Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

East of England Ambulance Service NHS Trust

Date of report: month/year

March 2017

Name and title of Board lead for the Workforce Race Equality Standard

Lindsey Stafford-Scott – Director of People and Culture

Name and contact details of lead manager compiling this report

Navrita Atwal, Equality Diversity and Inclusion Manager - Navrita.Atwal@eastamb.nhs.uk

Names of commissioners this report has been sent to (complete as applicable)

Ed Garratt - Accountable Officer, NHS Ipswich and East Suffolk CCG. Rushbrook House, Paper Mill Lane, Bramford, Ipswich, IP8 4DE. 01473 7

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Ed Garratt - Accountable Officer, NHS Ipswich and East Suffolk CCG. Rushbrook House, Paper Mill Lane, Bramford, Ipswich, IP8 4DE. 01473 7

Unique URL link on which this Report and associated Action Plan will be found

http://www.eastamb.nhs.uk/about-us/workforce-race-equality-standard.htm

This report has been signed off by on behalf of the Board on (insert name and date)

Sarah Boulton – Chair, EEAST - 27th April 2017

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Recruitment data is taken from NHS Jobs, the history available to report only goes back 12 months and percentage of staff survey response may also affect the data (1437 staff completed the survey against a workforce total of 4591)

b. Any matters relating to reliability of comparisons with previous years

Improved reporting of data has enhanced record keeping and accuracy of BAME workforce stats.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

4591

b. Proportion of BME staff employed within this organisation at the date of the report

98 (2.13%)

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

Ethnicity data is only gathered through self-reporting via NHS Jobs and/or intermittently via data checks/updates.

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

The Trust encourages self-reporting annually. Disability, Ethnicity, Religion and Belief have been identified as areas for improvement. This has further been reiterated through staff inductions and the importance of data gathering. EDI monitoring form introduced for training courses, HR1 new starter form also captures data..

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

Steps that have been taken to promote disclosure at the following events:
· Induction
· “Need to Know” (local magazine) and general training

4. Workforce data

a. What period does the organisation’s workforce data refer to?

1st April 2016 - 31st March 2017

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Make up of workforce: Non Clinical: White: 85.36% BAME: 3.23% (Unknown 11.41%)	Make up of workforce: Non Clinical: White: 82.78% BAME: 3.11%% (Unknown 14.11%) Clinical: White	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)	This links into the the Workforce Planning and Information Transformation Plan. Workforce Diversity stats are produced and available on Trust Website. The stats are reviewed at Heads Meetings and presented to the Board. The Trust needs to undertake further work to compare local BAME staff representation with local demographic breakdown in order to be able
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Shortlisted White: 4912 BAME: 379 Other: 71 APPOINTED: White: 312 BAME - 12	Shortlisted White: 4313 BAME: 312 Other: 54 APPOINTED: White: 360 BAME: 17	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	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
3	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.	Disciplinary numbers for 2016/2017 White: 50 BAME: 2 Unknown: 11 Likelihood of white staff	Disciplinary numbers for 2015/2016 White: 39 BAME: 2 Unknown: 9 Likelihood of white staff	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.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White: 426 BAME: 2 The Likelihood of staff accessing non-mandatory Training and CPD White: 0.11% BAME 0.02%	White: 662 BAME: 6 The Likelihood of staff accessing non-mandatory Training and CPD White: 0.18% BAME 0.07%	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.	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.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 50.2% BME 48.9%	White 48.64% BME 39.47%	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 Confliction Resolution Training
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 29.1% BME 40.00%	White 31.35% BME 43.59%	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
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 69.2% BME 44.8%	White 72.39% BME 61.9%	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
8	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	White 11.4% BME 24.4%	White 11.07% BME 10.26%	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
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	Total number of Board Members 14 White: 13 (92.86%)	Total number of Board Members 12 White: 11 (91.66%)	TWhilst 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	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.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

The Trust has been actively engaged in increasing BAME representation through the Community Ambassador programme and has invested in a new role specifically aimed at developing targeted recruitment campaigns and engagement activity. Alongside this the Trust has developed a range of supportive People and culture initiatives during the reporting period including leadership, wellbeing and engagement strategies. It is too early to see a positive impact from these initiatives but the Trust is confident that this will begin to be evidenced in 2017/18.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

WRES Action Plan attached

Click to lock all form fields and prevent future editing