

NHS Trafford Clinical Commissioning Group (CCG) – Workforce Race Equality Standard Action Plan 2019/20

NHSE -WRES indicator	Current position	Action	Timescale	Lead	Outcome				
<p>1. Percentage of staff in each of the AfC bands 1-9 or medical or dental subgroups and VSM (incl. exec board members) compared with the percentage of staff in the overall workforce disaggregated by</p> <ul style="list-style-type: none"> Non-clinical Clinical staff 	<p>99% of staff have their ethnicity recorded on ESR, (data extracted from new starter form).</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="padding: 2px;">White</th> <th style="padding: 2px;">BME</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">79.44%</td> <td style="text-align: center; padding: 2px;">19.62%</td> </tr> </tbody> </table> <p>Trafford CCG BME staff representation in 2019 was 19.62% which is higher than the Trafford population of 15.2% (and 2011 Census of 14.5%). It is also higher (8.5%) than the CCG BME representation for 2018, which was 11.11%.</p> <p>Good representation of BME staff in clinical (41.66%). However, BME staff are mostly grouped at grade 7.</p> <p>For non-clinical (13.25%) there is a good representation across grades 3 – 8a but less so for grades 8b, c and d or VSM.</p>	White	BME	79.44%	19.62%	<p>1.1 Communicate to all CCG staff, via various mechanisms incl. newsletters etc, the importance of good equality monitoring data and encourage staff to update their own personal information on the ESR system to assist with other regulatory returns e.g. Workforce Disability Equality Standard.</p> <p>1.2 Consider strategies to improve representation of BME staff across grades, particularly grade 8A and above – each section to identify actions on how this can be increased incrementally.</p>	<p>Data to be provided in May each year in readiness for the WRES return in August.</p> <p>Monitor progress against WRES indicator more frequently across the year</p>	<p>HR Team</p>	<p>Improved data across all protected characteristics.</p> <p>Maintain a good balance of BME staff across the CCG and ultimately improve BME representation at higher levels i.e. grade 8 and above</p>
White	BME								
79.44%	19.62%								
<p>2. Relative likelihood of staff being appointed from shortlisting across all posts</p>	<p>March 2019 Data (0.83/1) = 0.83 BME staff more likely to be appointed</p> <p>(March 2018 (0.20/0.087) = 2.32 White staff more likely)</p> <p>The CCG no longer uses the GMSS TRAC system – the CCG manages</p>	<p>2.1 No concerns from 2019 data however, numbers for the period are small therefore monitoring over the next 12 months is still important to ensure there is a good balance of BME applicants across grades.</p> <p>2.2 The CCG is undergoing a recruitment drive for</p>	<p>Ongoing</p>	<p>HR Team</p>	<p>The profile of appointment from shortlisting reflects the ethnic breakdown of the local community.</p>				

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	recruitment via the NHS Jobs website which goes to a wider catchment of internal and external (potential) candidates and provides greater control over the R&S process.	<p>2019/20, R&S data will therefore be higher than for 2019. TCCG will use this opportunity to monitor R&S from attraction through to appointment for BME candidates.</p> <p>2.3 Analyse data to understand if there are any specific issues for BME candidates, for example drop out at shortlisting and or at appointment stage</p>			
<p>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 a two-year rolling average of the current year and the previous year.</p>	<p>March 2019 Data White = # BME = # # = number too small to publish</p> <p>(March 2018 data White = 0 BME = 0)</p>	<p>3.1 The CCG will continue to monitor any formal disciplinary action.</p> <p>3.2 Disciplinary and Grievance policies are in place and monitored regularly.</p> <p>3.3 Lessons learned from outcomes from each case are shared with the manager and individuals involved to help improve processes and future experience.</p> <p>3.4 Future learning points from the process will be considered at snr manager and Board level.</p>	Examine data quarterly	HR Team	<p>All cases are investigated fully and in a timely manner. Where there is an opportunity to employ Informal processes, this should be taken in preference to protracted formal disciplinary processes which is better for all involved</p>
4. Relative likelihood of staff accessing non-mandatory training and CPD	<p>March 2019 Data (0.93/0.90) = 1.033 White staff more likely to access Non-mandatory training (March 2018</p>	4.1 Conduct an analysis of the courses BME staff are accessing compared to white colleagues.	Ongoing	HR Team and Managers	Good quality training and development data showing what courses are

