

WRES combined Report 2019 and Action Plan 2019 – 20 for South Lincolnshire and Southwest Lincolnshire CCG

Response ID ANON-R89M-8JVP-R

Submitted to Workforce Race Equality Standard (WRES) reporting template
Submitted on 2019-08-30 15:20:04

1. Name of organisation

This report covers:

- South Lincolnshire Clinical Commissioning Group (referred to as SLCCG) and
- Southwest Lincolnshire Clinical Commissioning Group (referred to as SWLCCG)

2. Date of report

Month: August

Year: 2019

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

Rebecca Neno – Deputy Chief Nurse

4. Name and contact details of lead manager compiling this report

Kamljit Obhi, EDHR and BC Assurance Manager (South) – kamljit.obhi@nhs.net

Diane Hansen, Head of Engagement and Inclusion (Southwest) –
Diane.hansen@southwestlincolnshireccg.nhs.uk

5. Names of commissioners this report has been sent to

Executive lead – Rebecca Neno, Deputy Chief Nurse.

6. Name and contact details of coordinating commissioner this report has been sent to

N/A

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

South: <http://southlincolnshireccg.nhs.uk/about-us/equality-and-diversity/workforce-race-equality-standard-wres>

Southwest: <https://southwestlincolnshireccg.nhs.uk/about-us/equality-and-diversity/nhs-workforce-race-equality-standard>

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

Date: 22 August 2019

Name: John Turner – Accountable Officer

Background narrative

9. Any issues of completeness of data

Under 'relative likelihood of staff being appointed from shortlisting across all posts' – data is currently not available on ESR system.

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

N/A as CCG's have only this year been asked to supply data for WRES

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

111

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

6.3%

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

96.4%

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

South: No steps have been taken

Southwest: No Steps have been taken

This is the first time that CCG's have been asked to submit WRES data and report

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

Currently all staff are encouraged to state their ethnicity and given advice on why it is important to the CCG. This is the first WRES report and has highlighted the importance of self-reporting to identify trends and inconsistencies. We will take steps as part of our WRES action plan for 2019/20 to improve the level of Self-reporting.

Workforce data

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

2017/18 and 2018/19

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff.

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: 2018-19, Non Clinical

	White	%	BME	%
Under Band 1	0	0.00	0.00	0.00
Band 1	0	0.00	0.00	0.00
Band 2	3	3.00	0.00	0.00
Band 3	7	7.00	1.00	1.00
Band 4	7	7.00	1.00	1.00
Band 5	4	4.00	0.00	0.00
Band 6	13	13.00	0.00	0.00
Band 7	21	21.00	0.00	0.00
Band 8a	7	7.00	0.00	0.00
Band 8b	10	10.00	0.00	0.00
Band 8c	3	3.00	0.00	0.00
Band 8d	0	0.00	0.00	0.00
Band 9	5	5.00	0.00	0.00
VSM	20	20.00	5.00	5.00

Data for previous year: 2017-18, Non Clinical

	White	%	BME	%
Under Band 1	0	0.00	0	0.00
Band 1	0	0.00	0	0.00
Band 2	4	4.40	1	1.10
Band 3	4	4.40	1	1.10
Band 4	8	8.79	0	0.00
Band 5	6	6.59	0	0.00
Band 6	10	10.99	1	1.10
Band 7	18	19.78	1	1.10
Band 8a	6	6.59	0	0.00
Band 8b	6	6.59	0	0.00
Band 8c	3	3.30	0	0.00
Band 8d	1	1.10	0	0.00
Band 9	4	4.40	0	0.00
VSM	21	23.08	6	6.59

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

Non clinical - Across the grades the category BME is under represented. Further to this, there is a slight decrease in BME category in 2019 from 2018 figures.

Clinical - There is no representation across this category in 2018 and 2019.

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

SLCCG: Collation of this data links to EDS2 corporate objectives and currently exists as a wider objective to collect and analyse data as part of the equality action plan for 2018-20. More specific actions relating to this indicator will be included as part of ongoing EDS2/WRES work in the development of the EDS2 action plan for 2020-22.

