

## London Ambulance Service Patients Forum 09.07.2018

- "Patricia Grealish is the Director of People and Organisational Development and Melissa Berry is the LAS Equality Consultant. Both are totally committed to transforming the LAS in relation to Equality and Diversity but progress is very slow. Melissa has done outstanding work on implementing the WRES (workforce race equality scheme). But:
- "Paramedic workforce. There has been a very slow increase in BME staff since 2004/05 from 1.07% to 3.9%. Over the period 2017-18 the number has actually dropped from 4.2% to 3.9%. There were in total 734 LAS paramedics in 2004/5 and this has increased to 2050 in 2017/18.
- "Starters and leavers the number of staff with a BME heritage who join the LAS is equal to the number who leave. "!

**(Briefing note sent to Patients Forum from Malcom Alexander)**

**CQC Report May 2018** "Staff recognised the trusts had worked hard to address the bullying and harassment culture that had been present; despite this, some staff reported the bullying culture had returned in the last few months. The trust was aware of the need to improve its compliance with the WRES and had been working proactively to address this. There remained concerns amongst some black and minority ethnic (BME) staff that opportunities for them to progress were still being hampered."

### **The impact of race discrimination**

- Talent lost, turnover, discretionary effort (Dixon-Woods 2013)
- Health of staff (Nazroo)
- Impact on patient safety – whistleblowers (Francis 2015)
- Impact on patient care (West, Dawson, 2009)

### **The potential impact of inclusion**

- Team **creativity** improves (Yu & Frenkel, 2013);
- **Innovation** is more likely (Lorenzo and Reeves 2018; Hewlett et al 2013; Nathan and Lee (2013);
- Triggers **more careful information processing** than homogeneous groups. (Bourke (2016);
- Women in leadership **moderate extreme behaviour and improve risk awareness** (Grant Thornton 2017) and are more questioning (Liswood, L (2015);
- Inclusive workplaces are likely to be **more productive** (Harter, 2003)
- Companies with the most ethnically diverse executive teams are 33% percent more likely to outperform their peers on **profitability** (Hunt et al (2018); Companies that achieve diversity in their management and on their corporate boards attain better financial results, on average, than other companies. (Catalyst 2004; Stacia Sherman Garr et al 2015);.
- **Turnover** intentions decline (Olkkonen & Lipponen, 2006);
- Where organisational leadership better represents staff ethnicity, there is more trust, stronger perceptions of **fairness** and better **morale** of staff (King 2017)

### **Why don't we act on this evidence?**

- Denial and "protective hesitancy"
- Unevidenced interventions (Evesson 2015), (Kalev and Dobbin 2006)

### **But we know what works**

- Acknowledge the data and understand the problem (inc Root Cause Analysis)

- Listen to staff
- Workforce equality as **improvement not compliance**
- An effective "business case"
- Can interventions explain "why do you think this will work?"
- Leaderships must be proactive and preventative, not relying on complaints
- Accountability is crucial – led from the top with **targets** Priest et al (2015); Audit Commission (2014); CIPD (2015); Bohnet (2016) NLDB (2016)

**Board report on 2017-18 staff survey.** "In 21/32 key findings BME staff had a more positive response than white staff. An additional 2 key findings had the same score. BME staff had a staff engagement score of 3.43 compared with 3.36 for white staff. BME staff had higher levels of job satisfaction except for their perceived ability to contribute towards improvements at work."

### WORKFORCE RACE EQUALITY STANDARD (WRES)

WRES Indicators		2017/18	2016/17	2015/16	Movement
Workforce indicators	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.	BME 13.2%	BME 13%	BME: 11%	↔
	Indicator 2: Relative likelihood of staff being appointed from short listing across all posts.	2 times more likely to be appointed if white than BME	1.7 times more likely to be appointed if white than BME	No data	↓
	Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	TBC	BME 16-17 18%	BME 15-16 28%	
	Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.	No data	No data	No data	
National staff survey indicators	Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. (higher % is worse)	White: 57% BME: 39%	White: 56% BME: 34%	White: 56% BME: 35%	↓
	Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. (higher % is worse)	White: 31% BME: 38%	White: 32% BME: 32%	White 38% BME 40%	↑
	Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion. (higher % is better)	White: 62% BME: 47%	White: 74% BME: 57%	White: 63% BME: 42%	↓
	Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues. (lower % is better)	White: 11% BME: 19%	White: 9% BME: 18%	White: 13% BME: 25%	↑
Board representation indicator	Indicator 9: Percentage difference between the Organisations Board voting membership and its overall workforce.  NB. Only voting members of the Board should be included when considering this indicator.	White: 100% BME: 0%	White: 100% BME: 0%	White: 100% BME: 0%	↔