



|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>MEETING TITLE</b><br>Trust Board in Public   |  | <b>MEETING DATE</b><br>30/08/2018 |  |
| <b>TITLE of PAPER</b>   | NHS Workforce Race Equality Standard Update 2018   | <b>PAPER REF</b>                  | 5.7  |
| <b>STRATEGIC OBJECTIVE(S)</b>   | Best People: Attract, develop and retain a highly skilled, engaged and diverse workforce<br>Safe and Sustainable: Provide a safe, effective, caring and sustainable service for all patients   |                                   |  |
| <b>PURPOSE OF THE PAPER</b>   | The purpose of this report is to: <ul style="list-style-type: none"> <li>• update the Trust Board on progress against the Workforce Race Equality Standard indicators</li> <li>• present the Trust's 2018 WRES submission</li> <li>• present the Trusts WRES proposed action plan for 2018/2019</li> </ul> |                                   |  |
| <b>For Approval</b>   | <input type="checkbox"/>   | <b>For Assurance</b>              | <input checked="" type="checkbox"/>                        |
| <b>For Decision</b>   | <input type="checkbox"/>   | <b>Discussion/Information</b>     | <input checked="" type="checkbox"/>                        |
| <b>AUTHOR / LEAD</b>  | Tasnim Ali- Business Manager A&E Operations and nominated YAS WRES Expert<br>Kez Hayat, Head of Diversity and Inclusion  | <b>ACCOUNTABLE DIRECTOR</b>       | Christine Brereton, Executive Director of Workforce and OD |
| <b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate</b><br>16.11.17-Yvonne Coghill( Director- WRES implementation) Board presentation at Board development workshop with a specific focus on the Ambulance Sector<br>16.11.17 Yvonne Coghill presented to the BME staff network<br>10.4.18-Yvonne Coghill facilitated workshop at YAS HQ with Board members, senior managers and representatives from the BME staff network.<br>23.5.18- Diversity and Inclusion steering group<br>17.7.18- Workforce and OD strategy discussion with staff networks and feedback of WRES action plan. |  |                                   |  |
| <b>PREVIOUSLY AGREED AT:</b>  | <b>Committee/Group:</b>  | <b>Date:</b>                      |  |
| <b>RECOMMENDATION(S)</b>  | It is recommended that the Trust Board: <ol style="list-style-type: none"> <li>1. Note the contents of this report</li> <li>2. Support the proposed activities and WRES action plan 2018/19 as outlined in Appendix 3</li> <li>3. Agree to receive updates on the progress of actions</li> </ol>           |                                   |  |
| <b>RISK ASSESSMENT</b>  |  | <b>Yes</b>                        | <b>No</b>  |
| <b>Corporate Risk Register and/or Board Assurance Framework amended</b><br><i>If 'Yes' – expand in Section 4. / attached paper</i>  |  | <input type="checkbox"/>          | <input checked="" type="checkbox"/>                        |

|   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| <b>Equality Impact Assessment - [New]</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i>                            |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Resource Implications (Financial, Workforce, other - specify)</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i> |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Legal implications/Regulatory requirements</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i>                    |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>ASSURANCE/COMPLIANCE</b>   |   |                                     |                                     |
| <b>Care Quality Commission</b><br><b>Choose a DOMAIN(s)</b>   | 1: Safe<br>5: Well led  |                                     |                                     |
| <b>NHSI Single Oversight Framework</b><br><b>Choose a THEME(s)</b>  | 2. Quality of Care (safe, effective, caring, responsive)<br>6. Leadership & Improvement Capability (Well-Led) |                                     |                                     |

## **NHS Workforce Race Equality Standard Update 2018**

### **1. PURPOSE/AIM**

1.1 The purpose of this report is to:

- update the Trust Board on progress against the Workforce Race Equality Standard indicators,
- present the Trust's 2018 WRES submission,
- present the Trusts WRES proposed action plan for 2018/2019.

### **2. BACKGROUND/CONTEXT**

2.1 The NHS Workforce Race Equality Standard (WRES) was introduced on 1<sup>st</sup> April 2015 following engagement and consultation with key stakeholders from across the NHS.

2.2 The WRES is included in the NHS standard contract, and since July 2015, the Trust has been producing and publishing our WRES data on an annual basis.

