from previous year
- BAME percentage is equal to or more than White percentage
- BAME percentage is more than median for mental health

### **Metric Eight**

- A year on year reduction from previous year
- BAME percentage is equal to or less than White percentage
- BAME percentage is less than median for mental health

### **Metric Nine**

- Board BAME voting membership 13% (to be revised year on year)



## Appendix 2 - 2018 Trust data across Support, Middle and Senior staff groups

### Support – Bands 2-4

On the 31st of March 2018 the total number of staff in this group with known ethnicity was 1191. Of this total 17% had BME and 83% white ethnicity. Including not known reduces the percentage of BME staff in this group to 15%. In this group therefore between 15% and 17% of staff are BME which appears to be in line with the percentage reported by WRES for mental health. However looking at the split across this group indicates that the highest proportion of BME staff are in Band 2 with only 1.7% of BME staff in the group being in Band 4 compared to 17% of white staff in the band. BME staff are still therefore well represented in the support staff group but much less likely to be in the higher banding in this group.

	Band 2	Band 3	Band 4
White	34%	33%	17%
BME	10.0%	5.5%	1.7%

### Middle – Bands 5 - 7

On the 31st of March 2018 the total number of staff in this group with known ethnicity was 1051. Of this total 12% had BME ethnicity and 88% white ethnicity. Including not known reduces the percentage of BME staff in this group to 11%. In this group therefore between 11% and 12% of staff are BME which appears to be significantly lower than the average percentage reported by WRES for mental health in this group. Looking at the split across this group indicates that the highest proportion are in Band 5 and the lowest in Band 7.

	Band 5	Band 6	Band 7
White	31%	38%	19%
BME	6%	3%	2%

### Senior – Bands 8a, b, c, d and 9

On the 31st of March 2018 the total number of staff in this group with known ethnicity was 168. Of this total 5% (rounded) had BME ethnicity and 95% white ethnicity. Including not known does not reduce the percentage of BME staff in this group.

	Band 8a	Band 8b	Band 8c	Band 9
White	52%	21%	13%	2%
BME	4.2%	0%	0.6%	0%

**Appendix 3 – Workforce Race Equality Standard Action Plan Progress August 2018 2017 - Targets and Action 2018/19**

<b>METRIC ONE: Percentage of staff in each of the Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce</b>		
<b>Action 2017/18</b>	<b>Progress 2017/18</b>	<b>Action 2018/19</b>
<ol style="list-style-type: none"> <li>1. BAME members of staff to be involved in recruitment of staff in bands 6 upwards. – To be picked up in full review of recruitment policy/procedure.</li> <li>2. Develop support and training for managers and supervisors to focus on ensuring that effective appraisal and development support is offered.</li> <li>3. Review recruitment data by ethnicity for band 8a upwards posts at each recruitment.</li> <li>4. Undertake a more detailed review and analysis of medical staff development career pathways and identify specific action in response.</li> <li>5. Integration with development of the Trust Leadership and development pathway</li> </ol>	<ol style="list-style-type: none"> <li>1. A process has been put in place Six BME staff have had recruitment and selection training and a further 7 are planning to attend training and are available to sit on panels.</li> <li>2. No specific action but planned as part of mainstream activity re leadership and quality of appraisals.</li> <li>3. Not taken forward due to changes in recruitment team.</li> <li>4. Not started but medical staff now introduced to and involved in mentoring programme</li> <li>5. Integrated into consultation on leadership and management development strategy –(TOG July 2018)</li> </ol>	<ol style="list-style-type: none"> <li>1. LJ to be informed of Band 7 and above recruitment to oversee that the new process is being put in place. BME staff network group to monitor through feedback from panel members.</li> <li>2. LJ to ensure that relevance of WRES is taken into account in developing work around appraisal quality.</li> <li>3. LJ to receive information about all recruitments at band 7 upwards to undertaken monitoring of outcomes and recruitment panel diversity</li> <li>4. Roll over to 2018/19</li> <li>5. To continue to develop through leadership and development strategy.</li> </ol>

