Response ID ANON-R89M-8JF7-F

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-09-28 18:21:32**

Introduction

1 Name of organisation

Name of organisation:
North West Ambulance Service

2 Date of report

Month/Year:
July 2017

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

Name and title of Board lead for the Workforce Race Equality Standard :
Michael Forrest, Director of Organisational Development

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Stephanie Chadwick, HR Advisor - Workforce and Equality
Telephone: 0151 296 1512
Email: Stephanie.chadwick@nwas.nhs.uk

5 Names of commissioners this report has been sent to

Complete as applicable::
Chris O'Neill

Workforce Race Equality Standard reporting template

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

Complete as applicable.:
Chris O'Neill
Chris.O'Neill@blackpool.nhs.uk

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

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

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

Name::
Michael Forrest

Date::
27th September 2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
Workforce data for previous year by Band did not collate the category of 'ethnicity unknown/null', therefore the clinical/non-clinical breakdown of White and BME percentages for the previous year have been calculated in the absence of these figures.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
Workforce data for this submission is correct as at end March 2017. Recruitment data is correct to end December 2016. This is in line with the previous year and provides a direct comparison. Some of the technical guidance has been altered this year, to aid national benchmarking.

Self reporting

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

Total nuber of staff employed within this organisation at the date of the report:
5929

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

Proportion of BME staff employed within this organisation at the date of the report:
3.81%

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

The proportion of total staff who have self–reported their ethnicity:
98.1%

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

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:
No

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

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:
Yes, a data cleanse of personnel files for those recorded as 'ethnicity unknown/null' is planned with completion by end December 2017.

Workforce data

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

What period does the organisation's workforce data refer to?:
31st March 2017

Workforce Race Equality Indicators

17 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:
Overall 3.8% BME, 94.3% White.

Band 1-9 Clinical staff - 2.17% BME, 96.4% White
Band 1-9 Non-clinical staff - 6.08% BME, 91.46% White

VSM - 14 overall. 2 BME (14%), 12 White (86%)
Clinical - 1 overall. 100% White
Non-clinical - 13 overall. 15% BME, 85% White.

Data for previous year:
Overall 2.94% BME, 91.4% White.

Band 1-9 Clinical staff - 2.3% BME, 97.6% White
Band 1-9 Non-clinical staff - 4.54% BME, 95.45% White

VSM - 44 overall. 5 BME (11.3%), 39 White (88.6%)
Clinical - 1 overall. 100% White
Non-clinical - 43 overall. 11.6% BME, 88.3% White

The implications of the data and any additional background explanatory narrative:
There has been an increase in the percentage of staff who are BME overall, including within non-clinical and Very Senior Manager (VSM) roles. Clinical and non-clinical show different patterns in the BME workforce when the data is looked at between Bands 1-9.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
There is a corporate equality objective to improve recruitment rates from BME communities. The Trust is using a range of actions and initiatives to improve attrition and retention as part of the wider HR and OD Directorate strategy.

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

Data for reporting year:
Data for reporting year: Relative likelihood is BME candidates 1.61 less likely to be appointed from shortlisting.

Data for previous year:
Data for previous year: Relative likelihood is BME candidates 1.11 less likely to be appointed from shortlisting.

The implications of the data and any additional background explanatory narrative:
It is the numbers relating to the outcomes of white candidates from roughly 1 in 10 to 1 in 4 which means that the 'relative' figures look worse this year. Overall there was a 40% reduction in the number of candidates shortlisted by the Trust over a 12 month period while the overall number of BME candidates shortlisted and appointed grew over that same period. Taking BME applicants in isolation, the rates of appointment have improved from roughly 1 in 10 being appointed from shortlisting last year to rates of better than 1 in 6 this year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
There is a corporate equality objective to improve recruitment rates from BME communities. The Trust is using a range of actions and initiatives to improve attrition and retention as part of the wider HR and OD Directorate strategy.

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

Data for reporting year:
Data for reporting year: relative likelihood of BME staff entering formal disciplinary process compared to White staff 1.18

Data for previous year:
Data for previous year: relative likelihood of BME staff entering formal disciplinary process compared to White staff 0.89

The implications of the data and any additional background explanatory narrative:
The actual number of BME staff entering the formal disciplinary process has remained constant over the last 2 years and overall Trust numbers for formal disciplinary cases remain low.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
A review of the disciplinary policy was undertaken recently and the breakdown of staff involved in disciplinary investigations will continue to be monitored.

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

Data for reporting year:
Data for reporting year: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff 1.56

Data for previous year:
Data for previous year: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff 1.40

The implications of the data and any additional background explanatory narrative:
Funding limitations on formal clinical training may have affected some of the statistics and there is evidence that for some areas, local non-mandatory training is taking place but the data has not been captured consistently across the Trust.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The WRES action plan shows further interrogation of the clinical training data is required and there are plans to improve the capture of local non-mandatory training within operational roles.

Workforce Race Equality Indicators

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

White:
50.55%

BME:
43.94%

White:
43.47%

BME:
40%

The implications of the data and any additional background explanatory narrative:
Unfortunately the ambulance sector as a whole reports highly for this. There has been an increase for all staff, which the Trust is working to mitigate. There was a highly publicised campaign, 'Behind the Uniform' to prevent violence and abuse towards staff, as well as encouraging staff to report incidents.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The Trust has a Health and Wellbeing strategy group. The work includes tackling bullying, harassment and abuse.

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

White:
70.77%

BME:
40.91%

White:
72.77%

BME:
56.00%

The implications of the data and any additional background explanatory narrative:
The results for BME staff are falling faster than for white staff over recent years on this question on the staff survey. The Trust has a range of progression opportunities that are open to staff and is actively changing recruitment and selection practices.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
This work falls across various parts of the HR and OD Directorate and within those strategies. The Trust will continue to work to improve the perception of selection processes and opportunities for staff development.

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

White:
11.34%

BME:
17.19%

White:
10.58%

BME:
20.00%

The implications of the data and any additional background explanatory narrative:
There remains a difference in the experience of White and BME staff to this question, with the responses being 11% for White staff over the last 3 years and around 17% for BME staff over the same period.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Work is continuing across the Trust to inform staff about discrimination and encourage staff to speak up about inappropriate behaviours.

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

White:
28.43%

BME:
28.79%

White:
26.99%

BME:
23.33%

The implications of the data and any additional background explanatory narrative:
Unfortunately the ambulance sector as a whole reports highly for this. The Trust recognises that the figures for White and BME staff have increased.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The Trust has a Health and Wellbeing strategy group. The work includes tackling bullying, harassment and abuse. Work is underway to ensure staff understand the definitions of harassment, bullying and abuse and have previously used additional questions on the Staff Friends and Family Test to better understand the background to these figures.

Workforce Race Equality Indicators

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

White:
There is a negative 8.6% difference for White staff between the overall workforce and Board membership by ethnicity.

BME:

There is a 10.5% positive difference between the overall workforce and Board membership by ethnicity for BME staff.

White:

There was a 5.2 % negative difference for White staff between the overall workforce and Board membership by ethnicity.

BME:

There was a 5.2% positive difference for White staff between the overall workforce and Board membership by ethnicity.

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

The breakdown of Board membership is positive and there is commitment at a senior level for workforce equality to be an organisational priority.

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

Board engagement and support for workforce equality is there. There are steps for further promotion and involvement by senior staff in support of EDS2, WRES and equality objectives.

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

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

No. A further breakdown of the data is available on request.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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