Workforce Race Equality Standard

REPORTING TEMPLATE

NHS

Template for completion

Name of provider organisation

First Community Health and Care

Date of report: month/year

April | **2023**

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

Jon Ota, Director of Quality and People

Name and contact details of lead manager compiling this report

Angelique Humphris, Head of People

Names of commissioners this report has been sent to

Surrey Heartlands ICB

Name and contact details of co-ordinating commissioner this report has been sent to

Dan Whalley, Surrey Heartland ICB

Unique URL link on which this report will be found (to be added after submission)

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

Jon Ota, Director of Quality and People

Report on the WRES

1. Background narrative

a. Any issues of completeness of data

As at 31 March 2023, ethnicity was known for 95% of the substantive workforce (headcount = 519, excluding non-executive board members) this compares to 94.8% at 31 March 2022. There is no variance from 2022 to 2023.

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

None

2. Total numbers of staff

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

519 substantive staff, excluding non-executive board members

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

BME = 11.4% (with 5% of the workforce not stating their ethnicity)

Report on the WRES indicators,

3. Self-reporting

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

As at 31st March 2023, 95% of staff declared their ethnicity

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

We have sent regular communications to staff to check their monitoring information and encourage staff to self declare on all aspects of their monitoring information.

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

Continue to promote within the organisation the importance of self reporting.

Continued work in line with our EDI agenda.

4. Workforce data

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

Staff in post as at 31st March 2023

Recruitment and training data 1 April 2022 – 31 March 2023

NHS staff survey undertaken September to November 2022

Report on the WRES indicators,

5. Workforce Race Equality Indicators

	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, the Standard compares the metrics 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. |

Data for reporting year

Percentage of BME Staff 2022-2023		
Band	**Clinical**	**Non-clinical**
Band 2 (24)	38%	0%
Band 3 (109)	10%	6%
Band 4 (39)	9%	6%
Band 5 (58)	17%	8%
Band 6 (110)	10%	33%
Band 7 (117)	8%	25%
Band 8a (43)	12%	6%
Band 8b (12)	50%	10%
Band 8c, 8d,9 &VSM (7)	0%	14%
% of BME staff across the organisation	**11.4%**	

Data for previous year

Percentage of BME Staff 2021-2022		
Band	**Clinical**	**Non-clinical**
Band 2 (29)	44%	0%
Band 3 (110)	11%	7%
Band 4 (40)	0%	11%
Band 5 (67)	15%	13%
Band 6 (112)	10%	29%
Band 7 (119)	9%	25%
Band 8a (38)	12%	15%
Band 8b (13)	0%	17%
Band 8c, 8d,9 &VSM (7)	0%	14%
% of BME staff across the organisation	**12.3%**	

Narrative:

Data source ESR

There was a 1% point reduction in BME staff from last reporting year to this reporting year.

There is a slight upward trend in ethnic minority colleagues in the higher bands (Band 7 and above)

Action taken and planned:

Action taken:

Review of job adverts and job descriptions to ensure inclusivity.

Review of recruitment platforms so we are able to reach a more diverse workforce.

Action Planned:

Continue to advertise posts on a variety of different platforms in order to reach range of candidates from different backgrounds.

Reviewing the way applicants apply to make it easier, including allowing the submission of CVs

Report on the WRES indicators,

2	Relative likelihood of staff being appointed from shortlisting across all posts.								*Data source ESR*	**Action taken**:

2022-2023

WRES Grouping	BME	White
Shortlisted	37	153
Hired	19	80
Ratio	*0.51*	*0.52*

Relative Likelihood = 0.52 (White) / 0.51 (BME) = 1.02

Relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 1.02 times greater.

2021-2022

WRES Grouping	BME	White
Shortlisted	36	203
Hired	21	128
Ratio	*0.58*	*0.63*

Relative Likelihood = 0.63 (White) / 0.58 (BME) = 1.09

Relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 1.09 times greater.

Data source ESR

The data shows that white applicants are more likely to be appointed compared to ethnic minority applicants.

This has slightly improved from the previous reporting period.

Action taken:

Review of job adverts and job descriptions to ensure inclusivity.

Review of recruitment platforms so we are able to reach a more diverse workforce.

Action Planned:

People management training in relation to conducting a fair interview, including training on EDI awareness.

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.

2021 – 2023

	Headcount	Disciplinary
White	444	0
BME	67	0
Not Stated	30	0
Total	541	0

No formal disciplinaries took place during this time.

