



NWAS WRES 2017-2018 Action Plan

SMART

Indicator	What results show	Action	Aim	Timescale	Responsible	Progress
1 – Workforce make-up per Band	<p>Non-clinical roles (but figures include PTS and 111) – BME staff are 6% B5, 3% B6, 6% B7, 12% B8A, 0% B8B, 6% B8C, 0% B8D.</p> <p>Clinical roles – start as representative of whole workforce 3.4% B4, then drop: 1.6% B5, 1.6% B6, just under 1% B7 and no-one in a higher role (out of 33 positions)</p>	<p>Continue with social media work – NWAS_inclusion and linking in with Comms about recruitment plan – twitter training, retweeting, facebook use</p> <p>Review info about EMT1 role on Microsite. Apprenticeship section needed</p> <p>HR Hub to support normal recruitment at 12 events a year (approx. one a month) in support of E&D work. Rationale for each event – hard to recruit role, diverse, underrepresented or disadvantaged group. May be current or future workforce</p> <p>Ongoing attendance in diverse communities to</p>	<p>Increased public profile for Trust and profession in communities</p> <p>Promoting new opportunities with clear criteria</p> <p>HR Hub engagement with E&D agenda, further development in their role in understanding wider organisational aims</p> <p>Continue to build relationships with communities to increase applications and success</p> <p>Increase understanding of who is being recruited by</p>	<p>By August 2017 for initial discussions and ongoing after that</p> <p>End September 2017</p> <p>By end August 2018</p> <p>Until mid-June 2018</p> <p>By end December 2017</p>	<p>SM, VC and SC/KS to support</p> <p>VC and link in with LH if required</p> <p>SM/VC. Variety of events arranged by HR Hub, SC/KS or LH</p> <p>KS</p> <p>VC</p>	

		<p>promote range of roles throughout the year – 12 events.</p> <p>Initial information on current EMT1 recruitment shared with Director and Operational Managers.</p> <p>Initial reporting from TRAC about recruitment shared with Operational Managers at recruitment meeting</p> <p>Establish what information will be routinely shared with Operational Managers from TRAC</p> <p>Ask HEIs for the breakdown of paramedic students who applied for paramedic courses, were invited to interview too (ethnicity and gender again). Who was appointed and for this to be repeated on an annual basis. Ask for breakdown in other characteristics, as well as gender.</p> <p>Review recruitment and retention information for 111 specifically</p>	<p>ethnicity</p> <p>New recruitment system so showing which reports can be produced</p> <p>Setting standards on this for the future with view to Managers changing practice</p> <p>See whether the workforce coming through this route matches current or future workforce for NWAS</p> <p>Explore bank and employed workers by ethnicity and also reasons for leaving as different staff group</p>	<p>By end February 2018</p> <p>By end March 2018</p> <p>End October 2017 and thereafter</p> <p>End December 2017</p>	<p>VC/SM</p> <p>VC/SM</p> <p>JG</p> <p>SC and CN</p>	
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<p>2 – Likelihood of being appointed from shortlisting</p>	<p>Likelihood of appointment of BME candidates when compared with white applicants looks poorer. Fewer candidates shortlisted overall and an increase in overall staff appointed have affected the overall likelihood significantly this year.</p> <p>However it should be noted more BME staff were appointed this year. In data for WRES 2016, 1 in 10 BME applications which were shortlisted translated into an appointment. In data for WRES this year, 1 in 6 BME shortlisted applications translated into an appointment.</p> <p>Figures for recruitment and appointments as at 31st December 2016 were used to populate WRES data. An anomaly in 'ethnicity unknown' was identified (more appointed than shortlisted) and this has been investigated. Of 123 appointed candidates with 'ethnicity unknown' recorded, 26 were international recruits and 46 joined the Trust through PTS TUPE 1st</p>	<p>WRES Action plan to be shared at October 2017 Recruitment meeting with Operational managers for discussion.</p> <p>Review list of staff trained in Recruitment and Selection. Who is active and whether minimum number of interviews after training is required for final sign-off or whether mandatory training is required before interviewing. Use of variety of staff for interviews in the meantime.</p> <p>Review use of mirrored adverts for frontline operational roles to be re-introduced September 2017</p> <p>Review removal of C1 as barrier for mirrored adverts</p> <p>Review of BME candidates not shortlisted for frontline operational roles – if meet minimum criteria then shortlist; bespoke feedback offered</p>	<p>Managers understand where Trust is and how they can support aims</p> <p>Review whether more diverse staff need training and whether training programme needs altering</p> <p>Measure effectiveness of community work and provide bespoke support to candidates, increasing outcomes</p> <p>Opens roles up to more applications if C1 criteria removed at application stage</p> <p>More eligible BME candidates shortlisted and if unsuccessful, bespoke feedback to encourage future applications</p>	<p>By end October 2017</p> <p>By end January 2018</p> <p>September 2017</p> <p>September 2017</p> <p>Ongoing</p>	<p>SC</p> <p>SM/VC</p> <p>VC/KS</p> <p>VC/KS</p> <p>VC/KS</p>	
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	July 2016. This leaves 51 appointed through NHS Jobs with non-declared ethnicity, not-dissimilar to the previous year (47). All personal files have been reviewed to update known ethnicity on their ESR records.					
3 – Likelihood of entering formal disciplinary process	Likelihood looks raised this year.	Disciplinary Policy reviewed summer 2016 and reduction Trustwide in cases proceeding to formal stages. Relatively consistent number of BME staff going through this process in recent years (between 0 and 2 staff per year from April 2013 to date). Review of staff trained to undertake disciplinary training by ethnicity to be carried out	Assess whether more training needs to be provided to diverse staff	No action – continue to monitor but sample size very small so no indication of emerging trend By end October 2017	LMcC	
4 – Likelihood of accessing non-mandatory training and CPD	Training figures looking worse over recent years.	Review of modules that were approved for clinical education in year to March 2017. (Anticipate majority were for SP/AP level staff due to limited funding – this would naturally affect BME staff more) <i>Review files of 29 staff – Clinical roles, Band 6 and 7 who are BME. What qualifications they have ie whether we are likely to fund</i>	Confirmation that decisions about clinical training as a result of funding disproportionately affect BME staff <i>Find out if there are any BME staff we can seek to target to apply for the limited funding, based on their qualifications and role</i>	By end September 2017 <i>By end September 2017</i>	JG JG/ZR	

