

Equality, Diversity and Inclusion

Annual Report 2014/15

Executive Sponsors:

Mark Power, Director of Organisational Development and Workforce
Catherine Stoddart, Chief Nurse

Lead Author:

Mark Power, Director of Organisational Development and Workforce

Main Contributors:

Jagtar Singh, Jagtar Singh Associates
Rachel Taylor, Public and Patient Engagement Manager
Rosemary Payne, Human Resources Consultant

May 2015

EXECUTIVE SUMMARY

Purpose

The main purpose of this report is to provide assurance to the Board that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular, the public sector equality duty. The report highlights the progress made towards achieving the Trust's equality, diversity and inclusion objectives and identifies key priorities for 2015/16. Future activity is informed by the provisions of the Equality Delivery System and the new Workforce Race Equality Scheme.

The Trust is required to publish the contents of this annual report.

Highlights

Progress against the Trust's 2012 equality, diversity and inclusion objectives includes the following:

- increased provision of accessible information to patients who have specific communication needs;
- increased support and engagement with marginalised groups, particularly those with a learning disability, with dementia, carers and transgender patients;
- upgrading of hospital facilities and increased staffing levels to facilitate multi-faith support;
- further development of an exemplary bereavement service for Muslim families;
- the award of 'Partner' status for 2013/14 as part of the NHS Employers Partners programme;
- the delivery of statutory and mandatory training in Level 1 Equality and Diversity for 84% of all staff.
- The assessment of all Trust policies and procedures prior to implementation, by means of an Equality Analysis.

Priorities for 2015/16

The following priorities for 2015/16 are identified:

- review and refresh the Trust's equality and diversity objectives, by means of the establishment of Equality and Delivery System public grading panels;
- implement the requirements of the new Workforce Race Equality Standard;
- apply for re-accreditation as a Partner within the NHS Employers Partners programme;
- establish an Equality, Diversity and Inclusion Executive Steering Group, chaired by a Non-Executive Director, in order to increase assurance with respect to equality, diversity and inclusion governance.

1. Purpose

1.1 The purpose of this report is to:

- provide assurance to the Board that Oxford University Hospitals NHS Trust (the Trust) is meeting its legal requirements under the Equality Act 2010, including publishing information to demonstrate compliance with the public sector equality duty;
- summarise the main progress made by the Trust since the previous report, in particular with respect to the equality, diversity and inclusion Objectives published in April 2012, via the Equality Delivery System public grading panels;
- identify key priorities for 2015/16;
- seek support from the Board to convene a further Equality Delivery System grading panel in July 2015;
- request that the Board notes the new mandatory requirements for reporting on both the Equality Delivery System and the Workforce Race Equality Standard to the Oxfordshire Clinical Commissioning Group.

1.2 Information presented within this report has been collated from a number of sources, including the following:

- the Trust's published Equality and Diversity Objectives;
- Organisational Development and Workforce performance reports;
- Patient Experience reports;
- NHS Staff Survey local outcomes.

2. Equality, Diversity and Inclusion Explained

2.1 The terms 'equality', 'diversity' and 'inclusion' are often not fully understood and/or incorrectly referred to. Within the context of the NHS, simple explanations of each are as follows:

- **Equality** is concerned with creating a fairer society where everyone can participate and has the same opportunity to fulfil their potential. By eliminating prejudice and discrimination, the NHS can deliver services that are personal, fair and diverse and promote a society that is healthier and happier. Equality is backed by legislation designed to address unfair discrimination based on membership of a particular group.
- **Diversity** refers to recognising, valuing and embracing people's different backgrounds, knowledge, skills and experiences and encouraging and using these differences to create a productive and effective workforce. Diversity acknowledges that patient care and staff potential can be influenced by a range of factors which go beyond the characteristics covered by equality legislation, including for example: social, economic and educational background; personality; working style; physical appearance and accent.
- **Inclusion** refers to the complete acceptance and integration of all patients, carers and employees regardless of background. For patients, this enables them to access services and experience high quality care that meets their needs.

For employees, this proactively leads to a sense of belonging, engagement, progression and full participation within the organisation.

