



EQUALITY AND INCLUSION STRATEGY

Our Four-Year Ambition

2017 - 2020

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STATEMENT OF INTENT

"I speak not for myself but for those without a voice...those who have fought for their rights...their right to live in peace, their right to be treated with dignity, their right to equality of opportunity"

Malala Yousafzai



West Midlands Ambulance Service NHS Foundation Trust [WMAS] are committed to inclusive and equal opportunities as a provider of services and in our role as employer, supporting our staff at every stage of their career. We recognise and promote the benefits that a diverse workforce can bring and this strategy sets out how WMAS will deliver these commitments.

In collaboration by the Board Directors, Senior Managers, Staff side Representatives and wider Staff groups we have developed a number of core priorities. These priorities describe how we will actively contribute to building an equal and inclusive culture in the Trust, and one that provides a clear vision and focus to enable everyone to *Flourish*.

Our priorities in developing an inclusive culture are to:

1. Model the way – from the top of the organisation.
2. Engage people
3. Be ambitious for inclusion
4. Be transparent in our approach to inclusion

These priorities will be explained further within this document and appendices. This strategy will describe why and how we will work in an inclusive way and what actions we commit to undertake that will make a difference.

We will align our approach to ensure we meet all our requirements as an employer. Having a diverse workforce and investing in their development are the right things to do and will lead to better care.

At WMAS we know that through supporting our staff at all levels and in all staff groups to become the best they can be, will in turn have a positive impact on the culture and climate that our staff work in. How leaders behave has a direct impact on staff who, in turn, have a direct impact on the experiences of patients, service users and other NHS staff. Ensuring we all understand the importance of acting as a champion and deliver inclusive opportunities for development will help to build a better and more inclusive culture.

Our aspiration is for WMAS to be seen as an exemplar organisation which recognises, encourages and celebrates our diversity.

INTRODUCTION

This strategy articulates our vision and we make no apology for having a big vision. We know that as a team of people committed to supporting and enabling NHS staff to achieve their potential that we have to demonstrate the leadership behaviours required of all leaders in the NHS and to role model best practice. We have to be humble as we mobilise and deliver this five year strategy. To seek to do less than to be aspirational in what we want to achieve is a limiting mind-set. WMAS wants to inspire and make a difference; we believe that this strategy provides us with a great opportunity to deliver the changes we believe must be made.

Our resources are not limitless and competing demands will have an impact on our ability to deliver everything. But with passion, intent, a will to make our vision reality and working collaboratively with regional and national partners we will make progress.

The annual action plan and outcomes will be reviewed by the WMAS Board annually.

DEFINITIONS

It is firstly very important that we define what we mean by 'Equality', 'Diversity' and 'Human Rights':

'Equality' is about making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example, making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients remove barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people's needs may need to be met in different ways.

'Diversity' refers to individual difference. People are unique and differ from one another in a range of ways. Differences may or may not be visible and may include personal characteristics such as background, culture and personality. Diversity is also about recognising that our service users come from different backgrounds. If we welcome diversity as colleagues, value each other and treat each other fairly, we will work better together. In doing so, we will provide a better service to our patients who are coming from diverse backgrounds.

Equality and Diversity are not inter-changeable – they need to be progressed together. There is not equality of opportunity if differences are not recognised and valued. If individual patients from communities or groups are denied timely access to healthcare or are otherwise treated unfairly or less favourably because of who they are or what they believe in, then the Trust will be failing to respond to their health needs and circumstances. It will also be failing to deliver accessible services and fair treatment to everyone. It will not be the equal service for all people from all communities and different levels of society that it aspires to be.

‘Human Rights’ are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.

This strategy explains and responds to the Trust’s statutory duties to promote equality amongst all groups of people. The purpose is to set out in one place, our equality objectives and other arrangements for embedding equality into everything we do. It will help us to communicate and manage our equality commitments. It is a dynamic strategy that will be developed and revised in line with changes in legislation, progress made and as priorities change to ensure it remain relevant to the equality issues we need to address.

Consideration of human rights is an important factor in the production of this strategy. An appreciation of how the principles of human rights apply to equality is vital in achieving all our aims, objectives and actions towards addressing inequality and promoting diversity. It ensures that human rights principles and standards are made real in practice. Every employee in the NHS has a crucial role to play in creating an environment where human rights are respected. By valuing the principles of human rights in relation to our service users and staff, we will ensure accountability for our actions as an Ambulance Trust, empower people to have their say, and provide services which are non-discriminatory. Overall, we will improve the quality of services and patient experience.

We are committed to challenging discrimination in all its forms and ensuring that equality lies at the heart of everything we do.

1.1. The purpose of this strategy is to define the role of the WMAS in promoting a more inclusive culture for staff from all protected characteristics.

1.2. We recognise that no one person or group will achieve a culture change in isolation. This strategy will outline how we intend to work together with Directors, Managers and Staff to affect real change through influencing, sharing and modelling best practice.

1.3. This strategy has been developed with contributions from stakeholders across our Trust from all directorates and backgrounds.

OUR VISION & VALUES

The Trust's Vision is clearly set out and is supported by four key strategic objectives.



Our organisational values were agreed through consultation with staff and form the basis of all our work:

World Class Service

- Deliver a first-class service, responsible to individuals' needs
- Recognise and celebrate good performance by our staff
- Strive to maintain a positive, safe, supportive and enjoyable work environment for all staff
- Use our resources carefully, making sure that we provide the most cost-effective high-quality service
- Be trustworthy and consistently deliver on our promises

Patient Centred

- Provide the highest quality service and care for our patients and their relatives within the available resources
- Every member of staff will help to improve patient care, either directly or indirectly
- Listen and respond to Carers and staff
- Learn from our successes and our mistakes and work to improve our service to patients always
- Encourage staff to use their experiences to help develop the Trust and the services it provides to patients

Dignity and Respect for All

- Show understanding of and respect for each other's roles and the contribution each of us makes to the organisation
- Promote equality of opportunity and celebrate diversity
- Observe high standards of behaviour and conduct, making sure we are honest, open and genuine always, and are ready to stand up for what is right
- Listen to and take on board the views, ideas and suggestions of others

Skilled Workforce

- Recognise that our staff are our most asset
- Recognise and encourage the contribution and personal development of individuals
- Ensure that we, through our good working practices retain and recruit staff of the highest quality
- Encourage and support all staff in their personal development and training to increase and maintain their high levels of competency, skills and professionalism to meet their full potential regardless of role

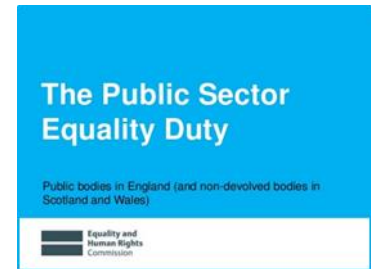
Teamwork

- Our Staff work closely with colleagues of all levels
- Our staff make their views known and have them taken seriously
- Promote teamwork and take a genuine interest in those whom we work with, offering support, guidance and encouragement when it is needed
- Inspire each other to work together to create better services for our patients

Effective Communication

- Open and honest in our communication with each other and with those outside the organisation
- There is a two-way flow of communication throughout the organisation
- Plan our services and generate new ideas for service improvements in partnership with staff, patients and the community
- Respect confidential and personal information about patients, their relatives and colleagues

EQUALITY DRIVERS



EQUALITY POSITION STATEMENT

West Midlands Ambulance Service is committed to promote Equality, Diversity and Human Rights for all staff, patients their families and carers. As an employer, we will ensure that our staff are treated with dignity, respect and are free from discrimination, bullying and harassment. The Trust advocates that all staff should have the equality of opportunity to flourish and develop to their full potential. The Trust adopt a "Positive Action" approach to recruitment and selection in encouraging a diverse range of applicants to apply for roles, to reflect the communities we serve.

The Trust recognizes the diversity of the population we care for and realise that some communities can experience health inequalities which may have an adverse impact on their quality of health and life.

As a service provider the Trust is determined to provide high quality care where the patient is at the core of everything we do. The Trust will provide a service that is accessible to all, taking into consideration individual needs and cultural differences and will not discriminate based on Protected Characteristics.

2014

The Trust recognises that people from all sections of society can experience prejudice, discrimination or disadvantage for different reasons and at different times in their life.

We understand that as individuals we are all diverse and as such our experiences and needs are very different.

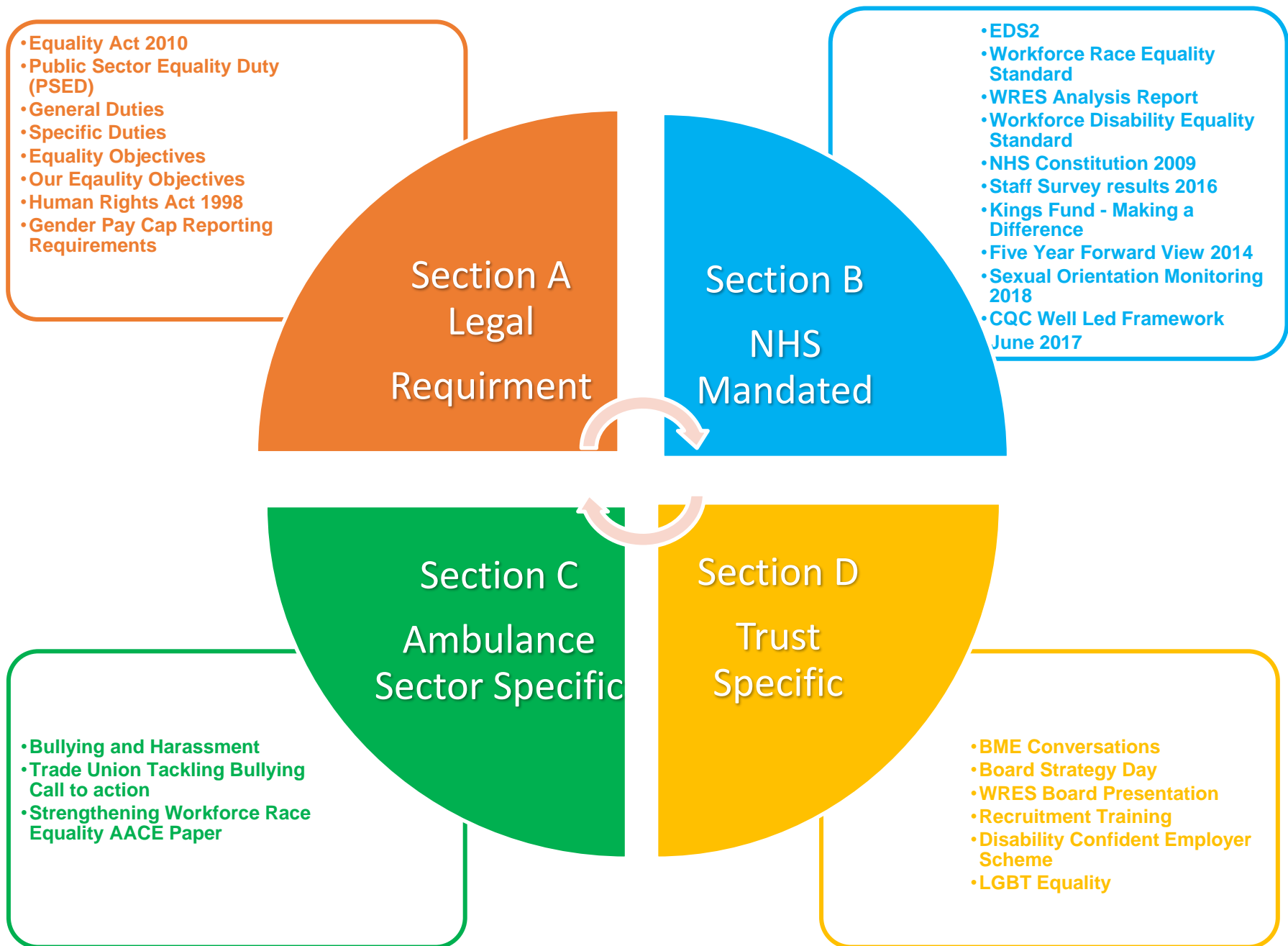
We believe that people who use our services, their Carers and our staff should be treated with respect and dignity and that no one should be treated less favourably than others on the grounds of their Protected Characteristics:

The promotion of equality and addressing discrimination are essential in the process of recognising human diversity. The following values are, therefore, central to the Trust:

- Reducing inequalities and embedding diversity in what we do, ensuring this impacts positively upon all patients and employees.
- Treating patients and staff as individuals and respecting their values and differences.
- Delivering high quality care, provided by dedicated staff, within a framework of equality, diversity and human rights.
- Ensuring services are available to all patients in a way that reflects individual need and circumstance, thus improving health outcomes for patients.
- Establishing and maintaining partnerships with key stakeholders, including the local community, to ensure our work is influenced by those who need local secondary care health services.

