

Response ID ANON-R89M-8JPK-D

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-07-31 12:49:08**

Introduction

1 Name of organisation

Name of organisation:

South East Coast Ambulance Service NHS Foundation Trust

2 Date of report

Month/Year:

July 2017

3 Name and title of Board lead for the Workforce Race Equality Standard

Name and title of Board lead for the Workforce Race Equality Standard :

Steve Graham, Interim Director of HR & Organisation Development

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Angela Rayner, Inclusion & Wellbeing Manager

Angela.Rayner@secamb.nhs.uk

07771958085

5 Names of commissioners this report has been sent to

Complete as applicable::

Kent - Helen Medlock ,

Surrey - McPeak Glenn

Sussex - Clayre Le Trobe

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:

As above - Lead commissioners for each of the three counties reflecting local arrangements

7 Unique URL link on which this report and associated Action Plan will be found

Unique URL link on which this Report and associated Action Plan will be found:

http://www.secamb.nhs.uk/about_us/inclusion_equality_diversity/wres.aspx

8 This report has been signed off by on behalf of the board on

Name::

Steve Graham, Interim Director of HR & Organisation Development

Date::

25th July 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

N/A

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

N/A

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

3483

12 Proportion of BME staff employed within this organisation at the date of the report?

Proportion of BME staff employed within this organisation at the date of the report:

3.59%

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:

95.69%

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:

N/A

15 Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:

Planned go live of ESR self-serve in Q3 2017/18. This will be supported by an engagement campaign to raise awareness and understanding of the reasons for recording diversity monitoring information.

Workforce data

16 What period does the organisation's workforce data refer to?

What period does the organisation's workforce data refer to?:

1st April 2016 to 31st March 2017

Workforce Race Equality Indicators

17 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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:

Non clinical White % BME % Unknown/ NULL %

under band 1 0.00% 0.00% 0.00%

band 1 100.00% 0.00% 0.00%

band 2 83.33% 8.33% 8.33%

band 3 92.16% 4.58% 3.27%

band 4 91.80% 4.69% 3.52%

band 5 88.46% 6.92% 4.62%

band 6 93.29% 4.03% 2.68%

band 7 86.54% 5.77% 7.69%

band 8a 92.31% 0.00% 7.69%

band 8b 88.89% 0.00% 11.11%

band 8c 92.31% 7.69% 0.00%

band 8d 0.00% 0.00% 0.00%

band 9 100.00% 0.00% 0.00%

VSM 75.00% 12.50% 12.50%

Clinical White % BME % Unknown/ NULL %

under band 1 0.00% 0.00% 0.00%

band 1 0.00% 0.00% 0.00%

band 2 0.00% 0.00% 0.00%

band 3 95.02% 2.49% 2.49%

band 4 94.43% 1.35% 4.22%

band 5 90.58% 6.52% 2.90%

band 6 92.67% 2.63% 4.70%

band 7 92.86% 0.00% 7.14%

band 8a 0.00% 0.00% 0.00%

band 8b 100.00% 0.00% 0.00%

band 8c 0.00% 0.00% 0.00%

band 8d 0.00% 0.00% 0.00%
band 9 0.00% 0.00% 0.00%
VSM 0.00% 0.00% 0.00%

Data for previous year:

Non clinical White % BME %
under band 1 0.00% 0.00%
band 1 100.00% 0.00%
band 2 95.70% 4.30%
band 3 95.24% 4.76%
band 4 97.07% 2.93%
band 5 94.64% 5.36%
band 6 95.10% 4.90%
band 7 93.10% 6.90%
band 8a 95.24% 4.76%
band 8b 100.00% 0.00%
band 8c 91.67% 8.33%
band 8d 0.00% 0.00%
band 9 0.00% 0.00%
VSM 87.50% 12.50%

Clinical White % BME %
under band 1 0.00% 0.00%
band 1 0.00% 0.00%
band 2 95.96% 4.04%
band 3 97.43% 2.57%
band 4 98.17% 1.83%
band 5 97.69% 2.31%
band 6 98.05% 1.95%
band 7 100.00% 0.00%
band 8a 0.00% 0.00%
band 8b 100.00% 0.00%
band 8c 0.00% 0.00%
band 8d 0.00% 0.00%
band 9 0.00% 0.00%
VSM 0.00% 0.00%

The implications of the data and any additional background explanatory narrative:

There has been an increase in the overall BME workforce across the Trust with the percentage rising from 2.8% to 3.5%, of the total Workforce.

