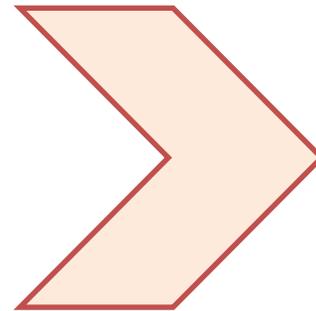


WORKFORCE RACE EQUALITY STANDARD (WRES)



NEL CSU Report 2015-16

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Introduction

In 2014 NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed, and in April 2015 it was made available to the NHS.

All NHS organisations including CCGs, Trusts and CSUs as well as national organisations are encouraged to implement the WRES in an open and transparent way. This will help to show the national, clinical and commissioning workforce.

NEL CSU is committed to creating a diverse and inclusive working environment and uses the WRES data to monitor and guide our approach to equality and diversity across the organisation.

NEL CSU signed up to the Workforce Race Equality Standard (WRES) in 2015 and published its first baseline report in August 2015 with an Action Plan for 2015-16. The report provided race equality data on staff employed in the CSU and showed how the CSU was performing against the nine WRES indicators.

This report provides information about the progress the CSU has made on the 2015-16 WRES action plan (see page 6). It also sets out an action plan for 2016-17 (see page 18). It provides information about all staff employed within the CSU by pay band. For comparative reasons and to meet WRES requirements the CSU has used combined pay bands; 1-7, Bands 8-9, and VSM. There are staff that are not employed under the AfC framework (e.g. under graduates, apprentices). This category of staff are shown under 'Trainees'.

It should be noted that the CSU does not have a Board as it is part of NHS England; decisions are made by the Corporate Management Team (CMT).

Context to the changes in the WRES indicators since 2014-15

The WRES was welcomed as a positive step forward for NHS organisations, particularly for provider Trusts to deliver their responsibilities under the equality agenda, and has now been included in the 2015/16 NHS Standard Contract for providers. The WRES forms the first phase in a programme of work addressing workforce equality issues.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed actions to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The Equality and Diversity Council pledged its commitment, subject to consultation with NHS organisations, to implement two measures to improve equality across the NHS, which started in April 2015.

Based on the feedback from the WRES baseline data returns and from engagement with NHS organisations, including via regional NHS WRES workshops conducted during 2015/16, the wording for two of the WRES indicators has been revised:

- **WRES Indicator 1** now asks for the percentage of BME staff in each of the Agenda for Change bands and VSM (including executive Board members), as opposed to being restricted to bands 8A-9 and VSM. This will assist organisations to identify career progression blockages that surface within bands 1-7, in addition to potential blockages within the senior management bands.
- **WRES Indicator 9** now requires the percentage difference between the organisation's BME board voting membership and its overall BME workforce. The previous indicator 9 was less specific and focused upon a comparison of the Board's BME representation with the BME population served. It is widely acknowledged that the 'population served' boundaries for many NHS organisations are not always clear. Many organisations cover a number of regions, or parts of regions. The revised indicator is based upon the goal that organisations move towards having a workforce that is representative of the local populations served, and Boards that are reflective of their workforce.

Methodology

The data for this WRES report has been gathered from the CSU Electronic Staff Record (ESR) which holds information about all staff including their self-reported ethnicity (Indicator 1). This is a snapshot of data as at 31st March 2016.

On 31st March 2016, NEL CSU's staff ethnicity was recorded as 63% White, 23% BME and 14% not disclosed.

