

July 2015

Baseline Workforce Race Equality Standard Annual Publication

Trafford CCG



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1 Executive Summary

This document is Trafford Clinical Commissioning Group's (CCG's) first Annual Workforce Race Equality Standard (WRES) Publication. It is a valuable part of our commitment to promoting equality and to tackling race discrimination to create an organisation where the talents of our staff are valued and developed. This new standard requires public bodies to publish relevant workforce evidence and information to show progress and compliance annually against the Equality duty.

As our first WRES, it is a baseline report and includes a statistical overview of the CCG's race related workforce data. Going forward we will use this document to enable us to recruit and commission for inclusion. It shows delivery of the CCG's Equality objectives including culture and leadership and that Trafford CCG have a workforce representative of its population and who from the information we have available believe they are supported and treated fairly.

The report does show significant gaps in the data we have available and we are committed to improving the collection of data. This will subsequently allow us to use our workforce data accurately and as a key element of the way we will aim to improve our performance in the way we manage and motivate our employees.

Gina Lawrence
Chief Operating Officer

2 Introduction and Purpose

2.1 Workforce Race Equality Standard (WRES)

The WRES standard was produced by NHS England and partner organisations as members of the NHS Equality and Diversity Council.

The standard went through an extensive consultation and engagement process and is intended to provide real impetus, not just on race equality but on equality generally, for all those who experience unfairness and discrimination within our health and care system.

Being undervalued and discriminated against leads to disengagement, unhappiness, depression, poor performance and ultimately reduced effectiveness. Staff that are engaged, motivated and enthusiastic leads to a positive environment.

Trafford CCG will be using the standard as an opportunity to help improve its culture; opportunities, experiences and working environment for the benefit of staff and patients alike.

The standard will demonstrate progress against a number of indicators of workforce race equality. Trafford CCG will report this progress annually and publish the report on our website so that it is easily accessible to all staff, patients and the wider public.

2.2 The Equality Delivery System (EDS2) and WRES

EDS2 is designed to help local NHS organisations, in discussion with local stakeholders, review and improve their performance for patient's, communities and staff in respect to all characteristics protected by The Equality Act 2010.

The WRES and EDS2 are complementary but distinctly separate reports. The WRES Report will assist implementing EDS2 and align with EDS2 goals 3 and 4.

For further information please see: <http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>

