

# WRES and Ambulance Services



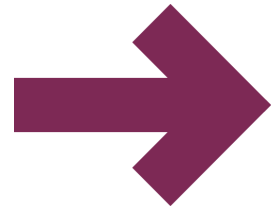
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October 2018

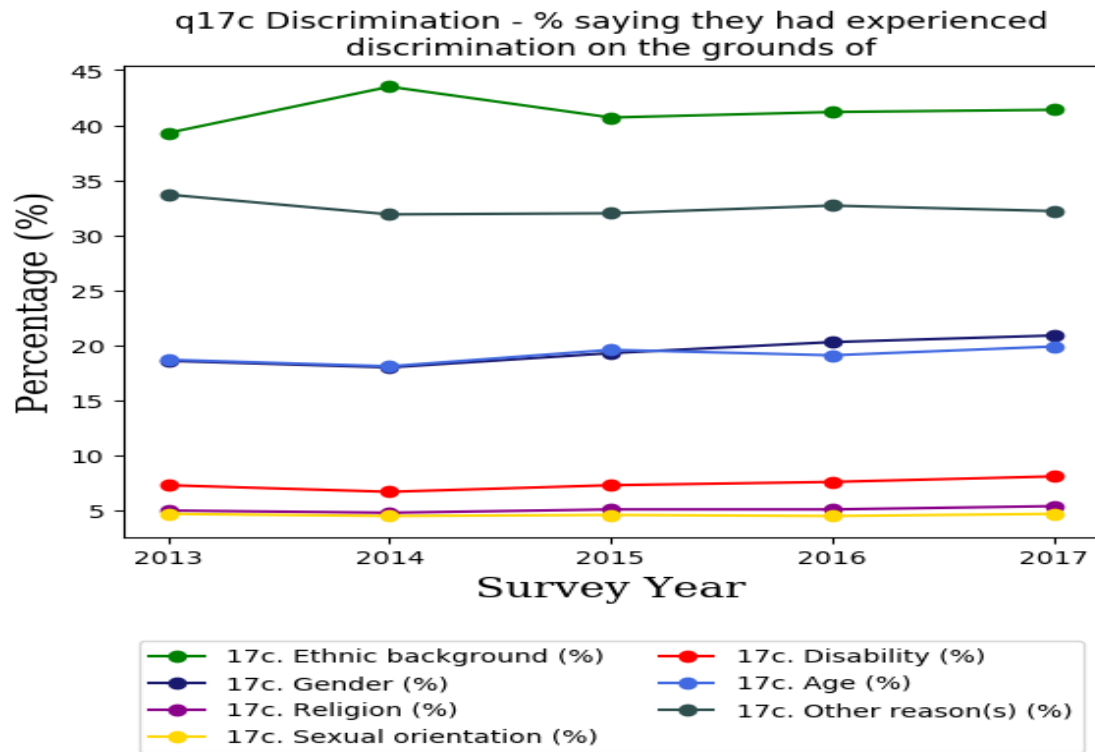


# Black and Minority Ethnic (BME) staff in Ambulance Trusts

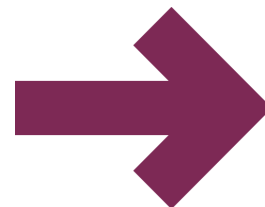
- 44 100 plus people work for ambulance Trusts.
- 4.6% (2050) staff from BME backgrounds
  - Compared to 20% for the whole of the NHS.
- 51% of BME staff work in clinical roles.
- 3.8% of VSM are BME.



# Staff survey: discrimination grounds



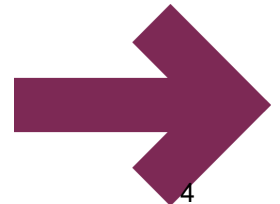
“Ethnicity has consistently been the most commonly reported reason for discrimination across the last five years.”