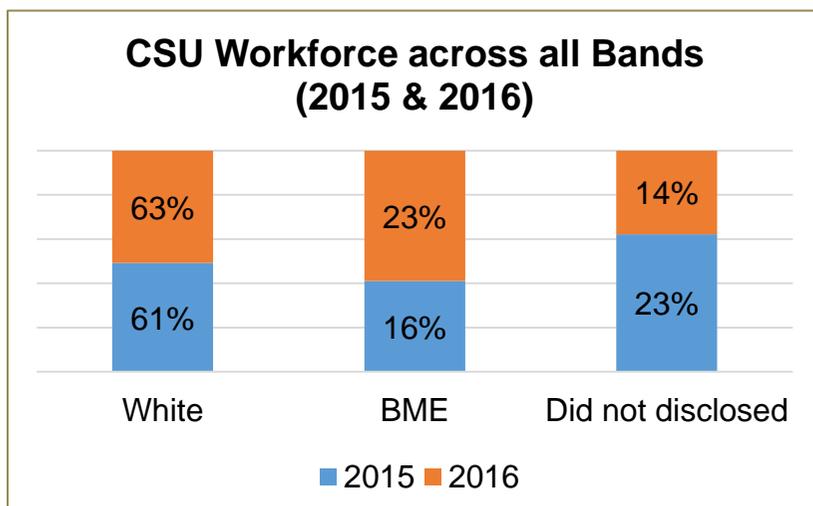
Data on recruitment has been gathered based on activities from 1 April 2015 to 31 March 2016 (Indicator 2).

Data on disciplinary action is held by Human Resources in the CSU and has been used to report activity, based on a two year rolling period (Indicator 3).

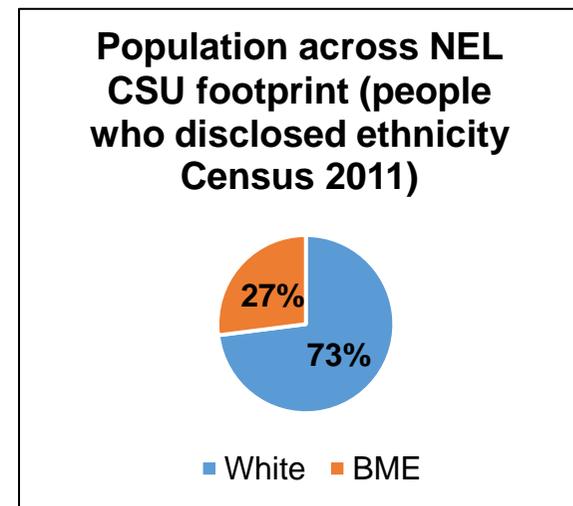
Data on non-mandatory training and CPD has been provided by the CSU's People Development Team based on central training records and information supplied by directorates for the period of 1 April 2015 to 31 March 2016 (Indicator 4).

For indicators 5-8, the most recent NHS staff survey which was carried out in Autumn 2015 has been used.

The CSU does not have a Board and decisions are made by the Corporate Management Team (CMT). We have used this data in Indicator 9.



- Disclosure has improved so we have a more accurate view of the proportion of BME staff, which has increased on the 2015 report.
- The number of staff who have disclosed their ethnicity has also increased from 14% in 2015 to 23% in 2016



WRES 2015-16 Action Plan Progress Report (summary)

