Workforce Race Equality Standard 2019

REPORTING TEMPLATE (Revised 2017)

Name of organisation	**Date of report: month/year**	
Arden and Greater East Midlands Commissioning Support Unit	March	2019

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

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Name and contact details of lead manager compiling this report

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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

https://ardengemcsu.nhs.uk/legal-pages/nhs-workforce-race-equality-standard-wres-csu-commitment-201718/

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

TBC

1. Background narrative

a. Any issues of completeness of data

At March 2019, ethnicity was known for 94.2% of the workforce (headcount = 932, excluding non-executive board members).

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

2. Total numbers of staff

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

932 substantive staff (including executive board members, but excluding non-executive directors of which there were 4).

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

17.1% (using the total number of staff of known ethnicity as the base, n = 878).

3. Self reporting

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

94.2%

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

Our self-reporting is already high and increased during 2018/19 compared with the previous year (93.3%)

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

N/A – current practice appears to be working but we will continue to monitor self-reporting of ethnicity

4. Workforce data

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

Staff in post at the end of March 2019
Recruitment in the 18/19 financial year
Disciplinary cases opened in the 17/18 and 18/19 financial years
Non-mandatory training undertaken in the 18/19 financial year

5. Workforce Race Equality Indicators

A key to the colour-coding used in the tables of analysis is given at the end of this report.

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.

18/19

	Pay band	Total n*	% BME
Non-clinical	Band 1 and under	0	
	Band 2	17	R%
	Band 3	75	20.0%
	Band 4	71	19.7%
	Band 5	130	16.2%
	Band 6	128	20.3%
	Band 7	128	18.8%
	Band 8A	102	11.8%
	Band 8B	54	20.4%
	Band 8C	38	R%
	Band 8D	14	R%
	Band 9	14	R%
	VSM	10	R%
Clinical	Band 1 and under	0	
	Band 2	0	
	Band 3	0	
	Band 4	0	
	Band 5	11	R%
	Band 6	35	R%
	Band 7	25	R%
	Band 8A	14	R%
	Band 8B	R	R%
	Band 8C	R	R%
	Band 8D	R	R%
	Band 9	0	
	VSM	0	
Medical	Consultant (not senior medical manager)	R	R%
	Senior medical manager (consultant)	0	
	Non-consultant career grade	0	
	Trainee grade	0	
	Other	0	
	Overall	***878***	***17.1%***

R – Redacted

17/18

	Pay band	Total n*	% BME
Non-clinical	Band 1 and under	R	R%
	Band 2	16	R%
	Band 3	87	23.0%
	Band 4	61	23.0%
	Band 5	102	25.5%
	Band 6	87	28.7%
	Band 7	95	23.2%
	Band 8A	93	11.8%
	Band 8B	44	R%
	Band 8C	31	R%
	Band 8D	15	R%
	Band 9	R	R%
	VSM	R	R%
Clinical	Band 1 and under	0	
	Band 2	0	
	Band 3	0	
	Band 4	0	
	Band 5	R	R%
	Band 6	50	R%
	Band 7	21	R%
	Band 8A	14	R%
	Band 8B	R	R%
	Band 8C	R	R%
	Band 8D	R	R%
	Band 9	0	
	VSM	0	
Medical	Consultant (not senior medical manager)	R	R%
	Senior medical manager (consultant)	0	
	Non-consultant career grade	0	
	Trainee grade	0	
	Other	0	
	Overall	***748***	***20.3%***

R – Redacted

Narrative

There were no statistically significant differences in the representation of BME staff by pay band compared to their level of representation in the workforce overall (excluding non-executive directors). This was the case at the end of March 2019 as well as at the end of March 2018.

There was a trend for BME staff to be underrepresented at Band 8c and above non-clinical roles; however, this trend did not achieve statistical significance.

Action

Reduction in the number of staff self-reporting as BAME could be linked to the areas where we have won new business. For example, the BAME populations of Norfolk and Essex are 7.6% and 5.7% respectively, compared with an England average of 11.3%.

