South Central Ambulance Service **NHS**
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2021

South Central Ambulance NHS Foundation Trust

CONTENTS

1   Introduction

The NHS Workforce Race Equality Standard (WRES) was launched in April 2015. The main purpose of the WRES is to help NHS organisations to review their data against the nine WRES indicators, to produce action plans to close the gaps in work experience between White and Black and Ethnic Minority (BAME) staff, and to improve BAME representation at the Board level of the organisation.

This report identifies progress, areas for improvement and outlines actions in the coming year to enable South Central Ambulance Service (SCAS) improve BAME outcomes against the nine NHS WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on boards. The data for the WRES return has been sourced from the SCAS's Electronic Staff Records (ESR) as ethnicity data is routinely gathered on a 'voluntary self-reporting' basis from staff. Staff declaration of ethnicity is therefore important in enabling SCAS to present a true and accurate picture of ethnicity in the organisation.

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2 Executive summary

A summary of the data and major points.

Indicator 1 BME staffing across the bands

In 2020 the total number of staff was 4,245 of which 8% were BAME, in 2021 (as of 31st March) there were 4,551 staff of which 5% were BAME, a drop of 3% on the previous year.

- The majority of staff across all bands are predominantly white, with bands 8d and 9 having no BAME staff.

- The highest percentage of BAME staff were in the non-clinical VSM band (not include the Board) at 19% which was at 0% in the previous year.

Indicator 2 Shortlisting of BAME applicants

- In 2021 the relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.49 times greater. In the previous year the relative likelihood of white staff being appointed from shortlisting compared to BME staff was 1.02 times greater. This means that during the reporting period this indicator shows a decline in BAME people being appointed to posts.

Indicator 3 Likelihood of BAME Staff entering a formal disciplinary process

- Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 0.64 times greater. This compares with 0.43 times greater in the previous year. This suggests that more BAME staff were more likely to enter the formal disciplinary process then in the previous year. A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process.

Indicator 4 likelihood of white staff accessing non mandatory training/CPD compared with BME staff

- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 2.11 times greater. A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.

Indicator 5 percent of staff experiencing harassment, bullying or abuse from patients or public

The indicators 5 to 8 are taken from the Staff survey

- The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is 45.2% and has marginally increased from last year when it was 45.1%. This compares with experience of white staff at 43.9% last year to a decrease this year at 41.5%. The comparable Ambulance Trusts average for BAME staff is 44.3%.

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Indicator 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff

- There has been a significant increase in the percentage of BAME staff experiencing harassment, bullying or abuse from staff from 19.3% in the previous staff survey to a notable 30.4% in the latest survey. This is an increase of 11.1%. In comparison white staff have witnessed a decrease, from 25.5% in the previous survey to 24.1% in the latest staff survey. The comparable Ambulance Trusts average for BAME staff is 31.1%

Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

- Both BAME and White staff reported positively for this indicator, and was much greater than comparable Ambulance Trust's.

- At SCAS 83.6% of BAME staff believed that the Trust provides equal opportunities for career progression, this was an increase from 80.4% in the previous survey. The comparable Ambulance Trusts average for BAME staff is 62.8%

- In terms of White staff at SCAS, 84.7% believed that the Trust provides equal opportunities for career progression, an increase from 83.5% in the previous year. The comparable Ambulance Trusts average for White staff is 77.3%

Indicator 8 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues

- The percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues has had a significant increase from 8.4% in the previous year to 16.7% in the latest survey, this represents a 4-year high and over twice as much of the discrimination experienced by White staff. However, the comparable Ambulance Trusts average for BAME staff is also 16.7% this year.

- The percentage of White staff personally experiencing discrimination at work from a manager / team leader or other colleagues has had a marginal positive decrease to 7.5% from 7.8% in the previous year. The comparable Ambulance Trusts average for White staff is 8.6%.

Indicator 9 BAME (voting) board membership

- At SCAS all members have voting rights, 20% of the Board have indicated their ethnicity as BAME and has not changed since last year.

