

		Item No	
Name of meeting	Workforce and Wellbeing Committee		
Date	17 September 2020		
Name of paper	Diversity and Inclusion – Workforce Race and Disability Equality Standard Report		
Executive sponsor	Ali Mohammed, Director of Human Resources and Organisation Development		
Author name and role	Asmina Islam Chowdhury, Inclusion Manager		
Synopsis, including any notable gaps/issues in the system(s) you describe (up to 150 words)	This paper provides the Workforce Wellbeing Committee with information and details of the Trust’s Workforce Race Equality Standard (WRES) and Workforce Disability Standard submissions for 2019. It also details the proposed actions to deliver improvement over the coming twelve months.		
Which strategic objective does this paper link to?	Staff Engagement and Support (Our People) Ensuring patients get the right care (Our Patients)		

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2020 Submission

1. Introduction

- 1.1. This report provides the outcomes of the 2020 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submitted to NHS England in advance of the 31st August 2020 deadline. 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 was mandated through the NHS Standard Contract in 2019/20.
- 2.2.2. Ten evidenced based metrics, (Appendix one) not dissimilar to the WRES, 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 from 144 people on 31st March 2019 to 201 people on 31st March 2020. This increase (13.9%) is higher than the overall growth rate of the organisation (6.92%) and BME staff now make up 5% of all Trust staff. The progress is the largest percentage increase in a single year since we began reporting against the WRES in 2015. However, the Trust continues to be unrepresentative of the population it serves.

10.3% staff in non-clinical roles are from a BME background in comparison to 3.3% within clinical. The increase within clinical roles may be attributed to international recruitment and a diversifying of registered clinicians and allied health professionals in SECamb with the introduction of the Clinical Assessment Team in EOC and 111. Overall increases in support services may have benefitted from the location of Trust Headquarters in a more ethnically diverse area and change in EOC/111 workforce strategy.

The area served 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%

	Non Clinical 2020			Clinical 2020		
	White	BME	Not Stated/ Not Given	White	BME	Not Stated/ Not Given
Total HC by ethnicity	866	103	33	2854	98	63
Percentage by ethnicity	86.43%	10.28%	3.29%	94.66%	3.25%	2.09%
Total Clinical HC	1002			3015		
	Non Clinical 2019			Clinical 2019		
	White	BME	Not Stated/ Not Given	White	BME	Not Stated/ Not Given
Total HC by ethnicity	1161	77	41	2336	67	73
Percentage by ethnicity	90.77%	6.02%	3.21%	94.35%	2.71%	2.95%
Total Non- Clinical	1279			2476		

Table one: Ethnicity breakdown for 2019 and 2020 by clinical and non-clinical workforce.

The table above shows the workforce as at 31st March 2019 and 2020, showing a 34% growth in the BME workforce in Non-Clinical, now showing at 10.28% of the non-clinical workforce overall. Some of these increases maybe a result of new roles due to the increase in organisational size over the past 12 months, which will have been supported by the location of the Trust Headquarters in one of the more ethnically diverse areas in our patch. There was a 46% growth in the BME workforce in Clinical taking the BME workforce in this area to 3.25% overall. It is likely that this is partly a result of the diversification of clinical roles across the Operations directorate. Appendix three provides a breakdown of staff by ethnicity by directorate and OU.

Despite an overall increase in BME headcount, there is a need to identify possible retention issues, with BME staff making up over 10% of all leavers in the last financial year. Appendix four provides a breakdown of Trust leavers by OU and directorate, and also shows that BME staff were 1.79 times more likely to leave the organisation than their White counterparts.

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 in SECamb, but there has been progress made. In 2019/20 BME staff were 1.31 times less likely to be appointed. This is a reduction from 1.54 times less likely in 2018/19.

Employee recruitment by race	2018-19						2019-20					
	Application		Shortlisted		Appointed		Application		Shortlisted		Appointed	
	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
White	7757	85.67%	5484	89.70%	1445	93.05%	7675	82.60%	3697	87.78%	1005	90.20%
BME	1173	12.96%	554	9.06%	95	6.12%	1455	15.50%	461	11.00%	95	8.40%
Undisclosed	124	1.37%	76	1.24%	13	0.84%	145	1.50%	52	1.20%	11	0.90%
Total	9054	100.00%	6114	100%	1553	100%	9275	99.60%	4210	99.98%	1111	99.50%

Table two: Employee recruitment by ethnicity breakdown for 2018-19 and 2019-20

3.1.3. The table above shows the number of applicants at each stage of the recruitment process, and we can see there is around a 2% increase in candidates from a BME background at application, shortlisting and appointment stage in 2019/20.

It is difficult to attribute this improvement to any one specific intervention, however over the last year there has been a more conscious effort to ensure diversity in the imagery used by the Trust as this is known to create a sense of belonging and ability for candidates to see themselves within an organisation. This alongside the increased diversity in roles may have supported this increase.

In July 2020, the IWG noted that 60% of interviews in the Trust continued to be conducted by colleagues who have not received interview/ assessment centre training. With the support of the Executive Management Board, the HR directorate have been able to put in place actions to address this with a completion date of January 2021 to increase the numbers of trained staff who can support the interview process. It is hoped that by ensuring all staff who undertake interviews are appropriately trained we will be able to reduce the likelihood of White staff being appointed over BME staff, achieving parity in this metric and bring about greater equity in the recruitment process.

