Appendix 3

WRES Action Plan 2018/19

August 2018

1.0 Purpose

1.1.   The purpose of this document is to provide details of the WRES action Plan for Yorkshire Ambulance Service (YAS) for the period 2018/2019.

2.0 Background

2.1.   The Workforce Race Equality Standard (WRES) requires NHS organisations to focus on race equality as a priority area. The move follows recent published reports which have highlighted disparities in the number of black and minority ethnic (BME) people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst them.

2.2   YAS acknowledges that additional benefits of having a supported workforce which reflects the community we serve and how this can support the patient care agenda. For example creating a reflective workforce can enhance the services we provide by:

   ➢ Attracting new talent

   ➢ Retaining productive, committed and motivated staff

   ➢ Creating a culture that harmonises with the local community

   ➢ Helps improve patient experience

2.3   The action plan below reflects the actions agreed at a WRES workshop in April 2018 facilitated by Yvonne Coghill, National Director for WRES Implementation. This was co-produced by a diverse membership including the Board, Senior Leaders and members from the BME staff network. The discussion focussed on what was the data telling us, why this may be so and then actions to address this variation

2.4   The YAS Trust board is committed to this workstream.

2.5   The YAS values and behavioual framework will also facilitate implementation of this agenda.

2.6   YAS will prioritise the actions that have a red status due to being lower than the National ambulance benchmark figures, however indicators 2,3, and 9 will have urgent priority.

2.7   Appendix One- WRES Action Plan

Appendix Two- Staff summary for indicator one

AppendixThree- National Benchmark data for ambulance Trusts in 2017

Appendix One- YAS WRES Action Plan 2018/19

RAG rating(progress against action)	No progress 🔴	Some delays to delivery 🟡	Action on track 🟢	Completed Action 🔵
Benchmark Data	Lower than national average 🔴	Same as national average 🟡	Better than national Average 🟢	

WRES Indicator	Benchmark Data	Action	Timescale	Lead	Outcome	RAG rating
1. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff	Please see Appendix Two Y&H BME population is 11.7% 🔴	**1.1** Provide breakdown of data per Directorate, pay band and numbers of staff in each pay band so there can be a review at a more local level.	September 2018	WRES Expert	Staffing numbers of BME and non BME staff per directorate available for monitoring.	
		1.2 after completion of 1.1 above. Any directorate that has less than 11% BME staffing level to identify actions on how this can be increased incrementally. Aim for a reasonable mix across all paybands.	March 2019	Head of HR and Diversity and Inclusion Unit	Specific actions to identify how numbers can be increased proprtionately at all paybands will be agreed with directorates.	
		From 2016/17 **1.3** All appointments will be co-ordinated via the recruitment team so that they ensure when external agencies are used to source candidates for senior roles that contracts include requirements relating Diversity and Inclusion which go beyond the statutory minimum. Require agencies to source candidates in way which encourages applications from a diverse pool of talent.	March 2019	Head of HR Services	Agencies will be briefed at point of engagement to ensure there is a diverse mix of applications.	

2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	Year	The relative likelihood of White staff being appointed compared to BME staff is	2.1 Analyse data to understand where specific issues lie and why BME candidates drop out at shortlisting and appointment stage.	December 2018	Head of HR Services and WRES Expert	Information available so that targeted action can be identified.	
	March 2015	(0.29/0.13)= **2.23**					
	March 2016	(0.36/0.14)= **2.53**	2.2 Deliver targeted recruitment events within diverse communities- at least once a year.	April 2019	Head of HR Services/ Head of D&I	Increase numbers of BME applicants and appointments	
	March 2017	(0.17/0.08)= **2.12**	2.3 Offer support and advice to BME applicants with application process and interview preparation prior to application for key roles to ensure they understand the shortlisting process and tips on preparing for interview.	April 2019	Head of HR Services	Key individuals in organisation can be approached for specific coaching support. Booklet with key references produced for preparation tips	
	March 2018	(0.18/0.10)= **1.77**					
	National Average is 1.57 so YAS is ●		2.4 For any unsuccessful application detailed feedback to be offered to all BME candidates if requested.	January 2019	Head of HR Services	Staff receive constructive feedback from appointing officers in the Trust.	
			2.5 Introduction of BME representation on panels for vacancies above band 7. To pilot for 6 months and then review. (Prioritise areas identified in action 1.2)	January 2019	Head of HR Services	Panels for posts include one BME member of staff.	
			2.6 Roll out of new recruitment training to cover unconcious bias	August 2018	Head of Leadership and OD	All appointing officers will have completed update training	

