South Central Ambulance Service NHS
NHS Foundation Trust

Agenda Item: SG to add

BOARD MEETING IN PUBLIC
28 SEPTEMBER 2017

Details of the paper

Title	Workforce Race Equality Standard
Responsible Director	Melanie Saunders, Executive Director of HR & Education
Recommendation (eg. note, approve, endorse)	The Board is asked approve for publication and submission to CCGs.

Supplementary information

Please provide details of the risks associated with the subject of this paper (x-reference to the Board Assurance Framework)	
Under the WRES Technical Guidance (April 2016) providers must publish their data on their websites and through a report to their commissioners by July 1st 2017. The CQC will also be expecting organisations to implement the WRES and will question compliance as part of the 'well led' domain.	
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law etc)	
Regulation 22: Staffing CQC Regulation21: requirements relating to workers CQC Regulation 23: Supporting workers CQC. Compliance with Public Sector Equality Duty (Equality Act 2010)	
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
Patient / staff implications (e.g. linked to NHS Constitution, equality and diversity)	
All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions. Compliance with The Equality Act 2010.	
Previous considerations by the Board	
Background papers / supporting information	Workforce Race Equality Standard report, action plan and April 2017 data

South Central Ambulance Service NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING 28 SEPTEMBER 2017

Workforce Race Equality Standard

PURPOSE

1 The purpose of this paper is to provide Workforce Race Equality Standard data that will help the Trust to identify equality and diversity issues that can be developed into actions for consultation, consideration and implementation by the equality and diversity steering group, its sub group and Trust managers. It will be used as a bench mark to measure the Trust's progress and monitor changes to SCAS's workforce overtime.

EXECUTIVE SUMMARY / TOP THREE ISSUES FOR BOARD ATTENTION

2 There are 9 metrics; four are specifically related to workforce data and four are based on the NHS Staff Survey indicators.

The latter highlights any differences between the experience and treatment of white staff and Black and Minority Ethnic staff in the NHS, with a view to closing the gaps highlighted by those metrics.

The final metric requires SCAS to ensure that the Board is broadly representative of its workforce.

KEY ISSUES

SCAS has a total of 3547 members of staff, the proportions of VBME staff at the time of this report was 96 (3%) an increase of 22 on the baseline report of 2016.

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

Non clinical staff

Percentage of BME/White staff in AfC bands.

Bands BME 2017	Bands White	2016 BME Bands
2 = 10 (0.28%)	2 = 248 (7%0)	+3
3 = 34 (0.95%)	3 = 1004 (28%)	+9
4 = 8 (0.22%)	4 = 244 (6.87%)	8
5 = 8 (0.22%)	5 = 228 (6.42%)	+5
6 = 0 (%)	6 = 35 (0.98%)	
7 = 0 (%)	7 = 73 (2.05%)	
8 = 0 (%)	8+ = 42 (1.18%)	
8b, c, d, 9 and VSM 0%	VSM = 7 (0.19%)	

Clinical staff

Percentage of BME/White staff in AfC bands

Bands BME	Bands White	2016 BME Bands
3 = 0 (0%)	3 = 0 (0%)	
4 = 0 (0%)	4 = 144 (4.05%)	
5 = 0 (0%)	5 = 118 (3.32%)	
6 = 21 (0.59)	6 = 793 (22.35%)	+5
7 = 0 (0%)	7 = 44 (1.24%)	
8+ = 0 (0%)	8+ = 43 (1.21%)	
VSM = 0 (0%)	VSM = 0 (0%)	

Action

SCAS has BME underrepresentation across departments and pay bands, the primary objective for this action plan will be the increased recruitment of BME staff across the Trust. (see action plan)

Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

	White	BME
Shortlisted	3375	354
Appointed	639	44

The relative likelihood of white staff being appointed from shortlisting compared to BME staff has decreased from 2.88 to 1.95 times greater.

The key to improving BME recruitment is to understand the factors influencing the disproportionate likelihood of white staff being appointed compared to BME staff from shortlisting. The following actions will be taken.

Ensure robust completion of all interview packs returned to the recruitment team.

Monitor, analyse and report recruitment data to the E&D steering group.

Long term goal, ensure interview panels are more diverse and unconscious bias trained. Short term, E&D manager to observe interview panels for bands 5 and above.

Consider positive action to support BME applicants who meet the person spec. but require additional assistance, subject to interview pack rejection grounds.

Indicator 3

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

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

The first years' collected data indicates VBME staff are 1.50 times more likely to enter a formal disciplinary investigation. (No data for 1st year)

	VBME	White
Total Headcount	96	2812
Disciplinary	9 (9%)	176 (6%)

Action

Review all VBME disciplinary cases to identify possible patterns.

Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD.

Data not available

Action

Review Data collection process.

Indicator 5 (Indicators 5-8 based on NHS staff survey results)

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

2016	2017
White staff	White staff
46%	42%
BME staff	BME staff
38%	49%

The data indicates a 4% decrease for white staff and an 11% increase for BME staff.

Action

Review Datix database for SCAS recorded data (Staff reporting bullying, harassment or abuse from patients.) Communication strategy to encourage BME/White staff and managers to report bullying, harassment and abuse by patients.

Indicator 6

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

2016	2017
White staff 26%	White staff 22%
BME staff 25%	BME staff 28%

SCAS data for 2016 and 2017 shows no recorded harassment, bullying or abuse for BME staff compared with 1% for white staff.
(See WRES data)

Action

Review data collection, analyse data for White staff, communication strategy to encourage BME staff and managers to report bullying, harassment and abuse by staff.

Indicator 7

Percentage believing that trust provides equal opportunities for career progression or promotion.

Data for 2016 indicated 72% of white staff and 63% of BME staff compared with 75% and 69% for 2017.

SCAS has a total of 96 VBME staff, 30% are clinicians, 41% in the CCC dir. 16% in Commercial services and 13 % in the Corporate dir.

Action

Drop in sessions/focus group for BME staff to better understand survey response.

Indicator 8

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

Data shows 10% white staff and 19% BME staff experienced discrimination in 2016, with10% white staff and 14% BME in 2017. A 5% reduction for BME staff with no change for white staff.

Action

Review data collection, analyse data for White and BME staff and communication strategy to encourage staff and managers to report discrimination at work.

The Issues raised by the NHS staff survey results will also form part of the Health and Well-being Board action plan to address the reduction of instances of bullying and harassment of staff.

Indicator 9

Percentage difference between organisations' Board voting membership and Its overall workforce.

In 2015 SCAS reviewed its Non-executive Directors recruiting process to include the contributions of its community stakeholders in conjunction with its council of Governors and recruitment agencies.

This has resulted in the percentage difference between the organisations' Board voting membership and its overall workforce increasing from 0% to 4.2%.
In 2017 the Board increased its voting BME membership and it now stand at 11.6%

CONCLUSIONS

Indicator 1

Non clinical Afc pay bands for 2017 a saw slight increases in the number of BME staff in bands 2-5, bands 6 and above saw no improvements. (Note. Where higher pay bands show 0% this may be due to IG requirement not to publish data where numbers are below 5.)

Clinical staff Afc pay bands 3-5 saw no changes for 2017, band 6, saw BME clinicians increase from 16 to 21. (Note. Where higher pay bands show 0% this may be due to IG requirement not to publish data where numbers are below 5.)

SCAS has made a successfully bid for £50K funding from Health Education England to increase the recruitment of BME paramedics. The fund will be used to support a joint outreach project with Portsmouth University.

Indicator 2

The relative likelihood of white staff being appointed from shortlisting compared to BME staff for 2017 is 1.95 greater. This is a significant reduction from the 2016 figure of 3.00 greater for white staff. Whilst the improvement is encouraging, the goal must be parity between BME and white staff. (See action plan)

Indicator 3

The relative likelihood of BME staff entering formal disciplinary process compared with white staff currently sits at 1.37 times greater. The data for 2016 was found to be corrupt due to inaccurate recording. Accordingly, the 2017 data is the baseline for this indicator. Clearly, 9% of BME staff by comparison with 6% of white staff requires further inspection. (See action Plan)

Indicator 4

SCAS provides non mandatory and CPD training to all staff on request, this data is not currently recorded. Education department to record data on ESR.

Indicator 5

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

The data indicates a 4% decrease for white staff and an 11% increase for BME staff. SCAS has a zero tolerance policy towards any form of abuse from patients and staff are encouraged to report such incidents on Datix.

Indicator 6

SCAS data for 2016 and 2017 shows no recorded harassment, bullying or abuse from staff for BME staff compared with 1% for white staff. (See WRES data)

Indicator 7

Drop in sessions/focus group for BME staff to better understand survey response.

Indicator 8

Data shows 10% white staff and 19% BME staff experienced discrimination in 2016, with10% white staff and 14% BME in 2017 and a 5% reduction for BME staff with no change for white staff.

Indicator 9

The Board is now representative of its workforce.

Overall there have been improvements on a number of indicators; however, some areas have seen negative increases.

RECOMMENDATIONS TO THE BOARD

The Board is asked approve for publication and submission to CCGs.

Author Ludlow Johnson

Title Equality and Diversity Manager

Date 29th August 2017