3.1.4. The 2019/20 figures show that BME staff continue to have an increased likelihood of being taken through the formal disciplinary process in comparison to White colleagues. However, there has been a significant reduction in this over the past 12 months. In 2019/20 BME staff were 1.25 times more likely to be taken through a formal disciplinary. This is down from 2.27 times more likely in 2018/19. As this is calculated on a two-year rolling average this equates to a total of eight cases over a two-year period involving BME staff, of which two 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.

	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 2020	1.59%	1.99%	1.25
SECAmb 2019	1.83%	4.16%	2.27
SECAmb 2018	1.94%	3.12%	1.61
SECAmb 2017	1.99%	1.65%	0.83

Table three: 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. However, the sector average for this metric in 2019 was 1.39 against a national average of 1.22.

- 3.1.5. The 2019/20 data continues to show a decline in relation to BME staff undertaking non-mandatory training and CPD in comparison with White colleagues. In the 2018/19 reporting period, BME staff were 1.14 times less likely to access non-mandatory training and this has dropped further to 1.37 times less likely.

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 although a relaunch of the first line managers programme did take place in March 2020, this has had to be paused again due to COVID19.

- 3.1.6. Three out of four staff survey related metrics saw improvements in BME staff experience in this reporting period. The 2019 staff survey saw an increased completion rate by BME staff with 96 respondents identifying as BME up from 73 the previous year. This made up 4.6% of the total survey responses for 2019 and 52% of BME staff in the organisation overall (based on ESR data for BME staff in September 2019).

- 3.1.7. Metric five, the 2019 staff survey saw a very small decrease in White staff experiencing harassment, bullying and abuse from members of the public / patients but an 8% increase for BME staff. This third consecutive increase fits with national reports of increased levels of hate crime towards BME people in England and Wales and anecdotal reports from members of the Trust BME staff network. In 2019, 42.1% of BME staff reported experiencing harassment, bullying and abuse from members of the public / patients, up from 34% the previous year. For White staff this figure was 48.1% in 2019 down from 49.3% in 2018.

Ambulance trusts observed the highest rates of harassment, bullying or abuse from patients, relatives or the public, for both BME (39.4%) and White (47.7%) staff.

- 3.1.8. The latest staff survey figures show that for metric six, there were improvements for both BME and White staff. In 2019, 26% of BME staff and 30% White staff experienced harassment, bullying and abuse from colleagues. There was an 10% decrease for BME staff reporting against this indicator and a 5% decrease for White staff.

- 3.1.9. Metric seven noted an increase in both BME and White staff believing the Trust provides equal opportunities for career progression. This figure increased from 47% to 55% in the 2019 staff survey for BME staff. However, the increase for White staff was smaller, and negative comments within the qualitative feedback were noted around promotion of national positive action schemes from the NHS Leadership Academy. In the 2019 survey, 66% of White staff believed the Trust provided equal opportunities for career progression.

However, these improved figures continue to be well below the NHS averages of 69.9% (BME staff) which has seen a year-on-year deterioration in this statistic since 2015 and 86.3% for White staff. Ambulance trusts remain the worst performers overall for both BME (56.2%) and White (71.1%) staff believing that their organisation provides equal opportunities for career progression or promotion.

- 3.1.10. Both BME and White staff reported lower levels of discrimination from a manager / team leader or other colleagues in this reporting period. This was down

from 23% in the 2018 staff survey to 15.8% for BME staff in 2019. White staff reported a small decrease 13.2% to 11.5%.

Despite being the only sector to report an improvement against this data in both 2018 and 2019, ambulance trusts reported the highest percentage of BME staff experiencing discrimination from a manager / team leader or other colleagues at 17.2% (BME staff) and 10.5% (white staff) nationally.

3.1.11. The Trust reported an improvement in Board diversity for this reporting period, and we continue to have 100% declaration of ethnicity at Board level.

3.2. 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.

3.3. In addition, the [NHS People Plan](#), published on 30th July also focusses on the need for organisational leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from Black, Asian, and Minority Ethnic (BAME) backgrounds. There is [evidence](#) that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.

4. WDES Key findings 2019

4.1. The key findings of the Trust's 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 3.5% disability declaration on ESR against an NHS average of 3%, however this is in contrast to a Trust declaration of 27% (564 responses) on the 2019 NHS staff survey. Unlike other sectors of the NHS, our Trust and the wider ambulance sector report a decline in declaration as pay band increases, and an increase in those choosing not to declare. This is illustrated in the data below (table four).

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. The level of disability declaration via ESR dropped in 2019/20 but increased in the 2019 staff survey.

As per the wider national picture in England, Unknown/Null declarations increased with seniority in SECamb.

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 1.02 this figure shows parity in that our disabled candidates are as likely to be appointed from shortlisting as 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. There is a small improvement in this area from the 2019 figure of 1.08, but we are unable to attribute this improvement to any specific action taken. It is possible that the improvement may have been as a result of increased focus on reasonable adjustments and an awareness of the need to support candidates in this area.

The Trust is performing well against this metric nationally which sees that Non-disabled job applicants were more likely to be appointed from shortlisting compared to disabled applicants (relative likelihood of 1.23) and in comparison to the ambulance sector average which also identified that Non-disabled job applicants were more likely to be appointed.

