Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

NHS Greenwich CCG

Date of report: month/year

July 2016

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

Diane Jones

Name and contact details of lead manager compiling this report

Carol Berry

Names of commissioners this report has been sent to (complete as applicable)

N/A

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

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

Neil Taylor to add after GB sign off report and is published on Internet prior to upload to Unify2

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

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

1. No central overview of non-mandatory training or personal development plans. These are carried out in an employees appraisal on an individual basis with their line manager. No central system currently holds this data.

2. Inherent data gathering difficulties on recording governing body employees, CPLs, Syndicate Leads and interim support staff details through the Electronic Staff Record.(ESR)

3.Lack of overview and engagement with support staff at CSU (HR). The completion of WRES indicators on an annual basis requires an overview and a team approach across the organisation, specifically with our HR function (provided by the CSU), Integrated Governance Directorate and the CCG Information analysts.

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

N/A

2. Total numbers of staff

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

104 (figures all incorporate the Gov Body members,CPLs. and Interim Staff)

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

46% (48/104)figures all incorporate the Gov Body members and CPLs.

3. Self reporting

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

94% 98/104 (Data includes interim staff)

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

Neil to obtain information from Tim Widdowson

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

Electronic Staff Record is in place

4. Workforce data

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

April 2015 to March 2016.

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	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, compare the data for White and BME staff				
1	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.	April 2015 to March 2016	Not collected in previous year.	No comparison as this is the first year that this data is being collected.	EDS2 3.1 Fair NHS recruitment and selection to a more representative workforce at all levels. 1. GCCG has introduced a Recruitment and Selection Policy and Procedure
2	Relative likelihood of staff being appointed from shortlisting across all posts.	April 2015 to March 2016	Not collected in previous year.	No comparison as this is the first year that this data is being collected.	EDS2 3.1 Fair NHS recruitment and selection to a more representative workforce at all levels. 1. GCCG has introduced a Recruitment and Selection Policy and Procedure
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 data from a two year rolling average of the current year and the previous year.	April 2015 to March 2016	Not collected in previous year.	None.	1. Line Managers are required to adhere to the formal process as set out within the NHS Greenwich ~CCG Disciplinary Policy
4	Relative likelihood of staff accessing non-mandatory training and CPD.	April 2015 to March 2016	Not collected in previous year.	No comparison as this is the first year that this data is being collected.	EDS2 3.3 Training and development opportunities are taken and positively evaluated by all staff Staff Survey Workforce - Learning and Development system Personal Development Plans Appraisals

Report on the WRES indicators, continued

	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
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 17.14% BME 0%	White Not known BME Not known	No comparison as this is the first year that this data is being collected.	EDS2 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source. 1. NHS GCCG has a strict no bullying and harassment policy
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 35.71% BME 45%	White Not known BME Not known	No comparison as this is the first year that this data is being collected.	EDS2 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source. 1. NHS GCCG has a strict no bullying and harassment policy
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 75% BME 38.46%	White Not known BME Not known	No comparison as this is the first year that this data is being collected.	EDS2 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help. 1.NHS Staff Survey
8	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 18.52% BME 25%	White Not known BME Not known	No comparison as this is the first year that this data is being collected.	EDS2 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source. 1. NHS GCCG has a strict no bullying and harassment policy
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	46%	Not known	No comparison as this is the first year that this data is being collected.	EDS2 4 The CCG demonstrates that it has an inclusive leadership (ESR)

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

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

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

No comparison as this is the first year that this data is being collected.

7. 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.

1. Unconscious Bias Training for CCG employees for staff involved in the recruitment of new staff and those responsible for line management.
2. Integrated Governance Directorate Lead the Annual Process
3. Introduction of the Workforce Learning and Development platform which will enable a central system to hold data on mandatory and non-mandatory training agreed in personal development plans.
4. ESR will maintain and overview of all employees of NHS Greenwich CCG
5.Carry out data analyses on staff employed: This may be possible to explore jointly with neighbouring CCGs as CCGs have relatively small numbers of staff. CCGs may consider to come together to review their WRES data in the future and report jointly as a whole.
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