Alliance Medical: Workforce Race Equality Standard Indicators & Action Plan (July 2018)

Background

The Workforce Race Equality Standard (WRES) was developed for use by NHS service providers, including the independent sector, and is a component part of the NHS standard contract

The main purpose of the WRES is to help local and national NHS organisations to review their data against nine WRES indicators, to produce action plans to close the gaps in workplace experience between White and Black & Ethnic Minority (BME) staff, and to improve BME representation at the Board level of the organisation.

Alliance Medical Context

At April 2016, our ability to provide quantitative analysis was constrained due to the low volume of ethnicity data held on our central HR information systems (HRIS). Ethnicity is a data item that is captured through our recruitment process, however, this data is provided on a voluntary and not mandatory basis and was only held on paper records. In late 2014 approval was provided to develop a replacement HR and payroll information system. 2015 saw the successful launch of the payroll functionality with new self-service enabled HR functionality launched in 2016. The self-service functionality has been used as the catalyst to encourage colleagues to self-populate relevant WRES data such that meaningful WRES indicator analysis can take place. When the WRES process commenced, only 13.5% of employee records on our HRIS contained ethnicity data; our objective was to increase this figure to a minimum of 30% by April 2017. Through self-service and central data entry, 82% of employee records now contain ethnicity data, up from 74% on 2017.

Alliance Medical's candidate management system has also been updated to introduce the functionality to capture ethnicity data. This has enabled WRES reporting on short-listing which will be further improved on the introduction of a new recruitment system in late 2018.

Manual recording processes have been introduced to enable WRES reporting on disciplinary processes and we now have the requisite information to report on a two year rolling period basis.

Alliance Medical operates a regular employee survey with the latest one taking place in May 2018. We do not participate in the NHS Employee Survey, however, our survey does capture the specific WRES related questions to allow reporting on these measures.

Alliance Medical has introduced a recording process for non-mandatory training which now allows us to report on this measure.

Pete Winchester
HR Director
July 2018

Workforce Indicator Status

Workforce Indicator 1: Percentage of staff in each salary benchmark compared with the percentage of staff in the overall workforce.

<=£20,000 p.a.	**Clinical Staff in Salary Benchmark**	**Non-Clinical Staff in Salary Benchmark**	**% in Total Workforce**
BME	0%	9%	18.2%
Not Known / Not Provided	0%	9%	18.4%
White	0%	82%	63.4%
£20,001 - £30,000 p.a.			
BME	40%	11%	18.2%
Not Known / Not Provided	11%	21%	18.4%
White	49%	68%	63.4%
£30,001 = £40,000 p.a.			
BME	30%	16%	18.2%
Not Known / Not Provided	15%	28%	18.4%
White	55%	56%	63.4%
£40,001 - £50,000 p.a.			
BME	11%	7%	18.2%
Not Known / Not Provided	42%	17%	18.4%
White	47%	76%	63.4%
£50,001 - £60,000 p.a.			
BME	100%	0%	18.2%
Not Known / Not Provided	0%	16%	18.4%
White	0%	84%	63.4%
>£60,000 p.a.			
BME	0%	0%	18.2%
Not Known / Not Provided	0%	31%	18.4%
White	0%	69%	63.4%

Workforce Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

Descriptor	**White**	**BME**	**Not Provided**
Number of shortlisted applicants	457	361	0
Number appointed from shortlisting	N/a	N/a	N/a
Relative likelihood of appointment from shortlisting	N/a	N/a	N/a

AML approved the implementation of an upgraded applicant tracking system which has not yet been implemented. As a result, it is not possible to report on the proportion of short-listed candidates who progressed to appointment due to a lack of data within current systems.

Workforce Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note: Data used from 1 January 2017 to 30 June 2018.

Descriptor	**White**	**BME**	**Not Provided**
Number of staff in workforce	568	163	165
Number of staff entering the formal disciplinary process	11	4	10
Relative likelihood of entering the disciplinary process	0.0193	0.0245	0.0606
Relative likelihood of BME staff entering the disciplinary process compared to white staff is 1.27 times greater. (N.B. Data collection for this metric commenced in the absence of more complete ethnicity data, therefore, the results are potentially unrepresentative as ethnicity information is unavailable for 40% of staff entering the disciplinary process.			

