**Workforce Race Equality Standard 2017**

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| Date of this report | July 2017 |
| 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 Leadfiona.cambridge@nottinghamcitycare.nhs.uk  |
| Name of Commissioners this report has been sent to | Nottingham City Clinical Commissioning Group |
| This report has been signed off by the Board by | 13 September 2017 |

**Report on the WRES Indicators**

1. **Background Narrative**
2. Any issues of completeness of data

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| None |

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

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| CityCare participated in the National NHS Survey (Picker) in December 2016, previously this has been conducted in-house |

1. **Total Numbers of Staff**
2. Employed within this organisation at the date of this report

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| 1307  |

1. Proportion of BME[[1]](#footnote-1) staff employed within this organisation at the date of this report

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| 11%  |

**3. Self-Reporting**

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

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| 98.7%  |

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

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

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

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| Raise awareness of the importance of recording during equality training, on the website and in CityCare Cascade |

**4. Workforce Data**

1. What period does the organisation’s workforce data relate to?

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| April 2016 to April 2017 (exception indicator 3 which is a rolling two year period) |

**5. Workforce Race Equality Indicators**

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|  | **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 and VSM compared with the percentage of staff in the overall workforce. Undertake separately for non-clinical and clinical staff*Please find attached a comprehensive banding assessment (appendix A)* | Band 1 non-clinical BME 100%  | Band 1 non-clinical BME 42.8% White 57.2% Band 2 non-clinicBME 8% White 92% Clinical BME 17% White 83% Band 3 non-clinicBME 10% White 90% Clinical BME 14.4% White 85.6% Band 4 non-clinicBME 10.9% White 89.1% ClinicalBME 8.9% White 91.1% Band 5 non-clinicBME 10% White 90% Clinical BME 9.3% White 90.7% Band 6 non-clinicBME 7.7% White 92.3% ClinicalBME 9.8% White 90.2% ----------------------------Band 7 non-clinicBME 13.8% White 86.2% Clinical BME 4.9% White 95.1% Band 8a non-clinic BME 15.4% White 84.6% Clinical BME 0% White 100% Band 8b to VSMNon-clinicalBME 14.2%White 85.8%ClinicalBME 16.6%White 83.4% | Within this reporting period 2017:The highest number of BME staff are within AfC band 2 (non-clinical) with the lowest being in band(s) 8.Within bands 2-8a, there are higher numbers of BME staff in clinical roles than non-clinical roles.In comparison with 2016 significant changes include:The number of non-clinical staff in band 2 has increased.The number of BME clinical staff in band 4 has increasedThe number of BME non-clinical staff in band 7 has decreasedThe number of BME non-clinical staff in band 8a has decreasedRecording of bands 8 to VSM has changed for this reporting period  | EDS2 Goal 3 - 1c Monitoring career pathways in promotionEDS2 Goal 3 - 2 a &b Analysis of staff training & staff surveyGoal 3 - 3 a-e - review & extend training program, targeted training reflecting needs of the organizationEDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours* Leadership & management training/opportunities for future leaders
* BME leadership programmes
* Coaching & mentoring opportunities
* Development pathways
* Review PDR process
* Analyse career progression within bands
* Consider staff survey results around career progression opportunities
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| Band 2 non-clinicBME 28% White 72% Clinical BME 10% White 90%  |
| Band 3 non-clinicBME 10% White 90% Clinical BME 14% White 86%  |
| Band 4 non-clinicBME 11% White 89% ClinicalBME 16% White 84% Band 5 non-clinicBME 8% White 92% Clinical BME 10% White 90%  Band 6 non-clinicBME 8% White 92% ClinicalBME 10% White 90% ------------------------ ------Band 7 non-clinic BME 3% White 97% Clinical BME 6% White 94% Band 8a non-clinic BME 0% White 100% Clinical BME 0%White 100% Band 8b non-clinicalBME 10%White 90%Clinical BME 100%White 0%Band 8c non-clinicalBME 0%White100%Clinical BME 0%White 0%Medical subgroupsBME 40%White 60%VSMChief Exec & DirectorsNon-clinicalBME 0%White 100% ClinicalBME 0%White 100% Total compared to whole workforceBME 0%White Non- Clinical 0.38%White Clinical 0.07% |
| 2 | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. | 1.90 times greater for white staff | 1.59 times greater for white staff | There has been an increase in the likelihood of white staff being appointed from shortlisting from the previous year. | EDS2 Goal 3 - 1b Values based recruitment & patient representative involvement* Values based recruitment and unconscious bias awareness for appointing managers
* Patient, public & staff involvement in senior interview panels
* Targeted advertising in local communities & on social media
* Promote work experience & apprenticeships
* Leadership & management training/opportunities for future leaders
* Regular reporting from NHS jobs – discussion at HR Group
* Feedback on non-successful BME applicants following interview
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| 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. | 0.50 times greater for BME staff | 2.22 times greater for BME staff | There has been significant improvement within this category for the period 2015-2017 | EDS2 Goal 3 - 4a & b Annual appraisal reflect evidence in relation to E&D values & behaviours* Review appraisal process
* Management HR information toolkit
* Revision of HR policy
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| 4 | Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff | 0.34 time greater for white staff | 1.40 times greater for white staff | There has been significant improvement within this category. There have been changes in the recording of data which has improved accuracyThe annual staff survey demonstrated a 30% increase within the category “organisation acts fairly in career progression” with a total score of 86% of respondents in agreement. (67% BME respondents agreed) | EDS2 Goal 3 - 3 a-e Review & extend training program, targeted training reflecting needs of the organization* Aspiring leaders programme
* Increase opportunity for development with clear pathways
* BME staff network
* Protected release time
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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 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | White 23% | White18%  | The total response rate for completion of the staff survey has increased from 36% to 57%There has been an increase in bullying/harassment/abuse for white staff of + 5%There is a 9% decrease for BME staff within this domain | EDS2 Goal 3 - 5 Address issues from staff survey * BME staff network – consult & represent views
* We Said We Did roadshows with equality element for staff feedback
* Upskill managers to effectively support staff
* Cultural competence resources
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| BME12% | BME21%  |

