

NHS LINCOLNSHIRE CCG 2021 WRES REPORTING TEMPLATE

Introduction

1 Name of organisation

NHS Lincolnshire CCG

2 Date of report

Month/Year:

March/2021

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

Martin Fahy, Director of Nursing and Quality

4 Name and details of lead manager compiling this report

David King EIHR Manager

5 Names of commissioners this report has been sent to

Complete as applicable:

N/A

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

Complete as applicable:

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

<https://lincolnshireccg.nhs.uk/about-us/our-commitment-to-equality-inclusion-and-human-rights/>

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

Name: TBA

Date: TBA

Background narrative

9 Any issues of completeness of data

Ethnicity was known for 89.3% of the workforce of 355 employees at the end of March 2021 (excluding non-executive directors and lay members).

10 Any matters relating to reliability of comparisons with previous years

NHS Lincolnshire CCG was formed in April 2020 by the merger of the previous four Lincolnshire area CCGs: NHS Lincolnshire West CCG, NHS South West Lincolnshire CCG, NHS South Lincolnshire CCG, NHS Lincolnshire East CCG. Comparisons to the prior year for indicators based on staff in post compare March 2021 with June 2020. Indicators requiring data for the 19/20 financial year (the prior year) have been constructed by pooling data across the four prior Lincolnshire area CCGs. The staff survey indicators from the 2019 NHS Staff Survey have been constructed by pooling staff survey data for across the four prior Lincolnshire area CCGs for the staff survey years of interest. It should be noted that during 2020/21 the CCG has been in an unprecedented situation due to the Covid – 19 pandemic, as a result staff have been in working in other roles. This has had a huge effect on normal business and has impacted on plans. As a result of the emergency pressures the CCG did not undertake the national staff survey in 2020 since this would have been difficult for all staff to complete when many were on secondment and working in cells. As a result, Staff survey indicators from the 2020 NHS Staff Survey were not available. An internal survey was undertaken focussed to pandemic home working and health and wellbeing of staff.

Self reporting

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

Workforce of 355 employees at the end of March 2021 (excluding non-executive directors and lay members). A further 7 non-executive directors were also listed.

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

3.2% of the 317 employees of known ethnicity were listed as BME (excluding non-executive directors).

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

89.3% of the workforce of 355 employees at the end of March 2021 (excluding non-executive directors) self-reported their ethnicity.

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

The key priority has been responding to the pandemic.

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

As a result of the urgent situation a number of short-term recruitments have been and bank staff taken on. The result of this has been a change in the figures for this year.

In addition, the amalgamation of the 4 CCGs saw a difference in the use of ESR vs paper records. The CCG had planned to address this during the 2020/21 year but due to the focus on Covid this has not been possible to the extent intended.

Once the pandemic pressures are reduced, it is intended to promote Self service to allow staff to review and self-report their data. It is expected that this will enhance the data quality for this metric. The ESR team have been promoting self service in newsletters, sending out weekly top tips and a monthly report. Going forward webinars are also planned on this.

Workforce data

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

Staff in post at 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.

These figures exclude non-executive directors.

OVERALL %BME

Workforce of known ethnicity: 3.6% BME; (Total N = 274)

Ethnicity was not known for 1.8% of the workforce.

NON-CLINICAL %BME

Under Band 1: no staff

Band 1: no staff

Band 2: 0.0%; (Total N = REDACTED)

Band 3: REDACTED%; (Total N = 26)

Band 4: REDACTED%; (Total N = 30)

Band 5: REDACTED%; (Total N = 15)

Band 6: 0.0%; (Total N = 17)

Band 7: REDACTED%; (Total N = 37)

Band 8A: 0.0%; (Total N = 23)

Band 8B: 0.0%; (Total N = 20)

Band 8C: 0.0%; (Total N = 12)

Band 8D: 0.0%; (Total N = REDACTED)

Band 9: 0.0%; (Total N = REDACTED)

VSM: 0.0%; (Total N = REDACTED)

CLINICAL %BME

Under Band 1: no staff

Band 1: no staff

Band 2: 0.0%; (Total N = REDACTED)

Band 3: no staff

Band 4: no staff

Band 5: REDACTED%; (Total N = REDACTED)

Band 6: REDACTED%; (Total N = 19)

Band 7: 0.0%; (Total N = 15)

Band 8A: REDACTED%; (Total N = REDACTED)

Band 8B: 0.0%; (Total N = REDACTED)

Band 8C: 0.0%; (Total N = REDACTED)

Band 8D: no staff
Band 9: 0.0%; (Total N = REDACTED)
VSM: 0.0%; (Total N = REDACTED)
Medical and Dental:
Consultants: REDACTED%; (Total N = REDACTED)
of which Senior medical manager: REDACTED%; (Total N = REDACTED)
Non-consultant career grade: no staff
Trainee grades: no staff
Other: REDACTED%; (Total N = 16)

Data for previous year:

Total N refers to those of known ethnicity.

These figures exclude non-executive directors.

