NHS
South East Coast Ambulance Service
NHS Foundation Trust

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2021 Submission

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1. Introduction

1.1. This report provides the outcomes of the 2021 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submitted to NHS England in advance of the 31st August 2021 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 has formed part of the standard NHS Contract since 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 2019 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. It should be noted that for the term BME is used by the national WRES team and therefore this terminology is used throughout this report.

2.3. The Workforce Disability Equality Standard (WDES)

2.3.1. 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.

2.3.2. 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.

2.3.3. 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

2.4. 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 2021

3.1. The key findings of the results are provided below:

3.1.1. There has been an increase in the BME workforce from 202 people on 31st March 2021 to 244 people on 31st March 2021. This increase (21.3%) is higher than the overall growth of the organisation (8.7%). BME staff now make up 5.6%% of all Trust staff (which equates to a 0.6% increase in the previous year). Non-declaration of ethnicity also continues to decrease, with 2.1% colleagues choosing not to declare this information with the Trust.

9.3% staff in non-clinical roles are from a BME background in comparison to 3.4% within clinical. These figures have seen minimal change on the previous year's data but includes a 1% drop in the percentage of BME colleagues in non-clinical roles since 2016 despite a 60% increase in colleagues in non-clinical roles. Non-clinical includes colleagues working in our contact 999 and 111 contact centres.

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 2021			Clinical 2021		
	White	BME	Unknown / Null	White	BME	Unknown / Null
Total HC by ethnicity	1416	150	33	2611	95	59
Percentage by ethnicity	88.6 %	9.4%	2.1%	94.4 %	3.4 %	2.1%
Total Clinical HC	1599			2765		
	Non-Clinical 2020			Clinical 2020		
	White	BME	Unknown / Null	White	BME	Unknown / Null
Total HC by ethnicity	866	103	33	2854	98	63
Percentage by ethnicity	86.4 %	10.3 %	3.3%	94.5 %	3.3 %	2.2%
Total Clinical HC	1002			3024		

Table one: Ethnicity breakdown as at 31 March 2020 and 31 March 2021 by clinical and non-clinical workforce.

The table above shows the workforce as at 31st March 2020 and 2021. Whilst there is an overall change in headcount, they show little movement over the last 12 months towards our aim to increase ethnic diversity of our workforce as part of becoming more representative of the communities we serve.

There is a need address retention issues, with BME staff making up 7.8%% of all leavers in the last financial year though this is an improvement on the previous year. Lack of career opportunities features significantly more often in the top three reasons for leaving amongst BAME employees than other employee groups. Appendix four provides a breakdown of Trust leavers by OU and directorate, and also shows that BME staff remain more likely to leave (1.4 times more likely) 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, and in 2020-21 showed a significant decrease in progress that had previously been made to reduce this disparity. In 2020/21 BME staff were 2.6 times less likely to be appointed. This is an increase from the previous year where they were 1.31 times less likely to be appointed.

Employee Recruitment by race	2019-20						2020-21					
	Application		Shortlisted		Appointed		Application		Shortlisted		Appointed	
	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
White	7675	82.6%	3697	87.8%	1005	90.2%	7426	78.8%	2014	77.5%	729	88.7%
BME	1455	15.5%	461	11.0%	95	8.4%	1401	14.9%	525	20.2%	72	8.8%
Undisclosed	145	1.5%	52	1.2%	11	0.9%	602	6.4%	60	2.3%	21	2.6%
Total	9275	99.6%	4210	100.0%	1111	99.5%	9429	100.0%	2599	100.0%	822	100.0%

Table two: Employee recruitment by ethnicity breakdown for 2019-20 and 2020-21

The table above shows the number of applicants at each stage of the recruitment process. Whist the number of applications from BME candidates remains the same, there is a significant increase in the number of candidates from underrepresented groups being shortlisted. However, this increase is not reflected in the appointments being made. The HR working Group reviews equity in recruitment on a monthly basis, and this reflects the issues that have been highlighted by the monthly data showing discrepancies in specific areas of the organisation in relation to ethnicity, disability, and gender. Targeted interventions are required to address this.

At the start of the pandemic the Trust also advertised our vacancies directly to travel companies in the Crawley area, including with Virgin and British Airways, and was successful in recruiting a number of their employees. These colleagues brought new skills to the organisation and have added great value. However, we should be mindful that the organisations themselves may not have been reflective of the diversity of the communities within which they operate and therefore this recruitment will also have had an unintentional impact on our overall diversity. In addition to this, our standard interview processes were also paused at the start of the pandemic whilst new ways of working were established.

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. Whilst interview skills training and an awareness of the impact of unconscious bias is important, it is well documented that this alone will not reduce inequity in recruitment. NHS England and Improvement have asked all Trusts to adopt six specific actions focussed on supporting progress against metrics one and two over the next two years.

3.1.3. The 2020/21 figures show a significant increase in the likelihood that BME colleagues are more likely to be taken through the formal disciplinary process in comparison to White colleagues. Our present data shows BME colleagues are 2.7 times more likely to be taken through the formal disciplinary process than our White colleagues. This is up from BME colleagues having been less likely to be taken through the formal disciplinary process the previous year.

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. There should be some caution due to the small numbers involved which mean that small changes can impact the data greatly. However, we should be mindful that our organisational data also shows that cases against BME colleagues are twice as likely to have no case to answer, and these made up 45% of all cases against BME colleagues in 2020/21 in comparison to 18% of all cases against White colleagues.

	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 2021	1.37%	3.67%	2.7
SECAmb 2020	1.42%	0.99%	0.7

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 nationally there have been year on year improvements against the WRES metrics generally, only ambulance trusts continue to see deterioration against this metric.

3.1.4. The 2020/21 data shows an improvement in relation to BME colleagues undertaking non-mandatory training and CPD in comparison with White colleagues. In the 2019/20 reporting period, BME colleagues were 1.37 times less likely to access non-mandatory training and this has improved to 1.09 times less likely and is moving towards equity with White colleagues.

SECAmb reports against all non-mandatory training and Continuing Professional Development (CPD) recorded on Online Learning Management (OLM) system.

3.1.5. Of the four staff survey related metrics, all showed a decline in BME colleagues experience, despite improvements against three metrics having been reported the previous year. Two of the four metrics also showed worsening experience for White colleagues although to a lesser extent. The 2020 staff survey saw an increased completion rate by BME staff with a 68% completion rate from BME staff in comparison to a 63% completion rate for the Trust overall. This is a 20% increase on completion by BME colleagues from the year before.

It should be noted that the months preceding the 2020 NHS staff survey saw discussions on racial inequity highlighted on a global stage. This period in time saw the disproportionate impact of COVID19 on BME communities as a result of systemic inequalities within society, the murder of George Floyd, and the rise of the Black Lives Matter movement all bringing into focus how much work there is still to do to achieve race equality and how much discomfort there continues to be around this topic.