2020 - 2022

	Headcount	Disciplinary
White	440	0
BME	67	0
Not Stated	28	0
Total	535	0

No formal disciplinaries took place during this time.

Data source ESR

No formal disciplinaries took place during this time.

Action Taken:

Continuous monitoring of ER cases on a quarterly basis in line with protected characteristics.

Action Planned:

Monitor ER cases on a case by case basis in relation to protected characteristics

| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | | | | | | | There has been a significant change in the likeliness of ethnic minority staff accessing non mandatory training to white colleagues.

Training is also accessed in higher banded roles. | **Action Taken:**

Jon Ota has joined the NHS BAME Leadership Network through the NHS Confed. The BAME Leadership Network exists to strengthen the voice of NHS BAME leaders and to support NHS providers to meet the needs of all communities.

Action Planned:

Promote development programmes aimed at ethnic minority staff such as 'Stepping up' and 'Ready Now' from the NHS Leadership Academy.

Promote general leadership development opportunities through the NHS Leadership Academy (e.g. Mary Seacole) through staff networks.

Review applications and application process to better understand where the barriers are. |

Table 1

WRES Category	Headcount	No of staff accessing training	Ratio
BME	59	6	0.10
White	434	62	0.14
Not Stated / Not Given	26	2	0.08

Relative Likelihood = 0.14 (White) / 0.10 (BME) = 1.4

Therefore white staff were 1.4 times more likely to access non mandatory training.

Table 2

WRES Category	Headcount	No of staff accessing training	Ratio
BME	66	8	0.12
White	446	44	0.10
Not Stated / Not Given	29	0	0.00

Relative Likelihood = 0.10 (White) / 0.12 (BME) = 0.83

Therefore BME staff were 0.83 times more likely to access non mandatory training.

Report on the WRES indicators,

	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 staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	WHITE – 16.1% of 342 staff BME – 18.8% of 32 staff	WHITE – 19.4% of 320 staff BME – 20.8% of 48 staff	There has been a positive downward trend within this indicator in relation to the experiences of our ethnic minority colleagues.	**Action Taken:** We continue to advocate a zero tolerance of violence towards our staff. Continue to promote our REACH network as a support for our ethnic minority colleagues. **Action Planned:** We have new Freedom to Speak Up Guardians who are attending all areas of the organisation to continue to discuss the importance of raising concerns. Connect with ongoing work in the local ICS on bullying / harassment and abuse towards BAME staff from managers / other staff and implementation of recommended actions.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	WHITE – 13.6% of 342 staff BME – 15.6% of 32 staff	WHITE – 16.6% of 319 staff BME – 16.3% of 49 staff	Data shows a decrease in percentage of ethnic minority colleagues experiences, but this decrease is more significant with colleagues than our ethnic minority colleagues.	**Action Taken:** Training of managers to deal with informal and formal instances of bullying and harassment.

					Promotion of our Freedom to speak up guardians and their role. **Action Planned:** Continue with the above actions taken.
7	Percentage believing that the organisation provides equal opportunities for career progression or promotion	WHITE – 73% BME – 54.8%	WHITE – 67.6% BME – 36.7%	This is a significant increase compared to last year in ethnic minority staff believing the organisation provides equal opportunities.	**Action Taken:** Career pathways have been developed to support staff in their progression. Promote development programmes aimed at BAME staff such as 'Stepping up' and 'Ready Now' from the NHS Leadership Academy. Promote general leadership development opportunities through the NHS Leadership Academy (e.g. Mary Seacole) through staff networks. **Action Planned:** Continue with above actions
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	WHITE – 4.4% of 342 staff BME - 9.4% of 32 staff	WHITE – 3.6% of 336 staff BME – 12.2% of 49 staff	Whilst there is a downward trend in this indicator for ethnic minority staff there is still a significant gap between colleagues.	**Action Taken:** Promote the BAME network. Network chair identified as Speak up champion and experiences shared in relation to discrimination and harassment at work to be fed back through executive lead for inclusion Monitor disciplinary and grievance cases in line with EDI characteristics **Action Planned:** Continue to do the above actions.

Report on the WRES indicators,

9	Boards are expected to be broadly representative of the population they serve	30% BAME – 3 out of 10 are BAME	30% BAME – 3 out of 10 are BAME	There has been no change in our Board representation. This is due to no leavers amongst our board members.	**Action taken:** Have BME representation within COG, who is responsible for appointing Board members **Action Planned:** Advertise roles on a broad range of portals that are accessible to range of possible candidates. Diversity of recruiting panel to board level roles

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."**

No

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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