<p>6. Implement second cohort of mentoring</p> <p>7. Develop the Build Modify Expand branding</p>	<p>6. Implemented</p> <p>7. Build Modify Expand banner and logo developed and used to promote Trust initiatives.</p> <p>Other action 17/18</p> <ul style="list-style-type: none"> <li>Detailed section on demographics review included in new Workforce Plan 2018-20 template.</li> </ul>	<p>6. Implement cohort three and develop a plan to integrate into mainstream coaching and mentoring programmes.</p> <p>7. Complete</p>
---------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

**METRIC TWO - Relative likelihood of staff being appointed from shortlisting across all posts**

<b>Action 2017/18</b>	<b>Progress 2017/18</b>	<b>Action 2018/19</b>
<p>1. Use positive action under Section 159 of the Equality Act 2010 for posts in band 6 upwards (Trust process and pro forma is available)</p> <p>2. Require recruiting managers to keep a more detailed account of reasons for lack of success at shortlisting and recruitment and offer candidates' detailed feedback.</p>	<p>1. Advice about positive action given but no specific review of use in band 6 upwards as planned.</p> <p>2. Not completed</p>	<p>1. Integrate with action above re action 1 and 3 for metric.</p> <p>2. As above</p> <p>Additional action – review impact of Bank inclusion on Metric 2 – report in half year WREs report to WODC.</p>

**METRIC THREE: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

Action 2017/18	Progress 2017/18	Action 2018/19
<p>1. Implement the problem Resolution Framework</p> <p>2. Review Disciplinary data quarterly and look at how best to update ethnicity where this is not recorded.</p> <p>3. Complete review of disciplinary process.</p>	<p>1. Progress slow now integrated into disciplinary case work review. Case database revised and updated.</p> <p>2. Not stated but will be undertaking as part of case work review. Solution to how to record ethnicity when not on ESR still not agreed.</p> <p>3. Disciplinary process review undertaken and implementation of action on-going.</p>	<p>1. Continued for 2018/19 also incorporating work on looking at bullying and harassment and how this is responded to in other Trusts – Approach to liaise with Mersey Care on approach they use.</p> <p>2. Continue towards quarterly review through HR team meeting.</p> <p>3. Continue implementation of action following microsystems review.</p> <p>Other – review impact of Bank staff on numbers.</p> <p>Review process for bank staff disciplinary action.</p>

**METRIC FOUR *Relative likelihood of staff accessing non-mandatory training and CPD***

Action 2017/18	Progress 2017/18	Action 2018/19
<p>1. Develop a separate action plan and integrate into the Build Modify Expand programme.</p>	<p>1. Being reviewed through the leadership and management development strategy.</p>	<p>1. Continue to take forward action through linking to leadership and management development strategy.</p>

<p>2. Roll out staff development workshops piloted in 2016/17</p>	<p>2. Staff development workshops continued in 2017/18. Development workshops now included as part of mainstream offer from learning and development.</p> <p>Other New electronic form developed for agreeing non mandatory training. This will allow collection of more accurate information about staff accessing non mandatory training – form currently being implemented.</p>	<p>2. Development workshops now offered as part of mainstream options to review uptake and publicise through BME staff network group.</p>
-------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------

**METRIC FIVE: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 month**

<b>Action 2017/18</b>	<b>Progress 2017/18</b>	<b>Action 2018/19</b>
<p>1. Review quarterly safeguard report at the strategy operational group and agree action based on any themes.</p> <p>2. Do more on implementation of the zero tolerance policy</p> <p>3. Integrate with general Trust action plan on bullying and harassment</p> <p>4. Review good practice in other mental health trusts</p>	<p>1. Operational and steering groups have not met however report data reviewed by BME staff network group and LJ.</p> <p>2. Early full review of Zero Tolerance policy to take place from September 2018</p> <p>3. Several meeting have taken place re the Trust response to bullying and harassment.</p> <p>4. Meeting held with SWIFT action agreed –</p>	<p>See appendix 4 A and B below</p>

