

TRUST BOARD (PUBLIC Session)	JULY 2017	AGENDA ITEM	
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Report Title:	Workforce Race Equality Standard 2016/17 Update
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Report Author(s):	Navrita Atwal, Equality, Diversity and Inclusion Manager	Sponsoring Director:	Lindsey Stafford-Scott, Director of People and Culture
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Purpose:	Decision	Assurance	For Information	Disclosable	X
	X	X	X	Non-Disclosable	

Executive Summary:

The Workforce Race Equality Standard (WRES) was mandated across NHS England in April 2015. Healthcare providers are required to self-assess and report their position on an annual basis.

The WRES requires NHS trusts to self-assess against nine indicators. Four of the indicators relate specifically to workforce data, four are based on data from the national staff survey and one considers BME representation on Boards. The purpose of the WRES is to offer local NHS organisations the tools and information to understand their workforce race equality performance and to highlight any differences between the experience and treatment of white staff with those of BME staff among the workforce.

Further to local work to deliver against the WRES, at its meeting in November 2016, the AACE Council received a presentation and report on *Strengthening Race Equality within the Ambulance Sector – Leadership, Approach and Performance* from Byron Currie, Senior Programme Lead, Workforce Race Equality Implementation Team, NHS England. The AACE Council received the presentation and report, and accepted the recommendations with the following resolutions:

- Commitment of AACE that the WRES interventions set out in the paper will be the minimum trust approach to WRES action planning until July 2020.
- WRES team to provide continued support to AACE and individual ambulance trusts as requested, throughout the period of the programme.
- National Diversity Forum to monitor and report (6 monthly) on progress of interventions within the sector, throughout the period
- Agreement that the proposed interventions be added to existing WRES action plans within trusts, or added to those plans in development.
- Project development and management at a trust level, to embed the proposed WRES interventions into robust deliverable, management and monitoring systems

This report provides the Trust Board with an update on compliance with and progress against the WRES indicators for the period April 2016- March 2017 and requests sign off for the WRES submission for that reporting period. The report also presents a revised draft WRES Action plan for 2017/18 which sets out the local actions to be taken to address local issues and to meet the requirements of the National AACE WRES commitments.

Other Key Issues to Draw to the Board's Attention:	NA
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Action Required by the Board:
<ol style="list-style-type: none"> 1. Note the contents of the report 2. Approve the 2016/17WRES Reporting submission (approved at EDI Steering Group 12/7/17 and SLB on 13/7/17) 3. Support the commitment to deliver against the National AACE WRES recommendations 4. Note the content of the draft 2017/18 WRES Action Plan and approve its submission with the WRES submission once finalised by 31st July 2017

Previously Considered By and Recommendation(s) Made:
N/A

Related Trust Strategic Objective(s):	<i>Please indicate those applicable (X):</i>
Putting into place a new Responsive operating model to deliver sustainable performance and improved outcomes for patients	
Maintaining the focus on delivering Excellent high quality care to the patients	X
Guarantee we have a Patient Focused and engaged workforce	X
Delivering Innovative solutions to ensure we are an efficient, effective and economic Service	
Playing our part in the urgent and emergency care system being Community Focused in delivering the 5 year forward view	

Other:	<i>Please indicate if applicable (X):</i>
To ensure effective governance and compliance	X

	<i>Please answer Yes or No. If yes, please provide appropriate brief details</i>
Legal Implications	The Trust has legal responsibilities for Equality and Diversity under the Equality Act 2010 and the Public Sector Equality Duty
Regulatory Requirements	It is a statutory requirement for NHS Trusts to annually review WRES compliance
Equality and Diversity Impacts	As identified within the report

1. WORK FORCE RACE EQUALITY STANDARDS - TWO YEARS DATA COMPARISON

Information has been collated, analysed and compared with the previous year. Statistics from been supplied by workforce planning and staff surveys.

