

NHS WALSALL CCG 2019 WRES REPORTING TEMPLATE

Introduction

1 Name of organisation

NHS Walsall CCG

2 Date of report

Month/Year:

March/2019

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

Dr Anand Rischie, Clinical Chair

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:

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

<https://walsallccg.nhs.uk/about-us/equality-and-diversity/>

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

Name:

Dr Anand Rischie

Date:

13th Sept 2019

Background narrative

9 Any issues of completeness of data

Ethnicity was known for the entire workforce of 100 employees at the end of March 2019 (excluding non-executive directors and lay members of the Board, except where these individuals were also employed by the CCG). Ethnicity was also known for 79% of the 14 non-executive directors and lay members of the CCG at the end of March 2019.

10 Any matters relating to reliability of comparisons with previous years

Data relating to the previous reporting year are based on the workforce as at October 2018.

Self reporting

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

Workforce of 100 employees at end of March 2019 (excluding non-executive directors and lay members of the Board, except where these individuals were also employed by the CCG).

12 Proportion of BME staff employed within this organisation at the date of the report:

32.0% of the 100 employees were listed as BME (excluding non-executive directors and lay members of the Board, except where these individuals were also employed by the CCG).

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

The entire workforce of 100 employees at the end of March 2019 (excluding non-executive directors and lay members of the Board, except where these individuals were also employed by the CCG) self-reported their ethnicity; whilst 79% of the 14 non-executive directors and lay members of the CCG at the end of March 2019 self-reported their ethnicity.

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

No

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

None

Workforce data

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

Staff in post at March 2019

17 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.

Data for reporting year:

Total N refers to those of known ethnicity.

These figures exclude non-executive directors and lay members of the Board (except where these individuals were also employed by the CCG).

OVERALL %BME

Workforce: 32.0% BME; (Total N = 100)

Ethnicity was known for the entire workforce.

NON-CLINICAL %BME

Under Band 1: no staff

Band 1: no staff

Band 2: REDACTED%; (Total N = REDACTED)

Band 3: REDACTED%; (Total N = REDACTED)

Band 4: REDACTED%; (Total N = REDACTED)

Band 5: REDACTED%; (Total N = 13)

Band 6: REDACTED%; (Total N = REDACTED)

Band 7: REDACTED%; (Total N = REDACTED)

Band 8A: REDACTED%; (Total N = 15)

Band 8B: REDACTED%; (Total N = REDACTED)

Band 8C: REDACTED%; (Total N = REDACTED)

Band 8D: REDACTED%; (Total N = REDACTED)

Band 9: no staff

VSM: REDACTED%; (Total N = REDACTED)

CLINICAL %BME

Under Band 1: no staff

Band 1: no staff

Band 2: no staff

Band 3: no staff

Band 4: no staff

Band 5: REDACTED%; (Total N = REDACTED)

Band 6: REDACTED%; (Total N = REDACTED)

Band 7: REDACTED%; (Total N = REDACTED)

Band 8A: REDACTED%; (Total N = REDACTED)

Band 8B: REDACTED%; (Total N = REDACTED)

Band 8C: REDACTED%; (Total N = REDACTED)
Band 8D: no staff
Band 9: no staff
VSM: REDACTED%; (Total N = REDACTED)
Medical and Dental:
Consultants: REDACTED%; (Total N = REDACTED)
of which Senior medical manager: REDACTED%; (Total N = REDACTED)
Non-consultant career grade: no staff
Trainee grades: no staff
Other: no staff

Data for previous year:

Total N refers to those of known ethnicity.

These figures exclude non-executive directors and lay members of the Board (except where these individuals were also employed by the CCG).

OVERALL %BME

Workforce: 30.9%; (Total N = 94)

Ethnicity was known for the entire workforce.

NON-CLINICAL %BME

Under Band 1: no staff

Band 1: no staff

Band 2: REDACTED%; (Total N = REDACTED)

Band 3: REDACTED%; (Total N = REDACTED)

Band 4: REDACTED%; (Total N = REDACTED)

Band 5: REDACTED%; (Total N = 13)

Band 6: REDACTED%; (Total N = REDACTED)

Band 7: REDACTED%; (Total N = REDACTED)

Band 8A: REDACTED%; (Total N = 14)

Band 8B: REDACTED%; (Total N = REDACTED)

Band 8C: REDACTED%; (Total N = REDACTED)

Band 8D: REDACTED%; (Total N = REDACTED)

Band 9: no staff

VSM: REDACTED%; (Total N = REDACTED)

CLINICAL %BME

Under Band 1: no staff

Band 1: no staff

Band 2: no staff

Band 3: no staff

Band 4: no staff

Band 5: REDACTED%; (Total N = REDACTED)

Band 6: REDACTED%; (Total N = REDACTED)

Band 7: REDACTED%; (Total N = REDACTED)

Band 8A: REDACTED%; (Total N = REDACTED)

Band 8B: REDACTED%; (Total N = REDACTED)

Band 8C: REDACTED%; (Total N = REDACTED)
Band 8D: no staff
Band 9: no staff
VSM: REDACTED%; (Total N = REDACTED)
Medical and Dental:
Consultants: REDACTED%; (Total N = REDACTED)
of which Senior medical manager: REDACTED%; (Total N = REDACTED)
Non-consultant career grade: no staff
Trainee grades: no staff
Other: REDACTED%; (Total N = REDACTED)

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

When using the specified WRES scheme for pay band analyses, 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 and lay members of the Board, except where these individuals also had a paid position with the CCG).

