

Workforce Equality Standard Reporting 2021 September 2021

1. Introduction

The Workforce Equality Report provides an update on the CCG's progress with regards to the following NHS England equality standards:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Equality Delivery Systems (EDS)

These standards form part of the CCG's Equality, Diversity & Inclusion (EDI) Outcomes Plan, which includes outcomes that reflect the standards in both the CCG's role as an employer and as a commissioner of healthcare services for the population of North Lincolnshire CCG.

1.1 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

The main objectives of the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) are to:

- Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.
- Produce action plans to close the gaps in workplace experience between relevant groups of staff, and
- Improve representation of BME¹ / Disabled people across all levels of the organisation, including Board level representation.

As an NHS organisation the CCG is required to:

- Collect data on their workforce. This includes both workforce data and staff survey data with analysis of data for each of the relevant metrics.
- Produce an annual report and action plan. The report should show the results of the staff survey and workforce data for internal analyses and indicate the steps being taken to improve performance against the relevant indicators, and
- Publish the annual report and action plan. CCGs will need to give consideration to how such data is published and what conclusions are drawn due to the small

¹ Note: NHS England and NHS Employers are using the term BME (Black and Minority Ethnic)

numbers of staff which could breach data protection. The number of staff reporting as BME or Disabled on ESR in some instances would be so small (5 or less) that the CCG believes it would be possible to identify individuals as a result of publication, therefore this information would be redacted prior to wider circulation. Where there are fewer than five individuals in a category, this number will be redacted and instead reported as <5, in this report. However, the raw data submitted to NHS England is unredacted.

The WRES comprises nine indicators and is mandated by NHS England. The WDES comprises 10 indicators and it came into force on 1 April 2019. Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

The indicators of both standards are intended to highlight and reflect:

- The overall representation of BME and disabled staff in the CCG, across the pay structure.
- The relative likelihood of BME and disabled candidates being shortlisted and appointed.
- Relative likelihood of BME or disabled staff entering the formal disciplinary process.
- Uptake of non-mandatory training.
- Staff experience of bullying and harassment.
- Staff experience of whether the organisation provides equal opportunities and value their work, and
- For the WDES the extent to which disabled staff feel reasonable adjustments are made
- Board representation.

Both sets of indicators highlight any differences between the experience and treatment of BME and disabled staff and candidates in the CCG, with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

An action plan to address issues highlighted by the data is required (see Appendix 2) and is incorporated into the current NLCCG EDI Outcomes Plan.

1.2 Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights. The CCG undertook implementation of EDS in 2012 (EDS1) and again in 2015 (EDS2). This process included engagement of staff and local equality interest groups which informed the CCG's subsequent equality plans. The CCG is required to undertake an assessment of the EDS every four years, however given that the EDS is currently under review by NHS England and the launch of the anticipated new version (EDS3) has been delayed, the CCG is working towards a limited EDS implementation plan to consolidate stakeholder networks of local interest groups, and lay the foundations for the ICS to apply the EDS in a meaningful way.

2. WRES

2.1 Information

Appendix 1 contains the 2021 Workforce Race Equality Standard data submitted on 30th August 2020 to NHS England which provided the position as at 31st March 2021. The WRES submission is required to be submitted on an annual basis in line with the timescales advised by NHSE. The spreadsheet was populated based on data provided by HR Humber and the Business Management team. This template included the following indicators:

- 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 (calculated separately for non-clinical and for clinical staff).
- Relative likelihood of staff being appointed from shortlisting across all posts.
- Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
- Relative likelihood of staff accessing non-mandatory training and CPD.
- Percentage difference between the organisations' Board voting membership and its overall workforce.

For 2020 and 2021 NHS England removed the requirement to report on the four indicators based on the NHS Staff survey questions (indicators 5 to 8 listed below) and therefore data against these indicators is not included within this report.

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
- Percentage believing that trust provides equal opportunities for career progression or promotion.
- In the last 12 months have you personally experienced discrimination at work from any of the following? (Manager/team leader or other colleagues).

The CCG has conducted its own survey with staff to gather information in relation to these indicators, however uptake of a pulse survey conducted over the summer was relatively low and further work will be undertaken to understand the feedback received and explore themes and trends through further surveys and by working with the staff health and wellbeing group.

Information is taken from the Electronic Staff Record (ESR) and the HR records. It is important to note that the numbers may differ as not all staff are willing to disclose details through ESR.

The data validation sheet confirmed that all fields were completed.

2.2 WRES Key Findings

The summary findings for NHS North Lincolnshire CCG is as follows²:

North Lincolnshire CCG	National WRES Report 2020
Indicator 1: Percentage of BME staff compared with the overall workforce	
According to ESR data, 7.2% of the CCG's workforce is identified as BME. The BME population of North Lincolnshire (ONS 2011) is 7.2%.	21% across the NHS 14% CCG staff are BME
Indicator 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	
According to CCG 2020/21 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a higher chance of being shortlisted when compared to BME (15.66% and 0% respectively). This is similar to 2020 rates which were 16.86% and 0% respectively.	White applicants 1.61 times more likely to be appointed from shortlisting (across the NHS), for CCGs this ratio is 1.41
Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	
The CCG did not have any formal disciplinary cases in this period (a reduction from 1.89% of white staff entering a formal disciplinary case in 2020).	Across the NHS, BME staff have a higher relative likelihood of entering the formal disciplinary process (1.14), for CCGs this is higher at 1.65
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	
There is currently no consistent process for recording non-mandatory training and CPD.	Across the NHS, white staff are 1.14 times more likely to access non mandatory training. For CCGs, white staff are less likely to access non-mandatory training (0.71)
Indicator 9 Board membership	
21.4% of the CCG's Board is BME. This is the same as the 2020 data reported.	Across the NHS: 10% of Board members are BME; 16.8% in CCGs.