2015/16: Surveys Returned: 1405 (Workforce 4346)

2016/17: Surveys Returned: 1240 (Workforce 4591)

Indicator 1	As at 31 Mar 2016			As at 31 Mar 2017			
	White	BAME	Unknown	White	BAME	Unknown	
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Non Clinical Staff %	82.78	3.11	14.11	85.36	3.23	11.41
	Clinical Staff %	85.68	1.92	12.40	86.00	1.99	12.01
	Medical & Dental %	100.00	0.00	0.00	100.00	0.00	0.00
	All Staff Total	85.37	2.05	12.59	85.93	2.13	11.94
<p>The % increase between the two years is as follows:</p> <p>White 2017 increased over 2016 by 6.33% (235 headcount) BAME 2017 increased over 2016 by 10.11% (9 headcount) Unknown 2017 increased over 2016 by 0.18% (1 headcount)</p> <p>Whilst there have been some marginal increases in BAME staff percentages in both BAME clinical and non-clinical staff groups the Trust remains underrepresented by BAME staff in comparison with the regional demographic, with 2011 population census data identifying that 7.38% of the population in the area served by East of England Ambulance Service NHS Trust (EEAST) are from Black, Asian and Minority Ethnic (BAME) groups</p> <p>The Trust needs to undertake further work to compare local BAME staff representation with local demographic breakdown in order to be able to effectively target the most underrepresented areas with a positive action recruitment and selection campaign e.g. , where there are concentrations of BAME communities such as Beds/Luton 19.4%, Herts 12.5%, Cambs 7.4%.</p> <p>It is also noted that there is a lack of representation of BAME staff in senior leadership positions. The Trust's new leadership strategy includes initiatives to provide targeted leadership development for BAME staff at entry and more senior levels.</p>							

Indicator 2		As at 31 Mar 2016			As at 31 Mar 2017		
		White	BAME	Unknown	White	BAME	Unknown
Relative likelihood of staff being appointed from shortlisting across all posts.	Sum of Shortlisted	4313	312	54	4912	379	71
	Sum of Appointed	360	17	2	312	12	1
	Relative likelihood shortlist to Appt.	0.08	0.05		0.06	0.03	
	Relative likelihood of White Compared to BAME	1.53 times greater			2.01 times greater		
White applicants shortlisted: Increase of 599 (13.87%) BAME applicants shortlisted: Increase of 67 (21.47%)							
<p>The data demonstrates that there has been an increase in the % of BAME staff shortlisted compared to white applicants. The Trust has a 'blind' shortlisting process whereby personal data are removed from applications before being passed to managers for shortlist. However, BAME applicants remain less likely to be appointed from shortlisted than their white counterparts. Further exploration of the reason for the lack of BAME appointments needs to be undertaken to better understand the underlying issues and to ensure appropriate action can be taken. The Trust plans to deliver recruitment and selection training to recruiting managers alongside unconscious bias training which, alongside other initiatives, it is hoped may support improvements in this area.</p>							

Indicator 3		As at 31 Mar 2016			As at 31 Mar 2017		
		White	BAME	Unknown	White	BAME	Unknown
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Number of Disciplinary Cases	39	2	9	50	2	11
	Likelihood of staff entering formal disciplinary process	0.0105	0.0225		0.0127	0.0204	
	Relative likelihood of BAME staff entering formal disciplinary process compared to white staff is:	2.14 times greater			1.61 times greater		

Whilst the relative likelihood of BAME staff to enter formal disciplinary process has decreased slightly against a backdrop of an increase in the number of disciplinary cases, this is still unsatisfactory. The Trust plans to undertake a review of formal casework by area to ascertain any potential reasons for this. Improved demographic monitoring of casework will be delivered through the development of a SharePoint ER case management system. Unconscious bias training for managers is planned which it is hoped may assist improvement in this area.

