

Workforce Race Equality Standard



Reporting Template

Name of Organisation	Date of Report: Month	Year
YOUR HEALTHCARE COMMUNITY INTEREST COMPANY	October	2019
Name and Title of Board lead for the Workforce Race Equality Standard		
SIVA KUMARAN, BOARD LEAD FINANCE		
Name and contact details of lead manager compiling this report		
EVELYN DSANE, HUMAN RESOURCE BUSINESS PARTNER, Tel No: 020 8339 8174, Email: evelyn.dsane@yourhealthcare.org		
Name of commissioners this report has been sent to (complete as applicable)		
KINGSTON CLINICAL COMMISSIONING GROUP (KCCG)		
Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)		
SUE LEAR, DEPUTY DIRECTOR OF COMMISSIONING, Email: Sue.lear@swlondon.nhs.uk		
Unique URL link on which this Report and associated Action Plan will be found		
This report has been signed off by on behalf of the Board on (insert name and date)		
Siva Kumaran 25 October 2019		

Report on the WRES Indicators

Background narrative

The number of staff choosing not to disclose their ethnicity remains unchanged at 3.6%. Staff can enter their ethnicity in ESR (Electronic Staff Record) using Employee Self Service. There has been a reduction in headcount of 67 employees (11.61%) as at 31 March 2019 compared to the previous year due to staff transfers out. Your Healthcare CIC (YH) undertakes its own staff survey.

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

No

Total number of staff

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

510

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

22.33%

Self-Reporting

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

96.4%

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

The organisation continues to raise employee awareness of the importance of self-reporting, updating personal data including protected characteristics on ESR, and collecting information at both the recruitment and joining stage.

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

Yes, YH will be reviewing data and targeting employees with records missing to update their records using employee self-service facility.

Workforce data

a. What period does the organisations workforce data refer to?

12 months to 31st March 2019

Workforce Race Equality Indicators

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 STAFF by Pay band and BME/WHITE Ethnicity as at 1 April 2019

Pay Band Group	% BME	% WHITE	% Z NOT STATED
	% Headcount	% Headcount	% Headcount
811 Your Healthcare	21.1%	75.3%	3.6%
Band 2	43.9%	51.2%	4.9%
Band 3	4.0%	96.0%	0.0%
Band 4	25.0%	72.2%	2.8%

Band 5	38.6%	61.4%	0.0%
Band 6	14.1%	81.8%	4.0%
Band 7	13.8%	83.8%	2.5%
Band 8a	15.0%	80.0%	5.0%
Band 8b	0.0%	100.0%	0.0%
Band 8c	0.0%	100.0%	0.0%
Band 8d	0.0%	100.0%	0.0%
Band 9	0.0%	0.0%	0.0%
M & D	50.0%	0.0%	50.0%
Other - Social Care Staff	9.5%	85.7%	4.8%

NON CLINICAL STAFF BY Pay band and BME/WHITE Ethnicity as at 1 April 2019

Comments:

Pay Band Group	% BME	% WHITE	% Z NOT STATED
	% Headcount	% Headcount	% Headcount
811 Your Healthcare	26.5%	70.1%	3.4%
Band 2	16.7%	83.3%	0.0%
Band 3	29.3%	65.9%	4.9%
Band 4	23.8%	76.2%	0.0%
Band 5	21.4%	71.4%	7.1%
Band 6	40.0%	60.0%	0.0%
Band 7	57.1%	42.9%	0.0%
Band 8a	25.0%	75.0%	0.0%
Band 8b	28.6%	71.4%	0.0%

Band 8c			
Band 8d			
Band 9	25.0%	50.0%	25.0%
VSM	0.0%	100.0%	0.0%
Non-M&D ad hoc	0.0%	100.0%	0.0%
Other - Social Care Admin	0.0%	100.0%	0.0%

Comments

Overall there has been a reduction in staff number (headcount) from 577 as at 1 April 2018 to 510 at 1 April 2019. This reduction is mainly due to a TUPE transfer of staff.

There has been a reduction in the clinical headcount from 463 on 1 April 2018 to 393 on 1 April 2019. However the % of white clinical staff has increased very slightly from 74.3% on 1 April 2018 to 75.3% on 1 April 2019, whilst the % of BME clinical staff has decreased slightly from 22.5% to 21.1% in the past year. The percentage of Clinical staff not disclosing their ethnicity has remained stable at around 3%.

There has been an increase of 3 non-clinical staff from 114 a year ago to 117 on 1 April 2019 and as at 1 April 2019 the percentage of white non-clinical staff had increased slightly from 69.3% to 70.1%. The percentage of BME non-clinical staff has remained stable at 26% and the percentage of non-clinical staff not wishing to disclose their ethnicity has decreased slightly.

Overall at Your Healthcare the number of white staff has increased by 0.8% and the number of BME staff has decreased by 0.8%. Despite staff being able to enter their ethnicity on ESR (Electronic Staff Record) using Employee Self Service the percentage of staff not disclosing their ethnicity remains relatively unchanged.