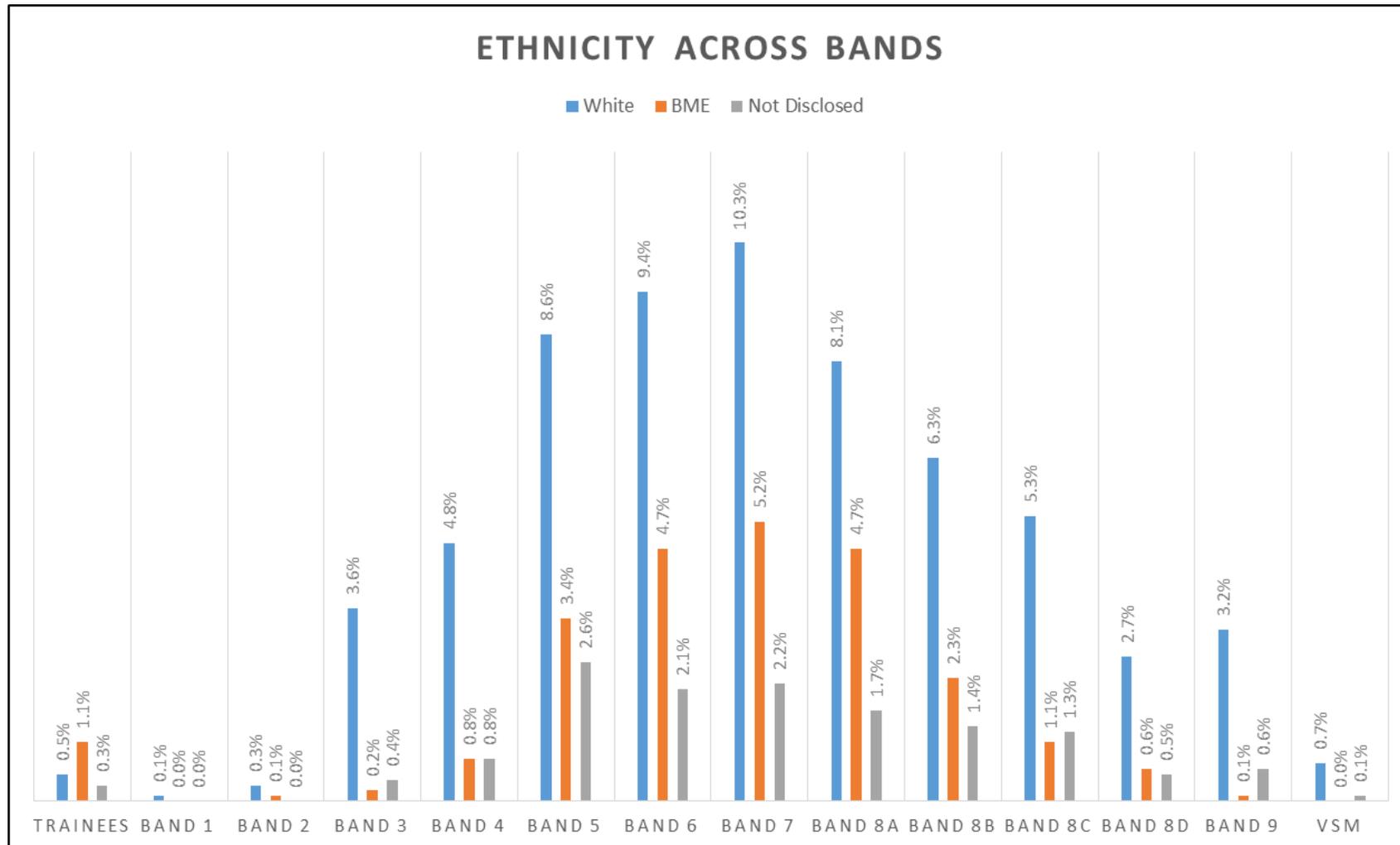
Indicator	CSU actions/measures (2015-16)	Progress
1	<ul style="list-style-type: none"> As part of our strategic approach to address equality in career development and wider equality issues facing staff from BME backgrounds, we have set up the All Forum which identified three priorities: <ol style="list-style-type: none"> Modelling great behaviours Celebrating Diversity Accessible Support for Career Development. 	<ul style="list-style-type: none"> A behavioural framework has been developed jointly with staff, and an implementation plan has been produced Four diversity events have been held and a new programme of events for 2016-17 is being developed with staff The views of BME staff are being sought through a variety of routes to ensure the CSU training programmes are accessible to all staff. A workshop has been arranged with staff in September to discuss this and any barriers further.
2	<ul style="list-style-type: none"> Put in place measures to remove unconscious bias from recruitment including training and removing personal details (e.g. name and equality information) until after short-listing stage. 	<ul style="list-style-type: none"> Unconscious bias training has been included as part of our Recruitment and Selection training and discussed in Module 1 of our Management Development Training Academy launched during 2015. Future face to face E&D training will be held in 2016/17 (for all staff) Recruitment processes are being reviewed as part of the workforce strategy to include the behavioural framework in job descriptions, adverts and interview process
3	<ul style="list-style-type: none"> Ensure clear guidance and policies are in place. Ensure HR business partners are available to provide support to staff and managers. 	<ul style="list-style-type: none"> Recruitment and Selection, Dignity at Work, Raising Concerns and Equality and Diversity policies are in place for managers and staff to follow and available on the intranet HRBPs are providing ongoing support to managers and staff
4	<ul style="list-style-type: none"> Analyse staff training data to ensure equality Ensure all staff have access to non-mandatory training through objective setting. 	<ul style="list-style-type: none"> Staff training and CPD data is monitored (see Indicator 4 in the report) Training is being promoted through directorates, internal communications, and the CSU forums. Managers have been briefed to encourage staff to identify training needs through objective setting
5 & 6	<ul style="list-style-type: none"> Complete the annual NHS Staff Survey in 2015/16 	<ul style="list-style-type: none"> Staff Survey has been completed and results shared with stakeholders. Individual directors and corporate action plans have been produced
7	<ul style="list-style-type: none"> The analysis of the CSU's Temperature Check (June 2015) will be compared against our National Staff Survey, once the results are available. 	<ul style="list-style-type: none"> Staff Survey has been completed and results shared with stakeholders and has been compared with the CSU's Temperature Check (see Indicator 7 in the report)
8	<ul style="list-style-type: none"> Consider positive action to encourage diverse applicants Be mindful of lack of diversity at senior level 	<ul style="list-style-type: none"> This has been made a priority in the Workforce Strategy, the All Forum work programme and the Diversity and Inclusion Strategy.

