Appendix 2

WRES Board Workshop with Yvonne Coghill
Tuesday 10 April 2018, 1-4pm, Kirkstall/Fountains
Notes/Feedback from Groups

Indicator	What is the data telling us?	Why is the data as it is?	Improvements?
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.	• We have a gap. • Small improvements. • 8a and above. • Retention figures- what are they • What are the underlying factors? • Compare against social demographics; Yorkshire areas. • Clinical directorate is improving	• Demographics. • Recruitment approach. • More analysis. • Attracting people. • Recruitment process review. • Development and progression. • Retention.	• Awareness of roles and being good at all levels – utilising existing staff. • Support for applications. • Communities/ workshops/ roadshows promoting employment. • Supporting with interview techniques; applicants, panel. • Person specification – ensure they reflect what is actually needed from the individual. • Value based interviewing. • Pulse questions for staff survey.
WRES Indicator 2: Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	• Need to understand data, and why this is happening. Be conscious about decisions • only 9.7% appointed.	• Unconscious bias/panel composition. • Interview skills. • Does interview process structure disadvantage people from BME backgrounds. • Do more.	• Feedback on process from previous successful and unsuccessful applicants interviewed. • Panel composition, perhaps include BME representative. • Clear objective decision justification. • Training.

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WRES Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	• Is there a link of BME staff who are members of a union? • Smaller numbers of BME staff = lower number of BME. Staff within individual teams = difference in people of how to be viewed as part of the team. • The numbers are difficult in communicating the messages. • Was support training being completed undertaken at all levels?	• Does the change (Mar 2016/ Mar 2017) = increase impact or change in the process/ how the process is being applied. Year on year • Is the focus equal or sanction more likely towards BME? • Are people approved at peer and management level to support staff managing conflict? • Cultural approach to recruitment = favourites get the role.	• Need to build confidence in raising/ freedom to speak as issues that support the discussion not stifles the issue • Quality of leadership to improve the quality of the conclusion = drive the change in the culture. • Explore the drivers for the culture. • Quality of leadership = confidence in managers to provide quality support. (i.e. effective 1:1 /PDRs) • Leadership and management skills to work with people to support their work irrespective of race.
WRES Indicator 4: Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.	• Access non mandatory training. • Access to training improved for white and BME staff.	• More promotion of training. • More training.	• Scrutinise data more. • Monitor what training is being accessed by staff group/area of org. • What level/type does it support developing a career pipeline for BME staff?
WRES Indicator 5: Staff Survey KF 18./25. Percentage of	• Significant reduction **but** is it because fewer BME staff surveyed. (2015 was partial	• Fear it may be underreporting rather than improvement	• Encourage reporting then complete the survey • Cross match with Datix reporting to

Indicator	What is the data telling us?	Why is the data as it is?	Improvements?
staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	survey not all staff).	• Using our own reasoning to interpret data.	see trend
WRES Indicator 6: Staff Survey KF 19./26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	• Level of tolerance = under reporting. • Experiences of reporting = negative feeling – less reporting. • ? Is it assertiveness/poor practice. • Sickness/ stress/ wellness/ safe environment to work. • Welfare of staff, more than BME cultural. • The board focusing on a culture of equality. • How does the board get a true picture of what is happening?	• Cross-directorate issues with bullying and harassment. • Leadership from the top to drive cultural cause. • Hearing the issues to except things are wrong = action needed. • Negative excuses to ensure positive disconnect in managers hearing/ seeing negative feedback from staff.	• Scope/framing of 121s, tick box, technical focus, work output. Versus 'me as an individual' positive discussion. • What is the morale of staff, base line improvement/seeing improvement? • Quality improvement feelings - warning staff knowledge. • Experience to drive the culture cause. • Build confidence across all staff groups. • Staff survey output. • Remove old cultures lack of innovative perspective • Cultural difference is understanding differences. • Adapt to local culture vs locals open up to different cultures. • Safe space/safe environment
WRES Indicator 7: Staff Survey KF 27./21 Percentage	• Equal opportunities for progression. • Equal Opportunities- believe that	• Wider problem, what staff report is a fact • We talked about "face it"	• Role models • Tap on shoulder vs talent pipeline = openness. Transparency/honesty

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believing that trust provides equal opportunities for career progression or promotion	YAS provides equal opportunity for career profession or promotion. • Culture - leadership behaviours/holding to account • Culture transparency/ equity. • Talent spotting. • Open to a challenge. • Generational element – millennials will be less tolerant of poor behaviour	culture, 3 generations. • Silence, go along with poor management practice. • Staff feedback indicates element of “mates” being appointed roles. • Some roles not always advertised • Face fitting, appears to be more prevalent. •	• Mentoring support. • Role modelling, mentoring and coaching. Story telling
WRES Indicator 8: Staff Survey Q23./Q17b In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other **colleagues**	• Getting better. • Need the numbers of cases. • People may not be answering honestly.	• Trust, honesty. • Do you know where to report? • Definition of discrimination understood. • Numbers and geographic spread. • 1 in 10 people are seeing themselves as discriminated against. • Attrition vs percentages. • Outcomes.	• Further analysis, what’s it about? E.g. Flexible working, work opportunities, promotion. • Franker conversations. • Dig deeper, themes, to plan what to put in place. • Diversity training. • Behavioural framework. • Further data analysis-Where, operational, corporate, bands.
WRES Indicator 9: Boards are expected to be broadly	• One BME board member on the board. • Reflects what we are in terms of	• Why have women not been given the same opportunities e.g. voting, is it not in	• Challenge/approach/ future inform what YAS want. • NHSI, targeted work – ask them

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representative of the population they serve Percentage difference between YAS Board voting membership and its overall workforce	welfare, quite low as per population. • Consensus that board and workforce should be representative of Yorkshire • Why are larger numbers of BME staff dropping out of interviews, unique to YAS • brand/reputation, processes.	constitution, historical/legacy, • Ambulance male orientated culture. • Board presentation, women, BME, exec level. • Latest 3 additions to board are white, male and middle-aged.	where are you looking, this is what YAS wants • Consensus that it should be talent Management, succession, coaching/mentoring. • Succession plan for exec and senior roles-, internal pipeline, shortlisting, role model, leadership • Should be a diversity element • How to improve pipeline. mentoring to beak the glass ceiling, 'Grow our own' • Will be mandated going forward to BME representation at board.