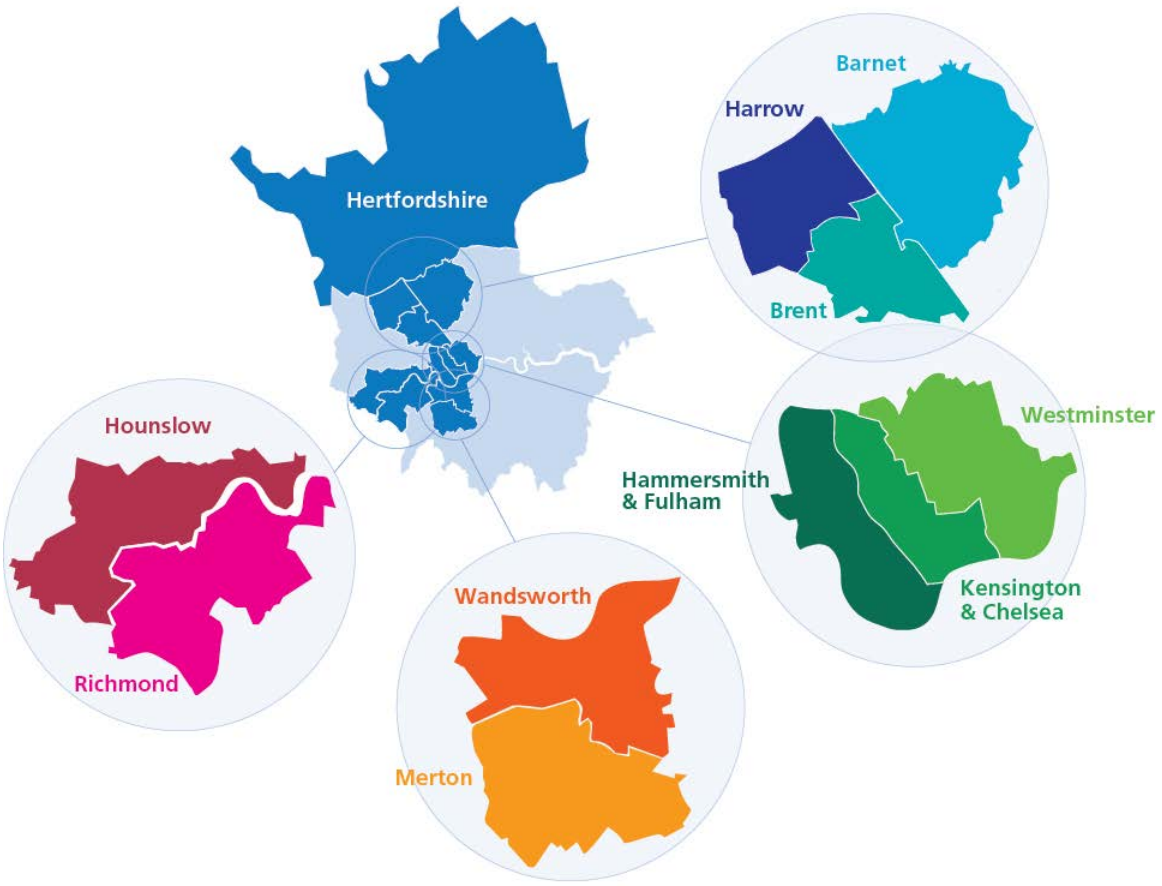
Central London Community Healthcare NHS Trust

2017/18 Workforce Race Equality Standard (WRES) Publication



September 2018

Reporting Year	2017/18
Data draw down Date	13th June 2018
Name and Title of Board Lead for the WRES	Louella Johnson, Director of People and Communications
Report Author	Julian St Clair-Gribble, Head of Workforce Information and HR Systems and Yasmin Mahmood, Diversity and Inclusion Lead.
Committee this report has been considered by:	The CLCH Trust Board
This report has been signed off by the Trust board on:	27th September 2018

A summary version of this report can be made available upon request in an alternative format. For more information, contact: Yasmin.mahmood1@nhs.net

Background

The National Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess annually the progress of race equality within NHS organisations, following an initial evidence baseline gathered in 2015.

It is designed to improve outcomes for Black, Asian and Minority Ethnic (BAME) staff when compared with white staff, by analysing quantitative and qualitative data against nine indicators, with a view to closing the gap between the experience of BAME and white staff over time through an action plan.

Data Sources

Data for the WRES has been drawn from multiple systems and sources.

Marker	**Source**
Staff Population Ethnicity Data	Electronic Staff Record
Board Population Ethnicity Data	Electronic Staff Record
Recruitment Ethnicity Data	TRAC Recruitment System
Disciplinary Ethnicity Data	Local Employee Relations Database linked to Electronic Staff Record
Learning and Development Data	Local Database linked to the National OLM System
Staff Survey Data	National Staff Survey Publication

The datasets have been confirmed via the Head of Learning & Development, Capita Partnership Recruitment team, HR Business Partners, Diversity & Inclusion Lead, Head of Workforce Information & HR Systems and Acting Head of HR, and reviewed by the Director of People and Communications.