	Clinical 2020							
	Disabled		Non - disabled		Unknown/Null		Overall	
	H/C	%	H/C	%	H/C	%	H/C	%
Cluster 1 (Bands 1 - 4)	43	2.5%	639	62.8%	571	34.7%	1253	41.6%
Cluster 2 (Band 5 - 7)	56	3.2%	1122	69.6%	534	27.2%	1712	56.8%
Cluster 3 (Bands 8a - 8b)	2	9.1%	32	65.9%	12	25.0%	46	1.5%
Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	1	33.3%	3	66.7%	4	0.1%
Cluster 5 (Medical & Dental Staff, Consultants)	0	0%	0	0%	0	0%	0	0.0%
Clinical totals	101	3.3%	1794	59.5%	1120	37.1%	3015	75.1%
	Non-clinical 2020							
	Disabled		Non - disabled		Unknown/Null		Overall	
	H/C	%	H/C	%	H/C	%	H/C	%
Cluster 1 (Bands 1 - 4)	19	4.8%	157	56.2%	246	39.0%	422	42.1%
Cluster 2 (Band 5 - 7)	16	5.3%	246	61.8%	195	32.9%	457	45.6%
Cluster 3 (Bands 8a - 8b)	5	4.4%	37	50.0%	42	45.6%	84	8.4%
Cluster 4 (Bands 8c - 9 & VSM)	1	2.3%	18	43.2%	20	54.5%	39	3.9%
Non-clinical totals	41	4.1%	458	45.7%	503	50.2%	1002	24.9%
Totals	142	3.5%	2252	56.1%	1623	40.4%	4017	100%

Table four: WDES metric 1, Workforce data

- 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 an average of six formal capability cases in the last two years, none declared a disability and three declared no disability. 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 564 (27%) of respondents declared a disability, and 1,512 (73%) of respondents stated they did not have a disability. In comparison, ESR declaration rates show 40% of staff do not have a disability declaration recorded, whereas only 32 respondents skipped the anonymised 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, and that this was most likely to come from patients/service users, their relatives or members of the public. However, all of the results were an improvement on data from the previous year and results also showed that disabled staff were slightly more likely than non-disabled staff to report the behaviours experienced at 40.8% to 39.6%. This was also reflected in the [WDES annual report](#) (published March 2020) which showed that both disabled and non-disabled staff at ambulance trusts reported the highest rates of harassment, bullying or abuse from patients/service users, relatives or other members of the public (52.7% for disabled staff compared to 47.01% for non-disabled staff).

		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	556	52.50%	1509	46.1%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	557	30.70%	1502	15.4%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	548	28.10%	1474	16.8%
	% 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	342	40.10%	737	39.6%

Table five: WDES metric 4, Workforce experience of harassment, bullying or abuse as taken from 2019 staff survey.

4.1.6. Metric five, the 2019 staff survey showed that fewer disabled staff than non-disabled staff believe that the Trust provides equal opportunities for career progression with an increasing difference of 12% overall. This figure was 56.2% (down 1%) for disabled staff and 68.7% for non-disabled staff. This is in comparison to 64% for the Trust overall.

4.1.7. The latest staff survey figures show that for metric six, 9.4% 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 39.7%. However, there is an improvement in this area for both disabled and non-disabled staff from the 2018 staff survey results. There was also a similar difference in the percentage of disabled staff (27.8%) vs non-disabled staff (34.1%) who report they are satisfied with the extent to which their organisation values their work.

Nationally, compared to other trust types, ambulance trusts had significantly more disabled staff (48.12%) who reported feeling pressure from their manager to come to work against 32% in England overall.

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 requires employers to provide reasonable adjustments. 62.7% of staff who declared a disability in the survey responded positively and stated the Trust had made adequate adjustments., This metric also recorded an improvement on the previous year from 58.6% 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 5.8 and 6.4. 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?”. The Trust is able to respond positively to this question having relaunched the Enable network in 2018.
- 4.1.10. Metric 10 reported 100% disability declaration at Board level. 13% of Board members declared a disability.

5. Next steps

- 5.1. A meeting of Inclusion Working Group members and subject matter experts convened on 20th July 2019 to review results and propose actions to deliver further progress over the coming year. This was discussed and approved by an extraordinary IWG on 28th August.
- 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 is monitored and reviewed at IWG meetings, with regular reports going to the HR Working Group.
- 5.3. The Workforce Wellbeing Committee (WWC) are asked to note the contents of this report. Additionally, the WWC is asked to support progress against this work by monitoring progress at appropriate intervals.
- 5.4. The Trust Board will be asked to approve publication of this report.

Appendix One, Workforce Race Equality Standard 2016-2020

		2015	2016	2017	2018	2019	2020
Metric 1	Overall workforce headcount	3527	3262	3483	3337	3757	4017
	Overall % visible BME	2.30%	3.03%	3.59%	3.84%	3.80%	5.00%
	BME headcount	82	99	125	128	144	201
Metric 2 - Relative likelihood of white candidates being appointed from shortlisting compared to BAME		1.8	3.84	1.26	1.57	1.54	1.31
Metric 3 - Relative likelihood of BAME staff entering formal disciplinary process compared to white staff		0.65	1.08	0.82	1.6	2.27	1.25
Metric 4 - Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME		1.32	1.23	1.36	0.84	1.14	1.37
Metric 5 - KF 25. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BME	52.00%	39.39%	58.82%	30.77%	34.00%	42.10%
	WHITE				51.00%	49.30%	48.10%
Metric 6 - KF 26. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.	BME	30.77%	27.27%	44.12%	32.69%	36.00%	26.00%
	WHITE				42.10%	35.00%	30.00%
Metric 7 - KF 21. Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion.	BME	50.00%	66.67%	48.00%	61.29%	47.00%	55.20%
	WHITE				60.20%	65.70%	66.00%
Metric 8 - Percentage of BME staff who have personally experienced discrimination at work in the last 12 months from	BME	32.00%	15.63%	27.27%	13.00%	23.00%	15.80%
	WHITE				15.80%	13.20%	11.50%

Manager / team leader or other colleagues								
Metric 9 - Board representation	White			-	69.23%	100.00%	100.00%	93.30%
	BME			-	0.00%	0.00%	0.00%	6.70%
	NULL			-	30.77%	0.00%	0.00%	0.00%

WRES 2020 - metric 1

Please note, due to small numbers, data for consultants and any payband where the numbers are below 5 have been replaced with an asterisk has been removed.

