Response ID ANON-DH32-FNZX-Q

Submitted to **Workforce Race Equality Standard (WRES) reporting template - 2017**
Submitted on **2018-04-13 15:34:47**

Introduction

1 Name of organisation

Name of organisation:
GP Care UK Limited

2 Date of report

Month/Year:
April 2018

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

Name and title of Board lead for the Workforce Race Equality Standard :
Annie Kelly, Clinical Director

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Helen Crooks, HR Manager
helen.crooks@gpcare.org.uk

5 Names of commissioners this report has been sent to

Complete as applicable::
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group, NHS England
Gloucestershire Clinical Commissioning Group

Workforce Race Equality Standard reporting template

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

Complete as applicable.:
Caroline Laing
Quality Lead
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
email: Caroline.laing2@nhs.net
We will present the details of this report during the next Quality Schedule submission to our Commissioners.

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

Unique URL link on which this Report and associated Action Plan will be found:
http://www.gpcare.org.uk/site/about/equality_and_diversity.html#

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

Name::
Cath McCarthy

Date::
13/04/2018

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
At March 2018, ethnicity was known for 95.95% of our employed staff (headcount = 74, excluding non-executive board members).

As a small non NHS organisation we do not have the same systems as NHS organisations to capture or submit data, it is part of our equality action plan to improve our data capture.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
No previous reports to compare data against, GP Care will be submitting data on an annual basis going forwards to allow comparison.

Self reporting

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

Total nuber of staff employed within this organisation at the date of the report:
74

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

Proportion of BME staff employed within this organisation at the date of the report:
8.11%

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self–reported their ethnicity:
95.95%

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

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:
No

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

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:
Requests will be made to employees who have chosen not to disclose their data to update their equality monitoring information on an annual basis, together with an explanation of the purpose for which the data will be used and given assurances of confidentiality.

Workforce data

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

What period does the organisation's workforce data refer to?:
April 1 2017 - March 31 2018

Workforce Race Equality Indicators

17 Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:
Non-Clinical BME % and white %
Salary range up to £9,999 0% and 100%
Salary range £10,000 - £19,999 7.69% and 88.46%
Salary range £20,000 - £29,999 0% and 100%
Salary range £30,000 - £39,999 0% and 100%
Salary range £40,000 - £49,999 No staff
Salary range £50,000 - £59,999 0% and 100%
Salary range £60,000 - £69,999 No staff
Salary range £70,000 - £79,999 No staff
Salary range £80,000 - £89,999 0% and 100%
Salary range £90,000 - £99,999 No staff
£100,000 plus 0% and 100%

Clinical BME % and white %
Salary range up to £9,999 0% and 100%
Salary range £10,000 - £19,999 12.75% and 75%
Salary range £20,000 - £29,999 33.33% and 66.67%
Salary range £30,000 - £39,999 0% and 100%
Salary range £40,000 - £49,999 11.11% and 88.89%
Salary range £50,000 - £59,999 No staff
Salary range £60,000 - £69,999 No staff
Salary range £70,000 - £79,999 No staff
Salary range £80,000 - £89,999 No staff
Salary range £90,000 - £99,999 No staff

£100,000 plus No staff

Data for previous year:
Non-Clinical BME % and white %
Salary range up to £9,999 0% and 100%
Salary range £10,000 - £19,999 12% and 88%
Salary range £20,000 - £29,999 0% and 100%
Salary range £30,000 - £39,999 0% and 100%
Salary range £40,000 - £49,999 No staff
Salary range £50,000 - £59,999 No staff
Salary range £60,000 - £69,999 0% and 100%
Salary range £70,000 - £79,999 No staff
Salary range £80,000 - £89,999 0% and 100%
Salary range £90,000 - £99,999 No staff
£100,000 plus 0% and 100%