	Workforce indicators For each of these four workforce indicators, <u>compare the data for White and BME staff</u>
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 Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of 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
4.	Relative likelihood of staff accessing non-mandatory training and CPD

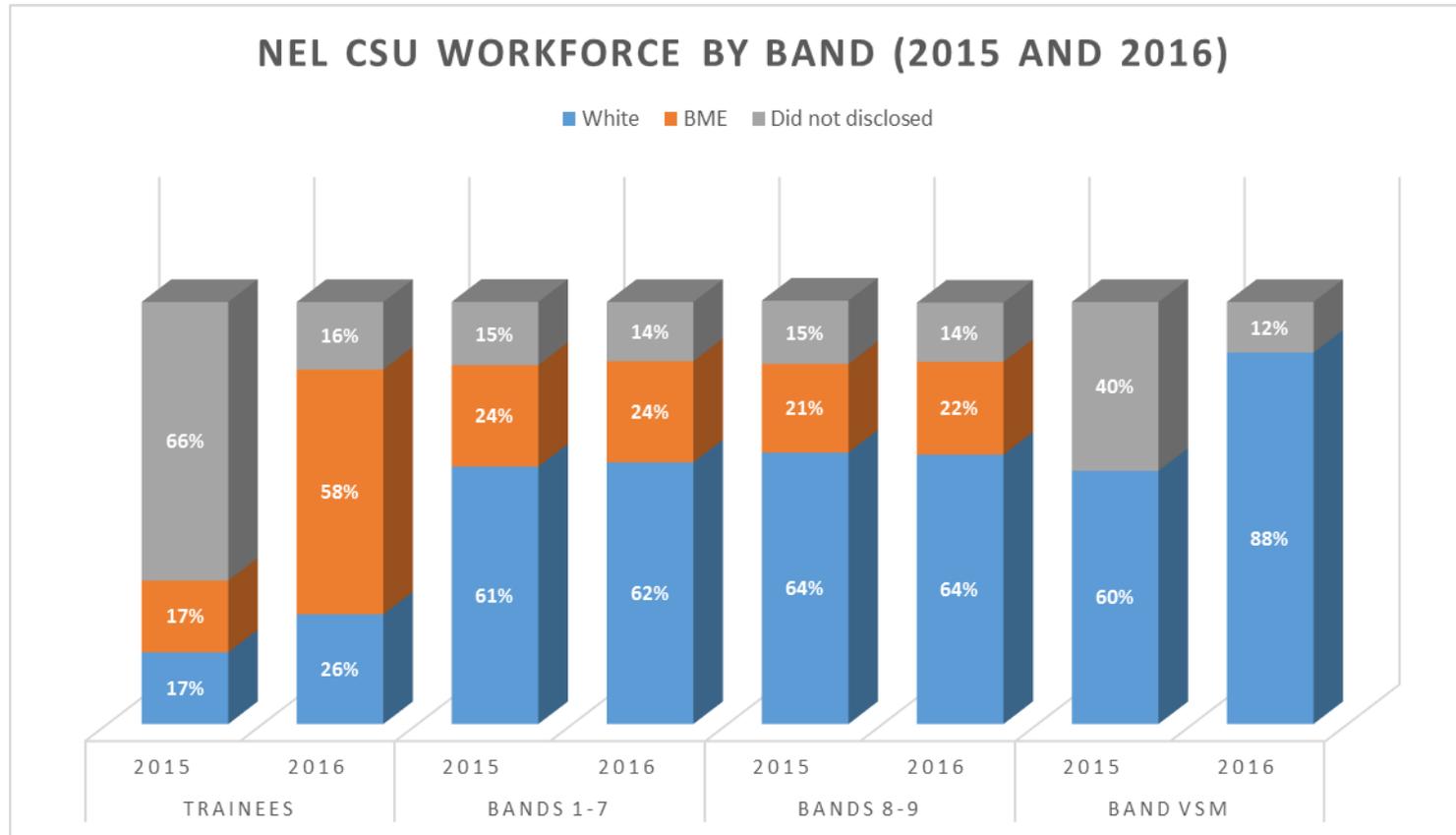
	<p>National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u></p>
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
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
	<p>Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u></p>
9.	<p>Percentage difference between the organisations' Board voting membership and its overall workforce</p> <p>Note: Only voting members of the Board should be included when considering this indicator</p>