2. Relative likelihood of staff being appointed from shortlisting compared to that of white staff being recruited from shortlisting across all posts (This refers to both external and internal posts)

Descriptor	White	BME	Not Stated
Number of Shortlisted Applicants	189	157	11
Number appointed from Shortlisting	45	26	0
Ratio shortlisted/appointed	189/45	157/26	11/0

- Likelihood of white being appointed from shortlisting: $45/189 = 0.24$ Likelihood of BME staff being appointed from shortlisting: $26/157 = 0.17$
- Relative likelihood of white staff being appointed from shortlisting compared to BME staff ($0.24/0.17$) is 1.41 times greater
- White applicants still have a greater chance of being appointed from shortlisting than BME but the gap has narrowed over the past year. In 2017/18 white applicants were 1.65 times more likely to be appointed compared to this year's result.

3. Relative likelihood of staff entering the formal disciplinary process, compared to white staff entering the formal process, measured by entry into a formal disciplinary investigation. This indicator is based on a 2 year rolling average of the current year and the previous year

Descriptor	White	BME	Not stated
Number of staff in workforce	801	248	38
Number of staff entering the formal disciplinary process	3	5	1

- Likelihood of white staff entering the formal disciplinary process = $3/801 = 0.004$
- Likelihood of BME staff entering the formal disciplinary process = $5/248 = 0.020$
- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore $(0.020/0.004) = 5$ times greater
- In 2017/18 BME staff were 18* times more likely to enter the formal disciplinary process. However in 2018/19 this has decreased to 5 times more likely to enter the formal process.

***Note in 2018 that there were two incidents in two of the residential homes which involved a number of BME staff. These homes had a high proportion of BME staff. Also, there were 4 BME staff involved in one incident.**

4. Relative likelihood of BME staff accessing non mandatory training and CPD compared to White Staff

Descriptor	White	BME	Not stated
Number of staff in workforce	378	114	18
Number of staff accessing non mandatory training and CPD	225	54	2

- Likelihood of white staff accessing non-mandatory training and CPD is $225/378 = 0.59$
- Likelihood of BME staff accessing non mandatory training and CPD is $54/114 = 0.47$
- Relative likelihood of BME staff accessing non mandatory training and CPD compared to White staff is $0.59/0.47$. In effect both groups are almost equally likely to access training.

PLEASE NOTE THAT THE RESPONSES FOR INDICATORS 5 TO 8 ARE RESULTS OF THE STAFF SURVEY FOR 2019. The previous year's staff survey did not show BME percentages so it is not possible to make direct comparisons with 2018 BME percentages.

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

White 14% BME 8%

There was an overall reduction in the percentage of overall staff experiencing harassment, bullying or abuse from service users and the public from 17% in 2018 to 12% in 2019.

6. Percentage of staff experiencing bullying or abuse from staff in last 12 months

White 7% BME 10%

This went down from the overall Your Healthcare figure of 14% in 2018 to 8% in 2019.

7. Percentage believing that Your Healthcare provides equal opportunities for career progression or promotion

White 81% BME 85%

The number of staff overall reporting they believe the organisation acts fairly in respect of equal opportunities for progression or promotion increased this year from 62.3% in 2018 to 80% in 2019.

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.

Only 17% (8) of the BME population who responded to the survey answered this question with 3 out of 8 reporting they have personally experienced discrimination. The response rate to this particular question is very low and cannot be assumed to be representative.

Overall 33 out of the 444 respondents to the survey responded to this question. 67% of the 33 had experienced discrimination from colleagues, 30% (10) had experienced discrimination from their manager and 24% (8) had experienced discrimination from their team leader.

The continuing improvements have been the result of YH's Manifesto, promoting the organisational values, expected behaviours and giving staff the freedom to act and deliver the expected outcomes. Your Healthcare is fully committed to actively promoting behaviours that ensure employees feel safe at work.

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.

- | | |
|--|-------------------------------------|
| <ul style="list-style-type: none">• Board (77.8% - White, 11.1% - BME, 11.1% - Not stated)• YH (74.12% - White, 22.40% - BME, 3.53% - Not stated) | Non-Executive Directors 100% white. |
|--|-------------------------------------|

As at 31 March 2019 the Board Voting Membership has 3.68% more white than the white representation in the overall workforce (74.12%). This is a reduction of 0.79% on the previous figure of 4.47% in 2018. The Board BME representation is 11.29% less than the overall BME workforce of 22.40%.

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

Desired Outcomes

- Improve % of BME staff across the organisation (indicator 1)
- Continue to improve the likelihood of BME staff being appointed from shortlisting (indicators 2)
- Improve the likelihood of BME staff entering formal disciplinary process (indicator 3)
- Ensure that all staff including BME staff have a good experience in the workplace.
- YH operates a distributed leadership model and is inclusive.

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised, 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.

Develop and implement action plan as follows to ensure YH is able to demonstrate improvement in the areas required by April 2020.

Action Plan for the period to 31 March 2020

- Continue developing an open and inclusive culture as communicated in the YH Manifesto which gives all employees regardless of background the freedom to change things and innovate
- Continue with Futures forum and engaging all staff in discussions about the future direction of the organisation, new ways of working and innovation
- Continue to promote a distributive leadership culture
- Continue to promote development opportunities eg Cambium and apprenticeship programmes to all staff and monitor progress of all BME staff following a CPD programme.
- Monitor disciplinary and grievance cases for bias
- Launch a communication campaign on YH's zero tolerance for bullying, harassment, abuse and violence by service users and staff.
- Continue to improve data collection and quality