



*Nottingham North and East
Clinical Commissioning Group*

**NHS Nottingham North and East CCG
Workforce Race Equality Standard
2016/17**

Background

The Workforce Report Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce with respect to Black and Minority Ethnic (BME) staff with many of the methods being transferable to focusing on other groups

There have been a number of approaches within the NHS, in past years, to tackle issues of inequality in the workforce, however this is the first time that a set of measurable indicators has been developed to help organisations track progress.

The WRES was introduced in April 2015. It was included in the NHS standard contract 2015/16 and NHS Trusts produced and published their WRES baseline data on 1 July 2015. CCGs should commit to the principles of the WRES and apply as much of it as possible to their own workforce and publish an annual WRES report with associated action plan by 1 July 2017. In this way, CCGs can demonstrate good leadership, identify concerns within their workforces, and set an example for their providers.

Introduction

NHS Nottingham North East Clinical Commissioning Group is committed to the equality and diversity agenda as defined by the protected characteristics of age, disability, gender, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion/belief and sexual orientation.

The findings of the report are based upon data collected from the staff survey that was undertaken in January 2017 and facilitated by Arden and Greater East Midlands Commissioning support Unit (GEM CSU) and the Electronic Record System (ESR). At the time of the survey the data collected was complete.

At the time of the report the WRES related to 60 including employees and Governing Body members. This is the send report and data set collected to support the WRES.

The CCG is not required by the NHS standard contract to fully apply the WRES as the workforce is too small for the WRES indicators to either work properly or to comply with the Data Protection Act. As a result the exact data for these indicators is not included in this published report.

WRES Indicators

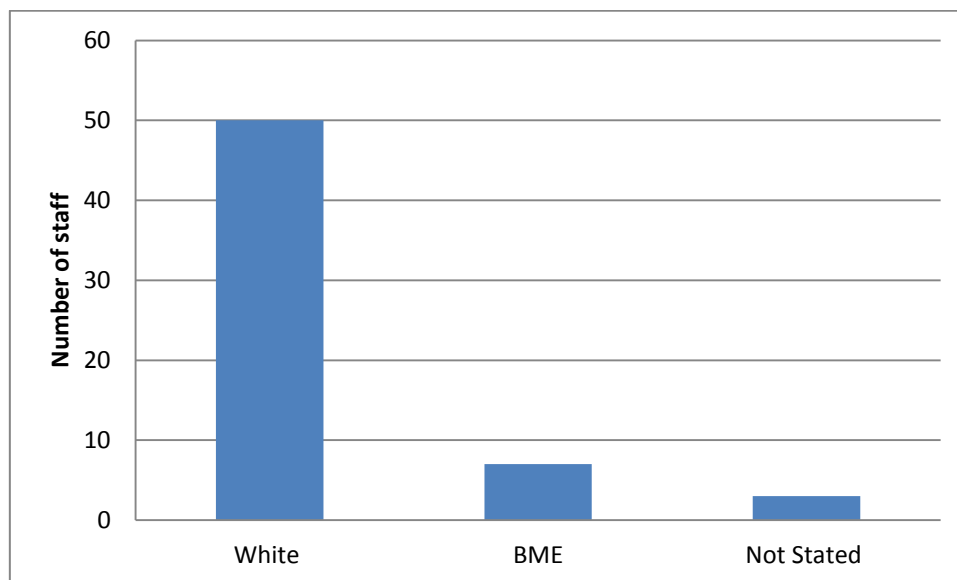
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

What did the WRES data tell us?

As the CCG workforce is too small the WRES indicators to comply with the Data Protection Act, we are unable to publish the percentage of staff in each AfC Band however there has been an increase in the proportion of BME staff in bands 7 and 8 and a decrease in the proportion of BME staff in bands 4 to 6.

Equality Objective

EDS2 Goal 3 – A representative and supported workforce was assessed as developing last year. Action plans to support the CCGs equality objectives and EDS2 are led by the CCGs Equality and Diversity Forum, the recommendations below will support the development of this indicator.



Recommendations:

1. Re – launch the recruitment and selection policy to ensure that there is equal opportunity for all to be appointed to positions with the CCG
2. Complete analysis of data by department to assist in identifying any specific areas of concern and barriers to career progression

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

What did the WRES data tell us?

The data for this indicator was provided by Nottingham CityCare Partnerships based on the recruitment activity for the organisation.

The relative likelihood of white staff being appointed from shortlisting compared to BME staff was 0.75.