3 WRES progress in 2020/2021

During 2020 (following the launch of our SCAS leader programme in 2019) we developed our modular leadership toolkit for our line managers, Essential Skills for People Managers (ESPM). The programme has ED&I running through the modules, including a section on civility matters which includes a scenario involving 'Kwame a Christian 111 call taker who wants annual leave over Christmas as his family are visiting from Ghana and they are religious" the programme also includes a section on the just and learning culture (J&LC) approach to managing capability and performance issues. The J&LC programme is heavily focused on inclusivity and compassion. As part of the ESPM all attendees attend ACAS training which includes equality, diversity and inclusion, managing sickness absence and flexible working. To-date 16 staff have attended this programme, the programme is currently on 'pause' due to operational pressures.

Towards the end of 2020/21 we also launched our first Reverse Mentoring programme, the first pilot of this programme is due to complete during the autumn of 2021.

Other progress made this year of note include the following:

- SCAS is developing a EDI strategy, which will provide a clear framework to deliver the Trust vision on race equality
- We have recruited to the post of Head of EDI
- We have carried out a compliance audit of our statutory and organisational obligations to EDI
- We have worked with some of our diverse staff to actively promote recruitment campaigns examples below:
  ➢ Tarik video
     - https://www.facebook.com/SCASJobs/videos/1444696542398769
  ➢ Janel photo
     - https://www.facebook.com/SCASJobs/photos/906280843357418
  ➢ 111 photo - https://www.facebook.com/SCASJobs/photos/894950151157154
  ➢ Babita photo
     - https://www.facebook.com/SCASJobs/photos/844100222908814

These are all Facebook examples, but SCAS advertise on all social media platforms

- We regularly engage with staff through our live chats are supported by members of our BAME Network.

- Worked with Thames Valley Police after they hosted a BAME virtual event – with the view of hosting our own (date TBC).

- Participated in NHS webinars/conferences and other specific webinars to support diversity across the NHS.

- We Train Prince's Trust candidates on EDI as part of our programme

- We Train our own staff (Recruitment Skills) on aspects of personal prejudice, unconscious bias, protected characteristics and discrimination.

4   Conclusion and next steps

Over the last year there has been a greater realisation of inequalities through the impact of the Pandemic on BAME communities and social injustice. There is also a greater focus on Health and Well-being. Much has been accelerated over the last two years because of these external factors and much has been re-prioritised due to Resource Escalation Action Plans (REAP) to meet with increased demands on the service.

The action and interventions identified in this report are both behavioural and structural and form part of a significant culture change programme which takes time, energy, and leadership. Nevertheless, the report indicates that although we have a long way to go in implementing and embedding the plan, we are making steady progress.

Nevertheless, the Pandemic and this (WRES) report has also given us the opportunity to self-reflect and go beyond 'business as usual'. We will be delivering our Action plan (Appendix 2) and will include ongoing reviews of actions mentioned in this report.

Next steps:

Over the next six months, we will focus on the following key actions:

- BAME inclusion champions to sit on recruitment panels for senior roles with monitoring to take learning from feedback from panels
- Launch positive action initiatives such as Managers asked to justify the non-selection of BAME candidates who came to interview
- To more frequently monitor BAME in the disciplinary process and deep dive into data to assess any patterns
- Undertake analysis to better understand the data particularly access to learning and development by BAME staff
- Implement Operation Cavell to publicise zero tolerance of bullying and harassment and abuse from patients and the public
- Develop and embed an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture.
- Enhance the Trust's approach to reporting of bullying, harassment and abuse at work by ensuring that processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting
- To create Board Champions that are aligned to the Protected Characteristic and be ambassadors for the Staff Networks
- To continue the implementation of Body Worn Cameras within our 999 service with the aim of reducing violence and aggression towards our staff.

Appendix 1 WRES Indicators report

Detailed below is the SCAS's WRES data which was submitted in August 2021 covering the period April 2020 to 31 March 2021

Indicator 1 **Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

(Data source: ESR).