3.1.6. Metric five, the 2020 staff survey saw a worsening experience in all colleagues experiencing harassment, bullying and abuse from members of the public / patients. For White colleagues 1.7% increase on the previous year and a 5.3% increase for BME colleagues.

This third consecutive increase fits with national reports of increased levels of hate crime towards BME people in England and Wales. In 2020, 47.4% of BME colleagues reported experiencing harassment, bullying and abuse from members of the public /

patients, up from 42.1% the previous year. For White colleagues this figure was 50.8% in 2020 up from 48.1 in 2020.
Ambulance trusts observed the highest rates of harassment, bullying or abuse from patients, relatives or the public, for both BME (44.3%) and White (43.5%) staff.

3.1.7. The latest staff survey figures show that for metric six, there were improvements for White colleagues, whilst BE colleagues reported increased levels of harassment, bullying or abuse from other colleagues in the last 12 months. In 2020, 33.6% of BME colleagues and 29% White colleagues reported these behaviours in the last 12 months. This was a 6% increase on the previous year for BME colleagues.

3.1.8. Metric seven noted decreases in both BME and White colleagues believing the Trust provides equal opportunities for career progression. This figure worsened from 55.2% to 49.4% in the 2020 staff survey for BME colleagues. A greater proportion of White colleagues continue to believe that the Trust provides equal opportunities for progression or promotion, but this has also decreased from 66% to 62.8%.

Nationally, the 2020 data shows this metric (BME 69.2%, White 87.3%) has declined since 2019 (83.9%) and is around 2 percentage points lower than in 2016 (85.5%) Following two years of steady improvement, the score for ambulance trusts fell to 72% this year (2019: 72.8%) and this remains the lowest benchmarking group on this measure. Our own figures continue to be well below the sector averages for both BME (62.8%) and White (77.3%) colleagues.

3.1.9. In metric eight, BME colleagues reported a second consecutive increase in having personally experienced discrimination from a manager / team leader or other colleagues in this reporting period. This was up from 15.8% in the 2019 staff survey to 21.8% for BME staff in 2020. White colleagues reported at 11.5% for the second consecutive year.

3.1.10. The Trust reported an improvement in Board diversity for this reporting period, and we continue to have 100% declaration of ethnicity at Board level. Board diversity is moving towards that of the community we serve, however we should be mindful that the numbers are small and therefore will fluctuate with any changes.

3.2. The NHS Long term plan has set out a clear commitment to the WRES, and the work towards racial equity and creating a culture of belonging is further strengthened in the NHS People Plan. Every NHS organisation has been asked to set a target to achieve 19% Black, Asian and Minority ethnic (BAME) representation across each pay band and its overall workforce by 2025 and are asked to ensure that senior teams more closely represent the diversity of the communities they serve.

3.3. 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 2021

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 an overall 4.3% disability declaration on ESR which is split by 5.4% of the non-clinical workforce and 3.7% of the Clinical workforce). All of these figures are above the against an NHS averages where 3.6% of the non-clinical and 2.9% of the clinical workforce (excluding medical and dental staff) had declared a disability through the NHS Electronic Staff Record.

The clustered data as shown in table four highlights that there is increased disability declaration in almost every cluster across both clinical and non-clinical pay bands. The figures in Red show where there had been a negative change from the previous reporting period. However, we should remain mindful that this is in contrast to a Trust declaration of 28% (714 responses) on the 2020 NHS staff survey.

The most significant change under metric one is the reduction in colleagues choosing not to declare down from 37.1% in 2020 to 8.3% in this reporting period. This has been the result of an intensive data cleanse process undertaken by our Workforce Information Team and will now allow us to apply targeted communications to increase awareness of why declaration is important. 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. As per the wider national picture in England, Unknown/Null declarations increased with seniority in SECAmb.

1		Clinical 2020								Clinical 2021							
		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)	43	3.4%	639	51.0%	571	45.6%	1253	45.3%	28	3.2%	822	93.8%	26	3.0%	876	31.7%
	Cluster 2 (Band 5 - 7)	56	3.3%	1122	65.5%	534	31.2%	1712	61.9%	72	3.9%	1566	85.2%	199	10.8%	1837	66.4%
	Cluster 3 (Bands 8a - 8b)	2	4.3%	32	69.6%	12	26.1%	46	1.7%	3	7.0%	37	86.0%	3	7.0%	43	1.6%
	Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	1	25.0%	3	75.0%	4	0.1%	0	0.0%	10	90.9%	1	9.1%	11	0.4%
	Cluster 5 (Medical & Dental Staff, Consultants)	0	0.0%	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
	Clinical totals	**101**	**3.3%**	**1794**	**59.5%**	**1120**	**37.1%**	**3015**	**100%**	**103**	**3.7%**	**2435**	**88.0%**	**229**	**8.3%**	**2767**	**100%**
		Non-clincal 2020								**Non-clincal 2021**							
		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)	19	4.5%	157	37.2%	246	58.3%	422	26.4%	47	5.5%	771	89.9%	40	4.7%	858	53.7%
	Cluster 2 (Band 5 - 7)	16	3.5%	246	53.8%	195	42.7%	457	28.6%	30	4.9%	532	87.2%	48	7.9%	610	38.1%
	Cluster 3 (Bands 8a - 8b)	5	6.0%	37	44.0%	42	50.0%	84	5.3%	5	5.7%	67	76.1%	16	18.2%	88	5.5%
	Cluster 4 (Bands 8c - 9 & VSM)	1	2.6%	18	46.2%	20	51.3%	39	2.4%	4	9.3%	36	83.7%	3	7.0%	43	2.7%
	Non-clinical totals	**41**	**4.1%**	**458**	**45.7%**	**503**	**50.2%**	**1002**	**100.0%**	**86**	**5.4%**	**1406**	**87.9%**	**107**	**6.7%**	**1599**	**100.0%**
	Totals	**142**	**3.5%**	**2252**	**56.1%**	**1623**	**40.4%**	**4017**	**100%**	**189**	**4.3%**	**3841**	**88.0%**	**336**	**7.7%**	**4366**	**100%**

Table four: WDES metric 1, workforce data

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 in replication of the WRES metric.

Our latest figures place this figure at 1.76 indicating the highest level of disparity for our candidates with a disability since the WDES was implemented two years ago, in 2019.

This figure is significantly higher than both the national and sector average for metric 2 (1.23).

In both 2019 and 2020, the Trust reported parity between those with a disability and those without.

The Trust operates a disability confident scheme which guarantees an interview for candidates declaring a disability who meet the essential criteria.

The table below (table five) shows the percentage of applicants successfully progressing through each stage of the recruitment process and consistency in this against disability declaration can be seen in the 2019/20 data, against a 4% variation from shortlisting to interview in the latest reporting period. This indicates that there is more to be done to address inequity at this stage. As mentioned earlier in this report, this data is being monitored on a monthly basis by the HR Working Group with targeted interventions being considered for specific business areas.