3. Legislative Framework

3.1 The following three key areas of legislation underpin the Trust's equality, diversity and inclusion activity.

Equality Act 2010

3.2 The Trust is required by law to comply with the provisions of the Equality Act 2010 (the Act), with respect to:

- eliminating unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advancing equality of opportunity between people who share a protected characteristic and people who do not share it;
- fostering good relations between people who share a protected characteristic and people who do not share it.

3.3 The Act also requires that trusts publish relevant information to demonstrate compliance with the public sector equality duty (PSED). Therefore, this report summarises the Trust's performance with respect to recognising and supporting staff, patients and carers who share a protected characteristic and details a number of key activities which aim to promote continuous improvements. The PSED, and those characteristics which are recognised as being "protected", are described in more detail at **Appendix 1**.

Equality Delivery System

3.4 Initially launched in 2011, the Equality Delivery System (EDS) was refreshed in 2013 and is now referred to as EDS2. The main purpose of EDS2 is to support NHS providers in benchmarking performance and providing assurance on how they comply with the requirements of the PSED. This is achieved by collating and assessing data relating to four goals and eighteen associated outcomes. Panel assessment (or grading) is undertaken through discussion with staff, local partners and public representatives, who help to review and improve the Trust's performance for people with characteristics protected by the Equality Act 2010. Further details relating to EDS2 are provided at **Appendix 2**.

Workforce Race Equality Standard (WRES)

3.5 In July 2014, the NHS Equality and Diversity Council confirmed the introduction of a Workforce Race Equality Standard (WRES). Effective from April 2015, the WRES establishes Workforce Indicators and associated metrics against which NHS organisations must collect and analyse data. This analysis must then inform appropriate action and intervention to address any shortcomings between the relative treatment and experience of White, and Black and Minority Ethnic (BME) staff. This includes a specific indicator by which to address the current low levels of BME Board representation. The WRES indicators and metrics are detailed at **Appendix 3**. The provisions of EDS2 and the WRES are complementary, but

distinct. The indicators associated with the WRES, and the progress made in ensuring compliance with them, will assist with the achievement of EDS2 requirements.

N.B: Compliance with both EDS2 and the WRES is included in the 2015/16 Standard NHS Contract.

The NHS Constitution

3.6 The provisions of the 2013 NHS Constitution establish the principles and values of the NHS in England. In particular, it sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

3.7 The constitution makes it clear that patients, public and staff “... *have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status*” (www.england.nhs.uk/2013/03/26/nhs-constitution/).

4. Links with Trust Values and Strategic Objectives

4.1 The core values of ‘excellence’, ‘compassion’, ‘respect’, ‘delivery’, ‘learning’ and ‘improvement’ underpin the achievement of the Trust’s vision to be “... *at the heart of a sustainable and outstanding, innovative, academic health science system, working in partnership and through networks locally, nationally and internationally to deliver and develop excellence and value in patient care, teaching and research within a culture of compassion and integrity*”. In order to successfully embed these values, it is vital that the promotion of equality, diversity and inclusion across the range of the Trust’s activities and relationships with patients, public, staff and other partner organisations is recognised as being an essential guiding principle.

4.2 The Trust’s six Strategic Objectives all underpin its equality, diversity and inclusion activity. The Objectives are summarised, as follows:

- To be a patient-centred organisation providing high quality, compassionate care with integrity and respect for patients and staff - “*delivering compassionate excellence*”.
- To be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to meet future needs - “*a well-governed and adaptable organisation*”.
- To meet the challenges of the current economic climate and changes in the NHS by providing efficient and cost-effective services - “*delivering better value healthcare*”.

- To provide high quality general acute healthcare to the people of Oxfordshire including more joined-up care across local health and social care services - *“delivering integrated local healthcare”*.
- To develop extended clinical networks that benefit our partners and the people they serve. This will support the delivery of safe and sustainable services throughout the network of care that we are part of and our provision of high quality specialist care for the people of Oxfordshire and beyond - *“excellent secondary and specialist care through sustainable clinical networks”*.
- To lead the development of durable partnerships with academic, health and social care partners and the life sciences industry to facilitate discovery and implement its benefits - *“delivering the benefits of research and innovation to patients”*.