1a.   Non-clinical workforce

DATA ITEM	1a) Non Clinical workforce	MEASURE	2020			2021		
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL
			Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
1	Under Band 1	Headcount	0	0	0	0	0	0
2	Band 1	Headcount	0	0	0	0	0	0
3	Band 2	Headcount	294	48	29	397	21	24
4	Band 3	Headcount	1414	154	97	1556	95	100
5	Band 4	Headcount	220	36	29	358	12	22
6	Band 5	Headcount	134	18	7	211	17	9
7	Band 6	Headcount	50	7	6	66	2	8
8	Band 7	Headcount	90	14	8	83	8	7
9	Band 8A	Headcount	33	1	3	24	1	3
10	Band 8B	Headcount	22	1	2	21	1	2
11	Band 8C	Headcount	10	1	1	15	1	1
12	Band 8D	Headcount	6	0	1	7	0	1
13	Band 9	Headcount	1	0	0	0	0	0
14	VSM	Headcount	8	0	0	12	3	1

1b. Clinical workforce

15	Under Band 1	Headcount	0	0	0	0	0	0
16	Band 1	Headcount	0	0	0	0	0	0
17	Band 2	Headcount	0	0	0	0	0	0
18	Band 3	Headcount	0	0	0	0	0	0
19	Band 4	Headcount	109	2	6	0	0	0
20	Band 5	Headcount	374	11	12	316	16	8
21	Band 6	Headcount	667	34	48	728	54	43
22	Band 7	Headcount	174	3	12	222	4	13
23	Band 8A	Headcount	14	0	1	30	0	0
24	Band 8B	Headcount	14	0	1	17	0	1
25	Band 8C	Headcount	12	0	0	4	0	0
26	Band 8D	Headcount	0	0	0	3	0	0
27	Band 9	Headcount	0	0	0	0	0	0
28	VSM	Headcount	3	0	0	0	0	0
	Of which Medical & Dental							
29	Consultants	Headcount	3	0	0	3	0	0
30	*of which Senior medical manager*	Headcount	0	0	0	0	0	0
31	Non-consultant career grade	Headcount	0	0	0	0	0	0
32	Trainee grades	Headcount	0	0	0	0	0	0
33	Other	Headcount	0	0	0	0	0	0

Indicator 2 – Relative likelihood of BAME staff compared to White staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

Number of shortlisted applicants	Headcount	1731	859	88	3429	737	47
Number appointed from shortlisting	Headcount	1068	520	20	980	141	13
Relative likelihood of appointment from shortlisting	Auto calculated	61.70%	60.54%	22.73%	28.58%	19.13%	27.66%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.02			1.49		

Indicator 3 – Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff.

(Data source: Trust's HR data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	0.43	0.64	+0.21

A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process. However the data shows that although relative likelihood of BME staff entering the formal disciplinary process compared to white staff albeit low, it has increased from the previous year.