We believe that the successful implementation of equality and diversity in all aspects of work will ensure that people who use our services, their Carers and our staff feel valued, motivated and treated fairly.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST
EQUALITY AND INCLUSION STRATEGY 2017 - 2020



SECTION A Legal Requirement

Equality Act 2010

Public Sector Equality Duty

General Duties

Specific Duties

Equality Objectives

Our Equality Objectives

Human Rights Act 1998

Gender Pay Gap Reporting Requirements

Legal Requirements

The Equality Act 2010



The Equality Act 2010 was the most fundamental overhaul of UK anti-discrimination and equality legislation ever. The two main purposes were:

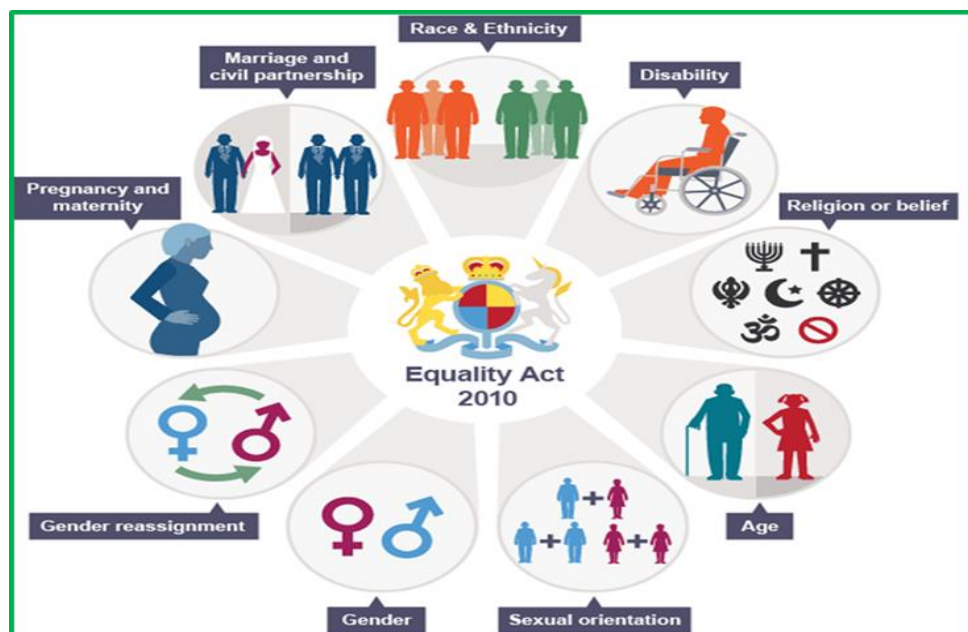
1. To strengthen and harmonise discrimination law
2. Strengthen the law to support progress on Equality

The Act goes a long way towards harmonisation but differences remain in how different Protected Characteristics are addressed. The Act provides the same levels of protection from discrimination across all the Protected Characteristics and all sectors. The Act streamlined, simplified and consolidated approximately 116 pieces of separate equality legislation

The Act places a duty on public sector organisations.

It outlaws direct and indirect discrimination, harassment and victimisation of people with a number of protected characteristics:

- ☐ Age
- ☐ Gender
- ☐ Disability
- ☐ Sexual orientation
- ☐ Religion and belief
- ☐ Race and ethnicity
- ☐ Disability
- ☐ Pregnancy and maternity
- ☐ Marriage and civil partnership



The Public Sector Equality Duty

Public bodies in England (and non-devolved bodies in Scotland and Wales)

Equality and Human Rights Commission

The Public-Sector Equality Duty

The duty encourages us to engage with diverse communities affected by our activities to ensure policies and services are appropriate and accessible to all.

General Equality Duty requires us to:

- ✚ Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act;
- ✚ Advance equality of opportunity between people who share a protected characteristic and those who do not;
- ✚ Foster good relations between people who share a protected characteristic and those who do not.

Specific Duties

The Public Sector Equality Duty is supported by Specific Duties, set out in regulations which came into force in September 2011. The Specific Equality Duty require West Midlands Ambulance Service NHS Foundation Trust, as a public body to:

- ✚ Publish sufficient information to show that it has considered the three aims of the general duty when making decisions and the equality data that underpins those decisions.
- ✚ Publish information related to persons who share protected characteristics who are employees, or others affected, such as service users.
- ✚ Publish Equality Objectives informed by the evidence and data published at least every four years
- ✚ To publish the information in a manner that is accessible to the public.

Equality Objectives

Under the Specific Duties the Trust has to produce a four year plan of Equality Objectives which we are required to report on annually in the public domain and internally to the Board.

We are also required to:

- Minimise disadvantage suffered by people due to their protected characteristic
- Meet the different needs of people
- Encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Our Equality Objectives

Under the Equality Act 2010, all NHS Organisations were required to prepare and publish at least one equality objective from each of the four EDS Goals (based on

the outcome of the EDS self- assessment) by 6th April 2012, and subsequently at four yearly intervals.

West Midlands Ambulance Service NHS Foundation Trust has developed 5 equality objectives and additional actions based upon feedback from staff, service users, patients and carers, and from reviewing published equality information. These objectives address the Trust's main priorities across services and employment practices for 2017 – 2020.

These have been based on available equality information through National surveys, EDS research, consultation and engagement. The purpose of these equality objectives is to make a real difference to some of the most pressing issues facing the protected groups that we provide services for and any staff we employ. They will also enable us to demonstrate that we are meeting our statutory duties.

Our Equality Objectives for 2017-2020 are;

Equality Objective One

Increase recruitment applications from BME [Black Minority Ethnicity] and Disabled candidates to the Trust to ensure that Trust staff are representative of the communities we serve. Encourage current members of staff who are BME or Disabled to develop and flourish to their full potential.

Equality Objective Two

Build trust and confidence with our communities, patients, carers and their families through effective communication, engagement and partnership working.

Equality Objective Three

Create a culture where all staff, patients, carers and their families and other agencies the Trust works with are treated with Dignity and Respect

Equality Objective Four

Continue to develop the working environment, where all staff are encouraged to develop as individuals, so that they will provide high quality patient care and enhance the reputation of the Trust, in doing so will feel valued for their contribution.

Equality Objective Five

All staff are to foster working relationships that eliminate Bullying, Harassment, Discrimination and other unwanted behaviours that do not reflect the values of the Trust.

The Human Rights Act 1998

Human rights are the basic rights and freedoms that belong to every person in the world. An easy way to look at human rights is through the five FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy. The FREDA principles are the values supported by the Act and something we should aspire to. They are a useful guide to supporting us to meet the requirements of the Act. They relate to the Equality Delivery System 2 outcomes.
[See Appendix 1 FREDA principles]



Gender Pay Gap reporting requirements

The gender pay gap is the difference in average pay between the men and women in the workforce. It is different to equal pay, which means you must pay men and women the same for equal or similar work.

As an employer with 250 employees or more, the Trust must now publish gender pay gap data every year. This requirement came into force 6th April 2017, the Trust will publish its data April 2018 for the first time.

Employers need to publish six calculations showing:

- mean gender pay gap in hourly pay
- median gender pay gap in hourly pay
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment
- proportion of males and females in each pay quartile

Mean is the average hourly rate of pay, calculated by adding the hourly pay rate for employees then dividing by the number of employees. Median is the middle hourly pay rate, when you arrange your pay rates in order from lowest to highest.

The data will be required to publish on the WMAS web site and through the government gender pay gap reporting website. The Trust has started preparations on the data for the prescribed compliance date next year.



SECTION B NHS Mandated

Equality Delivery System 2

Workforce Race Equality Standard [WRES]

WRES Analysis Report

Workforce Disability Equality Standard

NHS Constitution 2009

Staff Survey Results 2016

Making A Difference Kings Fund Report 2015

Five Year Forward View 2014

Sexual Orientation Monitoring 2018

CQC Well Led Framework 2017

NHS Mandated Initiatives

Equality Delivery System 2 (EDS2)

This framework helps NHS organisations review and assess their equality performance against four goals and eighteen objectives.

The objectives aim to improve outcomes for patients, communities and employees and ensure legal compliance through applying a consistent framework to identify inequalities and barriers throughout the NHS.



The four EDS2 goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership at all levels.

















EDS2 is aligned with the Equality Act 2010 and covers the same protected characteristics. It is our intention to develop sustained relationships with other groups such as asylum seekers, people from deprived communities and other seldom heard communities.



EDS2 requires us to be graded by a representative panel made up of employees, patients, local interest groups, governors, trust members and any other interested parties. The panel is responsible for rating our performance on evidence we make available against each objective.

1 Underdeveloped		2 Developing	
	People from all protected groups fair poorly compared to people overall / No evidence		People from some protected groups fare as well as people overall
3 Achieving		4 Excelling	
	People from most protected groups fare as well as people overall		People from all protected groups fare as well as people overall

West Midlands Ambulance Service achieved the grade of “**Achieving**” in fifteen categories and “**Developing**” in three categories. This provides scope and actions to progress further over the next year.

2015-2016 Grading Outcomes

Outcomes	No	Description of Outcome	Grading
1 Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.	
	1.4	When people use the NHS services their safety is prioritized and they are free from mistakes, mistreatment and abuse	
	1.5	Screening, vaccination and other health promotion events reach and benefit all local communities.	
2 Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	
	2.3	People report positive experiences of the NHS	
	2.4	People complaints about services are handled respectfully and efficiently	
3 A representative and supported workforce	3.1	Fair NHS recruitment and selection process lead to a more representative workforce at all levels	
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	
	3.4	When at work staff are free from abuse, harassment, bullying and violence from any source	
	3.5	Flexible work options are available to all staff consistent with the needs of the service and the way people lead their lives	
	3.6	Staff report positive experiences of their membership of the workforce	
4 Inclusive Leadership	4.1	Boards and Senior Leaders routinely demonstrate their commitment to promoting equality within and beyond their organization.	

Outcomes	No	Description of Outcome	Grading
	4.2	Papers that come before the Board and other major Committees identify equality related impacts including risks and say how these risks are managed.	
	4.3	Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

Workforce Race Equality Standard [WRES]

Mandated in April 2015 it requires the Trust to demonstrate progress against a number of indicators of workforce equality relating to race.

Position Statement Workforce Race Equality Standard

West Midlands Ambulance Service NHS Foundation Trust welcomes the introduction of the Workforce Race Equality Standard and views it as a mechanism to identify and reduce any disparities that arise in relation to experiences and outcomes for applicants and staff.

Research has shown that improving the diversity of the workforce will lead to better healthcare outcomes for our patients where the workforce is representative of the communities we serve.

The Trust is committed to an inclusive workplace where all staff have the opportunity to thrive and flourish and are free from discrimination.

The Board will provide leadership and ongoing support for the delivery of the WRES.

It includes a specific indicator to address the low levels of BME Board representation.

[See Appendix 2 for the Trust's latest WRES Report]

The NHS Workforce Race Equality Standard 2016 Data Analysis Report for NHS Trusts was published 2017

This is the second WRES annual data report and the most comprehensive one so far. It will be invaluable to all NHS provider organisations – provider trusts, commissioning organisations, Arm's Length Bodies, as well as to the new models of care – the Vanguard and Sustainable and Transformational Plans (STPs) in understanding the challenges we face on workforce race equality. The WRES continues to prompt inquiry and assist healthcare organisations to develop and implement evidence-based responses to the challenges their data reveal. It assists organisations to meet the aims of the NHS Five Year Forward View and complements other NHS policy frameworks such as Developing People – Improving Care, as well as the principles and values set out in The NHS Constitution.

The NHS Five Year Forward View commits to the delivery of high quality, safe, patient focused care is dependent on professional commitment, strong leadership and a caring culture and it regards workforce equality as an essential element of achieving that. The WRES is identified as a key element towards enabling the realisation of that commitment.

Workforce Disability Equality Standard 2018 [WDES]

The NHS Equality and Diversity Council (EDC) has recommended that a Workforce Disability Equality Standard should be mandated via the NHS Standard Contract, in England from April 2018.



This was delayed due to technical issues and additional consultation. A preparatory year has been designated from 2018-2019 with the first published report due for completion the end of September 2019.

The Equality Diversity Council considered the report published by Middlesex and Bedfordshire Universities on the 'Experience of Disabled Staff in the NHS', alongside findings from research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

The WDES will follow similar process as the WRES through a set of metrics and action plan after the metrics have been analysed to identify any trends and issues.

[See Appendix 3]



NHS Constitution 2009

The NHS Constitution sets out important rights and duties for staff and patients these include;

- An **overview** which outlines the purpose of the NHS and of the Constitution.
- The **principles** of the NHS which are enduring high level rules that govern the way the NHS operates and define how it seeks to achieve its purpose.
- NHS **values** which have been developed by patients, public and staff, are the values that inspire passion the NHS and should guide it to the 21st century. Individual organisations will develop and refresh their own values tailored to local needs, so the NHS values provide the common ground for co-operation to achieve shared aspirations;
- **Rights and pledges** for patients and the public as well as their **responsibilities** and;
- **Rights and pledges** for staff as well as their **responsibilities**

For example what this means is;

Rights

To expect reasonable steps are taken by the employer to ensure protection from less favorable treatment by fellow employees, patients and others. (Bullying & Harassment)

Bullying & Harassment are serious issues and should not be tolerated. Every organisation should have in place a bullying and harassment policy that is easily accessible to staff and managers. This should be monitored on a regular basis by senior managers. It should include details on how such issues will be investigated in a fair and timely manner.

To a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of race, Gender, Sexual orientation, disability age, or religion or belief.

NHS organisations are bound by the laws on unlawful discrimination that apply to all employers. In addition, as public bodies they generally have duties in carrying out their functions, to have due regard to the need to promote equality of opportunity and to eliminate unlawful discrimination.

Duty

Not to discriminate against patients or staff and to adhere to equal opportunities and equality & human rights legislation.

Disciplinary action may be taken by an employer against staff who breach discrimination policies. The information commissioner may also take action against an employer for an employee's breach of the Data Protection Act.

Staff Opinion Survey 2016

The proportion of NHS staff nationally reporting that they experience discrimination at work has remained consistent since 2012, at 11-12%. In 2016, 6% of staff reported that they have faced discrimination from patients or service users. The proportion of staff who reported facing discrimination from their team or managers was two percent higher at 8%.

Eighty-five percent of staff reported that they believe their organisation acts fairly with respect to promotion or progression (note, figure excludes "don't know" responses).

Across all trust types, one in eight staff (13%) reported that they have experienced harassment or bullying from their manager one or more times.

A slightly higher proportion of staff (18%) reported experiencing harassment or bullying from other colleagues on one or more occasions. The organisation “Stonewall” have found that gay staff in the NHS still face discrimination based on their sexuality.

In the West Midlands Ambulance Service NHS Foundation Trust, our staff survey results were reported against a number of specific, discrimination, equality and bullying and harassment questions. The results, listed below report the percentage of responses in the 2016 survey against the Average [median] % of all ambulance trusts, and WMAS responses from the 2015 survey.