<p>5. Prioritise specific action following discussion with BME staff network group.</p>	<p>see action 2018/19</p> <p>5. As above action agreed with SWIFT to be taken forward in collaboration with the BME staff network group</p> <p>Other – two other mental health Trusts also interested in joint work sub group of the regional equality leads network to co-ordinate action to collaborate.</p>	
<p><b>METRIC SIX: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</b></p>		
<p><b>Action 2017/18</b></p>	<p><b>Progress 2017/18</b></p>	<p><b>Action 2018/19</b></p>
<p>1. Implement the problem resolution framework</p> <p>2. Integrate with general Trust action plan on bullying and harassment</p>	<p>1. As above re metric 3</p> <p>2. Several meeting have taken place re the Trust response to bullying and harassment.</p>	<p>1. As per metric 3</p> <p>2. As per metric 3 and 5</p>

**METRIC SEVEN: Percentage believing that trust provides equal opportunities for career progression or promotion**

Action 2017/18	Progress 2017/18	Action 2018/19
<ol style="list-style-type: none"> <li>1. Agree an action plan with the BME staff network group</li> <li>2. Integrate with development of the trust management and leadership development pathway</li> <li>3. Staff conference 2017</li> <li>4. Mainstream with trust coaching and mentoring programme</li> <li>5. Build Modify Expand lead to work with middle managers to raise profiles and encourage support of BME staff locally.</li> </ol>	<ol style="list-style-type: none"> <li>1. BME staff network group have agreed priorities included with reference to metrics above.</li> <li>2. As above for metrics 1 and 3</li> <li>3. Second conference took place in 2017 and achieved aim of involving more middle managers</li> <li>4. Plans still in development for how to integrate into mainstream coaching and mentoring programmes.</li> <li>5. As above teams encouraged to look at demographics of team in workforce planning and more middle managers now aware of work and focus in the trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. Support BME staff network to take forward priorities identified. ( Build Modify Expand lead had met with Trust CEO to discuss)</li> <li>2. on-going</li> <li>3. Deliver 2018 conference</li> <li>4. On-going deadline 31<sup>st</sup> of March 2019</li> <li>5. On-going through prioritising middle managers in involvement in other actions identified above</li> </ol>

**METRIC EIGHT: In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues**

Action 2017/18	Progress 2017/18	Action 2018/19
<ol style="list-style-type: none"> <li>1. Develop a shorter Race Equality Cultural Capability (RECC) course</li> <li>2. Implement a plan to deliver the full RECC course in house.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not achieved no longer viable within current resources</li> <li>2. Not achieved no longer viable within current resources</li> </ol>	<ul style="list-style-type: none"> <li>• Trust WRES score maintains positive for this metric in addition other action above particularly re problem resolution framework should support maintaining this so no additional action is proposed for this metric at this time.</li> <li>• To review annually</li> </ul>

**Metric Nine: Percentage difference between the organisations' Board voting membership and its overall workforce**

Action 2017/18	Progress 2017/18	Action 2018/19
Continue to consider use of positive action in Board Recruitment	Board diversity positive and maintained in 2018.	<ul style="list-style-type: none"> <li>• No additional action proposed.</li> <li>• Review in 2019</li> </ul>