Indicator 4		As at 31 Mar 2016			As at 31 Mar 2017		
		White	BAME	Unknown	White	BAME	Unknown
Relative likelihood of staff accessing non-mandatory training and CPD.	Numbers (headcount) Attending Non Mandatory Training & CPD	662	6	95	426	2	65
	Likelihood of staff accessing non-mandatory training & CPD	0.1800	0.0700		0.1100	0.0200	
	Relative likelihood of white staff accessing non-mandatory training & CPD compared to BAME	2.65 times greater			5.29 times greater		
<p>White staff accessing non mandatory training decrease of 236 (35.65%) employees BAME staff accessing non mandatory training decrease of 4 (0.67%) employees</p>							
<p>The Trust has seen a decrease in the number of staff accessing non mandatory training across both groups. Non-mandatory training and CPD are available to all staff and advertised on the Trust's Intranet site, however, recording of attendance is poor and therefore the data is not comprehensive.</p>							
<p>The Trust recognises the need to encourage all staff including those from a BAME background to attend training and during 2017 the Trust supported 6 BME staff members to apply for the Health Education England's BAME Stepping Up Leadership Programme aimed at bands 5,6,7. One BAME member of staff in Band 7 was accepted whilst the others remain on a waiting list.</p>							
<p>The Trust will improve recording of non-mandatory training and will provide bespoke opportunities for BAME staff to access non-mandatory training and leadership development as set out in the leadership strategy.</p>							

Indicator 5	As at 31 Mar 2016			As at 31 Mar 2017		
	White		BAME	White		BAME
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	48.64		39.47	50.2		48.9
WHITE: Increase of 1.56% BAME: Increase of 9.43%						
<p>These figures demonstrate a significant rise in reporting of external harassment of BAME staff. It should be recognised that the numbers completing the survey are very low and therefore the data has limitations. The Trust's Cultural Audit identified this as an issue and whilst it is impossible to totally eliminate bullying and harassment from the general public to frontline staff, the Trust is tendering for a much improved Conflict Resolution Training programme for all staff. This will allow them to discuss scenarios and how best to deal with aggressive members of the public and to improve on their own attitudes and body language when presented with aggressive situations as this may in some cases be exacerbating the issues.</p> <p>Following an audit by NHS Protect where all aspects of security were assessed, the Trust has developed an Action Plan which has identified areas of work to better improve the safety and security of our workforce. A draft of the action plan was provided to the H&S Committee in May 2017.</p>						

Indicator 6	As at 31 Mar 2016			As at 31 Mar 2017		
	White		BAME	White		BAME
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	31.35		43.59	29.10		40.00
WHITE: Decrease of 2.25% BAME: Decrease of 3.59%						
<p>It is pleasing to see that across both staff groups the experience of bullying and harassment has reduced. However, the small response rate to the survey does present limitations to the data. The Trust has a zero tolerance approach to bullying and harassment and has included this in its new Leadership Charter. The Trust has set up a Raising Concerns task and finish group focusing on encouraging openness and transparency and is developing an anti-bullying campaign in line with the National Ambulance NHS call to action. The Trust has launched Freedom to Speak Up Guardians to encourage staff to raise concerns. Unconscious bias training will also impact positively on this indicator.</p>						

Indicator 7	As at 31 Mar 2016			As at 31 Mar 2017		
	White		BAME	White		BAME
KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	72.39		61.9	69.2		44.8
WHITE: Decrease of 3.19% BAME: Decrease of 17.1%						
These staff survey findings echo the findings of the Cultural Audit and have been triangulated to support the action plan. Revised approaches to talent management and succession planning are contained within the Leadership strategy and will seek to provide a more open and transparent approach to all development opportunities. A new appraisal process is about to be launched with a focus on personal development and talent management with a quality dip sample process to ensure that appraisals are meaningful for staff. This process will be underpinned with a career development framework to enable managers to support their staff to access development opportunities both internal and external to the Trust.						

Indicator 8	As at 31 Mar 2016			As at 31 Mar 2017		
	White		BAME	White		BAME
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?						
b) Manager/team leader or other colleagues	11.07		10.26	11.4		24.4
WHITE: Decrease of 0.33% BAME: Increase of 14.14%						
It is disappointing to see that BAME staff have reported an increase in experience of discrimination, however the data limitations as set out above should be taken into consideration. . The Trust will deep dive this indicator to understand what the basis of discrimination is in order to take appropriate action and feed into the anti-bullying campaign. The Trust has recently launched a Leadership Charter and Leadership Strategy which it is hoped will have a positive impact on behaviours and in line with the Trust's vision and values. Planned Unconscious bias and Cultural Awareness training may also assist with this indicator.						

