NHS Norfolk & Waveney Clinical Commissioning Group

NHS Workforce Race Equality Standard Report 2020/21

INTRODUCTION

1   **Name of organisation**
NHS Norfolk & Waveney CCG

2   **Date of report**
Month/Year: July 2021

3   **Name and title of Board lead for the Workforce Race Equality Standard**
Doris Jamieson, Lay Member

4   **Name and details of lead manager compiling this report**
David King, Senior Equality and Human Rights Manager, AGEM CSU
(Regional representative to the NHS Equality and Diversity Council, Chair East Midlands Regional Equality Group)

5   **Names of commissioners this report has been sent to**
Not required for a CCG.

6   **Name and contact details of co-ordinating commissioner this report has been sent to**
Not required for a CCG.

7   **Unique URL link on which this report and associated Action Plan will be found**
Equality and Inclusion - Norfolk and Waveney CCG

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

       Name: Melanie Craig and Doris Jamieson
       Date: September 2021

BACKGROUND NARRATIVE

9   Any issues of completeness of data
Ethnicity was known for 98.3% of the workforce of 479 employees at the end of July 2021. This exceeds the 95% target.

10   Any matters relating to reliability of comparisons with previous years
NHS Norfolk and Waveney CCG was formed on 1 April 2020 following the merger of the previous CCGs: North Norfolk, South Norfolk, West Norfolk, Norwich and Great Yarmouth and Waveney CCGs.

SELF-REPORTING

11   Total number of staff employed within this organisation at the date of the report:
Workforce of 479 employees at the end of July 2021.

12   Proportion of Black and Minority Ethnic (BME) staff employed within this organisation at the date of the report:
4.5% of the 471 employees of known ethnicity were listed as BME.

This is at a slightly higher level of the diversity within the local population of the CCG which is recorded as 3.5% BME (2011).

13   The proportion of total staff who have self-reported their ethnicity:
98.3% of the workforce of 479 employees at the end of June 2021.

14   Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?
HR identified 15 members of staff via ESR who had 'Z not-stated' against their ethnic origin. In December 2020 those members of staff were contacted personally by the HR team and asked to log into ESR and provide this information. The % of staff increased dramatically as a result of this. This is good to note as this is one of the highest levels for comparator CCGs.

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

HR will run a further report in September 2021 to check any gaps due to those that may have been on maternity / long term sickness and new starters. The same process will be followed and staff encouraged to provide this information.

16   What period does the organisation's workforce data refer to:
Data sampled for end of March 2021.

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:
Total N refers to those of known ethnicity.

Overall % BME
Workforce of known ethnicity: 4.5% BME; (Total N = 21)
Ethnicity was not known for 1.7% of the workforce. (N = 8)
% data by banding has been redacted to comply with the Data Protection Act

The implications of the data and any additional background explanatory narrative:
Following the CCG's merger there was some limited redundancy at a senior level but this has not had a significant impact.

When using the specified WRES scheme for pay band analyses, there were no statistically significant differences in the representation of BME staff by pay band compared to their level of representation in the workforce overall (excluding non-executive directors and lay members of the Board).

Action taken and planned including e.g. does the indicator link to the NHS Equality Delivery System 2 (EDS2) evidence and/or a corporate Equality Objective:
In January 2021 the HR team provided a training session on recruitment & selection which included unconscious bias, protected characteristics, NHS people promise, values-based recruitment and the importance of panel representation.

Noting the move towards an ICS it is likely that new posts will be filled as secondments / fixed term opportunities in the first instance.

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

Data for reporting year: 11.67% of staff appointed were BME (Total N = 7)
Data for previous year: N/A

The implications of the data and any additional background explanatory narrative:
Recruitment has been generally lower due to the merger and Covid–19 however, BME staff are being proportionately appointed following shortlisting and interview.

