Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

East Coast Community Healthcare CIC

Date of report: month/year

July 2018

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

Deborah French, Director of Human Resources

Name and contact details of lead manager compiling this report

Rachel Marshall, HR Advisor - Systems and Workforce

Names of commissioners this report has been sent to (complete as applicable)

NHS Great Yarmouth and Waveney CCG

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Fran O'Driscoll Deputy Director Commissioning NHS Great Yarmouth and Waveney Clinical Commissioning Group Beccles House 1 Common I

Unique URL link on which this Report and associated Action Plan will be found

https://www.ecch.org/about-us/working-for-us/our-staff/

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

31 July 2018

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data is taken from the Electronic Staff Record (ESR) system. This year there are minimal issues relating to completeness. East Coast Community Healthcare CIC (ECCH) undertakes its own staff survey rather than the NHS Staff Survey and the questions relevant to this report are embedded within it.

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

The data is more complete this year due and therefore the reliability of comparisons is greater.

2. Total numbers of staff

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

786

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

2.16%

3. Self reporting

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

92%

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

Employees can update their ethnicity via our payroll system (ESR) using self-service. Guidance has been given to staff to advise them on how to do this.

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

The use of self service will be promoted via general and targeted communications to our employees to actively encourage them to view the data we hold about them in relation to the protected characteristics and for them to update their information accordingly and flag any inaccuracies.

We will continue to use NHS Jobs for all of our recruitment. The NHS Jobs application process asks all applicants to provide a response in relation to their ethnicity. We will continue to regularly audit the ethnicity data stored on ESR for all new starters to ensure it is both accurate

4. Workforce data

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

01 April 2017 - 31 March 2018

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	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.	Clinical; Afc Band 1; BME 0%, White 0% AfC Band 2; BME 4.5%, White 86.6% AfC Band 3; BME 0%, White 97.1%	% Clinical / Non-Clinical WRES Banding BME White Clinical Band 1 Band 2 3.8% 87.6%	Based on census data from 2011, the local population of Great Yarmouth and Waveney highlighted that 2.64% of the population was BME. Based on this data our workforce percentages are representative of our local population.	The ethnic breakdown of the workforce is reviewed quarterly by the Integrated Governance Committee (IGC), as part of the HR metrics.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Number of shortlisted applicants; White; 703, BME; 62 Number of appointed from shortlisting; White; 52, BME;	Number of shortlisted applicants: white = 485; BME = 49 Number appointed from shortlisting: white	This data has been pulled from NHS Jobs. Due to the data constraints of the system we are only able to obtain data back to June 2017. Of all applications received in the last 12 months (June 2017-June 2017) 32% of BME applicants were shortlisted and 36% of white applicants were shortlisted.	We are confident that our shortlisting processes are robust and fair. We continue to provide Recruitment training to all managers within ECCH and have recently reviewed the training to provide a greater focus on best practice and providing more guidance on conscious and unconscious bias. We will review our recruitment processes further by ensuring interviewing panels are
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.	Number of staff in workforce: white = 705; BME = 17, Unspecified/Not Stated = 58 Number of staff entering the formal	Number of staff in workforce: white = 761; BME = 21, unspecified/not stated = 74 Number of staff entering the formal	The relative likelihood of BME staff entering the formal disciplinary process has increased, though this can be attributed to our workforce headcount decreasing by 76 since last year, our BME headcount decreasing by 4, and that the numbers of staff entering a formal disciplinary process doubled.	We will closely monitor disciplinary cases by ethnicity and if the data indicates any potential inequalities further investigation will be conducted.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.00 BME 0.97 White	0.84 BME 0.90 White	Non-mandatory training is available for all employees to access subject to policy. Requests to access Non-Mandatory training make no reference to any protected characteristic and are assessed based on the policy criteria and treated on their own merit. It is positive that there has been an increase in both White and BME staff accessing non-mandatory training in the last year	Our Education and Training Policy is due for review at the end of 2018. Whilst we believe our application process is a robust process, as part of the policy review we will undertake an audit of the current process and review accordingly.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	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.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 29.81 BME 0.99	White 26.9 BME 42.9	Of 302 staff who responded to this question in our staff survey, 29.80% indicated that they perceived they had experienced harassment, bullying, abuse or violence from patients / service users, their relatives or other members of the public in	We encourage our staff to raise a Datix if they experience any form of bullying, harassment or abuse from patients, relatives or public so that these can be fully investigated. Our Policy on the Management of Violence and Aggression is due
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 7.94 BME 11.76	White 15.5 BME 21.4	Of 302 staff who responded to our staff survey, 19.21% indicated they perceived they had experienced harassment, bullying or abuse from staff in the last 12 months. Of the responses received 95.36% were from our White workforce	We have recently introduced our Evolve culture programme which embeds four signature behaviours that we expect all staff to embrace. These behaviours are Work Together, Achieve Together; We Listen, We Learn, We Lead; My
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 26.67 BME 5.88	White 71.1 BME 85.7	63.25% of the 302 employees who responded to this question believe ECCH provides equal opportunities for career progression or promotion. 5.96% of white respondents and 0.99% of BME respondents felt that the Organisation didn't	All posts are advertised via NHS Jobs and circulated to all employees every week. All shortlisting is undertaken anonymously via NHS jobs (this includes internal roles), and managers will not be given personal information about the
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 1.70 BME 11.76	White 6.5 BME 85.7	5.30% of the survey respondents perceive they have personally experienced discrimination at work from their manager/team leader or other colleagues. Of this 5% (16 people) 0 formal grievances have been raised against any	All of our employees are required to undertake Equality, Diversity and Human Rights training every 3 years. Our Equality and Diversity Steering Group will oversee all aspects of Equality, Diversity and Inclusion in ECCH and will promote
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	ECCH has 2.16% BME Workforce and 100% white voting members on the board, the	ECCH has 2.63% BME Workforce and 100% white voting members on the board, this	Whilst our Board has no BME representation, it is a fair representation of our workforce and local population. If we were to have 1 BME member on the Board, then our Board would be over-represented.	We will make a statement that we would particularly welcome applications from BME groups for executive and non-executive posts.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

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

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.

Our Equality, Diversity and Human Rights policy has been reviewed in the last 12 months and is available to all staff via our intranet. Our WRES action plan is available on our website.

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