Candidate disability	1st April 2019 - 31st March 2020					
	Application	Application % of Total	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
Yes	607	6.54%	295	7%	76	7%
No	8499	91.62%	3825	91%	1007	91%
Undisclosed	170	1.83%	90	2%	29	3%
Total	9276	100.00%	4210	100%	1112	100%

Candidate disability	1st April 2020 - 31st March 2021					
	Application	Application % of Total	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
Yes	666	7%	366	9%	45	5%
No	8737	92%	3631	90%	785	93%
Undisclosed	116	1%	51	1%	13	2%
Total	9519	100%	4048	100%	843	100%

Table five: WDES metric 2, Recruitment 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, only one declared a disability and four declared no disability. As a result, the Trust has reported a figure of 0.5 against this metric. Due to the small numbers involved and the overall low level of disability declaration on ESR, this places the relative likelihood for colleagues with a disability being taken through the capability process (not including ill health capability) at 2.9 times more likely than a non-disabled colleague.

4.1.4. Metrics four to nine use data taken from the NHS staff survey results. This year 714 (28%) of respondents declared a disability or long term condition, and 1,840 (72%) of respondents stated they did not have a disability. Our ESR declaration rates show

8% of staff choose not to provide any data against this question, whereas only 18 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 bar one of the results were an improvement on data from the previous year for colleagues with a disability and results also showed that disabled staff were more likely than non-disabled staff to report the behaviours experienced at 45.1% to 40.7%. 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).

Non-disabled colleagues whilst having a better experience overall than our disabled colleagues reported a worsening experience to the previous year in three out of four of the questions with an average 1.4% percentage change across each

		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	712	56.60%	1829	48.4%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	708	26.80%	1831	16.6%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	705	25.80%	1812	17.5%
	% 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	439	45.10%	944	40.7%

Table six: WDES metric 4, Workforce experience of harassment, bullying or abuse as taken from 2020 staff survey.

4.1.6. Metric five, the 2020 staff survey showed that fewer disabled colleagues than non-disabled colleagues believe that the Trust provides equal opportunities for career progression with an increasing difference of 13% overall. This figure was down by

around 3 percentage points for both groups to 52.9% for disabled colleagues and 65.4% for non-disabled colleagues.

4.1.7. The latest staff survey figures for metric six show that whilst disabled colleagues continue to feel more pressure from their manager to come to work, despite not feeling well enough to perform their duties, there are improvements for both groups in this metric for a second consecutive year, although it is unlikely the change for non-disabled colleagues it statistically significant (30.2%, change of 0.1%). 36% of disabled colleagues said they felt pressure to come to work when not feeling well enough (down from 39% the previous year).

Although we cannot put this down to any single intervention, the increased focus on wellbeing and the pandemic may in part have helped with this, particularly in relation to colleagues who may have been symptomatic. However, there is an improvement in this area for both disabled and non-disabled staff from the 2018 staff survey results.

4.1.8. Metric seven shows a 3% decrease across both groups (22.6% for disabled staff vs 31.5% for non-disabled staff) who report they are satisfied with the extent to which their organisation values their work.

Again, some of this will be subjective and may be linked to the COVID19 pandemic and impact on colleagues who were required to shield. Anecdotally, our Enable staff network heard that some colleagues felt undervalued by the organisation and that the impact on them was not understand by colleagues across the organisation.

4.1.9. 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. 64.2% 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 for the second consecutive year from 58.6% in 2018 and 64.2%. This is a positive indicator of work we have undertaken to develop, launch and promote our reasonable adjustments passport and identify a centralised budget to support colleagues.

4.1.10. 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 6.2. 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.

4.1.11. Metric 10 reported a reduction in disability reporting within the Board, with lower levels of reporting within Non-Executive Director’s. 13% of Board members overall declared a disability, across both Executive and Non-Executive members. The numbers are small and will be significantly impacted by any single change at Board level.

5. Race disparity audit

5.1. In May 2021, the NHS England and Improvement (NHSE&I) WRES team also developed the Workforce Race Disparity Audit to identify disparities in the likelihood of accessing progression based on data submitted as part of WRES metric 1. NHS Trusts have been advised to use the data to help identify areas of highest need when identifying actions as part of the WRES cycle.

5.2. To calculate the figures, colleagues are placed into lower (1-5), middle (6-7) and upper (8a – VSM) groupings based on Agenda for change pay bands and ethnicity. The probability of White staff being promoted from lower bands to Bands 8 and 9 and VSM is compared to the probability of BME staff being promoted from lower bands to Bands 8, 9 and VSM. These are known as the progression ratios

5.3. The disparity ratio is then the comparison between the progression ratios for White and BME colleagues. These calculations have been made for our Trust as at 31st March 2020 and 31st March 2021 and are provided for the Trust overall and by clinical and non-clinical workforce. The data and a supporting narrative are provided in Appendix five.

6. National Recruitment overhaul and partnership working.

6.1. Due to a lack of progress against WRES metrics one and two, and to support Trusts to achieve the ambition of 19% ethnic diversity at every pay band and within the Trust overall, NHSE&I have developed six actions focussed at overhauling recruitment and talent management practices.

6.2. The actions are to be implemented within every Trust over the next two years (2021/22 and 2022/23). The advice from our lead commissioners is that these actions be included within our Integrated Equality Action Plan. A copy of the actions can be found in appendix six.

6.3. In addition to the implementation of the national actions, all Trusts under Surrey Heartlands Integrated Care System are also asked to contribute to the development of a regional campaign to deliver improvements against WRES metric 5/ WDES metric 4 - percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months. This action should also be captured within the Integrated Equality Action Plan.

7. Next steps

7.1. A meeting of Inclusion Working Group (IWG) members and subject matter experts convened on 16 August 2021 to review results and propose actions to deliver further progress over the coming year. The subgroup also reviewed existing actions and proposed whether these should be continued on to completion, adjusted in line with progress made thus far or marked as complete.

7.2. As in previous years , 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'). The Integrated equality action plan will also consider commitments made to reduce inequity identified in our Gender Pay audit.

7.3. The IWG reviewed the data and proposed actions on 7 September 2021. Following this, they recommend that EMB;

7.3.1. note the contents of this report
7.3.2. approve the draft action plan for 2021/22
7.3.3. discuss and approve the proposals against the outstanding actions from 2020/21

7.4. The recommendations from the IWG will be taken to the Senior Management Group for engagement as their support will be fundamental to achievement of the actions.

7.5. Following approval by EMB, the Trust Board will be asked to approve publication of our WDES and WDES data and the approved action plan to our public website at the September Board meeting.