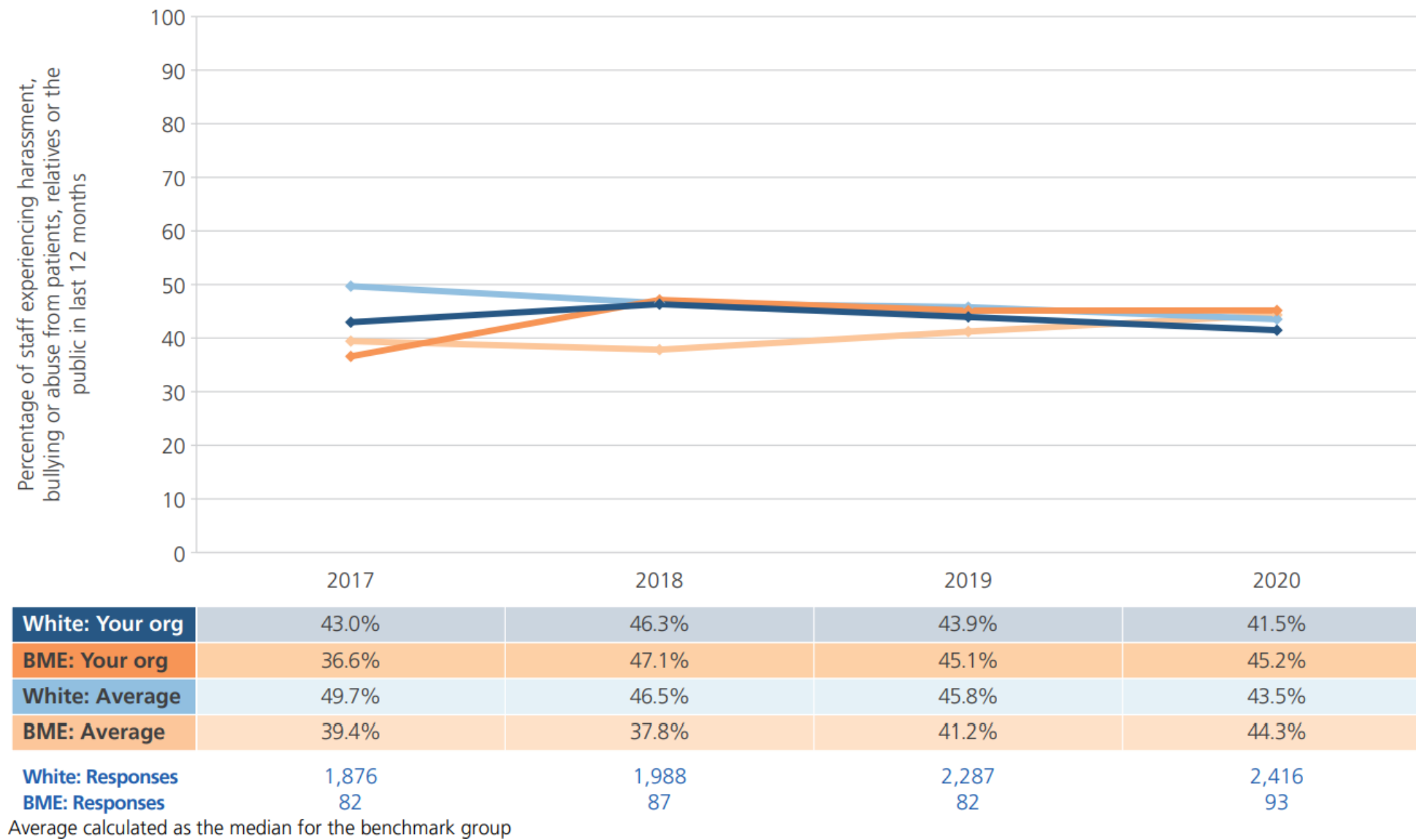## Indicator 4 – Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff

(Data source: Trust's HR data)

Likelihood of staff accessing non-mandatory training and CPD	White	BAME	Ethnicity unknown/null	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff
	5.23%	2.55%	2.06%	2.11