5. Equality, Diversity and Inclusion Objectives

5.1 The Trust’s Equality, Diversity and Inclusion Objectives (previously referred to as Equality and Diversity Objectives) were established in April 2012. Publication of the Objectives followed the application of the updated EDS2 framework, which requires that public grading panels are convened for this purpose. The principal Objectives, and progress made towards their achievement between April 2013 and December 2014 are summarised below.

Objective 1 - provide more accessible communication to patients who have specific communication needs with a focus on language services and patient information leaflets.

The following has been achieved:

- as part of the Trust’s interpreting contract, video-conferencing for British Sign Language has been purchased and installed on Trust IT equipment;
- a total of 47 languages have been commissioned under the interpreting contract;
- a total of 19 easy read patient information leaflets have been produced and are in circulation, including all those required by Monitor;
- the ‘I-care’ card has been implemented and is being used to assist in the identification of carers (this is a county-wide project, led by the Trust).

Objective 2 - improve the patient experience, year on year, for patients across all nine protected characteristics (under the Equality Act 2010) and additional marginalised groups, through feedback obtained from patients and outreach activities.

The following has been achieved:

Supporting people with a learning disability

- the Learning Disability Liaison Nurse has oversight of the care of patients with a learning disability and works with Oxfordshire Family Support Network (OxFSN) to provide information relating to patients entering hospital, with a particular focus on older carers of patients with a learning disability;

- patients who have a learning disability are identifiable through the Electronic Patient Record;
- a 'hospital passport' has been developed and recently updated in response to feedback from carers, people with learning disabilities and healthcare professionals.

Supporting people with dementia

- a monthly Dementia Café has been established at the John Radcliffe Hospital. The café is supported by Oxford Museum, Guideposts, Alzheimer's Society, Age UK and Carers Oxfordshire;
- the 'Knowing Me' care planning document has been implemented in partnership with Oxford Health NHS Foundation Trust (having been informed by the first cohort of the University of Worcester Dementia Leaders programme). This initiative was undertaken in collaboration with Age UK and Carers Oxfordshire, with the aim of enabling carers to be fully involved in ensuring that patients with dementia are appropriately supported;
- the Trauma Ward has improved its environment in order to make it more dementia friendly. Initiatives include the provision of reminiscence music, via ipods and 'quiet rooms' whose décor aims to stimulate long-term memories;
- dementia-friendly touch screen computers have been purchased and uploaded with music and other interactive software.

Advancing multi-faith support

- the chaplaincy service has appointed a part-time Muslim chaplain. The chaplain is building on the established links with local mosque communities and providing pastoral and spiritual support for Muslim patients, their families and staff. In addition, a voluntary Muslim chaplain supports Muslim worshippers in Banbury;
- the provision of facilities for Muslim prayers at the John Radcliffe Hospital was extensively upgraded in 2014;
- the Churchill Hospital chapel and washroom facilities have been adapted to facilitate the requirements of Muslim prayer;
- a multi-faith quiet space at the Churchill Hospital has been developed by a specialist designer working in collaboration with patient representatives of different faiths;
- the Trust's bereavement service continues to be regarded by the four regional Islamic funeral directors as providing an exemplary service and has been invited by them to describe its services to other NHS trusts.

Supporting trans patients

- a trans protocol has been co-produced in order to provide guidance on how to support trans (sexual or gender) patients in hospital.

Objective 3 - increase awareness of equality and diversity across the Trust.

The following has been achieved:

- the Trust was one of 21 NHS organisations to be awarded Partner status for 2013/14 as part of the NHS Employers Partners programme;
- a component of statutory and mandatory training is Level 1 equality and diversity, which provides an overview of the issues that staff need to be aware of when considering the impact their interactions have on the patient experience and also the experience of colleagues. The Trust compliance rate for this module was 84% across the period, against a local target of 90%;
- Level 2 equality and diversity training, concentrating on 'unconscious bias', has been introduced as an option for individuals to attend. To date, nine training sessions have been conducted attended by 72 members of staff;
- the Equality and Diversity training sessions continue to be offered on a monthly basis across the four main hospital sites;
- all Trust policies and procedures are assessed, prior to implementation, by means of an Equality Analysis, to ensure equality issues are considered. Whilst there is no legal obligation under the Equality Act 2010 to complete this process, it has been adapted by the Trust as an aid to assist managers in considering potential equality implications at an early stage and to consider corrective action;
- following a review of the Trust's employment practices, Jobcentre Plus confirmed the award of the 'two-ticks' disability symbol employer status for a further 12 months. This recognises commitment to good practice in employing disabled people. The Trust continues to use this respected endorsement in all recruitment literature;
- the Trust actively participates in regional and local equality and diversity networks, which provide the organisation with advice, support and guidance on equality matters. The South Regional Equality and Diversity Leads Network provides a forum at which ideas, plans, policies and strategies can be shared and implemented. Differing approaches to the Equality Delivery System across the Network are considered;
- the 2014 NHS Staff Survey outcomes indicated that 63% of those staff completing the survey had undertaken equality and diversity training in the last 12 months, which is consistent with the national average for acute trusts (the Trust offers a three-year renewal process for equality and diversity, which may well adversely impact on the outcomes for this indicator);
- the Survey outcomes also indicate that 81% of staff believe that the Trust provides equal opportunities for career progression or promotion, which is less than the national average of 87%.

Objective 4 - reduce the amount of bullying, harassment or abuse at work experienced by staff from other staff (as reported in the annual Staff Survey).

The following has been achieved:

- the Trust now has 32 trained Bullying and Harassment Support Colleagues, who are available to support staff through any instances of bullying that they may not wish, or feel unable, to raise more formally;
- a total of 106 staff have attended training in 'Addressing Bullying and Harassment' and this training will continue;

- the 2014 Staff Survey outcomes indicate that 22% of staff have experienced bullying or harassment from other staff members, compared to a national average of 23%. There was no significant change to this score compared with the 2013 outcomes.

Objective 5 - improve the capture and analysis of workforce and patient information by protected characteristic.

Whilst progress has been made in this area, following the recent introduction of the WRES a further review of the quality and frequency of collation of workforce and patient information will be overseen by the Equality, Diversity and Inclusion Executive Steering Group.

6. Priorities for 2015/16

6.1 For the past six months, the Trust has been working with equality and diversity consultants (Jagtar Singh Associates) in order to determine further actions and interventions which will ensure continued compliance with the requirements of the legislative framework and with current best practice. Following a workshop conducted in November 2014, involving a cross section of staff and the two lead Executive Directors, the following priorities were established for 2015/16:

- Review and refresh the Trust's equality and diversity objectives by undertaking EDS2 public grading panels:
 - over the next few months the Trust will prepare for the Equality Delivery System public grading panels in July 2015, which will assess the Trust on its performance for staff and patients with characteristics protected by the Equality Act;
 - the panels will comprise a diverse range of staff, patients, community and voluntary organisations including those representative of people with protected characteristics, e.g. Age UK or MIND. Prior to the panels, there will be extensive engagement with stakeholders in order to recruit to the panels and ensure that the panel members are well informed of the panel's purpose and process and their role;
 - in order for the Trust to be assessed, evidence on the Trust's activity in relation to the four objectives and eighteen outcomes will be gathered and presented to the panel.
- Implement the requirements of the Workforce Race Equality Standard:
 - the Trust will undertake the following three steps in order to meet the requirements of the WRES:
 - Step 1 - ensure appropriate data is being collected against the nine indicators (see **Appendix 4**) including identifying any shortcomings in available data;
 - Step 2 - analyse and publish baseline data, for 1 April 2015, no later than 1 July 2015;
 - Step 3 - act on the analysis and take measures to close the gap between the treatment of White and BME staff in the next year for which there is no objective justification. This will entail targeting those areas where there is a substantial gap.