Report prepared by : Asmina Islam Chowdhury, Programme Manager Equality, Diversity and Inclusion

Appendix One, Workforce Race Equality Standard 2016-2020

NB. Metric 2 - 4 Red indicates disparity between the experience of White staff and BME colleagues

		2015	2016	2017	2018	2019	2020	2021
Metric 1	**Overall workforce headcount**	3527	3262	3483	3337	3757	4017	4366
	Overall % visible BME	2.30%	3.03%	3.59%	3.84%	3.80%	5.00%	5.59%
	Non-Clinical BME %	N/a	1.33%	5.39%	6.22%	6.02%	10.29%	9.32%
	Clinical BME %	N/a	1.47%	2.46%	2.65%	2.17%	3.31%	3.43%
	BME headcount	82	99	125	128	144	201	244
Metric 2 - Relative likelihood of white candidates being appointed from shortlisting compared to BAME A figure above "1" would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.		1.8	3.84	1.26	1.57	1.54	1.31	2.64
Metric 3 - Relative likelihood of BAME staff entering formal disciplinary process compared to white staff A figure above "1" would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process.		0.65	1.08	0.82	1.6	2.27	1.25	2.69

Metric 4 - Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.			1.32	1.23	1.36	0.84	1.14	1.37	1.09
Metric 5 - KF 25. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.		**BME**	52.0%	39.4%	58.8%	30.8%	34.0%	42.1%	47.4%
		WHITE				51.0%	49.3%	48.1%	50.8%
Metric 6 - KF 26. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.		**BME**	30.8%	27.3%	44.1%	32.7%	35.6%	26.3%	32.6%
		WHITE				42.1%	35.0%	30.0%	29.3%
Metric 7 - KF 21. Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion.		**BME**	50.0%	66.7%	48.0%	61.3%	47.0%	55.2%	49.4%
		WHITE				60.2%	65.7%	66.0%	62.8%
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		**BME**	32.0%	15.6%	27.3%	13.0%	23.0%	15.8%	21.8%
		WHITE				15.8%	13.2%	11.5%	11.5%
Metric 9 - Board representation	**White**			-	69.2%	100.0%	100.0%	93.3%	83.3%
	BME			-	0.0%	0.0%	0.0%	6.7%	16.7%
	NULL			-	30.8%	0.0%	0.0%	0.0%	0.0%

WRES 2020 - metric 1

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

	Non-Clinical 2021				Non-Clinical 2021 %			Clinical 2021				Clinical 2021 %		
	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	50	6	0	56	89.3%	10.7%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 3	469	40	9	518	90.5%	7.7%	1.7%	708	18	9	735	96.3%	2.4%	1.2%
Band 4	262	18	*	284	92.3%	6.3%	1.4%	137	*	*	141	97.2%	2.1%	0.7%
Band 5	204	18	7	229	89.1%	7.9%	3.1%	714	25	17	756	94.4%	3.3%	2.2%
Band 6	170	36	*	209	81.3%	17.2%	1.4%	678	25	17	720	94.2%	3.5%	2.4%
Band 7	153	16	*	172	89.0%	9.3%	1.7%	324	23	14	361	89.8%	6.4%	3.9%
Band 8A	47	10	*	61	77.0%	16.4%	6.6%	30	*	0	31	96.8%	3.2%	0.0%
Band 8B	22	*	*	27	81.5%	7.4%	11.1%	12	0	0	12	100.0%	0.0%	0.0%
Band 8C	17	*	0	18	94.4%	5.6%	0.0%	6	0	*	7	85.7%	0.0%	14.3%
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%
Senior Medical Manager	0	0	0	0	0.0%	0.0%	0.0%	*	0	0	*	100.0%	0.0%	0.0%
VSM	11	*	0	13	84.6%	15.4%	0.0%	*	0	0	*	100.0%	0.0%	0.0%
Of which medical and Dental								0	0	0	0			
of which senior medical manager								0	*	0	*			
non-consultant career grade								0	0	0	0			
trainee grade								0	0	0	0			
Other								0	0	0	0			
Total	**1416**	**150**	**33**					2611	95	59				

Percentage	**88.56%**	**9.38%**	**2.06%**		94.43%	3.44%	2.13%	

Workforce Disability Equality Standard 2021

NB. Red indicates figure which has worsened from the previous 12 months**.**

		Clinical 2020								Clinical 2021							
		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	%
1	Cluster 1 (Bands 1 - 4)	43	3.4%	639	51.0%	571	45.6%	1253	45.3%	28	3.2%	822	93.8%	26	3.0%	876	31.7%
	Cluster 2 (Band 5 - 7)	56	3.3%	1122	65.5%	534	31.2%	1712	61.9%	72	3.9%	1566	85.2%	199	10.8%	1837	66.4%
	Cluster 3 (Bands 8a - 8b)	*	4.3%	32	69.6%	12	26.1%	46	1.7%	*	7.0%	37	86.0%	*	7.0%	43	1.6%
	Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	*	25.0%	*	75.0%	*	0.1%	0	0.0%	10	90.9%	*	9.1%	11	0.4%
	Cluster 5 (Medical & Dental Staff, Consultants)	0	0.0%	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
	Clinical totals	**101**	**3.3%**	**1794**	**59.5%**	**1120**	**37.1%**	**3015**	**100%**	**103**	**3.7%**	**2435**	**88.0%**	**229**	**8.3%**	**2767**	**100%**
		Non-clinical 2020								Non-clinical 2021							
		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)	19	4.5%	157	37.2%	246	58.3%	422	26.4%	47	5.5%	771	89.9%	40	4.7%	858	53.7%
	Cluster 2 (Band 5 - 7)	16	3.5%	246	53.8%	195	42.7%	457	28.6%	30	4.9%	532	87.2%	48	7.9%	610	38.1%
	Cluster 3 (Bands 8a - 8b)	5	6.0%	37	44.0%	42	50.0%	84	5.3%	5	5.7%	67	76.1%	16	18.2%	88	5.5%
	Cluster 4 (Bands 8c - 9 & VSM)	*	2.6%	18	46.2%	20	51.3%	39	2.4%	*	9.3%	36	83.7%	*	7.0%	43	2.7%

	Non-clinical totals	**41**	**4.1%**	**458**	**45.7%**	**503**	**50.2%**	**1002**	**100.0%**	**86**	**5.4%**	**1406**	**87.9%**	**107**	**6.7%**	**1599**	**100.0%**
	Totals	**142**	**3.5%**	**2252**	**56.1%**	**1623**	**40.4%**	**4017**	**100%**	**189**	**4.3%**	**3841**	**88.0%**	**336**	**7.7%**	**4366**	**100%**

Please note, due to small numbers, data for any pay band where the numbers are below 5 have been replaced with an asterisk.