Table 1, highlights an increasing level of discrimination experienced by all staff from the public. Discrimination experienced by staff from their manager or colleagues also rose by 2%, with the top grounds being stated as due to their ethnicity, gender and age.

Discrimination				
Q17a	% saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	14	11	12
Q17b	% saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	11	11	9
	% saying they had experienced discrimination on the grounds of:			
Q17c	Ethnic background	7	4	6
Q17c	Gender	6	6	7
Q17c	Religion	2	1	1
Q17c	Sexual orientation	2	2	3
Q17c	Disability	1	2	1
Q17c	Age	5	5	6
Q17c	Other reason(s)	6	7	6

Table 2: Responses against questions relating to violence, harassment and bullying indicate a high level of staff experiencing harassment, bullying or abuse from colleagues [KF26] increasing by a further 3% from the 2015 survey results and 5% above the ambulance sector average.

Violence, harassment & bullying				
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	Q14a	36	30	39
* KF23. % experiencing physical violence from staff in last 12 mths	Q14b-c	3	2	2
KF24. % reporting most recent experience of violence	Q14d	71	62	77
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	Q15a	50	45	48
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	Q15b-c	33	28	30
KF27. % reporting most recent experience of harassment, bullying or abuse	Q15d	41	39	44

Table 3: The staff Survey further presented specific responses against questions relevant to the Workforce Race Equality Standard (WRES)

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST
EQUALITY AND INCLUSION STRATEGY 2017 - 2020

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority

Ethnic (BME) staff, as required for the Workforce Race Equality Standard. In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2016	Average (median) for ambulance trusts	Your Trust in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	50%	45%	49%
		BME	31%	40%	-
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	33%	28%	30%
		BME	41%	30%	-
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	71%	72%	75%
		BME	40%	55%	-
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	10%	11%	8%
		BME	35%	19%	-

The numbers of BME colleagues participating in the 2016 survey and therefore included in this data section remains low at just 58 respondents although improved participation from the 2015 survey when less than 11 colleagues responded.

Comparison results with all other English Ambulance Services participating in the NHS Staff Opinion Survey was undertaken to ascertain where WMAS may be an outlier, and to learn from best practice that may be in place elsewhere.

The findings from this comparison table can be found at; Appendix 4. Red scores are a specific Trust obtained the worst score with Green scores indicating the best level. For WMAS only a yellow score is where the Trust results were either the same as or better than the average of all ambulance trust scores. White scores are worse than the ambulance sector average.

National Ambulance Sector Data Kings Fund Report December 2015

The culture of the National Health Service (NHS) should be sustained by the core values in the NHS Constitution including respect and dignity, compassion and inclusion. Given the diversity of the NHS workforce, these values have particular resonance. Recent research demonstrates that very little progress has been made in the past 20 years to address discrimination against black and minority ethnic (BME) staff in the NHS. There is evidence too of discrimination experienced by many other groups including women, lesbian, gay, bisexual and transgender (LGBT) staff, people with disabilities and religious groups.



The King's Fund was commissioned by NHS England to assess the scale of this problem; the report used data from the 2014 NHS Staff Survey and drew on wider work on climates of inclusion to suggest strategies for lasting and pervasive change.national levels.

Key Findings

Staff in ambulance trusts generally reported the highest levels of discrimination in comparison with staff in other Trusts. The problems of exclusion, discrimination and injustice are not just confined to differences based on ethnicity similar problems have occurred across the other protected characteristics.

The Ambulance Service top three Protected Characteristic's listed discrimination are:

1. Gender	6.1%
2. Age	5.4%
3. Ethnic Background	3.0%

- Disabled staff report very high levels of discrimination and also staff with long term illnesses although high levels of reported discrimination are high across all protected characteristics.
- Staff in Ambulance Trusts generally reported higher levels of discrimination in comparison with other Trust types.
- Women overall are less likely to report experiencing discrimination than men with the exception of the Ambulance Services.
- Reported levels of discrimination are highest for Black staff within the context of BAME.
- In relation to religion the largest group reporting discrimination are Muslims.

Harassment, bullying or abuse from staff is often experienced more by disabled staff and black staff than by non-disabled and white British staff. Such experiences tend to be more prevalent for gay male staff than for heterosexual staff (2012 NHS Staff Survey).

Five Year Forward View 2014

The 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers.



Next Steps 2014

Next year the NHS turns 70. New treatments for a growing and aging population mean that pressures on the service are greater than they have ever been. But treatment outcomes are far better – and public satisfaction higher – than ten or twenty years ago.

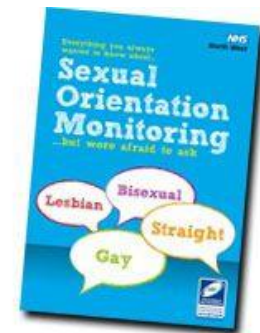


The NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making.

The measures set out in the next steps building on from the Five Year Forward View plan will deliver a more responsive NHS in England, focused on the issues which matter most to the public. And that is on a more sustainable footing, so that it can continue to deliver health and high quality care – now and for future generations.

Sexual Orientation Monitoring 2018

SOM standard may act as an enabler for the Equality Act 2010, supporting good practice and reducing risk for organisations required to comply with the Act through the following;



- Collecting and analysing data on sexual orientation allows public sector bodies to better understand and respond to LGB patients' service access, outcomes and experience and to provide evidence of their compliance with the Duty.
- Supported by the NHS Constitution and the Equality Delivery System (EDS2):
- NHS Constitution states that the NHS provides a comprehensive service to all irrespective of their backgrounds and circumstances, including the protected characteristics they have or do not have.
- EDS2 is a facilitative equality tool including a set of outcomes covering patient care, access and experience. NHS commissioners and providers analyse their performance against these outcomes for each group afforded protection under the Equality Act 2010.

Currently this is still under construction and is being piloted across a few Trusts.

CQC Well Led Framework

The Boards of NHS Foundation Trusts and NHS Trusts are responsible for all aspects of the leadership of their organisations.

They have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care.

These changes require changes in how leaders equip and encourage people at all levels in the NHS to deliver continuous improvement in local health and care systems and gain pride and joy from their work.

Robust governance processes should give leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.



Key Lines of Enquiry [KLOE's]

There are five questions we ask of all care services. They're at the heart of the way we regulate and they help us to make sure we focus on the things that matter to people.

The same five questions are asked of all the services that are inspected;

1. Are they safe?

Safe: you are protected from abuse and avoidable harm.

2. Are they effective?

Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

3. Are they caring?

Caring: staff involve and treat you with compassion, kindness, dignity and respect.

4. Are they responsive to people's needs?

Responsive: services are organised so that they meet your needs.

5. Are they well-led?

Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Well Led Framework

A well led framework has been developed reflecting eight key lines of enquiry known as KLOE's. Each framework's KLOE is supplemented by **characteristics of good organisations**, and **detailed descriptions of good practice**.

WELL LED FRAMEWORK

1. Is there Leadership capacity and capability to deliver high quality sustainable care?	2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	3. Is there a culture of high quality sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management	Are services Well led?	5. Are there clear and effective processes for managing risks , issues and performance ?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?	7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	8. Are there robust systems and processes for learning continuous improvement and innovation

For example part of this KLOE relates directly to Equality & Diversity and will be incorporated in our equality objectives action plan.

KLOE 3 (Key Lines Of Enquiry)

Is there a culture of high quality, sustainable care?

Characteristics of “good “organisations

Equality and diversity are actively promoted and the causes of any workforce inequality are identified and action taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably.

Senior leaders can evidence that members of staff with protected characteristics are treated equitably, and can safely share concerns and be listened to in a meaningful and sustained way.

They can evidence the organisation’s commitment to inclusion and equality through:

- proactive engagement with staff, staff networks, trades unions and other staff organisations on the inclusion and equality agenda



- comparing metrics on staff engagement, bullying, harassment, recruitment and promotion among those with protected characteristics and the wider workforce
- ownership and regular monitoring of an effective equality and diversity strategy and plan, shared with all staff and other local interests as needed
- participating in developmental initiatives relating to building an inclusive workforce and wider healthcare services
- action on areas identified for development through any of these means

CQC inspection teams will consider the following prompts as part of their assessments in relation to this KLOE:

- 1 Do staff feel supported, respected and valued?
- 2 Is the culture centred on the needs and experience of people who use services?
- 3 Do staff feel positive and proud to work in the organisation?
- 4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?
- 5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents?
Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised
- 6 Are there mechanisms for providing all staff at every level with the development they need, including high quality appraisal and career development conversations?
- 7 Is there a strong emphasis on safety and well-being of staff?
- 8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?
- 9 Are there co-operative, supportive and appreciative relationships among staff?
Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

Workforce Profile Summary showing Protected Characteristics + Key Performance Indicators monitoring (2015-16 vs 2016-17) v1

Workforce Profile Summary showing Protected Characteristics + KPIs monitoring (2015-16 vs 2016-17) v1

WORKFORCE PROFILE BY THE PROTECTED CHARACTERISTICS and KEY PERFORMANCE INDICATORS (Percentage Headcount)																		
Comparison of 2015/2016 vs 2016/2017																		
Protected Characteristic	Trust Profile (headcount)	Monitoring 2015/16								Trust Profile (headcount)	Monitoring 2016/17							
	As at 31 Mar 16	Turnover	Appraisal	Number of events	Non Mandatory Learning	Disciplinary	Grievance	Harassment	Flex Working	As at 31 Mar 17	Turnover	Appraisal	Number of events	Non Mandatory Learning	Disciplinary	Grievance	Harassment	Flex Working
	4352	9.26%	91.64%		4056	97	55	8	41	4932	9.26%	95.65%		3699	112	44	4	78
Ethnic Origin																		
White	91.61%	9.05%	91.76%	Number of events	3770	85	50	8	36	92.32%	9.72%	91.35%	Number of events	3406	100	39	4	72
BME	5.12%	11.66%	87.66%		194	5	1	0	2	5.17%	13.62%	89.33%		212	5	2	0	3
Not Stated	3.26%	11.27%	94.63%		92	8	4	0	3	2.51%	11.84%	97.92%		81	7	3	0	3
Gender																		
Female	39.96%	9.66%	90.66%	Number of events	1477	20	18	6	40	40.73%	9.49%	90.89%	Number of events	1431	26	11	3	61
Male	60.04%	8.99%	92.70%		2547	77	37	2	1	59.27%	10.29%	92.50%		2268	86	33	1	17
Age																		
16 - 20	1.10%	37.50%	55.10%	Number of events	64	1	0	0	0	1.22%	28.28%	85.71%	Number of events	78	1	0	0	0
21 - 30	24.06%	8.79%	85.86%		1561	17	6	1	8	24.68%	8.69%	94.86%		1650	32	0	0	14
31 - 40	23.99%	8.72%	92.12%		1060	30	11	2	15	22.55%	9.23%	95.31%		1119	25	7	3	25
41 - 50	26.84%	6.59%	93.30%		799	18	15	4	13	25.65%	7.41%	96.81%		861	25	14	0	30
51 - 60	19.49%	9.08%	92.79%		459	26	22	1	3	19.67%	15.6%	96.36%		533	21	21	1	5
61 - 70	4.39%	25.13%	93.61%		80	5	1	0	1	5.82%	23.61%	95.95%		85	8	2	0	3
71+	0.14%	0.00%	87.50%		1	0	0	0	1	0.43%	17.34%	81.82%		1	0	0	0	1
Disability																		
No	64.27%	6.04%	89.06%	Number of events	2693	50	21	3	23	71.05%	10.15%	87.86%	Number of events	2918	76	18	1	46
Not Declared	30.54%	7.22%	94.99%		828	39	27	3	18	23.48%	9.43%	97.12%		552	27	21	3	30
Yes	5.19%	15.04%	92.08%		184	8	7	0	0	5.47%	9.94%	91.24%		226	9	5	0	2
Undefined	-	-	-		319	1	0	0	0	-	-	-		3				
Religious Belief																		
Atheism	15.00%	10.41%	90.31%	Number of events		7	6	1	4	15.17%	10.23%	91.69%	Number of events		17	4	0	10
Christianity	46.83%	8.00%	91.47%			40	22	3	23	48.34%	9.22%	91.47%			51	17	2	39
Other	10.85%	9.32%	90.84%			16	4	0	1	12.65%	11.67%	84.64%			17	2	0	4
Do not wish to disclose	14.77%	11.35%	90.96%			13	10	1	4	13.44%	10.46%	95.57%			11	10	0	14
Undefined	12.55%	10.07%	91.34%			21	13	3	9	10.40%	10.48%	98.04%			16	11	2	11
Sexual Orientation																		
LGBT	3.65%	9.43%	91.76%	Number of events		4	3	0	0	4.10%	11.11%	93.36%	Number of events		3	0	0	3
Heterosexual	72.73%	8.53%	90.87%			61	31	4	27	75.63%	9.84%	90.53%			86	26	2	54
Do not wish to disclose	11.03%	13.13%	92.38%			11	8	1	5	9.87%	10.06%	95.18%			7	7	0	10
Undefined	12.59%	10.04%	97.35%			21	13	3	9	10.40%	10.47%	97.84%			16	11	2	11
<div>KEY:  Increase on 15/16  decrease on 15/16</div>																		
Source: ESR																		

KEY:



Increase on 15/16

Decrease on 15/16



Source: ESR

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST
EQUALITY AND INCLUSION STRATEGY 2017 - 2020

Workforce Profile Summary showing Protected Characteristics + KPIs monitoring (2015-16 vs 2016-17) v1