# Sir Robert Francis QC – Freedom to speak up, a report into whistleblowing in the NHS

- More BME staff are unsatisfied with the outcome of workplace investigations than white staff (40%:27%)
- BME staff are more likely to be victimised by management than white staff (21%:12.5%)
- BME staff are less likely to be praised by management after raising a concern than white staff (3%:7.2%)
- BME staff are more likely than white staff to not raise a concern for fear of victimisation (24%:13%)

**Impact on patient care....!**



# The reasons for tackling workforce race inequality in the NHS

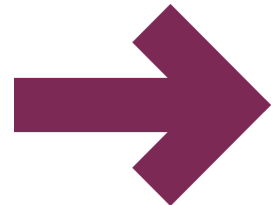


## THE QUALITY CASE

- Helps ensure high quality care, patient satisfaction and patient safety
- Link between staff satisfaction and patient outcomes

## THE FINANCIAL CASE

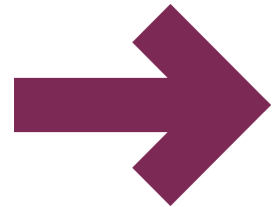
- Staff engagement and organisational efficiency
- Implications for boards



# Professor Mike West and Professor Jeremy Dawson – NHS Quality and Staff



- The greater the proportion of staff from a black or minority ethnic (BME) background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction.
- The experience of BME staff is a very good barometer of the climate of respect and care for all within NHS trusts.



# WRES - Background

## Simon Stevens appointment May 2014



### NHS boss Simon Stevens criticises lack of diversity in management

New chief executive says there is a lack of managers from black and ethnic minority backgrounds involved in running hospitals



"It can't be right that 10 years after the launch of the NHS race-equality plan, while 41% of NHS staff in London are from black and ethnic minority backgrounds, similar in proportion to the Londoners they serve, only 8% of trust board directors are, with two-fifths of London trust boards having no BME directors at all.

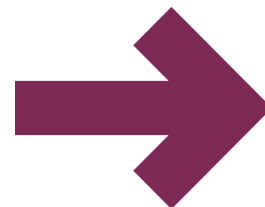
"Similar patterns apply elsewhere, and have actually been going backwards," Stevens.



# The Workforce Race Equality Standard (WRES)



The Workforce Race Equality Standard is a set of metrics that would, for the first time, require all NHS organisations to demonstrate progress against a number of indicators of race equality, including a specific indicator to address the low levels of BME Board representation.





## WRES phase two

*Enabling sustainable accountability –  
improving patient care for all*



### **Aim: Closing workforce race inequality gaps across the NHS**

#### **Cross cutting themes:**

Leadership & accountability, engagement, cultural change, outcomes, sustainability

#### ***Enabling People***

- Meaningful engagement
- Understanding narrative
- Focused improvement
- Resource and support

#### ***Embedding Accountability***

- System alignment
- Regulation and scrutiny
- New healthcare architecture

#### ***Evidencing Outcomes***

- Data and intelligence
- Replicable good practice
- Evaluation and sustainability