- in order to comply with Step 3, the Trust will involve BME staff and organisations and the recognised trade unions. The detail of this engagement will be discussed and agreed at Equality and Diversity Project Group meetings held in spring 2015;
- on 1 April 2016, the progress on the metrics will be shared with commissioners and staff and published. The Trust is then expected to demonstrate measurable progress against the metrics year on year;
- Apply for re-accreditation as a Partner for 2015/16 as part of the NHS Employers Partners Programme:
 - the NHS Employers Equality and Diversity Partners programme supports participating trusts to progress and develop their equality and diversity performance and to build capacity in this area. Partners represent different sizes, types and locations of organisations;
 - Partner status is determined on an annual basis against a number of measurable indicators. Potential partners must demonstrate that they meet minimum requirements through undertaking a self-assessment identifying strengths, weaknesses, opportunities and threats, which informs the selection process;
 - the benefits of being a Partner include:
 - the advice, guidance and assistance from NHS Employers in meeting the minimum requirements of the Equality Act 2010;
 - the access to training, development, coaching and mentoring for the Partner lead person on the use of the tools within the programme;
 - the opportunities to discuss, network and test out new concepts at five development meetings held annually;
 - the increased profile as an organisation that demonstrates good practice on equality, diversity and inclusion.

N.B: the Trust submitted its application on 7 April 2015. Successful organisations will be notified during the week commencing 11 May.

- Establish an Equality, Diversity and Inclusion Executive Steering Group:
 - Chaired by a Non-Executive Director and reporting to the Workforce Committee, the Steering Group will provide assurance and governance relating to the Trust's equality, diversity and inclusion activity.

7. Conclusion

7.1 This report highlights the progress which has been made in improving the experience of staff and patients with characteristics protected by the Equality Act 2010. Whilst this progress is encouraging and is having a positive benefit, there is more work to be completed in order to further identify health inequalities for patients and inequalities for staff, and to embed and 'mainstream' equality, diversity and inclusion within the Trust's core activities. The priorities already identified, combined with the refreshed objectives arising from the planned EDS2 grading panels, will provide a programme of work for 2015/16 and beyond.

7.2 The progress made to date will be presented at the EDS2 grading panels. Informed by the panel's assessment, refreshed equality, diversity and inclusion objectives will be established for the next four year period. The achievement of these objectives will be overseen by the Equality, Diversity and Inclusion Executive Steering Group.

8. Recommendations

8.1 The Trust Board is asked to:

- note and approve the contents of this report;
- agree to publish this report, via the Trust website, as the Trust's formal annual report on equality, diversity and inclusion, and thereby comply with the provisions of the Equality Act 2010 and the PSED;
- agree to support the establishment of the EDS2 grading panel;
- note that EDS2 activity and compliance with the new WRES (mandatory from April 2015), are now reportable to the lead Clinical Commissioning Group;
- support the establishment of an Equality, Diversity and Inclusion Executive Steering Group;
- note that the Trust has applied for re-accreditation as Partner for 2015/16, as part of the NHS Employers Partners programme.

Appendices:

1. Public Sector Equality Duty and Protected Characteristics
2. Equality Delivery System for the NHS
3. NHS Workforce Race Equality Standard - Indicators and Milestones

Executive Sponsors:

Mark Power, Director of Organisational Development and Workforce
Catherine Stoddart, Chief Nurse

Lead Author:

Mark Power, Director of Organisational Development and Workforce

Main Contributors:

Jagtar Singh, Jagtar Singh Associates
Rachel Taylor, Public and Patient Engagement Manager
Rosemary Payne, Human Resources Consultant

May 2015

Appendix 1: Public Sector Equality Duty and Protected Characteristics

The Public Sector Equality Duty (PSED) consists of a General Equality Duty, which is set out in Section 149 of the Equality Act 2010 and Specific Duties which are imposed by secondary legislation (the Equality Act gives ministers the power to impose specific duties on public bodies to enable them to perform the Equality Duty more effectively).

General Duty

The General Duty came into effect in April 2011. This Duty requires employers to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act.
- 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.

Protected characteristics include: age; disability; gender; gender reassignment; pregnancy and maternity; race; religion or belief, and sexual orientation. The duty to have due regard to the need to eliminate unlawful discrimination also covers marriage and civil partnerships.