Indicator 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

- This indicator has been changed since 2015 and now includes all AfC bands.



Indicator 1 (cont.)



Progress in 2015-16

For comparative purposes, the CSU has shown the grouping of the data to Band 1-7, and from 8 to 9 and VSM and has created a separate category for trainees who do not fit under any of the AfC categories but are working in the CSU.

- Since April 2015, the number of White staff has increased by 2% while the number of BME staff has increased by 7% where disclosed.
- There has been a significant increase in BME trainees from 17% in 2015 to 58% in 2016. This is partly due to more trainees disclosing their ethnicity compared to 2015.
- There has been little change in the ethnicity of staff in Bands 1-7 and 8-9.
- 88% of all staff in VSM Bands who have disclosed ethnicity are White. This has increased from 60% in 2015. This is due to an increase in the number of staff now disclosing their ethnicity compared to 2015. The data on staff in VSM Bands should be treated with caution as a small change in the number of people disclosing ethnicity can show a big variance in the percentage.

Indicator 2: Compare the data for White and BME staff: Relative likelihood of staff being appointed from shortlisting across all posts

- The percentages of shortlisted applicants has been based on the total number of applicants from White and BME backgrounds, as well as those who did not disclose ethnicity in their application. We received a total of 8,842 applications. Of these applications the numbers shortlisted were 583 White, 706 BME and 73 did not disclose.

