



# East Midlands Ambulance Service Workforce Race Equality Standard Report 2019/2020



## **Workforce Race Equality Standard (WRES) Report 2019/2020**

### **1. Name of organisation**

East Midlands Ambulance Service NHS Trust

### **2. Date of report (Month/Year)**

August 2020

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

Kerry Gulliver, Director Human Resources and Organisational Development

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

Neelesh Sutaria, Head of Wellbeing and Inclusion.

Email: [Neelesh.sutaria@emas.nhs.uk](mailto:Neelesh.sutaria@emas.nhs.uk)

### **5. Names of commissioners this report has been sent to.**

To be submitted to Derby and Derbyshire Clinical Commissioning Group

### **6. Name and contact details of co-ordinating commissioner this report has been sent to**

To be submitted to Derby and Derbyshire Clinical Commissioning Group

### **7. Unique URL link on which this report and associated Action Plan will be found.**

[www.emas.nhs.uk/about-us/equality-and-diversity/](http://www.emas.nhs.uk/about-us/equality-and-diversity/)

### **8. This report has been signed off on behalf of the board by**

**Name:** Kerry Gulliver, Director of Human Resources and Organisational Development

**Date:** 4 August 2020

### **9. Any issues of completeness of data?**

No

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



NHS Jobs was previously used for data/information purposes and now the Trust is using the TRAC Recruitment platform for data/information purposes.

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

4209 (31 March 2020)

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

2.98% - 125 BME staff (31 March 2020)

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

98.78% March 2020  
97.62% March 2019

**14. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?**

Over the past 3 years there has been a consistently high level of self-reporting with regards to ethnicity. Regular monitoring is undertaken to ensure continuity.

The TRAC recruitment platform also allows for equality monitoring on appointment.

**15. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity.**

We plan to ensure a continuous high level of self-reporting via equality monitoring through the following processes:

- Staff Opinion Survey
- Recruitment processes
- Education processes / apprenticeships

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

1 April 2019 – 31 March 2020



## Breakdown of workforce into AfC Pay Bands for both Clinical and Non-clinical employees

	MEASURE	WHITE		BME		ETHNICITY UNKNOWN/NULL	
1a) Non-Clinical Workforce		Verified figures		Verified figures		Verified figures	
		2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
Under Band 1	Headcount	0	6	0	3	0	0
Band 1	Headcount	61	0	1	0	0	0
Band 2	Headcount	232	362	8	11	3	3
Band 3	Headcount	216	224	12	11	1	1
Band 4	Headcount	133	143	8	8	2	2
Band 5	Headcount	167	167	7	8	0	0
Band 6	Headcount	102	58	4	3	1	1
Band 7	Headcount	56	35	5	5	0	0
Band 8A	Headcount	26	26	1	2	0	0
Band 8B	Headcount	20	17	1	2	0	0
Band 8C	Headcount	14	15	0	0	0	0
Band 8D	Headcount	6	7	0	0	0	0
Band 9	Headcount	2	1	0	0	0	0
VSM	Headcount	12	14	1	1	0	0

	MEASURE	WHITE		BME		ETHNICITY UNKNOWN/NULL	
1b) Clinical Workforce, of which Non-Medical		Verified figures		Verified figures		Verified figures	
		2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
Under Band 1	Headcount	0	0	0	0	0	0
Band 1	Headcount	0	0	0	0	0	0
Band 2	Headcount	1	0	1	0	0	0
Band 3	Headcount	400	375	9	11	13	12
Band 4	Headcount	1070	1192	31	29	19	17
Band 5	Headcount	177	230	4	7	8	7
Band 6	Headcount	1039	1061	22	22	25	24
Band 7	Headcount	32	41	0	0	0	0
Band 8A	Headcount	25	26	0	0	0	0
Band 8B	Headcount	3	4	0	0	0	0
Band 8C	Headcount	2	2	0	0	0	0
Band 8D	Headcount	2	2	0	0	0	0
Band 9	Headcount	0	0	0	0	0	0
VSM	Headcount	0	0	0	0	0	0



	MEASURE	WHITE		BME		ETHNICITY UNKNOWN/NULL	
1a) Medical Workforce		Verified figures		Verified figures		Verified figures	
		2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
	Headcount	12	9	2	1	0	0