		<p><i>university modules in the future, whether we have paid for modules previously and whether they are all in PES</i></p> <p>Check with HR/OD Officer about what is/not recorded as 'internal development'. Anticipating the response, raise at meeting (Level 3) with Consultant Paramedics that CPD sessions delivered locally by SP and AP staff should be notified to HR/OD Directorate with list of attendees.</p> <p>Review CMI course lists for year to March 2017. Were any BME staff turned down?</p> <p>External development – Review breakdown of frontline and corporate roles</p> <p>Local CPD for PES to be recorded on OLM (not recorded that way currently). Mike Jackson confirming 12 categories then provisional date of 1st October 2017 for any known training sessions to be input by Training Administrators.</p> <p>Review whether local</p>	<p>Local CPD sessions to be captured more effectively then future analysis can be done to see is any groups are missing out on these opportunities</p> <p>Establish if there are barriers to BME staff getting on the course</p> <p>Establish if there are more applications by role among BME staff</p> <p>Ability to pull reports on who is accessing local clinical CPD (non-standard and non-mandatory) which will be additional to the data provided by the Clinical Education team.</p> <p>Explore benefit of having this additional information against resources on inputting</p> <p>First set of data to see who is accessing this training – ethnicity, staff group, area</p>	<p>Initial action by end August 2017 then by end October 2017</p> <p>By end September 2017</p> <p>By end September 2017</p> <p>By end September 2017</p> <p>By end November 2017</p> <p>By end January 2018</p>	<p>JG/CO</p> <p>LT</p> <p>RL</p> <p>JW, SCa, MJ</p> <p>JW, SCa, MJ</p> <p>JW, SCa</p>	
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		<p>CPD for PES undertaken prior to 1st October 2017 will be input retrospectively</p> <p>Pull first quarterly report off on the local CPD 1st Oct-31st Dec</p>				
5 - % staff experiencing abuse from patients	Increase for all staff	<p>Continue to promote the support available to staff who are abused</p> <p>Continue to encourage reporting of incidents and understanding of the process</p> <p>Evaluate 'Behind the Uniform' campaign from a reporting perspective</p>	<p>Ensure staff know how to access support</p> <p>Encourage staff to report and know they will be supported</p> <p>Assess benefit to staff of the internal and external media campaign</p>	<p>Ongoing</p> <p>Ongoing</p> <p>End March 2018</p>	<p>Local SMS specialists</p> <p>Local SMS specialists</p> <p>Local SMS specialists</p>	
6 - % staff experiencing abuse from staff	Slight increase for all areas	<p>Organisational coaches active</p> <p>Engage HR BP Team about staff survey bullying and harassment results</p> <p>Involvement in national ambulance working group considering bullying and harassment</p> <p>(Links with indicator 8 below too)</p>	<p>More information from staff about experiences</p> <p>Ensure these well-placed staff are up-to-date</p> <p>Aware of and can participate in sector-specific campaigns</p>	<p>End Summer 2017</p> <p>End Summer 2017</p> <p>End March 2018</p>	<p>VCa</p> <p>VCa</p> <p>KE</p>	
7 - % staff believing Trust offers equal opportunity for career progression	Figures for all staff have dropped but more specifically for BME staff	AP recruitment to follow centralised process, as per SP process from now onwards	Candidates can see best practice selection methods used in the Trust	End July 2017 onwards	VC/SM	

<p>8 - % staff personally experiencing discrimination from manager/colleague</p>	<p>Slight reduction for BME staff but still higher than for White staff</p>	<p>Use opportunities including NHS Diversity and Human Rights Week and Pride to promote Trust stance on abuse</p> <p>Review of results of all of staff survey for BME staff</p> <p>Launch of new managerial 'Be Think Do' development programme</p> <p>Educating staff on interpretation of wording of staff survey re discrimination following anecdotal evidence that discrimination is interpreted as fairness of policies and procedures rather than interpretation linked to protected characteristic.</p> <p>(links with indicator 6 above too)</p>	<p>Promote Trust message against abuse</p> <p>Consider themes arising from role, geography or other issue for this staff group</p> <p>Embed principles of fairness and equality into managerial training.</p> <p>Ensure staff are clear of meaning of discrimination in staff survey terms.</p>	<p>Ongoing</p> <p>End October 2017</p> <p>Launched 2017. First CMI programme with this embedded starts July 2017</p> <p>Ongoing</p>	<p>SC</p> <p>SC/KE</p> <p>LT</p> <p>VC</p>	
<p>9 – Board member representation</p>	<p>BME representation on Board is representative of local population and better than overall workforce</p>	<p>Continue to promote senior roles widely with agencies we use and that applications from diverse backgrounds are encouraged. Note that NED recruitment is through NHSI.</p>	<p>Continue to seek diverse applications</p>	<p>Ongoing</p>	<p>PH/VCa</p>	