Clinical BME % and white %
Salary range up to £9,999 No staff
Salary range £10,000 - £19,999 0% and 86.67%
Salary range £20,000 - £29,999 0% and 100%
Salary range £30,000 - £39,999 42.86% and 57.14%
Salary range £40,000 - £49,999 0% and 100%
Salary range £50,000 - £59,999 No staff
Salary range £60,000 - £69,999 No staff
Salary range £70,000 - £79,999 No staff
Salary range £80,000 - £89,999 No staff
Salary range £90,000 - £99,999 No staff
£100,000 plus No staff

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:
Data includes apprentices and excludes Non-Executive Directors
Where data does not = 100% the remainder preferred not to disclose ethnicity

Our BME representation is 8.11%. Our workforce live and work across Bristol (16% BME population), S Glos (5% BME population), Glos (4.6% BME population) and N Somerset (3% BME population). BME staff are well represented within GP Care, however due to the size of our organisation this translates to 6 staff, so an even distribution across all salary ranges for both clinical and non-clinical is not possible.

Action proposed is:
An equality diversity workshop for our Board
Unconscious bias training for recruiting managers.

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

Data for reporting year:

Data for previous year:

The implications of the data and any additional background explanatory narrative:
We have worked hard to negate the use of recruitment agencies, therefore all applicants come directly to us. We advertise across a number of different forum - NHS Jobs, Avon LMC, Indeed, Fish4Jobs, local universities and Officers Association. Only NHS Jobs involves completion of an application form, otherwise applications are by CV submission. We have not historically secured equal opportunities information until a job offer is made, at which point it has been requested. For those applications coming via NHS Jobs we have not to date used the shortlisting functions.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
Create an action plan to channel more recruitment activity through NHS Jobs
Gain expertise in NHS Jobs to enable use of the shortlisting functionality on those who apply via this method. We provide recruitment support to member GP practices, any reporting would need to be able to exclude their recruitment activity
Unconscious bias training for recruiting managers.

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:
3.61

Data for previous year:
5.41

The implications of the data and any additional background explanatory narrative:
The reporting from this data does indicate that historically a higher proportion of BME staff are entering a formal disciplinary process than white staff. In 2017 out of 6 people entering disciplinary action 1 was BME, contextually these small numbers are important to consider. The data does show a positive trend to find more balance in these figures, that we are committed to continue improving on.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
Unconscious bias training for line managers.
More emphasis on offering mediation as an option to staff to resolve their conflict at an early stage
A behaviour matrix being introduced so that employees have more clarity regarding what behaviours are expected of them

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

Data for reporting year:
1.82

Data for previous year:
0.75

The implications of the data and any additional background explanatory narrative:
92% of staff reported learning new skills at work in the last employee survey.
58% of staff received non mandatory training over the last year.
All employees discuss training, both mandatory and non mandatory within their annual appraisal.
Of the 4 BME staff members who did not receive non mandatory training one is a recent new starter, one is a Bank employee who has worked a few shifts and two work within Administrative and Clerical roles which undertook less non mandatory training as a department

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
Review process for capturing internal training - no formal method currently exists for recording training that is agreed outside appraisals that has no cost associated to it
Review the provision of non-mandatory training to Administrative and Clerical roles

Workforce Race Equality Indicators

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

White:
None reported

BME:
None reported

White:
None reported

BME:
None reported

The implications of the data and any additional background explanatory narrative:
GP Care has a Zero Tolerance policy on violence and aggression, whether this be from patients or staff.
The nature of our services are that they mainly require a single appointment of largely short duration and we receive positive feedback from patients, where 95% of our patients would recommend us to their friends and family and a very low rate of incidents or complaints: 24,723 patients used GP Care services between Nov 16 and Oct 17 (28,565 15/16)
• 14 complaints were received in the period, 0.0006% of patients
• 46 incidents were reported in the period, 0.002% of patients

