

Response ID ANON-R89M-8JXA-B

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2019-08-23 11:28:02**

Introduction

1 Name of organisation

Name of organisation:
NHS Rotherham CCG

2 Date of report

Month/Year:
April 2018 to March 2019

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

Name and title of Board lead for the Workforce Race Equality Standard :
Debbie Twell - Lay Member

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Peter Smith
Head of HR
peter.smith33@nhs.net

5 Names of commissioners this report has been sent to

Complete as applicable::
Not applicable

Workforce Race Equality Standard reporting template

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

Complete as applicable.:
Not applicable

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

Unique URL link on which this Report and associated Action Plan will be found:
<http://www.rotherhamccg.nhs.uk/workforce-race-equality--standards.htm>

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

Name::
Peter Smith

Date::
23-8-2019

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
None

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
None

Self reporting

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

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

119

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

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

5.88%

13 The proportion of total staff who have self reporting their ethnicity?

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

100%

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

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

Employee's have direct access to their personal information on the Electronic Staff Record via Employee Self Service and are encouraged to update their personal information.

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

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

Standard forms require a response from the employee (one of which can be a statement that they prefer not to disclose), data therefore shows nil blank fields.

Workforce data

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

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

1st April 2018 to 31st March 2019

Workforce Race Equality Indicators

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:

Clinical: Band 8a – 20.0%

Band 8b – 100.0%

Medical and Dental – 25.0%

Non Clinical: Band 3 – 8.3%

Data for previous year:

CLINICAL

VSM(8a+) 18.5%

NON CLINICAL

Band 3 8.3%

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

None

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

Continuation of monitoring

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

Data for reporting year:

For the period 1st April 2018 – 31st March 2019:

o Likelihood of White staff being appointed from shortlisting = 0.47%

o Likelihood of BME staff being appointed from shortlisting = 0.00%

o Relative likelihood of white staff being appointed from shortlisting compared to BME staff (White number divide by BME number) is therefore 0.00% times greater.

Data for previous year:

Likelihood of White staff being appointed from shortlisting

10/14=0.71

Likelihood of BME staff being appointed from shortlisting = $1/2=0.5$

= factor of 1.42

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

Data extracted from ESR where recruitment has followed standard process.

This factor score shows that the relative likelihood of a white candidate being appointed from shortlisting compared to a BME candidate is .47 times greater. This is not felt to be statistically significant due to the small number of appointments made. A factor score close to one would indicate that appointment was equally likely.

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

Continuation of monitoring

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:

Nil

Data for previous year:

Nil

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

No disciplinary action in this period

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

None

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

Data for reporting year:

This data breakdown has not been collected during the reporting period.

Data for previous year:

This data breakdown has not been collected during the reporting period.

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

This information is not collected on ESR , to begin to collect it would be disproportionate to any benefit derived.

In the 2018 Staff Survey, 77.3% had received non-mandatory training, learning or development in the last 12 months.

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

Compliance with mandatory training is monitored on a quarterly basis with 100% compliance expected. The CCG regularly achieves above 90% compliance.

Progress with staff receiving non-mandatory training, learning or development will be monitored using the 2019 staff survey and action taken accordingly.

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

6.7% overall, in the 2018 staff survey results the data is not split between white and BME staff.

BME:

See above.

White:

White 7%

BME:

BME -0

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

The lower the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11.

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

Continued monitoring.

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

White:

6.7% overall, in the 2018 staff survey results the data is not split between white and BME staff.

BME:

See above

White:

8%

BME:

0

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

The lower the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11.

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

Continued monitoring.

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

White:

95.9% overall, in the 2018 staff survey results the data is not split between white and BME staff.

BME:

see above

White:

93%

BME:

- Fewer than 11 responses in staff survey

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

The higher the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11.

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

Continued monitoring

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.

White:

0

BME:

0

White:

5%

BME:

- fewer than 11 responses

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

None, there is no reported discrimination at work

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

Continued monitoring.

Workforce Race Equality Indicators

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

White:

The Governing Body has 92.3% % of White staff compared to 90.76% of the overall workforce.

BME:

7.7% compared to 5.9% of the overall workforce.

White:

White - 12 of 13 - 92.3%

BME:

0 - 1 vacancy

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

This data indicates that the percentage of BME voting members was higher than the BME percentage of the workforce as a whole at the end of the 18/19 reporting period.

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

Continued monitoring.

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

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

No

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.

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.:

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