		2020				**2021**			
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.	1.02				1.76			
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				2.9			
		Disabled		**Non - disabled**		**Disabled**		**Non - disabled**	
		H/C	**%**	**H/C**	**%**	**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	46.10%	712	56.60%	1829	48.40%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	557	30.70%	1502	15.40%	708	26.80%	1831	16.60%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	548	28.10%	1474	16.80%	705	25.80%	1812	17.50%
	% 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	39.60%	439	45.10%	944	40.70%

5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	390	56.20%	1001	68.70%	490	52.90%	1224	65.40%
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.	463	39.70%	897	30.30%	510	36.30%	921	30.20%
7	% staff saying that they are satisfied with the extent to which their organisation values their work.	564	27.80%	1500	34.10%	711	22.60%	1833	31.60%
8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	354	62.70%			439	64.20%		
9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	564	5.8	1512	6.4	714	5.7	1840	6.2
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**	
	Voting Board members	13%	87%	0%		14%	71%	14%	
	Executive Board members	14%	86%	0%		17%	83%	0%	
	Non-Executive Board members	13%	50%	38%		13%	63%	25%	
	Difference (Total Board - Overall workforce)	9%	31%	-40%		10%	-17%	7%	
	Difference (Voting Board membership - Overall Workforce)	9%	31%	-40%		10%	-17%	7%	
	Difference (Executive membership - Overall Workforce)	10%	30%	-40%		12%	-5%	-8%	

Appendix Two. Integrated equality action plan 2021-22

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 Gap Audit.

Action 2020/21	Aim	Responsible Board member	Proposed Lead	Linked to metric	Due
1. National action: Ensure Executives and Senior managers own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by: a) Setting specific KPIs and targets linked to recruitment for all Executive Board members and members of Senior Managers. KPIs and targets must be time limited, specific and linked to incentives or sanctions within appraisals. b) Increase the diversity of the Board across both the Executive and Non-Executive team with an aim to increase both gender and ethnic diversity. c) Review effectiveness of current Executive and Non-Executive recruitment processes, ensuring processes are aligned and where good practice is identified, adopted.	To achieve a workforce and Board diversity which is representative of the population we serve and make progress against workforce diversity targets for race, disability and gender. Current status: Workforce diversity • BME 5.6% aim. NHSE target 19%. • Disability ESR 4.6%, Staff survey 28%. • Gender at band 7 and above. Female representation at 37%, male at 63%. Target 50:50 by 2026 Board ethnic diversity as at March 2021 • 16.7% (2/16) BME. Aim is 19% • Board gender diversity as at Sept 2020 - 19% (3/16) female. Aim is 50/50 • Disability 14% aim 20% To ensure consistency in processes and adoption of good practice.	Chief Executive and Trust Chair	Company Secretary and Executive Director of HR &OD	WRES metric 1 and 9, WDES metric 1 and 10 Gender pay audit Equality delivery system 3.1	June 2022

d) Implement a biannual audit of the Trust exit interview process. Identifying trends and themes to inform future workstream with a focus on underrepresented groups**.** e) Setting of diversity targets with Higher Education Institutions as a commissioning organisation to encourage increased ethnic diversity of the Paramedic pipeline	To identify potential training needs, trends and learning to maximise staff retention. Influence a long term improvement in the diversity of the paramedic pipeline with partner HEI's.				
2. National action: Introduce a system of 'comply or explain'* to ensure fairness during interviews: a. Commitment to ethnically diverse interview panels for all interviews, utilising support from external partners, at band 8 and above or the inclusion of an inclusive recruitment specialists to support the interview. b. Trial use of exception reports for all unsuccessful BAME, disability confident guaranteed interview scheme, and female candidates for roles at Band 7 and above. This will need to be supported with the development of appropriate policies, procedures, templates and comms. c. Ongoing review of learning from exception reporting at IWG/HRWG – sharing of key themes and trends. d. Develop appropriate audit processes and annual review cycle. e. Provide access to resources to support colleagues seeking career progression in	Reduce current levels of inequity from shortlisting to appointment for candidates BAME communities, people with disabilities, and for women applying for posts at band 7 and above. Gather intelligence to support the development of positive action interventions. BAME staff 2.6 time less likely to be appointed. 50% of BAME staff believe the Trust provides equal opportunities for career progression or promotion in comparison to 63% White staff. People with disabilities 1.8 times less likely to be appointed. 56% of staff with disabilities believe the Trust provides equal opportunities for career progression or promotion in comparison to 69% non-disabled staff. Women 2.3 times less likely to be appointed.	Executive Director of HR &OD	2a -d: Head of HR Services 2e: Head of Learning and OD	WRES metric 1,2 and 7, WDES metric 1, 2 and 5 Gender pay audit Equality delivery system 3.1	July 2022

preparing for assessment and interview processes. * This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.					
3. National action: Organise talent panels to: a. Create a 'database' of BAME and Female colleagues who are eligible for promotion (i.e., individuals who are either 'ready now' or 'nearly ready' to take on a more senior role) and development opportunities such as Stretch and Acting Up assignment. b. Agree positive action approaches to filling roles for under-represented groups c. Set transparent minimum criteria for candidate selection into talent pools d. Determine the development needs of colleagues in the talent pool who are deemed to be 'nearly ready' and meet those needs (either locally or at system level). e. Implement a transparent and fair process for offering and approving rotational posts, stretch assignments, and acting up, secondment and shadowing opportunities for those in the talent pool.	To develop a more representative leadership, reduce attrition on the basis of career progression and improve perceptions regarding equality of access to career progression and promotion. Women currently make up 37% of all posts at band 7 and above. Race disparity ratios show that BAME staff are 3 times less likely than White colleagues to progress in clinical roles. Exit interview data shows that BAME staff are more likely to cite career progression as a reason for leaving and have a disproportionate level of attrition.	Executive Director of HR &OD	Head of Learning & OD	WRES metric 1,2 and 7, WDES metric 1, 2 and 5 Gender pay audit Equality delivery system 3.1	Sept 2022
4. National action: Enhance EDI support available to ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to		Executive Director of HR &OD	Head of HR Services		March 2022

demonstrate EDI work / legacy during interviews by; a. implement use of the EDI question bank for all interviews at band 8a and above.					
5. National Action: Overhaul interview processes to incorporate. a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used. b) Ensure adoption of values based shortlisting and interview approach (rollout due to commence from Nov 2021) c) Consider skills-based assessment such as using scenarios	Collab with workforce and L&OD need to clarify the aim	Executive Director of HR & OD	Head of Learning & OD		July 2022
6. National action: Adopt resources, guides and tools to help leaders and individuals have productive conversations about race and disability awareness a. Review of Disciplinary and capability policy due by 31st March 2022 – should consider learning from implementation of MDT process (in progress) b. Launch of Fundamentals inclusive leadership course. Leaders should be able to articulate and demonstrate (through decisive and visible action in response to incidents) a zero-tolerance approach to bullying, harassment and discrimination	a. To achieve an equitable application of disciplinary and capability policies for colleagues from BAME backgrounds and those with disabilities b. Reduce the numbers of colleagues being taken through formal processes with no case to answer Data shows that BAME colleagues are 2.7 time more likely to be taken through the formal disciplinary process and are twice as likely to have no case to answer. Disabled colleagues are 3 times more likely to be taken through the formal capability process	Executive Director of HR & OD	Action 6a: Deputy Director of HR Action 6b – 6c: Head of Learning & OD		April 2022