The key area that the CCG has not been able to make progress on is attracting and recruiting more BME staff, despite the actions being progressed in the EDI Outcomes Plan (e.g. recruitment training for managers and wider advertising of roles through community network channels such as Forum). This needs to be reflected on, to better understand what

² Workforce data for indicators 1 – 4 & 9 is at March 2021.

the barriers may be, and what lessons can be shared with the emerging Place and ICS organisations. Much can be learnt from the provider trusts as they have prioritised recruitment in their WRES work, and have been making progress on this.

The CCG does not currently have a consistent way of capturing non-mandatory training or other forms of CPD. There needs to be a more robust system in place for the statutory organisation/s post March 2022.

2.2 Assessment of provider WRES reports and Action Plans

Part of the CCG's WRES duty is to seek assurance from providers that they have submitted their WRES reports and are making progress on their action plans. This is included in the CCG's EDI Outcomes Plan for Contracting and Procurement (*"Seek assurance from our provider organisations that they are addressing race equality and disability equality issues for their staff through the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)."*)

The CCG continues to actively review provider WRES reports following their publications and seeks assurance regarding continue progress.

The CCG attends the Humber EDI Partnership Forum which meets regularly, updates are provided regarding WRES and WDES, and there is a strong sense of collaboration and a desire to work together, where this will make a positive impact.

3. WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

The CCG is not required to submit a WDES report (From the NHS [Workforce Disability Equality Standard 2021 Factsheet](#): *"It does not apply to CCGs and the independent sector in year 3, however they are welcome to produce their own data analysis and WDES action plans. • We will be engaging with regions and integrated care systems (ICSSs) to explore how the WDES can be applied in 2022."*). The CCG does collect and analyse data for most of the indicators and this is used to identify areas for improvement, develop action plans and identify any raining and development needs.

There are ten WDES metrics focusing on³:

- Workforce data: representation across pay bands, likelihood of appointment from short-listing and likelihood of entering formal capability procedures
- Five are based on questions from the national NHS Staff Survey, these map to WRES indicator plus the following
 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

³ <https://www.england.nhs.uk/wp-content/uploads/2019/03/wdes-technical-guidance-2021.pdf>

- Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
- The staff engagement score for Disabled staff, compared to non-disabled staff.
- Whether disabled staff feel the organisation has taken action to facilitate the voices of Disabled staff in your organisation to be heard?
- Disability representation on boards

The level of disability disclosure is unclear. Currently 16% of staff report not having a disability. The remainder of staff records are undefined or undeclared. The CCG team are commencing a data quality exercise in ESR with an emphasis on ensuring data fields are updated for disability.

Questions around disability were also asked in the pulse staff survey but as previously stated participation was low and it is difficult to draw accurate conclusions from the data. However, it was noted that the percentage of staff who self-declared a disability was higher than indicated on ESR which is something to be explored in further work.

The CCG is a Disability Confident and Mindful Employer and more information about the schemes can be found at: www.gov.uk/government/collections/disability-confident-campaign and www.mindfulemployer.dpt.nhs.uk/our-charter/signing-the-charter

4. RECOMMENDATIONS

4.1 It is recommended that Members:

- Note the CCG Workforce Equality Report.
- Note the CCG's WRES findings and supporting action plan.
- Endorse the CCG's approach to the Workforce Disability Equality Standard (WDES).
- Note the proposed CCG approach to the Equality Delivery System (EDS).

APPENDIX 2: Action Plan

Outcome	Actions / approach	Who	Review date
Improved representation across the workforce of BME and disabled staff	Continue to build recruiting manager capability to embed E&D good practice in all recruitment advertising	HR Humber	Ongoing
	Positive action to actively promote job opportunities and troubleshoot application process (find out where people experience barriers and if any additional support needed)	HR Humber/Comms Team	Ongoing
	Promote any recruitment opportunities via social media and through community networks, such as Forum newsletter	HR Humber/Comms Team	Ongoing
	Analyse candidate application, shortlisting and recruitment data	HR Humber	March 2022
	Further analyse of pulse survey data and work	HR Humber	December 2021

Staff survey data is used to identify themes and trends and inform action plans	undertaken to increase uptake in future surveys.		
	Discussion of results of local pulse survey and the national quarterly pulse survey with Health and Wellbeing Group to identify possible further support to staff.	HR Humber / Health and Wellbeing Group	December 2021
Staff are aware of how to report any bullying, harassment or abuse and support available to them.	Launch and promotion of new Dignity and Respect at Work Policy through Team Brief and bitesize training session if demand.	HR Humber /Comms Team	March 2022
Improved data collection from ESR including % of staff declaring a disability	Promote the requirement for staff to accurately update their ESR record.	HR Humber / Comms Team	December 2021