2.3 The Standard Indicators

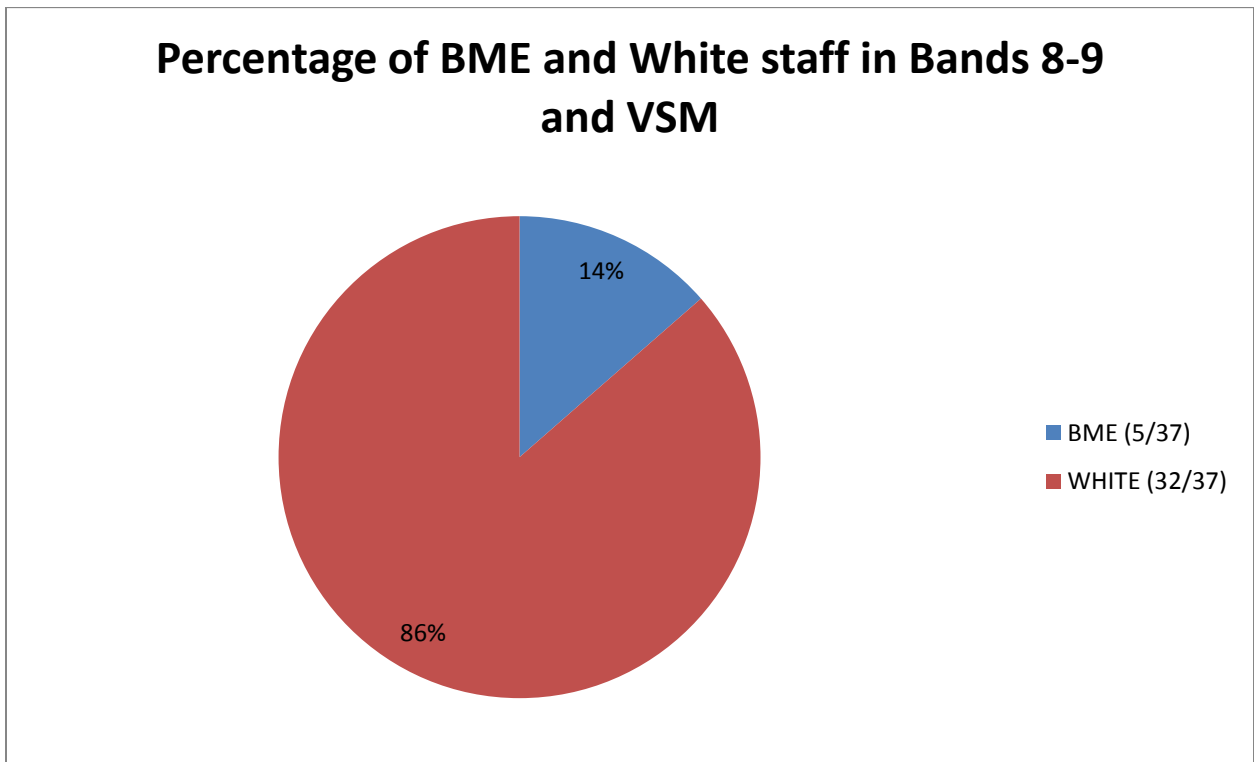
There are nine indicators. Four of the indicators are specifically on workforce data, four are based on data from national staff survey indicators and one considers board composition. (**see appendix 1**)

The standard will highlight any difference between the experience and treatment of White staff and BME staff in the NHS with a view to closing those metrics.

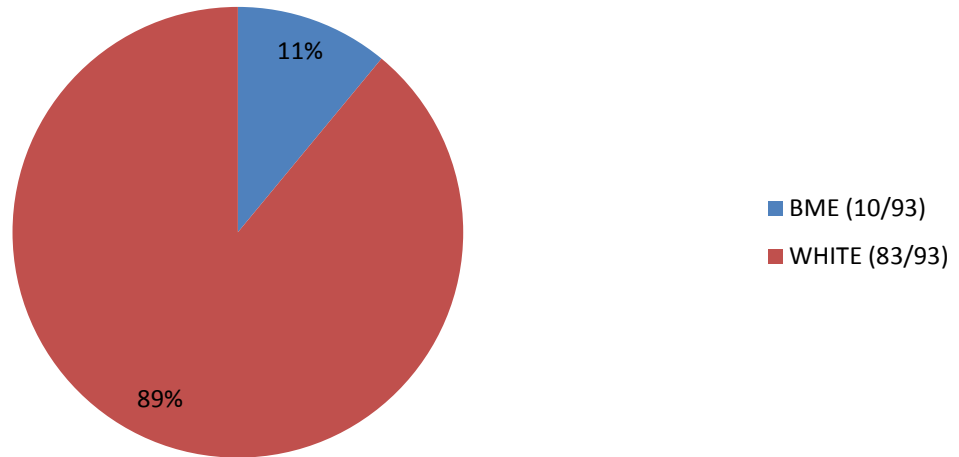
3.0 Workforce Indicator Results

3.1 Indicator 1

1	Percentage of BME staff in Bands 8-9 and Very Senior Management (VSM), including executive Board Members and senior medical staff, compared with the percentage of BME staff in the overall workforce	
Descriptor	Indicator	
Number of BME staff in Bands 8-9 and VSM	5	
Total Number of staff in Bands 8-9 and VSM	37	
Percentage of BME staff in Bands 8-9 and VSM	14%	
Number of BME staff in overall workforce	10	
Total Number of staff in overall workforce	93	
Percentage of BME staff in overall workforce	11%	



