

Date	26 <sup>th</sup> September 2019
Name of paper	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) report and next steps
Responsible Executive	Paul Renshaw, Executive Director of Human Resources and OD
Synopsis	<p>This report details the latest figures for the Trust’s performance against the Workforce Race Equality Standard (WRES) metrics, which were submitted to NHS England in August 2019. It also details the first submission against the Workforce Disability Equality Standard (WDES) which was implemented in NHS standard contracts from April 2019. The paper includes a copy of a proposed action plan approved by the Inclusion Working Group (IWG) on 13<sup>th</sup> September 2019, to deliver progress against both the WRES and WDES metrics and Trust Equality Objective.</p> <p>The action plan which is refreshed annually is monitored by the IWG. However, the report demonstrates insufficient progress made to date with a number of actions outstanding from previous years being carried forward.</p> <p>The area served by the Trust has a visible Black and Minority Ethnic population of approximately 9.5%, whereas the Trust workforce has remained static at 3.8% for two years. A lack of Board diversity was also highlighted in our recent Care Quality Commission (CQC) report.</p>

# **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

## **1. Introduction**

- 1.1. This report provides the outcomes of the 2019 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submitted to NHS England in advance of the 1<sup>st</sup> August 2019 (WDES) and 31<sup>st</sup> August 2019 (WRES) deadlines. Full results are provided in Appendix one.
- 1.2. The report also sets out the proposed action plan to deliver progress against both the WDES and WRES over the next 12 months.
- 1.3. The Inclusion Working Group (IWG) monitor the overarching action plan (Appendix two), which is updated each year to maintain and deliver progress against the metrics.

## **2. Background**

### **2.1. Workforce Race Equality Standard (WRES)**

- 2.1.1. The WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups in April 2015. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers, including poor data, are deeply rooted within the culture of the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.
- 2.1.2. The WRES formed part of the standard NHS Contract as of the 1 April 2015. From April 2016 it was also included as part of the CQC inspection standards, and lack of progress against the WRES was highlighted within our most recent CQC report.

The nine WRES metrics cover:

- Four workforce metrics – data provided showing comparison of the experience of Black and Ethnic Minority (BME) employees and candidates
- Four NHS Staff Survey findings – Key Findings 18, 19, 27 and question 23b; all specifically focus on the experience of employees from an Equality and Diversity perspective.
- A metric aimed at achieving a Board that is broadly representative of the population served.

### **2.2. The Workforce Disability Equality Standard (WDES)**

- 2.2.1. The WDES was commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract. All NHS Trusts were required to submit their first year's data by 1<sup>st</sup> August 2019 to NHS England. Following this, results must be published to the Trust website action plan developed to address any discrepancies.
- 2.2.2. Ten evidenced based metrics, (Appendix one) not dissimilar to the WRES, will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information is to be used to develop local action plans designed to enable demonstrable progress against the indicators of disability equality.

The WDES ten metrics cover:

- Three workforce metrics of which metric one (workforce composition) and metric two (recruitment) replicate the WRES metrics, whereas metric three looks at the likelihood of disabled staff being taken through the formal capability process in comparison to non-disabled staff.
- Six NHS Staff Survey findings
  - A metric aimed at comparing the workforce composition against Board representation by
    - voting membership of the Board
    - Executive membership of the Board

2.3. Both WRES and WDES are designed to ensure effective collection, analysis and use of workforce data to address the under-representation and experience of Black Minority Ethnic (BME) and disabled staff across the NHS. Research suggests the experience of minority staff and the extent to which they are valued by their organisations is a very good indicator of both the climate of respect and care for all within NHS trusts, as well as of how well patients are likely to feel cared for.

### 3. WRES Key findings 2019

3.1 The key findings of the results are provided below:

3.1.1. There has been an increase in the BME workforce to 144 people (3.8%), up from 128 reported in 2018. This increase is not consistent with the overall growth of the organisation. As a result, we will see a slight decrease in the percentage of BME people in the workforce overall, despite the largest increase in headcount since we began reporting against the WRES. Nationally the average for the ambulance sector was 4.6% (*WRES 2018 data Analysis report for NHS Trusts, January 2019*).

The area we serve generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8% except North West Surrey, which is higher, and Crawley, and Dartford and Gravesham that are on a par. Surrey Downs is higher than the SEE, and 4 CCGs listed below are on a par with or close to SEE. These results fit with SEE at 14.8%. which has a lower than England average.

