Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

NHS England

Date of report: month/year

July 2016

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

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

N/A

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

N/A

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

TBC

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

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

NHS England was established on the 1st April 2013, with work force data being amalgamated from 162 sender organisations which was largely incomplete and had varying quality of data accuracy regarding the workforce protected characteristics. Once all workforce data was uploaded to the Electronic Staff Records (ESR) system on the 30 April 2013 it was recognised that there was a large amount of 'Unknown' data located on ESR. This was made up of 'not stated' where a person has chosen not to declare their protected characteristics and 'unknown' where a person's data has not been recorded. For the period 1 May 2015 to 30 April 2016, the range of 'unknown' data dropped from 18% to 16% across the protected characteristics. Whilst steady improvement has been made, the net effect remains that as an organisation it remains difficult for us to understand the experiences of our staff, and how to identify or address potential patterns of disadvantage or discrimination.

Recognising the importance of having accurate workforce data and high % of completeness on ESR a wide number of actions have been

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

As agreed in 2105 and to enable meaningful comparison with our last submission, we continue to report our data as of the 30 April due to the date NHS England was formed and all workforce data was live.

2. Total numbers of staff

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

4910 on payroll staff were employed as at 30th April 2016

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

12% of NHS England employees had disclosed themselves as BME as at 30th April 2016

3. Self reporting

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

84% of staff have self-reported their ethnicity to NHS England

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

During 2015/16 the following steps have been taken to improve the level of self-reporting by ethnicity:
• In September 2015 NHS England launched the' What's it got to do with you?' campaign developed by Stonewall to encourage disclosure of monitoring information. The campaign was designed to foster trust and give our employees the confidence to share their equality and diversity data. The campaign helped colleagues to understand how the data is used and highlighted the benefits of having accurate workforce data. As part of this campaign all our on payroll employees were sent a leaflet as a payslip attachment in September 2015.
• Dedicated intranet pages were created and publicised in support of the 'What's it got to do with you campaign?' reinforcing the importance of

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

The following activities are planned for 2016/17
• Create a workforce profile for every director so they can monitor and track data in ESR.
• Publish data by region/directorate to provide a more comprehensive overview with the ability to tackle 'hot spot' areas.
• Agree a suite of data and ensure availability to all managers.
• Role out additional training in Employee Self Service.
• Staff networks to encourage members to update their equality data.

4. Workforce data

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

1st May 2015 to 30th April 2016

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.	Percentage of BME staff by band band: Band 2 - 13% Band 3 - 7% Band 4 - 14% Band 5 - 16%	Percentage of BME staff by band band: Band 2 - 12% Band 3 - 15% Band 4 - 10% Band 5 - 11%	NHS England staff on medical terms and conditions are shown as one group as these are all senior staff working for NHS England in a managerial or consultancy capacity. Therefore no added value would be gained from splitting this group down further. From the breakdown of BME staff by AFC bands we can see that there is a drop off of BME staff	One of NHS England's main priorities, refreshed in the Business Plan 2016-17, is further improving our workforce and management to better reflect the diverse population we serve. As such, the Improving NHS England diversity workstream was set up to ensure that the NHS England workforce is more representative of the population it services, especially when
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are 1.93 times more likely to be appointed from shortlisting than BME staff.	White staff are 2.18 times more likely to be appointed from shortlisting than BME staff	We can see an increase of the number of BME staff being appointed from shortlisting compared to White staff however White staff are still more likely to be appointed from shortlisting than BME staff. The recent introduction of EDR's to the recruitment process along with unconscious bias training may have assisted with the improvement in this score.	Data reporting has now been standardised and patterns are analysed on an annual basis. In addition to the introduction of Equality and Diversity Representatives focusing on supporting inclusive recruitment processes for the benefit of internal and external BME candidates, a number of Organisation Development initiatives have been developed to support the internal
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.	BME staff are 2.8 times more likely to enter the formal disciplinary process than White staff	BME staff are 1.7 times more likely to enter the formal disciplinary process than White staff	The small data set for this metric means that small fluctuations in the numbers of White or BME staff entering the formal disciplinary process can have significant influence on the scores. We acknowledge that the data set is possibly not inclusive of all disciplinary cases within NHS England due to lack of formal reporting. NHS England is currently working on strengthening the	Following consultation with the workforce NHS England has developed, published and promoted a set of management standards. These are the behaviours, practices and capabilities that are expected to be demonstrated by all line managers in NHS England. Promoting Equality, Diversity and Inclusion is one of the six core capabilities that has been identified as crucial for
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME staff are 1.16 times more likely to access non-mandatory training and CPD than White staff.	White staff are 1.14 more likely to access non-mandatory training and CPD than BME staff	BME staff at NHS England are now more likely to access Non-mandatory training and CPD than white staff. Although the shift is small this shows a commitment by the organisation to deliver equity in oppose to equality and that the organisation acknowledges the fact that not everyone is starting on a level playing field.	Opportunities for non-mandatory training and CPD are being promoted via the staff networks, alongside opportunities for coaching and mentoring.

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 BME	White BME	Non applicable	Non applicable
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 21% BME 31%	White BME	Historic data is not available as NHS England do not complete the NHS Staff Survey and did not include this question in their own survey for the year 2015 to 2016.	During the last reporting period NHS England successfully launched a multimedia Respect at Work Campaign designed in response to feedback from the staff barometer relating to bullying and harassment. The campaign
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 55% BME 37%	White BME	Historic data is not available as NHS England do not complete the NHS Staff Survey and did not include this question in their own survey for the year 2015 to 2016.	In addition to the introduction of Equality and Diversity Representatives who will focus on supporting inclusive recruitment processes to the benefit of both internal and external candidates. A number of Organisation Development initiatives
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 9% BME 21%	White BME	Historic data is not available as NHS England do not complete the NHS Staff Survey and did not include this question in their own survey for the year 2015 to 2016.	Launched the Equality, Diversity and Inclusion policy and undertaken a refresh of the Respect at Work Policy. Introduced a BME Staff Network. Run a successful Respect at Work Campaign,
	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.	8%	15%	The decrease in board BME representation is due to 1 Female BME Non-Executive Director term coming to an end. She has been replaced by another Female Non-Executive director who is not from a BME background.	

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.

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