2.3 The main purpose of the WRES is:

- to help local and national NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and BME staff,
- to improve BME representation at the Board level of the organisation.

2.4 Working towards race equality is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution.

2.5 Commissioned and overseen by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

2.6 The EDC adopted the WRES as the best means of supporting the NHS as a whole to improve its workforce race equality performance.

2.7 There is considerable evidence that the less favourable treatment of Black and Minority Ethnic (BME) in the NHS, through poor treatment and opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS. It is evidenced that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

2.8 The research and evidence that BME staff receive less favourable treatment include examples such as:

- That white shortlisted applicants are, on average, much more likely to be appointed than are BME shortlisted applicants.
- BME staff are more likely, than white staff, to experience harassment, bullying or abuse from other staff, are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression
- The proportion of NHS board members and senior managers who are of BME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

2.9 The WRES is intended to provide real impetus, not just on workforce race equality, but on equality generally, for all those who experience unfairness and discrimination within the NHS.

2.10 For sustained improvement in this area, the focus will not be upon compliance with implementing the WRES, but on using it as an opportunity to help improve the wider culture of NHS organisations for the benefit of all staff and patients.

2.11 There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on boards. A full breakdown of the indicators is included in Appendix 1.

2.12 The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement.

### **3.0 YVONNE COGHILL OBE, NATIONAL DIRECTOR WRES IMPLEMENTATION**

3.1 Nationally the picture for the London Trusts and in particular the Ambulance Sector, in terms of race equality, is poor, hence the commitment from Yvonne Coghill and her team to prioritise working closely with these sectors.

3.2 On 16<sup>th</sup> November 2017, Yvonne Coghill OBE, was invited to present to the Trust Board with particular reference to the Ambulance Sector and WRES. The Board agreed to provide the necessary leadership and guidance and renewed their commitment to the WRES agenda.

3.3 On 10<sup>th</sup> April 2018, Yvonne facilitated a joint workshop with the Board/Senior Managers and BME staff with a focus on exploring our data position further and to identify priorities to improve our performance on race equality. The discussions are summarised in Appendix 2 and this feedback has utilised to form the 2018/19 action plan.

3.4 The first draft of the action plan in Appendix 3 was presented to the Diversity and Inclusion Steering Group 23<sup>rd</sup> May 2018.

### **4.0 NEWLY DEVELOPED NATIONAL WRES EXPERTS PROGRAMME**

4.1 The national WRES team have commissioned delivery of a WRES National Experts programme. The main aims of the programme are to:

- Increase knowledge, capacity and confidence to lead strategies for systemic and cultural change that will embed the WRES within NHS organisations.
- Explore the understanding of the psychology of individuals within organisations as a means of gaining greater understanding of individual responses to diverse existence - racial identity, multicultural competence.
- Understanding cultural intelligence and competence enhancing the participants' ability and capability to work effectively in culturally diverse situations.
- Improve personal influencing and negotiating skills to use day-to-day that will inspire confidence with senior leaders and the workforce about the potential for change.
- Raise the profile as WRES experts / system change leaders within Trust's and as part of a new national network.
- Create peer networks and professional relationships across the system to support and develop the participants' role while creating systematic change for race equity.

4.2 The Executive Director of Workforce and OD has nominated and sponsored Tasnim Ali, who is the Chair of YAS BME Staff Network, for this Programme so that learning can be shared across the system and for that learning to be applied into YAS policies, processes and practices.

4.3 Arrangements will be made for Tasnim to attend a future board development day to share her experiences and recommendations once the programme has completed.

## **5.0 2018 WRES DATA SUBMISSION**

5.1 The pre-populated WRES data for 2017/18 was sent to YAS on 25<sup>th</sup> June 2018 by the WRES central team for validation and completion. This was verified prior to submitting to national WRES team on 10<sup>th</sup> August 2018.

5.2 In addition to the submission, there is a requirement for the Trust to publish a 2018/19 action plan and the Trust's data for the nine indicators on the Trust's website no later than 28<sup>th</sup> September 2018. This will be completed following Board approval and presentation at Trust Management Group.