3

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.		3.1 Deep dive into disciplinary cases and outcomes to see if there was a case to answer and what learning can be spread across the organisation.	December 2018	Head of HR	Lessons learnt shared across the organisation.	
		3.2 Roll out of leadership induction training so managers can deal with race equality issues confidently and fairly.	December 2019	Head of Leadership and OD	Existing staff that are new and newly appointed leaders will have completed this training.	
		From 2016/17 **3.3** To undertake more in depth analysis of the qualitative and quantitative data to identify any issues and trends by department, by profession and by band.	March 2019	Head of HR	More detailed inderstanding of issues experienced. Monthly tracker to demonstrate progress.	

Table within the first cell:

Year	Number of staff who are part of a formal disciplinary process		Relative likelihood of BME staff entering the formal disciplinary process compared to White staff
	W	**BME**	
2015	189	10	1.29
2016	193	15	1.73
2017	65	5	1.5
2018	143	14	1.98

National Average is 1.37 so YAS is
🔴

4

4

4. Relative likelihood of staff accessing non-mandatory training and CPD	<table><tr><th>Year</th><th>Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff</th></tr><tr><td>2015</td><td>1.37</td></tr><tr><td>2016</td><td>0.84</td></tr><tr><td>2017</td><td>1.05</td></tr><tr><td>2018</td><td>1.06</td></tr></table> **National Average is 1.22 so YAS is** ●	**4.1** Identify and agree the protocols to record and capture training activity in the Learning and Management System	September 2019	Head of YAS Academy	Electronic system in place and managers entering information correctly. Statutory and Mandatory training entries will be prioritised.	
		4.2 Review of the types of training and CPD accessed by BME and non BME staff	October 2018	Head of YAS Academy /WRES Expert	Range of courses will be identified and analysed.	
5. Staff Survey KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<table><tr><th>Ethnic Origin</th><th>2016</th><th>2017</th><th>2018</th></tr><tr><td>White</td><td>46%</td><td>45%</td><td>45%</td></tr><tr><td>BME</td><td>36%</td><td>27%</td><td>27%</td></tr></table> **National Average is 39% for BMEstaff so YAS is** ●	**5.1** Do baseline audit of how many incidents reported on Datix and if the ethnicity of staff reporting can be identified.	September 2018	Head of Safety	Datix report generated showing spread of incidents	
		5.2 Introduction of awareness campaign to encourage all staff on reporting abuse from the public.	December 2018	Head of Safety	Information campaign evident and increase in reporting incidents.	
		5.3 Repeat audit as described in 5.1	June 2019	Head of Safety	Datix report generated showing spread of incidents	

