Alliance Medical: Workforce Race Equality Standard Indicators & Action Plan (December 2020)

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

Our capacity to provide quantitative analysis has substantially improved over the last 5 years with ethnicity data increasingly captured as part of our recruitment process and as a core part of our employment records. Data is held electronically on our central HR and payroll information system and maintained utilizing an employee self-service function. Employees are encouraged to check and amend their personal, protected characteristics on a regular basis and asked to ensure that ethnicity data is provided, where they have not done so. Accordingly, the percentage of employee records holding ethnicity data has increased from 13.5% [2016] to 93% in 2020.

Alliance Medical's Applicant Tracking System was upgraded in January 2020 and offers further capabilities designed to capture key information and facilitate improved analysis of ethnicity data at all stages of the recruitment process. Alliance Medical committed to this being a specific requirement in the system review process.

WRES reporting on disciplinary processes continues to be collected on a two-year rolling period basis. Recording of mandatory/non-mandatory training continues to be captured electronically on our Learning Management System which in turn provides effective reporting on opportunities and take-up in respect of employee development.

Alliance Medical undertakes an annual Experience@Work survey and every two years undertakes a comprehensive employee engagement survey which is integrated with our parent company, Life Healthcare.

WRES Findings

Overall, Alliance Medical is pleased to see further progress to increasing BME representation across the organisation. Across the pay-bands there has been improvement in representation through our clinical roles with an increased proportion of BME colleagues holding senior clinical posts than in previous years. There remains a need to focus on BME representation in senior non-clinical and management roles, especially at Senior Executive and Board level. The company is committed to actions which ensure a fair and accessible recruitment process at every level of the organisation and that development opportunities are in place to support this. Equality, Diversity & Inclusion is positioned as a priority objective for the LifeHealthcare Board and therefore flows in to the objectives of the Alliance Medical Senior Management team.

Alliance Medical is focused on addressing key skills shortages, with specific attention placed on developing a highly-skilled multi-national workforce to address low supply for some key roles in essential clinical specialisms, which will further enhance diversity in the workforce. Previously the UKVI sponsorship system has restricted the career development opportunities available to many sponsored workers. It is expected that the new points

based system will provide freedoms and opportunities for a greater proportion of our BME colleagues to consider career progression in the organisation, including development in to management and other non-clinical career paths.

Alliance Medical continues to invest heavily in education, learning and development initiatives, including both management development, clinical development and a new apprenticeship scheme. BME colleagues have a similar likelihood of attending non-mandatory training activity as white colleagues.

The responses to indicators 5 to 8 have all improved apart from one, which is encouraging to see. The most significant improvement is in the proportion of staff experiencing harassment, bullying or abuse from patients, relatives or the public which has significantly reduced this year for both BME and non BME employees by 7% and 8% respectively.

The proportion of staff believing that Alliance Medical provides equal opportunities for career progression or promotion decreased slightly for BME employees from 75% to 73%. This figure remains higher than the average for the healthcare sector. However, 80% of non BME employees believe there are equal opportunities which is a 7% increase in last year and shows a widening disparity with the perception of BME team members. This perception is not reflected in the representation of BME colleagues in senior clinical positions, however is apparent in senior non-clinical and management roles, which highlights a specific area of focus for us.

During the year, we have specifically developed our reporting and analytics capability for key events and employment life cycle activities. This enables us to better analyse the experiences different groups in the organisation have through particular events such as pay progression; performance appraisal and recognition. This gives us a broader set of information than that required by the WRES, which is used to inform our Equality, Diversity and Inclusion strategy.

Covid-19 has brought specific and significant challenges for Alliance Medical, as it has for many employers. Alliance Medical has taken a structured approach to risk assessing the potential impact of Covid for all employees and has been particularly aware and attentive to the disproportionate impact Covid-19 has had on BME colleagues. In addition to the measures taken to protect all employees and provide them with safe working environments, Alliance Medical have considered and followed the guidance provided for BME colleagues carefully. Specific risk assessments, including individual Occupational Health assessments where required, and provision of higher level PPE and/or additional 'Covid Secure' measures have been arranged for all BME colleagues. We have monitored the situation closely throughout for all employees through formal management, risk assessment and audit processes in response to the Covid-19 outbreak.

Georgina Hayes
HR Director
December 2020

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. *13% of overall workforce*	**Clinical Staff in Salary Benchmark**	**Non-Clinical Staff in Salary Benchmark**		**Clinical staff in workforce**	**Non-Clinical staff in workforce**	**Overall Workforce**
BME	0%	7%		16%	8%	24%
Not Known / Not Provided	0%	2%		3%	3%	6%
White	0%	90%		23%	47%	70%
£20,001 - £30,000 p.a. *32% of overall workforce*						
BME	59%	18%		16%	8%	24%
Not Known / Not Provided	5%	10%		3%	3%	6%
White	36%	73%		23%	47%	70%
£30,001 = £40,000 p.a. *33% of overall workforce*						
BME	39%	16%		16%	8%	24%
Not Known / Not Provided	5%	11%		3%	3%	6%
White	56%	73%		23%	47%	70%
£40,001 - £50,000 p.a. *13% of overall workforce*						
BME	25%	6%		16%	8%	24%
Not Known / Not Provided	10%	6%		3%	3%	6%
White	65%	88%		23%	47%	70%
£50,001 - £60,000 p.a. 5% of overall workforce						
BME	0%	9%		16%	8%	24%
Not Known / Not Provided	0%	5%		3%	3%	6%
White	100%	86%		23%	47%	70%
>£60,000 p.a. 5% of overall workforce						
BME	0%	4%		16%	8%	24%
Not Known / Not Provided	0%	6%		3%	3%	6%
White	0%	89%		23%	47%	70%