	Non-Clinical 2020				Non-Clinical 2020%			Clinical 2020				Clinical 2020 %		
	WHITE	BME	Not Stated/ Not Given	totals	WHITE	BME	Not Stated/ Not Given	WHITE	BME	Not Stated/ Not Given	Totals	WHITE	BME	Not Stated/ Not Given
Under Band 1	0	0	0	0	0.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 1	0	0	0	0	0.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 2	42	9	0	51	82.4%	17.6%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 3	216	24	7	247	87.4%	9.7%	2.8%	869	28	11	908	95.7%	3.1%	1.2%
Band 4	109	11	*	124	87.9%	8.9%	3.2%	329	14	2	345	95.4%	4.1%	0.6%
Band 5	134	10	8	152	88.2%	6.6%	5.3%	694	18	18	730	95.1%	2.5%	2.5%
Band 6	147	28	*	179	82.1%	15.6%	2.2%	589	27	14	630	93.5%	4.3%	2.2%
Band 7	110	13	*	126	87.3%	10.3%	2.4%	324	11	17	352	92.0%	3.1%	4.8%
Band 8A	49	*	*	55	89.1%	5.5%	5.5%	32	0	*	33	0.0%	0.0%	0.0%
Band 8B	24	*	*	29	82.8%	6.9%	10.3%	13	0	0	13	100.0%	0.0%	0.0%
Band 8C	14	*	*	16	87.5%	6.3%	6.3%	*	0	0	*	0.0%	0.0%	0.0%
Band 8D	9	*	0	10	90.0%	10.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 9	*	0	0	*	100.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
VSM	10	*	0	11	90.9%	9.1%	0.0%	*	0	0	*	0.0%	0.0%	0.0%
Total	866	103	33					2854	98	63				
Percentage	86.43%	10.28%	3.29%					94.66%	3.25%	2.09%				
Total Clinical	1002							3015						

	Non-Clinical 2019				Non-Clinical 2019 %			Clinical 2019				Clinical 2019 %		
	WHITE	BME	Not Stated/ Not Given	Totals	WHITE	BME	Not Stated/ Not Given	WHITE	BME	Not Stated/ Not Given	totals	WHITE	BME	Not Stated/ Not Given
Under Band 1	0	0	0	0	0.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 1	*	0	0	*	100.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 2	189	15	10	214	88.3%	7.0%	4.7%	0	0	0	0	0.0%	0.0%	0.0%
Band 3	267	12	*	281	95.0%	4.3%	0.7%	603	15	9	627	96.2%	2.4%	1.4%
Band 4	222	15	8	245	90.6%	6.1%	3.3%	219	5	*	226	96.9%	2.2%	0.9%
Band 5	147	9	6	162	90.7%	5.6%	3.7%	484	9	19	512	94.5%	1.8%	3.7%
Band 6	132	9	*	143	92.3%	6.3%	1.4%	699	27	21	747	93.6%	3.6%	2.8%
Band 7	113	10	5	128	88.3%	7.8%	3.9%	287	11	19	317	90.5%	3.5%	6.0%
Band 8A	33	*	*	39	84.6%	7.7%	7.7%	27	0	*	30	0.0%	0.0%	0.0%
Band 8B	24	*	*	29	82.8%	6.9%	10.3%	14	0	0	14	100.0%	0.0%	0.0%
Band 8C	15	*	*	17	88.2%	5.9%	5.9%	*	0	0	*	0.0%	0.0%	0.0%
Band 8D	5	*	0	6	0.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 9	*	0	*	*	75.0%	0.0%	25.0%	0	0	0	0	0.0%	0.0%	0.0%
VSM	9	0	0	9	100.0%	0.0%	0.0%	*	0	0	*	0.0%	0.0%	0.0%
Total	1161	77	41					2336	67	73				
Percentage	90.77%	6.02%	3.21%					94.35%	2.71%	2.95%				
Total Non-Clinical	1279							2476						

