Yorkshire Ambulance Service NHS Trust

An Aspirant Foundation Trust

MEETING TITLE			MEETING DATE	
Trust Board Meeting in Public			27/01/2015	
TITLE of PAPER	Action to tackle race inequality across the workforce		**PAPER REF**	6.2
STRATEGIC OBJECTIVE	All			
PURPOSE OF THE PAPER	The purpose of this paper is intended to highlight the introduction of a new Workforce Race Equality Standard and the mandating of the NHS Equality Delivery System 2 from April 2015.			

For Approval	☐	For Assurance	☐
For Decision	☐	Discussion/Information	☒

AUTHOR / LEAD	Karl Portz Head of Diversity and Inclusion Shelagh O'Leary Associate Director	**ACCOUNTABLE DIRECTOR**	Ian Brandwood Executive Director of People and Engagement

DISCUSSED AT / INFORMED BY – include date(s) as appropriate (*free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper*):

The YAS equality objectives were approved by the Trust Executive Group on 13/4/2012
Further resources were approved by TEG 12/11/2015 to strengthen and enhance the organisations approach to diversity and inclusion.
A paper was produced for TMG 20/01/2015 which informed the context and need for additional resources in this area.

PREVIOUSLY AGREED AT:	**Committee/Group:**	**Date:**

RECOMMENDATION	It is recommended that the Trust Board formally reviews and scrutinises the Workforce Race Equality Standard update report and agrees with the further work required .

RISK ASSESSMENT	**Yes**	**No**
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☒	☐

Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☒	☐
Equality and Diversity Implications If 'Yes' – please attach to the back of this paper	☒	☐
ASSURANCE/COMPLIANCE		
Care Quality Commission **Choose a DOMAIN**	All	
Monitor Quality Governance Framework **Choose a DOMAIN**	3: Planning and driving continuous improvement 4: Identifying, sharing and ensuring best practice delivery Choose an item.	

1. Introduction

1.1 The purpose of this paper is intended to highlight the introduction of a new Workforce Race Equality Standard and the mandating of the NHS Equality Delivery System 2 from April 2015.

1.2 This will be implemented by inclusion in the NHS Standard Contract 2015/16. The current position is highlighted in section 4.0.

2. Summary

2.1 The introduction of a Workforce Race Equality Standard (WRES) has been proposed and agreed by the NHS Equality and Diversity Council (EDC). Race has been chosen with the aim of responding to lack of progress in this area across the NHS highlighted in recent reports such Roger Kline's, "Snowy White Peaks of the NHS". The report specifically identified a significant gap between the composition of Trust Boards and national NHS bodies, as well as the rest of the workforce which may adversely impact on the provision of services. The WRES is seen by the EDC as a first stage in action on workforce race equality issues.

2.2 The WRES will require NHS organisations to demonstrate progress against specific workforce metrics including a specific metric on Board representation.

2.3 The Standard will be implemented by inclusion in the NHS Standard Contract 15/16.and will apply to all providers, as holders of the NHS Standard Contract 15/16, except 'small providers'. Effectively the Standard will apply from April 2015.

2.4 In addition the EDC has agreed that the NHS Equality Delivery System 2 will be mandatory, again through inclusion in the Standard Contract. The details of how this will be taken forward practically have not yet been published. This paper therefore focuses on the WRES following formal publication of the metrics, including the following;

- A summary of the Workforce Race Equality Standard.

- Compliance progress measured by the Workforce Race Equality Standard Compliance Action Plan (Appendix 2).

2.5 The standard has nine metrics three are specifically on workforce data, five are based on data from the national staff survey and the final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

2.6 The metrics described in the standard are attached as Appendix 1. They were subject to 'comments' until the 24th of December 2014. Further guidance is anticipated.

2.7 The draft standard states that 'an annual report will be required to be submitted to the Co-ordinating Commissioner outlining progress against the Standard'.