A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.
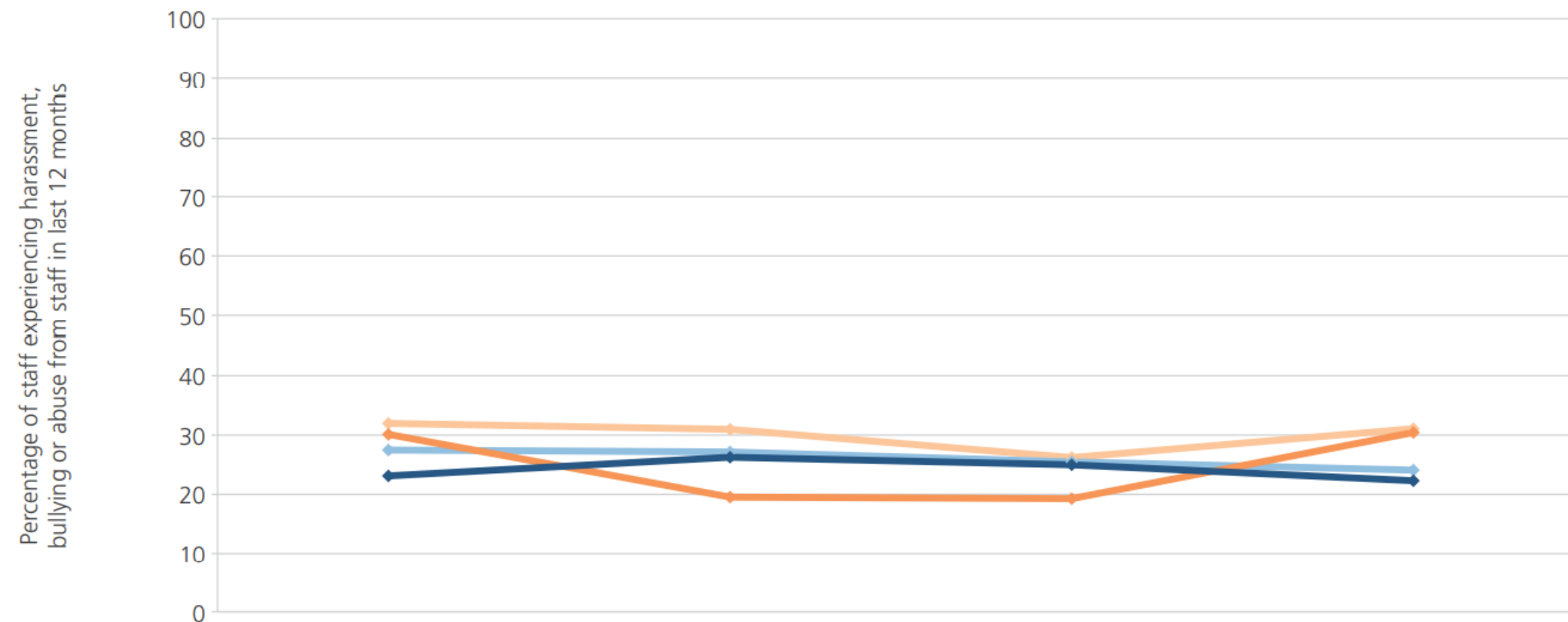
Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

(Data source: NHS Staff Survey)

	2017	2018	2019	2020
White: Your org	43.0%	46.3%	43.9%	41.5%
BME: Your org	36.6%	47.1%	45.1%	45.2%
White: Average	49.7%	46.5%	45.8%	43.5%
BME: Average	39.4%	37.8%	41.2%	44.3%
White: Responses	1,876	1,988	2,287	2,416
BME: Responses	82	87	82	93

Average calculated as the median for the benchmark group

Indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

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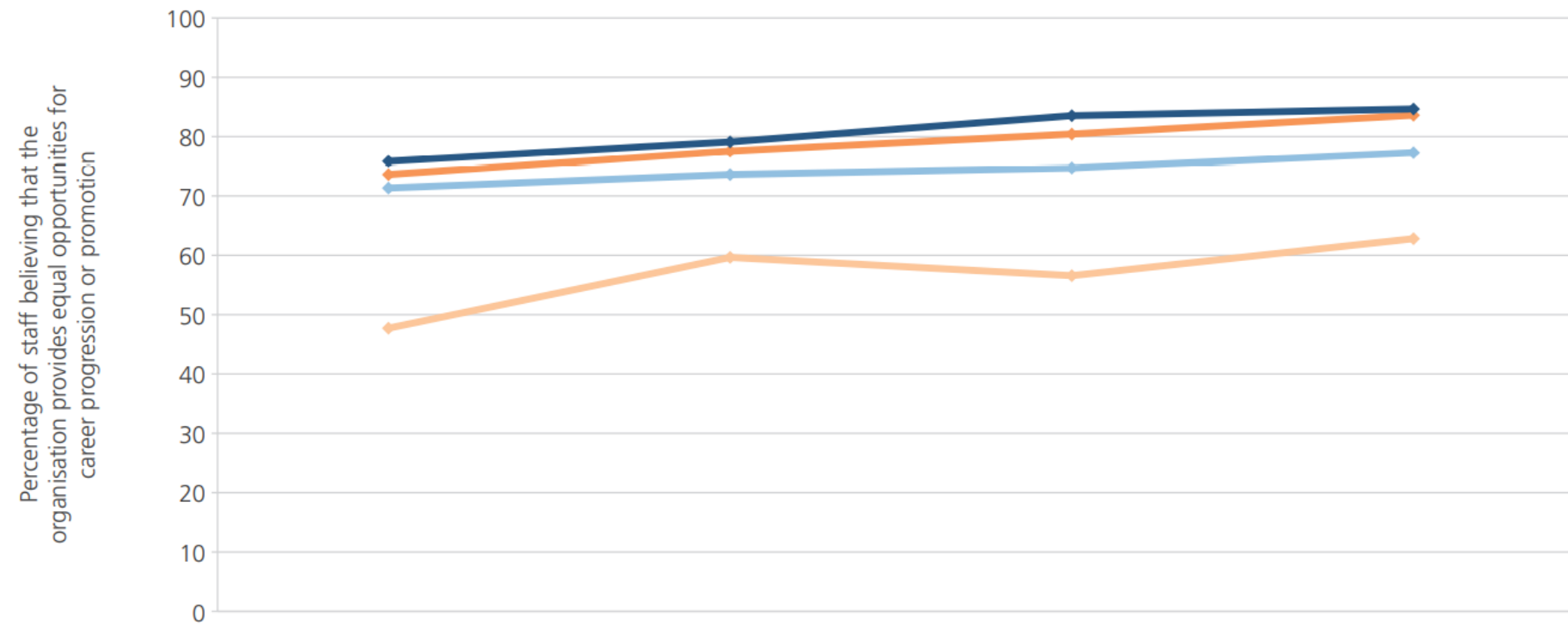|	2017	2018	2019	2020
White: Your org	23.1%	26.3%	25.0%	22.3%
BME: Your org	30.1%	19.5%	19.3%	30.4%
White: Average	27.5%	27.1%	25.5%	24.1%
BME: Average	32.0%	31.0%	26.2%	31.1%
White: Responses	1,869	1,976	2,281	2,417
BME: Responses	83	87	83	92