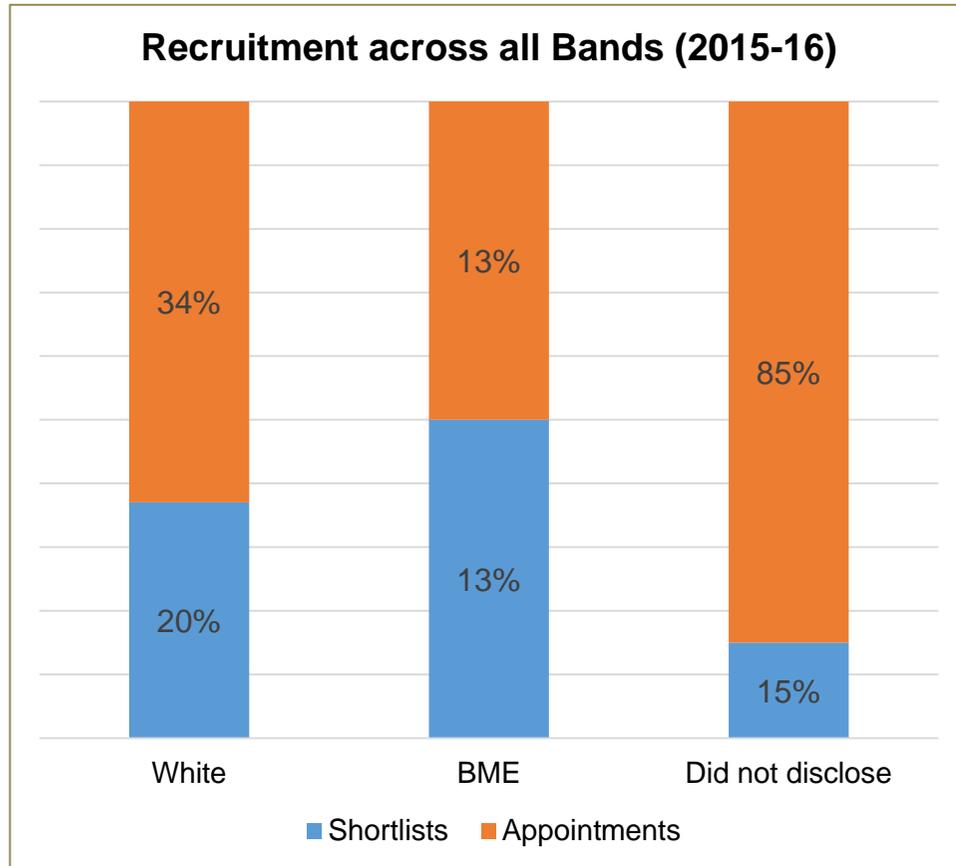
	White	BME	Not disclosed
Applications	2866	5486	490
Shortlisted	583	706	73
Shortlisted %	20% of White applicants	13% of BME applicants	15% of not disclosed applicants

- The percentages on appointments relate to those shortlisted only (not applications received).

	White	BME	Not disclosed
Shortlisted	583	706	73
Appointed	200	94	62
Appointed %	34% of White shortlisted applicants	13% of BME shortlisted applicants	85% of not disclosed shortlisted applicants

- The data under indicator 2 should be treated with some caution bearing in mind that some staff did not disclose their ethnicity when they applied for the job but they disclosed it when they were appointed. Similarly, some did not disclose their ethnicity when they started their job although they disclosed at the application stage. This includes the “do not wish to disclose” category.

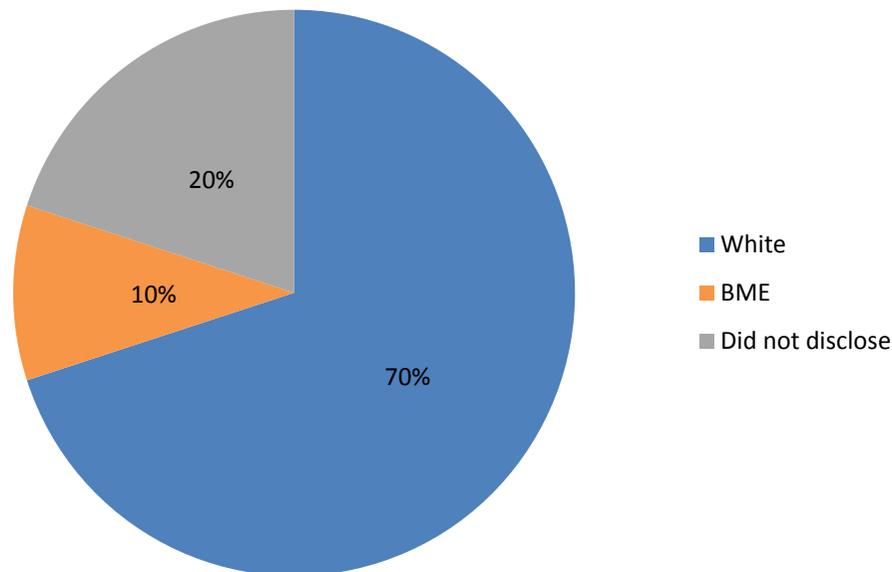
Indicator 2 (cont.)