3.   Implications for the Organisation

3.1   The Standard will have to be considered in relation to contract monitoring and compliance.

3.2   The detail of what will be expected in terms of progress has not been published yet but this is anticipated.

3.3   Whilst there has been considerable work undertaken , there needs to be a renewed focus if a step change in performance is to be achieved to address the limited progress made particularly if we look at the representation and progression of the workforce. The standard has been introduced which aims to support improvement work to enhance the service we provide by creating a more reflective workforce which will:

- Attract new talent,
- Retain productive, committed and motivated staff,
- Create a culture that harmonises with the local community,
- Help improve access to services.

4.   Current Position

4.1   YAS has a number of equality objectives which were agreed in April 2012. The YAS equality objectives specifically recognise the importance of implementing an equalities framework and having a workforce which reflects the community we serve. These are as follows:

Implement the NHS Equality Delivery System (EDS) within YAS**.**

- A national tool designed for the NHS and supported by the then NHS Chief Executive, Sir David Nicholson. This system provides an overarching approach to enable the monitoring of equality and fairness across service delivery, workforce and leadership issues.

Collect, analyse, assess, record and act on patient data that recognises all relevant protected characteristics under the Act

- By ensuring that we have an accurate patient baseline, we will be able to better inform the development, design and delivery of future service provision. In addition, this will enable YAS to develop an alert and flagging system to ensure we support patients with specifics requirements more effectively, e.g. those with support animals or specific aids etc.

Ensure that all operational staff have the skills and tools to treat patients and carers with dignity and respect

- To continue to develop and embed our guidance and information, complemented by training programme content, for all operational staff in conjunction with cross cultural communication packages. E.g. Data link, patient passports, butterfly scheme etc. to ensure that dignity and respect is embedded in the way that we work.

A workforce that reflects the community it serves

- Ensure that we develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. This will be underpinned by the effective analysis of workforce data to recognise all relevant protected characteristics defined within the Act and to compare and assess this relative to regional and sub-regional population and census data.

Develop staff support networks

- To facilitate the establishment and self-management of staff support networks for minority groups within workforce of the Trust and to provide opportunities for people who consider they are part of one of these groups to share, learn and contribute to improving the Trust. This will particularly seek the perspectives from currently underrepresented groups within the workforce of the Trust, including but not confined to: staff that consider they have a disability or long term condition, black & minority ethnic staff (BME) and lesbian, gay, bisexual and transgender staff (LGB&T).

4.2 Progress against these objectives has included:

- The Implementation of EDS2 as an equalities framework to monitor equality and fairness for the delivery of services to the public alongside an assessment of workforce and leadership within the Trust.

- Publishing employment monitoring data. An internal working group has been set up with the Chair of the BME Network. The working group aim to:

- Establish a monitoring process for recruitment and selection, identifying if BME staff are lost at different stages of the recruitment process and identify any gaps.
- Reviewing the current recruitment and selection strategy.
- Engaging with and involving the YAS BME staff network.
- Engaging with BME communities in the Yorkshire region.
- Reviewing other indictors of staff relations and, education and development. E.g. disciplinary, grievance and access to training/personal development.

This information will be fed into a more specific targeted action plan in April.

4.3 Workforce Race Equality Standard Metrics.

In preparation for the development of the metrics some initial analysis has been undertaken to assess the current position to address where further work is required and to identify where performance data needs to be improved. This is contained in the draft Workforce Race Equality Standard action plan (appendix 2).

A summary against metrics is below:

<u>Workforce Race Equality Indicators</u>

Metric 1 – Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce

The Trust reports annual employment data on banding/pay scale by ethnicity. A Workforce Score Card has been developed which shows an organisational ethnicity profile by banding. This indicates a proportionately lower number of BME staff in the relevant bands 8.

> Band 8A – 6.45% BME (2 from 31 staff)
> Band 8B – 3.70% BME (1 from 27 staff)
> Band 8C – 8.33% BME (1 from 12 staff)
> Band 8D – 0% BME (0 from 9 staff
> Band 9 not reported (December 2014)

Additional data analysis:

- The Yorkshire and Humber BME regional baseline is 14.2% (2011 Census)
- Band 7 – 5.35% BME (10 from 187 staff)
- Band 6 – 4.04% BME (18 from 428 staff)
- Highest percentage of BME staff are apprentices – 11.32% (6 from 53 staff)

Metric 2 – Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts

This information is now available through the newly introduced NHS Jobs2 system and will be available from April. This will enable a deeper analysis at all stages of the recruitment and selection process.