**NHS Constitution values**

# WRES indicators

## Indicator 1

- Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce

## Indicator 2

- Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts

## Indicator 3

- Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process

## Indicator 4

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

## Indicator 5

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

## Indicator 6

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

## Indicator 7

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

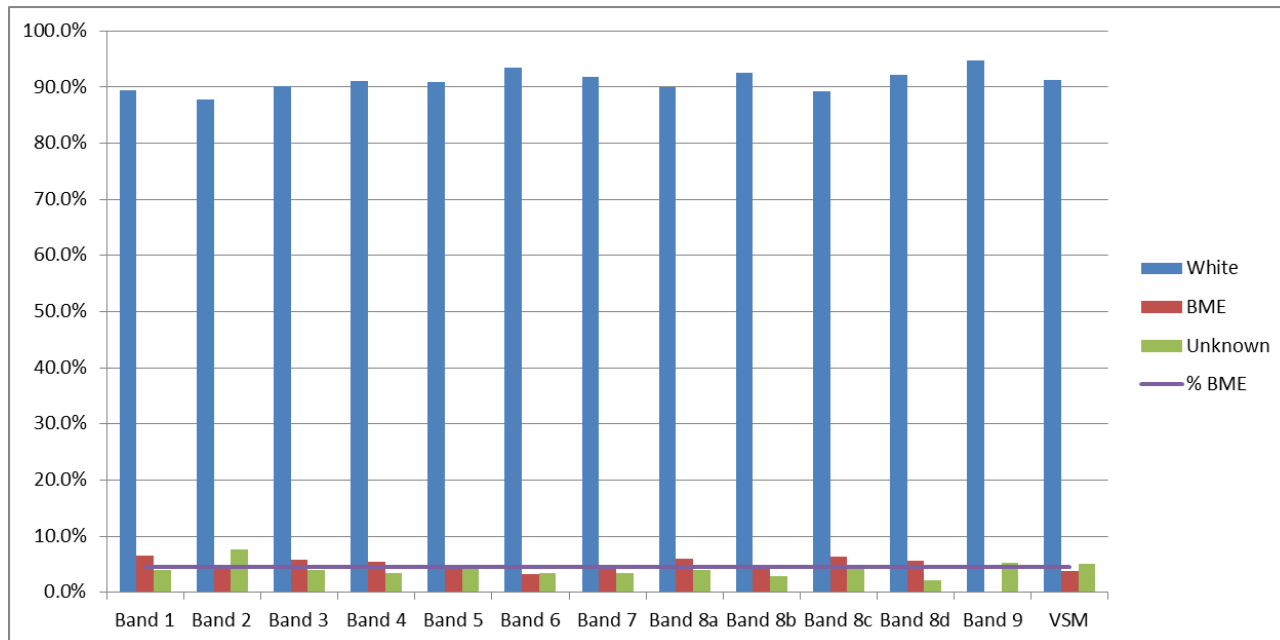
## Indicator 8

- Q17.. In the last 12 months have you personally experienced discrimination at work?

## Indicator 9

- Percentage difference between the organisations' Board membership and its overall workforce

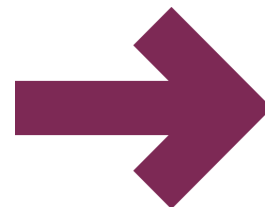
# Ethnicity and AfC bands: All Ambulance Trusts, 2018.



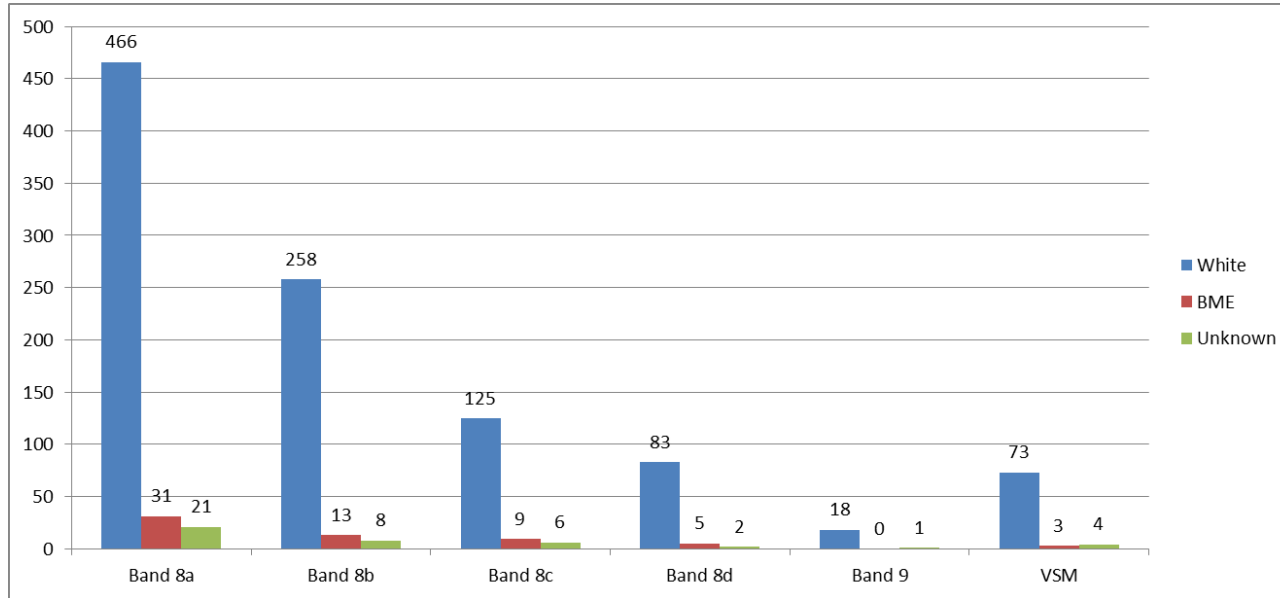
4.6% (2050) of staff are from a BME background.

BME staff are:

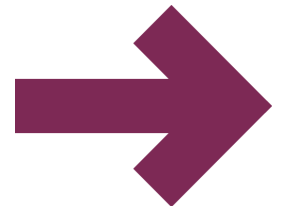
- Evenly represented across the Agenda for Change (AfC) pay Bands.



# Ethnicity and AfC Band 8a – VSM, 2018.



Across the 10 Ambulance Trusts 5.2% (17) of staff at Band 8C and above are from a BME background..