SWLCCG: action required in relation to this indicator which will shape future work for EDS2 / WRES

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

Data for reporting year: 2019

No data available on the ESR system for both SLCCG and SWLCCG

Data for previous year: 2018

No Data available on the ESR system for both SLCCG and SWLCCG

The implications of the data and any additional background explanatory narrative

N/A as data isn't currently available

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

SLCCG: Collation of this data links to EDS2 corporate objective and will be actioned further as part of the EDS2 equality action plan for 2020-22 (to be developed, following EDS2 organisational assessment and after the establishment of the new combined CCG structure). This will be incorporated in a future WRES report

SWLCCG: Action required in relation to this indicator which will shape future work for EDS2 / WRES

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: 2019

0

Data for previous year: 2018

0

The implications of the data and any additional background explanatory narrative

No formal disciplinary action has been taken by staff

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

Not currently included but to action as part of future EDS2/WRES work for both CCG's. This will need to be revisited when the 4 CCG's in Lincolnshire become new single entity.

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

Data for reporting year: 2019

White: 0.54

BME: 0.10

Data for previous year: 2018

White: 0.62

BME: 0.14

The implications of the data and any additional background explanatory narrative

The proportion of BME staff within the two CCG's compared to the numbers of staff identifying as white are very low. It is therefore difficult to draw any reasonable inference from the reported figures. The CCG will need to ensure that it continues to monitor this indicator to identify any potential inequalities.

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

This will be an actioned as part of the EDS2 action plan for 2020-22 (to be developed following EDS2 assessment) and work will commence as part of WRES actions for 2019-20 for both CCG's. This will need to be revisited when the 4 CCG's in Lincolnshire become new single entity.

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

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: 2019

White: 10%

BME: 0.00%

Data for previous year: 2018

White: 0.00%

BME: 0.00%

The implications of the data and any additional background explanatory narrative

The data is drawn from the NHS staff survey that does not provide any further explanation for the % scores. However, the percentage for white staff is relatively high and therefore further analysis needs to be done to establish the reasons for this.

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

Ongoing collection of data to ensure further comparisons are made and trends assessed - notify upward trends to the relevant channels to enable staff to access to support in line with the appropriate policies and processes. Links to be made with EDS2 and incorporated into work for 2020-22.

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

Data for reporting year: 2019

White:10%

BME:0.00%

Data for previous year:2018

White: 0.00%

BME:0.00%

The implications of the data and any additional background explanatory narrative

The data is drawn from the NHS staff survey that does not provide any further explanation for the % scores. However, the percentage for white staff is relatively high, and therefore further analysis needs to be done to establish the reasons for this.

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

Ongoing collection of data to ensure further comparisons are made and trends assessed - notify upward trends to the relevant channels to enable staff to access to support in line with the appropriate policies and processes. Links to be made with EDS2 and incorporated into work for 2020-22.

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

Data for reporting year: 2019

White: 94%

BME:0.00%

Data for previous year: 2018

White: 0.00%

BME:0.00%

The implications of the data and any additional background explanatory narrative

The data is drawn from the NHS staff survey that does not provide any further explanation for the % scores. However, the percentage score of zero for individuals identifying as BME needs further analysis to assess the reasons for this.

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

Ongoing collection of data to ensure further comparisons and trends are identified. Create link with future EDS2 work by including objectives in action plan for 2020-22.

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:2019

White: 2%

BME:0.00%

Data for previous year: 2018

White: 0.00%

BME: 0.00%

The implications of the data and any additional background explanatory narrative

The data is drawn from the NHS staff survey that does not provide any further explanation for the % scores. However, this is the first year of reporting WRES information, will require future data to be collected and comparisons to be made.

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

Further data collection is required to make comparisons and set objectives to link with EDS2 and WRES work over the coming years.

Board representation indicator

For this indicator, compare the difference for White and BME staff.