## **6.0 DATA ANALYSIS – YAS METRICS SUBMISSION FOR 2018/19**

6.1 Indicator 1 has changed this year to focus on the whole workforce rather than on the number of BME staff in Bands 8-9. For YAS, overall the staff numbers have reduced compared to last year and the numbers of BME staff have also reduced from 254 to 228. However, proportionately the BME staffing numbers have stayed the same due to the drop in the number of white staff.

|                     |   |
|---------------------|---|
| <b>Indicator 1.</b> | <b>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</b> <ul style="list-style-type: none"> <li>• <b>Non-Clinical staff</b></li> <li>• <b>Clinical staff - of which</b> <ul style="list-style-type: none"> <li>- <b>Non-Medical staff</b></li> <li>- <b>Medical and Dental staff</b></li> </ul> </li> </ul> |
|---------------------|---|

6.2 The table below provides a snap shot of our workforce data over a period of three years covering staff in each of the AfC Bands 1-9 including Medical and Dental and Executive Board members.

**Table 1: Snap shot of our workforce data over a period of three years**

| Pay Band   | 31st March 2016  |                  |                        | 31st MARCH 2017  |                  |                       | 31st MARCH 2018  |                  |                        |
|--|------------------|------------------|------------------------|------------------|------------------|-----------------------|------------------|------------------|------------------------|
|  | WHITE            | BME              | ETHNICITY UNKNOWN/NULL | WHITE            | BME              | ETHNICITY UNKNOWN/NUL | WHITE            | BME              | ETHNICITY UNKNOWN/NULL |
| <b>1a) Non Clinical workforce</b>                  | Verified figures | Verified figures | Verified figures       | Verified figures | Verified figures | Verified figures      | Verified figures | Verified figures | Verified figures       |
| Under Band 1                                       | 0                | 0                | 0                      | 0                | 0                | 0                     | 0                | 0                | 0                      |
| Band 1   | 1                | 0                | 0                      | 2                | 1                | 1                     | 4                | 3                | 0                      |
| Band 2   | 72               | 8                | 0                      | 71               | 11               | 1                     | 74               | 7                | 0                      |
| Band 3   | 525              | 52               | 0                      | 581              | 76               | 1                     | 498              | 69               | 1                      |
| Band 4   | 278              | 12               | 0                      | 301              | 15               | 0                     | 297              | 15               | 0                      |
| Band 5   | 145              | 5                | 0                      | 146              | 7                | 0                     | 142              | 6                | 0                      |
| Band 6   | 108              | 2                | 0                      | 125              | 1                | 0                     | 119              | 2                | 0                      |
| Band 7   | 84               | 4                | 0                      | 93               | 4                | 0                     | 99               | 4                | 0                      |
| Band 8A  | 28               | 5                | 0                      | 28               | 4                | 0                     | 37               | 4                | 0                      |
| Band 8B  | 16               | 1                | 0                      | 25               | 0                | 0                     | 29               | 0                | 0                      |
| Band 8C  | 12               | 1                | 0                      | 13               | 2                | 0                     | 13               | 2                | 0                      |
| Band 8D  | 9                | 0                | 0                      | 11               | 0                | 0                     | 13               | 1                | 0                      |
| Band 9   | 2                | 0                | 0                      | 3                | 0                | 0                     | 3                | 0                | 0                      |
| VSM  | 4                | 0                | 0                      | 6                | 0                | 0                     | 7                | 0                | 0                      |
| <b>1b) Clinical workforce of which Non Medical</b> |                  |                  |                        |                  |                  |                       |                  |                  |                        |
| Under Band 1                                       | 0                | 0                | 0                      | 0                | 0                | 0                     | 0                | 0                | 0                      |
| Band 1   | 3                | 1                | 0                      | 2                | 0                | 0                     | 0                | 0                | 0                      |
| Band 2   | 230              | 11               | 0                      | 213              | 9                | 1                     | 210              | 7                | 0                      |
| Band 3   | 1060             | 43               | 0                      | 1080             | 50               | 0                     | 930              | 38               | 0                      |
| Band 4   | 316              | 8                | 0                      | 391              | 6                | 1                     | 420              | 9                | 0                      |
| Band 5   | 1320             | 37               | 0                      | 562              | 23               | 1                     | 456              | 19               | 0                      |
| Band 6   | 371              | 9                | 0                      | 1221             | 36               | 2                     | 1149             | 36               | 2                      |
| Band 7   | 96               | 6                | 0                      | 114              | 6                | 0                     | 88               | 4                | 0                      |
| Band 8A  | 0                | 1                | 0                      | 3                | 3                | 0                     | 2                | 2                | 0                      |
| Band 8B  | 4                | 0                | 0                      | 4                | 0                | 0                     | 4                | 0                | 0                      |
| Band 8C  | 0                | 0                | 0                      | 3                | 0                | 0                     | 3                | 0                | 0                      |
| Band 8D  | 0                | 0                | 0                      | 0                | 0                | 0                     | 0                | 0                | 0                      |
| Band 9   | 0                | 0                | 0                      | 0                | 0                | 0                     | 0                | 0                | 0                      |
| VSM  | 9                | 1                | 0                      | 3                | 0                | 0                     | 1                | 0                | 0                      |
| <i>Of which Medical &amp; Dental</i>               |                  |                  |                        |                  |                  |                       |                  |                  |                        |
| Consultants  |                  |                  |                        |                  |                  |                       |                  |                  |                        |
| <i>of which Senior medical manager</i>             |                  |                  |                        |                  |                  |                       | 1                |                  |                        |
| Non-consultant career grade                        |                  |                  |                        |                  |                  |                       | 1                |                  |                        |
| Trainee grades                                     |                  |                  |                        |                  |                  |                       |                  |                  |                        |
| Other  |                  |                  |                        |                  |                  |                       |                  |                  |                        |
| <b>TOTAL</b>                                       | <b>4693</b>      | <b>207</b>       | <b>0</b>               | <b>5001</b>      | <b>254</b>       | <b>8</b>              | <b>4599</b>      | <b>228</b>       | <b>3</b>               |


