Alliance Medical: Workforce Race Equality Standard Indicators & Action Plan (October 2019)

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 4 years with ethnicity data increasingly captured via our recruitment process. 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 88% now.

Alliance Medical's Applicant Tracking System offers further capabilities designed to capture key information and facilitate improved analysis of ethnicity data at all stages of the recruitment process. The completed version is undergoing user acceptance testing and is due to 'go live' at the end of 2019.

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

Alliance Medical undertakes regular annual employee surveys. We are currently integrating this process with our parent company, Life Healthcare. Accordingly, a specific 'one-off' exercise to capture WRES related data was undertaken in May 2019. Although we do not participate in the NHS Employee Survey, specific questions and data relating to WRES data has been routinely incorporated to enable effective reporting.

Overall, Alliance Medical is pleased to see further progress to increasing BME representation across the organisation. Across the pay-bands there has been a relatively stable position in terms of the lower pay grades coupled with a slight increase in BME staff in senior positions. Work remains to be done to increase BME representation at each level especially Board level and we will continue to ensure that we prioritise actions to ensure a fair and accessible recruitment process at every level of the organisation and that development opportunities are in place to support this.

A key challenge this year has been to develop the ability to report on the proportion of short-listed candidates who progress to permanent roles. This capability will be available from the end of this year. In order to address key skills shortages, Alliance Medical is increasingly focussing attention 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.

The figures also indicate that fewer BME staff indicated experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, there was a small increase in those experiencing the same issues from staff. Conversely, the figures indicated a decline in issues with managers but a slightly higher level with colleagues. Although there is remarkable consistency in the figures, we are planning an initiative involving focus groups and an action plan to target issues in this area.

The number of BME staff entering disciplinary hearings has remained the same although there was a drop in non-BME staff entering the process. On a case-by-case basis there was no identifiable issue, however, we continue to monitor that situation.

It was pleasing to note that similar proportions of staff and slightly more BME staff believed that Alliance Medical provided equal opportunities for career progression and promotion.

Georgina Hayes
HR Director
October 2019

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%	8%	19.62%
Not Known / Not Provided	0%	7%	13.22%
White	0%	85%	67.16%
£20,001 - £30,000 p.a.			
BME	48%	11%	19.62%
Not Known / Not Provided	4%	15%	13.22%
White	48%	74%	67.16%
£30,001 = £40,000 p.a.			
BME	33%	20%	19.62%
Not Known / Not Provided	14%	13%	13.22%
White	53%	67%	67.16%
£40,001 - £50,000 p.a.			
BME	15%	5%	19.62%
Not Known / Not Provided	33%	9%	13.22%
White	51%	86%	67.16%
£50,001 - £60,000 p.a.			
BME	0%	3%	19.62%
Not Known / Not Provided	100%	6%	13.22%
White	0%	90%	67.16%
>£60,000 p.a.			
BME	0%	7%	19.62%
Not Known / Not Provided	0%	11%	13.22%
White	0%	82%	67.16%

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

Descriptor	**White**	**BME**	**Not Provided**
Number of shortlisted applicants	99	635	81
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 is currently in the testing stage, prior to the 'going live' at the end of this year. Recruitment currently involves separate central and decentralised activity principally led by managers in local units and it is not possible to accurately report on the proportion of short-listed candidates who progressed to appointment due to a lack of data within existing systems.

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 July 2018 to 30th June 2019.

Descriptor	**White**	**BME**	**Not Provided**
Number of staff in workforce	630	184	124
Number of staff entering the formal disciplinary process	7	4	1
Relative likelihood of entering the disciplinary process	0.0111	0.0217	0.0080
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 2018 to 30th June 2019.

Descriptor	**White**	**BME**	**Not Provided**
Number of staff in workforce	630	184	124
Number of staff accessing non-	333	96	67

mandatory training and CPD.			
Relative likelihood of accessing non-mandatory training and CPD.	0.5285	0.5217	0.5403

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. Also, the information provided is based on non-mandatory training recorded centrally and is known not to include all non-mandatory training which has been made available or undertaken by our teams).

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**	
White	BME	White	BME	White	BME
22%	18%	17%	22%	22%	20%

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

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

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

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

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%

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

White	BME
100%	0%
67.1%	19.6%

Findings & Action Plan

Since 2016, Alliance Medical has significantly increased the proportion of recorded ethnicity data from 13.5% to 88% of team members and that positive trend continues. As a result, meaningful analysis is now possible across the majority of the WRES indicators. Work will continue to increase this figure for our 2020 WRES return through an annual review of information submitted on employee self-service and follow-up with individuals.

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.

Alliance Medical's overall workforce composition shows a distribution of 67% White and 19% 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 48% and 33%. This represents further progress on top of the very significant increase in the previous year. There has been a modest but significant increase in BME representation in roles above £60,000 and we continue to work toward further progress in this area to ensure greater equity. BME representation in other categories has improved and/or remained consistent.

Action: Evaluate existing action plans and develop further measures in conjunction with the Employee Forum to increase the proportion of BME and other under-represented populations in senior roles and to better target BME populations in recruitment exercises.

AML 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 higher likelihood of attending non-mandatory training activity than white colleagues and this will continue to be supported.

The proportion of staff believing that Alliance Medical provides equal opportunities for career progression or promotion decreased slightly for both categories with a minor drop of 1% to 75% for the BME population. However the drop was lower and the indicator overall figure remains higher than for non-BME staff, which feel to 73%.

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, the proportion of BME was significantly higher than for non-BME categories.

Action: Launch the final phase of the Alliance Medical candidate management system to ensure short-listing to appointment information can be captured for the 2020 WRES return.

The proportion of non-BME staff experiencing harassment, bullying or abuse from patients, relatives or the public increased from 17% to 22%. For BME colleagues, this figure reduced from 22% to 20%. Both figures remain below the national averages for the health sector.

The proportion of non-BME staff experiencing harassment, bullying or abuse from staff increased slightly from 10% to 11% but a more significant rise was experienced for BME staff which increased 10 to 15% and we are investigating the causes for this and examining a number of initiatives to raise awareness with a view to reducing this figure.

The proportion of staff experiencing discrimination from their manager decreased for BME staff from 10% to 8%, which represents a further narrowing of the gaps between BME and Non-BME staff, however, it increased for other colleagues from 11 to 12%. The figure for discrimination from colleagues whilst slightly higher demonstrated a significant slowdown in growth from 2017, when the proportion of BME staff experiencing discrimination from other colleagues had risen 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.