Workforce Race Equality Standard

Date of this report	April 2019
Name of Provider Organization	Nottingham CityCare Partnerships
Name and Title of Board Lead for Workforce Race Equality Standard	Tracy Tyrrell Director of Nursing & Allied Health Professionals
Name and contact details of Lead Manager completing this report	Fiona Cambridge Equality Diversity & Inclusion Lead f.cambridge@nhs.net
Name of Commissioners this report has been sent to	Nottingham City Clinical Commissioning Group
This report has been signed off by the Board by	Tracy Tyrrell May 2019

Report on the WRES Indicators

1. Background Narrative

a. Any issues of completeness of data

None

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

None

2. Total Numbers of Staff

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

1282

b. Proportion of BME[1] staff employed within this organisation at the date of this report

15.91%

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[1] The definitions of "Black and Minority Ethnic" and "White" used in the NHS England Standard and Guidance have followed the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary, and are as used in Health and Social Care Information Centre data. These definitions were based upon the 2001 ONS Census categories for ethnicity. "White" staff include White British, Irish and Any Other White. The "Black and Minority Ethnic" staff category includes all other staff except "unknown" and "not stated." (these are presented in Annex B)

3. Self-Reporting

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

99.07%

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

 Improvement on previous year. Staff complete self-reporting on application, at recruitment and for the staff survey.

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

Continue to raise awareness of the importance of recording during equality training, on the website and in CityCare Cascade

3. Workforce Data

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

April 2018 to April 2019 (exception indicator 3 which is a rolling two year period)

5. Workforce Race Equality Indicators

Indicator For each of these four workforce indicators, the Standard compares the metrics for White and BME staff	Data for reporting year	Data for previous year	Narrative – implications of this data and background narrative	Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives

1 *Percentage of staff in each of the AfC bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by:*
 	
• *Non clinical staff*
• *Clinical staff of which:*
   o *Non-medical*
   o *Medical & dental*
Definitions are based on ESR occupation codes with the exception of medical & dental staff
 	
Please see attached table for % BME against whole BME workforce
	Band 1 non-clinical
	nil
	
	Band 2 non-clinical
	BME 35%
	White 65%
	Band 2 clinical
	BME 23%
	White 77%
	Band 3 non-clinical
	BME 12%
	White 88%
	Band 3 clinical
	BME 11%
	White 89%
	
	Band 4 non-clinical
	BME 16%
	White 84%
	Band 4 clinical
	BME 14%
	White 86%
		Band 1 non-clinical
		BME 100%
		White 0%
		
		Band 2 non-clinical
		BME 28%
		White 67%
		Band 2 clinical
		BME 11%
		White 89%
		Band 3 non-clinical
		BME 10%
		White 90%
		Band 3 clinical
		BME 11%
		White 89%
		
		Band 4 non-clinical
		BME 10%
		White 90%
		Band 4 clinical
		BME 13%
		White 86%
			Within this reporting period 2019, generally, there are equal numbers of BME staff in clinical roles & non-clinical roles compared to last year where there were more BME staff in clinical role.
			
			The highest number of BME staff are within AfC band 2 overall by 19%, with an increase of clinical staff by 12%
				EDS2 Goal 3 - 1c Monitoring career pathways in promotion.
				The Equality & Diversity Committee regularly monitor and report to the Board on career progression & appointment of staff (BME & white staff).
				Report to Board Jan 2019 showed; 18.2% of BME staff were promoted compared for 14% the previous year & 29.7% BME staff were recruited.
				
				New and established managers will undertake a management programme including E&D elements; WRES and recruitment, unconscious bias and cultural competency.
				We have widened the market with targeted advertising and engagement; social media, local communities, recruitment events. Fair & consistent recruitment panels with stakeholder engagement; values bases recruitment