## Appendix 4A – Racial Harassment Reporting 2013 - 2018

### Racial Harassment Incident Reporting August 2013 to July 2018

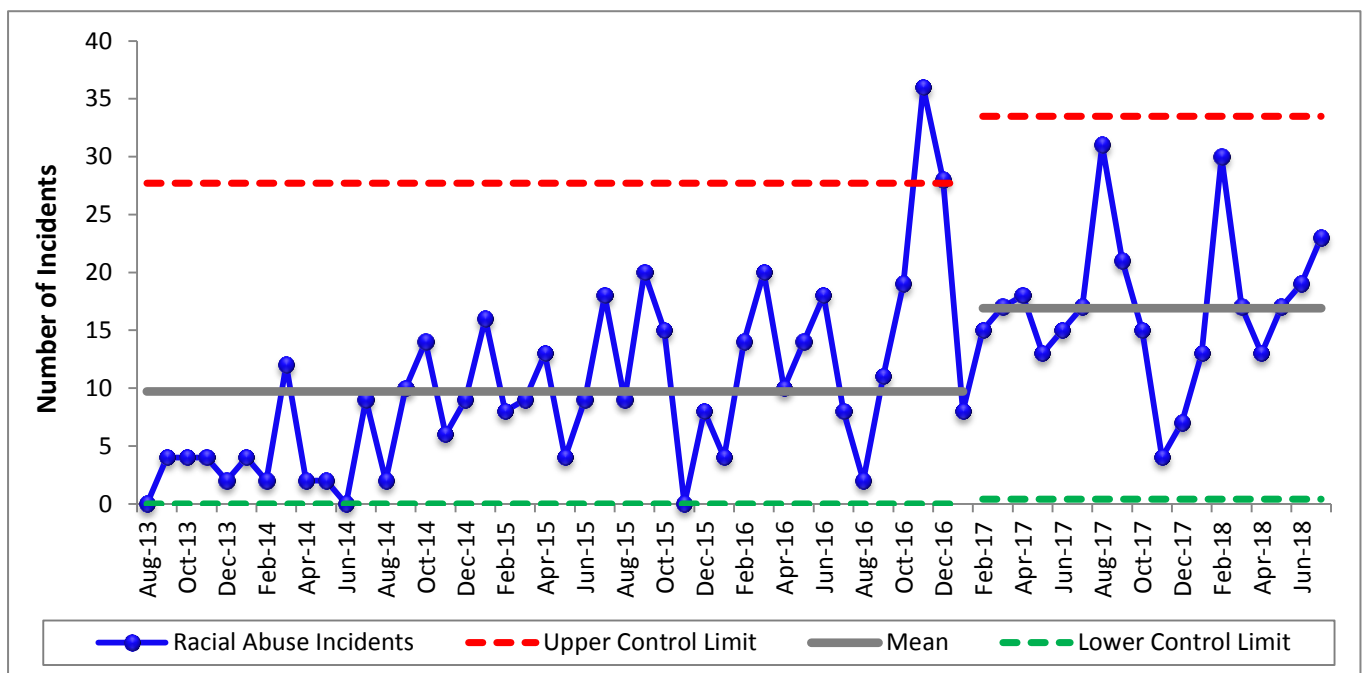
#### Introduction

In August 2013 the trust incident reporting system was updated to include a filed for reporting incidents that involved racial abuse. Reports can be made highlighting incidents involving racial abuse of patient to staff and patient to patient and also incidents of other third party racial abuse towards staff or patients for example from visitors or family.

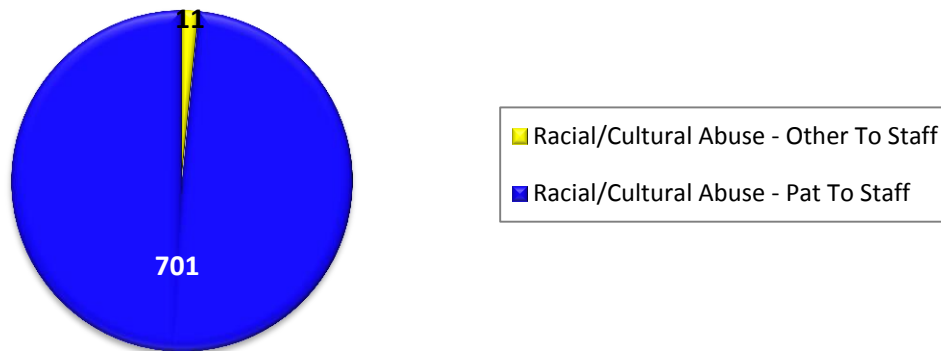
A summary of reporting trends from 2013 is provided below.

#### 1. Total number of racial abuse incidents affecting SHSC staff (1<sup>st</sup> Aug 2013 till 31<sup>st</sup> Jul 2018)

There were 712 x incidents over this 5 year period. The number of incidents have increased in terms of reported incidents since February 2017. There is no doubt that incidents are high however it should be noted that in some areas the same service user will be responsible for more than one report and also the overall number of services reporting incidents has increased.