The percentage of staff that has declined to declare their ethnic back ground has increased between 31.03.2017 and 31.03.2018 (451 from 357, 12.99% from 11.54%). Further action will be taken as part of the WRES action plan to encourage more staff to self-declare their ethnicity.

Population Data

As a Trust, our aim is to ensure our workforce profile reflects and is representative of the populations we serve. Recognising the changing profile of CLCH's geographic service coverage, the table below shows the population proportion that is BAME. This is shown by locality and overall for CLCH. There have been small changes between the latest information available this year compared with last.

TABLE 1	2017 Annual Equality Report Table (updated with Wandsworth)			Latest Published Position			
Locality	BAME population (Total Population)	BAME Proportion	Source (date)	BAME population (Total Population)	BAME Proportion	Source (date)	Changes
Barnet	127,000 (375,000)	33.87%	London Data store ONS data 2015 Ethnic-groups-by-borough	145,000 (380,000)	38.16%	London Data store ONS data 2016 Ethnic-groups-by-borough	4.29%
Brent	214,000 (322,000)	66.46%		207,000 (325,000)	63.69%		-2.77%
Hammersmith and Fulham	60,000 (176,000)	34.09%		57,000 (175,000)	32.57%		-1.52%
Harrow	143,000 (246,000)	58.13%		137,000 (249,000)	55.02%		-3.11%
Hounslow	138,000 (267,000)	51.69%		150,000 (270,000)	55.56%		3.87%
Kensington and Chelsea	53,000 (154,000)	34.42%		53,000 (154,000)	34.42%		0.00%
Merton	70,000 (203,000)	34.48%		75,000 (203,000)	36.95%		2.47%
Richmond upon Thames	25,000 (192,000)	13.02%		23,000 (194,000)	11.96%		-1.06%
Wandsworth	81,000 (311,000)	26.05%		87,000 (311,000)	27.97%		1.92%
Westminster	100,000 (235,000)	42.55%		103,000 (241,000)	42.74%		0.19%
Hertfordshire	138,567 (1,116,062)	12.42%	Office for National Statistics, 2011 Census	138,567 (1,116,062)	12.42%	Office for National Statistics, 2011 Census	0.00%
CLCH	**1,068,567 (3,597,062)**	**31.96%**		**1,175,567 (3,628,062)**	**32.40%**		**0.44%**

For the purposes of comparing our BAME workforce representation with the communities we serve, the BAME population proportion is taken as 32.4%.

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental Subgroups and Very Senior Manager (VSM) group (including executive board members) compared with the staff in the overall workforce

The table below shows how the percentage of BAME staff in CLCH overall has varied this year compared to last.

	31.03.17			31.03.18		
	white	BAME	unknown	white	BAME	unknown
Number of staff	1533	1203	357	1568	1454	451
% of staff	49.56%	38.89%	11.54%	45.15%	41.87%	12.99%

Non Clinical Staff

Since the publication of the 2016/17 WRES dataset, the Trust has increased in size with the acquisition of several large community services. In terms of non-clinical staffing, we moved from 694 non clinical staff to 738 (an increase of 6.3%). There has also been an increase in the size of the clinical workforce from 2016/17 to 2017/18 (up 14.22%). The largest increases were below the Band 8 range with only 6 additional staff at Band 8 and above).

The results for Bands with small numbers need to be treated with caution. However we can see an increase in the percentage of BAME staff at Band 7 where we have a KPI focused on increasing representation.

Non Clinical	BAME % proportion of band at 31.03.17	BAME % proportion of band at 31.03.18
Band 1	100.00%	100.00%
Band 2	58.54%	88.89%
Band 3	48.72%	46.42%
Band 4	45.10%	50.00%
Band 5	40.63%	37.35%
Band 6	52.27%	45.83%
Band 7	25.00%	34.29%
Band 8A	35.00%	36.84%
Band 8B	42.42%	37.84%
Band 8C	20.00%	15.38%
Band 8D	0.00%	28.57%
Band 9	9.09%	11.11%
VSM	0.00%	0.00%

It should be noted that the Community population BAME figure is 32.4% and the BAME Proportion of CLCH non-clinical staff at 31/03/18 was 43.87%.

Staff Population Indicator –Clinical excluding medical staff

There has been a general increase in the percentage of BAME staff at all Bands from 2 to 8B. The factors will be investigated, and could be because of mobilisations / demobilisations, as opposed to recruitment or retention practices.

Clinical	BAME % proportion of band at 31.03.17	BAME % proportion of band at 31.03.18
Band 1	-	-
Band 2	68.85%	64.63%
Band 3	44.11%	55.41%
Band 4	35.37%	40.88%
Band 5	41.10%	43.84%
Band 6	34.63%	39.04%
Band 7	36.16%	37.86%
Band 8A	29.55%	29.95%
Band 8B	22.22%	36.00%
Band 8C	0.00%	0.00%
Band 8D	0.00%	0.00%

Band 9	0.00%	0.00%
VSM	0.00%	0.00%

It should be noted that the Community population BAME figure is 32.4% and the BAME Proportion of CLCH clinical staff at 31/03/18 was 41.33%.

