Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

MEETING TITLE Trust Board		**MEETING DATE**	
TITLE of PAPER	Workforce Race Equality Standard Update	**PAPER REF**	9.2
STRATEGIC OBJECTIVE	Provide services which recognise the needs of the individual and local communities and exceed patient and Commissioner's expectations Create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future		
PURPOSE OF THE PAPER	It is recommended that the Board review the Workforce Race Equality Standard update report and notes the action plan. .		
For Approval	☐	**For Assurance**	☐
For Decision	☐	**Discussion/Information**	☒
AUTHOR / LEAD	Shelagh O'Leary, AD for OEED	**ACCOUNTABLE DIRECTOR**	Ian Brandwood, Executive Director of People & 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 Quality Committee and Trust Board have been informed of the Workforce Race Equality Standard. A revised action plan was approved by TEG on the 2/9/2015.

PREVIOUSLY AGREED AT:	**Committee/Group:** Trust Executive Group Choose an item.	**Date:** 02/09/2015
RECOMMENDATION	It is requested that the Board note the report and approve the initial action plan.	

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 All All
Monitor Quality Governance Framework **Choose a DOMAIN**	1: Ensuring required standards are achieved 1: Ensuring required standards are achieved 3: Planning and driving continuous improvement

1. Purpose/Aim

1.1 The purpose of this report is to provide the Board with an update on the Workforce Race Equality Standard and a revised initial action plan.

2. Background/Context

2.1 The Workforce Race Equality Standard (WRES) was introduced from 1st April 2015 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 Roger Kline's 2014 study, "Snowy White Peaks" of the NHS. The WRES is seen by the EDC as a first stage in action on addressing workforce equality issues.

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

2.3 The WRES will require Trust's to demonstrate progress against 9 standard indicators specifically focused at race equality. (Appendix 1)

The 9 indicators cover:

- 4 workforce metrics – data provided showing comparison of the experience of Black and Ethnic Minority (BME) employees and white candidates.
- 4 NHS Staff Survey findings – Key Findings 18, 19, 23a and 27 all specifically focus on the experience of employees from an Equality and Diversity perspective.
- A Board that is broadly representative of the population they serve.

The 9 WRES indicators are attached as Appendix 1.

2.4 As of the 1st April 2015, the WRES forms part of the standard NHS Contract. From April 2016 it will also form part of the CQC inspection standards.

3. Implications for the Organisation

3.1 The WRES standard is mandatory from April 2015 and is considered in relation to contract monitoring and compliance. Each organisation is required to publish the metrics for the organisation from 1/7/2015, and develop an action plan to analyse and start to address the findings.

3.2 From 2016 the WRES will become part of the CQC inspections under the 'well led' domain.

3.3 During 2015-16 it is advised that organisations will need to consider the indicators further and drill down to understand the data, scrutinise trends and benchmark against other organisations. Critically organisations need to understand the root causes behind the differences between BME and white staff experiences and identify action to improve them from 1 April 2016.

3.4 Organisations are expected to demonstrate they are starting to close the differences between the treatment and experience of white and BME staff.

3.5 In the annual report to commissioners in April 2016 we will need to set out an assessment of the challenge and risk faced and our plans to address the issues.

4. WRES Current Position

4.1 A WRES monitoring group have been formed to begin to understand the data set and to identify actions arising to address them. Work has commenced to be able to analyse the data in more depth.

4.2 A meeting has been held with the lead advisor to the CCG to review the position so far, to agree outcomes for future reporting and to begin work towards EDS2 for 2016, which will support the development of a more targeted action plan.

4.3 A template was also required to be published which includes the WRES data and key actions. This was agreed with the equality advisor who reported that YAS was compliant in this area.

5. Data Analysis

5.1 The data against each workforce metric has been collated and the YAS WRES monitoring group have started to conduct an analysis and drill into the data. (Appendix 2)

5.2 At an early stage the priorities will include promoting YAS across the Yorkshire region as a employer of choice, this will link with increasing the representation of BME staff within the workforce. It is also important to acknowledge that BME staff are not represented well at higher levels of the organisation and further work needs to be explored about why we have this under representation and more importantly what action we will take to address this.

5.3 The area that is of most concern is metric 8. Whilst the numbers of people affected by this is small given the profile of the survey, this is concerning and has been supported by feedback from the BME Staff network. Further work this year has been agreed to increase the number of BME staff who complete the staff survey to ensure a more

comprehensive data set is available we also recognise that through targeted focus groups with BME staff we will be able to gain more open discussions to give greater breadth to the data collecton.

It is important to start identifying and addressing some of the concerns highlighted as part of the redefined agenda of mainstreaming diversity and inclusion within YAS.

5.4 A new Head of Diversity and Inclusion has been appointed at the end of September 2015 to support the organisation in strengthening and developing the diversity and inclusion agenda. - A range of interventions with the inclusion of building infrastructure within YAS is key to embed and mainstream diversity and inclusion. One of the key areas we will develop is a Diversity and Inclusion Strategy bringing in EDS2 and WRES with a refreshed and redfined approach to our strategic equality objectives.

6. Workforce Scorecard - Staged Approach to Achieving a Reflective Workforce

6.1 The Board has recently requested that the equality and diversity target which is included in the IPR is reviewed and revised with a stepped annual target. Currently the target is based on the organisation being reflective of the communities it serves at 14.2%. This will take a number of years to achieve rather than it being an annual target. Initial modelling work has been completed; however this will need to be aligned to the workforce plan. A further report will be completed to TEG outlining the options for change.

We believe a realist target year on year should be set with clearly defined objectives in how we intend to meet the target. Further discussions are to take place with the lead advisor to the CCG to explore and examine our position in making this target SMART.

6.2 The figures will also need to be adjusted to reflect the difference between the white population and visible BME population which is 11.1%. The visible BME population excludes White British, White Northern Irish / Welsh / Scottish (including Travellers) and White others. This reflects the BME group which are used in the newly introduced NHS Workforce Race Equality Standard. The current YAS visible workforce is 3.9% (April 2015) which equates to 196 BME staff based on the total workforce of 4977 staff.

7. Risk Assessment

7.1 It is unlikely that significant change can be made to the data in the short term. There is a risk that the Trust will not be able to demonstrate

substantial progress leading to increased levels of lower engagement of BME staff and a reduction in Trust reputation.

7.2 The Commissioners have agreed to the initial approach which is to develop an action plan over the coming months. This will not limit actions taken as an initial plan has been produced and developed with the sub group and with WRES steering group. As we develop our diversity and inclusion agenda, the current plan will be updated with refreshed objectives identified. A review of the current plan will take place as part of this process and a future report to the board will be presented on our progress.

8. Consultation

8.1 The Trust BME staff network and staff side will be involved and consulted on our approach and in setting new objectives.

9. Recommendations

9.1 It is recommended that Board t. reviews the Workforce Race Equality Standard update report and notes the action plan. (Appendix 3)

10. Appendices

Appendix 1 – Workforce Race Equality Standard April 2015
Appendix 2 – YAS Workforce Race Equality Standard Metrics April 2015
Appendix 3 – Workforce Race Equality Standard Action Plan June 2015

Appendix 1

The Workforce Race Equality Standard indicators	
Workforce indicators For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.	
1.	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed 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.
4.	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
National NHS Staff Survey findings For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question	
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.	Q23. 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.