Protected Characteristic	Monitoring 31 March 2016							Monitoring 31 March 2017							
Marriage & Civil Partnership		Pregnancy & Maternity		Nationality		Length of Service		Marriage & Civil Partnership		Pregnancy & Maternity		Nationality		Length of Service	
Civil Part	0.87%	Mat & Adoption	1.10%	British	89.02%	0 - 1 yrs.	11.72%	Civil Part	0.81%	Mat & Adoption	1.12%	British	90.90%	0 - 1 yrs.	17.03%
Married	39.61%			Other	1.19%	01 - 05	29.89%	Married	41.63%			Other	1.26%	01 - 05	31.57%
Other	46.62%			Unknown	9.79%	06 - 10	22.06%	Other	48.40%			Unknown	7.85%	06 - 10	20.15%
Unknown	12.89%					11 - 20	26.52%	Unknown	9.16%					11 - 20	22.77%
						21 - 30	7.95%							21 - 30	7.06%
						31 - 40	1.84%							31 - 40	1.40%
						40+	0.02%							40+	0.02%

Source: ESR

Protected Characteristic	Monitoring 31 March 2016									Monitoring 31 March 2017								
	Other	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8+	Other	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8+
Ethnic Origin by Pay																		
White	1.31%	1.33%	7.58%	10.64%	25.32%	17.10%	22.29%	4.04%	2.00%	2.70%	0.75%	9.83%	12.00%	21.88%	10.79%	29.30%	3.37%	1.70%
BME	0.14%	0.14%	0.69%	0.62%	1.75%	0.87%	0.55%	0.23%	0.14%	0.28%	0.08%	0.73%	0.65%	1.50%	0.73%	0.99%	0.10%	0.10%
Not Stated	0.02%		0.05%	0.11%	0.18%	0.83%	1.72%	0.21%	0.14%	0.04%		0.06%	0.22%	0.14%	0.41%	1.44%	0.12%	0.08%
Gender by Pay																		
Female	0.57%	0.11%	2.34%	5.93%	11.86%	8.55%	8.75%	1.29%	0.55%	1.05%	0.08%	3.02%	6.41%	11.37%	4.79%	12.61%	0.89%	0.51%
Male	0.90%	1.36%	5.97%	5.45%	15.40%	10.25%	15.81%	3.19%	1.72%	1.97%	0.75%	7.60%	6.47%	12.15%	7.14%	19.12%	2.70%	1.38%

KEY:



Increase on 15/16

Decrease on 15/16



Source: ESR

SECTION C Sector Specific

Bullying & Harassment

Tackling Bullying Trade Union Call to Action

AACE Strengthening Workforce Race Equality Paper

Sector Specific

Bullying & Harassment

Position Statement



As an equal opportunities employer, the Trust supports a working environment for individuals in which Dignity and Respect at work is paramount. The Trust values the contribution that all its employees make to deliver efficient, high quality services. The organisation recognises that to deliver these services to the best of their ability, employees need an environment that is free from bullying and harassment in all its forms. Bullying and harassment is morally, legally and professionally unacceptable. The Trust will adopt a zero-tolerance stance in relation to Bullying and Harassment in all its forms. The Trust will support staff to resolve situations and require staff to change behaviour in a way that provides for positive outcomes. The Trust will not hesitate to take disciplinary action where appropriate.

Each member of staff carries personal responsibility for their own behaviour and are responsible for ensuring that their conduct is in line with the Trust vision and values and that their behaviour reflects these values.

What has the Trust done to tackle Bullying and harassment?

1. The above position statement of zero tolerance was written by the CEO and published in the Weekly Briefing paper.
2. Posters on bullying and harassment have been distributed to all locations for display.
3. Senior managers received the original training and consultation prior to finalisation.
4. Two virtual learning packages have been developed on for Managers and one for staff.
5. Bullying & Harassment is delivered on every corporate induction session as to the expected behaviours of our staff.
6. The Trust has produced a Staff Handbook and a Code of Conduct advising staff what to do and the conduct required of our staff.
7. Support mechanisms are available through the following:
 - Mediation
 - Grievance procedure
 - Staff Advice & Liaison Service
 - Staffside Representatives
 - HR
 - Managers

Tackling Bullying Call to Action

Roger Kline's report, Bullying: the silent epidemic in the NHS, published in 2013, reported that a quarter of staff in the NHS felt they were bullied and the rate of reported bullying has doubled in just four years. Staff previously surveyed said less than half of cases of bullying,

harassment or abuse cases were reported and the proportion of cases being reported is falling, down from 54 per cent in 2004 to 44 per cent now (2013). Sir Ian Kennedy, former departing chair of the Healthcare Commission (now CQC), said bullying was one of the biggest un-talked about problems in the delivery of good care to patients.

In December 2016, former Department of Health (DH) minister, Ben Gummer chaired a roundtable of NHS leaders and academic experts after which he asked the Social Partnership Forum to develop a plan to tackle bullying in the NHS. On the 7th December 2016 the Tackling Bullying Call to Action was launched.

Leaders across the NHS are committed to making a difference by promoting supportive cultures where staff can flourish and problem behaviours such as bullying are tackled. The NHS Social Partnership Forum which brings together Department of Health (DH) Ministers and officials, NHS employing organisations, NHS England, Health Education England, NHS Improvement, NHS Employers and trade unions is leading this initiative, and has developed a better understanding of the most effective interventions to tackle bullying, by working with academics to explore the evidence and gathering experiences from within the NHS and beyond

The SPF Workforce Issues Group has led the work, drawing together evidence and front line experiences which have resulted in a strong case for change. A range of suggested actions supported by resources, advice, guidance and good practice are available to help organisations develop their own plans in partnership to tackle bullying. Work on developing these resources will continue.

This call to action invites all NHS organisations to:

- achieve the overarching leadership and cultural change to tackle bullying
- support staff to respectfully challenge problem behaviours
- publish their plans and progress so staff, patients and the public can hold them to account.



Social Partnership Forum is supporting partnership action:

- by system leaders led by DH and NHS Improvement
- by organisations supported by NHS Employers
- by individuals and teams supported by unions working with their members.

The Social Partnership Forum will keep progress under regular review through its quarterly meetings.




WRES Leadership





The Association of Ambulance Chief Executives (AACE) has formally committed to encouraging the improvement of workforce equality across all UK ambulance services by pledging firm support for NHS England's Work Force Race Equality Standards (WRES).









All NHS ambulance trusts in England have made a commitment to improving indicators that cover the number of BME staff in the workforce, job shortlist and appointment rates and abuse and harassment or bullying from patients. A paper was submitted to the Association of Ambulance Chief Executives highlighting key areas that needed to be addressed in relation to the WRES metrics.







AACE: Strengthening Race Equality in the Ambulance Sector- Leadership, Approach and Performance ACTION PLAN. 2017





REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
WRES Indicator 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce					
01	Organisations should undertake this calculation separately for non-clinical and for clinical staff	All AfC and VSM data contained in ESR and is easily reported in this format.		RB	
WRES Indicator 2. Relative likelihood of staff being appointed from shortlisting across all posts Trusts are to review internal recruitment and selection policies to ensure that recruitment processes are fully diversity managed. This review and improvement to systems should include:					
02	How each job description is framed	All Job Descriptions are based on the key criteria for the job role. References are made to the national role profiles where necessary.		CB	
03	What support, opportunities, encouragement, development is provided to level the playing field drawing on the evidence that it is opportunities	All secondments are published for all staff to consider and submit an application, in accordance with agreed recruitment processes.		KN EMB	





REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
	such as secondment, acting up, shadowing and leading projects that are key, not just courses.	Participation in working groups and projects are generally through expressions of interest arising from discussions at these groups. A more formal arrangement may be necessary – for discussion.			
04	How and where the job is advertised? Do adverts include relevant positive messages about commitment to having a diverse workforce?	All external jobs are advertised through the NHS Job web site the Trust has a positive action statement on all advertised posts in relation to BME and Disabled applicants.		LH	
05	How applications are shortlisted including any screening tests/assessment centres used	All applications are long-listed against the essential criteria listed for the role, as contained in the person specification. Candidates are invited to attend shortlisting selection assessments. All assessments have been checked to ensure they provide the essential data on the suitability of the candidate to the job role, as determined by the person specification.		LH	
06	Have psychometric/online tests risks being discriminatory and must be been assessed to ensure that they are not discriminatory. Employers should reconsider using such tests as a pre-screening part of the process, and as a part of the selection process post	The Trust does not routinely use psychometric/online testing methods in its recruitment processes.		LH	




REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
	shortlisting. If they are to be used they should preferably be used as part of the interview process not to screen out candidates.				
07	How references are written and evaluated	The Trust uses a standard template for all references.		CB	
08 ...	What structure the interview process takes, its components including what questions are asked, and who is on the panel	Interviews are conducted formally. The question sheet is devised by recruitment with involvement of a manager within that particular area of expertise. The question sheets are given to the interview panel to decide which questions should be asked by the most appropriate panel member. So all candidates are asked the same questions relevant to the post. The scoring matrix is pre-determined into four categories and each panel member scores independently and then writes feedback. If an applicant fails the interview they are given immediate feedback as to why they failed and how they can rectify this. BME candidates will be encouraged to re-apply and be offered all appropriate elements of the Access Course 1. "Interview Skills" All panel members have undertaken Recruitment and selection training which incorporates the following: 2. Recruitment & selection processes		LH	

REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
		3.Equality & Diversity to include protected characteristics 4.Unconscious Bias includes a case study 5.Interview skills			
09	How decisions are taken after the interview process	Each panel member will individually score the candidate against a pre-set question pack. Scoring is based on 0 – no evidence, to 4 – exceed expectations of a model answer. All scores are collated into a final score sheet revealing the candidate scoring the highest marks. Consistent with best practice stated by CIPD.		LH	
10	How new appointees are welcomed into the workplace	Staff are welcomed on the first day with a local induction followed by meeting their work colleagues. Staff undergo a corporate induction delivered by senior managers incorporating equality and diversity and dignity and respect principles expected of all staff.		CB	
11	What induction, support, encouragement, and opportunities they are given.	EMB to discuss what further actions need to be taken to improve levels of induction and support to BME staff.		EMB	
12	To ensure all members of the recruitment panel are trained on recruitment and selection with a key focus on equality and diversity as part of this training	All panel members have undertaken Recruitment and selection training which incorporates the following: 1. Recruitment & selection processes 2. Equality & Diversity to include protected characteristics 3. Unconscious Bias includes a case study 4. Interview skills		MW	

REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
13	Ambulance Trust Boards are to set stretch targets for the percentage of BME staff in the workforce, and until such time the target is reached, BME applicants who meet the minimum standard for shortlisting are to be guaranteed an interview.	In place, all BME meeting the essential criteria are invited to attend for shortlisting assessment testing.		LH	
14	Revise recruitment packs to include a document so that post interview the Chair of the panel sets out the reason why any BME shortlisted candidate is not been selected for appointment. It may be necessary to implement directorate or corporate positive action programmes	All candidates who fail are advised as to why this has happened and they are told there and then after the interview and feedback is written by all panel members. Positive Action programme already in place.		LH MW	 
15	Trust boards to receive quarterly updates on workforce ethnicity as per the WRES annual reporting template	Trust boards to specify what additional information they wish to see reported.		Trust Board	
16	Trusts to sponsor bi-monthly recruitment fairs targeting BME communities in collaboration with HEI's delivering Paramedic Education.	A budget is required to deliver 6 recruitment fairs per annum, to cover the costs of staff release, promotional materials, venue, marketing materials, community engagement capacity, etc.		ACM	
17	To draw upon expertise from BME	BME network not yet in place. However, individual		KN	

REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
	networks to be included on recruitment panels where possible	BME members of staff have come forward after a request for recruitment day assistance to provide their support, following the 2 nd BME staff conversation.			
18	Ambulance Trusts to work with HEI's and HEE widening participation agenda to promote career opportunities within Trusts to a wider diverse learner base.	The Trust is engaged in the widening participation agenda. Careers events and work experience opportunities are made available to young people specifically those from BME communities to encourage their understanding of careers within the sector and at WMAS in particular.		BK	
19	Be aware of, and work with HEE as a pilot site for the Pre-Paramedic experience to encourage positive action in attracting diverse groups to access these opportunities	WMAS is a partner in this initiative. WMAS has been engaged to develop a student paramedic recruitment DVD promoting BME staff and their training and career journey.		MW	
20	The sector is to develop cadet schemes as a further potential point of entry into the sector, with caveats to ensure that they are community based and reflective of the local population	No action has been taken on this initiative. Funding and capacity to be determined.		ACM	
WRES Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.					
21	Chief Executives and Boards are to re-affirm zero tolerance of abuse, bullying and	Zero Tolerance statement written, confirmed with CEO, and published in Weekly Brief.	End March	MW/ACM	

REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
	harassment from patients, relatives and the public (linked to Communications Strategy below).				
22	As a policy, Trusts are to commission NHS Protect to carry out work to prosecute members of the public who do not comply with the organisational position on this matter. Prosecutions are not to be the responsibility of the staff member	Measures are in place to ensure all staff who break the law and abuse our staff are progressed through the legal channels. Staff also have the responsibility to raise with the police any claims of racial harassment they experience.		SG	
WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months					
23	Chief Executives and Boards are to re-affirm zero tolerance of abuse, Bullying and harassment from staff (linked to Communications Strategy below). It is advisable to link communications around this to organisational values. Increased focus is required on reviewing existing policies and	Zero tolerance position statement published. Enav training packages for managers and staff constructed. Presentation to managers delivered at the Winter Managers Brief All corporate inductions cover bullying and harassment behaviours to raise awareness. Accessible mediation is promoted frequently and		ACM MW CB	  

REF	REQUIREMENT	ACTION	BY WHEN	LEAD	RAG
...	<p>procedures on bullying and harassment.</p> <p>Increased focus is required on informal conflict resolution</p> <p>Attention on monitoring and reporting of incidents of bullying and harassment so that patterns and trends can be identified and reported.</p>	<p>throughout corporate induction.</p> <p>Conflict Resolution training delivered to all operational staff.</p> <p>Reports are provided to every Board meeting as well as QGC and Resources Committees, EMB, Workforce Development Group, RPF and EDHR meetings.</p>		KN	
24	To have an Ambulance wide campaign on Dignity and Respect, this has to be a high level campaign in a positive light.	<p>A Dignity and Respect campaign delivered in the Trust. Events held in all hubs and major corporate sites, as well as at The Academy.</p> <p>Staff confirmed their support through a photographic statement shared on the trusts intranet site.</p>		MW	
25	Where there is a case to answer, staff will be disciplined through agreed local procedures.	All staff are aware of the Trust policies that are used to clarify appropriate behaviours at work and the measures that would be taken should they standards be breached.		KN	

SECTION D Trust Specific

BME Staff Conversations

Board Strategy Event

Board WRES Presentation event

Recruitment Training

Disability Confident Employer

The Way Forward

"It takes no compromise to give people their rights...it takes no money to respect the individual. It takes no political deal to give people freedom. It takes no survey to remove repression."