	WHITE		BME		ETHNICITY UNKNOWN/NULL	
1a) Non-Clinical Workforce	Difference in staff levels from 2018/2019	Percentage difference	Difference in staff levels from 2018/2019	Percentage difference	Difference in staff levels from 2018/2019	Percentage difference
Bands 1 - 4	+ 87	+ 13.55%	+ 1	+ 3.49%	0	0%
Bands 5 – 7	- 65	- 20%	0	0%	0	0%
8a and 8b	- 3	- 6.52%	+ 2	+ 100%	0	0%
8c, 8d, 9 & VSM	+ 3	+ 8.82%	0	0%	0	0%

	WHITE		BME		ETHNICITY UNKNOWN/NULL	
1b) Clinical Workforce, of which Non-Medical	Difference in staff levels from 2018/2019	Percentage difference	Difference in staff levels from 2018/2019	Percentage difference	Difference in staff levels from 2018/2019	Percentage difference
Bands 1 – 4	+ 96	+ 6.53%	- 1	- 2.44%	- 3	- 9.38%
Bands 5 – 7	+ 84	+ 6.73%	+ 3	+ 11.54%	- 2	- 6.45%
8a and 8b	+ 2	+ 7.14%	0	0%	0	0%
8c, 8d, 9 and VSM	0	0%	0	0%	0	0%

	WHITE		BME		ETHNICITY UNKNOWN/NULL	
1c) Medical Workforce	Difference in staff levels from 2018/2019	Percentage difference	Difference in staff levels from 2018/2019	Percentage difference	Difference in staff levels from 2018/2019	Percentage difference
	3	-25%	- 1	- 50%	0	0%



### **The implications of the data and any additional background explanatory narrative.**

There has been a large increase in Band 2 non-clinical staff, due to a) all previously Band 1 staff assimilating to Band 2, plus b) influx of over 100 staff from Chesterfield and Northampton PTS

There has been an overall increase of 5.63% in total staffing levels since the previous reporting year (2018/2019). The data shows the Trust has little BAME representation from band 8a and above, in both clinical and non-clinical roles. There are no BAME staff members, in a clinical role, above band 6, however we have seen an increase in BAME staff of 5WTE, above band 7 in non-clinical roles in 2019/2020.

Our organisational objectives set out in the Equality, Diversity and Inclusion Strategy underpin the actions articulated in this WRES report. The action plan is shown at the end of this report with our overarching objectives outlined below:

- Continue to develop and improve outcomes in relation to WRES. We will challenge ourselves to improve our processes and culture so that there is parity between protected groups
- Continue to develop and implement our staff equality networks ensuring learning and organisational development is derived from the networks, measured through staff feedback mechanisms and workforce equality standards
- Increase the diversity profile of the Trust workforce to ensure that it is reflective of the community served and brings the voice of patients and community into the Trust to influence the design and delivery of high-quality care to our diverse population
- Ensure Due Regard is demonstrated through monitoring of our compliance with our equality analysis process

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

Data for reporting year: 2.98 (white staff more likely)

Data for previous year: 1.69



During 19/20 the TRAC recruitment platform was implemented where more automated data can be accessed from as opposed to the manual process of data collection in previous years. The data relating to 2019/2020 is 10 months' worth of data, due to the time the TRAC Recruitment platform was implemented.

Further analysis of recruitment data has revealed that, in 2019/2020 60% white and 46% BAME attended an interview from the shortlisting stage.

**19. Relative likelihood of BME 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 previous year**

Data for reporting year: 0.89

Data for previous year: 2.19

**The implications of the data and any additional background explanatory narrative**

The Trust introduced an early resolution process 2 years ago that has seen our formal ER cases reduce considerably. This process is supported by the 5-day leadership programme for first line managers (actual number of cases used for this indicator is 113)

Using the case management system (implemented January 2020), the previously manually collated data, and that the Trust's BAME disclosure rate is at 99%, this has improved how the Trust collates the data in relation to this indicator. It can be seen that white staff are more likely to enter a formal disciplinary process than BAME staff.

**20. Relative likelihood of white staff accessing non-mandatory training and CPD**

**No data for this year**

Data for previous year: 0.58

Previous year: 1.25

**The implications of the data and any additional background explanatory narrative.**



There is a lack of clarity on how this indicator is calculated.