Meanwhile, we have lost business and transferred staff to new providers in major cities with a larger BAME populations, such as Birmingham and Leicester.

* total of known ethnicity	* total of known ethnicity		
2. Relative likelihood of staff being appointed from shortlisting across all posts.			
Relative likelihood = 1.04 White people were 1.04 times as likely as BME people to be appointed if shortlisted; this did not represent a statistically significant difference. **Ethnicity** / **n shortlisted*** / **% appointed** White: 1524 / 4.1% BME: 630 / 4.0% ***Overall*** / ***2154*** / ***4.1%*** * total of known ethnicity BME ≈ White	**Relative likelihood = 1.81** White people were 1.81 times more likely than BME people to be appointed if shortlisted†. **Ethnicity** / **n shortlisted*** / **% appointed** White: 396 / 17.9% BME: 263 / 9.9% ***Overall*** / ***659*** / ***14.7%*** * total of known ethnicity White > BME† † statistically significant	In 18/19, 4.1% of White people were appointed from shortlisting, compared to 4.0% of BME people - this did not represent a statistically significant difference. Overall number of appointments in 18/19: 88 (of known ethnicity). This represents an improvement on the position seen in 17/18, when 17.9% of White people were appointed from shortlisting, compared to 9.9% of BME people; a statistically significant difference with White people more likely to be appointed from shortlisting than BME people. Overall number of appointments in 17/18: 97 (of known ethnicity).	This issue is common across sectors in the UK and not specific to the health service or to Arden & GEM. However, we drew attention to it last year, via the Corporate Governance Committee. In addition, we have invested considerably in our recruitment process over the past year and this could have had an impact on the improved position. We will have a better idea with a further year of figures. It is an issue that the newly formed staff equalities group will be looking at, with a view to making further recommendations for improving the success of BAME candidates. We will continue to monitor this data closely

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.

Please refer to the narrative

Relative likelihood = 1.31

BME staff were 1.31 times more likely than White staff to enter the disciplinary process; this did not reflect a statistically significant difference.

Ethnicity	workforce overall*	% disciplinary
White	596	R%
BME	152	R%
Overall	***748***	***R%***

* total of known ethnicity

R - Redacted

BME ≈ White

No staff of known ethnicity entered the formal disciplinary process in the two-year window 17/18 to 18/19.

In the two-year window 16/17 to 17/18, BME staff and White staff were similarly likely to enter the disciplinary process.

Overall, each year, the number of disciplinary proceedings have been too small to draw statistically robust conclusions about the relative likelihoods of White and BME staff entering the formal disciplinary process.

N/A

4. Relative likelihood of staff accessing non-mandatory training and CPD.

Relative likelihood = 1.03

White staff were 1.03 times as likely as BME staff to access non-mandatory training; this did not reflect a statistically significant difference.

Ethnicity	workforce overall*	% non-mandatory training
White	728	11.7%
BME	150	11.3%
Overall	***878***	***11.6%***

* total of known ethnicity

Relative likelihood = 2.55

White staff were 2.55 times more likely than BME staff to access non-mandatory training; this did not reflect a statistically significant difference due to the small number accessing non-mandatory training.

Ethnicity	workforce overall*	% non-mandatory training
White	596	R%
BME	152	R%
Overall	***748***	***R%***

* total of known ethnicity

In both 18/19 and 17/18, White staff and BME staff were similarly likely to access non-mandatory training.