Harvey Milk



Inclusion and Diversity is important to the NHS

Inclusion is emphasised in NHS England's Five Year Forward View¹ which states *"ensuring the NHS is a better employer is so important: by... providing safe, inclusive and non-discriminatory opportunities"* (p30) and that

"The NHS is committed to making substantial progress in ensuring that boards and leadership of NHS organisations better reflect the diversity of the communities they serve and that the NHS provides supportive and non-discriminatory ladders of opportunity for all its staff" "NHS employers will be expected to lead the way as progressive employers...challenge mental health stigma and discrimination...offering job opportunities to...people with learning disabilities..." (p14)

The NHS Constitution² includes:

The legal duty not to discriminate against patients or staff based on their protected characteristics and to adhere to equal opportunities and equality and human rights legislation.

Equality, Diversity & Inclusion Vision

1. The Trust vision for Equality, Diversity and Inclusion is that, WMAS is seen as an organisation which not only recognises, embraces and celebrates diversity and provides a welcoming environment for staff.
2. WMAS's strategic priorities for inclusion have been developed in collaboration with stakeholders across our systems.
3. Our vision covers all Protected Characteristics as we all have more than one as we are all unique and valuing our differences is paramount.

BME STAFF CONVERSATIONS

In 2016 BME Staff met the Chairman to discuss any issues they wished to raise. This followed on in September 2016 with an open invitation for BME Staff to get together raise issues and share ideas.

Several suggestions were made and the next meeting was held in February 2017 were over the five months' actions had been taken and suggestions made as to the way ahead. This plan used the headings "You Said" "We Did" This was followed on with a recruitment action plan which was one of the topic areas raised.

The Key themes raised as discussion points were as follows;

- Recruitment
- Training & Development

- Bullying & Harassment by patients
- Bullying & Harassment by staff
- Senior Leadership
- Engagement with BME Staff
- Engagement with local Communities

The BME Staff group are formulating “Terms of Reference” to set up a formalised staff BME Group and will be meeting in the very near future to take this forward.

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EQUALITY AND INCLUSION STRATEGY 2017 - 2020

RECRUITMENT					
2016	Themes & Issues raised 2016	Responses 2016	2017	Themes & Issues raised 2017	Responses 2017
	<ul style="list-style-type: none">BME staff need to be involved in Recruitment	The Trust has now ensured that BME staff are involved in assessments and interviews. Additional interview courses were arranged so that staff have the requisite skills and knowledge to participate.		<ul style="list-style-type: none">Could there be pre-application guidance so applicants would know what to expect at assessments.	The Trust has developed an on line "access course" which will go live in July. This enables all potential applicants to gain an insight into the requirements of the assessment centre and interview.
	<ul style="list-style-type: none">Shortlisting needs to be done by independent individuals.	Shortlisting is normally completed by the Recruitment Manager. For reassurance purposes the head of HR and a Clinician undertook a review of 100 applicants who had already been shortlisted. The audit found that all had been correctly shortlisted.		<ul style="list-style-type: none">What community engagement could we do to inform families about the service	The suggestion put forward has been to host a station day at one of our hubs to allow the public to visit and see the inside of an ambulance hub. This is an initiative under consideration
	<ul style="list-style-type: none">BME staff would like to be involved and interact at community events	This is an area for development although Organisational Development have started working with young people in which BME staff have been involved.		<ul style="list-style-type: none">Could BME staff have twitter accounts?	Many BME staff asked for accounts and signed up on the day. The Communication office will provide the required account and training.
	<ul style="list-style-type: none">BME staff wish to be involved in recruitment events	The next recruitment event was held on the 26 th November 2016 and BME staff took part and provided a good positive presence.		<ul style="list-style-type: none">BME staff want to be involved on recruitment days both clinical and non-clinical but often were not made aware of the dates.	All BME staff who attend the Value Based Recruitment training now automatically go onto the recruitment database. All Assessment days are sent to all on the list.
TRAINING & DEVELOPMENT					
2016	Themes & Issues raised 2016	Responses 2016	2017	Themes & Issues raised 2017	Responses 2017
	<ul style="list-style-type: none">BME Staff would like more awareness of career opportunities and courses	Two development opportunities were available for BME Staff in November and January which were advertised and managers asked to encourage BME Staff to apply. The courses were aimed at Band 5-7 and Band 8+		<ul style="list-style-type: none">Management awareness of what opportunities available.	All courses advertised are now advertised in the Weekly Brief and additionally circulated to managers.
		BME Staff were advised in Sept 2016 that Engaging Leaders & Engaging Managers programmes would be running in March & May 2017. The Engaging Managers programme had applications from BME staff		<ul style="list-style-type: none">Management need to be consistent on PDR's and provide direction and support	The new PDR guidance covers these elements and BME Staff have been offered a one to one discussion with the Organisational Development team to look at career pathways.
	<ul style="list-style-type: none">Follow up action after Performance Development Reviews to ensure progress against agreed objectives	A new Performance Development Review guidance document has been written and will be implemented in 2017		<ul style="list-style-type: none">National Course deadlines are very short	The courses are advertised as soon as we are made aware of them. Feedback has been given to Health Education England on timescales.

BULLYING & HARASSMENT [By the Public]

	Themes & Issues raised 2016	Responses 2016		Themes & Issues raised 2017	Responses 2017
2	<ul style="list-style-type: none"> BME Staff have received verbal and physical abuse frequently 	The Trust takes this very seriously and has installed cameras on all ambulances. Legal action is taken when necessary and outcomes are publicised in the external press.	2	<ul style="list-style-type: none"> All staff require awareness and educating to collectively support each other 	Articles have been placed in the Weekly Brief to encourage staff to report all incidents. A zero tolerance statement on bullying and harassment behaviour is not acceptable. Trust will use all legal means against offenders.
0	<ul style="list-style-type: none"> Racist comments have been passed by the public which are offensive 	Articles went in the Weekly Brief to encourage staff to report incidents to the police as hate crimes. This has to be undertaken by the victim the Trust cannot report it.	0		
1	<ul style="list-style-type: none"> Staff are unsure who to go to for reporting incidents of verbal and racist abuse from patients. 	Managers and staff have a virtual learning training package to support appropriate notification routes.	1		
6			7	<ul style="list-style-type: none"> We would like BME representatives in each area to be able to go to for support. 	The Trust provides a range of reporting avenues to support staff such as; <ul style="list-style-type: none"> Directors Managers Human Resource Managers Trade Union Representatives Staff Advice Liaison Service Freedom to Speak Up Champions

BULLYING & HARASSMENT [BY STAFF]

	Themes & Issues raised 2016	Responses 2016		Themes & Issues raised 2017	Responses 2017
2	<ul style="list-style-type: none"> Lack of understanding and knowledge about race, bullying and harassment 	Managers have received training in Dignity & Respect and a virtual learning package on Bullying & Harassment behaviour. Banter clarification has been added to the Disciplinary Policy.	2	<ul style="list-style-type: none"> Staff need to undertake bullying & harassment awareness training. 	The Mandatory handbook will be updated next year on behaviours awareness.
0	<ul style="list-style-type: none"> Inappropriate language and banter 	Leaflets and posters have been distributed to every location re bullying & Harassment. The CEO has published his zero tolerance position statement on bullying.	0	<ul style="list-style-type: none"> Verbal comments and swearing which is inappropriate require management to address this. 	Work is about to commence on a "Code of Behaviour" incorporating language and banter. Many staff have now been trained in Dignity & Respect and all new staff have this delivered at induction. Managers advised to raise swearing in the workplace with staff directly. The Trust is participating in the National Ambulance Strategic Partnership [NASPF] on Bullying & Harassment awareness, which has been identified as a key priority work stream for 2017-2018. This will identify what training is required across the Ambulance sector.
1			1		
6			7		

SENIOR LEADERSHIP					
2016	Themes & Issues raised 2016	Responses 2016	2017	Themes & Issues raised 2017	Responses 2017
	<ul style="list-style-type: none">It's very important that senior managers encourage staff and managers to support BME colleagues	A group of BME Staff met the Chairman and non-executive members to discuss and raise any issues or concerns they may have had.		<ul style="list-style-type: none">The BME agenda is very well understood by top management but not middle managers	A zero tolerance statement has been published for all staff. The Trust will be undertaking further research into Management behaviour to ensure appropriate understanding/awareness continues to be reinforced by all staff.
	<ul style="list-style-type: none">A message from the CEO showing his support and a position statement	The Trust has a position statement for the Workforce Race Equality Standard.			
ENGAGEMENT WITH BME STAFF					
2016	Themes & Issues raised 2016	Responses 2016	2017	Themes & Issues raised 2017	Responses 2017
	<ul style="list-style-type: none">There used to be representation on the national BME network we were told there would no longer be any support.	The Trust is a member of the National Ambulance Diversity Group [NADG] and receives feedback from the Chair of the National BME Group.		<ul style="list-style-type: none">BME Staff would like to be represented on the national group as a development opportunity	The Trust continued support for a representative to attend this meeting. Normally the Chairperson or the Vice Chair of the BME group. This item will be included in the BME group agenda for their next meeting.
	<ul style="list-style-type: none">Staff are not aware of the BME group in the Trust	The Trust has supported the development of a BME group however there was little support from BME staff. The Group is advertised on every induction. But it is recognised a change in promotion of the group will be needed.		<ul style="list-style-type: none">Develop a BME group with a formal structure and committee, develop terms of reference to enable the group to be formed as soon as possible.	Trust support is available the CEO was present at the last conversation and hopes to attend the next meeting.
				A communication plan needs to be formulated to inform staff of the launch.	The Trust will support the group and make every effort with help and signposting to launch a BME group.

BOARD STRATEGY DAY

The Board met on the 29th April 2017 to formulate our top priorities for increasing Equality, Diversity and Inclusion in all service areas of the Trust. The key aims of the day were as follows:

- Where are we now?
- What have we done?
- Identifying key areas
- How may they be achieved?
- What resources would be required?
- What would be the timescale?

The Board were split into groups of 5 with a facilitator at every group with knowledge of Equality, Diversity and Inclusion and all were members of the EDHR Group.

This provided a platform for great discussion and positive feedback.

The following priorities were identified;

Priority 1	Rationale
Develop a Community Engagement Action Plan, that is resilient and sustainable. Which maintains the contact and lines of communication and values the partnership	
How can this be achieved?	<ul style="list-style-type: none"> • Using demographics identify community's particularly new and emergent communities. • Vulnerable people who may not belong to a community group • Identify through the Foundation Trust Membership which community groups are represented. • Through the Trust Governors capture the engagement they undertake. • Improved interaction with Universities & Colleges • Capturing CFR community engagement • Develop community engagement champions not necessarily leaders • Capture all relevant engagement events maintaining contact and continue to develop relationships.
What resources would be needed?	<ul style="list-style-type: none"> • Financial resources to provide marketing materials for events. • Staffing resource to support the administration and events. • Staffing to collate data and maintain the relationships
Timescale	2017-2019
Priority 2	Rationale

Develop an improved staff engagement to effect a culture change of WMAS being a great place to work which would be reflected in the staff survey	
How can this be achieved?	<ul style="list-style-type: none"> • Culture change through involvement • Improved mentoring and buddying • High visibility Board Leadership • Reverse mentoring with a Board member • Offer support through buddies • Incentivise the Staff survey through competition. • Involve staff through Equality Champions and Health & Wellbeing Champions
What resources would be needed?	<ul style="list-style-type: none"> • Research and draft an action plan • Staffing and time
Timescale	2017-2018

Priority 3	Rationale
Developing interaction through staff and community engagement working together to provide greater understanding of the roles on offer and invite our communities to see what we do.	
How can this be achieved?	<ul style="list-style-type: none"> • More involvement in the HEI recruitment • Ops involvement in arranging taster days • Wider promotion of careers on offer • Family fun days • More involvement with young people
What resources would be needed?	<ul style="list-style-type: none"> • Staffing • Marketing • Ops involvement • Finance for event
Timescale	2017-2018

Board Strategy Day Event – 22 February 2017

The Board of Directors invited the Director of WRES Implementation at NHS England Yvonne Coghill to present the key features of the Workforce Race Equality Standard so as to challenge the Board thinking and assist with the acceleration of appropriate measures to improve the experience of BME staff joining and working in all areas of the Trusts activities.

