

NHS WOLVERHAMPTON CCG 2020 WRES (WORKFORCE RACE EQUALITY STANDARD) REPORTING TEMPLATE

Introduction

1 Name of organisation

NHS Wolverhampton CCG

2 Date of report

Month/Year:

March/2020

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

Peter Warrener

4 Name and contact details of lead manager compiling this report

David King EIHR Manager

5 Names of commissioners this report has been sent to

Complete as applicable:

N/A

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable:

N/A

7 Unique URL link on which this report and associated Action Plan will be found

<https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2018-19>

8 This report has been signed off by on behalf of the board on

Name:

Audit Committee

Date:

10/11/2020

Background narrative

9 Any issues of completeness of data

Ethnicity was not known for 2.5% of the workforce of 120 employees at the end of March 2020 (excluding non-executive directors).

10 Any matters relating to reliability of comparisons with previous years

None.

Self-reporting

11 Total number of staff employed within this organisation at the date of the report:

Workforce of 120 employees at the end of March 2020 (excluding non-executive directors). A further 11 non-executive directors were also listed.

12 Proportion of BME (Black, Minority, Ethnic) staff employed within this organisation at the date of the report:

24.8% of the 117 employees of known ethnicity were listed as BME (excluding non-executive directors).

13 The proportion of total staff who have self-reported their ethnicity:

97.5% of the workforce of 120 employees at the end of March 2020 (excluding non-executive directors) self-reported their ethnicity.

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

A data cleanse was carried out to ensure staff data was as up to date as possible.

15 Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

In the event of the formation of a single CCG (currently proposed for April 2021) a data cleanse will be carried out to ensure data is up to date.

Workforce data

16 What period does the organisation's workforce data refer to:

Staff in post at March 2020

17 Percentage of staff in each of the AfC (Agenda for Change) Bands 1-9 and VSM (Very Senior Manager 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.

Data for reporting year:

Total N refers to those of known ethnicity.

OVERALL %BME

Workforce: 24.8% BME; (Total N = 117)

Ethnicity was not known for 2.5% of the workforce.

The ethnicity breakdown of staff by pay band has been redacted due to the small numbers of staff within each pay band.

Data for previous year:

Total N refers to those of known ethnicity.

OVERALL %BME

Workforce: 27.4% BME; (Total N = 113)

Ethnicity was not known for 2.6% of the workforce.

The ethnicity breakdown of staff by pay band has been redacted due to the small numbers of staff within each pay band.

The implications of the data and any additional background explanatory narrative:

There were no statistically significant differences in the representation of BME staff by pay band compared to their level of representation in the workforce overall (excluding non-executive directors). This was the case at the end of March 2020 as well as at the end of March 2019.

When pay bands were aggregated, there was a trend for a higher percentage of BME staff in the lowest pay bands (Bands 4 and under), but this trend was not statistically significant. Please refer to the figures below.

REDACTED FOR PUBLICATION

Total N refers to those of known ethnicity.

19/20

Workforce Overall: 24.8%; (Total N = 117)

Bands 4 and under: REDACTED%; (Total N = 20)

Bands 5 to 7: 27.3%; (Total N = 44)

Bands 8A to 8B: REDACTED%; (Total N = 31)

Bands 8C and over, VSM, and Medical: REDACTED%; (Total N = 22)

18/19

Workforce Overall: 27.4% BME; (Total N = 113)

Bands 4 and under: REDACTED%; (Total N = 22)

Bands 5 to 7: 25.0%; (Total N = 44)

Bands 8A to 8B: REDACTED%; (Total N = 29)

Bands 8C and over, VSM, and Medical: REDACTED%; (Total N = 18)

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

To be addressed in the CCG's action plan.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

1.67

Data for previous year:

1.07

The implications of the data and any additional background explanatory narrative:

In 19/20, 22.2% of White people were appointed from shortlisting, compared to 13.3% of BME people - this did not represent a statistically significant difference due to the small number of appointees. Number of appointees overall: REDACTED.

In 18/19, 10.3% of White people were appointed from shortlisting, compared to 9.6% of BME people - this did not represent a statistically significant difference. Number of appointees overall: 15.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The CCG recognises the impact of soft intelligence within the job market. In particular it is recommended that the CCG encourage staff to give honest feedback in exit interviews and to analyse the findings.

A key challenge is to encourage greater numbers of applications from BME staff particularly for certain roles.

19 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.

Data for reporting year:

Please refer to the narrative.

Data for previous year:

Please refer to the narrative.

The implications of the data and any additional background explanatory narrative:

There were no disciplinary proceedings in the 18/19 to 19/20 two-year window and REDACTED in the 17/18 to 18/19 two-year window. Given the small numbers involved, little can be said about the pattern of disciplinary proceedings.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

To continue staff feedback and HR processes to ensure that issues don't emerge.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:

Not available

Data for previous year:

Not available

The implications of the data and any additional background explanatory narrative:

Information on the uptake of non-mandatory training was not available in 19/20 or 18/19.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

It is recommended that a mechanism for recording staff opportunities to undertake such non mandatory training is developed and the findings reviewed to determine whether inequalities exist.