**Table 2: YAS Staffing figures over a 4-year period**

| Year       | Number of BME Staff in overall workforce | Number of Staff in overall workforce | Percentage of BME Staff in overall workforce |
|------------|--|--------------------------------------|--|
| March 2015 | 196                                      | 4977                                 | 3.94%  |
| March 2016 | 207                                      | 4900                                 | 4.2%   |
| March 2017 | 254                                      | 5255                                 | 4.8%   |
| March 2018 | 228                                      | 4827                                 | 4.7%   |

- 6.3 The table above highlights staffing figures over a four year period. It should be noted that over the last eighteen months the Trust has appointed 4 members of staff from a BME background on band 8a and above.
- 6.4 In relation to whether YAS has a workforce representative of its population, there is still some way to go before YAS can reach this position. There has been considerable effort on community engagement over the last two years with a focus on raising the profile of YAS as an employer of choice with a diverse range of communities across our region. Further community engagement work is planned for the remainder of the year.

The population in Yorkshire and Humber according to the 2011 census was 88.3% white (including white: other). Therefore the BME make up is 11.7%. <https://countrydigest.org/population-of-yorkshire/>

**Table 3 Indicator 2. Relative likelihood of staff being appointed from shortlisting across all posts**

| Relative likelihood of staff being appointed from shortlisting across all posts |                                  |     |                                    |     |   |      |  |
|---|----------------------------------|-----|------------------------------------|-----|---|------|--|
| Year  | Number of shortlisted applicants |     | Number appointed from shortlisting |     | Ratio appointed/shortlisted Likelihood candidates are appointed from shortlisting |      | The relative likelihood of White staff being appointed compared to BME staff is                                |
|   | White                            | BME | White                              | BME | White   | BME  |  |
| March 2015  | 2659                             | 399 | 770                                | 53  | 0.29  | 0.13 | (0.29/0.13)= <b>2.23</b>   |
| March 2016  | 2386                             | 405 | 863                                | 58  | 0.36  | 0.14 | (0.36/0.14)= <b>2.53</b>   |
| March 2017  | 692                              | 132 | 117                                | 10  | 0.17  | 0.08 | (0.17/0.08)= <b>2.12</b>   |
| March 2018  | 1314                             | 188 | 235                                | 19  | 0.18  | 0.10 | (0.18/0.10)= <b>1.77</b>  |


- 6.5 The data shows that the ratio is improving from previous years; this means that more BME staff are being appointed. It should be noted that 2016 saw the introduction of the recruitment system TRAC that has enabled more accurate reporting which is improving our data analysis. The last three columns show

the relative likelihood of white staff compared to BME staff being appointed from shortlisting across all posts. It should however be noted that this gap in 2018 has been reduced which is positive.