Shared learning from a recent assignment at a large acute trust was presented, which identified the main themes as follows:

Key Recommendations:

- Employ a credible knowledgeable senior lead that has access to the board and particularly the CEO and chair
- Have a good analyst to drill down into and interpret the data
- Take time to thoroughly understand the data by directorate and area.
- Make plans to tackle issues in bite size chunks
- Develop a robust communications strategy and build a great relationship with the communications department.
- Develop a narrative as to why the work is important
- Don't expect all BME staff to be allies, embrace the work or be grateful
- Plan to keep your white allies and colleagues on board (really, really important)
- Be systematic and realistic in your approach
- Do not expect immediate change, a marathon not a sprint

Recruitment Positive Action



The Trust has embraced a variety of positive action measures to ensure a diverse workforce that is representative of the communities we serve through the following measures:

- Positive Action Statement on all job adverts

The Trust is currently under-represented in terms of people from BME backgrounds and welcomes applicants from these communities. Selection will be on a basis of merit. The Trust has achieved the status of a Disability Confident Employer and guarantees to invite to assessment applicants who meet the criteria for the job vacancy. To ensure the diversity of the workforce and understand the differing needs of our communities, the Trust is committed to the principles of Positive Action.

- Auditing every stage of the recruitment and assessment process to ensure we are fair
- Access course BME & applicants with a Disability who fail the first stage are offered the course.
- Training is mandatory for all members of staff who are involved in interviews covering;
 1. Values Based Recruitment
 2. Equality & Diversity
 3. Equality Act 2010 and recruitment
 4. Unconscious bias
- Positive imagery and use of role models on all marketing materials
- Paramedic DVD that is predominantly staff from different BME ethnicities.



Disability Equality

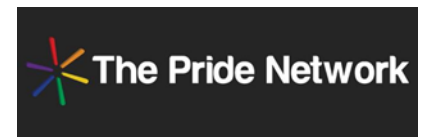
Disability Confident encompasses a number of voluntary commitments to encourage employers to recruit, retain and develop disabled staff, such as offering work experience opportunities and implementing a flexible recruitment process. There are three levels of being a Disability Confident committed Employer. Currently the Trust is at level 1 which requires the following commitment:



Level 1: Disability Confident committed employer, organisations must commit to five pledges (similar to the Two Ticks scheme), which include ensuring recruitment processes are inclusive and accessible, and supporting any existing employee who acquires a disability or long term health condition. They must also implement at least one employment opportunity that will make a difference for disabled people (e.g. offering work experience).

LGBT Equality

Lesbian, Gay, Bi and Trans people bring value to organisations by providing a different set of experiences and perspectives. The Trust has supported an LGBT staff group since 2014 called the "Pride Network". The group was established as a support network for LGBT staff and as a link to local LGBT communities. The Trust also has representation on the National Ambulance LGBT group. The Trust marches at the Pride events in particularly the Birmingham event and the national event in Brighton.



Aligned to the Pride Network the Trust has a contingent of staff who are straight allies, who support LGBT staff and get involved in the PRIDE events.



SECTION E: Equality Objective Action Plan

Action Plan introduction

Public Sector organisations with more than 150 staff are required to publish a set of Equality Objectives every four years to be compliant with the Public Sector Duties of the Equality Act 2010. The Equality Objectives are the priorities WMAS has identified to focus on improving over that four year period.

We have set ourselves six equality objectives which cover the period July 2017 to July 2020. This document sets out the Equality Objectives that WMAS intends to achieve over the next four years. Each objective is supported by a detailed action plan covering in some cases the first two years of the strategy and some objectives are ongoing over the four year period.

West Midlands Ambulance is committed to embedding Equality and Diversity into everything we do, both as a service provider and as an employer.

Our aims are to serve our local population and employees in a way that efficiently and effectively meets each individual's needs and concerns in a manner which is fair and equitable.

The Equality Objectives aim to incorporate and comply with key areas as follows;

- Equality Act 2010
- Public Sector Equality Duty
 1. General Duty
 2. Specific Duty
 3. Equality Objectives
- Human Rights Act 1998
- Gender Pay Gap Reporting Requirements
- Equality Delivery System 2
- Workforce Race Equality Standard
- Workforce Disability Equality Standard 2018
- Sexual Orientation Monitoring 2018
- Five Year Forward View
- NHS Constitution

Our objectives will be monitored by the following;

- Equality, Diversity & Human Rights Group
- Quality Governance Committee
- Executive Management Board
- Board

A progress report will be presented to the Board on an annual basis incorporated in the Annual Equality report and published on the Trust's website.

Equality Objectives 2017-2020

Equality Objective 1	Increase recruitment applications from BME [Black Minority Ethnicity] and Disabled candidates to the Trust to ensure that Trust staff are representative of the communities we serve. Encourage current members of staff who are BME or Disabled to develop and flourish to their full potential.
Related EDS Goals	Goal 1. Better health outcomes for all Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

Action	Outcome	Led By	By When
1. Inclusion audits are undertaken across the whole of the recruitment process, incorporating the assessment phase	Recruitment & Selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as possible within all occupations and grades. Annual audits are undertaken by a member of staff who is outside of Workforce & OD Directorate to ensure that the process is transparent. All interview panelists and those involved in assessment days are trained to ensure they are aware of the principles of Unconscious Bias to ensure a fair and equitable recruitment process	L. Harris	2017-2020
2. Inclusion audits are undertaken to identify any barriers during recruitment relevant to protected characteristics.	Barriers that have been identified have been addressed through local support through the provision of a Pre-assessment course. These courses are offered over a seven-week period where potential BAME applicants attend in their own time prior to attending assessment days. The Trust advises candidates to use Google to practice Level 2 Literacy, Numeracy papers and the Highway Code to prepare them for their assessment papers.	D.Brennan R.Nahar	2017-2020
3. Workforce monitoring data is produced by Protected Characteristic for the whole workforce and benchmarked against	Annual Workforce data by Protected Characteristics are presented to the Board. Data covers the breakdown of all applicants short listed and appointed to each vacancy.	R. Belleini	2017-2020

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ONS diversity data for the local population.	The Trust produces data annually to be compliant with The Specific Duties which is produced annually in July every year.		
4. The Trust to attend 6 recruitment events throughout the year with emphasis on promoting ambulance careers to all protected characteristics. This will enable the workforce to be representative of the communities we serve.	<p>To raise the profile of the Trust with the public and be seen as an employer of choice that embraces Diversity & Inclusion. This will support the recruitment team to meet potential future applicants by highlighting career options and the academic path required. Targeting groups where the Trust is under-represented providing a visible presence and information.</p> <p>The Trust has attended recruitment and community events and which is reported in the annual report every July as to the progress made.</p>	Recruitment Team	2017-2020
5. Encourage BME & staff with Disabilities to reach their full potential through awareness of development opportunities and encouragement to progress.	<p>A diverse workforce provides better patient care. Specific positive action focus on the promotion of opportunities directed towards BME & Disabled people will respond to improvements within the Workforce Race Equality Standard [WRES] and the Workforce Disability Equality Standard [WDES] 2019</p> <p>The Trust reports back annually [July 2019] in the annual report & Public Sector Equality Duty and the WRES report. The first report for the Workforce Disability Equality Scheme is due to be published the end of September 2019. The Trust is also a "Disability Confident Employer" and the logo is displayed on all job advertisements on NHS Jobs web site.</p>	All	2017-2020

Equality Objective 2	Build trust and confidence with our communities, patients, Carers and their families through effective communication, engagement and partnership working.
Related EDS Goals	Goal 1. Better health outcomes for all Goal 2. Improved patient access and experience

Action	Outcome	Led By	By When
1. External stakeholders are consulted and informed of service delivery.	The Trust will continue to benefit from meaningful dialogue and community engagement that has a direct impact on Trust services Ongoing	Mark Docherty	2017-2020
2. Partnerships to be developed, and improved with external bodies and community groups, to build on best practice and to share innovation.	Develop a means of securing feedback from community groups where routine data is not collected. To ensure that all community groups are aware of the Trusts PALS & Complaints processes. Ongoing	Corporate Services	2017-2019
3. Adopt a pro-active stance in relation to health inequalities by providing information for the public through the Trust Q-volunteering programme.	This will provide an increase in volunteers with the emphasis being on healthy living for all. The Trust has developed a health & wellbeing handbook designed for communities to promote HWB and self-management. The handbooks have been circulated to over 8000 people particularly targeting elderly people who may not have access to a computer. Still ongoing.	Maria Watson	2018-2019
4. Ensure that the Trust promotes a diversity of Members, Governors, volunteers and the Trust Board.	Relevant data to be produced to the Board every 6 months so action may be taken if required and new and emergent communities may be identified demographically. Data is produced to the Board on a regular basis to inform them of the demographics of staff at various levels including the breakdown of Board members and Governors. Ongoing.	Corporate Services	2018-2019
5. Develop and maintain partnerships with Members, Governors and experts by experience and local	The Trust will continue to benefit from meaningful dialogue and community engagement that has a direct impact on Trust services by ensuring that we are diversely represented	Corporate Services	2017-2020

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community groups to encourage participation in shaping our service.	in all we do. Governors have links into local community groups and are able to have meaningful dialogue which can then be fed back in particular through the EDS2.Ongoing		
6. Use internal data derived from complaint and compliments to improve patient experience	Key trends can be identified that may impact on service delivery and future actions proposed or issues addressed. All complaints are fully investigated by the PALS team [Patient Advice & Liaison Service] and the patient informed of the outcome. The member of staff is advice and may require refresher training or advice. Compliments are conveyed to the staff members involved and are often advertised in the Weekly Brief as a moral booster and recognition for staff	PALS	2017-2020
Equality Objective 3	Create a culture where all staff, patients, Carers and their families and other agencies the Trust works with are treated with Dignity and Respect		
Related EDS Goals	Goal 1. Better health outcomes for all Goal 2. Improved patient access and experience Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels		

Action	Outcome	Led By	By When
1. All staff to receive Equality, Diversity and Inclusion training delivered via corporate induction and annual mandatory training.	All staff to have an understanding of current equality legislation and an appreciation for Diversity and Inclusion in the workplace, to meet contractual and legal responsibilities and their personal obligations under the NHS Constitution. Staff undertake a module on Diversity & Inclusion in the mandatory handbook completed annually by all staff. Staff also undertake training on specialized courses ie Bullying, Harassment, Black Asian, Minority, Ethnicity Inclusion Workshop, Disability Confident.	Diversity & Inclusion Manager	2017-2020
2. Develop a level of engagement and gain feedback from staff in relation	Sustainable diverse staff networks to be supported where necessary and appropriate, to act as a consultative voice	ALL	2017-2020

Equality Objective 3	Create a culture where all staff, patients, Carers and their families and other agencies the Trust works with are treated with Dignity and Respect
Related EDS Goals	Goal 1. Better health outcomes for all Goal 2. Improved patient access and experience Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

to Diversity & Inclusion through staff networks, e.g. <ul style="list-style-type: none"> • BME Network • Disability& Carers Network • Proud Network 	and provide additional opportunities for improving staff engagement. The Trust currently has Three staff networks, directly linked to Diversity & Inclusion. They are the One Network [BME] & Proud Network [LGBT] and the Disability & Carers Network which is newly formed. All have elected committees and Terms of Reference. Groups feed into the national forums. The Trust also has representation at the National Ambulance Diversity Group.		
3. Ensure all staff have completed their mandatory training which incorporates Equality, Diversity and Inclusion.	100% of staff at work, to have completed their mandatory training and workbook each year. This will enable staff to keep up to date with what is happening in relation to EDI and maintain their knowledge. Reports to be presented to Committee for monitoring at regular intervals and annually.	ALL	2017-2020
4. Carry out systematic monitoring and publishing of workforce equality information	Evidence of data being used to improve /change policy where appropriate and promote positive outcomes	Rachael Belleini	Quarterly

Equality Objective 4	Continue to develop the working environment, where all staff are encouraged to develop as individuals, so that they will provide high quality patient care and enhance the reputation of the Trust in doing so will feel valued for their contribution.
Related EDS Goals	Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

Action	Outcome	Led By	By When
1. Through support, training and personal development and performance appraisal staff are confident and competent to provide a high-quality service.	Evidence of what development opportunities have been provided and the participation by Protected Characteristic. Regular training and events are scheduled throughout the year. Performance appraisal is monitored for completion rates and presented to the Board annually. Data is also reflected through the WRES and will be through the WDES as of September 2019. Ongoing	OD	2017-2020
2. Individual PDR's contain an equality objective.	Individuals continue to be aware of their role and responsibilities in relation to Diversity & Inclusion. Staff are asked to identify an equality objective as part of the appraisal process.	ALL	2017-2020
3. Reward and recognition awards for outstanding work, long service & bravery.	Trust recognition for the quality of performance given by staff and publicly recognizing that value of their contribution. The Trust annually recognize the contribution made by our staff with an awards night where staff are presented with long service awards or recognition for their contribution	ALL	2017-2020
4. To ensure that the experience of WMAS staff, is promoted and captured in the staff survey and other relevant staff feedback mechanisms, and is reviewed for variations based upon protected characteristics and for improvement actions to be taken (2017-2020).	Review of staff survey to identify trends or issues highlighted by staff. Staff Survey is reviewed annually and local staff consultation groups are formed to look at the findings and be instrumental in the development of the Action Plans	ALL	2017-2020

Equality Objective 4	Continue to develop the working environment, where all staff are encouraged to develop as individuals, so that they will provide high quality patient care and enhance the reputation of the Trust in doing so will feel valued for their contribution.
Related EDS Goals	Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

5. The Trust will further expand the number of interventions on offer to support talent development - including job shadowing, coaching, mentoring, and stretch assignments - and work closely with our staff networks.	Enhanced talent management and development opportunities highlighted for staff with emphasis on the protected characteristics that are historically under represented. Staff have a variety of options for development from support with degrees to having a one to one conversation with OD staff and developing a personal road map for progression.	ALL	2017-2020
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Equality Objective 5	All staff are to foster working relationships that eliminate Bullying, Harassment, Discrimination and other unwanted behaviors that do not reflect the values of the Trust.
Related EDS Goals	Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

