

## **Workforce Race Equality Standard (WRES) 2019**

### **1.0 Introduction and Background**

1.1 In 2015 NHS England implemented the NHS Workforce Race Equality Standard (WRES). The standard has been part of the NHS Standard Contract since 2015/16. In the national report outlining the business case for WRES it was reported that the WRES drivers are:

- Research and evidence suggest that less favourable treatment of Black and Ethnic Minority (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients.
- The WRES seeks to prompt inquiry to better understand why it is that BME staff often receive poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.
- Gathering and understanding the data is only the first step. WRES data is leading NHS organisations to develop evidence-based action plans to continuously improve on workforce race equality.

1.2 Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

### **2.0 WRES**

2.1 The WRES requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of Black and Minority Ethnic (BME) Board representation.

2.2 Clinical Commissioning Groups (CCGs) have two roles in relation to the WRES, as commissioners of NHS services and as employers. In both roles the work of the CCG is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution;
- The Equality Act 2010 and the Public Sector Equality Duty (PSED);
- The NHS standard contract and associated documents; and
- The CCG Assessment and Improvement Framework.

2.3 The WRES consists of nine metrics:

- Four metrics specifically relating to workforce data;
- Four metrics relating to national staff survey indicators; and
- The final metric relating to Board representation.

2.4 CCGs should commit to the principles of the WRES and have “due regard” to using the WRES to help improve workplace experiences and representation at all levels for their own BME staff. They are expected to:

- Collect data on their workforce by ethnicity and by other characteristics given protection under the Equality Act 2010;
- Carry out data analysis;
- Produce an annual WRES report which should contain an action plan indicating the steps the CCG is taking to improve performance against the WRES indicators.

- Publish the report and action plan; and
- Give assurance to NHS England that their providers are implementing and using the WRES. Include WRES in provider contracts and monitor provider performance against the WRES indicators.

2.5 Bury CCG's WRES Report 2019 and action plan will be published on the website.

2.6 In addition, the WRES is included in provider contracts, and the CCG's action plan includes a commitment to monitor provider performance and publish this in the Annual Equality Report in March 2020.

2.7 Information relating to the nine metrics is presented at Appendix 1 with the supporting action plan set out at Appendix 2.

2.8 It should be noted that work has been undertaken on the Electronic Staff record to ensure assignments were categorised into the correct occupational code to assist with the reporting requirements. This will have impacted slightly on the figures included within this report for 2017-18 from those previously reported.

#### **4.0 Recommendations**

4.1 This report and appendices highlight the positive position of Bury CCG in relation to its overall BME workforce diversity, which is at 18.6% exceeding the local BME population figure of 10% (Census 2011). This report has also identified areas for improvement.

4.2 The following recommendations are made:

- to further examine staff, pay band data to identify trends and actions in relation to BME representation in higher pay bands;
- to work with GMSS to increase the knowledge and experience around best practice in recruitment & selection;
- to undertake the staff survey to understand staff experience and to analysis the feedback from staff in relation the WRES indicators 5-8;
- to review our current non-mandatory training processes (those captured via GMSS Learning Management System and internal processes) to gain a better understanding of the overall picture and to ensure employees are treated fairly; and
- to continue to review and monitor Board representation and that fair processes are in place for the recruitment of board roles.

4.3 The Governing Body is asked to:

- note the report; and
- approve the WRES report for publication on the CCG website.

