

Yorkshire Ambulance Service NHS Trust

Workforce Race Equality Standard 2016/17 Action Plan

The Workforce Race Equality Standard (WRES) requires NHS organisations to focus on race equality as a priority area. The move follows recent published reports which have highlighted disparities in the number of black and minority ethnic (BME) people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst them.

This action plan has been developed to support the Trust in achieving key actions as part of our efforts in embedding race equality across the Trust. The action plan accompanies the WRES indicators and looks beyond the indicators with a focus on improving our performance on race equality by considering the key requirements of WRES.

YAS acknowledges that additional benefits of having a supported workforce which reflects the community we serve and how this can support the patient care agenda. For example creating a reflective workforce can enhance the services we provide by:

- Attracting new talent
- Retaining productive, committed and motivated staff
- Creating a culture that harmonises with the local community
- Helps improve patient experience

A key component to making progress against this standard is staff engagement and involvement. YAS has recently re-invigorated the Black and Minority Ethnic (BME) staff network to ensure the network has active involvement in helping the Trust shape and develop the requirements of the WRES.

The action plan will be submitted to NHS England WRES Team as part of our WRES submission on 1st August 2016. It is important that all actions are owned by key departments and individuals across the Trust. The plan will be performance managed by the WRES working group and 6 monthly updates will be reported to commissioners. In addition to this annual updates will be given to our Board on the progress we are making.

	WRES Indicator	Task	Timescale	Responsibility/ Lead
1	Percentage of BME staff in Bands 8-9 and VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.	<ol style="list-style-type: none"> 1. Undertake a review of succession planning and talent spotting currently in place for roles at band 8a and above. Ensure that appropriate schemes are in place, utilise leadership programmes to identify high potential and undertake equality analysis to ensure equality of opportunity. 2. Undertake further detailed data analysis to identify any specific departments, job roles and pay bands where BME staff are poorly represented at senior level. Work with senior managers in those areas to develop action plans to identify the underlying reasons and potential solutions. 3. Engage with Trust Management Group to identify potential barriers to the progression of BME staff past band 7 and to identify appropriate mechanisms by which the Trust can identify and develop BME Staff are keen to develop. 4. Identify ways in which the Trust can increase participation by BME staff in the available programmes designed to create a level playing field for BME staff and to give those with the talent and potential to move into senior leadership roles the tools to do so. 	<p>December 2016</p> <p>March 2017</p> <p>January 2017</p> <p>March 2017</p>	<p>Leadership and Learning Team</p> <p>Diversity and Inclusion Unit</p> <p>Human Resources/ Organisational Development</p> <p>Diversity and Inclusion Unit</p> <p>Human Resources/ Diversity & Inclusion</p> <p>Trust BME Staff Network Leadership & Learning</p> <p>Human Resources</p> <p>Leadership and Learning</p> <p>Human Resources</p>

		<p>5. Ensure when external agencies are used to source candidates for senior roles that contracts include requirements relating Diversity and Inclusion which go beyond the statutory minimum. Require agencies to source candidates in way which encourages applications from a diverse pool of talent.</p> <p>6. Consider the introduction of unconscious bias as a component of training for all members of a recruitment panel who participate in recruitment and selection. Current training to be reviewed ensuring it is in line with the Equality Act 2010.</p> <p>7. Add information to job advertisements and other recruitment documentation to encourage applicants from underrepresented groups to apply and to disclose their equality data in confidence by emphasising the need for us to use the information to ensure that the Trust is treating people fairly.</p>	<p>March 2017</p> <p>March 2017</p> <p>December 2016</p>	<p>Leadership and Learning</p> <p>Diversity and Inclusion Unit</p> <p>Human Resources</p> <p>Human Resources</p> <p>Diversity & Inclusion Unit</p> <p>Human Resources</p> <p>Diversity and Inclusion Unit</p>
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	8. To introduce a standard shortlisting matrix to be used for all recruitment processes which will ensure that shortlisting is undertaken on the basis of objective criteria based on the requirements of the role.	December 2016	Human Resources

		<p>9. To introduce a random sample audit of recruitment processes to enable identification of and action to address areas of poor practice.</p> <p>10. Carry out further data analysis to establish whether there are particular directorates, departments, job roles and pay bands where BME staff are more or less likely to be appointed from shortlisting. Use this information as the basis for further action planning.</p> <p>11. Ensure improvements in recruitment and selection processes are communicated to staff to ensure that they are aware of the Trust's aims to make selection a fairer process.</p> <p>12. To roll out an equality monitoring exercise to ensure equality data on the 9 protected characteristics is being captured and that staff are encouraged to disclose data.</p>	<p>March 2017</p> <p>June 2017</p> <p>March 2017</p> <p>December 2016</p>	<p>Human Resources</p> <p>Diversity and Inclusion Unit</p> <p>Leadership and Learning</p> <p>Human Resources</p> <p>Human Resources</p> <p>Diversity & Inclusion Unit</p>
3	<p>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*</p> <p>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>13. Human resources to share an overview of the disciplinary data with line managers and to work with them to try and encourage them to address conduct issues earlier and at a more informal level where appropriate.</p> <p>14. To undertake a review of the disciplinary policy and guidance notes to ensure that there is clear guidance on addressing issues at an early, informal stage where possible and appropriate</p> <p>15. To encourage managers undertaking disciplinary investigations, hearing and appeals to undertake</p>	<p>Ongoing (a report by January 2017)</p> <p>October 2017</p> <p>March 2017</p>	<p>Human Resources</p> <p>Human Resources</p> <p>Diversity and Inclusion Unit</p> <p>Human Resources</p>