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| 6 | KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | White 15% | White18.6%  | There is a 3.6% decrease for white staff and 15.7% 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
* We Said We Did roadshows with equality element for staff feedback
* Upskill managers to effectively support staff
* Cultural competence resources to be promoted
* Unconscious bias training
* WRES staff workshop
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| BME20% | BME35.7%  |
| 7 | KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion | White 88%  | White49.6% | There is significant increase in this area for both white and BME staff:White staff + 38.4% and BME staff + 19.4%  | EDS2 Goal 3 - 2 Equality of access to training and development* Aspiring leaders programme
* Increase opportunity for development with clear pathways
* BME staff network
* Protected release time
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| BME67%  | BME47.6%  |

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| 8 | Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues | White6%  | White6%  | The experience for white staff has remained the same, however there is an improvement for BME staff experience of 2.6% | EDS2 Goal 3 - 3 E&D training for staffEDS2 Goal 3 - 5 Monitor staff survey & action plan to address issues* BME staff network – consult & represent views with reporting to Equality & Diversity Group
* We Said We Did roadshows with equality element for staff feedback
* Upskill managers to effectively support staff
* Cultural competence resources to be promoted
* Unconscious bias training
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| BME18% | BME21.4%  |
|  | **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** |
| 99 | Percentage difference between the organisations Board voting membership and its overall workforce:1. By voting member of the Board
2. By executive membership of the Board
 | a. difference +1.00%b. a difference of -11.5%  | Difference -1.39% | The previous year figure was calculated by the Board as a whole | 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”.

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| None |

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.

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| EDS2 Action Plan and Grading ReportWRES Action Plan |

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|  | ***Data for Reporting Year 2017*** | ***Data for Previous Reporting Year 2016***Appendix A |
| Pay Band | No. of BME Staff | No. of White Staff | Total Staff | % BME Staff in Pay Band | % BME Staff Compared to Whole BME Workforce (all pay bands) | No. of BME Staff | No. of White Staff | Total Staff | % BME Staff in Pay Band |
|  Band 1 non-clinical  | 2 | 0 | 2 | 100% | 1.38% | 6 | 8 | 14 | 42.8% |
| Band 1 clinical | - | - | - | - | - | - | - | - |  |
| Band 2 non-clinical | 16 | 41 | 57 | 28% | 11.11% | 9 | 101 | 110 | 8% |
| Band 2 clinical | 4 | 37 | 41 | 10% | 2.77% | 10 | 49 | 59 | 17% |
| Band 3 non-clinical | 8 | 71 | 79 | 10% | 5.55% | 12 | 107 | 223 | 10% |
| Band 3 clinical  | 12 | 74 | 86 | 14% | 8.33% | 15 | 89 | 104 | 14.4% |
| Band 4 non-clinical | 8 | 65 | 73 | 11% | 5.55% | 9 | 74 | 83 | 10.9% |
| Band 4 clinical | 23 | 122 | 145 | 16% | 15.97% | 13 | 133 | 146 | 8.9% |
| Band 5 non-clinical | 2 | 24 | 26 | 8% | 1.38% | 6 | 53 | 59 | 10% |
| Band 5 clinical | 19 | 170 | 189 | 10% | 13.19% | 18 | 175 | 193 | 9.3% |
| Band 6 non-clinical | 3 | 35 | 38 | 8% | 2.08% | 2 | 24 | 26 | 7.7% |
| Band 6 clinical | 33 | 298 | 331 | 10% | 22.91% | 35 | 323 | 358 | 9.8% |
| Band 7 non-clinical | 1 | 35 | 36 | 3% | 0.69% | 4 | 25 | 29 | 13.8% |
| Band 7 clinical | 9 | 136 | 145 | 6% | 6.25% | 9 | 176 | 185 | 4.9% |
| Band 8a non-clinical | 0 | 16 | 16 | 0% | 0% | 2 | 11 | 13 | 15.4% |
| Band 8a clinical | 0 | 18 | 18 | 0% | 0% | 0 | 26 | 26 | 0% |
| Band 8b non-clinical | 1 | 9 | 10 | 10% | 0.69% | Band 8b to VSM non-clinical  |  | Band 8b to VSM non-clinical  | 14.2% |
| Band 8b clinical | 1 | 0 | 1 | 100% | 0.69% |
| Band 8c non-clinical | 0 | 3 | 3 | 0% | 0% |
| Band 8c clinical | - | - | - | - | - |
| Band 8d non-clinical | - | - | - | - | - |
| Band 8d clinical | - | - | - | - | - | Band 8b to VSM clinical  |  | Band 8b to VSM clinical  | 16.6% |
| Band 9 non-clinical | - | - | - | - | - |
| Band 9 clinical | - | - | - | - | - |
| VSM non clinical | 0 | 5 | 5 | 0% | 0% |
| VSM clinical | 0 | 1 | 1 | 0% | 0% |
| Medical sub-groups | 2 | 3 | 5 | 40% | 1.38% |
| TOTAL | 144 | 1163 | 1307 |  |  |  |  |  |  |

