Age UK East London

Workforce Race Equality Standard

2018/2019

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1. Introduction

In order to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace, all NHS commissioners and NHS healthcare providers including independent organisations are required to implement the Workforce Race Equality Standard (WRES).

This is the first report published by Age UK East London.

There are nine WRES indicators. As an independent sector provider, Age UK East London is required to assess its performance against five indicators only since the other four relates purely to NHS staff.

2. Data Collecting

The report covers the period from 01st December 2018 to 30th November 2019.

For the purpose of this report, data have been collected through:

- Equal opportunities forms completed at the recruitment stage. Staff who have been employed for more than one year has been asked to submit an updated form.
- Age UK East London CRM system "Charity Log".

The table below shows the number of staff employed by Age UK East London as of 30th November 2019.

Number of staff as of 30th November 2019	58
Percentage of staff from BME groups employed by Age UK East London as of 30th November 2019	47%

The table below shows the number of Trustees as of 30th November 2019.

Number of Trustees as of 30th November 2019	10
Percentage of Trustees from BME groups as of 30th November 2019	0

3. Indicator 1

The first indicator requires organisations to compare the percentage of staff, including the Board of Trustees, for each category for white and BME staff.

3.1 Data

Categories	White	BME
Directors / Board members	100%	0
Senior staff	75%	25%
Middle grade staff	63%	38%
Support staff	22%	78%

The table shows a highest representation of BME staff at the Support level and a lack of representation of BME groups at the Directors/Board levels.

3.2 Action plan

Should any of the roles at the Senior level become available, positive action involving "proportionate" steps will be taken to help remove the under representation of the BME community.

Action with regards to the Board of Trustees is covered by section 9.

4. Indicator 2

The second indicator requires organisations to show the likelihood of staff being appointed from shortlisting across all posts, both for external and internal posts.

4.1 Data

Staff	White	BAME
Shortlisted applicants	49%	51%
Appointed candidates	40%	60%

During the period roughly half of all shortlisted applicants were from BME groups, and 60% of appointed candidates were BME

The likelihood of BME staff being appointed compared to white staff is therefore 1.42 times greater.

4.2 Action plan

The data are satisfactory as a reflection of our recruitment process which is committed to equal opportunities.

No action is required.

5. Indicator 3

The third indicator requires organisations to report the likelihood of BME staff entering the formal disciplinary process compared to white staff over the last two years.

5.1 Data

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.72 times greater.

5.2 Action plan

We believe our approach to all disciplinary cases to be fair. We cannot identify any particular reason why the number of BME staff entering the disciplinary process is higher that white staff. Disciplinary cases are more common in the less senior roles, and as this is where we have most BME staff this seems to be the statistical cause of this result. We will continue using the same consistent approach to any future case.

6. Indicator 4

The fourth indicator requires to report the likelihood of staff accessing non-mandatory training and CPD.

6.1 Data

If we consider the number of staff who have accessed a non-mandatory training and CPD, the relative likelihood for BME staff compared to white staff is 1.48 higher.

If we look at the number of courses provided the relative likelihood of BME staff accessing non-mandatory training and CPD is 1.91 higher than white staff.

The higher percentage of BME accessing non-mandatory training is a result of the fact the Home and Care service, where most of Support staff work, requires a higher number of mandatory and non-mandatory training compared to other services.

6.2 Action plan

There are concerns about the strength of the data as some of training have not been recorded in the system and therefore were not available at the time of this assessment. This will be addressed by HR.

Staff have the opportunity to discuss their training needs during the annual appraisal as well as during the quarterly supervision.

Any training request is discussed and the only criteria affecting the decision are the relevance of the training to the role of the staff requesting it and the available budget.

7. Indicator 9

The ninth indicator is the Board representation indicator.

7.1 Data

At the moment all the members of our Board are white.

7.2 Action plan

Any future board recruitment will look at increasing the diversity of the members. Adverts will be placed in media with high BME readership, and will include explicit value placed on BME applications. BME background will be included in the skills audit of the Board (the hidden skill being an understanding of wider groups).