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

total w/f	White	BME
2018	-13.30%	15.30%
2019	-17.90%	21.50%
voting members	White	BME
2018	75%	25%
2019	72.20%	27.80%

The small numbers of staff make a meaningful analysis difficult. This will require the collation of ongoing data and will need to be revisited when the 4 CCG's in Lincolnshire become new single entity.

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

In producing this report it needs to be taken into consideration that numbers of staff are small and this can lead to misinterpretation of the percentage figures. Additionally, numbers of staff completing the Staff survey, where much of the data is derived from, is often even smaller - this could further skew the percentage figures with regards to BME staff. Further work will be carried out to collate ongoing and more comprehensive data to gather a higher level of understanding on some of the key areas identified - this work will be included more specifically in the CCG's next EDS2 Action plan for 2020-22. However this will need to be revisited when the 4 CCG's in Lincolnshire become new single entity.

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.

WRES Actions for SLCCG and SWLCCG 2019-20 see appendix 1 below

Note: the actions below will be longer term and will be incorporated within the development of the next EDS2 Equality Action plan for 2020-22, in which WRES work will be integrated in more detail.

WRES Action Plan 2019 – 20		South Lincolnshire CCG and SW Lincolnshire CCG			Appendix 1
WRES Indicator	WRES Action	Timescales	Responsibility	Links	Achieved - *Grading based on EDS Red Amber, Green and Purple
Indicator 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	Ongoing data collection and analysis to assess differences across different bands	2019 – 20	HR/CCG executive lead and EDHR lead, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	
Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.	To collate/assess data on the ethnicity of number of applicants, those shortlisted and relative likelihood of staff being appointed from shortlisting across all posts.	2019 – 20	HR/CCG executive lead and EDHR lead, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	
Indicator 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.	To report on this data on a yearly basis in line with WRES and EDS, in relation to the definition of the indicator.	2019 – 20 2020 – 22	HR/CCG executive lead and EDHR lead, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	

Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD	Collect and assess further workforce ethnicity data around access to non-mandatory training and address any required actions in line with WRES and EDS. This will be addressed through the staff engagement group.	2019 – 20 2020 – 22	HR/CCG executive lead and EDHR lead, Staff engagement group, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	
Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Ensure that staff who experience harassment, bullying or abuse feel able to report these incidents and that they are supported through relevant processes. Work with staff engagement group to identify relevant support mechanisms	2019 – 20 Ongoing	HR/CCG executive lead and EDHR lead, Staff engagement group, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	
Indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Ensure that staff who experience harassment, bullying or abuse from staff feel able to report these incidents and that they are supported through relevant processes. Work with staff engagement group to identify relevant support mechanisms	2019 – 20 Ongoing	HR/CCG executive lead and EDHR lead, staff engagement group, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	
Indicator 7 Percentage believing that trust provides equal opportunities for career progression or promotion	Ongoing collection of data to ensure further comparisons and trends are identified. why BME staff are not responding to this question and – ensure link with future EDS2. work and involve staff engagement group in discussions	2019 – 20 2020 – 22	HR/CCG executive lead and EDHR lead, staff engagement group, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	
Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or	Further data collection is required to make comparisons and set objectives to link with EDS2 and WRES work over the coming years.	2019 – 20 2020 – 22	HR/CCG executive lead and EDHR lead, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	

other colleagues					
Indicator 9 Percentage difference between the organisation board voting membership and its overall workforce	This will require ongoing data collection. This will need to be revisited when the 4 CCG's become a single entity	2019 – 20	HR/CCG executive lead and EDHR lead, Equality Forum	EDS2, PSED, Equality objectives/action plan HR strategy/plans	

Additional recommendation: The need to use equality monitoring questions as part of the staff survey to establish a better picture of whether equality of opportunity is afforded to all staff of the CCGs.

Monitoring and review

- Staff Engagement Group
- CCG Equality Forum
- Executive/QPEC (once structure revisited)

*Grading – monitoring and assessment based on EDS grading:-

Red – Underdeveloped

Amber – Developing

Green – Achieving

Purple – Excelling

Note: Due to the current changes taking place, this action plan will need to be revisited when the 4 CCG's in Lincolnshire become a new single entity to allow more comparative data to be analysed.