Metric 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

The Trust already reports annual data on involvement in disciplinary procedures by ethnicity as part of the Public Sector Equality Duty.

Current information shows that in 2013 they were 93 disciplinary cases of which 8 (8.6%) involved BME staff. The annual data for 2014 has been requested and will be available late January 2015 in line with the reporting requirements for the equality delivery system.

National NHS Staff Survey Findings

Metrics 4 – Q3 In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so e) Were any training, learning and development needs identified? f) Did your manager support you to receive this training learning and development?

Metric 5 – KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Metric 6 – KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Metric 7 – KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion

Metric 8 – Q 23. In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager/team leader or other colleagues

The staff survey results whilst answering these questions will not elicit a sufficient level of response to adequetly address these metrics. Further surveys will be undertaken to respond to these specific issues.

Boards

Metric 9 – Boards are expected to be broadly representative of the population they serve.

The Diversity of the Board is not currently reported on or reviewed in the Annual Report.

5.   Risks

5.1   It's unlikely that significant changes can be made to the data in the short term; there is a risk that the Trust will not be able to demonstrate sufficient progress over time leading to a possible impact on organisational reputation and enhanced patient care.

6.   Consultation and Next Steps

6.1   The Trust BME staff network and staff side are likely to be interested in progress relevant to this standard and will be appraised and consulted on its development.

6.2   Following a review of the data and the full publication of the scheme, a full action plan will be developed to allow the Board to monitor and scrutinise progress against the WRES metrics.

7. Recommendations

7.1   It is recommended that the Trust Board formally reviews and scrutinises the Workforce Race Equality Standard update report and approves further work. A draft action plan (appendix 2) has been developed to give assurance and monitor progress against the Workforce Race Equality Standard.

8. Appendices

Appendix 1 – Workforce Race Equality Standard.
Appendix 2 – Draft Workforce Race Equality Standard Draft Actions.

Appendix 1

Workforce Race Equality Standard November 2014 for implementation from April 2015

	Workforce Race Equality indicators
	Workforce metrics For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.
1.	Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts
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 Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.
	National 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. For 4. below, the metric is in two parts
4.	**Q 3**. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so e) Were any training, learning or development needs identified? f) Did your manager support you to receive this training learning and development?
5.	**KF 18**. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	**KF 19**. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	**KF 27**. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	**Q 23**. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Boards. **Does the Board meet the requirement on Board membership in 9.**
9.	Boards are expected to be broadly representative of the population they serve.

Appendix 2
Draft Workforce Race Equality Standard Draft Actions

	Draft Actions
Workforce metrics For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.	Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts 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 Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.
	Reporting Reporting against these standards to be included as part of the Workforce Scorecard and update reports to be provided to the Quality Committee as part of the People and Engagement Workforce report. Agree with commissioners (A&E, PTS and 111) as part of new contracts on a reporting format against these standards. **Best Practice** Develop best practice against achieving these standards - Attend regional Commissioning for Workforce Race Equality Event (14 January) - Explore NHS regional best practice through the Yorkshire and Humber Regional Diversity Group (next meeting 20th January KP to Chair) - Explore Ambulance specific standards via the National Ambulance Diversity Forum (22nd January **Analysis** Analyse data and establish baseline of BME staff by area and directorate. **Recruitment** Advertisement – Promote YAS as a good employer to diverse communities (inclusive statement in all adverts, reflective pictures Short listing – Establish baseline and identify gaps, where in the process BME candidates are lost (report requested from NHS Jobs2 to be include) NHS Jobs2 report to identify: - Number of BME staff applicants - Number of BME staff shortlisted - Number of BME staff appointed Work with the YAS BME staff network to identify if communities have specific barriers to accessing our recruitment process. Ensure that the Values Based Recruitment events are inclusive, accessible and that staff involved are reflective of our communities. Promote recruitment events within large BME Communities - Al-Hikma Centre event - Bradford Senior Schools Ensure reflective university recruitment process for student paramedics. - Establish baseline data from Sheffield Hallam University for potential BME/white British Student Paramedics - Review their equal opportunities policy and positive action strategy (Equality Act 2010).