Staff Population Indicators – Medical Staff

The medical staff workforce is one area that we have lost more staff to outgoing TUPE transfers than we had gained from acquired services. At the close of 2016/17 we had in total 73 staff, at the close of 2017/18 we had in total 55.

In terms of the profile percentages by band range, we can see below that the BAME representation of the medical workforce has increased both in career grades but also the more senior Medical roles.

Medical	2016/17 BAME %	2017/18 BAME %
Consultant & Other (GP and Directors)	14.29%	29.41%
Staff Grade	42.42%	44.74%

Indicator 2: Relative Likelihood of Appointment from Shortlisting

The chart below shows in 2016/17 the Trust was 1.86 times more likely to appoint from a white background then BAME. In 2017/18 the indicator was 1.73 times – a reduction (improvement).

	12 months to 31.03.17			12 months to 31.03.18		
	white	BAME	Unknown	white	BAME	Unknown
Shortlisted row A	1273	2050	113	914	1762	85
Appointed row B	279	241	61	243	271	63
Row C = Row B divided by row A	0.2192	0.1176		0.2659	01538.	
Comparative Ratio = Row C For white divided by Row C for BAME	1.86			1.73		

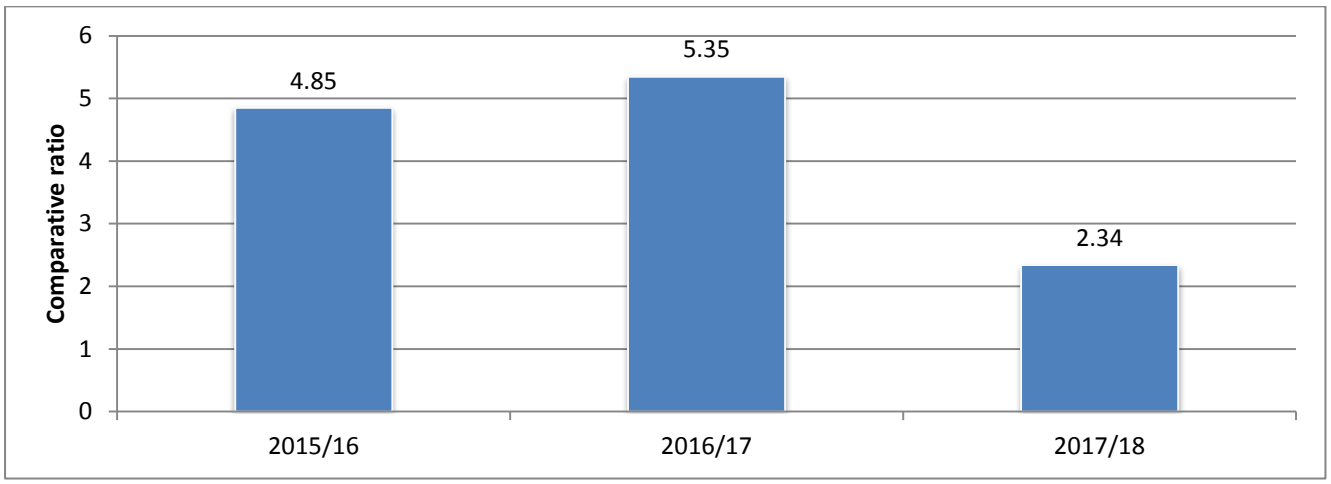
*The indicator compares the relative appointment ratio between white and BAME staff and excludes unknown ethnicity data.

Indicator 3: Relative Likelihood of Entering Formal Disciplinary Processes

In 2017/18, the relative likelihood of BAME staff entering formal disciplinary processes compared with white staff was 2.34 times; a drop since 2016/17 when BAME staff were 5.35 times more likely to enter formal disciplinary processes than white staff. The indicator is based on data for a two year rolling period ending 31 March.

Whilst the proportion of BAME staff likely to enter formal disciplinary processes compared with white staff has dropped, the overall numbers entering formal processes is higher than last year.

Looking at the movement in the indicator for the last three years, the graph below shows the positive trend in the comparative likelihood of BAME versus white staff entering the formal disciplinary process .