Workforce Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.

Note: Data used from 1 January 2017 to 31 December 2017.

Descriptor	**White**	**BME**	**Not Provided**
Number of staff in workforce	568	163	165
Number of staff accessing non-mandatory training and CPD.	81	47	60

Relative likelihood of accessing non-mandatory training and CPD.	0.143	0.288	0.364
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 0.5. As this figure is below "1" it indicates that white staff members are less likely to access non-mandatory training and CPD than BME staff. (N.B. Data collection for this metric commenced in the absence of more complete ethnicity data, therefore, the results are potentially unrepresentative as ethnicity information is unavailable for 32% of staff accessing non-mandatory training and CPD.			

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

2017 Survey		**2018 Survey**	
White	**BME**	**White**	**BME**
22%	18%	17%	22%

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

2017 Survey		**2018 Survey**	
White	**BME**	**White**	**BME**
14%	10%	10%	10%

Workforce Indicator 7: Percentage believing that Alliance Medical provides equal opportunities for career progression or promotion.

2017 Survey		2018 Survey	
White	**BME**	**White**	**BME**
70%	69%	75%	76%

Workforce Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following: manager/team leader/other colleagues?

2017 Survey				2018 Survey			
Manager / Team Leader?		**Other Colleagues?**		**Manager / Team Leader?**		**Other Colleagues?**	
White	**BME**	**White**	**BME**	**White**	**BME**	**White**	**BME**
6%	12%	6%	6%	5%	10%	3%	11%

Workforce Indicator 9: Percentage difference between Alliance Medical's Board voting membership and its overall workforce.

White	BME
100%	0%
63.4%	18.2%

Findings & Action Plan

Since 2016, Alliance Medical has increased the proportion of recorded ethnicity data from 13.5% to 82% of team members. As a result, meaningful analysis is now possible across the majority of the WRES indicators. Work will continue to increase this figure for our 2019 WRES return.

Action: Continue to encourage team members to self-populate ethnicity data on the HRIS where this has not already been provided.

Alliance Medical's overall workforce composition shows a distribution of 64% White and 18% BME for those staff who have provided ethnicity data. Overall, BME representation is highest in the £20,001 to £30,000 and £30,001 to £40,000 clinical salary ranges at 40% and 30%. This is a significant increase from 2017 when BME representation in these categories was 26% and 22%. There remains no BME representation in roles above £60,000 based on the available ethnicity data. BME representation in other categories has remained consistent.

Action: Develop an action plan in partnership with the Employee Forum to increase the proportion of BME and other under-represented populations in senior roles.

2017 / 2018 saw AML invest heavily in education, learning and development initiatives, including both management development, clinical development and a new apprenticeship scheme. BME colleagues have a higher likelihood of attending such non-mandatory training activity than white colleagues.

The proportion of staff believing that Alliance Medical provides equal opportunities for career progression or promotion rose for both white and BME staff in the year to 75% and 76%.

System limitations continue to preclude AML from monitoring the proportion of short-listed applicants who are appointed into roles. Of the short-listed candidates for all roles, 56% were white and 44% BME.

Action: Launch the new Alliance Medical candidate management system to ensure short-listing to appointment information can be captured for the 2019 WRES return.

The proportion of white staff experiencing harassment, bullying or abuse from patients, relatives or the public fell from 22% to 17%. For BME colleagues, this figure rose from 17% to 22%. Both figures remain below the national averages for the health sector.

The proportion of white staff experiencing harassment, bullying or abuse from staff again fell from 14% to 10% whereas for BME staff it remained the same at 10%.

The proportion of staff experiencing discrimination from their manager by white and BME staff remained broadly similar at 5% and 10% respectively. The proportion of BME staff experiencing discrimination from other colleagues rose from 6% to 11%.

Action: Continue to work in partnership with the Employee Forum to reduce the level of bullying, harassment, abuse and discrimination experienced by AML staff.