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
To promote our Violence at Work policy, in case incidents are not being reported
Continue with recent initiative where we encourage all staff to log incidents of any kind to enable us to report on, identify trends and take appropriate action. We have recently implemented a dedicated e mail inbox for staff to report any complaint /incident or issue to encourage reporting. Early signs are that this is working well and staff and reporting of all incidents/complaints/ issues have increased.
Review questions contained in employee survey to better reflect NHS staff survey questions, to validate our reporting

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

White:
None reported

BME:
None reported

White:
None reported

BME:
None reported

The implications of the data and any additional background explanatory narrative:
GP Care has a Zero Tolerance policy on violence and aggression, whether this be from patients or staff. For staff who demonstrate violence or aggression this would be considered gross misconduct, although none has been reported to date.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
To promote our Bullying and Harassment policy, in case incidents are not being reported
Continue with recent initiative where we encourage all staff to log incidents of any kind to enable us to report on, identify trends and take appropriate action
Review wording of questions contained in employee survey to better reflect NHS staff survey question wording
More emphasis on offering mediation as an option to staff to encourage concerns being raised

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

White:
71.67% of our employees feel GP Care provides equal opportunities to all its employees
25% of our employees had no opinion
3.33% disagreed

BME:
71.67% of our employees feel GP Care provides equal opportunities to all its employees
25% of our employees had no opinion
3.33% disagreed

White:
71% of our employees feel GP Care provides equal opportunities to all its employees
21.8% of our employees had no opinion
7.2% disagreed

BME:
71% of our employees feel GP Care provides equal opportunities to all its employees
21.8% of our employees had no opinion
7.2% disagreed

The implications of the data and any additional background explanatory narrative:
We are not an NHS employer and use our own annual employee survey based on the 'Happiness at Work' survey, with additional questions added as required for CQUIN reporting.
We have not requested monitoring information previously on our responses - we have placed great emphasis on anonymity of our survey which we believe has an impact on our response rate, which was 79% last year, significantly above the NHS employee survey rate of 45%. To request monitoring information would compromise anonymity as we currently have 6 BME staff (8.11% representation) within our organisation and we collate responses separately for clinical and non clinical staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
Consider adding monitoring information to our staff survey to enable specific BME vs white reporting
Review wording of questions contained in employee survey to better reflect NHS staff survey question wording

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.

White:
None reported

BME:
None reported

White:
None reported

BME:
None reported

The implications of the data and any additional background explanatory narrative:
No grievances have been made in the last two years.
GP Care has a Bullying and Harassment policy and a Disciplinary Policy, both cite discriminatory behaviour as gross misconduct.

Staff survey reported that 90% of staff liked the people they worked closely with, 10% had no opinion.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
To promote our Bullying and Harassment policy, in case incidents are not being reported
Continue with recent initiative where we encourage all staff to log incidents of any kind to enable us to report on, identify trends and take appropriate action
Review wording of questions contained in employee survey to better reflect NHS staff survey question wording
More emphasis on offering mediation as an option to staff to encourage concerns being raised

Workforce Race Equality Indicators

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

White:
+12.16%

BME:
-8.11%

White:
+11.54%

BME:
-8.97%

The implications of the data and any additional background explanatory narrative:
GP Care has 8.11% BME representation in workforce, none of our 6 Board members are BME.
BME population we serve is 16% in Bristol, 5% in S Glos, 4.6% in Glos and 3% in North Somerset, as an average = 7.15%
If we reflected in our Board membership would equate to 0.48 of a person.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Actions proposed are:
In future we will maintain our open policy of equal opportunities.
Incorporate ED awareness into Board development session
Continue to engage the Board in Equality and Diversity agenda

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

Are there any other factors or data which should be taken into consideration in assessing progress?:
We believe we can make significant progress on our Equality and Diversity agenda, as suggested by proposed actions above and in our EDS2 report.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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.:
GP Care has in place an Equality and Diversity Strategy and action plan as laid out above and in our EDS2 report. Progress on indicatives and activities are regularly reported to the Board.