Action	Outcome	Led By	By When
1. Regular bullying awareness marketing and guidance published via leaflets to be distributed to all areas.	To reduce the percentage of staff experiencing bullying and harassment year on year. The CEO has developed a Zero Tolerance position statement which is regularly advertised. The Trust uses NHS Bullying & Harassment infographics to raise awareness. The Trust also has E-nav training packages on line for managers and staff. awareness is also raised on induction for all new staff. Ongoing	M.Watson	2017-2020
2. Monitoring of the experiences of staff on bullying and harassment issues through surveys.	Increase the percentage of staff reporting bullying harassment year on year which will be reflected in the staff survey.	OD	2017-2020

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	Staff survey analysis is undertaken annually to identify any potential trends and to provide appropriate action.		
3. Promote access for all staff to the mediation service and other areas of support.	Signpost staff as to what mechanisms of support are available. Regular articles are produced in the Weekly Brief raising the profile and providing access to support and counselling if required.	M.Watson	2017-2020
4. All managers to complete the virtual learning training package on bullying, harassment and discrimination.	This can be monitored and would ensure that managers have knowledge and understanding of the impact on staff of bullying, harassment and discrimination. Ongoing as new materials are developed.	OD	2017-2020
5. All staff to complete the virtual learning training package on bullying, harassment and discrimination.	This can be monitored and would ensure that staff have knowledge and understanding and are aware of the reporting process and who they can turn to. Staff also have mandatory training and all induction courses cover bullying and harassment	OD	2017-2020
6. Audit all reported cases of bullying, harassment and discrimination to see if there is a trend and to ensure that it is not prevalent within one particular Protected Characteristic.	This can be undertaken quarterly to ensure that results are not only scrutinized but are timely. Reports and data are produced regularly for analysis	C.Beechey	2017-2020
7. Develop a communication plan with particular emphasis on the Equality web site internally and externally	This will provide a means of communication, advice and guidance for staff and communities and can also sign post to the relevant support if needed. The Trust has an external web site which has a variety of information on for communities. Internally we have a WRES web site, The One Network has a yammer site and Proud use facebook as the staff groups have found this works best for them. Ongoing	S. Hossack	2017-2020
8. Research and develop guidance in relation to "banter" and the appropriateness.	Provide a leaflet with guidance as to what is good humour and acceptable behavior and what can be deemed hurtful or offensive. Ongoing NHSI are developing guidance and toolkits	M. Watson	2017

Equality Objective 6	Generic
Related EDS Goals	Goal 1. Better health outcomes for all Goal 2. Improved patient access and experience Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

Action	Outcome	Led By	By When
1. Develop a performance improvement reporting model to progress the strategy to ensure that promoting EDI is embedded in the Trust.	To maintain systems to evidence and evaluation to report on progress on the action plan. Ongoing	EDHR Group	2017-2018
2. Publish and communicate an annual report on the achievement of the EDI Objectives in line with the statutory duties under the Equality Act 2010.	Annual reporting on service level action performance included within the Equality, Diversity and Inclusion annual report	Workforce	2017-2020
3. Monitor Gender Pay equality to ensure female employees are not disadvantaged and any gender pay gap is addressed.	Gender pay reporting will identify any in balance between male & female and will be required to be produced under the PSED. This Gender pay reporting report has been completed and published to time.	Finance	March 2018
4. Workforce Race Equality Standard 5. To produce the metrics on an annual basis and endeavor to improve annually through all nine elements.	A diverse workforce where inequality is addressed through the nine metrics. The WRES metrics are compared annually to see what improvements have been made and any issues that have been raised are addressed. The WRES is a theme that runs through all forums, groups and committees.	All	2017-2020
6. Workforce Disability Equality Standard	Monitoring effectiveness of health and wellbeing programme in relation to disability & reasonable adjustments. The final programme has only just been released 2019. The first	HWB Team	April 2018

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7. Preparation for the standard being mandatory April 2018.	published report is due the end of September 2019. The Trust has started working on the metrics and has just started a Disability and Carers Network.		
8. Ensure that communications meet the Accessible Information Standard	The Trust is compatible with the Accessible Information Standard Completed	Press Office	2017-2018
9. Standard of Monitoring LGBT Collecting and analysing data on sexual orientation.	This will allow the Trust to better understand and respond to LGBT patients' service and access outcomes and provide support where required for LGBT staff. The Trust has been part of a development group providing a guidance leaflet for dealing with Transgender patients	Workforce	2018-2019

Equality Objective 6	Generic
Related EDS Goals	Goal 1. Better health outcomes for all Goal 2. Improved patient access and experience Goal 3. Empowered engaged and well supported staff Goal 4. Inclusive Leadership at all levels

Action	Outcome	Led By	By When
1. To ensure compliance with the well led framework and descriptions of good practice	To demonstrate measurable outcomes against the KLOE's that build patient, public and stakeholder confidence that WMAS are providing high quality, sustainable care. The Trust continues to provide the best possible care for patients and their carers through a dedicated and committed staff.	Board	2017-2020

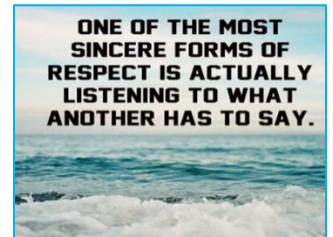
Appendix 1 Principles of FREDA

Principles of FREDA

Fairness; This principle demands that due consideration is given to the person's opinion giving them the opportunity to have that view expressed, listened to not dismissed alongside other factors to determine what decision should be taken.



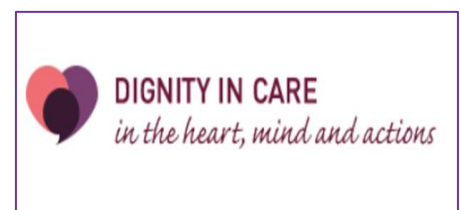
Respect; is unbiased consideration and regard for the rights, values and beliefs of other people. Respect can be defined by the actions taken by staff by being courteous in their communication this gives people a sense of being valued through taking the time to get to know them.



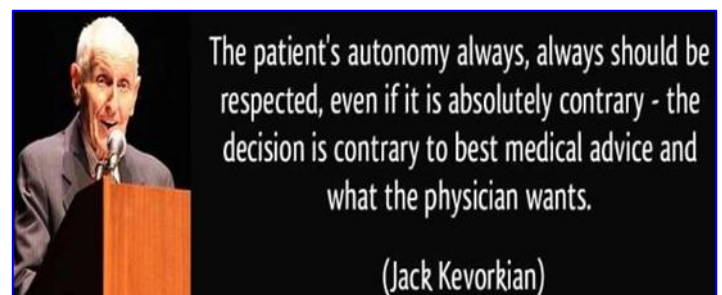
Equality; is about ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one should have poorer life chances because of where they were born, what they believe, or whether they have a disability.



Dignity; The recognition and protection of human dignity is the core value of our society. Dignity for our patients and colleagues is a solemn affirmation of our humanity. Dignity has been defined as: "A state of quality or manner worthy of esteem or respect" Dignity in care for someone means the kind of care which supports and promotes does not undermine a person's self-respect regardless of any differences.



Autonomy; is regarded as one of the four fundamental ethical principles of healthcare it is the principle of self-determination whereby a person is allowed to make a free choice about what happens to them.



Appendix 2: Workforce Race Equality Standard Metrics 2017

	Indicator	Data for reporting year 2017	Data for reporting year 2016	Inc on 15/16 Dec on 15/16	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective																																																																																																																																																																							
	For each of these four workforce indicators, compare the data for White and BME staff																																																																																																																																																																												
1	Percentage of staff in each of the AFC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	<table border="1"> <thead> <tr> <th colspan="3">Clinical BME staff</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>7.90%</td><td>8.30%</td></tr> <tr><td>Band 2</td><td>8.10%</td><td>8.80%</td></tr> <tr><td>Band 3</td><td>6.10%</td><td>6.00%</td></tr> <tr><td>Band 4</td><td>6.30%</td><td>6.30%</td></tr> <tr><td>Band 5</td><td>5.50%</td><td>3.70%</td></tr> <tr><td>Band 6</td><td>2.80%</td><td>1.80%</td></tr> <tr><td>Band 7</td><td>1.70%</td><td>3.10%</td></tr> <tr><td>Band 8a</td><td>0%</td><td>0%</td></tr> <tr><td>Band 8b</td><td>50.00%</td><td>50.00%</td></tr> <tr><td>Band 8c</td><td>25.00%</td><td>33.30%</td></tr> <tr><td>Band 9</td><td>0%</td><td>0%</td></tr> <tr><td>VSM</td><td>0%</td><td>0%</td></tr> <tr><td>Medical & Dental</td><td>13.30%</td><td>13.30%</td></tr> <tr><td></td><td></td><td></td></tr> <tr> <th colspan="3">Non Clinical staff</th> </tr> <tr><td>Band 1</td><td>10.50%</td><td>9.30%</td></tr> <tr><td>Band 2</td><td>4.10%</td><td>8.30%</td></tr> <tr><td>Band 3</td><td>0%</td><td>2.10%</td></tr> <tr><td>Band 4</td><td>7.10%</td><td>7.10%</td></tr> <tr><td>Band 5</td><td>11.50%</td><td>11.80%</td></tr> <tr><td>Band 6</td><td>7.80%</td><td>5.80%</td></tr> <tr><td>Band 7</td><td>5.30%</td><td>7.40%</td></tr> <tr><td>Band 8a</td><td>7.30%</td><td>9.10%</td></tr> <tr><td>Band 8b</td><td>0%</td><td>0%</td></tr> <tr><td>Band 8c</td><td>0%</td><td>0%</td></tr> <tr><td>Band 9</td><td>0%</td><td>0%</td></tr> <tr><td>VSM</td><td>0%</td><td>0%</td></tr> </tbody> </table>	Clinical BME staff			Band 1	7.90%	8.30%	Band 2	8.10%	8.80%	Band 3	6.10%	6.00%	Band 4	6.30%	6.30%	Band 5	5.50%	3.70%	Band 6	2.80%	1.80%	Band 7	1.70%	3.10%	Band 8a	0%	0%	Band 8b	50.00%	50.00%	Band 8c	25.00%	33.30%	Band 9	0%	0%	VSM	0%	0%	Medical & Dental	13.30%	13.30%				Non Clinical staff			Band 1	10.50%	9.30%	Band 2	4.10%	8.30%	Band 3	0%	2.10%	Band 4	7.10%	7.10%	Band 5	11.50%	11.80%	Band 6	7.80%	5.80%	Band 7	5.30%	7.40%	Band 8a	7.30%	9.10%	Band 8b	0%	0%	Band 8c	0%	0%	Band 9	0%	0%	VSM	0%	0%	<table border="1"> <thead> <tr> <th colspan="3">Clinical BME staff</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>7.90%</td><td>8.30%</td></tr> <tr><td>Band 2</td><td>8.10%</td><td>8.80%</td></tr> <tr><td>Band 3</td><td>6.10%</td><td>6.00%</td></tr> <tr><td>Band 4</td><td>6.30%</td><td>6.30%</td></tr> <tr><td>Band 5</td><td>5.50%</td><td>3.70%</td></tr> <tr><td>Band 6</td><td>2.80%</td><td>1.80%</td></tr> <tr><td>Band 7</td><td>1.70%</td><td>3.10%</td></tr> <tr><td>Band 8a</td><td>0%</td><td>0%</td></tr> <tr><td>Band 8b</td><td>50.00%</td><td>50.00%</td></tr> <tr><td>Band 8c</td><td>25.00%</td><td>33.30%</td></tr> <tr><td>Band 9</td><td>0%</td><td>0%</td></tr> <tr><td>VSM</td><td>0%</td><td>0%</td></tr> <tr><td>Medical & Dental</td><td>13.30%</td><td>13.30%</td></tr> <tr><td></td><td></td><td></td></tr> <tr> <th colspan="3">Non Clinical staff</th> </tr> <tr><td>Band 1</td><td>10.50%</td><td>9.30%</td></tr> <tr><td>Band 2</td><td>4.10%</td><td>8.30%</td></tr> <tr><td>Band 3</td><td>0%</td><td>2.10%</td></tr> <tr><td>Band 4</td><td>7.10%</td><td>7.10%</td></tr> <tr><td>Band 5</td><td>11.50%</td><td>11.80%</td></tr> <tr><td>Band 6</td><td>7.80%</td><td>5.80%</td></tr> <tr><td>Band 7</td><td>5.30%</td><td>7.40%</td></tr> <tr><td>Band 8a</td><td>7.30%</td><td>9.10%</td></tr> <tr><td>Band 8b</td><td>0%</td><td>0%</td></tr> <tr><td>Band 8c</td><td>0%</td><td>0%</td></tr> <tr><td>Band 9</td><td>0%</td><td>0%</td></tr> <tr><td>VSM</td><td>0%</td><td>0%</td></tr> </tbody> </table>	Clinical BME staff			Band 1	7.90%	8.30%	Band 2	8.10%	8.80%	Band 3	6.10%	6.00%	Band 4	6.30%	6.30%	Band 5	5.50%	3.70%	Band 6	2.80%	1.80%	Band 7	1.70%	3.10%	Band 8a	0%	0%	Band 8b	50.00%	50.00%	Band 8c	25.00%	33.30%	Band 9	0%	0%	VSM	0%	0%	Medical & Dental	13.30%	13.30%				Non Clinical staff			Band 1	10.50%	9.30%	Band 2	4.10%	8.30%	Band 3	0%	2.10%	Band 4	7.10%	7.10%	Band 5	11.50%	11.80%	Band 6	7.80%	5.80%	Band 7	5.30%	7.40%	Band 8a	7.30%	9.10%	Band 8b	0%	0%	Band 8c	0%	0%	Band 9	0%	0%	VSM	0%	0%	<p>As per the technical guidance, this measure does not include Non-Executive Directors as they are not classified as employees</p> <p>Medical & Dental includes MERIT doctors</p>	
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2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.54	2.04	▼	<p>This measure is the relative likelihood of White staff being appointed from shortlisting compared to BME staff</p> <p>A figure above "1" would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.</p>																																																																																																																																																																								

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WRES Indicators 2017 (05-07-17)