Workforce Disability Equality Standard 2020

	Clinical 2019									Clinical 2020							
	Disabled		Non - disabled		Unknown/Null		Overall		Disabled		Non - disabled		Unknown/Null		Overall		
	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	
Cluster 1 (Bands 1 - 4)	21	2.5%	535	62.8%	296	34.7%	852	34.4%	43	2.5%	639	62.8%	571	34.7%	1253	41.6%	
Cluster 2 (Band 5 - 7)	51	3.2%	1098	69.6%	429	27.2%	1578	63.7%	56	3.2%	1122	69.6%	534	27.2%	1712	56.8%	
Cluster 3 (Bands 8a - 8b)	4	9.1%	29	65.9%	11	25.0%	44	1.8%	2	9.1%	32	65.9%	12	25.0%	46	1.5%	
Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	1	33.3%	2	66.7%	3	0.1%	0	0.0%	1	33.3%	3	66.7%	4	0.1%	
Cluster 5 (Medical & Dental Staff, Consultants)	0	0%	0	0%	0	0%	0	0.0%	0	0%	0	0%	0	0%	0	0.0%	
Clinical totals	76	3.1%	1663	67.1%	738	29.8%	2477	65.8%	101	3.3%	1794	59.5%	1120	37.1%	3015	75.1%	
1	Non-clinical 2019									Non-clinical 2020							
	Disabled		Non - disabled		Unknown/Null		Overall		Disabled		Non - disabled		Unknown/Null		Overall		
	H/C	%	H/C	%	H/C	%	H/C	%	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%	19	4.8%	157	56.2%	246	39.0%	422	42.1%	
Cluster 2 (Band 5 - 7)	23	5.3%	267	61.8%	142	32.9%	432	33.5%	16	5.3%	246	61.8%	195	32.9%	457	45.6%	
Cluster 3 (Bands 8a - 8b)	3	4.4%	34	50.0%	31	45.6%	68	5.3%	5	4.4%	37	50.0%	42	45.6%	84	8.4%	
Cluster 4 (Bands 8c - 9 & VSM)	1	2.3%	19	43.2%	24	54.5%	44	3.4%	1	2.3%	18	43.2%	20	54.5%	39	3.9%	
Non-clinical totals	63	4.9%	738	57.3%	487	37.8%	1288	34.2%	41	4.1%	458	45.7%	503	50.2%	1002	24.9%	
Totals	139	3.7%	2401	63.8%	1225	32.5%	3765	100%	142	3.5%	2252	56.1%	1623	40.4%	4017	100%	

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				1.02			
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				0			
		Disabled		Non - disabled		Disabled		Non - disabled	
		H/C	%	H/C	%	H/C	%	H/C	%
	% 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%	556	52.50%	1509	46.1%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	434	33.20%	1278	20.2%	557	30.70%	1502	15.4%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	434	28.60%	1270	18.9%	548	28.10%	1474	16.8%

	% 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%	342	40.10%	737	39.6%
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	322	57.10%	882	67.5%	390	56.20%	1001	68.7%
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%	463	39.70%	897	30.3%
7	% staff saying that they are satisfied with the extent to which their organisation values their work.	437	20.80%	1282	30.3%	564	27.80%	1500	34.1%
8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	263	58.60%			354	62.70%		
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	564	5.8	1512	6.4

9b	Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (yes) or (no)	Yes				Yes			
10		Disabled	Non - disabled	Unknown/Null	Overall	Disabled	Non - disabled	Unknown/Null	Overall
	Difference (Total Board - Overall workforce)	3%	-51%	49%		10%	31%	-40%	
	Difference (Voting membership - Overall Workforce)	9%	-39%	30%		21%	19%	-40%	
	Difference (Executive membership - Overall Workforce)	-4%	-35%	39%		11%	30%	-40%	

Appendix Two. Integrated equality action plan 2020-21

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

This action plan combines actions to deliver improvements against the Trust equality objective, WRES, WDES and Gender Pay Audit.

Action	Aim	Lead	Linked to metric	Recommended timescales
1. Increase the diversity of the Board across both the Executive and Non-Executive team with an aim to increase both gender and ethnic diversity.	To achieve a Board representative of the communities we serve, with a particular focus gender and ethnicity. Board ethnic diversity currently 6.9% (1/16) BME Board gender diversity currently 19% (3/16) female	Chief Executive Officer and Trust Chair	WRES metric 1 and 9 Equality delivery system 3.1	July 2021 (extended from August 2020)
2. Develop and implement an Associate Non-Executive Director programme.	To develop a pool of Black, Asian and Minority Ethnic Associate NED's that will benefit both SECamb and our wider region. At present, only 4.6% of posts at 8a and above are held by BAME staff.	Company Secretary	WRES metric 1 and 9 Equality delivery system 3.1	December 2020 (extended from April 2020)
3. Work with NHS partners in an area of high ethnic diversity to deliver a multi-agency careers and recruitment event.	To increase recruitment from underrepresented BME communities by engaging with NHS partners to deliver a collaborative recruitment open day. At present, only 5% of our total workforce is from a BME background	Operating Unit Manager/ Head of Workforce	WRES Metric 1 and 2, WDES metric 1 and 2, Equality delivery system 3.1	April 2021 (extended from August 2020)
4. Identify and mitigate barriers to having work experience placements within SECamb.	To implement a process to enable to young people with disabilities to take up work placements within	Head of Workforce	WRES Metric 2, WDES metric 2 Equality delivery	Dec 2020 (extended from Dec 2019)

	SECAmb and help us progress towards being a Disability Confident level (3) employer. 3.5% of staff currently declare a disability. 40.4% staff choose not to declare.		system 3.1 and 3.6	
5. Develop a model of community engagement with under-represented community groups	To increase engagement with BME and other underrepresented groups, develop community relationships and diversify our talent pool.	Head of Workforce	WRES Metric 1 and 2, WDES metric 1 and 2, Equality delivery system 3.1	April 2021
6. Establish a multi-disciplinary panel to review cases ahead of progressing to a formal disciplinary/ capability investigation.	Ensure an equitable application of disciplinary and capability policies. Staff from a BME background are 1.25 times more likely to be taken through a formal disciplinary process than their White colleagues	Head of Employee Relations	WRES Metric 3, WDES metric 3 Equality delivery system 3.4	Dec 2020 (extended from 31 st August 2020)
7. Launch, communicate and regularly audit the new Trust wide exit interview process which will ensure all staff receive a telephone / face to face exit interview.	To identify potential training needs, trends and learning to maximise staff retention.	HR Special Projects	WRES metric 1 WDES metrics 1, 7, 8 and 9a, Equality delivery system 3.6	End of Sept 2020 (revised from end Q4 2019)
8. Devise and deliver an awareness campaign that demonstrates the value of workforce diversity monitoring across the Trust.	Increase diversity declaration rates on ESR across the Trust to better understand and meet the needs of our workforce.	Head of Workforce	WRES Metric 1, WDES metric 1 Equality delivery system 3.6	31 st March 2021 (revised and extended from 31 st March 2019)
9. The Trust will support the delivery of the following positive action programmes as previously agreed; <ul style="list-style-type: none"> • Reverse mentoring • Springboard Women's Leadership programme 	To create a level playing field and more equitable outcomes to support development of those belonging to underrepresented groups within SECAmb	Inclusion Manager	WRES 1, 2,4,8 and Gender Pay Gap	April 2021 NB. Stepping up does not have a virtual delivery format at present.