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	Not calculable due to low numbers)	<p>4.2 Undertake a more detailed analysis of the reasons why some courses have a lower uptake by BME staff compared to white Staff</p> <p>4.3 Encourage staff to take up career development opportunities, including secondments, mentoring and coaching etc.</p> <p>4.4 All CCG staff to have an annual appraisals and PDP to identify their training needs</p> <p>4.4 CCG training policy is due to be refreshed – this should be used as an opportunity to help advise staff on how training is accessed and what is appropriate to their needs</p>			<p>attended by BME staff. Reasons for any barriers to BME take up identified.</p> <p>Improved take up of training opportunities – staff feel they have the skills to perform their roles</p>
5. Staff survey KF25 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<p>Results of a staff pulse survey for 2019, of the staff that answered this question:</p> <p>White staff – 17.9% BME staff – 0%</p>	<p>5.1 Introduce an awareness campaign to encourage staff to report abuse from the public to their manager. Monitor cases.</p> <p>5.2 TCCG plans to participate in the NHS national staff survey for year 2019/20</p>	Quarterly reports	HR and managers	Increased reporting of incidents to managers to better understand the extent of the problem for staff
6. Staff survey K26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<p>Results of a staff pulse survey for 2019, of the staff answered this question:</p> <p>White staff – 30.8% BME staff – 0%</p>	<p>6.1 Introduce an awareness campaign to encourage staff to report bullying and harassment to HR.</p> <p>6.2 Monitor cases to identify any trends and produce</p>	Quarterly reports	HR and Senior Management	Staff feel confident about discussing incidents with HR and appropriate

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		<p>regular reports for senior management.</p> <p>6.3 HR/Management take appropriate action.</p> <p>6.4 The CCG will participate in the NHS national staff survey for year 2019/20</p>			action is taken to address
7. Staff survey K21 Percentage believing that the CCG provides equal opportunities for career progression or promotion.	<p>Results of a staff pulse survey for 2019, of the staff that answered this question:</p> <p>White staff – 39% BME staff – 2.4%</p>	<p>7.1 Analyse progression data of white staff in proportion to BME staff and consider improvement strategies if there are differences to address</p> <p>7.2 The CCG will participate in the NHS national staff survey for year 2019/20</p>	March 2020	HR	BME staff feel they have equal access to progression and are encouraged to take up learning and development opportunities to progress
8. Staff survey K17 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague	<p>Results of a staff pulse survey for 2019, of the staff that answered this question:</p> <p>White staff – 7.7% BME staff – 0%</p>	<p>8.1 Promote E&I in our values and behaviours.</p> <p>8.2 The CCG will participate in the NHS national staff survey for year 2019/20</p>	March 2020	HR and Snr management	Staff are aware of their responsibility around equality and inclusion.
9. Percentage difference of between the organisations' Board voting membership and its overall workforce	<p>Total Board members 12 in 2019</p> <p>Total Board members - % by Ethnicity: white 83.3%, BME 8.3%, unspecified 8.3%</p>	9.1 There is a disparity between the balance of BME board members to voting membership. The board will explore positive action strategies to address this disparity when	Ongoing	Board Chair	Board to reflect BME representation of the workforce

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Voting Board Member - % by Ethnicity: White 66.7%, BME 16.7%, unspecified 16.7%</td> </tr> <tr> <td style="padding: 5px;">Overall workforce - % by Ethnicity: White 79.4%, BME 19.6%, unspecified 0.9%</td> </tr> <tr> <td style="padding: 5px;">Difference (Total Board -Overall workforce): White 3.9%, BME - 11.3%, unspecified 7.4%</td> </tr> </table>	Voting Board Member - % by Ethnicity: White 66.7%, BME 16.7%, unspecified 16.7%	Overall workforce - % by Ethnicity: White 79.4%, BME 19.6%, unspecified 0.9%	Difference (Total Board -Overall workforce): White 3.9%, BME - 11.3%, unspecified 7.4%	making future appointments.			
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