

Workforce Race Equality Report October 2019



FOREWORD

The Workforce Race Equality Standard (WRES) report details the workforce data as at 31st March 2019. The data set has been submitted to NHS England as per compliance with the standard.

The WRES report will be submitted to the Executive Board and will be published on our equality, diversity and inclusion web page.



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The report has been developed to inform the board of the data submitted to NHS England in respect of the Workforce Race Equality Standard (WRES). The data has been analysed and an action plan developed.

WRES forms part of the organisations Equality Diversity and Inclusion Strategy with an objective being:

Workforce race equality (WRES) develop action plan to show year-on-year improvements in closing the gap between white and BME staff being appointed from shortlisting, and reduce the level of BME staff being bullied by colleagues.

2. Background Context

The Workforce Race Equality Standard was introduced to NHS organisations in April 2015 following an announcement by the NHS Equality and Diversity Council announcing that it had agreed to ensure employee's from black and minority backgrounds have equal access to career opportunity and receive fair treatment in the workplace.

The standard was mandated through the NHS standard contract and from 2018 independent health care providers are required to publish their WRES data on their websites.

The standard reviews the treatment of BME staff in the NHS measuring across nine key metrics, including representation, experience of discrimination and access to senior roles.

From 2016 the standard has formed part of CQC inspections under the 'well led domain'.

WRES also forms part of the NHS Interim People Plan with a new strategy 'A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS workforce' being introduced to align with the objective 'making the NHS the best place to work'.

3. Data Analysis

The data set reported is at 31st March 2019 and has been drawn from ESR, Colleague Survey and HR Employee Relations logs.

3.1 Workforce

A breakdown of the data is as below: Total number of employees report as 2117 of which: 1930 White 45 BME 136 Being unknown

Giving a percentage of just 2.33% of the workforce being of BME. 2018 figures reported as 2.17%.

When considering the workforce at a senior level, the findings show:

chcp		
VSM Non clinical		
40 White	1 BME	4 Ethnicity unknown
VSM Clinical		
20 White	1 BME	3 Ethnicity unknown
Medical		
4 White	4 BME	3 Ethnicity unknown
Senior Manager This showed a ni		
Senior Managers	i	

Clinical 31 White 1 BME 1 Ethnicity unknown

When considering representation of the board the data reports ethnicity as being 100% White which is consistent with 2018 figures.

3.2 Recruitment

Recruitment data is linked into the ESR system which report on new starters to the organisation, the data provided covers a 12 months period and shows levels of shortlisted applicants and applicants appointed

Shortlisted 339 White	14 BME	12 Ethnicity unknown
Appointed from shore 202 White	9 Ethnicity unknown	

The findings above show that as a ratio, the likelihood of white applicants being appointed from shortlisting compared to BAME = 1:39

The number of BME staff recruited has reduced slightly since 2018 which reported a headcount of 9 successful recruits.

3.3 Colleague Survey (based on 1483 returns)

When asked if the organisation provides equal opportunities for career progression or promotion 72% of the white workforce and 65% of the BME workforce agreed with this statement.

When staff were asked if they had experienced harassment and abuse within the past 12 months 9% of the white workforce and 12% of the BME workforce reported they had.

Discrimination by Manager, team leader, colleagues when asked this question 5% of the white workforce and 8% of the BME workforce reported that they had experienced discrimination within the last 12 months.



When reporting on Employee Relations Activity, the standard focuses on staff being subject to the formal disciplinary process, the findings show that the relative likelihood as a ratio of BME employees being subject to this process compared with the white workforce = 1.95

4. Conclusion

The findings show a small number of employee's 2.33% report their ethnicity as BME, this reflects the demographics of the areas in which we provide services therefore doesn't raise significant concerns. The concerns raised from the findings relate to the high number of the employees 6% not recording their data, this prevents the data truly reflect the workforce profile.

5. Recommendations

To support the organisation becoming more diverse in the staff it employs, it is suggested that the recruitment process be reviewed, particularly when advertising posts. All vacancies are advertised through NHS Jobs, however if potential candidates aren't familiar with this site then jobs will be missed. Many of the services across the organisation offer service user forums these could be an ideal opportunity for services to share the vacancy bulletins which are distributed across the organisation weekly.

There are fairly high numbers of staff not reporting their ethnicity, for example 64 support staff, which includes staff in pay bands 2 - 4 and 56 middle managers within pay bands 5-7, therefore a recommendation would be for a data cleansing exercise to be complete to encourage these staff groups to update their ESR records.

Promote the opportunity for a staff network forum for existing BME staff. This has been attempted previously with very low interest if we can engage and encourage staff to participate in a forum, whereby they share their employment experiences this may give opportunity for identifying gaps in reaching potential BME candidates.



Workforce race Equality Standard Action Plan 2019-2010

Action	Intended Outcome	Date to be completed
Data cleanse – all staff to be approached to update the data currently held within ESR	Better reporting outcomes to reflect the true demographics of the organisation	January 2020 in preparation for the data set being reported on at 31 st March 2020
Promote BME staff network forum	For BME workforce to engage with peers and have a voice within the organisation	January 2020, this will allow for engagement team to develop promotional materials
Share vacancies through service user groups	To reach a wider audience and encourage applications from BME groups	On going