Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

East Leicestershire and Rutland Clinical Commissioning Group

Date of report: month/year

August 2018

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

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

N/A

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

N/A

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

https://eastleicestershireandrutlandccg.nhs.uk/about-us/equality-diversity-and-human-rights/

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

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The WRES report for 2017/18 was approved at Governing Body in September 2018 and published on xxxx

Data from the Electronic Staff Records (ESR) has been provided by the Human Resources Team at Midlands and Lancashire Commissioning Support Unit ranging from 01/04/17 to 31/03/18. The Pay Band data for Indicator 1 has been supplied in a different format - comparing the number of white and BME staff in each pay band, rather than as a percentage of the total workforce (as reported in previous years). This makes it difficult to draw any firm comparisons with last year's data. However, given the relatively small number of CCG staff, the new format should enable comparisons to be drawn in future years without the risk of identifying individual members of staff.

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

As above

2. Total numbers of staff

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

This report is based on a headcount of 104 which includes all members of the Governing Body on the CCGs payroll and hosted teams working a

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

25% of the total number of staff identify as BME

3. Self reporting

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

97.1% or 101 staff self-reported their ethnicity. 3 individuals did not self-report

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

The level of self-reporting for this reporting year has decreased slightly from the previous reporting year (99.1%). However, this is still a very high level of self-reporting compared to other CCGs.

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

With the introduction of the TRAC recruitment system, the CCG has started to collate equality monitoring information for employees at the application stage of the recruitment process. This will mean that the equality monitoring data is not seen by the line manager. It is anticipated that by excluding the line manager from seeing this information, staff will feel more comfortable in disclosing equality monitoring information for the protected characteristics of race/ethnicity, disability and sexual orientation. The Human Resources Team, MLCSU will update the ESR system for every new employee.

4. Workforce data

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

Workforce establishment data as of 31 March 2018 for period covering 1 April 2017 - 31 March 2018
Recruitment data and Employees Relations data for period covering 1 April 2017 - 31 March 2018

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.	White (Clinical) B 1-6: 33.3% B 7-8C: 81.25% B 8D,/9/Local: 62.5% BME (Clinical) B1-6: 66.7%	White (Clinical) B 1-6: 0% B 7-8C: 9.91% B 8D/9/Local: 6.31% BME (Clinical) B 1-6: 0%	The data for this indicator has been sourced from Human Resources, Midlands and Lancashire CSU. Based on this data, BME staff are represented at all levels (with an overall BME workforce of 25%). The average BME population of the CCG footprint is 5.75% (Census 2011 - Leicestershire County 8.6% BME and Rutland County 2.9% BME)	The CCG will continue to review the composition of its workforce.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	564 applications 66 / 11.7% White shortlisted 12 / 18.2% White appointed 52 / 9.2% BME shortlisted 8 / 15.4% BME	709 applications 68 / 9.6% White shortlisted 13 / 19% White appointed 66 / 9.3% BME shortlisted 11 / 17% BME	In this reporting year, a slightly higher proportion of white applicants were shortlisted compared to BME applicants. The data suggests a 1.2 times greater likelihood of a white applicant being appointed in comparison to a BME applicant.	Continue to monitor and review the number of white and BME shortlisted and appointed applicants on an annual basis. The Recruitment and Selection Policy was revised and published in October 2017. Recruitment and selection training is currently due to be delivered for recruitment managers.
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.	We will not be publishing this data due to small numbers and risk of identification.	No formal disciplinary processes	The likelihood of disciplinary is difficult to calculate due to the small number of formal disciplinary processes over the last two years with 0 BME staff entering a formal process.	EDS Goal 3: A representative and supported workforce.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	85% of staff attending East Midlands Leadership Academy events and programmes were white and 15% were BME.	41% of staff attending East Midlands Leadership Academy events and programmes were white, 27% were BME, 38%	In 2017/18, 34 members of ELR CCG staff subscribed to programmes or events delivered by East Midlands Leadership Academy. In 2017/18, 26 members of ELR CCG staff subscribed to external non-mandatory training events.	Continue to promote via ELR News opportunities for all staff to attend EMLA programmes and events, with a particular focus on encouraging BME staff to attend. EDS Goal 3: A representative and supported workforce. Collation of this data supports the CCG to show evidence of staff receiving

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 9% BME 5%	White 2% BME 5%	The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives or the public has increased from the previous year, where the percentage of BME staff remains the same as the previous year. The	Encourage staff to raise concerns and take appropriate action. EDS Goal 3: A representative and supported workforce.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 33% BME 53%	White 30% BME 42%	The percentages of white and BME staff experiencing harassment, bullying or abuse from staff has increased from 2016/17 to 2017/18. The increase is higher for BME staff which suggests that this group still experiences more harassment,	The Harassment and Bullying Policy was updated in 2016/17 and communicated to staff. Some training was delivered to teams. Given the rise in incidences reported in the 2017 SOS, this was discussed at the CCG Development Day on
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 89% BME 44%	White 94% BME 58%	The percentages of both white and BME staff who believe that the CCG provides equal opportunities for career progression or promotion have decreased. The scores for the reporting year are lower than the national average for CCGs for	Continue to monitor leave reasons for the reporting year and the findings of exit interviews. Explore raising awareness of professional development opportunities available to staff.
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 5% BME 21%	White 2% BME 11%	There has been an increase in the percentages of both white and BME staff experiencing discrimination at work. The scores for the reporting year are higher than the national average for CCGs of 4.7% (White) and 15%	Raised awareness about raising concerns about harassment and bullying. Encourage staff to take appropriate action and raise concerns. EDS Goal 3: A representative and supported
	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.	Board Voting Membership: BME: -6.25% White: +2.88%	Board Voting Membership: BME: -6.82%	The percentage difference is based on an overall BME workforce of 25%, BME voting board membership of 18.75%, and BME executive board membership of 0%.	EDS Goal 4: Inclusive Leadership

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?

The CCG has a new recruitment process in place called TRAC which now means that vacancies will be advertised through more recruitment channels rather than just with the NHS Jobs website. It is anticipated that this may improve on the number of applicants and also attract a wider range of people from different ethnic backgrounds who apply for any jobs advertised at the CCG.

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.

- Continue to develop the recording of non-mandatory training and continued professional development
- Monitor the impact of the introduction of the TRAC recruitment system to identify any changes in numbers of applicants from different ethnic backgrounds.
- Deliver recruitment and selection training for recruiting managers which incorporate equality, diversity and inclusion issues and unconscious bias.
- Continue to report workforce metrics to Executive Management Team, Integrated Governance Committee and Governing Body on an annual basis.
- Review the need for further training to support the Harassment and Bullying Policy in light of the results of the 2018 Staff Opinion Survey.

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