OVERALL %BME

Workforce of known ethnicity: 3.2% BME; (Total N = 317)
Ethnicity was not known for 10.7% of the workforce.

NON-CLINICAL %BME

Under Band 1: no staff
Band 1: no staff
Band 2: REDACTED%; (Total N = REDACTED)
Band 3: 0.0%; (Total N = 26)
Band 4: REDACTED%; (Total N = 33)
Band 5: REDACTED%; (Total N = 18)
Band 6: 0.0%; (Total N = 17)
Band 7: 0.0%; (Total N = 37)
Band 8A: 0.0%; (Total N = 22)
Band 8B: 0.0%; (Total N = 21)
Band 8C: 0.0%; (Total N = 12)
Band 8D: 0.0%; (Total N = REDACTED)
Band 9: 0.0%; (Total N = REDACTED)
VSM: 0.0%; (Total N = REDACTED)

CLINICAL %BME

Under Band 1: no staff
Band 1: no staff
Band 2: no staff
Band 3: no staff
Band 4: 0.0%; (Total N = 20)
Band 5: REDACTED%; (Total N = 11)
Band 6: REDACTED%; (Total N = 22)
Band 7: 0.0%; (Total N = 14)
Band 8A: REDACTED%; (Total N = 13)
Band 8B: 0.0%; (Total N = REDACTED)
Band 8C: 0.0%; (Total N = REDACTED)
Band 8D: no staff

Band 9: 0.0%; (Total N = REDACTED)
VSM: 0.0%; (Total N = REDACTED)
Medical and Dental:
Consultants: REDACTED%; (Total N = REDACTED)
of which Senior medical manager: REDACTED%; (Total N = REDACTED)
Non-consultant career grade: no staff
Trainee grades: no staff
Other: 0.0%; (Total N = 16)

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

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).

In a supplementary analysis, pay bands were pooled to account for the small number of employees within each individual pay band. When the workforce was analysed in this fashion, again BME staff were proportionally represented in each group of pooled pay bands. This reflected the small number of BME people employed by the CCG.

2019/20: CLINICAL AND NON-CLINICAL POOLED %BME
Workforce overall: 3.6%; (Total N = 274)
Bands 2 to 4: REDACTED%; (Total N = 62)
Bands 5 to 7: REDACTED%; (Total N = 106)
Bands 8A to 8B: REDACTED%; (Total N = 51)
Bands 8C to VSM and Medical: REDACTED%; (Total N = 55)

2020/21: CLINICAL AND NON-CLINICAL POOLED %BME
Workforce overall: 3.2%; (Total N = 317)
Bands 2 to 4: REDACTED%; (Total N = 86)
Bands 5 to 7: REDACTED%; (Total N = 119)
Bands 8A to 8: REDACTED%; (Total N = 57)
Bands 8C to VSM and Medical: REDACTED%; (Total N = 55)

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

The CCG's Equality Objective action plan sets out key objectives including an objective focussed specifically to addressing BAME disparity. The CCG's WRES action plan links to these objectives. Despite the disruption of Covid 19 the CCG continues work towards increasing the diversity of its staff base. With the start of shadow ICS working, this approach is now being looked on an ICS – wide basis.

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

Data for reporting year:

2.65

Data for previous year:

Incalculable, please refer to narrative

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

NHS Lincolnshire CCG was formed in April 2020 by the merger of the previous four Lincolnshire area CCGs: NHS Lincolnshire West CCG, NHS South West Lincolnshire CCG, NHS South Lincolnshire CCG, NHS East Lincolnshire CCG. For the 19/20 financial year, this indicator was constructed by pooling recruitment data across the four prior Lincolnshire area CCGs.

In 2020/21, 27.4% of 158 White people shortlisted were appointed and 10.3% of 58 BME people shortlisted were appointed. Thus, White people were 2.65 times more likely than BME people to be appointed from shortlisting. This represented a statistically significant difference.

In 2019/20, 2.9% of 175 White people shortlisted were appointed and 0.0% of 16 BME people shortlisted were appointed. As no BME people were recruited in the period of interest, it is not possible to calculate the likelihood ratio for the indicator. Given the very small number of appointees overall, little can be said of the pattern of recruitment in 2019/20.

It should be noted that a recruitment freeze was in operation from the 1st April 2019. Appointments could only be made with senior approval. Covid – 19 has encouraged system – wide working, resulting in more opportunities across the system. Going forward this is likely to provide challenges on compiling data until ICSs are formed.

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

The CCG is moving to TRAC in August, a key challenge remains expressions of interest and secondments that are not routinely captured as recruitment.

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:

0

Data for previous year:

No formal disciplinary proceedings

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

In the 2020/21 financial year there were no formal disciplinary proceedings involving BME people, and just one in total.

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

No specific action planned however the HR will continue to monitor the situation.

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

Data for reporting year:

Not available

Data for previous year:

Not available

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

Data on non-mandatory training were not available for the 2020/21 and 2019/20 financial years.

