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| Date | 9th August 2018 |
| Name of paper | NHS Workforce Race Equality Standard summary report 2018 |
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| Synopsis(up to 120 words) | This report provides the stakeholders with information and details of the Trust’s Workforce Race Equality Standard (WRES) submission for 2018.  |
| Recommendations, decisions or actions sought | For information only.  |
| Does this paper, or the subject of this paper, require an equality analysis (’EA’)? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases). |  **No**If yes and approval or ratification is required, a completed EA Record must be attached. |

**South East Coast Ambulance Service NHS Foundation Trust**

**Workforce Race Equality Standard (WRES) Summary Report 2018**

1. **Introduction**
	1. The purpose of this report is to provide an update on the progress achieved in the implementation of the Workforce Race Equality Standard (WRES), which was embedded within the NHS Contract from 2014/15, mandatory for all NHS Trusts.
	2. It provides the outcomes of the WRES summary as submitted to NHS England and Lead Commissioners by 10th August 2018, Appendix 1.
	3. The Inclusion Working Group (IWG) monitor the overarching action plan, which is updated each year to maintain and deliver progress against the metrics.

1. **Background**
	1. The Workforce Race Equality Standard (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. The WRES is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data to address the under-representation of Black Minority Ethnic (BME) staff across the NHS.
	3. The WRES requires NHS organisations to demonstrate progress against nine indicators specifically focused at Race equality. The nine indicators are shown in more detail in the results of the 2017/18 WRES return, Appendix 1.
	4. As of the 1 April 2015, the WRES formed part of the standard NHS Contract. From April 2016 it was also included as part of the CQC inspection standards.

The nine indicators 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.
	1. The WRES has clear links with the Equality Delivery System 2 (EDS2) which also became mandatory for NHS Trusts, including CCG’s from April 2015. It also supports the EDS2 goal for representative workforce and the link to inclusive leadership (including the Board) and how organisations are well led and provide support and leadership across their workforce.
1. **Summary of Key Findings 2017/18**
	1. This report and the results of the 2018 WRES return detailed in Appendix 1, will be shared with Sumona Chatterjee, Executive Director of Strategic Commissioning and the Trust’s Lead Commissioner as mandated in the contract. The report will also be published on the Trust website with the associated action plan by 28th September 2018.

The key findings of the results are provided below:

* + 1. There has been an increase in the BME workforce to 128 people across the Trust with the percentage rising from 3.5% to 3.8%. This equates to an increase of seven people against an overall workforce count of 3337 for 2018. However, it should be noted that 2018 saw a drop in headcount of 146 over the previous year.
		2. BME candidates continue to be less likely to be appointed from shortlisting than their White counterparts. This figure has slightly worsened from the 2016/17 figure, with BME staff now being 1.57 times less likely to be appointed following shortlisting than their White counterparts, up from 1.26.
		3. The 2017/18 figures show an increased likelihood of BME staff being taken through the formal disciplinary process in comparison to White colleagues. This figure increased from 0.82 in 2016/17 to 1.38 for the reporting period, equating to seven cases over a two-year period.
		4. The 2017/18 submission saw a positive result in relation to BME staff undertaking non-mandatory training and CPD in comparison to their White counterparts. This figure not only improved, but also in this reporting period BME staff were more likely than White colleagues to undertake non-mandatory training at 0.84.
		5. All four staff survey related metrics saw improvement in BME staff experience in this reporting period. In metric five, the last staff survey saw a decrease in both BME and White staff experiencing harassment, bullying and abuse from members of the public / patients. The figure fell from 60.22% to 50.99% for White staff and 58.82% to 30.77% for BME staff.
		6. The latest staff survey figures show that for metric six 32.69% of BME staff and 42.13% White staff experienced harassment, bullying and abuse from colleagues. Whilst there was an 11% decrease for BME staff reporting against this indicator, there was a 3% increase for White staff.
		7. Metric seven noted a 13% increase in BME staff believing the Trust provides equal opportunities for career progression. This figure increased from 48% to 61% in the 2017 staff survey. However, there was a small decrease of 3% for White staff on the previous year.
		8. There have been decreases in both White and BME staff reporting discrimination from a manager / team leader or other colleagues in this reporting period. These were down in 2017 staff survey from 17.18% to 15.80% for White staff and 27.27% to 13.21% for BME staff.
		9. The Trust reported an all-White Board in 2017/18. 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.
1. **Next steps**
	1. The IWG monitor and discuss the requirements of the WRES at each meeting, and review progress against an approved action plan to ensure an upward trajectory. At the meeting on 1st August 2018, the results for this year’s submission were discussed, and it was agreed that a subgroup would convene later this month to recommend actions to deliver further progress over the coming year.
	2. In addition, the Trust Equality Objective ‘The Trust will improve the diversity of the workforce to make it more representative of the population we serve’ is supported by an action plan, which will also contribute to achieving progress. This is also monitored and reviewed at IWG meetings, with regular reports to go to the HR Group.

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**Appendix 1. Summary of WRES Submission August 2018**

Metric 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.