It should be noted with lower numbers that significant variations can occur year to year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The CCG are currently forming an EDI Group with a newly appointed Associate Director focused on increasing the diversity within the CCG. The CCG will also take account of the

East of England Race Equality Strategy and work as part of the system to deliver the intended outcomes.

18 people from the CCG, including the Chief Officer, attended Byron Lee's wonderful workshop on Cultural Wisdom workshop. Other staff also attended his previous programme furthermore there will be further opportunities for anyone else who wishes to attend. Staff found it a challenging, thought provoking and inspirational session – linked to the East of England Anti-Racism Strategy. There will be more about the CCG's approach to anti-racism in a dedicated staff briefing on 16 August 2021 which the Chief Officer will be leading.

The CCG has also launched its new values:
- Inclusive
- Respectful
- Innovative

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:
A total of 2 disciplinaries were undertaken in the relevant period, 1 staff member was white, 1 was BME. (this would make it 50%) but since this relates to a statistical not significant sample size the conclusions are limited.

Data for previous year: No disciplinaries

The implications of the data and any additional background explanatory narrative:
NHS Norfolk and Waveney CCG was formed in April 2020 following the merger of the previous CCGs: North Norfolk, South Norfolk, West Norfolk, Norwich and Great Yarmouth and Waveney CCGs.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The CCG's HR team will continue to monitor the disciplinary process and outcomes to ensure that no concerns arise. The CCG has updated its disciplinary process in line with the Dido Harding requirements. This is to ensure that anyone entering the disciplinary process is doing so correctly and fairly. Accompanying guidance from
NHS England has also been acted upon. A welfare officer has been included and a process for those going through a disciplinary to raise a concern to the chair of the EDI Group.

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

Data for reporting year: Not collected
Data for previous year: Not collected

The implications of the data and any additional background explanatory narrative:
Data on non-mandatory training is not available for either years since the CCG does not collect this data centrally.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
To be reviewed as part of the considerations of moving to an ICS.

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

Data for reporting year: Data not available

The implications of the data and any additional background explanatory narrative:
The CCG did not undertake a staff survey during 2020/21 due to the impact of Covid and key priorities for staff. This is line with national guidance.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
As a result of Covid 19, face to face contact has been drastically reduced resulting in changes in contact.

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

Data for reporting year:
Data not available

The implications of the data and any additional background explanatory narrative:
The CCG did not undertake a staff survey during 2020/21 due to the impact of Covid and key priorities for staff. This is line with national guidance.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The CCG's relevant policies were reviewed and updated following the merger. The CCG also has Dignity at Work, Equality and Diversity and Inclusion policies.

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

Data for reporting year:
Data not available

The implications of the data and any additional background explanatory narrative:
The CCG did not undertake a staff survey during 2020/21 due to the impact of Covid and key priorities for staff. This is line with national guidance.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The CCG has established its values which will then be embedded into all policies.

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.**

Data for reporting year: Data not available

The implications of the data and any additional background explanatory narrative:
The CCG did not undertake a staff survey during 2020/21 due to the impact of Covid and key priorities for staff. This is in line with national guidance.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
None planned beyond the revamp of the policies. A bitesize session was run on Stress at Work which was linked to the NHS People Promise.   Workplace stress is often linked to negative experience by staff so it is hoped this will positively impact this metric in future years.

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

Data for reporting year:
Difference (%BME total board - %BME overall workforce): -4.5%
Difference (%BME voting board - %BME overall workforce): -4.5%
Difference (%BME executive board - %BME overall workforce): -4.5%

Data for previous year:
N/A

The implications of the data and any additional background explanatory narrative:
There are currently no declared BME members on the Board but some members have not declared their ethnicity.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The CCG will need to consider how to increase board diversity and give due regard to the NHS East of England region recruitment targets to increase diversity at all levels in NHS organisations.

26   **Are there any other factors or data which should be taken into consideration in assessing progress?**
The CCG will be transitioning into an ICS during 2022.

27   **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.**

A WRES Action Plan has been produced.