		6.1 Introduction of the Dignity and Respect Support contacts scheme as part of the Dignity at Work policy implementation	December 2018	Diveristy and Inclusion Unit	Individuals recruited and trained. Review of number of referrals to support contacts and outcomes via the Datix system	
6. Staff Survey KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Ethnic Origin | 2016 | 2017 | 2018 White | 27% | 28% | 27% BME | 29% | 26% | 31% **National average is 32% for Ambulance Trusts so YAS is** ●	**From 2016/17** **6.2** To develop a system where all cases of bullying and harassment are monitored to identify trends and patterns across the Trust, this data should be included in a report to TMG highlighting areas of concern and appropriate action to be taken.	December 2018	Head of HR	System in place for review across the organisation. Themes shared across the management teams.	
7. Staff Survey KF 21 Percentage believing that trust provides equal opportunities for career progression or promotion	Ethnic Origin | 2016 | 2017 | 2018 White | 75% | 72% | 71% BME | Nil * | 55% | 66% *partial sample of staff survey completed in 2015 so insufficient BME responses **National average is 48% so YAS is** ●	**7.1** Introduction of talent pipeline to identify individuals that can progress to senior roles. Focus on developing BME staff through this process	March 2019	Leadership and OD	Formal process for submission and review process in place. BME representation on review panels.	
		7.2 Explore and if appropriate introduce mentoring /coaching programme including reverse mentoring whereby staff share their experiences with senior leaders.	March 2019	Leadership and OD	A number of staff will have accessed mentorship. A number of senior leaders will have experienced reverse mentoring	

8. Staff Survey Q17b In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	**Ethnic Origin** 2016 / 2017 / 2018; White 8% / 10% / 10%; BME 29% / 19% / 18% **National Average for ambulance Trusts is 18% and YAS is green due to the slight downward trend** 🟢	**8.1** Roll out of behavioural framework across the organisation to embed the values and change behaviour.	Ongoing 2020	Head of Leadership and OD	Plan for delivery of behavioural framework will have been operationalised	
9. Boards are expected to be broadly representative of the population they serve	**Ethnic Origin** 2016 / 2017 / 2018; White 95.7% / 93.8% / 93.8%; BME 4.3% / 6.3% / 6.3% The data is showing that at present YAS has only 1 voting BME member on the Board. To increase the number of BME representation on the Board from 1 to 2 may require some positive actions. **National Average is 7.0% YAS is low against Yorkshire average BME population** 🔴	**9.1** Look at options for succession planning internally and externally	December 2018	Executive Director of Workforce and OD	Mechanisms on identifying talent internally and externally identified	
		9.2 Explore options with NHSI if positive action prinicples can be used.	December 2018	Executive Director of Workforce and OD	Clarity on the options for consideration by the D&I Steeering group	

Actions from 2016/17 plan for review in 18/19 period

2	**Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.**	11. Ensure improvements in recruitment and selection processes are communicated to staff to ensure that they are aware of the Trust's aims to make selection a fairer process.	December 2019	Leadership and OD Head of HR Services	New recruitment policy launched. Training to be rolled out widely- pilot in June 2018. Changes to process to be communicated in Sept/Oct 2018 🟠
		12. To roll out an equality monitoring exercise to ensure equality data on the 9 protected characteristics is being captured and that staff are encouraged to disclose data.	December 2018	Diversity & Inclusion Unit	Dashboard being developed as part of monitoring the D&I strategy 🟠
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**	19. Active engagement with BME staff via the BME Staff Network to gain greater understanding of this issue and seek feedback on how we can apply the disciplinary policy more consistently and fairly. This would include feedback on: a) How well they feel the Trust deals with disciplinary matters generally. b) The main reasons they feel staff from BME backgrounds are disciplined. c) Aspects of the disciplinary processes they felt might place BME staff at a disadvantage d) Suggested ways to improve the situation for BME staff. e) Ways to help improve the situation for managers.	Dec 2018	Diversity & Inclusion Unit Head of Human Resources	Feedback from staff via BME network meeting and as part of WRES board workshop in April 2018. Review of disciplinary policy will incorporate 🟠

