Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Marie Curie

Date of report: month/year

January 2021

Name and title of Board lead for the Workforce Race Equality Standard

Mike Bath, Executive Director of People & Organisational Development

Name and contact details of lead manager compiling this report

Ray Perry [ray.perry@mariecurie.org.uk]

Names of commissioners this report has been sent to (complete as applicable)

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

https://www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/marie-curie-wres-report-final-.pdf

This report has been signed off by on behalf of the Board on (insert name and date)

Mike Bath [29.01.2021]

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

• When collecting our ethnicity data this year, we had categories available to select that were not indicative of ethnicity. We therefore have data that shows that our proportion of BME staff employed at Marie Curie is 6.30%, but we are aware that this is not representative of our total BME workforce

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

• Our data for previous years is not comparable, as it was based solely on Marie Curie Nursing Services. Our current report attempts to apply the WRES fields to the organisation as a whole
• We do not have access to the data formulas used for previous years
• Responsibility for the report has been handed to new Marie Curie representatives

2. Total numbers of staff

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

4191

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

6.30%

3. Self reporting

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

45.53%

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

• Our system has been configured to allow staff to edit their ethnicity as part of our self service offering
• We ran a campaign through our internal communications, encouraging our staff to complete their ethnicity and other personal information on their record

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

• We will perform a further workforce data reach out across staff and volunteers, to gain more complete EDI data. We will utilise all our internal comms platforms to ensure we reach all members of the organisation and educate our workforce on the importance of self reporting by ethnicity
• We will work with our newly formed Ethnic Diversity network to support our communications around self reporting
• Our new system has been configured to allow staff to edit their ethnicity as part of our self service offering, and we will review the categories available to select, to ensure they are all indicative of ethnicity and that all staff and volunteers feel represented

4. Workforce data

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

July 2019 to June 2020

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 + BME: Support 2.12% Middle 1.15% Senior 0.29% VSM 0.00% Non-Clinical + BME:	Not comparable. This year we have performed data collection charity wide. Previous data only covers Marie Curie Nursing	Many independent healthcare provider organisations operate different salary frameworks unrelated to the NHS Agenda for Change (AfC) salary pay bands. In such cases, organisations are requested to insert workforce headcount data into four pay groups of: support, middle, senior and VSM	See question 7 for further details • Create a recruitment framework, which ensures diversity is proactively sought • Anonymise all CVs and add an inclusion-based competency into job descriptions and interview questions • Review all recruitment materials and the applicant journey – ensuring inclusivity
2	Relative likelihood of staff being appointed from shortlisting across all posts.	BME: 72.78% White: 55.55%	Not comparable. This year we have performed data collection charity wide. Previous data only covers Marie Curie Nursing	NHS jobs doesn't provide us with diversity data, but we have taken all recruitment diversity data and worked out the % of candidates from each category (BME and White) that were offered out of the total short listed from that group e.g. 4 white candidates were shortlisted, 2 were offered - giving a likelihood of 50%	See question 7 for further details • Create a recruitment framework, which ensures diversity is proactively sought • Anonymise all CVs and add an inclusion-based competency into job descriptions and interview questions • Review all recruitment materials and the applicant journey – ensuring inclusivity
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.	NA - see narrative	NA - see narrative	Unable to determine. Data not currently tracked by ethnicity, will be remedied in our move to a new HR system	See question 7 for further details • Audit HR policies for zero tolerance of discrimination and clear accompanying procedures • Review Sickness Policy • Review the confidential support we provide to employees, ensuring inclusivity and clear commitment to all forms of bullying and
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME: 54.37% White: 57.75%	Not comparable. This year we have performed data collection charity wide. Previous data only covers Marie Curie Nursing	Data includes online non-mandatory and CPD training. We don't currently have the capacity to address in person training	See question 7 for further details • Advertise development opportunities to our employee networks specifically. Ensure we are offering an equitable chance of development for high performing talent and accelerating development across the board • Create a Mentoring programme, which gives priority opportunities to people from

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 10.16% BME 11.27%	White Not BME As above	NA	See question 7 for further details • Audit HR policies for zero tolerance of discrimination and clear accompanying procedures • Review the confidential support we provide to
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 8.89% BME 16.90%	White Not BME As above	NA	See question 7 for further details • Audit HR policies for zero tolerance of discrimination and clear accompanying procedures • Review the confidential support we provide to
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 60.22% BME 40.85%	White Not BME As above	NA	See question 7 for further details
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 NA - see BME NA - see	White NA - see BME NA - see	Unable to determine, specific question was missed from survey	See question 7 for further details • Audit HR policies for zero tolerance of discrimination and clear accompanying procedures • Review the confidential support we provide to
	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.	Overall Workforce: BME: 6.28% White: 39.25% Unknown:	Not comparable. This year we have performed data collection charity wide.	NA	See question 7 for further details

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?

NA

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.

Addressing WRES Indicator 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

- Create a senior leadership toolkit for transparency around diversity initiatives taken with each recruitment campaign. Reference to an external body to assist us with shortlisting for senior roles, to ensure conscious inclusion
- Review creation of apprenticeship opportunities specifically for diverse communities
- Review all staff EDI training – ensuring it is up to date, compliant with policies and includes routes to reporting and challenging inappropriate behaviour

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