



## BOARD MEETING IN PUBLIC 30 September 2015

### Details of the paper

<b>Title</b>	Workforce Race Equality Standard
<b>Responsible Director</b>	Sharon Walters, Director of HR
<b>Recommendation</b> (eg. note, approve, endorse)	The Board is asked approve for publication and submission to CCGs.

### Links to SCAS Business & Risks

<b>Strategic theme to which the paper relates (please mark in bold)</b>					
To deliver clinical excellence by improving clinical outcomes	To achieve operational excellence	To deliver effective stakeholder relationships	To deliver sound governance, VFM & financial standing	To deliver leadership, staff engagement & a learning culture	To develop the portfolio of commercially viable non emergency commercial contracts
<b>Please provide details of the risks associated with the subject of this paper</b>					
Under the WRES Technical Guidance (March 2015) providers must publish their baseline data on their websites and through a report to their commissioners by July 1st 2015. The CQC will also be expecting organisations to implement the WRES and will question compliance as part of the 'well led' domain.					

### Implications

<b>Regulatory and legal implications / impact (e.g. Monitor provider licence and continuity of services risk ratings, CQC essential standards, competition law etc)</b>
Regulation 22: Staffing CQC Regulation 21: requirements relating to workers CQC Regulation 23: Supporting workers CQC. Compliance with Public Sector Equality Duty (Equality Act 2010)

<b>Financial implications / impact (e.g. CIPs, FRR, year-end outturn)</b>
<b>Council of Governor implications / impact (e.g. links to governors statutory role, significant transactions etc)</b>

The appointment of Non Executive Directors by the Council of Governors as recommended by the Nominations Committee.

**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.

**Other**

<b>Previous considerations by the Board</b>	
<b>Background papers / supporting information</b>	Workforce Race Equality Standards metric/technical guidance



## **BOARD OF DIRECTORS PUBLIC MEETING 30 September 2015**

### **Workforce Race Equality Standard**

#### **INTRODUCTION**

In July 2014 the EDC proposed a National Workforce Race Equality Standard, to tackle the lack of black & minority ethnic (BME<sup>1</sup>) representation at senior levels in the NHS, and to galvanise cultural and organisational change. The Standard, underpinned by commissioning and regulatory action, is aimed at helping to address the treatment of BME staff including adverse outcomes throughout recruitment and promotion, access to non-mandatory training, over-representation in disciplinary procedures, bullying and harassment.

The WRES came into force on the 1st April 2015, with the first submission (Baseline data) due by the 31st July.

#### **The Metrics**

There are 9 metrics; four of the metrics are specifically related to workforce data and four are based on the national NHS Staff Survey indicators. The latter will highlight 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 the communities it serves.

#### **Baseline results**

For each of these three workforce indicators, the standard compares the metrics for White and BME staff.

SCAS has a total of 2963 members of staff the proportion of staff at the time of this report were, BME staff 268 (9 %) of these 194, (6.5%) are non visible and 74 (2.5%) are visible.

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<sup>1</sup> BME white other

## **WRES 1.**

### **Percentage of BME staff in Bands 8-9 and Very Senior Manager compared with the percentage of BME in the overall workforce.**

SCAS currently reports 0% VBME<sup>2</sup> and BME at Bands 8-9 and VSM, this is due to the fact that we cannot report on the number of staff in a particular Band, if the total number is below 5.

## **WRES 2.**

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

For the baseline reporting period (6 months ending April 2015) SCAS shortlisted 2276 white applicants and appointed 462, shortlisted BME 342 and appointed 34, for visible BME shortlisted 197 and appointed 19.

	<b>White</b>	<b>BME</b>	<b>VBME</b>
<b>Shortlisted</b>	<b>2276</b>	<b>342</b>	<b>197</b>
<b>Appointed</b>	<b>462</b>	<b>34</b>	<b>19</b>

White applicants are 2.3 times more likely to be appointed from shortlisting than BME applicants overall and 2.3 times more likely to be appointed from shortlisting than VBME.

## **WRES 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.**

This indicator is based on data from a two year rolling average of the current year and the previous year.

Total number of staff in workforce 2629, the number of staff entering the formal disciplinary process:

White Staff	67
BME staff	7

The likelihood of BME staff entering the disciplinary process compared with that of white staff is 1.36 times greater. The total number of VBME staff entering the process was 3 making the likelihood 0.044 times greater.

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<sup>2</sup> VBME visible black & minority ethnic

## **WRES 4**

### **NHS Staff Survey findings**

**For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff.**

#### **Q3a**

The number of staff in receipt of appraisal/KSF review in the last 12 months were:

White 24%

BME 31%

#### **Q3b**

Training and development needs identified were:

White 42%

BME 35%

#### **Q3c**

Management support for training, learning and development.

BME 23%

White 17%

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

White 44%

BME 38%

The % of staff experiencing, harassment bullying or abuse from staff in the last 12 months

BME 27%

White 24%

The % of staff believing that trust provides equal opportunities for career progression or promotion.

BME 26%

White 24%

Discrimination at work from any of the following?

b) Manager/team leader or other colleagues

BME 19%

White 11%

**Does the Board meet the requirement on Board membership in 9?**

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

South Central Ambulance Service NHS Foundation Trust (SCAS) covers the counties of Buckinghamshire, Oxfordshire, Berkshire and Hampshire. The Trust covers a geographical area of circa 3,554 square miles with a resident population of approximately 4.2 million.

The Office for National Statistics (ONS) Census for 2011 shows an ethnic mix for the area covered by SCAS as:

White 84%

BME 16% of these 15% are visible BME.

Accordingly, SCAS trust Board is not representative of the population it serves, the Board make up 0% BME.