**National NHS Staff Survey indicators (or equivalent)**

We had 59.83% of our BAME workforce respond to the staff opinion survey in 2019

**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 (2019/2020)

White – 44%

BME – 37%

Data for previous year (2018/2019)

White – 45%

BME – 25%

Data for previous year (2017/2018)

White – 40%

BME – 33%

We have active prosecution in place for antisocial criminal behavior from patients and/or public towards our staff.

Specific Actions:

Raise awareness of hate crime and implement reporting, recording and monitoring procedures

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

Data for reporting year (2019/2020)





White – 27%

BME – 30%

Data for previous year (2018/2019)

White – 27%

BME – 28%

Data for previous year (2017/2018)

White – 28%

BME – 31%

There is a disconnect between the data in the staff survey and the organisational ER case numbers and information in 2019/20. Through the implementation of BAME risk assessments through COVID-19 pandemic and Black Lives Matter we have seen that BAME individuals are more likely to come forward and share their concerns with the chair of the BAME staff network.

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

Data for reporting year (2019/2020)

White – 80%

BME – 50%

Data for previous year (2018/2019)

White – 75%

BME – 63%

Data for previous year (2017/2018)

White – 78%

BME – 47%



**The implications of the data and any additional background explanatory narrative**

We have seen a deterioration in this indicator and need to do more work to understand the reasons behind this. We are continuing to develop our clinical operating model to expand our clinical roles into Band 7 specialist paramedics creating opportunity for further career development.

**24. Q 17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues**

Data for reporting year (2019/2020)

White – 9%

BME – 14%

Data for previous year (2018/2019)

White – 10%

BME – 15%

Data for previous year (2017/2018)

White – 10%

BME – 6%

**The implications of the data and any additional background explanatory narrative**

There is a disconnect between the data in the staff survey and the organisational ER grievance case numbers and information in 2019/20.

During 2019/20 a deep dive into one case found that the individual concerned was not subject to discrimination and that the individual did not feel there was any racially motivated reasons behind their case.

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



Board Voting Profile		Organisation Profile		Reporting Period
White	BAME	White	BAME	
90.9%	9.1%	95.40%	2.97%	2019/2020
90.9%	9.1%	95.35%	2.91%	2018/2019
90.9%	9.1%	96.5%	2.4%	2017/2018

**The implications of the data and any additional background explanatory narrative.**

The Board has actively engaged with the Non-Executive Development programme to increase its diversity.



## WRES Action Plan 2020/2022

The specific WDES priority actions are shown in the table below and taken from our Equality diversity and Inclusion Strategy 2020-2023

Objective	Task	Lead	Year 1	Year 2	Year 3
Continue to develop and improve outcomes in respect of the standard and the Workforce Disability Equality Standard, measured through annual data submissions.	A. Submit the annual WRES data in accordance with national requirements.	A. Head of Wellbeing and Inclusion	A	A	A
	B. Develop actions plans in response to the data for publication on Trust website.	B. Head of Wellbeing and Inclusion	B	B	B
	C. Monitor delivery of improvement actions through Workforce Committee.	C. Head of Wellbeing and Inclusion	C	C	C
	D. Commissioning an independent review of our systems and processes relating to recruitment and career progression for BAME staff	D. Director Human Resources and Organisational Development	D		
	E. Communicating clear messages of zero tolerance of bullying and discrimination by ensuring there is a supportive culture for individuals to come forward and raise concerns and empowering allies to call out poor and inappropriate behavior.	E. Chief Executive Officer and Trust Chair	E	E	E
		F. Head of Wellbeing and Inclusion	F		



	<p>F. Working with external partners to ensure expert review and critical challenge of WRES plans.</p> <p>G. Review and update recruitment practices to strengthen awareness, responsibilities and processes for recruiting staff with protected characteristics.</p> <p>H. Increase Representation of BAME staff within the Trust by 0.5% each year from the March position of 2.9%</p> <p>I. Increase BAME representation in leadership roles</p> <p>J. Raise awareness and respond to incidence of Hate Crime continuing to pursue prosecution of perpetrators of violence, aggression and Hate Crime.</p>	<p>G. Head of Human Resources (Recruitment)</p> <p>H. Head of Human Resources (Recruitment)</p> <p>I. Head of Human Resources (Recruitment)</p> <p>J. Security Management Specialist</p>	<p>G</p> <p>H</p> <p>I</p> <p>J</p>	<p>H</p> <p>I</p>	<p>H</p> <p>I</p>
<p>Continue to develop and implement our staff equality networks, ensuring learning and</p>	<p>K. Using our staff networks to review, challenge, develop our learning and support continuous improvement through their engagement with external expert groups.</p> <p>L. Ensure robust feedback mechanisms for network members through governance group structures to support learning and</p>	<p>K. Staff network Chairs</p> <p>L. Head of Wellbeing and Inclusion</p>	<p>K</p> <p>L</p>	<p>K</p> <p>L</p>	<p>K</p> <p>L</p>