Average calculated as the median for the benchmark group

Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

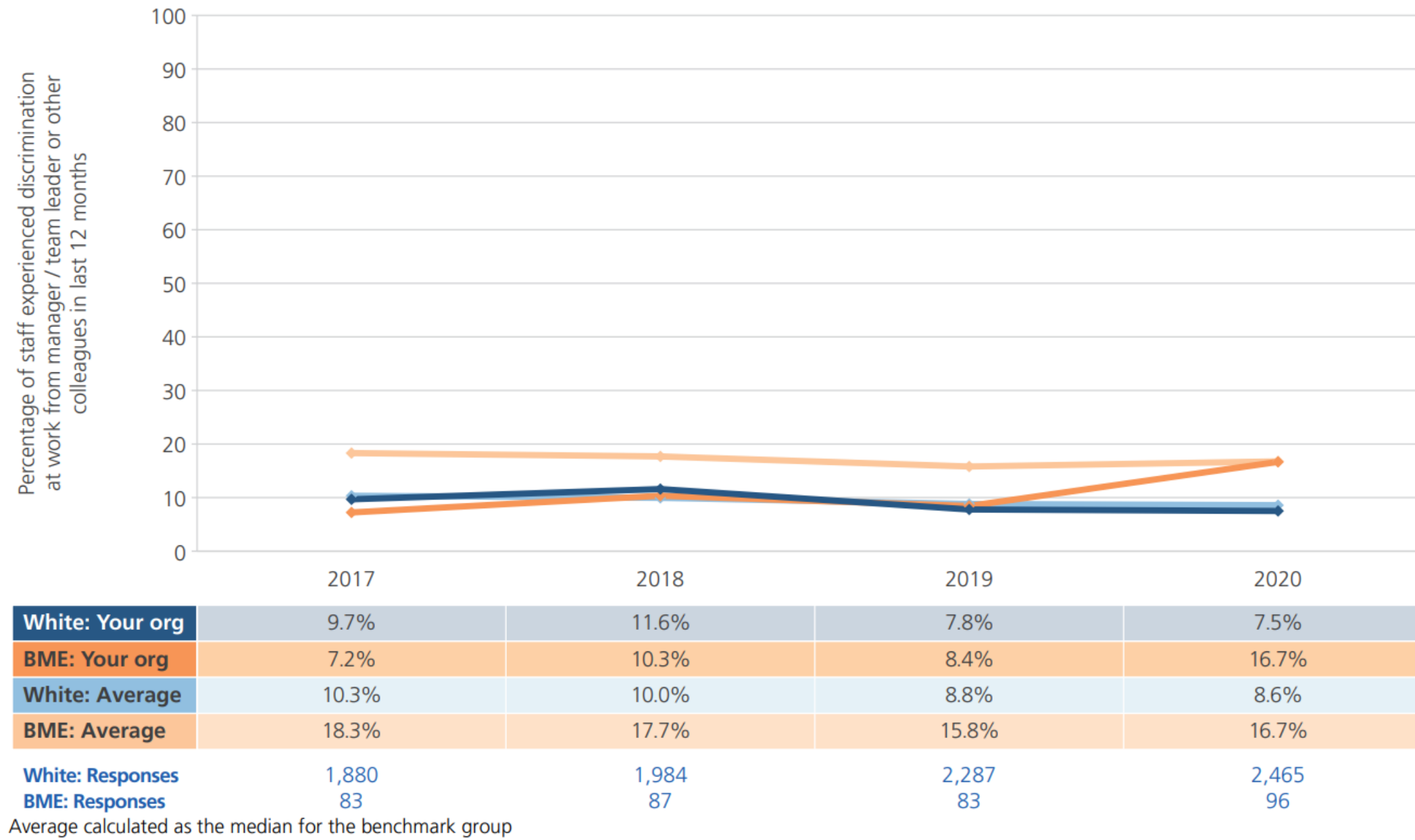|	2017	2018	2019	2020
White: Your org	75.9%	79.1%	83.5%	84.7%
BME: Your org	73.6%	77.6%	80.4%	83.6%
White: Average	71.3%	73.6%	74.7%	77.3%
BME: Average	47.7%	59.6%	56.6%	62.8%
White: Responses	1,379	1,427	1,609	1,779
BME: Responses	53	49	46	61