Percentage of BME and White staff in the overall workforce

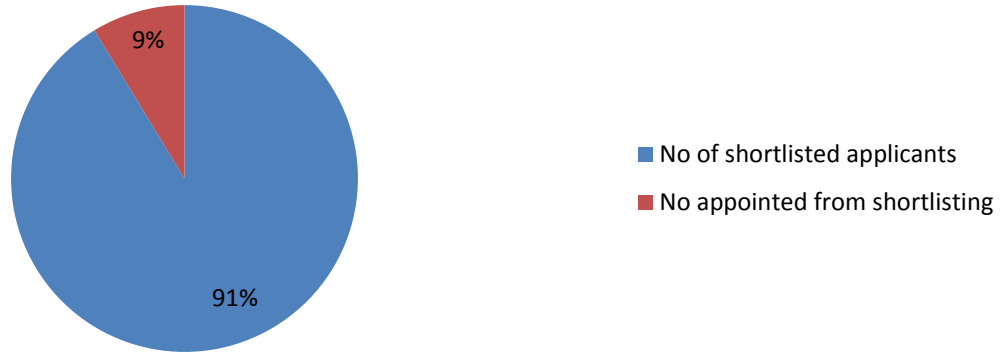


3.2 Indicator 2

2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being recruited from shortlisting across all posts	
Descriptor	WHITE	BME
Number of applicants	387	163
Number of shortlisted applicants	97	21
Number appointed from shortlisting	9	2
Percentage of shortlisted candidates being appointed	9.3%	9.5%

The relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being recruited is the same.

Relative Likelihood of BME Staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts



3.3 Indicator 3

3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.		
Descriptor	WHITE	BME
No of staff in workforce	83	10
No of Staff entering the formal disciplinary process	0	0

The figures suggest the likelihood of BME staff entering the formal disciplinary process compared to White staff is currently the same.

3.4 Indicator 4

4 Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff		
Descriptor	WHITE	BME
No. of staff in workforce	83	10
No. of staff accessing non mandatory training and CPD	17	2
Percentage likelihood of staff accessing non mandatory training	0.2%	0.2%

NWCSU have provided these statistics and the likelihood of white or BME staff entering non mandatory training is the same

Due to changes to the HR and Training processes and management Trafford CCG will hold this information going forward to enable reporting and analysis.

3.5 Staff Survey Indicators

5	KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6	KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12months.
7	KF27. Percentage believing that trust provides equal opportunities for career progression or promotion.
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues

There have been no incidents or complaints reported by staff for KF18/ and KF19 of the above. The CCG staff survey last November 2014 did not incorporate the above indicators and there has been no formal complaints made by staff to date for KF27 and Q23.

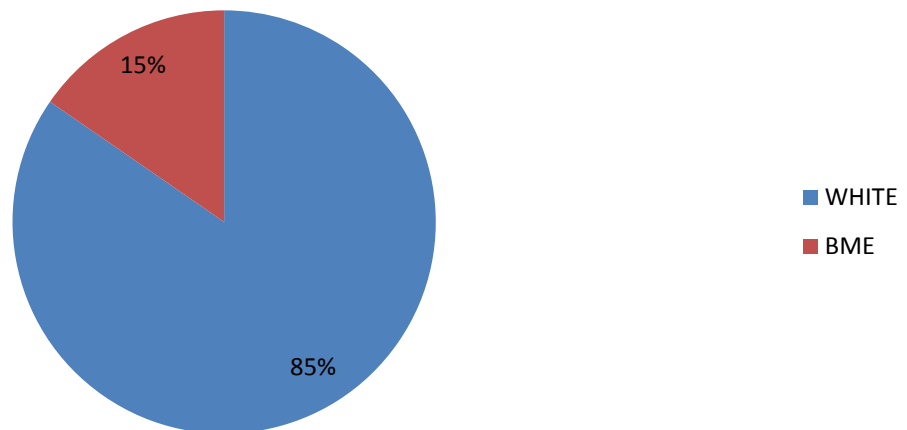
These indicators will all be included in the next staff survey which will be distributed in November 2015 and can be reported more thoroughly in the 2016 WRES publication.