- North West Surrey 20.7 % (above England)
- Crawley 20.1 % (=England)
- Dartford, Gravesham and Swanley (=England)
- Surrey Downs 15.9% (above SEE)
- Surrey Heath 14.5%
- Medway 14.5 %
- Guildford and Waverley 14.1%
- East Surrey 13.7 %

6.02% staff in non-clinical roles for SECamb are from a BME background in comparison to 2.7% within clinical. These figures remain the same from our 2018 data. Although the relocation of the Trust Headquarters to a more ethnically diverse area may have had a positive impact initially, there hasn't been any further increase as a result.

Further analysis of Trust recruitment data for the year to date (April 2019 – July 2019) shows that 72% of all applications to the Trust from BME candidates are for our higher volume roles (111, EOC and Frontline Operations), with 96% of BME appointments made in this period also in this category. However, the BME applications make up only 10% of applications overall.

More significantly, despite 57% of posts available in this period being for Emergency Care Support Worker (ECSW), Newly Qualified Paramedic (NQP) or Critical Care Paramedic (CCP) only 6% of overall applications to these roles were from BME candidates (15.8% of all BME applications).

Despite an overall increase in BME headcount, there is a need to identify possible retention issues, with BME staff making up 6.69% of all leavers in the last financial year, higher than the rate of overall BME recruitment for the same period. Data for leavers by OU and directorate also shows that BME staff were 1.8 times more likely to leave the organisation than White staff in the last financial year.

Employee recruitment by race	Application		Shortlisted		Appointed	
	Headcount	%	Headcount	%	Headcount	%
White	7757	85.67%	5484	89.70%	1445	93.05%
BME	1173	12.96%	554	9.06%	95	6.12%
Undisclosed	124	1.37%	76	1.24%	13	0.84%
Total	9054	100.00%	6114	100%	1553	100%

Application to appointment by WRES race categories. April 2018- March 2019

3.1.2. Metric two of the WRES measures the likelihood of BME candidates from shortlisting being appointed in comparison to their white counterparts. This figure continues to show that BME candidates are less likely to be appointed from shortlisting than their White counterparts. The change of 0.03% is unlikely to be statistically significant, with BME staff now being 1.54 times less likely to be appointed following shortlisting than their White counterparts. This is down from 1.57 in 2018. The national figure for ambulance Trusts in 2018 was 1.63.

3.1.3. The 2018/19 figures show an increased likelihood of BME staff being taken through the formal disciplinary process in comparison to White colleagues. This figure increased from 1.6 times more likely in 2017/18 to 2.27 in 2018/19 for the latest reporting period, equating to 11 cases over a two-year period, of which six were in the last 12 months.

Although, the numbers are small, the figures are calculated as a ratio and therefore comparable with data for employees who have declared ethnicity as White or chosen not to declare.

	Likelihood of White staff entering the formal disciplinary process	Likelihood of BME staff entering the formal disciplinary process	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff
SECAmb 2019	1.83%	4.16%	2.27
SECAmb 2018	1.94%	3.12%	1.61
SECAmb 2017	1.99%	1.65%	0.83

Relative likelihood for BME staff entering the formal disciplinary process compared to white staff

The NHS England report [A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce](#) notes that although there have been year on year improvements against the WRES metrics generally, only ambulance trusts continue to see deterioration against this metric, with an average figure of 1.74.

3.1.4. The 2018/19 submission saw a decline in relation to BME staff undertaking non-mandatory training and CPD in comparison with White colleagues. In the 2017/18

reporting period, BME staff were more likely than White colleagues to undertake non-mandatory training at a 0.84 likelihood, this has now dropped to 1.14 times less likely. The ambulance sector average is 1.09, however the 2018 data analysis report identifies that there have been variations by sector over the last three years.

SECAmb reports against all non-mandatory training and Continuing Professional Development (CPD) recorded on Online Learning Management (OLM) system. Lack of capacity within the Organisation Development team saw a pause placed on all in-house non-mandatory training in 2018/19 and this may account for some of the decrease.

3.1.5. All four staff survey related metrics saw a decline in BME staff experience in this reporting period. The 2018 staff survey saw an increased completion rate by BME staff with 73 respondents identifying as BME up from 53 the previous year. This made up 4% of the total survey responses for 2018 and 58% of BME staff in the organisation overall.