Average calculated as the median for the benchmark group

Indicator 8 Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues

	2017	2018	2019	2020
White: Your org	9.7%	11.6%	7.8%	7.5%
BME: Your org	7.2%	10.3%	8.4%	16.7%
White: Average	10.3%	10.0%	8.8%	8.6%
BME: Average	18.3%	17.7%	15.8%	16.7%
White: Responses	1,880	1,984	2,287	2,465
BME: Responses	83	87	83	96

Average calculated as the median for the benchmark group

Indicator 9 – BAME (voting) board membership

(Data source: Trust's HR data)

	2020			2021		
	White	**BAME**	**Unknown/null**	**White**	**BAME**	**Unknown/null**
Overall workforce -% Ethnicity	86%	7.8%	6.2%	89%	5.2%	5.3%
Difference (Total Board – Overall workforce	-6.0%	12.2%	-6.2%	-9.5%	14.8%	-5.3%

On Indicator 9, the percentage difference between the organisations' Board voting membership and its overall workforce

	2020			2021		
	White	**BAME**	**Unknown/null**	**White**	**BAME**	**Unknown/null**
Total Board members- % by ethnicity	80%	20%	0%	80%	20%	0%

APPENDIX 2 - WRES action plan 2021/22

Indicator	Objective	Action/s	Timescales	Lead/s	Why	NHS People Plan Themes	EDS Goals
2	To increase the number of BAME candidates to be successfully recruited	BAME inclusion champions to sit on recruitment panels for senior roles with monitoring to take learning from feedback from panels	To be developed Oct-'21 – March '22	HR Director Head of Equality	In 2021 the relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.49 times greater. In the previous year the relative likelihood of white staff being appointed from shortlisting compared to BME staff was 1.02 times greater. This shows a decline in BAME staff being appointed to posts.	Growing for the future Looking After Our People	Goal 3: A representative and supported workforce
		Managers asked to justify the non-selection of BAME candidates who came to interview	To be completed Dec-'21	HR Director Head of Equality			
		Mandate recruitment and selection training (incorporating unconscious) for all those involved in recruitment and selection including new managers.	To be developed Oct-'21 – March '22	HR Leads			
3	To monitor and reduce number BAME in the disciplinary process	To monitor BAME in the disciplinary process	To be developed Oct-'21 – March '22	HR Leads	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 0.64 times greater. This compares with 0.43 times greater in the previous year an increase of 0.21. However overall, any figure below "1" would indicate that BME staff members are still less likely than white staff to enter the formal disciplinary process.	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		To deep dive into data to assess any patterns	By March '22	HR Leads			
4	To increase the number of BAME staff accessing mandatory training	Ensure that every member of staff includes an EDI objective in their annual appraisal	To be developed Nov '21	Education and HR Leads	The relative likelihood compared to BME staff is 2.11 times greater. A figure		