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| **14 Annex B –Office of National Statistics 2001 Ethnic Categories Ethnic Categories 2001** Appendix B |
| A – White -British

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| 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 |

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| 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.  |
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Appendix C

**WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2017-18**

| **No** | **Indicator** | **Action/Next Steps** | **Outcomes Measure** | **Lead** |
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| **1** | Percentage of staff in each of the AfC bands 1-9 and VSM compared with the percentage of staff in the overall workforce. *Undertake separately for non-clinical and clinical staff***Findings:**The highest number of BME staff are within the lowest bandings, below AfC band 6There are a higher number of BME staff in clinical roles than non-clinical roles. | 1. **We will give BME staff the opportunity for career development** by refreshing our commitment to growing our own talent, leadership and management programmes will be delivered to existing and future leaders, provide mentoring opportunities, increase opportunity for career development with protected release time and with

defined clear development pathways1. **The Equality & Diversity Group will monitor and report** to the Board career progression of staff
2. **New and established managers will undertake a training programme** including equality and diversity elements, WRES and recruitment
 | ESR data demonstrating improved promotion rateRevised PRD processStaff completion of management programme | **HR/OD/ED** |
| **2** | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.**Findings:**There has been an increase in the likelihood of white staff being appointed from shortlisting from the previous year. | 1. **We will widen the market with targeted engagement** within communities, targeted social media, talent pool for previously unsuccessful candidates and promote apprenticeships and work experience
2. **Fair and consistent recruitment panels with stakeholder involvement**, BME trained staff on panels, clear and consistent feedback to candidates, refreshed recruitment training to include values based, unconscious bias and cultural awareness
3. **Feedback to Human Resources on non-appointed BME staff AfC band 6 and upwards** with questionnaire to unsuccessful candidates
 | NHS jobs data reflects increased BME staff applications and appointmentRevised recruitment training Feedback from applicants and managers following interview | **HR** |
| **6** | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**Findings:**There is a 3.6% decrease for white staff and 15.7% decrease for BME staff in their experience from the previous year. | 1. **Explore narrative from the staff survey** to further demonstrate specific issues
2. **Group staff survey responses by ethnicity and occupation** to identify target areas and formulate work plan
3. **Staff survey roadshows** to give staff the opportunity to respond to results and suggest solutions
4. **Upskill managers to effectively support staff** with mandatory management programme
5. **Induction training to include bullying and harassment element** with supportive online resources, video and discussion in team meetings, supervision and PRD
6. **Leavers are offered the opportunity to speak to independent staff member** if they do not feel able to discuss issues with their manager
7. **BME network is supported to** signpost staff, offer advice and direction, liaise with the Equality & Diversity Group
8. **Cascade positive messages to staff** withregular message from senior staff
9. **Deep dive to establish staff cultural competence** with report to Board and action plan
 | Reporting from BME staff networkStaff survey and roadshow feedbackMonitor at Equality & Diversity Group – manager reporting | **HR/OD/ED** |

* E&D Strategy & Workplan January 2017 and HR Strategy & Workplan 2016

Supporting Processes:

* Equality & Diversity resources: intranet, videos, policies & procedures, guidance and training
* BME network established (Race Religion & Culture Group 2016)
* Equality & Diversity Group workshop element for staff contribution
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.” [↑](#footnote-ref-1)