c. Develop a post induction survey for all new joiners at 13 weeks to understand staff experience and liaise with managers to implement required interventions. Summary report to be shared with Inclusion working group and SMG biannually.	c. To identify themes and trends which will enable tailored support and interventions to be implemented and improve staff experience and retention				
7. Develop and implement a work experience programme to increase access for people with disabilities into these programmes. Evaluate the pilot to inform a wider rollout.	To implement a process to enable to young people with disabilities to take up work placements within SECAmb and help us progress towards being a Disability Confident level (3) employer. 4.5 % of staff currently declare a disability. 7% staff choose not to declare.	Executive Director of HR & OD	Head of HR Services	WDES metric 2 and 5 Equality delivery system 3.1 and 3.6	Plan for delivery to be in place by Sept 21 June 2021 (extended from Dec 2019)
8. The Trust will support the delivery of the following positive action programmes as previously agreed; • BAME Mentoring programme • Springboard Women's Leadership programme • NHS Leadership Academy Stepping Up Programme Pilots will be evaluated to inform the adoption of programmes into annual cycles.	To create a level playing field and more equitable outcomes to support development of those belonging to underrepresented groups within SECAmb	Executive Director of HR & OD	Programme Manager EDI	WRES 1, 2,4,8 and Gender Pay Gap	Course delivery by April 2022
9. 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.	Executive Director of HR & OD	Deputy Director of HR and OD and Deputy Director of Operations	Gender Pay Gap, Equality delivery system 3.2, 3.5 and 3.6	
10. Review / develop of policies that support women in the workplace, with support for managers, including Menopause and Breastfeeding at work.	Improve our standing as an employer of choice and reduce attrition rates and barriers (perceived and actual) for those looking to progress their career.	Executive Director of HR & OD	Head of Inclusion and Wellbeing	Gender pay gap	August 2022

Current status of 2020/21 actions

Action	Aim	Lead	Linked to metric	Due	Current status
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 as at September 2020 6.9% (1/16) BME. Aim is 19% Board gender diversity as at Sept 2020 - 19% (3/16) female. Aim is 50/50	Chief Executive Officer and Trust Chair	WRES metric 1 and 9, WDES metric 1 and 10 Equality delivery system 3.1	July 2021 (extended from August 2020)	Partially achieved and adopted with 2021/22 action plan.
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	July 2021	Action complete and closed 07/06/21
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	August 2021 (extended from August 2020)	Propose closure of action on this plan and feed back to ICS as a recommendation based on their role as leads in regional partnership working.
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 SECAmb and help us	Head of Workforce	WRES Metric 2, WDES	Sept 21 (extended	Partially achieved and revised action to be adopted within 2021/22 action plan.

	progress towards being a Disability Confident level (3) employer. 3.5% of staff currently declare a disability. 40.4% staff choose not to declare.		metric 2 Equality delivery system 3.1 and 3.6	from Dec 2019)	
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	Plan for delivery to be in place by Sept 21	Action outstanding. Recommendation that this action is paused for 2021/22 and revisited in 2022/23.
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	DDHR / Head of Employee Relations	WRES Metric 3, WDES metric 3 Equality delivery system 3.4	End July 2021 (extended from 31st August 2020)	Action to be carried forward to completion and learning evaluated to inform action 6 within 2021/22 action plan.
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	Extension to May 2021 (extended from end Q4 2019)	Action to be carried forward to completion and reports on exit data to be brought to IWG and HRWG on biannual basis.
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	August 2021 (revised and extended from 31st March 2019)	Action to be carried forward to completion and then built into BAU.

9. The Trust will support the delivery of the following positive action programmes as previously agreed; • Reverse mentoring • Springboard Women's Leadership programme • NHS Leadership Academy Stepping Up 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 2022 NB. Stepping up does not have a virtual delivery format at present.	Partially achieved and adopted with 2021/22 action plan.
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, Gender pay audit, WDES metric 2	January 2021 August 2021	Action to be carried forward to completion and built into BAU
11. Develop an inclusive Comms 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 Extension agreed for September 2021	Action outstanding. Propose closure and addition to IWG action log to ensure D&I is considered within strategy
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	February 2021 Extension agreed to August 2021.	Action outstanding and to be adopted as part of 2021/22 action plan.

Appendix three. BME and disabled staff by Directorate and Operating Unit 2020-21

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	3	7.14%	1	2.38%	38	90.48%	42	0.96%
278 EP3 Director of Finance & Corporate Services	18	20.69%	3	3.45%	66	75.86%	87	1.99%
278 EP3 Director of Human Resources	13	18.06%		0.00%	59	81.94%	72	1.65%
278 EP3 Director of Operations	200	5.12%	78	1.99%	3632	92.89%	3910	89.56%
278 EP3 Director of Quality & Safety	4	6.90%	1	1.72%	53	91.38%	58	1.33%
278 EP3 Director of Strategy & Business Development	3	21.43%		0.00%	11	78.57%	14	0.32%
278 EP3 Medical Director	4	2.19%	9	4.92%	170	92.90%	183	4.19%
Grand Total	**245**	**5.61%**	**92**	**2.11%**	**4029**	**92.28%**	**4366**	**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	51	12.26%	7	1.68%	358	86.06%	416	11.91%
278 EP6 EOC East	13	6.44%	4	1.98%	185	91.58%	202	5.78%
278 EP6 EOC West	12	4.58%	1	0.38%	249	95.04%	262	7.50%
278 EP6 OU – Admin & Management – East	2	1.57%	5	3.94%	120	94.49%	127	3.64%
278 EP6 OU – Admin & Management – West	5	3.97%	3	2.38%	118	93.65%	126	3.61%
278 EP6 OU – Ashford	4	2.13%	2	1.06%	182	96.81%	188	5.38%
278 EP6 OU – Brighton	4	1.68%	6	2.52%	228	95.80%	238	6.82%
278 EP6 OU – Chertsey	12	6.49%	2	1.08%	171	92.43%	185	5.30%
278 EP6 OU – Dartford & Medway	9	2.82%	5	1.57%	305	95.61%	319	9.14%
278 EP6 OU – Gatwick & Redhill	13	3.78%	5	1.45%	326	94.77%	344	9.85%
278 EP6 OU – Guildford	5	2.86%		0.00%	170	97.14%	175	5.01%
278 EP6 OU – Paddock Wood	2	1.00%	5	2.50%	193	96.50%	200	5.73%
278 EP6 OU – Polegate & Hastings	9	3.49%	10	3.88%	239	92.64%	258	7.39%
278 EP6 OU – Tangmere & Worthing	4	1.62%	8	3.24%	235	95.14%	247	7.07%

