Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
NHS Arden & Greater East Midlands Commissioning Support Unit (Arden GEM CSU)	July	2016

Name and title of Board lead for the Workforce Race Equality Standard

Mike Walker, Director of Business Services

Name and contact details of lead manager compiling this report

Dan J Whalley, Equality, Inclusion & Human Rights Lead

Names of commissioners this report has been sent to (complete as applicable)

N/A

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

N/A

Unique URL link on which this Report and associated Action Plan will be found

http://www.ardengemcsu.nhs.uk/services/business-support/equality-inclusion-and-human-rights/

This report has been signed off by on behalf of the Board on (insert name and date)

Gill Scoular, Deputy MD, Director of Finance & Strategy 28/07/2016

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Ethnicity was not known ("Z - not stated") for 7.99% of the substantive workforce of 1151 employees at end of March 2016.

b. Any matters relating to reliability of comparisons with previous years

Arden&GEM CSU is publishing its WRES indicators for the first time; although not a statutory requirement for CSUs, this undertaking is in line with best practice.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

Substantive workforce of 1151 employees at end of March 2016.

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

14.45%

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

92.01%

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

2016 is the first year that reporting against the WRES has been mandated. We will be able to measure and report on WRES developments in subsequent years (reporting periods)

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

Yes, the CSU intends to implement a staff survey to enable subsequent reporting on indicators 5-8.

ESR self-service - employees can update their own record

4. Workforce data

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

Staff in post at March 2016
Disciplinary proceedings for the financial years 14/15 and 15/16
Recruitment and non-mandatory training during 15/16

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Counts below 10 and percentages resulting in counts below 10 have been redacted to mitigate the risk of identifying"	N/A	There were statistically significant differences in the representation of BME staff by pay band compared to their level of representation in the workforce overall: BME staff were overrepresented at Non clinical Band 5 compared to their level of representation in the workforce overall (odds ratio); BME staff were underrepresented at Clinical	To develop and publish a Commissioning support level WRES Action Plan within an appropriate time after 1st August 2016, in collaboration with local CCGs
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.22	N/A	There was no statistically significant difference in the likelihood of the appointment from shortlisting of White and BME staff (odds ratio).	To develop and publish a Commissioning support level WRES Action Plan within an appropriate time after 1st August 2016, in collaboration with local CCGs
3	Relative likelihood of 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 the previous year.	0.00	N/A	The number of disciplinary proceedings in the two-year window 14/15 to 15/16 was too small to draw statistically robust conclusions about the relative likelihood of White and BME staff entering the formal disciplinary process.	To develop and publish a Commissioning support level WRES Action Plan within an appropriate time after 1st August 2016, in collaboration with local CCGs
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.07	N/A	There was no statistically significant difference in the likelihood of White and BME staff accessing non-mandatory training (odds ratio).	To develop and publish a Commissioning support level WRES Action Plan within an appropriate time after 1st August 2016, in collaboration with local CCGs

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White - BME -	White N/A BME N/A	Arden&GEM CSU did not take part in the 2015 NHS Staff Survey; nor did it conduct its own internal survey addressing WRES indicators 5 to 8.	To roll out a Staff survey in order to collate and analyse information in relation to the 9 WRES metrics to support the CSU to understand the current level of race equality in its own workforce
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White - BME -	White N/A BME N/A	Arden&GEM CSU did not take part in the 2015 NHS Staff Survey; nor did it conduct its own internal survey addressing WRES indicators 5 to 8.	To roll out a Staff survey in order to collate and analyse information in relation to the 9 WRES metrics to support the CSU to understand the current level of race equality in its own workforce
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White - BME -	White N/A BME N/A	Arden&GEM CSU did not take part in the 2015 NHS Staff Survey; nor did it conduct its own internal survey addressing WRES indicators 5 to 8.	To roll out a Staff survey in order to collate and analyse information in relation to the 9 WRES metrics to support the CSU to understand the current level of race equality in its own workforce
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White - BME -	White N/A BME N/A	Arden&GEM CSU did not take part in the 2015 NHS Staff Survey; nor did it conduct its own internal survey addressing WRES indicators 5 to 8.	To roll out a Staff survey in order to collate and analyse information in relation to the 9 WRES metrics to support the CSU to understand the current level of race equality in its own workforce
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	-14.5%	N/A	Arden&GEM CSU is part of the NHS Business Services Authority and does not have a board in its own right. However, Arden&GEM CSU does have a local governing body, this governing body does not have voting rights, but does represent	

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

Missing data codes recorded in the Electronic Staff Record indicate that the vast majority of missing data relate to employees choosing not to disclose certain information. There were high levels of missing data for the protected characteristics of disability, religion or belief, and sexual orientation across the workforce. There were also moderate levels of missing data regarding ethnicity. Additionally, there were high levels of missing data for workforce leavers, for the protected characteristics of disability, ethnicity, religion or belief, and sexual orientation.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

Commissioning support level WRES Action Plan will seek to:

• To collate and analyse information in relation to the 9 WRES metrics to support the CSU to understand the current level of race equality in its own workforce;
• To publish, from the 1st August 2016, the WRES information where it is proportionate to do so, i.e. where confidentiality of individual data is protected;
• To review the published WRES information of Providers and working in collaboration with local CCGs.

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