



Workforce Race Equality Standard (WRES) Report – Care Plus Group

2021/2022

Background

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a wide spread of NHS organisations across England. The WRES is included in the NHS standard contract for all providers of NHS services to complete hence Care Plus Group's requirement to now complete this on an annual basis.

The main purpose of the WRES is:

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

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses on BME representation on Boards. The WRES highlights any differences between the experience and treatment of White staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

Our obligations under the WRES

To support the implementation of the WRES, we should:

- Collect data on the workforce
- Carry out data analyses
- Produce an annual report and action plan
- Publish the annual report and action plan

NHS Workforce Race Equality Standard Indicators

Workforce indicators	
	For each of these four workforce indicators, compare the data for White and BME staff
1.	<p>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</p> <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff – of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental Staff <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>Note: This refers to both external and internal posts</p>
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.</p>
4.	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey indicators (or equivalent)	
	For each of the four survey indicators, compare the outcomes of the responses for White and BME staff
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	Percentage believing that trust provides equal opportunities for career progression or promotion
8.	<p>In the last 12 months have you personally experienced discrimination at work from any of the following:</p> <p>Manager /Team Leader or Other Colleagues</p>
Board representation indicator	
	For this indicator, compare the difference for White and BME staff
9.	<p>Percentage difference between the organisation’s Board membership and its overall workforce disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p>Note: this is an amended version of the previous definition of Indicator 9</p>

Please note, for each of these Indicators detailed in the report, the Standard has been calculated using primary assignments only and also includes Bank staff.

The official indicators use the phrase ‘Band’ to reflect the incremental pay ranges, however Care Plus Group (CPG) uses the phrase ‘Salary Range’ and this is reflected in Standard 1 where CPG data is provided. The salary levels that are paid in the Bands/Salary Ranges are similar in their financial value.

In addition, CPG do not use the VSM salary range. Roles at an equivalent level have been reflected in the data.

Detailed below are the Ethnic Categories referred to throughout the report:

Ethnic Categories as per Office of National Statistics	
A	White - British
B	White - Irish
C	Any other White background
D	Mixed White and Black Caribbean
E	Mixed White and Black African
F	Mixed White and Asian
G	Any other mixed background
H	Asian or Asian British - Indian
J	Asian or Asian British - Pakistani
K	Asian or Asian British - Bangladeshi
L	Any other Asian background
M	Black or Black British - Caribbean
N	Black or Black British - African
P	Any other Black background
R	Chinese
S	Any other ethnic group
Z	Not Stated

Unless otherwise stated, staff information for CPG is taken from the Staff Profile for CPG as at 01/04/2022 as seen below. Where staff are categorised as ‘Z- not stated’ their headcount has not been included in the calculations for each standard. It only includes the breakdown between White (A, B +C) and BME (D-S):

	Headcount	Percentage of Total
A B C	774	96.87%
D - S	11	1.38%
Z	14	1.75%
Total	799	100.00%

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff (as outlined in table 1b)
- Clinical staff – of which (as outlined in table 1c)
 - Non-Medical staff (as outlined in table 1d)
 - Medical and Dental Staff (as outlined in table 1e)

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.

Overall Workforce Staff = 799 staff

	ABC	D-S	Z	Total Staff
Range 2	237	8	5	250
Range 3	100	0	2	102
Range 4	110	1	1	112
Range 5	135	0	1	136
Range 6	94	2	0	96
Range 7	66	0	2	68
Range 8a	18	0	1	19
Range 8b	6	0	1	7
Range 8c	1	0	0	1
VSM and Medical & Dental	7	0	1	8

1b - Non-Clinical Staff = 587 staff

	ABC	D-S	Z	Total Staff
Range 2	237	8	5	250
Range 3	100	0	2	102
Range 4	106	1	1	108
Range 5	63	0	0	63
Range 6	27	1	0	28
Range 7	16	0	0	16
Range 8a	9	0	1	10
Range 8b	3	0	1	4
Range 8c	0	0	0	0
VSM and Medical & Dental	5	0	1	6

- Number of BME staff in Range 2 = 8. Total number of staff in Range 2 = 250.
Percentage of BME staff in Range 2 = $(8/250)*100 =$ **3.20%**.
- Number of BME staff in Range 3 = 0
- Number of BME staff in Range 4 = 1
Percentage of BME Staff in Range 4 = $(1/108)*100 =$ **0.93%**
- Number of BME staff in Range 5 = 0
- Number of BME staff in Range 6 = 1. Total number of staff in Range 6 = 28
Percentage of BME staff in Range 6 = $(1/28)*100 =$ **3.57%**
- Number of BME staff in Range 7 = 0
- Number of BME staff in Range 8a = 0
- Number of BME staff in Range 8b = 0
- Number of BME staff in Range 8c = 0
- Number of BME staff in Medical and Dental = 0