#	Objective	Action	Timescale	Lead	Data/Narrative		Goal
		Develop a system on ESR enabling capture of data on training and CPD episodes	To be developed Oct '21	Education Leads	below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce
		Undertake analysis to better understand the data particularly access to learning and development by staff	To be developed Feb '21 – April '22	Education Leads			
		Launch positive action initiatives to develop BAME staff and to support progression	To be developed Feb '21 – April '22	Head of EDI Education Leads Staff Networks			
5	Reduce the incidence of BAME staff experiencing harassment, bullying and abuse from patients and the public	Implement Operation Cavell to publicise zero tolerance of bullying and harassment and abuse from patients and the public	To be developed Oct '21	Head of EDI Brendan Harvey	The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is 45.2% and has marginally increased from last year when it was 45.1%. The comparable Ambulance Trusts average for BAME staff is 44.3%.	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce
		Contract conflict resolution training	To seek agreement by Feb '22	HR Director			
		Improve incident reporting processes	To be developed Nov- '21 – Feb '22	HR Leads and Communication			
6	To reduce BAME staff experiencing harassment, bullying or abuse from staff	Develop and embed an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture	To be developed Feb '22 – March '22	HR Leads OD Leads and Communication	There has been a significant increase in the percentage of BAME staff experiencing harassment, bullying or abuse from staff from 19.3% in the previous staff survey to a notable 30.4% in the latest survey. This is an increase of 11.1%. In comparison white staff have witnessed a decrease, from 25.5% in the previous survey to 24.1% in the latest staff survey. The comparable Ambulance Trusts average for BAME staff is 31.1%	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce
		Implement comprehensive Bullying and Harassment plan linked to a behavioural framework.	To be developed Feb '22 – April '22	HR Leads OD Leads and Communication			
		Enhance the Trust's approach to reporting of bullying, harassment and abuse at work by ensuring that processes are transparent, and set out the key routes to reporting incidents	To be developed Nov- '21 – Feb '22	HR Leads OD Leads and Communication			

		including options for anonymous reporting					
		Creating awareness through staff networking groups	To be developed Oct-'21 – March '22	Staff network leads			
7	To maintain and promote opportunities for career progression or promotion	Participate in the National NHS Staff Survey to enable Benchmarking across NHS Indicators by Ethnicity	To be completed Oct '21	All Trust wide managers HR & Communications Teams	Both BAME and White staff reported a positively for this indicator that was much greater than comparable Ambulance Trust's. 83.6% of BAME at SCAS. The comparable Ambulance Trusts average for BAME staff is 62.8%	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		All appraisers to promote appraisal and career management training to support BAME careers	From Dec '21	All Trust wide managers HR & Communications Teams			
8	To actively reduce BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues	Implement the Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture	To be developed Feb '22 – March '22	HR Leads OD Leads and Communications	This indicator has had a significant increase from 8.4% in the previous year to 16.7% in the latest survey. However, the comparable Ambulance Trusts average for BAME staff is also 16.7% this year.	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce
		Implement comprehensive Bullying and Harassment plan linked to a behavioural framework.	To be developed Feb '22 – April '22	HR Leads OD Leads and Communication			
9	Promote Board diversity	Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions	On-going	HR	All Board members have voting rights, 20% of the Board have indicated their ethnicity as BAME and has not changed since last year	Looking After Our People Belonging in the NHS Growing for the future	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		Create Board Champions that are aligned to the Protected Characteristic and be ambassadors for the Staff Networks	To be developed Dec '21 – January '22	Trust Board			
		Ensure that Board provide information for monitoring and reporting purposes (e.g. ethnicity, disability)	To be completed by Dec '21				