

Workforce Race Equality Standard

REPORTING TEMPLATE

Template for completion



Name of provider organisation

Camden Clinical Commissioning Group

June

2015

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

NHS England

Name and contact details of co-ordinating commissioner this report has been sent to

Unique URL link on which this report will be found (to be added after submission)

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

Gleny Lovell disseminated to the Exec Team (ET) meeting for review and then submitted to the Governing Body for approval

and sign off.

Date of report: month/year

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data for indicators 1 and 9 has been downloaded from the electronic staff record, which holds personal data for all current CCG employees.

Data for indicators 12, 3, 4 and 9 has been downloaded from the electronic staff record, which holds personal data for all current CCG employees.

Autumn 2014 Camden completed its first survey with a response rate of 67%, results were overwhelmingly positive compared to other CCGs. Going forward we would ask the survey provider in line with WRES indicators to report on these.

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

This is our first year reporting on WRES metrics

2. Total numbers of staff

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

NHS Camden CCG employs 98 permanent staff from diverse backgrounds as of 30th June 2015

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

i. Recruitment

ii. Unconscious bias training

Report on the WRES indicators

NHS Camden CCG employs 32.7% (32) from BME background as of 30th June 2015.

Report on the WRES indicators, continued

3. Self-reporting

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

92.9% of staff within the CCG have self-reported their ethnicity

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

ESR data validation exercise was recently undertaken by NELCSU to improve the equality and diversity information of CCG staff data held on the system.

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

There are currently 7 staff who have 'Not Stated' their ethnicity. CCG can approach them to ask whether they wish to provide this information

4. Workforce data

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

30th June 2015 for indicators 1, 2, 3, 4, and 9

5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

	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, the Standard compares the metrics for White and BME staff.																									
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	43.8% of BME staff are in bands 8-9 and occupying VSM posts compared to 32.% of overall workforce	Not applicable – first reporting period	<p>BME staff are under-represented in bands 8-9 and VSM posts</p> <table border="1"> <thead> <tr> <th></th> <th>BME</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>Band 8A</td> <td>26.1%</td> <td>60.9%</td> </tr> <tr> <td>Band 8B</td> <td>38.5%</td> <td>61.5%</td> </tr> <tr> <td>Band 8C</td> <td>14.3%</td> <td>71.4%</td> </tr> <tr> <td>Band 8D</td> <td>0.0%</td> <td>100.0%</td> </tr> <tr> <td>Band 9</td> <td>20.0%</td> <td>80.0%</td> </tr> <tr> <td>VSM</td> <td>0.0%</td> <td>66.7%</td> </tr> </tbody> </table>		BME	White	Band 8A	26.1%	60.9%	Band 8B	38.5%	61.5%	Band 8C	14.3%	71.4%	Band 8D	0.0%	100.0%	Band 9	20.0%	80.0%	VSM	0.0%	66.7%	Staff data validation undertaken recently has helped to improve staff equality data held on ESR.
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2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	White staff: 14.81% BME: 8.20%	See narrative	NHS recruitment systems hold applicant data for a maximum of 13 months before it is auto-deleted; this is line with the DPA. Therefore it is not possible to provide data against this indicator for 2013/14. However, in 2014-15 the total numbers of shortlisted applicants were 230. 108 (47%) were white compared to 122 (53%) of BME. Out of the 108 that was shortlisted 16 (14.81%) were appointed. Out of the 122 BME shortlisted applicants 10 (8.20%) were appointed.	Look to develop an internal spot audit process, lead by CSU HR BP. Where the monitoring of the CCG's recruitment process in comparison to BME and White staff																					

Report on the WRES indicators, continued

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* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	There are no disciplinary recorded on the ESR between 1st April 2014 to 2015	We are not aware of any formal disciplinary cases across the CCG for the previous year 2013 to 2014	Camden CCG has a very low number of employee relations issues/ cases in general. In reporting on indicator 3 of the WRES there were no disciplinary cases we are aware of from 2013 -14 and 2014 -15.	Look to develop an agreed monitoring process to analyse each disciplinary case involving BME staff members to look for common themes / issues.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	Currently compiling information			Look to redesign course attendance training valuation form to ensure we capture ethnicity and other relevant equality data to satisfy future equality reporting

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Data unavailable for 2013/14, following summaries/actions results from survey data collection from Q4 2014.

Annual survey completed with benchmarking against peer organisations in our first survey completed autumn 2014. Learning here for us is that this survey needs to consider comparative analysis across BME and white staff to guide further actions in addressing any further issues raised and a deeper understanding of the data.



	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 staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.						
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	0	White	0	Managers, team leaders or colleagues have reported greater levels of harassment bullying or abuse compared to the national survey average (8% difference).	Presentation at staff away day with staff survey representative action group facilitated by OD resulting in multiple actions including GB representative, GB statement/commitment on zero tolerance ON standards of behavior in line with CCG values.
		BME	0	BME	0		
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	0	White	0	67% of staff completed the staff survey. 25% of staff experienced harassment, bullying or abuse from managers or colleagues in last 12 months (compared to 17% nationally).	<ul style="list-style-type: none"> • A number of staff have attended training in ‘Addressing Bullying and Harassment’ and this training continues. • Staff Survey results are widely disseminated throughout the Trust and local action plans are in place. • The task and finish group will breakdown the data into specific departments and occupational groups of staff, by ethnicity, to better understand the disparity. The national and local Staff Survey results will be used for this purpose. • The Trust will meet with the BME network and staff side representatives to understand their experiences and compare the data with similar types of organisations and learn from their practice. • The Trust is implementing the recommended actions in response to the review of whistleblowing in the NHS (Freedom to Speak Up).
		BME	0	BME	0		
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White	0	White	0	Currently we do not measure this and there is potential to review our appraisal and survey data to guide greater intelligence here.	Need to consider inclusion of question(s) in next survey for benchmark data.
		BME	0	BME	0		

Report on the WRES indicators, continued

8	Q23. 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 0	White 0	Slightly higher indication in the national survey has been noted in discrimination from colleagues.	Presentation at staff away day with staff survey representative action group facilitated by OD resulting in multiple actions including GB representative, GB statement/commitment on zero tolerance on standards of behavior in line with CCG values.
	Does the Board meet the requirement on Board membership in Q2?				
9	Boards are expected to be broadly representative of the population they serve	In 2015, some 86% of GB members were white and 14% were from other BME groups.	In 2014, the ethnic make-up of the GB was similar	Governing Body is currently under-representative. Nearly, 35% of Camden's overall population were estimated to be from a BME background, well represented for females & 4 GB from BME communities.	Further efforts to achieve a GB totally representative of our communities. Recruitment efforts for elected, appointed and voluntary GB roles to better reflect the community we serve.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey

Note 2. Please refer to the Technical Guidance for clarification on the precise means of each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain.”

In addition to this WRES submission our detailed equality information on the workforce is published on our external website. Progress is monitored at our Governing Body via our Senior Management Team and Committee structure to ensure comprehensive monitoring/reporting.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

<http://www.camdenccg.nhs.uk/intranet/about/our-vision-and-values.htm>

www.camdenccg.nhs.uk/.../camden-ccg-equality-information.pdf

http://www.camdenccg.nhs.uk/Downloads/ccg-public/about-us/camden-ccg-equality-strategy-v2_1.pdf