<ul style="list-style-type: none"> NHS Leadership Academy Stepping Up Programme 				
10. Design and implement a process to ensure diversity within interview panels and assessment centres.	To provide a better candidate experience, decrease the impact of unconscious bias and pro- group favouritism in the hiring process and imbalance between certain groups.	Head of Workforce	WRES metric 1, 2 and 8	January 2021
11. Develop an inclusive Comms and Engagement strategy which has a clear plan to promote inclusiveness and create a culture of diversity	Promoting SECamb as an accessible and inclusive employer of choice and service provider, thereby attracting a more diverse pool of candidates, promoting a positive workplace culture and better patient experience.	Head of Comms.	WRES metric 1, 2, 6,7,8 and 9, Gender pay gap	March 2021
12. To develop and implement a Flexible Working Charter and a new role for a Senior Flexible Working Champion.	Promoting SECamb as an inclusive employer of choice, improve job satisfaction, retention, wellbeing, and employee engagement.	Head of HR BP's	Gender Pay Gap, Equality delivery system 3.2, 3.5 and 3.6	January 2021

The following actions from the 2019-20 have been reviewed by the IWG and recommended for closure as they have been completed, superseded or integrated into Business as usual processes.

Actions for closure	Aim	Lead	Linked to metric	Current timescales	timescales	Action status
1. 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.	Asmina Islam Chowdhury - Inclusion Manager	WDES metric 7 and 8 Equality delivery system 3.5	December 2019	Action complete	Action complete

2. Undertake a deep-dive analysis of all BME formal disciplinary cases for 2018-19.	Identify potential inconsistencies in application of policy	WRES Expert	WRES metric 3 Equality delivery system 3.4 and 3.6	End Q3	Action complete. No discrepancies identified in 2019/20	Action closed.
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	Katy Larkin & Jo Lightfoot – Acting Heads of Learning and OD	WRES Metric 3 and 7 WDES metric 2 and 5		Action is outstanding from 2018/19. Content of all training due to be revised with inclusion input	T&FG recommend that this action is closed as this should be part of BAU.
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	Sophie May - Resourcing Manager	WRES Metric 1 and 2 WDES metric 1 and 2	End of Q3	Action complete Yearly recruitment data can now be provided via trac and will be monitored via the HRWG.	Action complete. HRWG to discuss how data will be utilised going forward.
5. 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, Membership manager & Inclusion Manager</i>	WRES Metric 2 and 9, WDES metric 2 and 10	Was due end Q3 2019	Action paused due to COVID19	T&FG recommendation that this action is closed. Members felt that lack of diversity within current volunteers would not provide any tangible benefits.

<p>6. 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.</p>	<p>Action designed to develop clear commitment to message</p>	<p>Katy Larkin & Jo Lightfoot - Acting Heads of Learning and OD</p>	<p>WRES metric 1 and Equality delivery system 3.1</p>	<p>Was due end of Q3 2018</p>	<p>Action is outstanding from 2018/19. Culture mandate has now been closed (June 2020)</p>	<p>T&FG recommend that this action is closed.</p>
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Appendix three. BME and disabled staff by Directorate and Operating Unit 2019-20

Ethnicity by Directorate (D/ate)	BME		Not Stated/Not Given		White		Grand Total	
	H/C	% of D/ate	H/C	% of D/ate	H/C	% of D/ate	H/C	% of Trust
278 EP3 Chief Executive Office	*	4.65%	*	4.65%	39	90.70%	43	1.06%
278 EP3 Director of Finance & Corporate Services	16	22.86%	*	2.86%	52	74.29%	70	1.73%
278 EP3 Director of Human Resources	12	16.22%	*	1.35%	61	82.43%	74	1.83%
278 EP3 Director of Operations	161	4.44%	83	2.29%	3380	93.27%	3624	89.57%
278 EP3 Director of Quality & Safety	*	5.88%	*	1.96%	47	92.16%	51	1.26%
278 EP3 Director of Strategy & Business Development	*	25.00%		0.00%	12	75.00%	16	0.40%
278 EP3 Medical Director	5	2.98%	9	5.36%	154	91.67%	168	4.15%
Grand Total	203	5.02%	98	2.42%	3745	92.56%	4046	100.00%