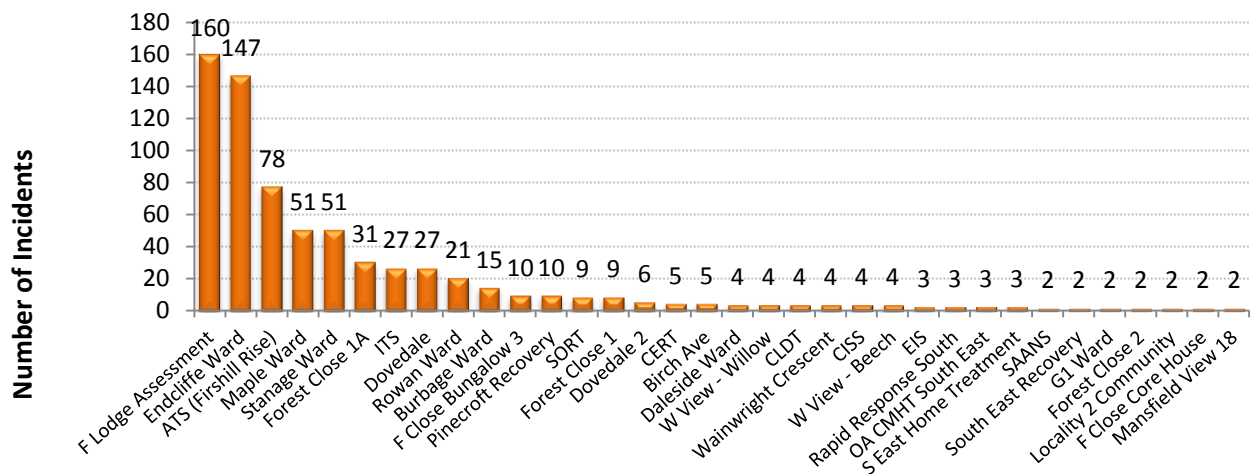
**2. Types of Incident** The incident reporting below include incidents of racial harassment from others and from service users to staff. 'Other to Staff' is predominantly carers, visitors and members of the public.



The figures for patient to patient are not included above however of note from August 2018 a report on incidents involving service user to service user racial harassment is being reported quarterly to the Mental Health Legislation Committee in the Committee Equality and Human Rights Report.

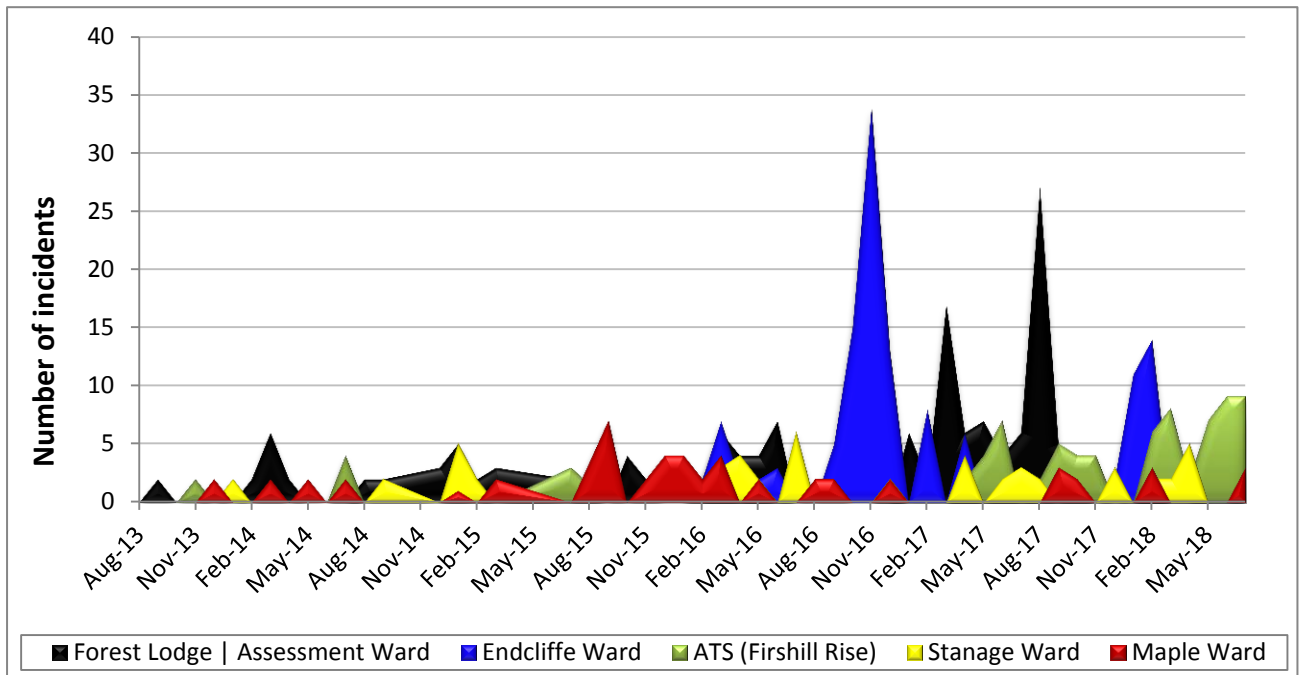
**3. Where do the incidents take place?**