The General Duty requires organisations to consider how they can positively contribute to the advancement of equality and good relations. Furthermore, it requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

Specific Duties

The Specific Duties came into force in September 2011, with the aim of assisting public bodies to more effectively comply with the requirements of the General Duty. The Specific Duties require public bodies to be transparent about how they are responding to the Equality Duty, specifically by publishing relevant, proportionate information showing compliance with the Duty, and establishing equality objectives. The Government believes that public bodies should be accountable to their service users. Publishing information about decision-making and the equality data which underpins those decisions serves to facilitate informed public scrutiny and provide the public with the information they need to challenge public bodies and hold them to account for their equality performance.

The Specific Duties require public bodies to:

- publish equality information on an annual basis;
- publish equality objectives at least every four years;
- ensure the objectives are specific and measurable, and set out how progress towards the objectives will be assessed;
- publish the objectives in a reasonably accessible format, either as an individual document or as part of another report.

Appendix 2: Equality Delivery System for the NHS

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

In November 2012, Shared Intelligence published its report 'Evaluation of the equality delivery system for the NHS' which looked at how the EDS has been adopted across NHS organisations. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS (referred to as EDS2) was made available in November 2013.

EDS2 is more streamlined and simpler to use compared with the original EDS. It is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all.

At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. The outcomes are grouped under four goals and relate to issues that matter to people who use, and work in, the NHS. In particular, the EDS2 outcomes support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's key inspection questions set out in "Raising standards, putting people first - Our strategy for 2013 to 2016".

NHS organisations are advised to assess and grade their performance across all EDS2's outcomes, except when there is a compelling reason for being selective. With effect from 2014, each year NHS England identifies one EDS2 outcome where it believes concerted national effort is required in order for the NHS to improve its equality performance. Guidance and support is provided for delivery on this outcome, and good practice is shared. Organisations may also choose to focus on a subset of the 18 outcomes, where there is local support for doing so, and local evidence that indicates that a focus on particular outcomes will be beneficial.

NHS organisations are encouraged to express EDS2 outcomes in their own words and communicate them effectively to all local audiences, as they see fit. NHS England guidance stresses that individual organisations should make EDS2 work for them, and therefore adapt their particular processes and content to suit their local needs and circumstances. The guidance also suggests the nine steps that NHS organisations should consider taking when implementing EDS2. The steps are inter-related and largely sequential. In summary the steps are as follows:

- Confirm governance arrangements and leadership commitment.
- Identify local stakeholders.
- Assemble evidence.
- Agree roles with the local authority.
- Analyse performance.
- Agree grades.
- Prepare equality objectives and more immediate plans.
- Integrate equality work into mainstream business planning.
- Publish grades, equality objectives and plans.

A selective but balanced approach to which services are assessed and graded using EDS2 is recommended. A proportionate mix of services where equality-related progress has been made, and services where equality-related problems persist, will provide an accurate picture of most NHS organisations.

Further information and EDS2 resources, including a three minute animation on the EDS2, can be found at: <http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>.

Appendix 3: NHS Workforce Race Equality Standard - Indicators and Milestones

The Workforce Race Equality Standard (WRES), for the first time, requires NHS organisations to demonstrate progress against a number of Indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. The WRES technical guidance has been published and includes a timetable of milestones for all NHS organisations to meet.

A summary of the Workforce Indicators detailed within the WRES is as follows:

Workforce Indicators	
For each of these four Workforce Indicators, the Standard compares the metrics for White and BME staff	
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
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts
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
4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
National NHS Staff Survey findings	
For each of these four Staff Survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question	
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager / team leader or other colleagues
Boards	
Does the Board meet the requirement on Board membership in 9	
9	Boards are expected to be broadly representative of the population they serve

The WRES was introduced in April 2015. The key Milestones and activities associated with its full implementation are summarised, as follows:

Milestone	Activity
1 April 2015	Baseline data for comparison with April 2016
1 July 2015	Publication of 1 April 2015 data including identification of any essential shortcomings
April 2015 to March 2016	Work to start to address any data shortcomings and to understand and address shortfalls identified by the WRES Indicators
April 2016	Baseline data for comparison with April 2015 should be completed including steps underway to address key shortcomings in data, or significant gaps between the treatment and experience of White and BME staff

The full published WRES guidance is available to view at:

<http://www.england.nhs.uk/wp-content/uploads/2015/03/wres-technical-guidance-2015.pdf>.