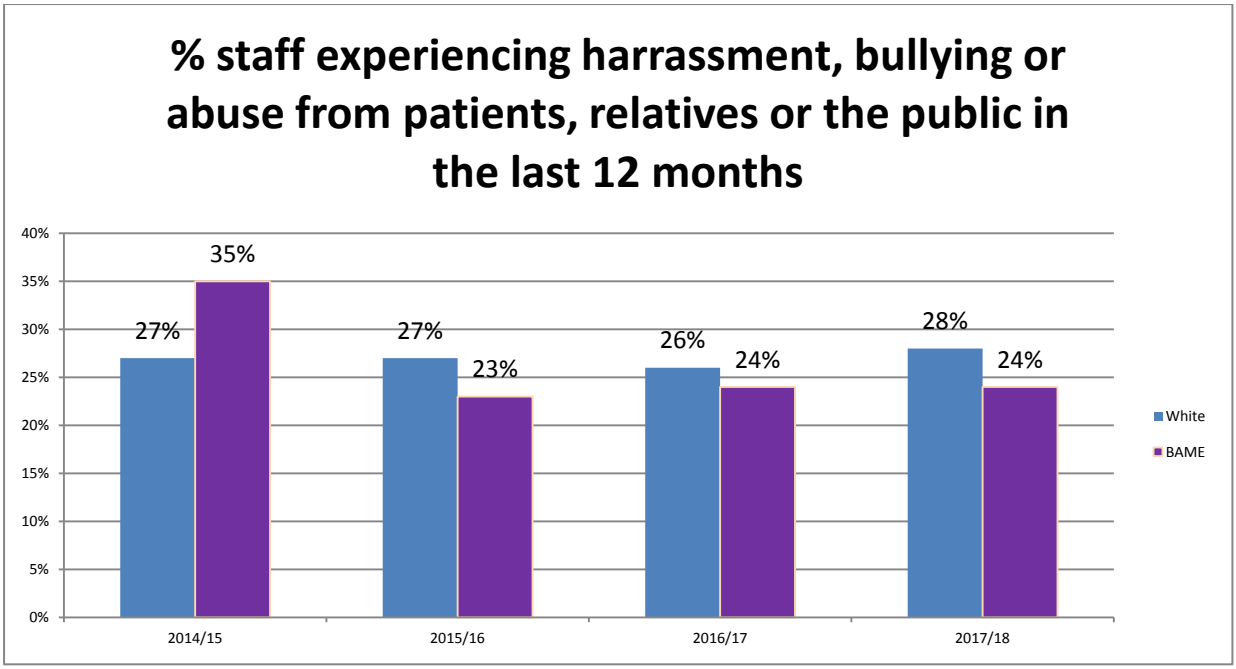
Indicator 4: Relative Likelihood of Accessing Non-Mandatory Training and Development

In 2017/2018, the proportion of BAME staff accessing non-mandatory training worsened as compared with white staff. The data highlights the latter were 1.76 times more likely to access non-mandatory training compared with BAME staff (See Table below). In 2016/17, the proportion was 1.69 times. The Learning and Development Team have been asked to provide more detail to help understand if there are particular staff groups or services which are outliers.

	12 months to close of 31.03.17	12 months to close of 31.03.18
Comparative Ratio of White staff accessing non-mandatory training compared to BAME staff	1.69	1.76

NOTE: Following review of our training and development data, the Trust has noted an improved position in regard to this indicator as staff attended a number of training programmes which were **not** included in the data template submitted to the NHS England national WRES team on 8th August. Examples of the training excluded are: training for Trainee Nursing Associates, Band 5 Development Programme, Band 6 Development Programme, Band 5 Fast Track Programme, Team Leaders Apprenticeship, Care Certificate, Mentor Updates, Non-Medical Prescribing Updates, Clinical Skills Training, and Leadership Programmes.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (taken from CLCH's Staff Survey results)

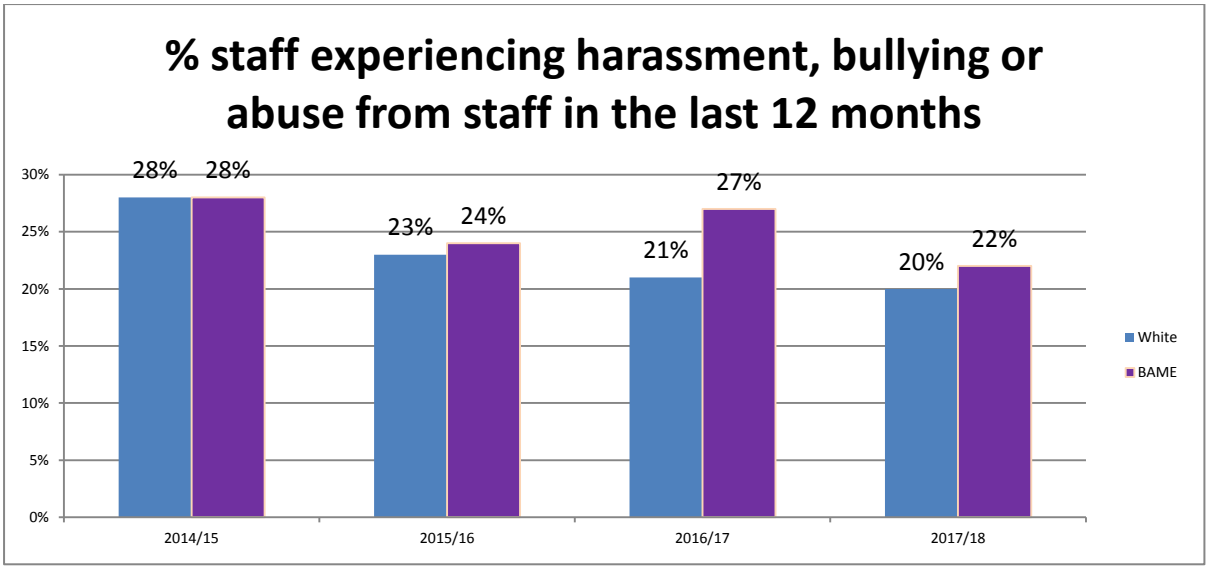


In 2017/18, 24% of BAME staff experienced abuse from the public as compared with 28% white staff. For BAME staff, the figures are lower (better than) than the average median for community trusts (26%). In the case of white staff, the figures are higher (worse than) the average median for community trusts (23%).