Indicator 9		As at 31 Mar 2016			As at 31 Mar 2017		
		White	BAME	Unknown	White	BAME	Unknown
Percentage difference between the organisations' Board voting membership and its overall workforce.	Total Number of Board members - % by Ethnicity	58.33	8.33	33.33	64.29	7.14	28.57
	Total Number of Voting Board members - % by Ethnicity	63.64	9.09	27.27	69.23	7.69	23.08
	Total Number of Non-Voting Board members - % by Ethnicity	0.00	0.00	100.00	0.00	0.00	100.00
	Total Number of Non-Executive Board members - % by Ethnicity	42.86	14.29	42.86	42.86	14.29	42.86
	Total Number of Executive Board members - % by Ethnicity	80.00	0.00	20.00	85.71	0.00	14.29
	Overall Workforce - % by Ethnicity	85.37	2.05	12.59	85.93	2.13	11.94
	Difference (Overall Workforce - Total Board)	-27.03	6.29	20.75	-21.64	5.01	16.64
	WHITE: Increase of 1 (8.3%) NED BAME: No change						
Whilst in comparison with the wider workforce the Trust Board is statistically better represented by BAME, it is still not reflective of the communities we serve. The Trust appointed a number of new Executive Directors during the reporting period. None were from a BAME background so % representation did not improve, however, it is noted that NHS recruitment standards were robustly followed. The Trust is developing succession planning and leadership development approaches with a specific focus on BAME staff with a positive action approach to develop internal talent for future senior roles.							

2. WORKFORCE RACE EQUALITY STANDARDS REPORTING SUBMISSION

Every year all NHS organisations have to report on the make-up of their ethnic minority workforce through a standard template set by the NHS England's WRES Team. The data collated is for the period 1st April to 31st March 2017 from ESR, NHS Jobs and Staff Surveys.

- (a) The Board is requested to review and approve the completed WRES Reporting template so it can be submitted to NHS England by 31st July 2017
- (b) Once approved – Workforce Planning need to report data via Unify2 by 31st July 2017
- (c) The WRES Reporting Template will then be published onto the Trust's website thereafter.

A draft WRES Action Plan has been compiled which will be finalised to accompany the WRES Reporting template. The actions are based on the analysis of the Trust's WRES data and the recommendations within AACE – Strengthening Workforce Race Equality within the Ambulance Sector (where appropriate – see below).

3. STRENGTHENING WORKFORCE RACE EQUALITY IN THE AMBULANCE SECTOR - LEADERSHIP, APPROACH AND PERFORMANCE – AACE.

Strengthening Workforce Race Equality in the Ambulance Sector - Leadership, Approach and Performance – is a report produced by the national WRES (Workforce Race Equality Standards) team and led by the CEO of the Wales Ambulance Service on behalf of AACE.

The report has been welcomed by AACE members and there are further recommendations that actions within the report be adopted by the ambulance sector. This includes seeking support from the Trusts leadership teams and the Trust Board.

There are a range of recommendations within the report which support the WRES objectives. The remit of the report is to co-produce a suite of WRES interventions and identify good practices and processes that can initiate continuous improvement on the workforce race equality agenda across the ambulance sector. (Report attached)

The report highlights challenges that need to be addressed within the ambulance sector:

- Low level of recruitment of people from BME communities into the ambulance sector is known as a long-term challenge;
- Ambulance staff, generally do not report favourably within the national NHS Staff Survey (WRES indicator 7) regarding equal opportunities for career progression and promotion;
- Improve/enhance systems to help support the above.

The National AACE HRD group have considered the recommendations and are broadly supportive of the commitments and recommendations. However, there are some resource limitations in delivering all elements of the recommendations such as for instance a cadet scheme.

The Trust Board are asked to support the commitment to deliver against the National AACE WRES recommendations as set out in the WRES Action Plan.

4. 2017/18 DRAFT WRES ACTION PLAN

The draft 2017/18 WRES action plan seeks to capture the actions required based on the analysis of the WRES data for 2106/17 and encompasses the actions within the national AACE WRES report that the Trust is able to commit to delivering in 2017/18.

This action plan is intended to be high level with the detailed actions contained within individual project and transformation plans to avoid duplication.

The Trust Board are asked to note the content of the draft 2017/18 Action plan which will be finalised for submission by 31st July 2017. The Trust Board receives regular updates against progress against the WRES action plan throughout the year.