278 EP6 OU – Thanet	7	3.41%	1	0.49%	197	96.10%	205	5.87%
Grand Total	**152**	**4.35%**	**64**	**1.83%**	**3276**	**93.81%**	**3492**	**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	32	76.19%	5	11.90%	5	11.90%	42	0.96%
278 EP3 Director of Finance & Corporate Services	77	88.51%	6	6.90%	4	4.60%	87	1.99%
278 EP3 Director of Human Resources	62	86.11%	5	6.94%	5	6.94%	72	1.65%
278 EP3 Director of Operations	3449	88.21%	298	7.62%	163	4.17%	3910	89.56%
278 EP3 Director of Quality & Safety	53	91.38%	2	3.45%	3	5.17%	58	1.33%
278 EP3 Director of Strategy & Business Development	11	78.57%	3	21.43%		0.00%	14	0.32%
278 EP3 Medical Director	157	85.79%	17	9.29%	9	4.92%	183	4.19%
Grand Total	**3841**	**87.98%**	**336**	**7.70%**	**189**	**4.33%**	**4366**	**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	365	10.45%	23	0.66%	28	0.80%	416	11.91%
278 EP6 EOC East	185	5.30%	6	0.17%	11	0.32%	202	5.78%
278 EP6 EOC West	234	6.70%	16	0.46%	12	0.34%	262	7.50%
278 EP6 OU – Admin & Management – East	103	2.95%	19	0.54%	5	0.14%	127	3.64%
278 EP6 OU – Admin & Management – West	105	3.01%	19	0.54%	2	0.06%	126	3.61%
278 EP6 OU – Ashford	173	4.95%	10	0.29%	5	0.14%	188	5.38%
278 EP6 OU – Brighton	214	6.13%	13	0.37%	11	0.32%	238	6.82%
278 EP6 OU – Chertsey	162	4.64%	15	0.43%	8	0.23%	185	5.30%
278 EP6 OU – Dartford & Medway	284	8.13%	22	0.63%	13	0.37%	319	9.14%
278 EP6 OU – Gatwick & Redhill	311	8.91%	25	0.72%	8	0.23%	344	9.85%

278 EP6 OU – Guildford	164	4.70%	8	0.23%	3	0.09%	175	5.01%
278 EP6 OU – Paddock Wood	182	5.21%	8	0.23%	10	0.29%	200	5.73%
278 EP6 OU – Polegate & Hastings	224	6.41%	22	0.63%	12	0.34%	258	7.39%
278 EP6 OU – Tangmere & Worthing	215	6.16%	24	0.69%	8	0.23%	247	7.07%
278 EP6 OU – Thanet	178	5.10%	17	0.49%	10	0.29%	205	5.87%
Grand Total	**3099**	**88.75%**	**247**	**7.07%**	**146**	**4.18%**	**3492**	**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	0	0.00%	0	0.00%	6	100.00%	6	1.30%	0.0
278 EP3 Director of Finance & Corporate Services	2	33.33%	0	0.00%	4	66.67%	6	1.30%	1.8
278 EP3 Director of Human Resources	2	22.22%	1	11.11%	6	66.67%	9	1.96%	1.5
278 EP3 Director of Operations	30	7.28%	10	2.43%	372	90.29%	412	89.57%	1.5
278 EP3 Director of Quality & Safety	0	0.00%	0	0.00%	4	100.00%	4	0.87%	0.0
278 EP3 Director of Strategy & Business Development	1	100.00%	0	0.00%	0	0.00%	1	0.22%	#DIV/0!
278 EP3 Medical Director	1	4.55%	0	0.00%	21	95.45%	22	4.78%	2.0
Grand Total	**36**	**7.83%**	**11**	**2.39%**	**413**	**89.78%**	**460**	**100.00%**	**1.4**

Leavers Ethnicity by Operating Unit (OU)	BME		Not Stated/Not Given		White		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of OUs
278 EP6 111 Urgent Care	17	15.32%	4	3.60%	90	81.08%	111	29.68%
278 EP6 EOC East	4	13.33%	1	3.33%	25	83.33%	30	8.02%
278 EP6 EOC West	2	2.99%	1	1.49%	64	95.52%	67	17.91%
278 EP6 OU - Admin & Management - East	0	0.00%	0	0.00%	3	100.00%	3	0.80%

278 EP6 OU - Admin & Management - West	0	0.00%	1	10.00%	9	90.00%	10	2.67%
278 EP6 OU - Ashford	0	0.00%	0	0.00%	9	100.00%	9	2.41%
278 EP6 OU - Brighton	1	7.69%	0	0.00%	12	92.31%	13	3.48%
278 EP6 OU - Chertsey	1	4.76%	0	0.00%	20	95.24%	21	5.61%
278 EP6 OU - Dartford & Medway	0	0.00%	0	0.00%	27	100.00%	27	7.22%
278 EP6 OU - Gatwick & Redhill	0	0.00%	0	0.00%	17	100.00%	17	4.55%
278 EP6 OU - Guildford	0	0.00%	0	0.00%	10	100.00%	10	2.67%
278 EP6 OU - Paddock Wood	1	7.14%	0	0.00%	13	92.86%	14	3.74%
278 EP6 OU - Polegate & Hastings	0	0.00%	1	6.25%	15	93.75%	16	4.28%
278 EP6 OU - Tangmere & Worthing	0	0.00%	0	0.00%	12	100.00%	12	3.21%
278 EP6 OU - Thanet	0	0.00%	0	0.00%	14	100.00%	14	3.74%
Grand Total	**26**	**6.95%**	**8**	**2.14%**	**340**	**90.91%**	**374**	**100.00%**

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	4	66.67%	2	33.33%		0.00%	6	1.30%	0
278 EP3 Director of Finance & Corporate Services	3	50.00%	3	50.00%		0.00%	6	1.30%	0.0
278 EP3 Director of Human Resources	4	44.44%	5	55.56%		0.00%	9	1.96%	0.0
278 EP3 Director of Operations	264	64.08%	124	30.10%	24	5.83%	412	89.57%	1.9
278 EP3 Director of Quality & Safety	2	50.00%	2	50.00%		0.00%	4	0.87%	0.0
278 EP3 Director of Strategy & Business Development	1	100.00%		0.00%		0.00%	1	0.22%	#DIV/0!
278 EP3 Medical Director	15	68.18%	6	27.27%	1	4.55%	22	4.78%	1.2
Grand Total	**293**	**63.70%**	**142**	**30.87%**	**25**	**5.43%**	**460**	**100.00%**	**1.7**