3.1.6. Metric five, the 2018 staff survey saw a decrease in White staff experiencing harassment, bullying and abuse from members of the public / patients but a 4% increase for BME staff. The figure fell from 50.99% to 49.3% for White staff and increased from 30.80% to 34.25% for BME staff. Nationally, ambulance staff, BME and White, continue to experience the highest levels of bullying, harassment and abuse from patients, relatives and the public.

3.1.7. The latest staff survey figures show that for metric six, 35.62% of BME staff and 35.02% White staff experienced harassment, bullying and abuse from colleagues. Whilst there was a 7% decrease for White staff reporting against this indicator, there was a 3% increase for BME staff.

As an ambulance sector this figure was 35.2% for BME staff, and increased by 3.8% since 2016, the biggest deterioration across all NHS sectors.

3.1.8. Metric seven noted a 5% increase in White staff believing the Trust provides equal opportunities for career progression. This figure increased from 60% to 65% in the 2018 staff survey. However, there was a decrease of 14.4% for BME staff on the previous year from 61.29% in 2017 to 47% in 2018.

The ambulance sector has seen the largest year on year deterioration against this metric down from 70.4% in the 2016 submission to 52.4% in the 2018 submissions for BME staff nationally.

3.1.9. There was a 10% increase in BME staff reporting discrimination from a manager / team leader or other colleagues in this reporting period. This was up from 13.2% in the 2017 staff survey to 23.1% for BME staff in 2018. White staff reported a small decrease 15.8% to 13.2%

Despite being the only sector to report an improvement against this data in 2018, ambulance trusts as reported the highest percentage of BME staff experiencing discrimination from a manager / team leader or other colleagues at 18.3% nationally.

3.1.10. The Trust continues to report an all-White Board in 2018/19. Although the Board continues to be non-representative in both voting membership and executive membership, there has been a significant improvement with all Board members now self-reporting their ethnicity status.

In 2018, the ambulance sector overall reported an overall increase of three BME Board members, 11 up from 8 in 2017.

The NHS Long term plan has set out a clear commitment to the WRES, funding this workstream until 2025. As part of this, every NHS organisation will be required to set a target for Black, Asian and Minority ethnic (BAME) representation across its leadership team and workforce by 2021/22, aiming to ensure that senior teams more closely represent the diversity of the communities they serve.

#### 4. WDES Key findings 2019

4.1. The key findings of the Trust's first WDES results are provided below

4.1.1. Metric one looks at the number of staff by disability, non-disability and no disability declaration as recorded on the Electronic Staff Record (ESR)

The Trust has reported a 3.7% disability declaration on ESR against an NHS average of 3%, however this is against a Trust declaration of 25% (439 responses) on the last staff survey. The WDES data breakdown also highlights slightly higher levels of non-declaration in both clinical roles overall and the higher staff grades within both clinical and non-clinical groups.

7.6 million people of working age (16-64) reported that they had a disability in January-March 2019, which is 18% of the working age population. Of these, an estimated 3.9 million were in employment. The [Office of National Statistics \(ONS\)](#) estimates that 32.63 million are in work in the UK, so this would equate to 11.9% with a disability.

Reasons for non-declaration are numerous, including lack of understanding for disclosure; an individual's perception of their disability, access to systems to update, lack of trust / fear that declarations would be accessed inappropriately.

4.1.2. Metric two of the WDES measures the likelihood of disabled candidates from shortlisting being appointed in comparison to their non-disabled counterparts.

At 1.08 this figure shows that our disabled candidates are less likely to be appointed from shortlisting than their non-disabled counterparts. The Trust operates a disability confident scheme which guarantees an interview for candidates declaring a disability who meet the essential criteria. The discrepancy could be a result of inconsistent training for those conducting interviewees. However, there are known issues around reduced access to job opportunities for people with disabilities. The government reported the unemployment rate for people with disabilities at 8.0% in the first quarter of 2019, compared to 3.3% for those without disabilities (*People with disabilities in employment, A. Powell, May 2019*). A result of this maybe those with disabilities face greater challenges within a competitive process due to a lack of experience despite reasonable adjustments.