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

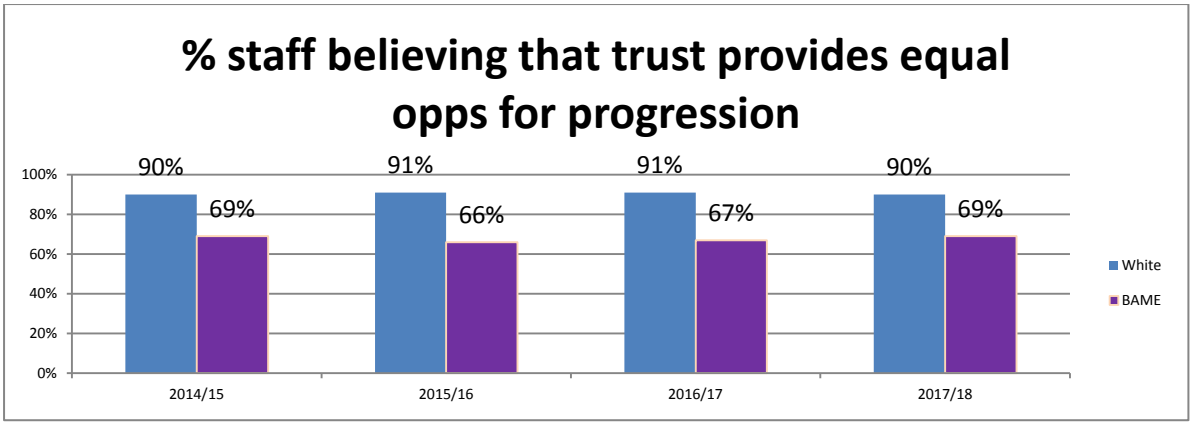
The Chart overleaf highlights that the percentage of BAME staff reporting abuse, bullying and harassment from other staff has fallen from 27.01% in 2016/17 to 22% in 2017/18. This is in line with the average median for Community Trusts, which is 22%.

The proportion of white staff reporting the same has remained static - 20.98% in 2016/17, compared with 20% in 2017/18, which is higher (worse than) the average median for community trusts (18%). Over a four year period, the overall trend is downwards for BAME staff, nearing parity with white staff.



Indicator 7: Percentage of staff believing that trust provides equal opportunities for progression

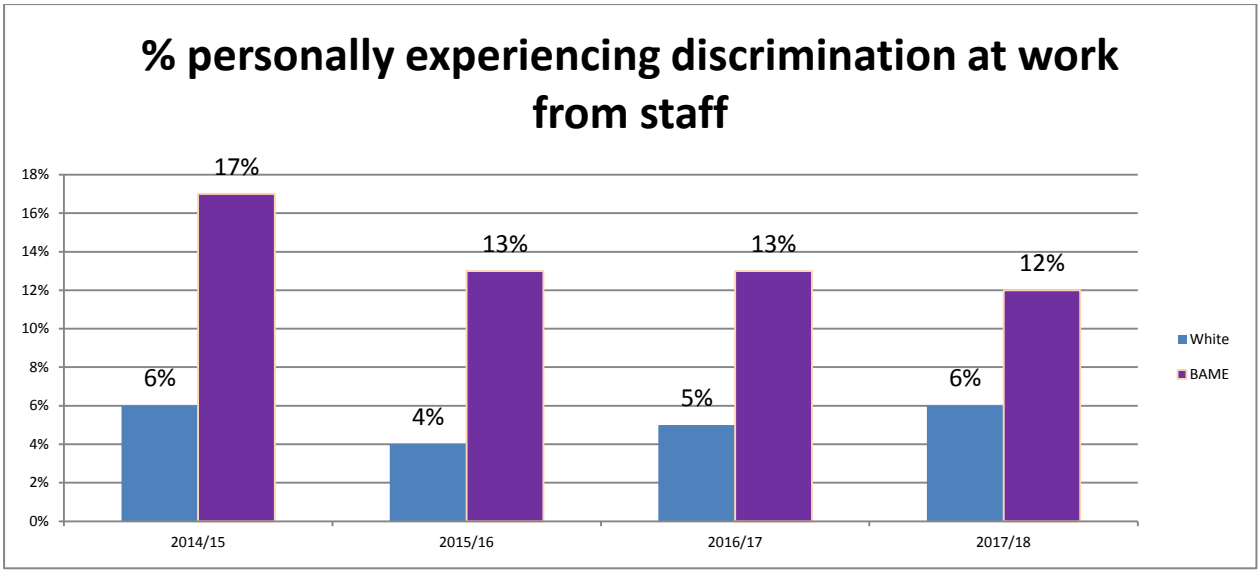
The perception of BAME staff about equal opportunities for career progression has shown a marginal improvement in 2017/2018 yet remains significantly lower than the perception of white staff. In 2017/18, 69% of BAME staff reported they believed the Trust offered equal opportunities for career progression (lower/worse than the average median: 76%), as compared with 90% of white staff (which is in line with the average median of 90%). In 2016/17, the proportion was 67.33% of BAME staff compared with 90.72% of white staff.