This chart below shows the total number of racial abuse incidents incurred over the 5 year period by each team. Initially there was low or no reporting in some services but reporting from acute inpatient service has remained good throughout the period. There has been a more recent increase in reports from community teams



#### 4. Comparing the top 5 reporting teams of racial abuse

The chart below shows that the numbers of reported racial abuse incidents was fairly predictable until the Autumn of 2016. From this point onwards we see Endcliffe (came into being in early 2016), Forest Lodge Assessment and ATS dominate the other two highest reporters.



#### Action Plan

Although other mental health Trusts experience a similar picture in terms of poor staff survey results for metric five SHSC results have been consistently above the average for mental health. In 2017 we identified that a specific action plan was required to respond to this metric and we also plan to work in collaboration with other mental health trust as we know that other trust are keen to look at this issue.

## Appendix 4B – Metric 5 Action Plan

	Objective	Action	Lead	Timescale By
1.	<b>Understand the data we have in relation to other trusts.</b>  <b>trusts experience</b>	Share data with South West Yorkshire NHS FT	Head of Equality and Inclusion	October 2018
2.	<b>Review how this data is reported internally reported in the Trust.</b>	Discuss with governance leads and put forward a proposal through EDG.	Head of Equality and Inclusion	December 2018
3.	<b>Review the trust Zero Tolerance policy to ensure it is fit for purpose</b>	Undertake an early update /review of the policy and ensure that a review of knowledge of the policy is included	Head of Equality and Inclusion	December 2018
4.	<b>Raise awareness of the impact of racial harassment of staff.</b>	Undertake a Schwartz round focused on staff who have experienced racial abuse. - Share learning with SWIFT	Build Modify Expand Project Lead /BME Staff Network Group	December 2018
5.	<b>Understand the Impact on staff of racial harassment and work with the BME staff network group to identify effective responses</b>	Attend Staff listening workshop planned by SWIFT for October 2018 Plan follow up listening workshop for SHSC invite SWIFT	Head of Equality and Inclusion/BME Staff Network Group	October 2018  February 2019

6.	<b>Explore options for how to respond clinically to racial abuse</b>	Undertake a piece of work with SWIFT on looking at the clinical response to service users who racially harass staff (SWIFT Lead)	<b>SWIFT Deputy Nurse Director / SHSC lead to be identified</b>	<b>May 2019</b>
7.	<b>Involve the trust BME staff network group in action to support improvements</b>	Share action plan with the BME staff network  Revise in collaboration with the BME staff network group	Head of Equality and Inclusion/BME Staff Network Group	Reporting from October 2018
8.	<b>Review any action that can be supported through the Respect Team</b>	Include Respect team in discussions and agree any relevant action	Respect Lead	May 2019
9.	<b>Collaborate to share good practice</b>	Agree a plan to work with other mental health trust through the regional equality leads network	Head of Equality and Inclusion/	December 2018