Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

NHS Liverpool CCG

Date of report: month/year

September 2021

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 (complete as applicable)

NHS Liverpool CCG

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

N/A Liverpool CCG is the commissioner

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

https://www.liverpoolccg.nhs.uk/about-us/equality-diversity/equality-diversity/

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

Remuneration and Human Resources Committee DATE TBC

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

This report provides the baseline data for NHS Liverpool CCG as at 31st March 2021.

All data is taken from casework information, NHS Jobs and Electronic Staff Record (ESR) declared data. Data recorded on ESR is of good quality and we are able to report against a range of indicators. The current central electronic recording of training data records core skills and mandatory training only. This means that we are unable to report on all training undertaken for all employees and therefore cannot provide data on the relative likelihood of BME staff accessing non-mandatory training as compared to White staff.

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

The CCG's workforce is small in comparison to other NHS organisations so care needs to be taken when drawing conclusions from the information, as a small group of individuals can have a significant impact on percentages. The report however indicates good levels of reporting.

2. Total numbers of staff

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

172 as at 31st March 2021.

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

6.39%

3. Self reporting

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

96.51%

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

Self-reporting has slightly reduced from the previous year (97.07%) however still remains high. The Remuneration and Human Resources Committee will continue to monitor this.

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

Reporting remains high.

4. Workforce data

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

1st April 2020 to 31st March 2021.

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.	Apprentice 0.00% Band 2 0.58% Band 3 0.00% Band 4 0.00% Band 5 1.74% Band 6 0.00% Band 7 0.58% Band 8 - Range A	Apprentice 0.00% Band 2 0.58% Band 3 0.00% Band 4 0.00% Band 5 1.16% Band 6 0.00% Band 7 0.58% Band 8 - Range A	Overall BME workforce is 6.39%. BME representation had consistently increased year on year until this year where this is a slight reduction; 2019/2020: 6.43%, 2018/19: 6.33%, 2017/18: 5.2%, 2016/17: 4.2%). This is still disproportionately low when compared to the population the CCG serves which as at 2011 Census this was recorded at 13.8%. The	The CCG has a workforce equality and diversity plan – which is part of the equality objectives action plan. Both were informed by EDS2 evidence. Progress against the workforce elements of the plan is monitored by Finance and Remuneration Committee. These have been updated in year to incorporate further actions needed as a result of the COVID-19 pandemic on
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White: 18.57% BME: 20.00%	White: 29.82% BME: 12.50%	All personally identifiable information including monitoring data is withheld from recruiting managers and this ensures objective shortlisting based on the job description and person specification only. The data shows an increase in the relative likelihood of BME staff being appointed from the previous year.	Refer to above narrative.
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.	No staff entered the formal disciplinary process.	No staff entered the formal disciplinary process.	No BME or White staff entered the formal disciplinary process	Whilst no staff entered the disciplinary process the CCG will continue to monitor by ethnicity.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Not calculable	Not calculable	This is not currently recorded centrally.	The CCG encourage all staff to identify their training needs during the annual Talent Management Conversation and regular 1:1s. All training opportunities are promoted to all staff via emails and staff bulletins The CCG has a Workforce Equality and Diversity Plan. Progress against the workforce elements of the Plan is monitored by the Committee, who also receive

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 8.3% BME Not	White 11.1% BME Not	The staff survey did not highlight any race equality issues relating to this Key Indicator. A reduction in the percentage of White staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	The CCG has established a Staff Equality Network and a BAME Peer Support Group which is intended to support staff to feel they can raise any concerns. The CCG has rolled out unconscious bias training for all staff. The CCG
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 9.1% BME Not	White 16.2% BME Not	The staff survey did not highlight any race equality issues relating to this Key Indicator. A reduction in the percentage of White staff experiencing harassment, bullying or abuse from staff in last 12 months is noted from 16.2% in	Refer to above narrative.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90.1% BME Not	White 85.2% BME Not	The staff survey did not highlight any race equality issues relating to this Key Indicator. An increase in the number White staff believing that the organisation provides equality opportunities for career progression from 85.2% in 2019/20 to	Organisational vacancies are shared within the CCG staff bulletin. Career aspirations and personal development form part of the annual Talent Management Conversation. The CCG has rolled out unconscious bias training to all staff
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 2.4% BME Not	White 2.6% BME Not	The staff survey did not highlight any race equality issues relating to this Key Indicator. A reduction in the percentage of White staff who have personally experienced discrimination at work in the last 12 months by 2% from the	The CCG has established a Staff Equality Network and a BAME Peer Support Group which is intended to support staff to feel they can raise any concerns. The CCG will continue to monitor findings in future staff surveys.
	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.	White: minus 7.8% BME: 5.4%	White: minus 8.3% BME: 5.3%	Increase in BME voting member increased by 0.1%.	Ongoing monitoring.

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?

The CCG's workforce is small in comparison to other NHS organisations so care needs to be taken when drawing conclusions from the information, as a small group of individuals can have a significant impact on percentages.

The CCG has calculated its race disparity ratio on career progression.
The disparity ratio is the comparison between the progression ratios for white and BME staff. For Liverpool CCG white staff are 1.72 times more likely to progress through the organisation than BME staff. Lower to middle ratio is 2.90 and middle to upper ratio is 0.61.
The CCG will incorporate further actions into the Workforce Equality and Diversity plan to reduce the race disparity.

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.

Progress against the workforce elements of the Plan is monitored by the Remuneration and Human Resources Committee, who also receive details of the CCG ethnicity profile within the HR Management Framework to consider alongside the actions on the Plan.

The CCG has committed to being an Anti-racist region and is represented on the North West Black, Asian and Minority Ethnic Assembly. The CCG will continue to promote inclusion, encouraging staff to access the various networks that are available to them and will incorporate further actions into the Workforce Equality Action Plan in regards to 6 inclusive recruitment actions in response to NHS England's request for further action.

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