Indicator 8: Percentage of staff personally experiencing discrimination at work from staff

In 2017/18, 12% of BAME staff said they experienced discrimination from staff, compared with 6% white staff. This compared with 12.88% BAME and 5% white staff in 2016/17.

On the face of it, discrimination at work perceived by staff has decreased for BAME staff since 2014/15. The perception of discrimination of staff from a white background has not changed since 2014/15 (not rising beyond 6% since 2014/15), with a dip to 4% in 2015/16.



Indicator 9: Percentage difference between the organisation's Board voting membership and its overall workforce

The Trust had 10 voting members on its Board in 2016/17 and 2017/18. The percentage difference of voting BAME members of the board as compared with the BAME workforce was -31.87% in 2017/18. In 2016/17, the percentage difference was 28.89%. This widening in the gap since 2016/17 is attributable to an increase in the number of BAME staff working for CLCH in 2017/18. It is recognised that the ethnicity profile of the board is not representative of the ethnicity profile of our workforce and the communities we support.

In terms of representation:

	31.03.17			31.03.18		
	white	BAME	Unknown	white	BAME	Unknown
% Voting Membership	90%	10%	0%	90%	10%	0%
Staff Population	1533	1203	357	1568	1454	451
Staff Population %	49.56%	38.89%	11.54%	45.15%	41.87%	12.99%
Indicator (BAME Difference)		28.89%			31.87%	

Summary of WRES results for 2017/18:

The WRES report for 2018/2019 highlights the following results for the nine WRES indicators

1. Indicator 1: This sets out the workforce composition by Bands within three broad categories: Non-Clinical; Clinical (excluding Medical and Dental) and Medical and Dental staff. The overall proportion of BAME staff in CLCH is 41.87% compared with 45.15% white staff. The BAME population percentage in the communities we serve is 32.4%.

2. Indicator 2: In 2017/2018, the indicator improved. Staff from a white background were 1.73 times more likely to be appointed than staff from a BAME background. The indicator was 1.86 times in 2016/2017.

3. Indicator 3: In 2017/2018, staff from a BAME background were 2.34 times more likely to enter the formal discplinary process compared with staff from a white background; a decrease (improvement) from 2016/2017 when the ratio was 5.35 times.

4. Indicator 4: The relative proportion of BAME staff accessing non-mandatory development worsened, with staff from a white background 1.76 times more likely to access non-mandatory training than BAME staff. In 2016/2017 the ratio was 1.69 times.

5. Indicator 5: The percentage (24%) of BAME staff responding in the national staff survey that they experienced abuse, bullying and harassment from the public in the previous 12 months has remained the same as last year. There has been a decrease since 2014/15

6. Indicator 6: The percentage of staff from a BAME background responding they have experienced abuse, bullying and harassment from other staff, has decreased from 27% in 2016/17 to 22% in 2017/18.

7. Indicator 7: In 2017/18 the perception of staff from a BAME background saying there were equal opportunities for career progression remains significantly lower than for white staff (69% of BAME staff, as compared with 90% of white staff). For BAME staff, this is a marginal improvement from 2016/17 (67%).

8. Indicator 8: The percentage of BAME staff responding they experienced discrimination at work by their manager, team leader or other colleagues has declined since 2014. There was an increase in white staff experiencing such discrimination (6% in 2017/18, compared with 5% in 2016/17). The indicator is based on a question asked in the national staff survey which does not ask what the nature of the discrimination was.

9. Indicator 9: This compares the difference for white and BAME staff for the following: The percentage difference between (i) the organisation's BAME Board voting membership (10%) and its overall BAME workforce (41.87%), making a difference of 31.87%; and (ii) the organisations' BAME Board executive membership (0%) and its overall workforce (41.87%), making the difference of 41.87%. the difference is greater than last year when it was for (i) 28.9% and 38.9%. The widening gap is because of the increase in the percentage of BAME staff in the overall workforce: 38.9% last year. The percentage of BAME board voting members has remained at 10%.

