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

Introduction

1 Name of organisation

NHS Walsall 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:

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:
Audit Committee

Date:
10/11/2020

Background narrative

9 Any issues of completeness of data

Ethnicity was known for the entire workforce of 87 employees at the end of March 2020 (excluding non-executive directors and lay members of the Board).

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 87 employees at end of March 2020 (excluding non-executive directors and lay members of the Board). A further 9 non-executive directors and lay members were listed.

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

25.3% of the 87 employees were listed as BME.

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

The entire workforce of 87 employees at the end of March 2020 (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 88.9% of the 9 non-executive directors and lay members of the Board at the end of March 2020 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 Managers 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.

OVERALL %BME
Workforce: 25.3% BME; (Total N = 87)
Ethnicity was known for the entire 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.

These figures exclude non-executive directors and lay members of the Board.

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:

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).

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, with a similar pattern observed in the previous reporting year, too:

2019/20: CLINICAL AND NON-CLINICAL POOLED %BME
Workforce overall: 25.3%; (Total N = 87)

Band 4 and under: REDACTED%; (Total N = 14)
Bands 5 to 7: REDACTED%; (Total N = 32)
Bands 8A to 8B: REDACTED%; (Total N = 27)
Bands 8C to 9, VSM, and Medical: REDACTED%; (Total N = 14)

2018/19: 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)

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

This will be covered in the CCG Action plan will be 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:
0.84

Data for previous year:
0.74

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

In 2019/20, 25.8% of White people shortlisted were appointed and 30.8% of BME people shortlisted were appointed. Thus, White people were 0.84 times as likely as BME people to be appointed from shortlisting. This did not represent a statistically significant difference given a relatively small number of appointees.

In 2018/19, 4.5% of White people shortlisted were appointed and 6.1% of BME people shortlisted were appointed. Thus, 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 a 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.

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:
No formal disciplinary proceedings

Data for previous year:
No formal disciplinary proceedings

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:

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:
Please refer to narrative

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

Data on non-mandatory training were not available for the 2019/20 financial year.

In 2018/19, four members of staff were recorded as having undertaken non-mandatory training in 2018/19; 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:

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:
3.7%

BME:
0.0%

Data for previous year:

White:
3.7%

BME:
0.0%

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

In 19/20, 3.7% of White staff (1/27) 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 the last 12 months.

In 18/19, 3.7% of White staff (2/54) and 0.0% of BME staff (0/17) who took part in the staff survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in the 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 18/19.

There was a notable drop in the number of respondents who gave their ethnicity as BME between 18/19 and 19/20 (from 17 to REDACTED). Additionally, in 19/20, 34.1% of respondents (15/44) did not give their ethnicity; 6.7% of those of unknown ethnicity (1/15) reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, whilst 4.5% overall (2/44) reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

Thus, the overall number reporting harassment, bullying or abuse from patients, relatives or the public in the last 12 months, two, indicates little potential for significant differences by ethnicity for this indicator, even with the large proportion of respondents for whom ethnicity was not known.

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:
3.7%

BME:
66.7%

Data for previous year:

White:
13.0%

BME:
23.5%

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

In 19/20, 3.7% of White staff (1/27) and 66.7% 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; this large difference was statistically significant, despite the small numbers involved.

In 18/19, 13.0% of White staff (7/54) and 23.5% of BME staff (4/17) 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.

There was a notable drop in the number of respondents who gave their ethnicity as BME between 18/19 and 19/20 (from 17 to REDACTED). Additionally, in 19/20, 34.0% of respondents (17/50) did not give their ethnicity; 17.6% of those of unknown ethnicity (3/17) reported experiencing harassment, bullying or abuse from other staff in the last 12 months, whilst 16.0% overall (8/50) reported experiencing harassment, bullying or abuse from other staff in the last 12 months.

The large proportion of respondents for whom ethnicity was not known indicates that the ethnicity breakdowns for this indicator may be unreliable. However, the statistically significant finding that a greater percentage of BME staff than White staff experienced bullying, harassment or abuse from other staff in the last 12 months is of concern nonetheless (even given the small number of respondents who gave their ethnicity as BME).

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:
92.9%

BME:
66.7%

Data for previous year:

White:
86.1%

BME:
72.7%

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

In 19/20, 92.9% of White staff (26/28) and 66.7% of BME staff (REDACTED) who took part in the staff survey felt that the CCG provides equal opportunities for career progression or promotion; given the small numbers involved, this did not represent a statistically significant difference.

In 18/19, 86.1% of White staff (31/36) and 72.7% of BME staff (8/11) who took part in the staff survey felt that the CCG provides equal opportunities for career progression or promotion; this did not represent a statistically significant difference.

There was a notable drop in the number of respondents who gave their ethnicity as BME between 18/19 and 19/20 (from 11 to REDACTED). Additionally, in 19/20, 33.3% of respondents (17/51) did not give their ethnicity; 82.4% of those of unknown ethnicity (14/17) felt that the CCG provides equal opportunities for career progression or promotion, whilst 86.3% overall (44/51) felt that the CCG provides equal opportunities for career progression or promotion. The large proportion of respondents for whom ethnicity was not known indicates that the ethnicity breakdowns for this indicator may be unreliable.

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:
7.1%

BME:
16.7%

Data for previous year:

White:
11.1%

BME:
16.7%

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

In 19/20, 7.1% of White staff (2/28) 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.

In 18/19, 11.1% of White staff (6/54) and 16.7% of BME staff (3/18) 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.

There was a notable drop in the number of respondents who gave their ethnicity as BME between 18/19 and 19/20 (from 18 to REDACTED). Additionally, in 19/20, 35.8% of respondents (19/53) did not give their ethnicity; 15.8% of those of unknown ethnicity (3/19) reported experiencing discrimination from other staff in the last 12 months, whilst 11.3% overall (6/53) reported experiencing discrimination from other staff in the last 12 months. The large proportion of respondents for whom ethnicity was not known indicates that the ethnicity breakdowns for this indicator may be unreliable.

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): +38.3%
Difference (%BME voting board - %BME overall workforce): +38.3%
Difference (%BME executive board - %BME overall workforce): -25.3%

Data for previous 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%

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

In 19/20, BME people were overrepresented on the Board of the CCG compared to their level of representation in the workforce of the CCG, overall and in terms of voting members. However, there were no BME people amongst the executive directors.

In 18/19 BME people were proportionately represented on the Board of the CCG compared to their level of representation in the workforce of the CCG, overall, and in terms of executive and voting membership.

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?

N/A

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