	Development Review opportunities for proactive targeting of recruitment and selection**.** Review training and development needs for recruiting managers. **Career Progression** Promote development programmes for Band 6/7 BME managers (local and Health Education England's 'Ready Now' programme) **Manager Education and Development** Design and deliver manager development programme on unconscious bias, having difficult conversations and challenging inappropriate behaviours **General Development** Design two year rolling data base to capture and report disciplinary information by ethnicity. Ensure that managers that investigate disciplinary allegations receive unconscious bias training. Disciplinary panels involving BME staff if possible should include BME managers (this can be supported by the YAS BME staff network).
National 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. For 4. below, the metric is in two parts	**Q 3**. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so e) Where any training, learning or development needs identified? f) Did your manager support you to receive this training learning and development? **KF 18**. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months **KF 19**. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months **KF 27**. Percentage believing that trust provides equal opportunities for career progression or promotion **Q 23**. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Reporting Reporting against these standards to be included as part of the YAS Workforce Scorecard and update reports to be provided to the Quality Committee as part of the People and Engagement Workforce report. Agree with commissioners as part of new contracts on a reporting format against this standard Review historic data from previous staff surveys to identify trends against metrics; 4, 5, 6, 7 & 8 **Context** The latest staff survey data will be available shortly and this data will be interrogated to establish what data is readily available against these standards. The data from the 2014 survey is not currently available in the detail required. Therefore identify other evidence channels which can be used in the interim period to demonstrate progress against workforce equality indicators 4, 5, 6, 7and 8 **Analysis** Interrogate workforce data to establish percentage of completed PDR's for white British staff and BME staff (report this annually to Quality Committee) Analyse learning and development data – applications for training and approvals for BME staff. Compare this data with the organisation as a whole.

	Development Establish focus group as part of the Staff BME support network to conduct a study within BME workforce to establish as part of their PDR: was training/develop needs identified and did they feel supported. Ensure the 'Unlocking Potential PDR Workshop for Managers' recognises inclusive behaviours Review Datix data information for cases involving BME staff against general workforce. Contact occupational health provider to ascertain related case numbers for BME staff against general workforce presenting with bullying/harassment concerns. Work with BME staff network to reach out to BME workforce and establish their views more widely in the organisation. Cross match with EDS2 evidence
Boards. Does the Board meet the requirement on Board membership in 9.	Boards are expected to be broadly representative of the population they serve Recruitment (all staff) – BME Positive Action
	Reporting Reporting against these standards to be included as part of the Workforce Scorecard and update reports to be provided to the Quality Committee as part of the People and Engagement Workforce report. Arrange a Board development session on the responsibility of NHS Boards and the Equality and Diversity agenda. To include Equality Monitoring data in the Annual Report **Development** Ensure that job adverts encourage applicants from BME communities in a meaningful way Develop a pipeline to enable BME staff to access skills to enable them to compete for appointments at very senior positions
Other Areas to Support Standard	Increase BME staff network membership
	Reporting Reporting against these standards to be included as part of the Workforce Scorecard and update reports to be provided to the Quality Committee as part of the People and Engagement Workforce report. **Communication** Gain senior management support for the BME staff network – endorse network and support staff release from duty to attend meetings. Re-launch network and write to all identified (via line mangers) BME staff inviting them to meetings. Operational Update article to promote staff networks. **Meetings** Network meeting will be every eight weeks (days times and venues will change to ensure equitable access). A list of dates, times and venues will be published through Operational Update and be posted on the YAS Staff Network page. Two separate events will be planned each year, such as a recruitment event which is currently being planned within a BME community and during October a celebration event will take place in support of Black History Month.

	Information The BME staff network TOR to be refreshed to include Workforce Race Equality Standard support. Engage with Operational Managers to support staff release to attend network meetings.