Ethnicity by Operating Unit (OU)	BME		Not Stated		White		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of OUs
278 EP6 111 Urgent Care	40	11.53%	11	3.17%	296	85.30%	347	10.62%
278 EP6 EOC East	12	5.85%	*	1.46%	190	92.68%	205	6.28%
278 EP6 EOC West	14	5.43%		0.00%	244	94.57%	258	7.90%
278 EP6 OU – Admin & Management – East	*	1.50%	7	5.26%	124	93.23%	133	4.07%
278 EP6 OU – Admin & Management – West	5	3.65%	*	2.92%	128	93.43%	137	4.19%
278 EP6 OU – Ashford	*	1.72%	*	1.15%	169	97.13%	174	5.33%
278 EP6 OU – Brighton	*	1.90%	*	1.90%	203	96.21%	211	6.46%
278 EP6 OU – Chertsey	9	5.42%	*	0.60%	156	93.98%	166	5.08%
278 EP6 OU – Dartford & Medway	5	1.68%	*	1.35%	288	96.97%	297	9.09%
278 EP6 OU – Gatwick & Redhill	12	3.53%	7	2.06%	321	94.41%	340	10.41%
278 EP6 OU – Guildford	*	1.90%		0.00%	155	98.10%	158	4.84%
278 EP6 OU – Paddock Wood	*	1.89%	5	3.14%	151	94.97%	159	4.87%
278 EP6 OU – Polegate & Hastings	6	2.54%	11	4.66%	219	92.80%	236	7.23%
278 EP6 OU – Tangmere & Worthing	5	2.05%	7	2.87%	232	95.08%	244	7.47%
278 EP6 OU – Thanet	7	3.48%	*	0.50%	193	96.02%	201	6.15%
Grand Total	130	3.98%	67	2.05%	3069	93.97%	3266	100.00%

Disability by Directorate (D/ate)	No		Not Declared/Unknown		Yes		Grand Total	
	H/C	% of D/ate	H/C	% of D/ate	H/C	% of D/ate	H/C	% of Trust
278 EP3 Chief Executive Office	18	41.86%	23	53.49%	*	4.65%	43	1.06%
278 EP3 Director of Finance & Corporate Services	29	41.43%	35	50.00%	6	8.57%	70	1.73%
278 EP3 Director of Human Resources	28	37.84%	44	59.46%	*	2.70%	74	1.83%
278 EP3 Director of Operations	2051	56.59%	1437	39.65%	136	3.75%	3624	89.57%
278 EP3 Director of Quality & Safety	26	50.98%	24	47.06%	*	1.96%	51	1.26%
278 EP3 Director of Strategy & Business Development	8	50.00%	8	50.00%		0.00%	16	0.40%
278 EP3 Medical Director	97	57.74%	63	37.50%	8	4.76%	168	4.15%
Grand Total	2257	55.78%	1634	40.39%	155	3.83%	4046	100.00%

Disability by Operating Unit (OU)	No		Not Declared/Unknown		Yes		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of Ous
278 EP6 111 Urgent Care	127	36.60%	199	57.35%	21	6.05%	347	10.62%
278 EP6 EOC East	105	51.22%	90	43.90%	10	4.88%	205	6.28%
278 EP6 EOC West	126	48.84%	114	44.19%	18	6.98%	258	7.90%
278 EP6 OU – Admin & Management – East	94	70.68%	36	27.07%	*	2.26%	133	4.07%
278 EP6 OU – Admin & Management – West	92	67.15%	43	31.39%	*	1.46%	137	4.19%
278 EP6 OU – Ashford	109	62.64%	62	35.63%	*	1.72%	174	5.33%
278 EP6 OU – Brighton	142	67.30%	56	26.54%	13	6.16%	211	6.46%
278 EP6 OU – Chertsey	94	56.63%	66	39.76%	6	3.61%	166	5.08%
278 EP6 OU – Dartford & Medway	171	57.58%	116	39.06%	10	3.37%	297	9.09%
278 EP6 OU – Gatwick & Redhill	202	59.41%	132	38.82%	6	1.76%	340	10.41%
278 EP6 OU – Guildford	106	67.09%	50	31.65%	*	1.27%	158	4.84%
278 EP6 OU – Paddock Wood	102	64.15%	50	31.45%	7	4.40%	159	4.87%
278 EP6 OU – Polegate & Hastings	140	59.32%	87	36.86%	9	3.81%	236	7.23%
278 EP6 OU – Tangmere & Worthing	141	57.79%	96	39.34%	7	2.87%	244	7.47%
278 EP6 OU – Thanet	122	60.70%	73	36.32%	6	2.99%	201	6.15%
Grand Total	1873	57.35%	1270	38.89%	123	3.77%	3266	100.00%

Appendix four: BME and disabled leavers by Directorate and Operating Unit

Leavers Ethnicity by Directorate (D/ate)	BME		Not Stated/Not Given		White		Grand Total		Likelihood of BME staff leaving over White Staff
	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of Trust	
278 EP3 Chief Executive Office	*	10.00%	0	0.00%	9	90.00%	10	1.26%	2.17
278 EP3 Director of Finance & Corporate Services	5	50.00%	*	10.00%	*	40.00%	10	1.26%	4.06
278 EP3 Director of Human Resources	5	25.00%	*	10.00%	13	65.00%	20	2.52%	1.96
278 EP3 Director of Operations	54	7.52%	20	2.79%	644	89.69%	718	90.43%	1.76
278 EP3 Director of Quality & Safety	0	0.00%	0	0.00%	8	100.00%	8	1.01%	0.00
278 EP3 Director of Strategy & Business Development	*	28.57%	0	0.00%	5	71.43%	7	0.88%	1.20
278 EP3 Medical Director	*	4.76%	*	4.76%	19	90.48%	21	2.64%	1.62
Grand Total	68	8.56%	24	3.02%	702	88.41%	794	100.00%	1.79