Appendix Two- YAS staff numbers per pay band 2016-2018

Pay Band	31st March 2016			31st MARCH 2017			31st MARCH 2018		
	WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NULL
1a) Non Clinical workforce	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
Under Band 1	0	0	0	0	0	0	0	0	0
Band 1	1	0	0	2	1	1	4	3	0
Band 2	72	8	0	71	11	1	74	7	0
Band 3	525	52	0	581	76	1	498	69	1
Band 4	278	12	0	301	15	0	297	15	0
Band 5	145	5	0	146	7	0	142	6	0
Band 6	108	2	0	125	1	0	119	2	0
Band 7	84	4	0	93	4	0	99	4	0
Band 8A	28	5	0	28	4	0	37	4	0
Band 8B	16	1	0	25	0	0	29	0	0
Band 8C	12	1	0	13	2	0	13	2	0
Band 8D	9	0	0	11	0	0	13	1	0
Band 9	2	0	0	3	0	0	3	0	0
VSM	4	0	0	6	0	0	7	0	0
1b) Clinical workforce of which Non Medical									
Under Band 1	0	0	0	0	0	0	0	0	0
Band 1	3	1	0	2	0	0	0	0	0
Band 2	230	11	0	213	9	1	210	7	0
Band 3	1060	43	0	1080	50	0	930	38	0
Band 4	316	8	0	391	6	1	420	9	0
Band 5	1320	37	0	562	23	1	456	19	0
Band 6	371	9	0	1221	36	2	1149	36	2
Band 7	96	6	0	114	6	0	88	4	0
Band 8A	0	1	0	3	3	0	2	2	0
Band 8B	4	0	0	4	0	0	4	0	0
Band 8C	0	0	0	3	0	0	3	0	0
Band 8D	0	0	0	0	0	0	0	0	0
Band 9	0	0	0	0	0	0	0	0	0
VSM	9	1	0	3	0	0	1	0	0
Of which Medical & Dental									
Consultants									
of which Senior medical manager							1		
Non-consultant career grade							1		
Trainee grades									
Other									
TOTAL	4693	207	0	5001	254	8	4599	228	3

Appendix Three

National Data- comparison of YAS and other ambulance Trusts

Organisations name	% BME	Unify 2017 submission			Staff Survey 2017				% BME Board
		Ind 2	Ind 3	Ind 4	Ind 5	Ind 6	Ind 7	Ind 8	
YORKSHIRE	**4.8%**	**2.71**	**1.50**	**1.05**	**27.0%**	**31.1%**	**66.0%**	**17.6%**	6.3%
EAST MIDLANDS	2.4%	2.21	1.93	1.56	33.3%	31.3%	46.7%	6.5%	7.7%
EAST OF ENGLAND	2.1%	2.01	1.61	5.29	40.0%	33.3%	48.0%	15.6%	7.1%
LONDON	12.7%	1.63	2.73	1.16	38.9%	37.7%	47.1%	19.1%	0.0%
NORTH EAST	1.2%	1.14	1.37	0.32	42.9%	30.0%	81.8%	19.0%	7.7%
NORTH WEST	3.8%	1.61	1.18	1.56	45.7%	30.9%	45.5%	23.2%	14.3%
SOUTH CENTRAL	2.5%	1.95	1.37	-	36.6%	30.1%	73.6%	7.2%	14.3%
SOUTH EAST COAST	3.6%	1.26	0.82	1.36	30.8%	32.7%	61.3%	13.2%	0.0%
SOUTH WESTERN	2.1%	0.62	0.00	-	45.2%	38.1%	41.4%	31.7%	14.3%
WEST MIDLANDS	5.2%	1.54	1.37	0.92	43.5%	39.6%	47.4%	22.7%	7.7%
Trusts Median	3.0%	1.62	1.37	1.26	39.4%	32.0%	47.7%	18.3%	7.7%
National Average	20%	1.57	1.37	1.22	28.0%	23.7%	85.5%	12.6%	7.0%

For five of the indicators, Yorkshire Ambulance Trust is better than Ambulance peer Trusts median.

Please note: data for metrics 5 to 8 only show BME percentages. Red or green denotes above or below the peer Trusts median. Data sources: NHS England Unify2 & NHS Staff Survey 2017

IND 2: Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting

IND 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff

I**ND 4:** Relative likelihood of white staff accessing non mandatory training and CPD as compared to BME staff

IND 5: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

IND 6: Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months