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Data for reporting year:

White:

9.4%

BME:

0.0%

Data for previous year:

White:

6.0%

BME:

8.3%

The implications of the data and any additional background explanatory narrative:

In 19/20, 9.4% of White staff (3/32) and 0.0% of BME staff (REDACTED) who took part in the staff survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. However, ethnicity was not known for 25.0% of respondents. Given the level of missing information on ethnicity and the small number of BME respondents, little can be said about the pattern of harassment, bullying or abuse from patients, relatives or the public.

In 18/19, 6.0% of White staff (3/50) and 8.3% of BME staff (1/12) who took part in the staff survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months; this did not represent a statistically significant difference.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The CCG will continue to monitor how individual staff are feeling and incidents as they occur or are reported. This allows reviews of relevant policies as required. Staff support is available through the Employee Assistance programme in the first instance to support staff and from trade unions.

This can also be linked to the CCG's values and staff survey responses to gauge the feelings of staff each year.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Data for reporting year:

White:

12.1%

BME:

0.0%

Data for previous year:

White:

17.3%

BME:

7.7%

The implications of the data and any additional background explanatory narrative:

In 19/20, 12.1% of White staff (4/33) and 0.0% of BME staff (REDACTED) who took part in the staff survey reported experiencing harassment, bullying or abuse from other staff in the last 12 months. However, ethnicity was not known for 26.0% of respondents. Given the level of missing information on ethnicity and the small number of BME respondents, little can be said about the pattern of harassment, bullying or abuse from other staff.

In 18/19, 17.3% of White staff (9/52) and 7.7% of BME staff (1/13) who took part in the staff survey reported experiencing harassment, bullying or abuse from other staff in the last 12 months; this did not represent a statistically significant difference.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Each CCG has Freedom to Speak up guardians in place to support staff to raise concerns. The SWB Staff Inclusion Network and forthcoming BAME staff network will be open to all 4 CCG's staff going forward.

It is recommended that the feedback from the network be used to shape future plans / actions in this area.

23 KF 21. Percentage believing that the organisation provides equal opportunities for career progression or promotion.

Data for reporting year:

White:

100.0%

BME:

100.0%

Data for previous year:

White:

96.2%

BME:

69.2%

The implications of the data and any additional background explanatory narrative:

In 19/20, 100.0% of White staff (36/36) and 100.0% of BME staff (REDACTED) who took part in the staff survey felt that the CCG provides equal opportunities for career progression or promotion. Thus, equality of opportunity is indicated. However, ethnicity was not known for 28.6% of respondents. Given the level of missing information on ethnicity and the small number of BME respondents, little can be said about the pattern of belief that the CCG provides equal opportunities for career progression or promotion.

In 18/19, 96.2% of White staff (50/52) and 69.2% of BME staff (9/13) who took part in the staff survey felt that the CCG provides equal opportunities for career progression or promotion; this represented a statistically significant difference with BME staff less likely than White staff to feel that the CCG provides equal opportunities for career progression or promotion.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

As the CCGs move towards a potential merger situation it is vital that staff feel supported and that decisions are seen to be fair.

It is recommended that managers making employment decisions in the merger receive additional support and training around this.

24 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.

Data for reporting year:

White:

0.0%

BME:

0.0%

Data for previous year:

White:

7.7%

BME:

0.0%

The implications of the data and any additional background explanatory narrative:

In 19/20, 0.0% of White staff (0/36) and 0.0% of BME staff (REDACTED) who took part in the staff survey reported experiencing discrimination from other staff in the last 12 months. Thus, no discrimination from other staff is indicated amongst those of known ethnicity. Ethnicity was not known for 25.9% of respondents, amongst whom 7.1% experienced discrimination from other staff.

In 18/19, 7.7% of White staff (4/52) and 0.0% of BME staff (0/12) who took part in the staff survey reported experiencing discrimination from other staff in the last 12 months; this did not represent a statistically significant difference.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

As the CCGs move towards a potential merger situation it is vital that staff feel supported and that decisions are seen to be fair.

It is recommended that managers making employment decisions in the merger receive additional support and training around this.

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

Data for reporting year:

Difference (%BME total board - %BME overall workforce): +1.9%

Difference (%BME voting board - %BME overall workforce): +1.9%

Difference (%BME executive board - %BME overall workforce): -24.8%

Data for previous year:

Difference (%BME total board - %BME overall workforce): +2.0%

Difference (%BME voting board - %BME overall workforce): +2.0%

Difference (%BME executive board - %BME overall workforce): -27.4%

The implications of the data and any additional background explanatory narrative:

In 19/20 and in 18/19, BME people were proportionately represented amongst all board members and voting board members, but were underrepresented amongst executive board members compared to their level of representation in the workforce overall.

Ethnicity was not known for 6.3% of board members in 19/20 and 10.5% of board members in 18/19.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The CCG will continue to monitor the representation on the CCG's board with a view to increasing the broad diversity of membership.

Board members will be encouraged to self-report their ethnicity to ensure accurate data is held.

26 Are there any other factors or data which should be taken into consideration in assessing progress?

None

27 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.

<https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2018-19>