

Annex A: Standard WRES Template for publication

1. Name of organisation

North West Ambulance Service NHS Trust

2. Date of report

Month: July

Year: 2018

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

Lisa Ward, Interim Director of Organisational Development

4. Name and contact details of lead manager compiling this report

Stephanie Chadwick, HR Advisor – Workforce and Equality

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

(to be added after approval at EMT and Board)

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

Date:

Name:

Background Narrative

9. Any issues of completeness of data

None

10. Any matters relating to reliability of comparisons with previous years

Workforce data for this submission is correct as at end March 2018. Recruitment data is correct to end December 2017. 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.

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

6121

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

4.3%

13. The proportion of total staff who have self-reported their ethnicity?

98.4%

14. 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?

Yes, a data cleanse of personnel files for those recorded as 'ethnicity unknown/null' is planned. Registration with MyESR is also encouraged which enables people to make their own changes to records.

Workforce Data

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

31st March 2018

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff

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 4.3% BME, 94.1% White.

Band 1-9 Clinical staff – 2.3% BME, 96.2% White

Band 1-9 Non-clinical staff – 7.02% BME, 91.2% White

VSM – 13 overall 1 BME (7.7%), 10 White (76.9%)

Clinical – 1 overall, 100% White

Non-clinical – 12 overall, 8.3% BME, 75% White

Data for previous 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

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, this increase is greater in non-clinical roles. Clinical and non-clinical show different patterns in the BME workforce when the data is looked at between Bands 1-9. Recruitment into clinical roles presents a greater challenge particularly as it is linked closely with available graduates.

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. This includes working with partner universities to review their contribution.

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

Relative likelihood – compares the likelihood of white staff being appointed with the likelihood of BME staff being appointed (ratio). A figure below 1 indicates that white candidates are less likely to be appointed than black candidates.

Data for reporting year: Relative likelihood is BME candidates 0.77 more likely to be appointed from shortlisting

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

The implications of the data and any additional background explanatory narrative

The Trust has worked hard over the last year to review recruitment processes with the aim of reducing discrimination and improving attraction. This has had a positive impact on the likelihood of BME applicants being appointed from shortlisting.

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 will continue to use 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.

Relative likelihood – compares the likelihood of white staff entering the formal disciplinary process with the likelihood of BME staff being appointed (ratio). A figure below 1 indicates that white staff are more likely to be disciplined than BME staff.

Data for reporting year:

Relative likelihood of BME staff entering formal disciplinary process compared to White staff 1.14

Data for previous year:

Relative likelihood of BME staff entering formal disciplinary process compared to White staff 1.18

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

Relative likelihood – compares the likelihood of white staff accessing non-mandatory training with the likelihood of BME staff being appointed (ratio). A figure below 1 indicates that white staff are less likely access training than BME staff.

Data for reporting year:

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff 1.03

Data for previous year:

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff 1.56

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. However, it is pleasing to see that the actions taken over 2017/18 have narrowed the gap in terms of BME staff accessing CPD.

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. In addition, the Trust has launched a BME development network as a positive action initiative to improve access to personal development and CPD.

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

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

Data for reporting year:

White 49.78%

BME 45.68%

Data for previous year:

White 50.55%

BME 43.94%

The implications of the data and any additional background explanatory narrative

Unfortunately the ambulance sector as a whole reports highly for this and the expense of BME staff has worsened slightly. The Trust continues to work hard to mitigate this.

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 and a targeted Violence and Aggression group. The work includes tackling bullying, harassment and abuse and the experience of violence and abuse received from patients and the public.

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

Data for reporting year:

White 27.48%

BME 30.86%

Data for previous year:

White 28.43%

BME 28.79%

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 experience of BME staff has worsened over the last year.

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 to promote the routes to access support. The Trust is using focus groups and a BME development network with BME staff to help understand the issues and target interventions.

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

Data for reporting year:

White 69.13%

BME 45.45%

Data for previous year:

White 70.77%

BME 40.91%

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

Data for reporting year:

White 13.36%

BME 23.17%

Data for previous year:

White 11.34%

BME 17.19%

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 from both groups decreasing over the last 12 months.

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. Inclusion and appropriate behaviours are being embedded through our values and Be Think Do.

Board Representation Indicator

For this indicator, compare the difference for White and BME staff

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

There is a 3.4% positive difference between the overall workforce and Board membership by ethnicity for BME staff. There is a negative 17.2% difference for White staff.

26. 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.