	Indicator	Data for reporting year 2017	Data for reporting year 2016	Inc on 15/16 Dec on 15/16	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	1.37	0.97	▲	This measure is the relative likelihood of BME staff entering the formal disciplinary process compared to White staff <i>A figure above "1" would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process.</i>	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.92	1	▼	This measure is the relative likelihood of White staff accessing mandatory training and CPD compared to BME staff <i>A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.</i>	
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.						
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 50% BME: 31%	White: 49% BME: Sample size too small to report	▼		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 33% BME: 41%	White: 30% BME: Sample size too small to report	▲		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 71% BME: 40%	White: 75% BME: Sample size too small to report	▼	All student paramedics are on a career pathway progressing them up to qualified paramedic	
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 10% BME: 35%	White: 8% BME: Sample size too small to report	▲		

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EQUALITY AND INCLUSION STRATEGY 2017 - 2020

WRES Indicators 2017 (05-07-17)

	Indicator	Data for reporting year 2017	Data for reporting year 2016	Inc on 15/16 Dec on 15/16	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	Board representation indicator For this indicator, compare the difference for White and BME staff.					
9	Percentage difference between the organisations' Board voting membership and its overall workforce disaggregated: a) By voting membership of the Board b) By executive membership of the Board	a) 7.7% b) 0.0%	a) 7.7% b) 0.0%	↔	This measure compares the difference for White and BME staff. The technical guidance states membership of the Board includes all members irrespective of whether they are Executive or Non-Executive members <i>The definition was amended for 2017 to enable disaggregation by executive / non-executive members and by voting / non-voting members</i>	

Printed on: 06/07/2017

Appendix 3: Workforce Disability Equality Standard



Equality and
Diversity Council

*Providing national leadership to shape and improve healthcare for
all*

Draft Metrics for a Disability Equality Standard (linked to NHS Staff Survey 2016)

Metric	Percentage Non- Disabled	Percentage Disabled
1. Percentage of disabled staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.		
2. Q15 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months		
3. Q9d In the last 3 months have you ever come to work despite not feeling well enough to perform your duties? e) have you felt pressure from your manager to come to work?		
4. Q16 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion		
5. Q5f: How satisfied are you with each of the following aspects of your job: f) the extent to which my organisation values my work		
6. Q20f (Appraisal): Were any training, learning or development needs identified?		
7. Q20g(Appraisal): Did your manager support you to receive this learning and development?		
8 Q20a Did your appraisal help you improve how you did your job?		
9 Q27b (Reasonable adjustment): Has your employer made adequate adjustments to enable you to carry out your work? (For reporting year)		
10. Does the board meet the requirement on Board membership (referred to in the Race Equality Standard) that ' <i>Boards are expected to be broadly representative of the staff and population they serve</i> '?		
Analysis of disabled staff response only	Percentage yes	Percentage no
11. Q17 % saying they had experienced discrimination on the grounds of: c) disability		

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Appendix 4: Ambulance Trust's Staff Survey results 2016

Ambulance Trusts Staff Survey Results 2016
Comparison Table by Key Findings

			ALL TRUSTS AVERAGE	AMBULANCE TRUSTS AVERAGE	East Midlands Ambulance Service NHS Trust	East Of England Ambulance Service NHS Trust	London Ambulance Service NHS Trust	North East Ambulance Service NHS Foundation Trust	North West Ambulance Service NHS Trust	South Central Ambulance Service NHS Foundation Trust	South East Coast Ambulance Service NHS Foundation Trust	South Western Ambulance Service NHS Foundation Trust	West Midlands Ambulance Service NHS Foundation Trust	Yorkshire Ambulance Service NHS Trust
Percentage that responded from total recipients		%(the higher the score the better)	44	38	31	29	42	49	36	60	40	37	31	37
Key Finding 1. Staff recommendation of the organisation as a place to work or receive treatment	21a, 21c-d	scale(the higher the score the better)	3.75	3.44	3.35	3.43	3.47	3.52	3.50	3.49	3.11	3.57	3.48	3.40
Key Finding 2. Staff satisfaction with the quality of work and care they are able to deliver	3c, 6a, 6c	scale(the higher the score the better)	3.93	3.81	3.79	3.75	3.67	4.00	3.87	3.81	3.65	3.84	3.90	3.89
Key Finding 3. Percentage of staff agreeing that their role makes a difference to patients / service users	6b	%(the higher the score the better)	90	87%	86	85	84	89	87	86	87	89	87	89
Key Finding 4. Staff motivation at work	2a-c	scale(the higher the score the better)	3.92	3.64	3.74	3.66	3.53	3.74	3.69	3.68	3.48	3.71	3.57	3.60
Key Finding 5. Recognition and value of staff by managers and the organisation	5a, 5f, 7g	scale(the higher the score the better)	3.46	3.00	3.05	2.94	3.02	3.16	3.01	3.25	2.74	3.17	2.87	2.91
Key Finding 6. Percentage of staff reporting good communication between senior management and staff	8a-d	%(the higher the score the better)	33	19%	17	19	22	18	20	22	12	28	19	15
Key Finding 7. Percentage of staff able to contribute towards improvements at work	4a, 4b, 4d	%(the higher the score the better)	70	47%	49	43	46	51	48	53	39	55	44	42
Key Finding 8. Staff satisfaction with level of responsibility and involvement	3a, 3b, 4c, 5d, 5e	scale(the higher the score the better)	3.90	3.57	3.58	3.55	3.51	3.67	3.59	3.66	3.42	3.68	3.55	3.56
Key Finding 9. Effective team working	4h-j	scale(the higher the score the better)	3.77	3.28	3.34	3.23	3.31	3.34	3.23	3.46	3.06	3.36	3.31	3.21
Key Finding 10. Support from immediate managers	5b, 7a-e	scale(the higher the score the better)	3.76	3.43	3.44	3.32	3.52	3.70	3.39	3.77	3.22	3.59	3.30	3.28

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Key Finding 11. Percentage of staff appraised in last 12 months	20a	%(the higher the score the better)	87	77%	74	53	78	86	72	76	78	76	92	86
Key Finding 12. Quality of appraisals	20b-d	scale(the higher the score the better)	3.10	2.61	2.76	2.50	2.66	2.82	2.69	2.93	2.33	2.78	2.33	2.50
Key Finding 13. Quality of non-mandatory training, learning or development	18b-d	scale(the higher the score the better)	4.06	3.88	3.85	3.92	3.84	3.98	3.89	3.90	3.61	3.95	3.89	3.91
Key Finding 14. Staff satisfaction with resourcing and support	4e-g, 5c	scale(the higher the score the better)	3.32	3.10	3.02	3.03	3.06	3.14	3.14	3.12	2.86	3.18	3.24	3.13
Key Finding 15. Percentage of staff satisfied with the opportunities for flexible working patterns	5h	%(the higher the score the better)	52	35%	34	34	37	33	37	36	29	34	37	32
Key Finding 16. Percentage of staff working extra hours	10b, 10c	%(the lower the score the better)	72	85%	85	86	86	84	85	86	89	87	83	83
Key Finding 17. Percentage of staff feeling unwell due to work related stress in the last 12 months	9c	%(the lower the score the better)	37	49%	46	49	50	45	48	48	58	47	48	48
Key Finding 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	9d-g	%(the lower the score the better)	56	64%	62	60	66	60	64	58	74	61	65	66
Key Finding 19. Organisation and management interest in and action on health and wellbeing	7f, 9a	scale(the higher the score the better)	3.62	3.27	3.25	3.19	3.24	3.59	3.21	3.53	2.98	3.58	3.21	3.17
Key Finding 20. Percentage of staff experiencing discrimination at work in the last 12 months	17a, 17b	%(the lower the score the better)	12	21%	18	18	26	19	21	20	27	17	20	20
Key Finding 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	16	%(the higher the score the better)	85	70%	72	68	73	69	69	75	64	75	70	70

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Key Finding 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	14a	%(the lower the score the better)	15	34%	30	32	35	34	37	31	39	28	37	32
Key Finding 23. Percentage of staff experiencing physical violence from staff in last 12 months	14b, 14c	%(the lower the score the better)	2	3%	2	3	2	2	3	2	4	1	3	3
Key Finding 24. Percentage of staff/colleagues reporting most recent experience of violence	14d	%(the higher the score the better)	72	64%	74	65	60	63	66	66	62	56	71	58
Key Finding 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	15a	%(the lower the score the better)	28	48%	38	48	52	45	50	44	56	41	50	48
Key Finding 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	15b, 15c	%(the lower the score the better)	24	29%	28	29	32	25	28	23	40	21	33	29
Key Finding 27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	15d	%(the higher the score the better)	47	38%	43	38	32	41	41	39	38	34	42	37
Key Finding 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	11a, 11b	%(the lower the score the better)	29	36%	32	34	40	36	36	36	43	29	35	39
Key Finding 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	11c	%(the higher the score the better)	90	81%	81	80	79	83	78	86	82	78	82	84
Key Finding 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	12a-d	scale(the higher the score the better)	3.72	3.37	3.38	3.29	3.39	3.42	3.35	3.52	3.09	3.56	3.40	3.28
Key Finding 31. Staff confidence and security in reporting unsafe clinical practice	13b, 13c	scale(the higher the score the better)	3.67	3.45	3.49	3.33	3.43	3.61	3.51	3.62	3.14	3.60	3.46	3.38
Key Finding 32. Effective use of patient / service user feedback	21b, 22b, 22c	scale(the higher the score the better)	3.69	3.25	3.31	3.25	3.20	3.30	3.29	3.28	2.96	3.35	3.25	3.24

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Overall engagement score	KF1, KF4, and KF7	scale(the higher the score the better)	3.79	3.43	3.46	3.41	3.40	3.53	3.48	3.51	3.22	3.57	3.39	3.38

	Best result by key finding
	lowest result by key finding
	same or better than national average for ambulance services.

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10. Board of Directors Strategy and Development Event 27 April 2017
11. The Equality Act 2010
12. Workforce Race Equality Standard – updated 2017
13. Public Sector Equality Duty
14. Public Sector – Specific Duties
15. Stonewall
16. Equality Act 2010 – Code of Practice on Employment

Glossary of Terms

Glossary of Terms	
Age	Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages
Black Asian Minority Ethnicity (BAME)	A phrase to refer to a group of individuals who share and identify with certain common traits, such as language, ancestry, homeland, history, and cultural traditions
Bullying (at work)	Offensive, intimidating, malicious, insulting or humiliating behaviour, abuse of power or authority which attempts to undermine an individual or group of employees to cause them to suffer stress.
Disability	Under the Equality Act 2010 a disability is "a physical or mental impairment which has a substantial and long-term adverse effect upon a person's ability to carry out normal day-to-day activities.
Diversity	Understanding that each individual is unique, and recognising their individual differences, qualities and contribution.
Direct Discrimination	Direct Discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see 'perceptive discrimination' below) or because they associate with someone who has a protected characteristic
Equality Delivery System2 NHS	The Equality Delivery System for the NHS – <i>EDS2</i> , being a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty.
Equal Opportunities	The term "equal opportunities" upholds the idea that all workers within an organisation should be entitled to and have access to all of the organisations facilities at every stage of employment, including the pre-employment phase

Glossary of Terms	
Equal Pay	Equal pay means that men and women receive the same level of pay as employees of the opposite sex who are performing equal work. Any differences must be objectively justifiable by reasons unrelated to Equal Pay Act.
Equality	Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one should have poorer life chances because of where, what or whom they were born, what they believe.
Equality & Human Rights Commission	The EHCR combines the responsibilities and powers of the three previous equality commissions. (Race, Disability and the Equal Opportunities Commissions).
Gender Equality	The term comprises the envisaged equality between both sexes in all areas, including employment, education and social rights.
Gender reassignment	This is the process, undertaken under medical supervision, of reassigning a person's sex by changing physical, social or other characteristics
Harassment	Harassment as defined in the Equality Act 2010 is: Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual
Human Rights	Human Rights are the basic rights and freedoms to which all human beings are entitled, like civil and political rights, the right to life and liberty, freedom of thought and speech/expression, equality before the law, social, cultural and economic rights, the right to food, the right to work, and the right to education
Inclusion	Inclusion is about ensuring that no one feels left out because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity, or other factors such as social background. Ultimately an inclusive working environment allows people to be themselves at work.

Marriage & Civil Partnership	Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.
Glossary Terms	
Positive Action	Taking steps to overcome past disadvantage or under representation. This might involve advertising to encourage candidates from a particular group to compete for jobs; or training to help develop the potential of under-represented groups
Pregnancy & Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Protected characteristics	The Equality Act 2010 highlights a range of characteristics protected by law, these are: gender, race & ethnicity sexual orientation, religion or belief, marriage & civil partnership,, age, disability, pregnancy & maternity, gender reassignment.
Public Sector Equality Duty [PSED]	The Equality Delivery System for the NHS – <i>EDS2</i> , being a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty.
Race & Ethnicity	Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality ethnic or national origins
Religion or Belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sexual orientation	A term used to describe how someone is sexually and/or romantically attracted to. People are often asked if they are lesbian or gay (attracted to the same sex), bisexual (attracted to both sexes, heterosexual (attracted to the opposite sex)
Glossary Terms	
Workforce Race Equality Standard	From 1 April 2015 all NHS organisations are required to demonstrate how they are addressing race equality issues in a range of staffing areas. The Workforce Race Equality Standard (WRES) will help organisations to achieve this. All NHS organisations are required to demonstrate through the nine-point WRES metric how they are addressing race equality issues in a range of staffing areas

Implementation

Task	Allocated to	Timeline
Draft Strategy submitted to Board	Kim Nurse	
Strategy Circulated for consultation and feedback	Kim Nurse	
Feedback collated and strategy updated		
Strategy approved by Board		
Full strategy published on the web site		
Action plans developed for all areas		
Action plans reviewed and updated		