

## WORKFORCE RACE EQUALITY STANDARD

NHS Sheffield Clinical Commissioning Group welcomes the introduction of the NHS Workforce Race Equality Standard (WRES) as a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. This is important work as research evidence shows that improving workforce race equality within the NHS will lead to improved healthcare for everyone and better use of NHS resources.

The Workforce Race Equality Standard requires NHS organisations to demonstrate progress against a number of indicators of workforce equality in relation to race. The Standard will be used by organisations to track progress to identify and help eliminate discrimination in the treatment of Black and Minority Ethnic (BME) employees.

### Reporting of Ethnicity

Staff employed within the organisation on 31 <sup>st</sup> May 2015	171
Proportion of BME staff employed by the organisation on 31 <sup>st</sup> May 2015	5.8%
Proportion of employees who have self - reported their ethnicity	99.4%

The organisation recognises the importance of holding accurate and relevant equality information to enable us to set objectives, undertake equality analysis of our employment policies and procedures and understand key priority equality issues in order to take appropriate action. Employees are asked on an annual basis to update the equality information held by the organisation.

### Workforce Race Equality Standards

#### Standard Indicators – as at 31<sup>st</sup> May 2015

Percentage of BME staff in Bands 8-9, VSM (including executive Board Members and senior medical staff) compared with the percentage of BME staff in the overall workforce.	6.3% of staff in Bands 8-9, VSM (including executive Board Members and senior medical staff) are from a BME background compared with 5.8% of the overall workforce.
Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	For the period 1 <sup>st</sup> April 2014 – 31 <sup>st</sup> March 2015: BME Applications – 31% BME applicants shortlisted – 14% BME Applicants appointed - 16%

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	There have been no formal disciplinary processes within the previous 2 year period.
Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	Data taken from the Staff Survey 2014; 92% staff reported having a development review in last 12 months compared to 80% nationally 83% stated appraisal helped agree clear objectives for their work compared to 86% nationally 79% agreed appraisal identified training, learning or development needs compared to 79% 82% staff received job relevant training in last 12 months 70% staff received E&D training in last 12 months No breakdown provided for BME staff due to low numbers.

### Staff Survey Indicators – data taken from Staff Survey 2014 results

KF19 (difference between % white staff and % BME staff experiencing harassment, bullying or abuse from staff in last 12 months)	90% have not experienced harassment, bullying or abuse in last 12 months compared to 84% for CCGs nationally. No breakdown provided for BME staff due to low numbers.
KF27 (difference between % white staff and % BME staff believing the trust provides equal opportunities for career progression or promotion)	88% believed CCG acts fairly with regards to career progression compared to 89% nationally No breakdown provided for BME staff due to low numbers.
KF 28 (difference between % white staff and % BME staff experiencing discrimination at working last 12 months)	99% had not personally experienced discrimination at work compared to 97% nationally 0% had personally experienced discrimination at work because of their ethnic background compared to 9% nationally No breakdown provided for BME staff due to low numbers.

## Board Membership

Boards are expected to be broadly representative of the population they serve	The Governing Body is represented by 6% of BME staff compared to 12.3% of the local population.
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## Summary

The organisation is committed to:

- Learning from and sharing best practice with other organisations including comparison of data, addressing issues and in representation at a senior leadership level.
- Listening to BME employees about their experiences to help understand the data.
- Addressing gaps and challenges in reporting data due to low workforce numbers.
- Ensuring robust systems for collecting and analysing data.
- Ensuring the Workforce Race Equality Standard is embedded within talent management, succession and development planning.
- Monitoring and supporting provider organisations in meeting the Workforce Race Equality Standard.

**30<sup>th</sup> June 2015**