Workforce Race Equality Standard Taskforce and their role is WRES action planning

In May 2018, a WRES Taskforce was set up, led by the Chief Executive to focus on key areas where BAME staff were found to experience poorer outcomes when compared to White staff. The intention was to focus attention on specific employment practices that were likely to lead to a step

change in outcomes for BAME staff over the next 2 years. The taskforce comprises a cross-section of staff from across the Trust and includes representation from the staff side. It is supported by Senior Management Team members, including functional heads and directors.

Between May and September, the taskforce met fortnightly to discuss key findings and national best practice. Their recommendations have informed the the WRES action plan for 2018-19 see below for infographic outlining the WRES action plan: objectives and interventions.

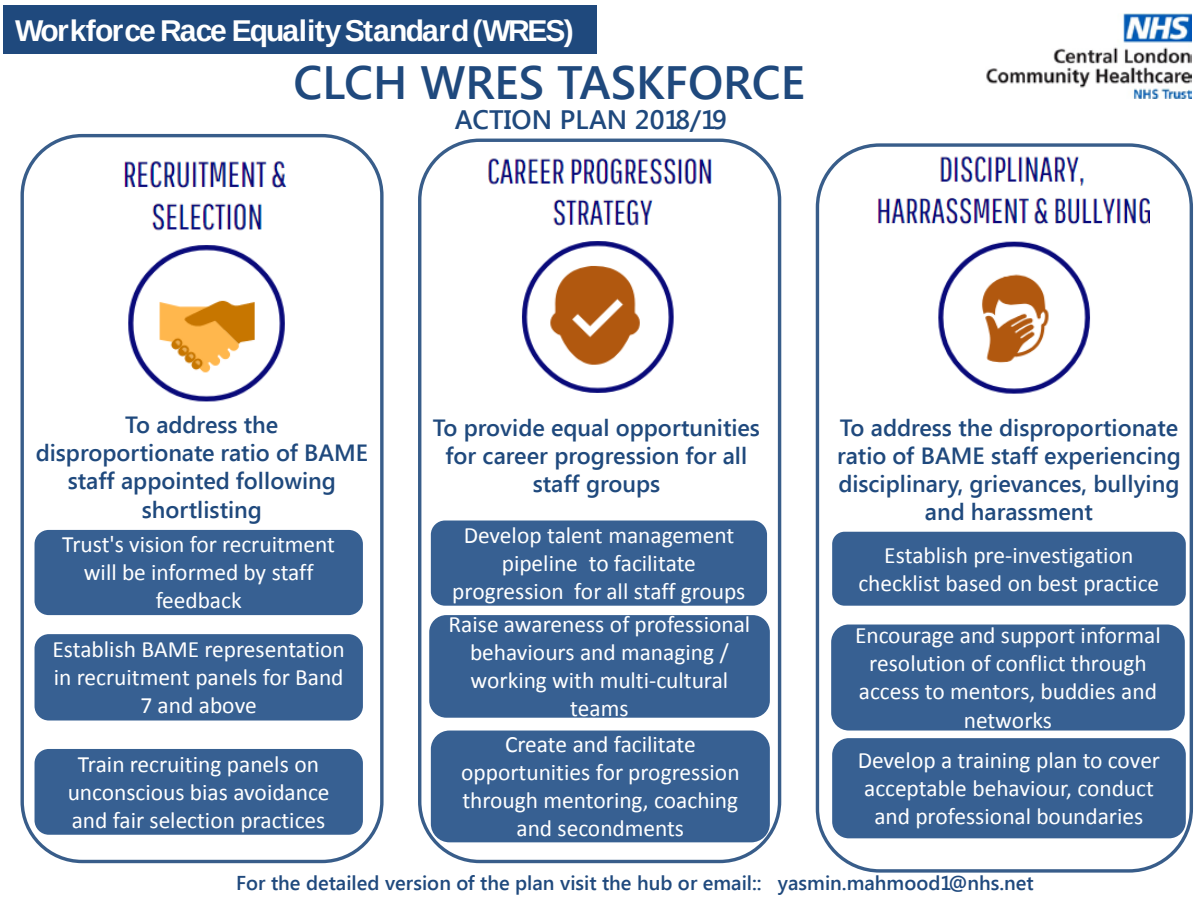
The taskforce has also been involved in raising awareness of their work and the WRES Action Plan through a stakeholder engagement plan. Feedback from this engagement exercise is being used by the taskforce to improve the action plan.

The WRES stakeholder engagement plan is as follows:

Activity	**Timeline**
Promote the WRES Action Plan with the Joint Staff Consultative Committee and BAME Staff Network	By August 31st
Promote WRES Action Plan at Divisional and Clinical Business Unit team Meetings	August-September 30th
Promote WRES Action Plan at Divisional Board Meetings	By September 30th
Promote WRES Action Plan at Trust Business Meeting	21st September
WRES action Plan to be presented at ELT	September
WRES Report and Action Plan 2018 Infographic to be promoted through This Week@, The Hub and Manager's Cascade	September

WRES action plan

The WRES action plan develop by the Taskforce is set out in the infographic below. The 2017-18 indcator results showed that the priorities and proposed solutions held good going forward.