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

Descriptor	**White**	**BME**	**Not Provided**
Number of shortlisted applicants	200	343	1158
Number appointed from shortlisting	23	19	119

Relative likelihood of appointment from shortlisting	0.12	0.06	0.10
32% of applicants provided their ethnicity as part of their application. Based on this limited proportion of known ethnicity information the relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore 2 times greater. The new applicant tracking system launched in January 2020 and as such this data is from January – November 2020. 68% of applicants have not completed the ethnicity field. Next steps will include thought on how to better capture ethnicity information through the application process to be able to get a more accurate understanding of the relative likelihood of shortlisting.			

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

Data used from 1st August 2018 to 31st July 2020

Descriptor	White	BME	Not Provided
Number of staff in workforce	703	240	68
Number of staff entering the formal disciplinary process	17	5	6
Relative likelihood of entering the disciplinary process	0.0241	0.0208	0.0882
Relative likelihood of BME staff entering the disciplinary process compared to white staff is 0.86. Relative likelihood of white staff entering the disciplinary process compared to BME staff is 1.15. (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 22% of staff entering the disciplinary process.)			

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

Note: Data used from 1 August 2019 to 31st July 2020

Descriptor	White	BME	Not Provided
Number of staff in workforce	703	240	68
Number of staff accessing non-mandatory training and CPD.	371	123	28
Relative likelihood of accessing non-mandatory training and CPD.	0.5277	0.5125	0.4117
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 1.02 Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff is 0.97 These figures are very close together and indicate that both white and BME staff have the same access to non-mandatory training. (The company has undertaken a specific commitment to capture all training records on the central Learning Management System, however it is known that some non-mandatory training which has been made available or undertaken by our teams remains within local kept records).			

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

2017		**2018**		**2019**		**2020**	
White	BME	White	BME	White	BME	White	BME
22%	18%	17%	22%	22%	20%	14%	13%

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

2017		**2018**		**2019**		**2020**	
White	BME	White	BME	White	BME	White	BME
14%	10%	10%	10%	11%	15%	10%	13%

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

2017		**2018**		**2019**		**2020**	
White	BME	White	BME	White	BME	White	BME
70%	69%	75%	76%	73%	75%	80%	73%

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				**2018**				**2019**			
Manager/Team Leader		Other Colleagues		Manager/Team Leader		Other Colleagues		Manager/Team Leader		Other Colleagues	
White	BME	White	BME	White	BME	White	BME	White	BME	White	BME
6%	12%	6%	6%	5%	10%	3%	11%	5%	8%	5%	12%

2020			
Manager/Team Leader		Other Colleagues	
White	BME	White	BME
3%	5%	5%	8%

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

	White	**BME**
Voting Board	100%	0%
Senior Management Team	87.5%	12.5%
Overall Workforce	67.1%	19.6%

Findings & Action Plan

Since 2016, Alliance Medical has significantly increased the proportion of recorded ethnicity data from 13.5% to 93% of team members and that positive trend continues. As a result, meaningful analysis is now possible across the majority of the WRES indicators.

Action: Continue to encourage team members through a combination of general and targeted means to self-populate ethnicity data on the HRIS where this has not already been provided.

For the first year, we have been able to report on workforce indicator 2. However we recognise that the data is not as representative as it could be due the considerable number of applicants who have not reported their ethnicity. As such the results are unrepresentative but as they are, they do indicate an area of focus.

ACTION: Work with our ATS provider to ensure that ethnicity is captured whenever possible in the application process. Continue to educate Line Managers to update the ATS accurately as candidates move through our recruitment process, to ensure the applicant journey is captured at critical points and therefore reportable for analysis.

Alliance Medical's overall workforce composition shows a distribution of 69% White and 24% 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 59% and 39%. Representation remains proportionate in clinical roles in the £40,001 to £50,000 salary range. BME representation in this category has seen a significant improvement in a 10% increase in BME staff in this group.

There remains a misrepresentation of BME colleagues in the management and senior technical (non-clinical) roles in the earning threshold above £40,000. This provides a specific opportunity and area of focus for Alliance Medical. A large proportion of Alliance Medical's BME population are sponsored under the UKVI sponsorship scheme to work in the UK. It is expected that the new points based system will provide freedoms and opportunities for a greater proportion of our BME colleagues to consider career progression in the organisation.

Action: Consider career development and succession planning for BME talent in the company's Equality, Diversity & Inclusion strategy to develop further measures to increase the proportion of BME and other under-represented populations in senior roles.

Recruitment activity to specifically include opportunities to reach BME and other under-represented groups to broaden the range of applicants attracted to Alliance Medical's career opportunities.

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