6.6 Some of the planned/ongoing actions for this indicator are:

- Some targeted recruitment events in a range of localities where BME are a higher proportion of the community, which may help in increasing our figures. There is a planned recruitment event to take place in January 2019 in Leeds in partnership with the voluntary and community sector with a focus on raising the profile of YAS as an employer of choice.
- Undertake a deep dive into potential reasons for the reducing rates for BME applicants from shortlisting to appointment. This will be to explore and examine the barriers with a view of introducing positive action if required. (December 2018)
- We have undertaken a review of the Trust's recruitment and selection training, where there is an increased focus on unconscious bias and exploration of the key components of the Equality Act 2010.

**Table 4: Indicator 3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**

| <b>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.</b> |  |            |  |
|--|--|------------|--|
| <b>Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.</b>                 |  |            |  |
| <b>Year</b>  | <b>Number of staff who are part of a formal disciplinary process</b> |            | <b>Relative likelihood of BME staff entering the formal disciplinary process compared to White staff</b> |
|  | <b>White</b>   | <b>BME</b> |  |
| <b>March 2015</b>  | 189  | 10         | 1.29   |
| <b>March 2016</b>  | 193  | 15         | 1.73   |
| <b>March 2017</b>  | 65   | 5          | 1.5  |
| <b>March 2018</b>  | 143  | 14         | 1.98                |

6.7 The table above shows the relative likelihood of staff entering the formal disciplinary process. The table provides data for BME and white staff which shows that BME staff are twice as likely (1.98) to be in a formal disciplinary process. This is slightly worse than previous years. There is more work planned on understanding why BME staff are more proportionately affected by this. The Trust is committed to ensuring there is more focus on informal conflict resolution.

6.8 Some of the planned/ongoing actions for this indicator are:



- An increased focus on promoting inclusive behaviours in the workplace – (December 2018)
- A large scale review of our Investigations Policy including the Disciplinary & Grievance Policy. (September 2018)
- Focus on informal conflict resolution and with the launch of an internal workplace mediation service which consists of 10 trained workplace mediators. (October 2018)

**Table 5: Indicator 4. Relative likelihood of staff accessing non-mandatory training and CPD**





| <b>Relative likelihood of staff accessing non-mandatory training and CPD</b> |  |
|--|--|
| <b>Year</b>  | <b>Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff</b> |
| <b>March 2015</b>  | 1.37   |
| <b>March 2016</b>  | 0.84   |
| <b>March 2017</b>  | 1.05   |
| <b>March 2018</b>  | 1.06   |

(Ratio nearer to 1.00 indicates equal access by both BME and white staff to non-mandatory training)

- 6.9 The table above highlights the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff within the Trust.
- 6.10 YAS's position on this indicator is unchanged and is nearer to one i.e. that there is equal access for all staff. This is a positive position for YAS.
- 6.11 Some of the planned/ongoing actions for this indicator are:
- A focus on the recording process into Oracle Learning Management (OLM) system within the Electronic Staff Record (ESR) for capturing statutory and mandatory training. This will enable the Trust to have accurate and up to date information. Once embedded there will be focus to record non mandatory training in the same system. (September 2018)
  - A further exploration into the types of courses recorded under this heading in ESR and if the access to the range of courses/training is equal across all staff.

**Table 6: Staff Survey indicators**

6.12 The following 4 indicators relate to the staff survey that was conducted in Quarter 3 of 2017/18

|                                       | Indicator 5<br>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months |   | Indicator 6<br>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months |   | Indicator 7<br>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion |   | Indicator 8<br>Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues |   |
|---------------------------------------|---|---|---|---|--|---|--|---|
|                                       | White   | BME   | White   | BME   | White  | BME   | White  | BME   |
| March 2015 (2014 survey)              | 46%   | 33%   | 25%   | 24%   | 72%  | 53%   | 9.67%  | 41%   |
| March 2016 (2015 survey)              | 46%   | 36%   | 27%   | 29%   | 75%  | Nil   | 8%   | 29%   |
| March 2017 (2016 survey)              | 45%   | 27%   | 28%   | 26%   | 72%  | 55%   | 10%  | 19%   |
| March 2018 (2017 survey)              | 45%   | 27%  | 27%   | 31%  | 71%  | 66%  | 10%  | 18%  |
| National Average for Ambulance Trusts | 50%   | 39%   | 27%   | 32%   | 71%  | 48%   | 10%  | 18%   |