Leavers by ethnicity and Operating Unit (OU)	No	Not Declared	Yes	Grand Total

	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% leavers by OU
278 EP6 111 Urgent Care	60	54.05%	45	40.54%	6	5.41%	111	29.68%
278 EP6 EOC East	14	46.67%	12	40.00%	4	13.33%	30	8.02%
278 EP6 EOC West	43	64.18%	21	31.34%	3	4.48%	67	17.91%
278 EP6 OU - Admin & Management - East	3	100.00%	0	0.00%	0	0.00%	3	0.80%
278 EP6 OU - Admin & Management - West	6	60.00%	4	40.00%	0	0.00%	10	2.67%
278 EP6 OU - Ashford	6	66.67%	2	22.22%	1	11.11%	9	2.41%
278 EP6 OU - Brighton	8	61.54%	2	15.38%	3	23.08%	13	3.48%
278 EP6 OU - Chertsey	12	57.14%	7	33.33%	2	9.52%	21	5.61%
278 EP6 OU - Dartford & Medway	25	92.59%	2	7.41%	0	0.00%	27	7.22%
278 EP6 OU - Gatwick & Redhill	12	70.59%	5	29.41%	0	0.00%	17	4.55%
278 EP6 OU - Guildford	9	90.00%	0	0.00%	1	10.00%	10	2.67%
278 EP6 OU - Paddock Wood	11	78.57%	2	14.29%	1	7.14%	14	3.74%
278 EP6 OU - Polegate & Hastings	12	75.00%	3	18.75%	1	6.25%	16	4.28%
278 EP6 OU - Tangmere & Worthing	9	75.00%	2	16.67%	1	8.33%	12	3.21%
278 EP6 OU - Thanet	7	50.00%	6	42.86%	1	7.14%	14	3.74%
Grand Total	**237**	**63.37%**	**113**	**30.21%**	**24**	**6.42%**	**374**	**100.00%**

The "relative likelihood" is calculated as follows:

Descriptor	White	BME
Number of staff in workforce	4027	245
Number of staff leaving	413	36

- Likelihood of White staff leaving the organisation (413/4027) = 0.103

- Likelihood of BME staff leaving the organisation (36/245) = 0.147

- The relative likelihood of BME staff leaving the organisation compared to White staff is therefore 0.147/0.103 = **1.43 times greater.**

Appendix five: SECAmb Race disparity audit 2020 and 2021

	Lower bands: 1-5 Middle bands 6-7 Upper bands: 8a - VSM	31st March 2020		31st March 2021		Supporting notes
		White	BME	White	BME	
Overall Trust	Progression ratio -Lower to middle	2.05	1.44	1.93	1.27	The progression ratio at an organisational level overall shows that BME staff are more likely to progress than their White counterparts. This data shows that 1 in 15 (progression ratio, lower to upper White) White staff can expect to progress through the organisation in 2021 compared to approximately 1 in 9 (progression ratio, lower to upper BME) BME staff.
	Progression ratio - Middle to upper	7.45	9.88	7.80	6.73	
	Progression ratio- lower to upper	15.24	14.25	15.08	8.53	
	Disparity ratio - lower to middle	0.71		0.66		The race disparity ratio for the overall organisation is lower than one across all three categories. This highlights no additional areas for focus as a Trust overall.
	Disparity ratio - middle to upper	1.33		0.86		
	Disparity ratio - lower to upper	0.93		0.57		

Clinical		**White**	**BME**	**White**	**BME**	The Clinical progression ratio for 2020 for middle pay bands to upper pay bands, and for lower pay bands to upper pay bands cannot be calculated. This is because there were no BME staff in clinical posts at Band 8 and above compared 49 White colleagues in these posts in 2020. For 2021, the clinical progression ratio shows 1 White colleague in a clinical post at Band 8 for every 32 White colleagues in clinical posts at the lower bands (Progression ratio, Lower to Upper White 2021). This is in comparison to 1 BME colleague in a clinical post at band 8 and above for every 71 BME colleagues in clinical posts the lower bands.
	Progression ratio -Lower to middle	2.07	1.58	1.98	1.48	
	Progression ratio - Middle to upper	18.63	#DIV/0!	16.15	48.00	
	Progression ratio- lower to upper	38.61	#DIV/0!	32.02	71.00	
	Disparity ratio - lower to middle	0.76		0.75		The race disparity ratio is highest for middle pay bands to upper pay bands in 2021. This shows BME staff are three times less likely to be in middle clinical bands compared to the lower bands. This will be impacted due to the lack of diversity within the Allied Health Professional registrant bandings which begin at pay band 5. Targeted intervention to support BME colleagues at lower bands to become registrants or long term work to increase the ethnic diversity of those coming through the university pathway will be required to reduce this.
	Disparity ratio - middle to upper	#DIV/0!		**2.97**		
	Disparity ratio - lower to upper	#DIV/0!		**2.22**		
Non - Clinical		**White**	**BME**	**White**	**BME**	The progression ratio for non-clinical staff in 2021 shows improvement (decrease) across all three levels against the same data for 2020. In addition to this we can see with small increases in the progression ratio for White staff at the same levels.
	Progression ratio - Lower to middle	1.95	1.32	1.78	1.08	
	Progression ratio - Middle to upper	2.38	5.13	2.96	3.79	
	Progression ratio- lower to upper	4.64	6.75	5.26	4.07	
	Disparity ratio - lower to middle	0.68		0.61		The disparity figures are below 1 for both the lower to middle and lower to upper indicators, both of which are outside the tolerance of 0.8 -1.2. However, there is a small disparity just outside the tolerance zone of 1.2 for middle pay bands to upper pay bands. All disparity figures have reduced from 2020 data in favour of BME staff. Planned positive action measures (Stepping
	Disparity ratio - middle to upper	2.15		1.28		

	Disparity ratio - lower to upper	1.46	0.77	up Leadership Course) will be targeted at this cohort and it is hoped will reduce this disparity further.

Appendix six: NHSE &I - six national actions to overhaul recruitment


NHS
Ensure ESMs own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by:
a) Setting specific KPIs and targets linked to recruitment.
b) KPIs and targets must be time limited, specific and linked to incentives or sanctions
1
2
Introduce a system of 'comply or explain' to ensure fairness during interviews.
This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.
Adopt resources, guides and tools to help leaders and individuals have productive conversations about race.
6
2
Indicator Action Plan
Organise talent panels to:
a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff
b) Agree positive action approaches to filling roles for under-represented groups
c) Set transparent minimum criteria for candidate selection into talent pools
3
Overhaul interview processes to incorporate:
a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.
b) Ensure adoption of values based shortlisting and interview approach
c) Consider skills-based assessment such as using scenarios
4
Enhance EDI support available to:
a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies
b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.
5
Overhauling of recruitment