In a supplementary analysis, pay bands were pooled to account for the small number of employees within each individual pay band. When the workforce was analysed in this fashion, again BME staff were proportionally represented in each group of pooled pay bands:

CLINICAL AND NON-CLINICAL POOLED %BME

Workforce overall: 32.0%; (Total N = 100)

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

Bands 5 to 7: 36.7%; (Total N = 30)

Bands 8A to 8B: REDACTED%; (Total N = 30)

Bands 8C to 9, VSM, and Medical: REDACTED%; (Total N = 20)

These figures exclude non-executive directors and lay members of the Board (except where these individuals were also employed by the CCG). Ethnicity was known for the entire workforce.

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

CCG Action plan is published on the CCG's website.

<https://walsallccg.nhs.uk/about-us/equality-and-diversity/>

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

Data for reporting year:

0.74

Data for previous year:

1.85

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

Appointees in the reporting period: REDACTED% of 110 White people shortlisted were appointed and REDACTED% of 98 BME people shortlisted were appointed. White people were 0.74 times as likely as BME people to be appointed from shortlisting. This did not represent a statistically significant difference given the relatively small number of appointees.

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

Linked to CCG action plan

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:

No formal disciplinary proceedings were undertaken in 2018/19

Data for previous year:

Not available

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

N/A

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

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

Data for reporting year:

Please refer to narrative

Data for previous year:

Not available

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

REDACTED members of staff were recorded as having undertaken non-mandatory training in 2018/18 (REDACTED White, REDACTED of unknown ethnicity); given the very small numbers on record, little can be said about the pattern of non-mandatory training uptake in 2018/19.

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

The CCG will review the process and recording of study leave applications to capture more data on who is accessing non mandatory training.

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:

3.7%

BME:

0.0%

Data for previous year:

White:

Not available

BME:

Not available

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

3.7% of White staff (REDACTED) 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; given the small numbers involved little can be said about the pattern of harassment, bullying or abuse from patients, relatives or the public in last 12 months.

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 review policies and approach to ensure that staff are supported and protected in their roles.

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

Data for reporting year:

White:

13.0%

BME:

23.5%

Data for previous year:

White:

13.6%

BME:

13.3%

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

13.0% of White staff (REDACTED) and 23.5% 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; given the small numbers involved, 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:

It has not so far been possible to identify any particular cause however, the CCG has arranged both Unconscious Bias and Values based recruitment training which it is hoped will positively impact on this aspect. The CCG will also review staff survey responses further to try and gain a greater understanding of any underlying reasons or statistical anomalies that may have occurred. It is concerning however that BME staff have reported a much greater level of bullying / harassment this year compared to previous years.

In response the CCG has arranged a Board development session on staff survey results and a board away day, focused on behaviours and values. A team brief was held on the staff survey results, asking for suggestions and actions. In addition focus groups were proposed. All Staff were sent an email and offered the opportunity to express their interest in these groups which will be externally facilitated. These groups are split into areas e.g., SMT, Admin etc. In addition an SMT was held to discuss the survey results and behaviours seen within the organisation.

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

Data for reporting year:

White:

86.1%

BME:

72.7%

Data for previous year:

White:

69.5%

BME:

66.7%

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

86.1% of White staff (31/36) and 72.7% of BME staff (REDACTED) who took part in the staff survey felt that the CCG provides equal opportunities for career progression or promotion (excluding blank and “don’t know” responses); 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:

It is hoped that the delivery of unconscious bias training and values based recruitment training will impact positively. A partial link could be seen to the previous metric and the CCG will continue to examine what underlying causes there may be for this issue.

The CCG has recognised that with the current changes in the CCG the exposure / access to directors has reduced for staff. To address this each director now has an identified deputy who can be approached as a point of contact and a senior staff meeting has been formed.

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:

11.1%

BME:

16.7%

Data for previous year:

White:

Not available

BME:

Not available

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

11.1% of White staff (REDACTED) and 16.7% of BME staff (REDACTED) who took part in the staff survey reported experiencing discrimination from other staff in the last 12 months; given the small numbers involved, 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:

It is hoped that the delivery of unconscious bias training and values based recruitment training will impact positively. A partial link could be seen to the previous metric and the CCG will continue to examine what underlying causes there may be for this issue.

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

Data for reporting year:

Difference (%BME total board - %BME overall workforce): +23.6%

Difference (%BME voting board - %BME overall workforce): +23.6%

Difference (%BME executive board - %BME overall workforce): -17.7%

Data for previous year:

Difference (%BME total board - %BME overall workforce): +22.1%

Difference (%BME voting board - %BME overall workforce): +22.1%

Difference (%BME executive board - %BME overall workforce): -30.9%

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

In 18/19 and in 17/18 BME people were proportionately represented on the Board of the CCG compared to their level of representation in the workforce of the CCG. In 18/19, BME people were also proportionately represented amongst the board's executive membership; an improvement on the position seen in 17/18 when BME people were underrepresented on the Board in terms of its executive membership.

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

No action planned

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

N/A

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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://walsallccg.nhs.uk/about-us/equality-and-diversity/>