This means that in this period 2016/17 white applicants were less likely to be appointed from short listing than BME

Please note that these figures however are very small and therefore subject to year-on-year swings.

The relative likelihood of white staff being appointed from shortlisting compared to BME staff was 1.38 during 2015/16 and during 2016/17 this is was 0.75.

The CCG utilises the NHS Jobs website for all permanent recruitment into the CCG, this ensures that all applicants are anonymous until invited to interview.

EDS2 Goal 3 – A Representative and Supported Workforce as ‘Developing’ last year. Action plans to support the EDS2 will also support development of this indicator.

Recommendation:

1. Investigate this trend further and consider if there are any differences between departments and pay bands.
2. Continue to deliver recruitment and selection training.
3. Word adverts to inspire and attract a more diverse pool of applicants e.g. highlight: serving a vibrant diverse community, flexible working and the CCG’s vision and values and its positive, inclusive culture.

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.

There have been no white or BME staff entering a formal disciplinary process during the previous or the reporting year. As no staff have entered into a formal disciplinary process there was no data to compare. The CCG will continue to monitor this through the Workforce Race Equality Standard.

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

The data for this indicator has been provided for non-mandatory training provided by the East Midlands Leadership Academy (EMLA). For all other training, this information was not routinely collected.

The data available shows an increase in the relative likelihood of BME staff accessing non-mandatory training compared with white staff from the previous year to the reporting year

The CCG is committed to ensuring that all staff access non-mandatory training, recognising that this may also be restricted due to financial turnaround. This has been highlighted through the CCG's equality objectives and EDS2. One of the CCG's equality objectives is to: *Improve staff equality monitoring data and use it to inform future succession planning processes* and the CCG identified EDS2 Goal 4 – Inclusive Leadership as ‘Developing’ last year. Action plans to support the CCG's equality objectives and EDS2 are led by the CCG's Equality and Diversity Forum and these will also support improvement in this indicator.

Recommendation:

1. Non mandatory training requests are approved by the Executive Team, the introduction of the demographic fields to the request form will ensure that demographic data can be monitored for staff requesting non-mandatory training.

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

Data for this indicator was collected as part of the staff survey where the staff members chose to disclose their ethnicity so may not include all staff; the CCG will encourage better self-reporting to support future monitoring of this indicator.

Recommendation:

1. Ensure that the staff survey is carried out annually to enable us to monitor all harassment, bullying or abuse concerns across the organisation.

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

Data for this indicator was collected as part of the staff survey where the staff members chose to disclose their ethnicity so may not include all staff; the CCG will encourage better self-reporting to support future monitoring of this indicator.

The number of staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased from 2015/16.

Recommendation:

1. Continue to monitor annual staff survey responses against workforce data and work with the NHS Equality and Diversity Partners to understand any discrepancies.
2. Use different sources to ensure that staff feel able to report bullying or abuse.

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

Data for this indicator was collected as part of the staff survey where the staff members chose to disclose their ethnicity so may not include all staff; the CCG will encourage better self-reporting to support future monitoring of this indicator.

Recommendation:

1. Ensure that the staff survey is carried out annually to enable us to monitor all equal opportunities concerns across the organisation.

8. In the last 12 months have you personally experienced discrimination at work from any Manager/team leader or other colleagues

Data for this indicator was collected as part of the staff survey where the staff members chose to disclose their ethnicity so may not include all staff; the CCG will encourage better self-reporting to support future monitoring of this indicator.

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

The CCG's workforce is 11.7% BME and 1.6% of voting members on the Governing Body is of BME origin. The percentage difference between Governing Body voting membership and overall workforce is -9.1%. The comparison highlights that the organisation is under represented for BME at Governing Body voting level.

Conclusion

The CCG has reviewed its data against the WRES indicators, however, as a small organisation with a small number of staff, percentages presented for the Workforce Race Equality Standard can be misleading, as large percentages in some indicators can refer to only a few staff members.

The CCG is committed to the equality agenda and completion of the WRES and set an equality objective to: Meet the requirements of the Workforce Race Equality Standard following self-grading against the EDS2 goals. The CCG is pleased to report that results of the staff survey suggested that BME staff were not more likely to experience unfair treatment than white staff members, however, the CCG recognises that some staff members chose not to answer all questions and some did not declare their ethnicity. This could mean that underlying issues are present but not identified through the WRES process.

The WRES indicators also highlighted that BME staff were under-represented at VSM and at Governing Body voting level. The CCG has an action plan in place to monitor progress against EDS2, all actions identified through reporting against the Workforce Race Equality Standard not already included will be incorporated into updated action plans