Leavers Ethnicity by Operating Unit (OU)	BME		Not Stated/Not Given		White		Grand Total		Likelihood of BME staff leaving over White by OU Staff
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of OUs	
278 EP6 111 Urgent Care	27	13.37%	*	1.98%	171	84.65%	202	29.88%	1.17
278 EP6 EOC East	10	10.64%	*	1.06%	83	88.30%	94	13.91%	1.91
278 EP6 EOC West	*	3.06%	*	1.02%	94	95.92%	98	14.50%	0.56
278 EP6 OU - Admin & Management - East	*	10.00%	*	20.00%	7	70.00%	10	1.48%	8.86
278 EP6 OU - Admin & Management - West	0	0.00%	*	16.67%	10	83.33%	12	1.78%	0.00
278 EP6 OU - Ashford	0	0.00%	*	6.25%	15	93.75%	16	2.37%	0.00
278 EP6 OU - Brighton	*	8.33%	*	4.17%	21	87.50%	24	3.55%	4.83
278 EP6 OU - Chertsey	*	3.85%	*	3.85%	24	92.31%	26	3.85%	0.72
278 EP6 OU - Dartford & Medway	*	2.56%	0	0.00%	38	97.44%	39	5.77%	1.52
278 EP6 OU - Gatwick & Redhill	0	0.00%	0	0.00%	26	100.00%	26	3.85%	0.00
278 EP6 OU - Guildford	*	4.00%	0	0.00%	24	96.00%	25	3.70%	2.15
278 EP6 OU - Paddock Wood	*	5.26%	0	0.00%	18	94.74%	19	2.81%	2.80
278 EP6 OU - Polegate & Hastings	*	5.56%	*	5.56%	32	88.89%	36	5.33%	2.28
278 EP6 OU - Tangmere & Worthing	0	0.00%	*	13.04%	20	86.96%	23	3.40%	0.00
278 EP6 OU - Thanet	*	3.85%	0	0.00%	25	96.15%	26	3.85%	1.10
Grand Total	50	7.40%	18	2.66%	608	89.94%	676	100.00%	1.94

Leavers by disability and directorate (D/ate)	No		Not Declared		Yes		Grand Total		Likelihood of disabled staff leaving over non-disabled
	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of Trust	
278 EP3 Chief Executive Office	*	30.00%	6	60.00%	*	10.00%	10	1.26%	3.00
278 EP3 Director of Finance & Corporate Services	*	40.00%	6	60.00%	0	0.00%	10	1.26%	0.00
278 EP3 Director of Human Resources	6	30.00%	13	65.00%	*	5.00%	20	2.52%	2.33
278 EP3 Director of Operations	303	42.20%	371	51.67%	44	6.13%	718	90.43%	2.19
278 EP3 Director of Quality & Safety	*	37.50%	5	62.50%	0	0.00%	8	1.01%	0.00
278 EP3 Director of Strategy & Business Development	*	57.14%	*	42.86%	0	0.00%	7	0.88%	#DIV/0!
278 EP3 Medical Director	11	52.38%	9	42.86%	*	4.76%	21	2.64%	1.10
Grand Total	334	42.07%	413	52.02%	47	5.92%	794	100.00%	2.05

Leavers by ethnicity and Operating Unit (OU)	No		Not Declared		Yes		Grand Total		Likelihood of disabled staff leaving over non-disabled staff
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% leavers by OU	
278 EP6 111 Urgent Care	40	19.80%	150	74.26%	12	5.94%	202	29.88%	1.81
278 EP6 EOC East	23	24.47%	61	64.89%	10	10.64%	94	13.91%	4.57
278 EP6 EOC West	31	31.63%	62	63.27%	5	5.10%	98	14.50%	1.13
278 EP6 OU - Admin & Management - East	7	70.00%	*	20.00%	*	10.00%	10	1.48%	4.48
278 EP6 OU - Admin & Management - West	4	33.33%	6	50.00%	*	16.67%	12	1.78%	23.00
278 EP6 OU - Ashford	9	56.25%	6	37.50%	*	6.25%	16	2.37%	4.04
278 EP6 OU - Brighton	15	62.50%	6	25.00%	*	12.50%	24	3.55%	2.18
278 EP6 OU - Chertsey	18	69.23%	7	26.92%	*	3.85%	26	3.85%	0.87
278 EP6 OU - Dartford & Medway	30	76.92%	8	20.51%	*	2.56%	39	5.77%	0.57
278 EP6 OU - Gatwick & Redhill	17	65.38%	7	26.92%	*	7.69%	26	3.85%	3.96
278 EP6 OU - Guildford	19	76.00%	5	20.00%	*	4.00%	25	3.70%	2.79
278 EP6 OU - Paddock Wood	15	78.95%	4	21.05%		0.00%	19	2.81%	0.00
278 EP6 OU - Polegate & Hastings	23	63.89%	11	30.56%	*	5.56%	36	5.33%	1.35
278 EP6 OU - Tangmere & Worthing	16	69.57%	5	21.74%	*	8.70%	23	3.40%	2.52
278 EP6 OU - Thanet	17	65.38%	8	30.77%	*	3.85%	26	3.85%	1.20
Grand Total	284	42.01%	348	51.48%	44	6.51%	676	100.00%	2.36

The “relative likelihood” is calculated as follows:

Descriptor	White	BME
Number of staff in workforce	3745	203
Number of staff leaving	702	68

- Likelihood of White staff leaving the organisation $(702/3745) = 0.187$
 - Likelihood of BME staff leaving the organisation $(68/203) = 0.335$
 - The relative likelihood of BME staff leaving the organisation compared to White staff is therefore $0.335/0.187 = 1.79$ **times greater.**
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