Access to training and development has a considerable impact on career progression in and outside the CSU; and we have encouraged BAME staff to apply for the training opportunities that are available nationally and regionally. We have done this via the usual internal comms channels (newsletters, intranet) and by specifically promoting opportunities through the SLT

White ≈ BME	White ≈ BME		The figures show an improvement on the previous year. However, it is only one year of figures and we will ask our equalities group to consider other ways of promoting training and career development to BAME colleagues.
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.			
18/19	**17/18**	**Narrative**	**Action**
5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.			
Please refer to the narrative	**Please refer to the narrative**	In 2018/19 and 2017/18, Arden GEM CSU did not take part in the NHS Staff Survey; nor did it conduct its own survey addressing WRES indicators 5 to 8. The last time that Arden GEM CSU undertook a staff survey to address WRES indicators 5 to 8 was in 2016/17. At this time, the number of BME respondents was too small to draw statistically robust conclusions from the figures obtained.	The staff equalities group has requested that we build on the recent staff survey success by increasing the scope of the next staff survey to include these WRES indicators This will be picked up in a forthcoming staff survey action plan that is being compiled following a series of staff survey action meetings across our sites.
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.			
Please refer to the narrative	**Please refer to the narrative**	Please refer to the narrative for indicator 5.	As above
7. KF 21. Percentage believing that the organisation provides equal opportunities for career progression or promotion.			

Please refer to the narrative	**Please refer to the narrative**	Please refer to the narrative for indicator 5.	As above
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			
Please refer to the narrative	**Please refer to the narrative**	Please refer to the narrative for indicator 5.	As above
Board representation indicator. For this indicator, compare the difference for White and BME staff			
18/19	**17/18**	**Narrative**	**Action**
9. Ethnicity profile of the Board's Executive, Non-executive, Voting, and Non-voting membership. Percentage difference between the organisations' Board membership and its overall workforce.			
Percentage differences: **%BME total board - %BME workforce = -17.1%** **%BME voting board - %BME workforce = -17.1%** **%BME executive board - %BME workforce = -17.1%**	**Percentage differences:** **%BME total board - %BME workforce = -20.3%** **%BME voting board - %BME workforce = -20.3%** **%BME executive board - %BME workforce = -20.3%**	In both 18/19 and 17/18, BME people were underrepresented on the board relative to their level of representation in the workforce overall. This was true in terms of the Board's overall membership, as well as in terms of its voting membership and its executive membership. However, ethnicity was not known for 30% of Board members (all those of unknown ethnicity were non-executives). Consequently, these figures on board representation may not be reliable. In 17/18, ethnicity was known for all Board members.	Governing Body members will be asked to complete ethnic profiling. Once we have more complete data, it would be useful to seek feedback from the CSU Governing Body as to how they think BAME representation can be increased.

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

Although there are fewer BAME colleagues in Arden & GEM compared with the previous year, this is likely to reflect our changed geography – the staff growth we have seen has largely happened in areas with lower than average BAME populations.

Nonetheless, over the past 18 months, there has been considerable encouragement from senior management to address equality issues in general which is showing through in our WRES data. Of note is the improved figures around appointments and non-mandatory training. However, it is important that we continue to monitor this data and that we use our staff equalities group to continue to develop new ideas and opportunities for ensuring equality as at the forefront of our HR policy and practice.

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.

We have asked the Staff Equality Group to help develop a more detailed two-year action plan over the next six months.

Key to colour-coding in tables of analysis:

- Benchmark
- Better than benchmark to a large degree (statistically significant*)
- Better than benchmark to a medium degree (statistically significant*)
- Better than benchmark to a small degree (statistically significant*)
- Equivalent to benchmark (no statistically significant difference*)
- Worse than benchmark to a small degree (statistically significant*)
- Worse than benchmark to a medium degree (statistically significant*)
- Worse than benchmark to a large degree (statistically significant*)

* based on odds ratios (Bonferroni correction applied); the degrees of underrepresentation or overrepresentation (small, medium, large) follow the standards for effect sizes applied in the social sciences

Please note: for some questions (e.g., the percentage agreeing that LPT acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age) “better than the benchmark” was indicated by a higher score and “worse

than the benchmark” was indicated by a lower score; whilst for other questions (e.g., the percentage experiencing one or more incident of bullying and harassment from other colleagues in the past 12 months) “better than the benchmark” was indicated by a lower score and “worse than the benchmark” was indicated by a higher score.