6.13 Issues from Staff Survey to note are as follows:

- Harassment from the public - the figure for YAS BME staff is well below the national ambulance staff survey result.
- Harassment from colleagues towards BME staff has increased from 26% to 31%; this is reflective of the rest of Ambulance sector whose data also show an increase in this area.
- YAS staff reported positively on the belief that the Trust provides equal access to career progression and this has improved from previous years.
- In terms of experiencing discrimination from a manager, which means more BME staff feeling more discriminated than white staff; YAS staff experience is similar to the Ambulance sector nationally. This has not changed in this year's data.
- There is a perception that BME staff within the organisation feel more harassed by colleagues, this is verified from the feedback from the BME staff network and workforce issues reported to the Diversity and Inclusion Unit

6.14 Some of the planned/ongoing actions for these indicators are:

- An increased effort in encouraging staff to challenge and report inappropriate behaviour, which has increased reporting.
- Development of a Professional Behaviours in the Workplace booklet to be cascaded across the Trust (December 2018)
- Increased focus on raising awareness of Dignity and Respect in workplace (March 2019)
- There is focussed effort on a range of organisational development projects which will address indicators 5, 6, 7 and 8. Please see section 10 for the range of activities that are progressing and will progress for 2018/19.

**Table 7: Indicator. 9. Percentage difference between the organisations’ Board membership and its overall workforce disaggregated:**

| Percentage difference between the organisations’ Board membership and its overall workforce disaggregated:                            |       |  |
|---|-------|--|
| <ul style="list-style-type: none"> <li>• By voting membership of the Board</li> <li>• By executive membership of the Board</li> </ul> |       |  |
| Year  | White | BME  |
| March 2015  | 91.6% | 8.33%  |
| March 2016  | 95.7% | 4.3%   |
| March 2017  | 93.8% | 6.3%   |
| March 2018  | 93.8% | 6.3%  |

6.15 March 2018 data showed no change from the previous year; this is the data that has been submitted as part of our 2018 WRES submission. However in August 2018, the Board had no representation from BME due to the non-Executive Director 4-year term coming to an end. The Trust currently does not have a Board member from a BME background. The Board therefore has a further challenge to redress this balance. The national picture is 7% for this indicator.

6.16 The Executive Director of Workforce and OD has made a commitment to explore what options are available for the future either via the NHSI recruitment process and potential development roles including targeted recruitment via the voluntary and community sector.

6.17 The WRES action plan for 2018 /19 details the priorities for consideration by the Board. Please see Appendix 3.

**7.0 SUMMARY OF INDICATORS THAT REQUIRE PRIORITY ACTION**

7.1 Our 2018 data aligned across the following WRES indicators suggests we have considerable work to do in the following indicators:

- Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

- Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
- Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Indicator 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

## **8.0 YAS CURRENT POSITION**

8.1 The Trust launched its first 3 year Diversity and Inclusion Strategy in December 2017. The Strategy introduces our approach to Diversity and Inclusion with 6 refreshed equality objectives, which are:

- Education, Empowerment and Support
- Effective Community and Staff Engagement
- Promoting Inclusive Behaviours
- Improving Policy and Practice
- Reflective and Diverse Workforce
- Enhancing and Maintaining knowledge and awareness about our staff, communities and patients

8.2 We continue to make progress on the implementation of the strategy and on track with the actions identified within the diversity and inclusion implementation plan.

8.3 Below is a summary of the areas we have been developing aligned to the objectives:

### **8.4 Education, Empowerment & Support:**

- Trained over 500 managers on a one-day diversity and inclusion course
- The D&I unit continue to address various team meetings, divisional management meetings, team away days and team meetings to raise the profile of diversity and inclusion with a focus on roles and responsibilities in creating a culture of dignity and respect
- Developed an in house one day dedicated course covering Fairness, Diversity and Respect
- Trust Board has received a number of presentations and training on diversity and inclusion

### **8.5 Effective Community and Staff Engagement:**

- Improved and strengthened our position on the Equality Delivery System 2 by utilising this framework in our approach to community engagement
- We continue to work in diverse areas by engaging with communities in a meaningful way, supporting the increase in the profile of YAS and the roles and careers we provide
- Successful targeted recruitment events held in Bradford, Leeds and Dewsbury