		Diversity and Inclusion training prior to carrying out these roles in order to increase their awareness of diversity issues and how they relate to the disciplinary process.		Leadership and Learning Human Resources
		16.To improve the quality of disciplinary data held and put in place better systems for monitoring and reporting.	March 2017	Human Resources
		17.To undertake more in depth analysis of the qualitative and quantitative data to identify any issues and trends by department, by profession and by band.	March 2017	Human Resources
		18.When current disciplinary policy is reviewed this will be publicised further to ensure staff are aware of the expectations of them in terms of conduct and that they understand the potential consequences of failure to comply.	December 2017	Diversity & Inclusion Unit Human Resources
		19.Active engagement with BME staff via the BME Staff Network to gain greater understanding of this issue and seek feedback on how we can apply the disciplinary policy more consistently and fairly. This would include feedback on: a) How well they feel the Trust deals with disciplinary matters generally. b) The main reasons they feel staff from BME backgrounds are disciplined. c) Aspects of the disciplinary processes they felt might place BME staff at a disadvantage d) Suggested ways to improve the situation for BME	December 2017	Diversity & Inclusion Unit Human Resources

		staff. e) Ways to help improve the situation for managers.		
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	20. Continue to identify ways in which the Trust can increase participation by BME in available programmes designed to create a level playing field for BME staff and to give those with the talent and potential to move into senior leadership roles the tools to do so.	December 2017	Leadership and Learning Diversity & Inclusion Unit
5	Staff Survey KF 18./25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	21. A refreshed communications campaign to all service users, visitors regarding the Trust's zero tolerance approach to bullying, harassment, abuse and violence.	December 2017	Corporate Communications Diversity and Inclusion Unit
6	Staff Survey KF 19./26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22. A review to take place of the current bullying and harassment policy, this requires to be replaced with a Dignity and Respect Policy with more focus on informal conflict resolution including Mediation. To introduce the role Dignity and Respect Support Contact's (DRSC) as part of the policy review. This role will be developed so that staff can approach DRSC to report cases but also to focus on informal resolution. To draw upon members of the BME and LGBT network to act as DRSC's. 23. Review mechanisms available to staff to report incidents to ensure that these are easy to access, quick and simple to use and that appropriate	December 2017	Human Resources Diversity and Inclusion Unit Leadership and Learning Human Resources Diversity and Inclusion Unit

		<p>responses are received by staff who report to ensure that they are aware of action taken. Publicise these to encourage staff to report issues.</p> <p>24. In areas where bullying is identified as an issue, consider implementing a programme of anti-bullying training, which sets out the Trust's expectations regarding acceptable behaviours and incorporates an element of assertiveness and/or resilience training to give staff some tools and to help them feel more confident in addressing or reporting behaviours which make them uncomfortable.</p> <p>25. To develop a system where all cases of bullying and harassment are monitored to identify trends and patterns across the Trust, this data should be included in a report to TMG highlighting areas of concern and appropriate action to be taken.</p>		<p>Leadership and Learning</p> <p>Human Resources</p> <p>Diversity and Inclusion Unit</p>
7	Staff Survey KF 27./21 Percentage believing that trust provides equal opportunities for career progression or promotion	26. Undertake some engagement work with staff, possibly led by the BME sub – group with support from the Head of Diversity, to improve the Trust's understanding of staff perceptions about fairness and equal opportunities in career progression and promotion. This should identify why BME staff are significantly more likely to feel that there is a lack of equality of opportunity and result in appropriate action to improve the position	March 2017	<p>BME Staff Network</p> <p>Head of Diversity and Inclusion</p> <p>Leadership and Learning</p>
8	Staff Survey Q23./Q17b In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or	27. Undertake some engagement work with staff arising from the feedback on the cultural audit to gather better quality information on the types and sources of discrimination experienced by staff. This feedback should be included in a report to TMG and appropriate actions agreed to address discriminatory	June 2017	<p>BME Staff Network</p> <p>Head of Diversity & Inclusion</p> <p>Leadership and Learning</p>

	other colleagues	practices and behaviour and improve the experiences of staff in the workplace.		
9	Boards are expected to be broadly representative of the population they serve	<p>28. Identify ways in which the Trust can increase participation by BME staff in the available programmes designed to create a level playing field for BME staff in the available programmes designed to create a level playing field for BME staff and to give those with the talent and potential to move into senior leadership roles the tools to do so. (link to indicator 1)</p> <p>29. Ensure when external agencies are used to source candidates for Executive Director roles, that contracts include requirements relating to Diversity and Inclusion which go beyond the statutory minimum. Require agencies to source candidates in a way which encourages applications from as diverse a pool of talent as possible and which demonstrates YAS commitment to diversity and inclusion.</p> <p>30. To influence the Trust Development Authority to ensure the process for appointment of Non-Executive Directors encourages diverse applicants and that those involved in the selection process have received appropriate training in Diversity and Inclusion.</p>	<p>June 2017</p> <p>June 2017</p> <p>June 2017</p>	<p>Human Resources</p> <p>Leadership and Learning</p> <p>Organisational Development</p> <p>Human Resources</p> <p>Diversity and Inclusion Unit</p> <p>Trust Secretary</p> <p>Diversity & Inclusion Unit</p>