The breakdown shows an increase in band 5 & 6 clinical roles, and an increases in pay bands up to and including band 5 for non-clinical roles. However there is a decrease in pay bands above this for BME staff

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

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 is expected to support progression.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

White staff are 1.26 times more likely to be appointed from shortlisting compared to BME staff

Data for previous year:

White staff were 3.84 times more likely to be appointed from shortlisting compared to BME staff

The implications of the data and any additional background explanatory narrative:

The data shows a positive trend attributed in part to bimonthly analysis and reporting of live recruitment data that highlights BME numbers, job roles and business areas. More emphasis is now being placed on using an assessment process to recruit rather than 1 to 1 interviews, and on the interview assessor training process. Further work is planned under the WRES action plan.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

This metric is linked to the Trust Equality objective and specific actions under the WRES action plan.

19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Data for reporting year:

The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.82

Data for previous year:

The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was 1.08

The implications of the data and any additional background explanatory narrative:

The data identifies that BME staff are now less likely to enter the formal disciplinary process than white staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Ongoing monitoring of all formal disciplinary cases involving BME staff.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is 1.36

Data for previous year:

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is 1.22

The implications of the data and any additional background explanatory narrative:

The data demonstrates that White staff are more likely to access non mandatory training in comparison to BME staff. This figure is an negative increase on the data from the previous year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Targeted actions under the WRES action plan are in place to deliver progress on this area

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

62.22%

BME:

58.82%

White:

60.94%

BME:

39.39%

The implications of the data and any additional background explanatory narrative:

Although data demonstrates that BME staff are less likely to experience harassment, bullying or abuse from patients, relatives or the public in this period than White staff, the Trust acknowledges the large increase in the data from the previous year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust encourages staff to report incidents of harassment, bullying or abuse from patients, relatives or the public, and actively seeks to prosecute.

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:

62.73%

BME:

48.00%

White:

66.45%

BME:

66.67%

The implications of the data and any additional background explanatory narrative:

Data demonstrates a greater percentage of BME staff that do not believe that the Trust provides equal opportunities compared to White staff. Data for both BME and White staff report a negative trend on the previous year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Will be addressed via actions under the WRES action plan.

24 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.

White:

17.18%

BME:

27.27%

White:

13.26%

BME:

15.63%

The implications of the data and any additional background explanatory narrative:

BME staff participating in the staff survey were 10% more as likely to experience discrimination at work than White colleagues. The percentage of BME staff experiencing discrimination at work from colleagues has almost doubled on the previous year's data.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust has commissioned Professor Duncan Lewis to carry out a four month study into B&H in the Trust. a report will be published on its completion and an appropriate action will be developed to address any issues and recommendations

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:

39.48%

BME:

44.12%

White:

32.16%

BME:

27.27%

The implications of the data and any additional background explanatory narrative:

The data demonstrates an increase in both BME and White staff experiencing harassment, bullying and abuse from staff in this reporting period, with BME staff more likely to experience this.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust has commissioned Professor Duncan Lewis to carry out a four month study into B&H in the Trust. a report will be published on its completion and an appropriate action will be developed to address any issues and recommendations

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

- 23%

BME:

-3.5%

White:

-25.7%

BME:

3.9%

The implications of the data and any additional background explanatory narrative:

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Recruitment processes are underway for four new members of the board and targeted actions are being taken within the WRES action plan.

26 Are there any other factors or data which should be taken into consideration in assessing progress?

Are there any other factors or data which should be taken into consideration in assessing progress?:

N/A

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other

workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:

http://www.secamb.nhs.uk/about_us/inclusion_equality__diversity/wres.aspx