4.1.3. Metric three measures the number of staff taken through the formal capability process based upon a rolling two-year average. Data analysis ahead of reporting showed that of 11 formal capability cases in the last two years, none declared a disability and 8 declared themselves as non-disabled. As a result, the Trust has reported a figure of 0 against this metric.

4.1.4. Metrics four to nine use data taken from the NHS staff survey results. This year 439 (25%) of respondents declared a disability, and 1,291 (75%) of respondents stated

they did not have a disability. In comparison, ESR declaration rates show 32.5% of staff do not have a disability declaration recorded, whereas only 38 respondents skipped the disability declaration on the staff survey.

4.1.5. Metric four, looks at the percentage of staff experiencing harassment, bullying or abuse from; patients/service users, their relatives or other members of the public; managers; from other colleagues in the last 12 months.

In all cases, the data shows that disabled staff are more likely to experience harassment, bullying or abuse. However, results also showed that they were as likely as non-disabled staff to report the behaviours experienced at 37.5% to 37.8%.

		Disabled		Non-disabled	
		Number of Respondents	%	Number of Respondents	%
4	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	435	53.8%	1283	47.0%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	434	33.2%	1278	20.2%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	434	28.6%	1270	18.9%
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	261	37.5%	630	37.8%

NHS Staff Survey 2018, WDES Metric 4

4.1.6. Metric five, the 2018 staff survey showed that fewer disabled staff than non-disabled staff believe that the Trust provides equal opportunities for career progression with a difference of 10% overall. This figure was 57.1% for disabled staff and 67.5% for non-disabled staff. This is in comparison to 65% for the Trust overall.

4.1.7. The latest staff survey figures show that for metric six, 9.6% more disabled staff than non-disabled staff said they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, at 42.7%. There was also a similar difference in the percentage of disabled staff (20.8%) vs non-disabled staff (30.3%) who they are satisfied with the extent to which their organisation values their work.

4.1.8. Metric eight looks at the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. The question is taken from the NHS staff survey and differs from the Equality Act 2010 wording which uses the term “reasonable adjustments” in comparison to the staff surveys “adequate adjustments”. 58.6% of staff who declared a disability in the survey responded positively and stated Trust had made adequate adjustments., However, there was a decrease of 14.4% for disabled staff on the previous year from 61.29% in 2017 to 47% in 2018.

4.1.9. Metric nine is split into two parts and looks at the overall engagement score from the NHS staff survey for disabled and non-disabled staff. As per the other survey scores the score for disabled staff was lower than the score for non-disabled staff at 5.7 and 6.3. The second part of the metric (9b) asks “Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?”. Following the relaunch

of our Enable, our disability and carers network, the Trust is able to respond positively to this question.

4.1.10. Metric 10 reports that only three of a total 16 Board members completed a disability declaration, of which one recorded a disability.

## **5. Delivering progress**

5.1. A meeting of Inclusion Working Group members and subject matter experts convened on 22<sup>nd</sup> July 2019 to review results and propose actions to deliver further progress over the coming year.

5.2. It was agreed that the action plan for WRES, WDES would be combined and integrated with the action plan for the Trust Equality Objective ('The Trust will improve the diversity of the workforce to make it more representative of the population we serve'). Progress against this will be monitored and reviewed at IWG meetings, with regular reports to go to the HR Working Group.

5.3. The proposed action plan was approved at the Inclusion Working Group on 13<sup>th</sup> September. It was also presented to the following groups to ask for their help to ensure that progress against this work is prioritised

- Senior Leadership Committee, 4<sup>th</sup> September 2019
- Workforce Wellbeing Committee, 12<sup>th</sup> September 2019
- HR Working Group, 19<sup>th</sup> September 2019.