Band 5 non-clinical BME 8% White 92% **Band 5 clinical** BME 10% White 90%	**Band 5 non-clinical** BME 13% White 87% **Band 5 clinical** BME 12% White 88%	Band 5 show the most significant decrease overall of 7% within clinical and non-clinical roles.	**EDS2 Goal 3 - 2 a &b Analysis of staff training & staff survey** Engagement sessions with staff, focus on equality elements, report to Equality & Diversity Committee and Board with action plan. Upskill managers to support staff via management training programme.
Band 6 non-clinical BME 15% White 85% **Band 6 clinical** BME 6% White 94%	**Band 6 non-clinical** BME 9% White 91% **Band 6 clinical** BME 10% White 90%		**Goal 3 - 3 a-e - review & extend training program, targeted training reflecting needs of the organization** Cultural competence and unconscious bias training rolled out with elements included within induction and HR training courses.
Band 7 non-clinical BME 3% White 97% **Band 7 clinical** BME 10% White 90%	**Band 7 non-clinical** BME 3% White 97% **Band 7 clinical** BME 7% White 92%	Band 7 shows an increase of 3% within clinical roles Band 8 has increased by 7% within non-clinical roles and 2% in clinical	
Band 8a non-clinical BME 7% White 93% **Band 8a clinical** BME 8% White 92%	**Band 8a non-clinical** BME 0% White 100% **Band 8a clinical** BME 6% White 94%	Bands 8a to VSM have remained the same across clinical and non-clinical roles and medical sub-groups remain the same as the previous year.	**EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours** Implementation of new appraisal system. Leadership & management training/opportunities for future leaders. Ongoing accessibility to BME leadership programmes EMLA, coaching & mentoring
Band 8b non–clinical BME 0% White 100% **Band 8b clinical** BME 0% White 0%	**Band 8b non–clinical** BME 0% White 100% **Band 8b clinical** BME 100% White 0%		opportunities. Work with EMLA to reduce level of entry to leadership courses. Ongoing analysis and reporting of career progression within bands and consider staff survey results around career progression opportunities.

	Band 8c non-clinical BME 0% White 100% **Band 8c clinical** BME 0% White 100%	**Band 8c non-clinical** BME 0% White 100% **Band 8c clinical** BME 0% White 100%	Equality event with deep dive explored cultural competence of the workforce, action plan agreed and sharing of good practice across services.
	Band 8d non-clinical BME 0% White 100% **Band 8d clinical** BME 0% White 100%	**Band 8d non-clinical** BME 0% White 100% **Band 8d clinical** BME 0% White 100%	WRES action plan to be produced and agreed by E&D Group and Board.
	Band 9 non-clinical BME 0% White 100% **Band 9 clinical** BME 0% White 0%	**Band 9 non-clinical** BME 0% White 100% **Band 9 clinical** BME 0% White 0%	
	VSM non-clinical BME 0% White 100% **VSM clinical** BME 0% White 0%	**VSM non-clinical** BME 0% White 100% **VSM clinical** BME 0% White 0%	
	Medical subgroups BME 33% White 67%	**Medical subgroups** BME 33% White 67%	

2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	1.02 greater for BME staff	1.08 times greater for white staff	There has been a significant increase in the likelihood of BME staff being appointed from shortlisting from the previous year.	**EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement** • Unconscious bias, cultural awareness for appointing managers. • Deep dive; fair recruitment • Patient, public & staff involvement in senior interview panels • Targeted advertising in local communities & on social media • Promoted Leadership & management training/ opportunities for current and future leaders . • Regular reporting from NHS jobs discussion at E&D and HR Group.
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	The results are equal for both BME and White staff with a ratio of 0.01 for each	0.87 times greater for BME staff	There has been an improvement within the relative likelihood of BME staff entering the formal disciplinary process – this is now equal compared to white staff	**EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours** • Deep dives to identify mechanisms & causes – implemented better practice • Offer of support during process for BME staff from trained BME staff • Management HR toolkit including training for all managers • Revision of HR policy & HR training including unconscious bias

	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	The results are equal for both BME and white staff with a ratio of 0.96 for each	0.99 times greater for white staff	There has been an improvement for BME staff within this area as the results are equal	**EDS2 Goal 3 - 3 a-e Review & extend training program, targeted training reflecting needs of the organization** • Aspiring leaders programme and management programme established. Increased opportunity for development with clear pathways with new appraisal system. • BME staff network and protected release time. • You Said We Did staff survey action plan • Commit to pilot BAME talent management programme • Collaboration with EMLA to adopt practice of lower band BME staff attending leadership programmes
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	Indicator **For each of these four staff survey indicators, the Standard compares the metrics for each survey questions response for White and BME staff**	**Data for reporting year**	**Data for previous year**	**Narrative – implications of this data and background narrative**	**Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives**
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from *patients, relatives or the public* in last 12 months	White 24% BME 20%	White 24% BME 24%	The total response rate for completion of the staff survey was 56.7% Bullying/harassment/abuse for white staff has remained the same. There is a 4% improvement for BME staff within this domain	**EDS2 Goal 3 - 5 Address issues from staff survey** • BME staff network – consult & represent views. • Explore reported cases & deep dive into reporting • Managers training programme to effectively support staff • Violence & aggression delivered at corporate induction

