Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Locala Community Partnerships CIC

Date of report: month/year

September 2018

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)

Sarah Mackenzie-Cooper (Equality and Diversity Manager & Staffside Coordinator) Yorkshire and Humber Commissioning Support

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

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

http://www.locala.org.uk/fileadmin/Locala_Refresh/Documents/Corporate/wres-reporting-template-current.pdf

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

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

Indicator 2 - Last year indicator 2 was calculated as the 'Relative likelihood of BME staff compared to White staff' being appointed from shortlisting, and the figure was 0.57 times. Following clarification in the guidance published in July 18, the figure this year is 'Relative likelihood of White staff compared to BME staff', and so on the template last year's figure of 0.57 times has been changed to 1.74 times so that the current template is comparing like with like.

Indicator 4 - Last year indicator 4 was calculated as the 'Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff' and the figure was 1.26 times. Again following clarification in the guidance published in July 18, the figure this year is 'Relative likelihood of White staff accessing non mandatory training and CPD as compared to BME staff', and so on this year's template last year's figure of 1.26 times has been changed to 0.79 times, so that the current template is comparing like with like.

2. Total numbers of staff

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

1424

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

9.3%

3. Self reporting

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

94.0%

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

None.

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

No

4. Workforce data

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

The staff in post data was extracted with an effective date of the 1st April 2018. The Survey questions were completed in Jul 2018.

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.	Clinical ---------- B2 11.1% B3 9.5% B4 6.9% B5 6.6% B6 5.9% B7 2.2%	Clinical B2 10.4% B3 10.9% B4 6.6% B5 6.0% B6 4.9% B7 2.2% B8A 5.4%i	Overall the percentage of BME clinical staff has decreased by 1.6% and has increased by 1.3% for non-clinical staff compared to data for previous year. Medical and Dental have an overall percentage of 41.7%. Locala overall has 9.3% which is a reduction of 2.9% on the previous year	Continued activity with local community groups to raise the profile of Locala as an employer of choice and to increase applications from BME colleagues to accurately reflect the community we serve.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	0.93 times	1.74 times	This figure improved from previous year by 0.81 to 0.93.	Continued activity with local community groups to raise the profile of Locala as an employer of choice and to increase applications from BME colleagues to accurately reflect the community we serve.
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.	2.8 times	2.9 times	This has seen an improvement on previous year by 0.1% with a reduction to 2.8 times.	To continue to monitor the data for White and BME colleagues in relation to disciplinary investigations.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.09 times	1.26 times	This has seen a reduction in performance by 0.17 times.	Funding panel has been set up and promotion of applications for funding is ongoing within BU's.

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 20.0% BME 27.5%	White 24.5% BME 20.4%	There has been a reduction in the white colleague group from last year. However there has been an increase of 7.1% for BME colleagues from last year. This is 7.5% higher reported rate than white colleagues.	Continued promotion of duty of candour. Action plan developed through the Equality and Diversity Group,
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 10.9% BME 9.8%	White 10.6% BME 9.4%	Both groups have seen a slight and comparable increase on last year.	Ongoing work and monitoring with Staff Side representatives to look at bullying and managing colleagues in the right way.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90.0% BME 95.0%	White 51.1% BME 46.0%	There has been significant improvement on this from the previous year for both groups. BME group has improved by by 51% and White colleagues by 38.9%.	
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 6.9% BME 7.8%	White 7.5% BME 8.2%	There has been a reduction in this measure for both groups.	Continued promotion of leadership development including courses and coaching interventions
	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.	Voting Board 3.2% Executive Board -9.3%	-8.8%	This has improved on previous years figure to 3.2% for the voting board.	Locala will continue to ensure all vacancies are promoted out to the wider community to increase applications from under represented groups.

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?

No

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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