- We have shown the relative likelihood in shortlists and appointments by comparing White staff with BME staff across all Bands. In 2015, the analysis was limited to appointments only.
- White staff were 1.5 times more likely to be shortlisted compared to BME staff.
- White staff were 2.6 times more likely to be appointed compared to BME staff.
- The likelihood of White staff being appointed compared to BME staff has increased from 2 times in 2015 to 2.6 times in 2016.

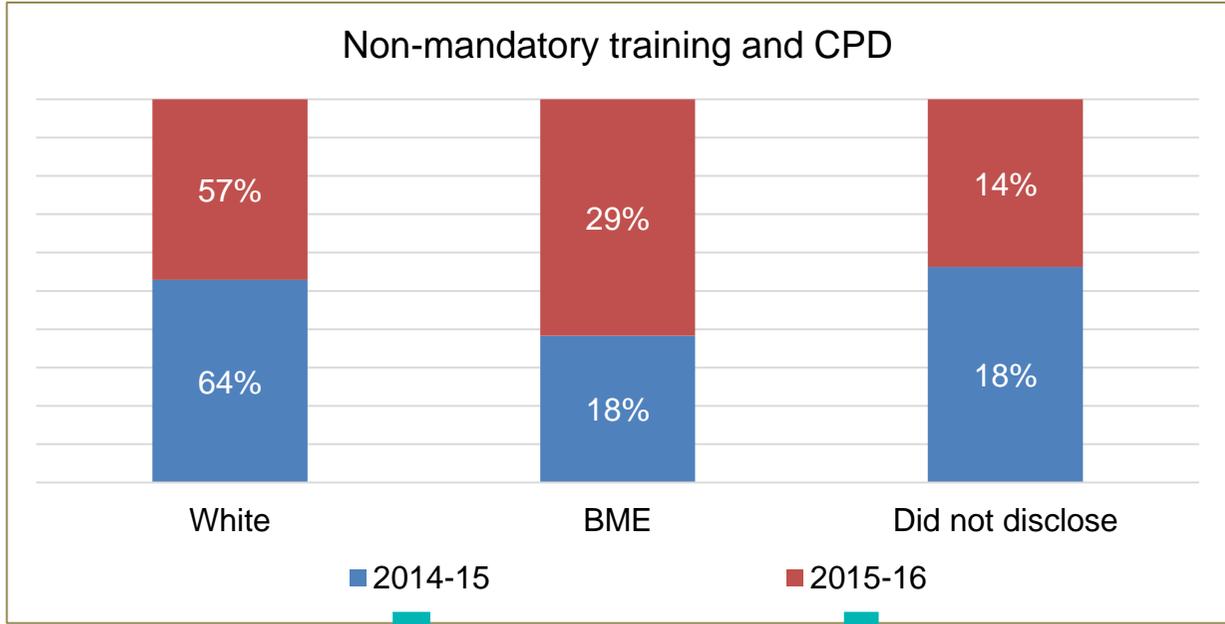
Indicator 3: Compare the data for White and BME staff: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (This indicator will be based on data from the most recent two-year rolling average).

Disciplinary Action 2014-2016



Of the formal disciplinary investigations conducted in 2014 – 2016 10% of staff were from a BME background, 70% were from a White background, and 20% did not disclose. This indicates that White staff are 7 times more likely to enter the disciplinary process than BME staff. Compared to the total number of White staff in the organisation (63%), this would indicate there are more White staff entering the formal disciplinary process.

Indicator 4: Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD



Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

Three and half times more likely

Twice more likely

- The number of White staff accessing non-mandatory training has decreased from 64% in 2014-15 to 57% in 2015-16
- The number of BME staff accessing non-mandatory training has increased from 18% in 2014-15 to 29% in 2015-16 which shows a positive improvement
- This would indicate that the % of staff accessing training compared to the number of staff employed is slightly over represented by BME staff (23% of staff are BME and 29% of staff accessing training were from BME background)
- The relative likelihood of White staff accessing training compared to BME staff has reduced from three and half times to two times which shows some improvement

Indicator 5-8

Compare the outcomes of the responses for White and BME staff:

Indicator 5- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Indicator 6- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Indicator 7- KF 21. Percentage believing that the organisation/CSU provides equal opportunities for career progression or promotion.