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

The CCG will review the current methods for collecting training and development data, this will link to the Learning and Development policy to formalise recording. The CCG will be taking 2 actions in relation to this:

1. Capturing the data via ESR by ensuring that managers record every instance via ESR
2. Staff to record any training on ESR via self service

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:

White:

Not available

BME:

Not available

Data for previous year:

White:

10.7%

BME:

SUPPRESSED AT SOURCE

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

In 2020/21, data from the NHS Staff Survey were not available for NHS Lincolnshire CCG.

NHS Lincolnshire CCG was formed in April 2020 by the merger of the previous four Lincolnshire area CCGs: NHS Lincolnshire West CCG, NHS South West Lincolnshire CCG, NHS South Lincolnshire CCG, North East Lincolnshire CCG. For the 2019 NHS Staff Survey this indicator was constructed by pooling staff survey data across the four prior Lincolnshire area CCGs for the staff survey years of interest.

In 2019/20, 10.7% of White staff (18/168) who took part in the staff survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Results for BME staff were suppressed at source due to the small number of BME respondents (reflecting the small number of BME people employed by the CCGs).

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

The CCG will continue to monitor the position to identify any issues.

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

Data for reporting year:

White:

Not available

BME:

Not available

Data for previous year:

White:

13.0%

BME:

SUPPRESSED AT SOURCE

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

In 2020/21, data from the NHS Staff Survey were not available for NHS Lincolnshire CCG.

NHS Lincolnshire CCG was formed in April 2020 by the merger of the previous four Lincolnshire area CCGs: NHS Lincolnshire West CCG, NHS South West Lincolnshire CCG, NHS South Lincolnshire CCG, North East Lincolnshire CCG. For the 2019 NHS Staff Survey this indicator was constructed by pooling staff survey data across the four prior Lincolnshire area CCGs for the staff survey years of interest.

In 2019/20, 13.0% of White staff (22/169) who took part in the staff survey reported experiencing harassment, bullying or abuse from other staff in the last 12 months. Results for BME staff were suppressed at source due to the small number of BME respondents (reflecting the small number of BME people employed by the CCGs).

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

It is intended to undertake a full survey next year. The staff engagement group will support the CCG in reviewing the results.

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

Data for reporting year:

White:

Not available

BME:

Not available

Data for previous year:

White:

93.5%

BME:

SUPPRESSED AT SOURCE

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

In 2020/21, data from the NHS Staff Survey were not available for NHS Lincolnshire CCG.

NHS Lincolnshire CCG was formed in April 2020 by the merger of the previous four Lincolnshire area CCGs: NHS Lincolnshire West CCG, NHS South West Lincolnshire CCG, NHS South Lincolnshire CCG, North East Lincolnshire CCG. For the 2019 NHS Staff Survey this indicator was constructed by pooling staff survey data across the four prior Lincolnshire area CCGs for the staff survey years of interest.

In 2019/20, 93.5% of White staff (115/123) who took part in the staff survey felt that the CCG provides equal opportunities for career progression or promotion. Results for BME staff were suppressed at source due to the small number of BME respondents (reflecting the small number of BME people employed by the CCGs).

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

It is intended to undertake a full survey next year. The staff engagement group will support the CCG in reviewing the results.

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:

White:

Not available

BME:

Not available

Data for previous year:

White:

2.4%

BME:

SUPPRESSED AT SOURCE

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

In 2020/21, data from the NHS Staff Survey were not available for NHS Lincolnshire CCG.

NHS Lincolnshire CCG was formed in April 2020 by the merger of the previous four Lincolnshire area CCGs: NHS Lincolnshire West CCG, NHS South West Lincolnshire CCG, NHS South Lincolnshire CCG, North East Lincolnshire CCG. For the 2019 NHS Staff Survey this indicator was constructed by pooling staff survey data across the four prior Lincolnshire area CCGs for the staff survey years of interest.

In 2019/20, 2.4% of White staff (4/166) who took part in the staff survey reported experiencing discrimination from other staff in the last 12 months. Results for BME staff were suppressed at source due to the small number of BME respondents (reflecting the small number of BME people employed by the CCGs).

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

It is intended to undertake a full survey next year. The staff engagement group will support the CCG in reviewing the results.

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

Data for reporting year:

Difference (%BME total board - %BME overall workforce): +8.6%

Difference (%BME voting board - %BME overall workforce): +12.2%

Difference (%BME executive board - %BME overall workforce): +5.9%

Data for previous year:

Difference (%BME total board - %BME overall workforce): +10.6%

Difference (%BME voting board - %BME overall workforce): +6.4%

Difference (%BME executive board - %BME overall workforce): +8.9%

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

In 2020/21, BME people were proportionately represented on the Board of the CCG compared to their level of representation in the workforce of the CCG, overall and in terms of executive members, whilst BME people were overrepresented amongst voting members.

In 2019/20, BME people were proportionately represented on the Board of the CCG compared to their level of representation in the workforce of the CCG, overall, in terms of voting members, and in terms of executive members.

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

This is covered in the CCG's Equality Objective action plan.

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

The CCG has gone through a merger process which has impacted on the board makeup and is likely to be affected by the move to an ICS in the future.

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.