					• Revisit and remind staff of safety measures in place & reporting process • Refresh comms for patients around zero tolerance • Cultural competence resources & training
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from *staff* in last 12 months	White 12% BME 15%	White 14% BME 19%	There is a 2% decrease for white staff and 4% decrease for BME staff in their experience from the previous year	**EDS2 Goal 3 - 3 Review and delivery of E&D training. Annual appraisal to reflect evidence to E&D values and behaviours** • BME staff network – consult & represent views • Managers induction programme to effectively support staff • Cultural competence resources & training – annual deep dive into cultural competence • Unconscious bias training • WRES staff workshop & action plan
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White 88% BME 65%	White 86% BME 53%	There is a slight increase of 2% in this area for white staff and a 12% increase for BME staff	**EDS2 Goal 3 - 2 Equality of access to training and development** • Aspiring leaders programme • Managers training programme • Increase opportunity for development with clear pathways • BME staff network consultation • Protected release time for BME staff to attend training • Work with EMLA to offer pilot leadership training for lower

					• banded BME staff on leadership programmes • You Said We Did staff survey action plan • Cultural competence and unconscious bias training to managers • Coaching offer from BME senior lead for BME staff support network
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 4% BME 9%	White 5% BME 13%	The experience for white staff has slightly improved by 1% and improved for BME staff more significantly by 4%	**EDS2 Goal 3 - 3 E&D training for staff** **EDS2 Goal 3 - 5 Monitor staff survey & action plan to address issues** • BME staff network – consult & represent views with reporting to Equality & Diversity Group • Managers training to effectively support staff • Cultural competence training and resources • Unconscious bias training
	Does the Board meet the requirement on Board membership?	**Data for reporting year**	**Data for previous year**	**Narrative – implications of this data and background narrative**	**Action taken and planned eg link to EDS2 evidence and corporate Equality Objectives**

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	Percentage difference between the organisations Board voting membership and its overall workforce:
	   a. By voting member of the Board
	   b. By executive membership of the Board
		a. -15.91%
		b. -15.91%
			a +2.59%
			b -11.7%
				There has been an decrease both in the voting member and executive members of the Board compared to that of the overall workforce. We currently have no BME membership on the Board	**EDS2 goal 3 – 1 monitor Board representation**

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain".

CityCare were awarded "excellent" at the CQC inspection. CQC comments included; the leadership team at CityCare demonstrated they were meeting the objectives and promoting the values of the Workforce Race Equality Standard (WRES) with processes that promoted staff involvement and led to action plans which addressed causes of inequality. Board minutes we reviewed indicated regular discussions of the WRES were taking place and WRES requirements were embedded and reviewed appropriately.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Equality Delivery System (2) action plan
WRES action plan
You Said We Did staff survey action plan

14 Annex B –Office of National Statistics 2001 Ethnic Categories Ethnic Categories 2001

A – White -British
B – White -Irish
C – Any other white background
D – Mixed White and Black Caribbean
E – Mixed White and Black African
F – Mixed White and Asian
G – Any other mixed background
H – Asian or Asian British -Indian
J – Asian or Asian British -Pakistani
K – Asian or Asian British - Bangladeshi
L – Any other Asian background
M – Black or Black British -Caribbean
N – Black or Black British -African
P – Any other Black background
R – Chinese
S – Any other ethnic group
Z – not stated
Note: a more detailed classification for local use if required
is contained in Annex 2 of DSCN 02/2001.

Old Ethnic Codes - staff employed after 1 April 2001 must have their ethnic group assessed and recorded using the new categories and codes as detailed above. The "old" codes shown below are for reference only.
0 – White
1 – Black – Caribbean
2 – Black – African
3 – Black – Other
4 – Indian
5 – Pakistani
6 – Bangladeshi
7 – Chinese
8– Any other Ethnic Group
9 – Not given