1c - Clinical Staff = 212 staff

Non-Medical Staff = 210 staff

Medical & Dental Staff = 2 staff

	ABC	D-S	Z	Total Staff
Range 2	0	0	0	0
Range 3	0	0	0	0
Range 4	4	0	0	4
Range 5	72	0	1	73
Range 6	67	1	0	68
Range 7	50	0	2	52
Range 8a	9	0	0	9
Range 8b	3	0	0	3
Range 8c	1	0	0	1
VSM and Medical & Dental	2	0	0	2

- Number of BME staff in Range 2 = 0
- Number of BME staff in Range 3 = 0
- Number of BME staff in Range 4 = 0
- Number of BME staff in Range 5 = 0
- Number of BME staff in Range 6 = 1. Total number of staff in range 6 = 68
Percentage of BME staff in Range 6 = $(1/68)*100$ **1.47%**
- Number of BME staff in Range 7 = 0
- Number of BME staff in Range 8a = 0
- Number of BME staff in Range 8b = 0
- Number of BME staff in Range 8c = 0
- Number of BME staff in Medical and Dental = 0

Indicator 1 Summary:

Number of BME staff in 'non-clinical staff' workforce = 10
 Total number of staff in 'non-clinical staff' workforce = 587
 Percentage of BME staff in 'non-clinical staff' workforce = $(10/587)*100$ **1.70%**

Number of BME staff in 'clinical staff' workforce = 1
 Total number of staff in 'clinical staff' workforce = 212
 Percentage of BME staff in 'clinical staff' workforce = $(1/212)*100$ **0.47%**

Number of BME staff in 'non-medical' clinical staff workforce = 1
 Total number of staff in 'non-medical' clinical staff workforce = 210
 Percentage of BME staff in 'clinical staff' workforce = $(1/210)*100$ **0.48%**

Number of BME staff in 'medical and dental' clinical staff workforce = 0
 Total number of staff in 'non-medical' clinical staff workforce = 2
 Percentage of BME staff in 'clinical staff' workforce = $(0/2)*100$ **0.00%**

Number of BME staff in overall workforce = 11
 Total number of staff in overall workforce = 799
 Percentage of BME staff in overall workforce = $(11/799)*100$ **1.38%**

The overall population of ethnic minorities within North East Lincolnshire at the time of the 2011 census was estimated at 4.6% which is significantly lower than seen regionally (14.2%) and nationally (20.2%). Results of the 2021 census in terms of topic survey information are not available until later in the year.

Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts

Note: This refers to both external and internal posts

Information between 01/04/2021 – 31/03/2022

	Applications	%	Shortlisted	%	Appointments	%
A-C	1164	87.06%	709	95.17%	163	93.68%
D-S	173	12.94%	36	4.83%	10	5.75%
Z	0	0%	0	0%	1	0.57%
Total	1337	100%	745	100%	174	100%

	White	BME
Number of shortlisted applicants	709	36
Number appointed from shortlisting	163	10
Relative likelihood of shortlisting/ appointed	0.23	0.28

Relative likelihood of BME staff being appointed from shortlisting compared to White staff (**0.28/0.23**) is therefore 1.22 times greater.

A detailed analysis has been undertaken of those BME applicants shortlisted and not appointed. This highlights the following:

- 2 were offered the post and declined
- 11 applicants failed to attend interview
- 5 applicants did not meet the criteria for the role which was evidenced at the interview
- 3 candidates were interviewed but there were better candidates on the day
- 2 candidates needed sponsorship to come to the UK/did not live in UK
- 3 applicants there is no information available

Indicator 3

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator is based on data from a two year rolling average of the current year and the previous year

Staff Profile as at 01/04/2022

	Headcount	Percentage of Total
A B C	774	96.87%
D - S	11	1.38%
Z	14	1.75%
Total	799	100.00%

Staff entering the formal disciplinary process between 01/04/2020 to 31/03/2022

	Headcount	Percentage of Total
A B C	13	92.86%
D - S	0	0.00%
Z	1	7.14%
Total	14	100.00%

Number of staff in workforce: White/British = 774; BME = 11 Not stated = 14
 Number of staff entering the formal disciplinary process White/British = 13; BME = 0 Not stated = 1
 Likelihood of White staff entering the formal disciplinary process (13/774) = 0.02
 Likelihood of BME staff entering the formal disciplinary process (0/11) = 0

Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore $0/0.02 = 0$. Therefore, BME staff members are less likely than White staff to enter the formal disciplinary process.

Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD

Staff Profile as at 01/04/2022

	Headcount	Percentage of Total
A B C	774	96.87%
D - S	11	1.38%
Z	14	1.75%
Total	799	100.00%

Staff accessing non-mandatory training and CPD between 01/04/2021 to 31/03/2022

Staff accessing non-mandatory training and CPD	Headcount
A B C	355
D - S	3
Z	22
Total	380

Number of staff in workforce: White = 799; BME = 11
 Number of staff accessing non-mandatory training and CPD: White = 355; BME = 3
 Likelihood of White staff accessing non-mandatory training and CPD is $355/799 = 0.44$
 Likelihood of BME staff accessing non-mandatory training and CPD is $3/11 = 0.27$

Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff ($0.27/0.44$) = 6.14. Therefore, BME staff members are more likely than White staff.

Please note, all staff are encouraged to attend and record non statutory and mandatory training, this can only be accessed once staff are 100% compliant with the requirements for their role. All training completed and administered through the Training & Development team and any completed e-learning modules are recorded on the system, however whilst CPG encourage staff to record anything outside of this, staff are responsible for the recording of additional information. Therefore, if non mandatory training and CPD has been attended but not recorded, it will not be reflected in the figures above.

Indicators 5 – 8

National NHS Staff Survey indicators (or equivalent)

For each of the four survey indicators, compare the outcomes of the responses for White and BME staff

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

Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Indicator 7 - Percentage believing that trust provides equal opportunities for career progression or promotion

Indicator 8 - In the last 12 months have you personally experienced discrimination at work from any of the following?

- Manager
- Team Leader
- Other Colleagues

Staff Profile as at 01/04/2022

	Headcount	Percentage of Total
A B C	774	96.87%
D - S	11	1.38%
Z	14	1.75%
Total	799	100.00%

Please note that the staff survey is anonymous and is also sent out to Fairways, and Primary Care which are subsidiaries of Care Plus Group and are not included as part of the WRES report. The figures below may also include responses from staff employed there and therefore may not be accurate for the purposes of this report.

	Headcount	Percentage of Total
A B C	212	99.53%
D - S	1	0.47%
Z	0	0.00%
Total	213	100.00%

Please note the percentages below are calculated using the number of staff from the relevant racial category, not the total number of survey respondents. For example, one respondent identified as BME in relation to C below and answered yes to that question equalling 100%.

Indicator	White	BME	Not Disclosed
a. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	19.34%	0.00%	0.00
b. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20.75%	0.00%	0.00%
c. Percentage believing that trust provides equal opportunities for career progression or promotion	61.79%	100.00%	0.00%
d. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	5.19%	0.00%	0.00%

Indicator 9

Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

Staff Profile as at 01/04/2022

	Headcount	Percentage of Total
A B C	774	96.87%
D - S	12	1.50%
Z	13	1.63%
Total	799	100.00%

Board Members	Headcount
A B C	4
D - S	1
Z	0
Total	5

The organisation has 1.50% BME workforce and 1 of its 5, i.e. 20%, voting members on the Board are of BME origin. On indicator 9, the percentage difference between the organisation's Board voting membership and its overall workforce will be 18.50%.

The organisation has 1.50% BME workforce and 0 of its 1, i.e. 0%, Executive members on the Board are of BME origin. On indicator 9, the percentage difference between the organisation's Board Executive membership and its overall workforce will be -1.50%.

It is important to note that Care Plus Group is an employee-owned organisation, with a Council of Governors and all employees have voting rights.

Statement from the Chief Executive Officer – Jane Miller (Board Lead for the WRES)

Our conclusion based on our analysis is that it is not necessary for Care Plus Group to complete an annual report concerning the WRES for the period between 2021/2022 as the following apply:

- Care Plus Group are compliant in the completion of the annual WRES report and in conjunction with this, we regularly review and update an internal Care Plus Group 'WRES action plan' in order to monitor changes and developments during the year.
- Care Plus Group's Head of HR&OD attends Partnership Equalities Meetings.
- Care Plus Group operate within the CQC 'well-led' element of inspections and registration, which includes all aspects of equality. Alongside CQC inspections, Care Plus Group's Quality and Assurance team audit each service area internally to ensure consistency and standards are maintained across the organisation.
- The overall population of ethnic minorities within North East Lincolnshire at the time of the 2011 census was estimated at 4.6%

At the current time and following the outcome of Care Plus Group's most recent WRES report, Care Plus Group have not highlighted issues in relation to the Standard.

Further information on the demographic profile of North East Lincolnshire based on the results from the 2011 census can be obtained on the following website (the updated 2021 survey information is expected later in the year):

<http://www.northeastlincolshireccg.nhs.uk/data/uploads/north-east-lincolshire-equality-profile-2013-14.pdf>