- Reinvigorated our staff equality networks, the Trust now has a BME, LGBT and a disability staff network who are all members of the Trust's Diversity and Inclusion Steering Group (DISG) chaired by Executive Director W&OD

#### **8.6 Promoting Inclusive Behaviours:**

- Considerable focus with teams and staff on promoting inclusive behaviours in the workplace
- Review of our approach in dealing with issues of dignity and respect
- Replacing the Trust's Bullying and Harassment Policy with the Trust's Dignity and Respect Policy
- Introduced informal conflict resolution
- Introduced an internal workplace mediation service with 10 trained internal workplace mediators
- Launch of revised policy and mediation service to be held in October 2010
- Development of Promoting Inclusive Behaviours in Workplace leaflet currently being disseminated across the Trust

#### **8.7 Improving Policy and Practice:**

- A refreshed approach to equality impact assessments (EIA's) by developing a clear guidance document and an EIA template so that the process is better understood by those conducting EIA's
- Delivery of EIA workshops to ensure the guidance is being utilised and that the Trust is producing good comprehensive EIA's

#### **8.8 Reflective and Diverse Workforce:**

- Targeting various towns and cities across our region where we have attended and worked closely with diverse communities in raising the profile of YAS as an employer of choice, and an opportunity to showcase a range of our roles and careers we provide
- We have refreshed and reviewed our training on recruitment and selection by including the requirements of the Equality Act 2010
- We have recruited up to 5 members of staff from a BME back ground on band 8a and above in the last two years

#### **8.9 Enhancing and maintaining knowledge and awareness about our staff, communities and patients.**

- Development of a workforce profile to capture some key information on our staff. A separate report has been submitted to the Board.
- Upcoming launch of a 'diversity census' aimed at all staff with a view of improving our disclosure rates in terms of protected characteristics
- Development of a frequently asked question leaflet with the aim of providing the necessary information to staff on the benefits of equality monitoring
- Publishing our Gender Pay Audit in March 2018 as per our legal requirements

## **9.0 NEXT STEPS**

- 9.1 A WRES sub group has been formed, that will review and take forward the actions described in the 2018/19 action plan.
- 9.2 Monitoring of the progress of this plan will be managed by the Diversity and Inclusion Steering Group and via the Trust's nominated WRES expert.

## **10.0 RECOMMENDATIONS**

It is recommended that the Trust Board:

- 1. Note the contents of this report
- 2. Support the proposed activities and WRES action plan 2018/19 as outlined in Appendix 3
- 3. Agree to receive updates on the progress of actions.

## **11.0 APPENDICES/BACKGROUND INFORMATION**

|            |   |
|------------|---|
| Appendix 1 | The Workforce Race Equality Standard Indicators   |
| Appendix 2 | Summary of notes from Workshop – 10 <sup>th</sup> April 2018, facilitated by Yvonne Coghill |
| Appendix 3 | WRES – Revised 2018/19 Action plan  |

## Appendix 1

| <b>The Workforce Race Equality Standard indicators</b>  |  |
|---|--|
| <b>Workforce indicators</b>   |  |
| <b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>            |  |
| <b>1.</b>   | Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> <li>• Non-Clinical staff</li> <li>• Clinical staff - of which <ul style="list-style-type: none"> <li>- Non-Medical staff</li> <li>- Medical and Dental staff</li> </ul> </li> </ul> |
| <b>2.</b>   | Relative likelihood of staff being appointed from shortlisting across all posts  |
| <b>3.</b>   | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.<br><br>Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.   |
| <b>4.</b>   | Relative likelihood of staff accessing non-mandatory training and CPD  |
| <b>National NHS Staff Survey indicators (or equivalent)</b>   |  |
| <b>For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u></b> |  |
| <b>5.</b>   | KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months   |
| <b>6.</b>   | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months   |
| <b>7.</b>   | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion  |
| <b>8.</b>   | Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following?<br>Manager/team leader or other colleagues   |
| <b>Board representation indicator For this indicator, compare the difference for white and BME staff</b>                  |  |
| <b>9.</b>   | Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the Board</li> <li>• By executive membership of the Board</li> </ul>   |