Indicator 8- In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, Team Leader, Other Colleagues.

Our 2015 WRES report provided information on indicator 7 only. This information was taken from our staff temperature check survey. The CSU took part in the NHS Staff Survey in 2015 which includes all four WRES indicators above which we were then able to compare with the CSU temperature check. The survey recorded the responses by ethnicity which has enabled us to report on these indicators this year (see page 16).

Indicator 5-8 (cont.)

Indicator	2014-15 CSU Temperature Check Survey	2015-16 National NHS Staff Survey
5- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	No staff survey was undertaken which included this question	Of the total responded those who said 'Yes': White: 7% BME: 2%
6- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 month	No staff survey was undertaken which included this question	Of the total responded those who said 'Yes': White: 22% BME: 27%
7- Percentage believing that the CSU provides equal opportunities for career progression or promotion	The CSU Temperature Check survey found 92% of those who completed the survey agreed with the statement: White: 96% BME: 87%	Of the total responded those who said 'Yes': White: 89% BME: 68%
8- In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues.	No staff survey was undertaken which included this question	Of the total responded those who said 'Yes': White: 5% BME: 16%

- The responses to the National NHS Staff Survey 2015 have been shared with each Executive Director and the Workforce Strategy Group.
- Each directorate is producing an action plan to address any issues and concerns
- A corporate action plan has been produced and includes addressing harassment and bullying through a Wider Leadership Team event, Management Development Academy training and all staff awareness sessions
- An Accessible Support for Career Development workstream continues to look at equal opportunities and discrimination

Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce (**Board representation indicator** for this indicator, compare the difference for White and BME staff)

It should be noted that the CSU does not have a Board; decisions are made by the Corporate Management Team (CMT), all of whom are from White backgrounds. This has not changed since our 2014-15 report.

<i>Background</i>	<i>WRES Indicators</i>				<i>Report 2015-16</i>			Action Plan						
Actions/Measures					WRES Indicators									
					1	2	3	4	5	6	7	8	9	
1. Ensure the CSU Workforce Strategy and the Diversity and Inclusion Strategy continue to deliver the CSU equality objectives relating to the WRES to improve race equality in senior bands					☑	☑							☑	
2. Monitor equality information on all recruitment activities including promotion and acting up positions through change forms and Electronic Staff Records (ESR)						☑								
3. Review recruitment process to ensure: <ul style="list-style-type: none"> panel members are adequately trained in equality and unconscious bias managers are encouraged to have BME representation on interview panels recruiting to very senior posts 						☑								
4. Recruit and train equality champions from all backgrounds and provide support to newly formed BME Network							☑		☑	☑	☑	☑		
5. Ensure training and development opportunities are accessible to all staff. Involve BME staff in workshop to identify barriers and discuss at the 'All Forum' Conduct a survey for staff to have their say if they are unavailable to attend workshop or wish to comment confidentially								☑						
6. Embed the CSU's policies on Dignity at Work, Raising Concerns and Equality and Diversity to ensure: <ul style="list-style-type: none"> we raise awareness of the policies and procedures via HRBP briefing sessions for managers, staff and SMTs staff are supported by HR Business Partners appropriate training provision is in place Roll out additional face to face training to all staff through: <ul style="list-style-type: none"> Wider Leadership Team event to ensure consistent message Dignity at Work and Equality and Diversity mandatory awareness training for all staff aspiring to 100% compliance with Equality & Diversity e-learning embedding within Management Development Academy modules 						☑			☑	☑	☑	☑		
7. Celebrate and promote race equality through events and publicity					☑	☑	☑	☑	☑	☑	☑	☑	☑	
8. Undertake additional CSU Temperature Check in July 2016 and take part in National NHS Staff Survey 2016									☑	☑	☑	☑		
9. Undertake data verification exercise to increase ethnicity reporting					☑	☑	☑	☑	☑	☑	☑	☑	☑	