**Report prepared by: Asmina Islam Chowdhury, Inclusion Manager**



## Appendix One, Workforce Race Equality Standard 2016-2019

		2016	2017	2018	2019
Metric 1	Overall workforce headcount	3262	3483	3337	3757
	Overall % visible BME	3.03%	3.59%	3.84%	3.80%
	BME headcount	99	125	128	144
Metric 2	Relative likelihood of white candidates being appointed from shortlisting compared to BME	3.84	1.26	1.57	1.54
Metric 3	Relative likelihood of BME staff entering formal disciplinary process compared to white staff	1.15	0.82	1.6	2.27
Metric 4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME	1.22	1.36	0.84	1.14
Metric 5	KF 25. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	39.39%	58.82%	30.77%	34.00%
	KF 25. Percentage of White staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	60.94%	60.22%	51.00%	49.00%
Metric 6	KF 26. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.	27.00%	44.12%	32.69%	36.00%
	KF 26. Percentage of White staff experiencing harassment, bullying or abuse from staff in last 12 months.	32.16%	39.48%	42.00%	35.00%
Metric 7	KF 21. Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion.	67.00%	48.00%	61.29%	47.00%
	KF 21. Percentage of White staff believing that Trust provides equal opportunities for career progression or promotion.	66.45%	62.73%	60.00%	66.00%
Metric 8	Percentage of BME staff who have personally experienced discrimination at work in the last 12 months from Manager / team leader or other colleagues	16.00%	27.27%	13.00%	23.00%
	Percentage of White staff who have personally experienced discrimination at work in the last 12 months from Manager / team leader or other colleagues	13.26%	17.18%	16.00%	13.00%

Metric 9 - Board representation	White	-	69.23%	100.00%	100.00%
	BME	-	0.00%	0.00%	0.00%
	Unknown/ Null	-	30.77%	0.00%	0.00%

## Workforce Disability Equality Standard 2019

		Clinical								
		Disabled		Non - disabled		Unknown/Null		Overall		
		H/C	%	H/C	%	H/C	%	H/C	%	
1	Cluster 1 (Bands 1 - 4)	21	2.5%	535	62.8%	296	34.7%	852	34.4%	
	Cluster 2 (Band 5 - 7)	51	3.2%	1098	69.6%	429	27.2%	1578	63.7%	
	Cluster 3 (Bands 8a - 8b)	4	9.1%	29	65.9%	11	25.0%	44	1.8%	
	Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	1	33.3%	2	66.7%	3	0.1%	
	Cluster 5 (Medical & Dental Staff, Consultants)	0	0%	0	0%	0	0%	0	0.0%	
	Clinical totals	76	3.1%	1663	67.1%	738	29.8%	2477	65.8%	
		Non-clinical								
		Disabled		Non - disabled		Unknown/Null		Overall		
		H/C	%	H/C	%	H/C	%	H/C	%	
		Cluster 1 (Bands 1 - 4)	36	4.8%	418	56.2%	290	39.0%	744	57.8%
		Cluster 2 (Band 5 - 7)	23	5.3%	267	61.8%	142	32.9%	432	33.5%
		Cluster 3 (Bands 8a - 8b)	3	4.4%	34	50.0%	31	45.6%	68	5.3%
		Cluster 4 (Bands 8c - 9 & VSM)	1	2.3%	19	43.2%	24	54.5%	44	3.4%
		Non-clinical totals	63	4.9%	738	57.3%	487	37.8%	1288	34.2%
	<b>Totals</b>	<b>139</b>	<b>3.7%</b>	<b>2401</b>	<b>63.8%</b>	<b>1225</b>	<b>32.5%</b>	<b>3765</b>	<b>100%</b>	
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.	1.08								
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0								

		Disabled		Non - disabled	
		H/C	%	H/C	%
4	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	435	53.80%	1283	47.0%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	434	33.20%	1278	20.2%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	434	28.60%	1270	18.9%
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	261	37.50%	630	37.8%
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	322	57.10%	882	67.5%
6	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	337	42.70%	758	33.1%
7	% staff saying that they are satisfied with the extent to which their organisation values their work.	437	20.80%	1282	30.3%
8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	263	58.60%		

9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	439	5.7	1291	6.3
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	Yes			
10		<b>Disabled</b>	<b>Non - disabled</b>	<b>Unknown/Null</b>	<b>Overall</b>
	Difference (Total Board - Overall workforce)	3%	-51%	49%	
	Difference (Voting membership - Overall Workforce)	9%	-39%	30%	
	Difference (Executive membership - Overall Workforce)	-4%	-35%	39%	

## Appendix Two. Integrated Equality Objective and Workforce Race Equality Standard action plan 2019-20

**Equality objective 2017-2021 - “The Trust will improve the diversity of the workforce to make it more representative of the population we serve”**