# 2018 WRES indicators 2 – 8 data

Organisations name	SDCS 2018 submission			Staff Survey 2017			
	Ind 2	Ind 3	Ind 4	Ind 5	Ind 6	Ind 7	Ind 8
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	1.38	1.67	1.25	33.3%	31.3%	46.7%	6.5%
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	2.69	2.59	0.65	40.0%	33.3%	48.0%	15.6%
LONDON AMBULANCE SERVICE NHS TRUST	1.81	2.01	1.79	38.9%	37.7%	47.1%	19.1%
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	2.04	0.00	0.77	42.9%	30.0%	81.8%	19.0%
NORTH WEST AMBULANCE SERVICE NHS TRUST	0.77	1.14	1.03	45.7%	30.9%	45.5%	23.2%
SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	2.04	0.90	0.00	36.6%	30.1%	73.6%	7.2%
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST	1.57	1.38	0.84	30.8%	32.7%	61.3%	13.2%
SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST	0.00	0.00	0.00	45.2%	38.1%	41.4%	31.7%
WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST	1.63	1.04	1.02	43.5%	39.6%	47.4%	22.7%
YORKSHIRE AMBULANCE SERVICE NHS TRUST	1.77	1.97	1.06	27.0%	31.1%	66.0%	17.6%
Peer Trusts Median	1.70	1.26	0.93	39.4%	32.0%	47.7%	18.3%

For most organisations, BME staff are relatively:

- less likely to be appointed from shortlisting.
- more likely to enter the formal disciplinary process
- more likely to access non mandatory training and CPD

RAG rating against the national average. Most organisations are worse than the national average for most indicators.



# 2018 WRES indicators 9 data (Board representation)

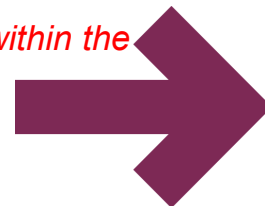
Organisations name	BME Headcount	% BME Board	% BME
<b>EAST MIDLANDS AMBULANCE SERVICE NHS TRUST</b>	<b>94</b>	<b>7.7%</b>	<b>2.5%</b>
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	119	6.7%	2.5%
LONDON AMBULANCE SERVICE NHS TRUST	722	7.1%	13.5%
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	36	7.7%	1.3%
NORTH WEST AMBULANCE SERVICE NHS TRUST	265	7.7%	4.3%
SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	114	20.0%	2.8%
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST	128	0.0%	3.8%
SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST	60	12.5%	1.4%
WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST	284	7.7%	5.5%
YORKSHIRE AMBULANCE SERVICE NHS TRUST	228	6.3%	4.7%
Peer Trusts Median		7.7%	

As at 31 March 2018, 9 out of 10 Ambulance Trusts had BME representation on the board.

*“I have set an ambitious goal to ensure NHS leadership is as diverse as the rest of the workforce”.*

*“..an ambitious goal for the NHS to ensure its leadership is as diverse as the rest of the workforce within the next 10 years”.*

Stephen Barclay (Minister of State at the Department of Health and Social Care)



# 2018 WRES indicators 5 – 8 data

## BME and White staff comparison

Organisations name	Indicator 5		Indicator 6		Indicator 7		Indicator 8	
	White	BME	White	BME	White	BME	White	BME
<b>EAST MIDLANDS AMBULANCE SERVICE NHS TRUST</b>	<b>40.4%</b>	<b>33.3%</b>	<b>27.6%</b>	<b>31.3%</b>	<b>77.9%</b>	<b>46.7%</b>	<b>10.3%</b>	<b>6.5%</b>
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	49.7%	40.0%	31.9%	33.3%	63.9%	48.0%	12.7%	15.6%
LONDON AMBULANCE SERVICE NHS TRUST	56.6%	38.9%	31.2%	37.7%	61.8%	47.1%	10.9%	19.1%
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	40.6%	42.9%	19.8%	30.0%	71.6%	81.8%	8.6%	19.0%
NORTH WEST AMBULANCE SERVICE NHS TRUST	49.8%	45.7%	27.5%	30.9%	69.1%	45.5%	13.4%	23.2%
SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	43.0%	36.6%	23.1%	30.1%	75.9%	73.6%	9.7%	7.2%
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST	51.0%	30.8%	42.1%	32.7%	60.2%	61.3%	15.8%	13.2%
SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST	43.7%	45.2%	24.1%	38.1%	74.3%	41.4%	10.1%	31.7%
WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST	51.0%	43.5%	29.7%	39.6%	70.0%	47.4%	10.7%	22.7%
YORKSHIRE AMBULANCE SERVICE NHS TRUST	44.9%	27.0%	26.8%	31.1%	71.3%	66.0%	10.3%	17.6%
Peer Trusts Median	47.3%	39.4%	27.5%	32.0%	70.6%	47.7%	10.5%	18.3%

For most organisations, BME staff report a worse experience than white staff for three of the four WRES NHS staff survey questions i.e. indicators 6,7 and 8.