3.6 Indicator 9

9	Boards are expected to be broadly representative of the population they serve	
Descriptor	WHITE	BME
No of Governing Body Members	11	2

Trafford CCG Governing body is representative to the population it serves.

Trafford CCG Governing Body Members



4.0 Conclusions and Recommendations

Trafford CCG gives due regard to using the indicators to help improve experiences and representation at all levels within our workforce.

Due to recent changes to the HR and Training processes and management, Trafford CCG will strengthen and hold this workforce data going forward to improve reporting and analysis.

HR staff will now collate appropriate recruitment and appointment data on a monthly basis. Line Managers are responsible for updating self-service ESR regarding staff data and use the new Covalent system to record staff objectives and appraisal information. The system allows bespoke reporting and analysis. The Associate Director of Corporate Services and OD will collate and hold grievance and bullying complaint data.

There is currently no race section within the ESR reporting tool but there has been a request to add this to the system to enable reporting to be more accurate and can be updated by staff via the self service.

Equality and Diversity training is mandatory for all staff. Commissioners must attend refresher Equality analysis training sessions on a regular basis and these are delivered internally. The content of the training is comprehensive, covering all protected characteristics, the CCG's obligations regarding the Public Sector Equality Duty, and the expectations on staff.

The next CCG staff survey will be distributed in November 2015 and will include Indicators 5-8 to ensure thorough reporting in 2016.

For assurance it is documented in our procurement and tender process that the following questions are asked to the bidders and are scored appropriately:

- In the last 3 years, has any finding of unlawful racial discrimination been made against your organisation by an employment tribunal, an employment appeal tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)?
- In the last 3 years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or in comparable proceedings in any jurisdiction) on grounds of alleged unlawful discrimination?

The majority of contracts renewing this year will be placed on the NHS standard contract 2015 which will ensure providers comply to the WRES. Non-standard contracts will have the WRES clause added for additional assurance.

Trafford CCG and their larger providers are committed to implementing EDS2 to help meet the Public Sector Equality Duty and improve their performance for people and characteristics protected by the Equality Act 2010 and assurance through the provision of evidence that their providers are doing the same.

Quality and performance indicators are currently being reviewed to improve Equality and Diversity assurance from providers.

Trafford CCG Governing body have formally committed to the WRES and will take into account appropriate representation when renewing and appointing new members.

Appendix 1

WRES – 9 Indicators 2014-15

Indicators		Descriptors	WHITE	BME
1	Percentage of BME staff in Bands 8-9, VSM (inc executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	No of staff in bands 8-9 & VSM	32	5
		Total No of staff in bands 8-9 & VSM	37	37
		% of BME staff in bands 8-9 & VSM	-	13.5%
		No of BME staff in total workforce	-	10
		Total No of staff in overall workforce	-	93
		% of BME staff in overall workforce	-	10.8%
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.	No of Applications	387	163
		No of shortlisted applicants	97	21
		No appointed from shortlisting	9	2
		Ratio shortlisting/appointed	0.093	0.095
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	No of staff in workforce	83	10
		No of Staff entering the formal disciplinary process	0	0
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff	No of staff in workforce	83	10
		No of staff accessing non mandatory training and CPD	17	2
		Likelihood of staff accessing non mandatory training	0.2%	0.2%

National NHS Survey Findings

For each of these four staff survey indicators, the standard compares the metrics for the responses for White and BME staff for each survey question

5	KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.		-	-
6	KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12months.		-	-
7	KF27. Percentage believing that trust provides equal opportunities for career progression or promotion.		-	-
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues		-	-
9	Boards are expected to be broadly representative of the population they serve	No of Board Members	11	2