Action	Aim	Lead	Linked to metric	Timescales
1. Increase the diversity of the Trust Board to ensure it is more representative of the communities we serve	Improve Board diversity	Chief Executive Officer	WRES metric 1 and 9 Equality delivery system 3.1	August 2020
2. Scope processes to develop and implement an Associate Non-Executive Director programme.	To develop a senior BME talent pool	Company Secretary	WRES metric 1 and 9 Equality delivery system 3.1	April 2020
3. Undertake a scoping exercise to identify; <ul style="list-style-type: none"> <li>i. Operating Unit with a high ethnic diversity</li> <li>ii. The resources required to support and implement a recruitment initiative modelled on approach taken by Yorkshire and North East Ambulance Trusts.</li> </ul>	Pilot is designed to increase engagement with BME communities, and will require partnership working with other NHS partners, and prolonged community engagement that will lead up to a collaborative recruitment open day.	Operating Unit Manager tbc	WRES Metric 1 and 2, WDES metric 1 and 2, Equality delivery system 3.1	Jan 2020
4. Develop and Implement a reasonable adjustments passport with support from members of Enable, Trust’s Disability and Carers network	To improve the experience of disabled staff within SECamb and improve manager awareness of the need to support reasonable adjustments.	Inclusion Manager	WDES metric 7 and 8 Equality delivery system 3.5	December 2019

5. Undertake a scoping exercise to identify barriers to having work experience placements within SECAMB.	To inform development of actions needed to help us progress towards being a Disability Confident level (3) employer.	Alison Littlewood, Head of Resourcing and Service Centre	WRES Metric 2, WDES metric 2 Equality delivery system 3.1 and 3.6	End Q4
6. Explore ways the Trust can deliver better community engagement via our volunteers	Increase capacity for a programme of engagement with BME communities which will build awareness of careers within the ambulance service.	Greg Smith, Voluntary Services Manager <i>With support from Katie Spendiff, Membership manager and Asmina Islam Chowdhury, Inclusion Manager</i>	WRES Metric 2 and 9, WDES metric 2 and 10	End Q3
7. Undertake a deep-dive analysis of all BME formal disciplinary cases for 2018-19.	Identify potential inconsistencies in application of policy	Vicky Kypta, Falls Lead and WRES Expert	WRES metric 3 Equality delivery system 3.4 and 3.6	End Q3
8. Establish a multi-disciplinary panel who will approve cases to proceed to a formal disciplinary/ capability investigation.	Ensure an equitable application of disciplinary and capability policies.	Head of Employee Relations	WRES Metric 3, WDES metric 3 Equality delivery system 3.4	<i>31<sup>st</sup> August 2020</i>
9. Implement a process to ensure BME and disabled staff receive telephone / face to face exit interviews whilst Trust exit survey process is reviewed.	To identify issues any potential issues of training, recommendation was made that these are undertaken by a staff side member or a member of the Inclusion Team.	Head of Learning and OD (TBC)	WRES metric 1 WDES metrics 1, 7, 8 and 9a, Equality delivery system 3.6	End Q4
10. Design and promote awareness in the value of diversity monitoring across the Trust.	Increase diversity declaration rates across the Trust, with a specific aim to achieve 100% of Board declaration by 31 <sup>st</sup> March 2020.	Head of HR Business Partners	WRES Metric 1, WDES metric 1 Equality delivery system 3.6	31st March 2020

## Actions carried forward from 2018/19

Action	Aim	Lead	Linked to metric	Timescales
1. Develop key performance indicators to ensure the use of tailored messaging that promotes the importance of a diverse workforce is integrated throughout the Culture Programme. Ensure that Corporate and Local induction processes are included.	Action designed to develop clear commitment to message	Head of Learning and OD	WRES metric 1 and Equality delivery system 3.1	End of Q3
2. Develop process to ensure that staff who have not undergone interview training cannot be listed as the Recruiting Manager and effective processes to support recruitment activity within affected teams	To improve equity in recruitment processes.	Resourcing Manager	WRES Metric 2 WDES metric 2, Equality delivery system 3.1	
3. Work with the Inclusion Team to ensure Diversity and Inclusion content of all management and assessment training.	Diversity and Inclusion is appropriately embedded and regularly assessed	Head of Learning and OD	WRES Metric 3 and 7 WDES metric 2 and 5	<i>End of Q3</i>
4. Review the process of current recruitment monitoring reports for BME and / or disabled candidates with the support of Workforce Planning.	Ensure the most effective process is implemented and part of the HR transformation work stream	Resourcing Manager	WRES Metric 1 and 2 WDES metric 1 and 2	<i>End of Q3</i>