# Lessons learnt

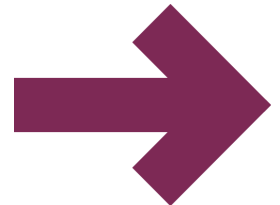
WRES team has visited all 10 Ambulance Trusts.

- Caring and welcoming culture across most Trusts.
- Board members are keen to make a difference.
- However, ambulance Trusts still lag behind other trust types on the WRES.
  - Trusts need to monitor, rethink and review interventions.
- Focus is on attracting more BME people into organisations
  - Greater focus is required on improving the experiences of BME staff already in the organisations.
- Strong perception that there are limited career progression opportunities.

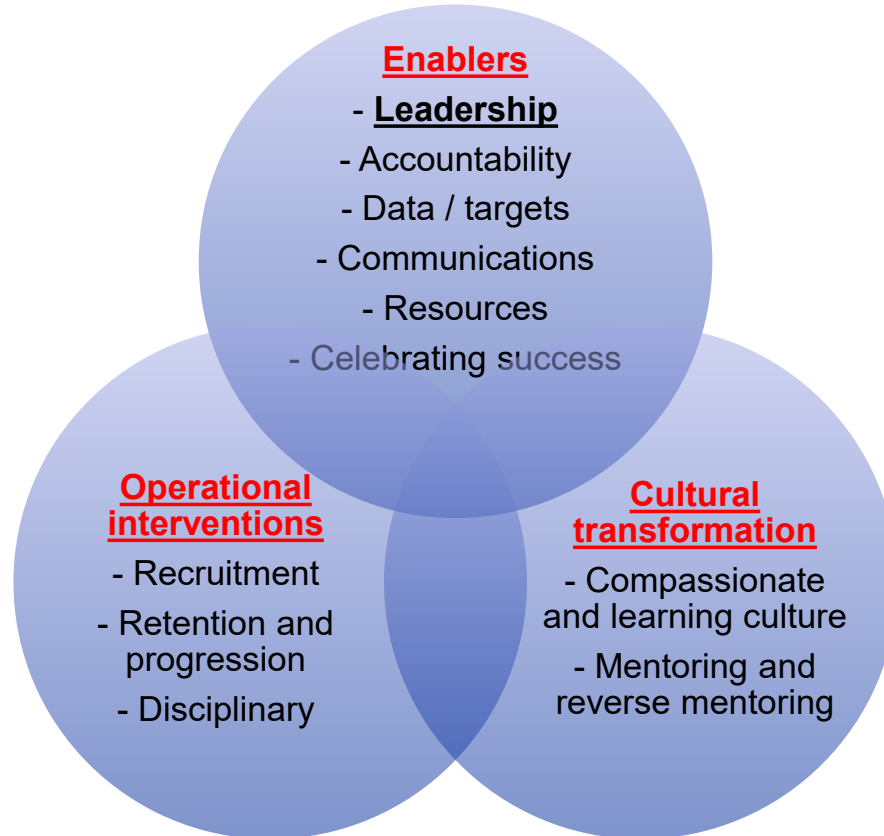


# Strategies for improving

1. Reducing managerial bias through education (e.g. diversity training, unconscious bias training) and feedback (diversity evaluations):
  - does not increase diversity in representation or at senior levels.
2. Mentoring and networking:
  - has very modest effects.
3. Mandatory programs, or programs with explicit authority, accountability, support from the leadership and monitoring:
  - **most effective.**



# An evidence based approach



**“There is nothing more unfair than the equal treatment of unequal people.”  
- Thomas Jefferson 1743 - 1826**

## **EQUALITY VERSUS EQUITY**



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game, without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

# Resources and further information



Website:

[www.england.nhs.uk/wres/](http://www.england.nhs.uk/wres/)

Email:

[england.wres@nhs.net](mailto:england.wres@nhs.net)

Twitter (#WRES):

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