<p>organisational development is derived from the networks, measured through staff feedback mechanisms and monitoring of workforce equality standards.</p>	<p>organisational development. Network chairs to be established as members of the Wellbeing and Inclusion Sub-Group of the Workforce Committee.</p> <ul style="list-style-type: none"> <li>M. Provide opportunity for reverse/co-mentoring.</li> <li>N. Strengthen the role of network chairs to further develop the networks and work in partnership with the Trust Freedom to Speak Up Guardian to be a focal point for individuals to raise concerns.</li> <li>O. Provide protected paid time for Network Chairs to devote to developing and leading the staff networks.</li> <li>P. Establish a process to apply for funding for network activities in line with their Terms of Reference.</li> </ul>	<ul style="list-style-type: none"> <li>M. Director of HR and OD</li> <li>N. Freedom to Speak Up Guardian</li> <li>O. Chief Executive</li> <li>P. Director of HR and OD</li> </ul>	<p>M N O P</p>		
<p>Increase the diversity profile of the Trust workforce to ensure it is reflective of the community served and bring the</p>	<ul style="list-style-type: none"> <li>Q. Review the tenure of voting Non-Executive Director roles to support the diversity of the Trust Board.</li> <li>R. Implement positive action campaigns to increase our diverse representation to better reflect the communities we serve.</li> </ul>	<ul style="list-style-type: none"> <li>Q. Trust Chair</li> <li>R. Head of Human Resources (Recruitment)</li> </ul>	<p>Q R</p>	<p>R</p>	<p>R</p>





<p>Ensure Due Regard is demonstrated through monitoring of our compliance with our equality analysis process, and EDS grading.</p>	<p>W. Ensure that all Policy Leads have Equality Analysis Training.</p> <p>X. Ensure that Meeting and Panel Chairs are fully aware of the legal requirement to demonstrate Due Regard.</p> <p>Y. Ensure that the decisions we make are subject to appropriate equality analysis.</p> <p>Z. Ensure that all staff have access to and complete statutory and mandatory EDI related education improving compliance from 85% to a sustained 95% within one year.</p> <p>AA. Ensure Board Development programme for 2020/21 includes expectations and accountability in relation to Equality, Diversity and Inclusion.</p> <p>BB. Ensure responsibility and accountability for Equality, Diversity and Inclusion is clearly articulated in Board Members individual objectives.</p> <p>CC. Increase diversity in decision making in COVID 19 EPRR structures through explicitly seeking members from minority groups to ensure membership reflects the diversity in the workforce and local population; robust</p>	<p>W. Assistant Director Education and OL</p> <p>X. Assistant Director Education and OL</p> <p>Y. Trust Board</p> <p>Z. Assistant Director Education and OL</p> <p>AA. Director of HR and OD</p> <p>BB. Chief Executive and Trust Chair</p> <p>CC. Director of Strategy and Transformation and Director of Operations</p>	<p>W</p> <p>X</p> <p>Y</p> <p>Z</p> <p>AA</p> <p>BB</p> <p>CC</p>	<p>AA</p> <p>BB</p>	<p>AA</p> <p>BB</p>
--	---	---	---	---------------------	---------------------





	<p>induction; and reviewing Silver and Bronze command structures to understand the diversity profile of these EPRR structures and acting to ensure membership from minority groups to reflect the diversity in the workforce and local population.</p> <p>DD. Develop staff representation structures (for example Trade Unions and Staff Support roles) to be representative of our communities.</p>	<p>DD. Director of HR and OD</p>	<p>DD</p>	<p>DD</p>	<p>DD</p>
--	---	----------------------------------	-----------	-----------	-----------