Implementation of the Action Plan and next steps

Planning is already underway to take forward the WRES action plan described above. A detailed project plan sits behind the above objectives and interventions.

Resources: As well as raising understanding of the WRES results and action plan with staff and colleagues through the engagement plan described above, the aim is to encourage more colleagues to participate in implementing the plan. The

As the objectives are directly related to our HR, learning and development and equality policies and strategies, colleagues within these team will take the lead in project managing the work. However, as the. WRES Taskforce has been very successful in rapidly bringing ideas and energy together to develop solutions, continuing to involve our staff in implmentation will be equally important, and this will need to be discussed and agreed with Service managers whose help in releasing staff to participate will be key.

Cultural change: Implementation will include redrafting of policies, guidance and the development of fit for purpose training. However as these changes are about bringing about a change in attitudes and behaviours, the development by the Board in October of an equality vision informed by staff views will be an early important step. The change in attitudes and behaviours required will need to be informed by staff views, as will the interventions about how we bring about the changes we want at the pace required.

Timescales: The intention is to work at pace, and recognise that making a step change in attitudes and behaviours will take time. The WRES, national staff survey and PULSE surveys will continue to provide evidence of whether we are doing enough fast enough.

The Trust's wider Equality agenda and plans

In line with guidance from the National WRES team this report explains below how the WRES action plan fits into the Trust's wider equality and inclusion plans

Trust-wide activities to support equality, diversity and inclusion within CLCH:

The Trust is also supporting a range of initiaves to support equality, diversity and inclusion, including:

Inclusive Leadership Vision:

The Trust Board, informed by feedback from our staff, will be developing a a vision around inclusion as part of a Board seminar in October 2018. This will help inform the recruitment vision and related divisional and team-based activities to support inclusion with the Trust. The seminar on inclusive vision will help inform the evidence for Goal 4 of the Equality Delivery System (EDS2), which will include diversity objectives and targets for board members and a peer review with another Trust. This vision on inclusion developed by the Board will be published as part of the Trust's refreshed Equality and Diversity Strategy.

Staff networks:

CLCH has had a BAME staff network for a number of years. The network in the past year has expanded and its work programme includes an annual conference , followed by smaller workshops which provide staff an opportunity to network and develop their skills and competence.

The BAME network is currently working towards establishing a committee, to ensure it is sustainable and offers staff a safe space to voice their concerns and influence policies and practices. The network will be supported by an Executive Champion for greater visibility and influence.

The Trust also supports the Rainbow Network for Lesbian, Gay, Bisexual and Transgender staff and is strengthening its network for staff with disabilities. All staff networks are promoted through the Trust's intranet.

Staff have access to a mediation service and confidential support from Freedom to Speak Up Guardians within the Trust. The staff networks will receive a special focus during the National Freedom To Speak Up Month in October. In addition, the Trust is developing publicity to promote zero tolerence of abuse from the public or staff.

All HR policies are now reviewed by key stakeholders, including the HR and OD Teams, staff networks, staff side representatives and approved by the HR Policy Group before being ratified and published by the Policy Ratification Group. Any change proposal or new policy or proposal undergoes an equality analysis to assess risks to any protected group and take steps to mitigate likely adverse impact.

Career Progression opportunities:

The Trust is investing in several training and development opportunities aimed at developing a talent pipeline. These include:

- The Ready Now Programme, a group coaching programme targetted at developing leadership skills of BAME staff at Bands 8A and 8B which is runnimntg for 12 months. An Empowerment Programme open to all staff below Band 7, with 12 places available on the upcoming progarmme.
- Mentoring with a senior staff member for any BAME staff member who requests it, although the resource is limited. Coaching and mentoring are available to all staff in other ways.

This is in addition to the suite of development opportunities available, some to managers and others to all staff, which include short, maximum one-day training events run several times a year, such as:

- Managing for the First Time,
- Coaching Skills for Managers,
- Appraisal
- Assertiveness
- Presentation Skills.

Links with Equality Delivery System (EDS2):

The WRES findings will inform the grading for the Trust's Equality Delivery System (EDS2) for 2018-19. The proposed timetable for the EDS2 grading is as follows:

EDS2 Goal	**Grading (through stakeholder engagement)**
EDS2 Goals 1 and 2 Grading	Patient engagement event – By December 15th 2018
EDS2 Goal 3 Grading	Staff workshop by October 31st 2018
EDS2 Goal 4 Grading	Peer assessment by January 31st 2019
Final EDS2 Report to be on website	March 31st 2018

The WRES action plan will be integrated with the EDS2 action plan. The WRES and workforce data gathered since 2017 will inform the Equality Objectives for the period 2018-20. These will be published along with the annual equality report by March 2019.

Appendix 1 – National Workforce Race Equality Standard Metrics

Metric	**Workforce indicators** For each of these four workforce indicators, data is compared for White and BAME 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
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
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators For each of the four staff survey indicators, responses of White and BAME staff are compared
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	Percentage believing that trust provides equal opportunities for career progression or promotion
8.	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
9.	Percentage difference between the organisations' Board voting membership and its overall workforce