## Appendix 1

### Bury CCG WRES Data for year ending 31 March 2019

No	Indicators (For each of these four workforce indicators, <u>compare the data for White and BME staff</u> )	31 March 2019	31 March 2018	Narrative the implications of the data and any additional background explanatory narrative
1	<p><b>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.</b></p>	<p><b>2019</b> BME: 18.6%; White: 76.1%; Unknown: 5.3%;</p> <p><b>Non Clinical Staff:</b> Under Band 1 BME: 0%; White: 100%; Unknown: 0.0%; • Band 2 BME: 100.0%; White: 0%; Unknown: 0.0%; • Band 3 BME: 9%; White: 91.6%; Unknown: 0.0%; • Band 4 BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 5 BME: 33.3%; White: 50.0%; Unknown: 16.7% • Band 6 BME: 30.0%; White: 70.0%; Unknown: 0.0% • Band 7 BME: 11.1%; White: 88.9%; Unknown: 0.0% • Band 8a BME: 11.1%; White: 88.9%; Unknown: 0.0% • Band 8b BME: 14.3%; White: 85.7% 100.0%; Unknown: 0.0% • Band 8c BME: 0.0%; White: 83.3%; Unknown: 16.6% • Band 8d BME: 0.0%; White: 100%; Unknown: 0.0% • VSM BME: 0.0%; White: 80%; Unknown: 20%</p> <p><b>Clinical Staff:</b></p>	<p><b>2018</b> BME: 17.7%; White: 76.1%; Unknown: 6.2%</p> <p><b>Non Clinical Staff:</b> • Band 2 BME: 33.3%; White: 66.6%; Unknown: 0.0% • Band 3 BME: 14.3%; White: 85.7%; Unknown: 0.0% • Band 4 BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 5 BME: 33.3%; White: 55.6%; Unknown: 11.1% • Band 6 BME: 14.3%; White: 85.7%; Unknown: 0.0% • Band 7 BME: 20.0%; White: 80.0%; Unknown: 0.0% • Band 8a BME: 0%; White: 88.8%; Unknown: 11.2% • Band 8b BME: 0.0% White: 100.0%; Unknown: 0.0% • Band 8c BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 8d BME: 0.0%; White: 100%; Unknown: 0.0% • VSM BME: 0.0%; White: 83.4%; Unknown: 16.6%</p> <p><b>Clinical Staff:</b></p>	<p>Bury has a population profile that is ethnically diverse within both settled and emerging communities. Bury has a BME population of around 10% [Census 2011].</p> <p>At 31<sup>st</sup> March 2019 Bury CCG has 18.6% BME staff, which is over representative of the local population. Our data shows an increase of 0.9% BME staff since 2018.</p> <p>In non-clinical staff:</p> <ul style="list-style-type: none"> <li>• % of BME Staff in band 2, 4, 5 and 6 was higher than their % in the overall workforce 18.6%.</li> <li>• % of BME staff in Band 3, 7, 8a and 8b was lower than their % in the overall workforce.</li> <li>• There was no BME staff in Band 8c, 8D and VSM.</li> </ul> <p>Over the years to March 2019, in non-clinical staff:</p> <ul style="list-style-type: none"> <li>• BME staff increased in band 2, 6, 8a and 8b.</li> <li>• % of BME staff fell from 14.3% to 9% in band 3 and 20% to 11.1% in band 7.</li> </ul> <p>In clinical staff:</p> <ul style="list-style-type: none"> <li>• There was no BME staff in band 6, 7, 8b and 8c.</li> <li>• 50% of BME staff in Band 8a were from BME background which was higher than their % in the overall workforce 18.6%.</li> <li>• VSM category had 12.5% BME which was lower than their % in the overall workforce.</li> <li>• In the Other category (GPs) 41.2% of staff were from BME ground which was higher than their % in the overall workforce.</li> </ul> <p>Over the years to March 2019, in clinical staff:</p> <ul style="list-style-type: none"> <li>• % of BME staff in VSM category staff fell from 22.3% to 12.5%.</li> </ul> <p>It should be noted that the data:</p> <ul style="list-style-type: none"> <li>• Does not include inward secondments or agency /</li> </ul>

		<ul style="list-style-type: none"> <li>• Band 6 BME: 0.0%; White: 100.0%; Unknown: 0.0%</li> <li>• Band 7 BME: 0.0%; White: 100.0%; Unknown: 0.0%</li> <li>• Band 8a BME: 50.0% White: 50.0% Unknown: 0.0%</li> <li>• Band 8b BME: 0.0% White: 100% Unknown: 0.0%</li> <li>• Band 8c BME: 0.0% White: 100% Unknown: 0.0%</li> <li>• VSM BME: 12.5%; White: 75%; Unknown: 12.5%</li> <li>• Other (GPs) BME: 41.2%; White: 47%; Unknown: 11.8%</li> </ul>	<ul style="list-style-type: none"> <li>• Band 6 BME: 0.0%; White: 100.0%; Unknown: 0.0%</li> <li>• Band 7 BME: 0.0%; White: 100.0%; Unknown: 0.0%</li> <li>• Band 8a BME: 50.0% White: 50.0% Unknown: 0.0%</li> <li>• Band 8b BME: 0.0% White: 100% Unknown: 0.0%</li> <li>• Band 8c BME: 0.0% White: 100% Unknown: 0.0%</li> <li>• VSM BME: 22.3%; White: 55.6%; Unknown: 22.3%</li> <li>• Other (GPs) BME: 40%; White: 50%; Unknown: 10%</li> </ul>	<ul style="list-style-type: none"> <li>• consultancy appointments;</li> <li>• Does not take account of vacancies within the establishment</li> </ul>
2	<b>Relative likelihood of staff being appointed from shortlisting across all posts.</b>	<p>Relative likelihood of White staff being appointed from shortlisting compared to BME is therefore 1.05 times greater</p> <p>No Shortlisted White – 128 No appointed White – 8 Relative likelihood of being appointed White 0.0625</p> <p>No Shortlisted White – 31 No appointed White – 2 Relative likelihood of being appointed White 0.0645</p>	<p>Relative likelihood of White staff being appointed from shortlisting compared to BME is therefore 0.97 times greater.</p> <p>No Shortlisted White – 194 No appointed White – 29 Relative likelihood of being appointed White 0.1494</p> <p>No Shortlisted BAME – 56 No appointed BAME – 8 Relative likelihood of being appointed BAME 0.1428</p>	<p>Relative likelihood of White staff being appointed from shortlisting compared to BME has increased from 0.97 times to 1.05 times greater.</p> <p>A figure below “1” would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting.</p> <p>This means that relative likelihood of White staff being appointed from shortlisting compared to BME staff is almost the same.</p>
3	<b>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.</b>	The CCG has no disciplinarys recorded in 2018/19	The CCG has no disciplinarys recorded in 2017/18	

4	<b>Relative likelihood of staff accessing non-mandatory training and CPD.</b>	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was 4.88 times greater.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was 1.40 times greater.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff has increased from 1.40 to 4.88 times greater.  However, we should be careful in drawing any conclusions from this data as figures are very small and processes for capturing attendance at non-mandatory training are not robust.
5.	<b>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</b>	White: nil return  BME: nil return	White: nil return  BME: nil return	Bury CCG has not previously participated in the NHS National Staff Survey
6	<b>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.</b>	White: nil return  BME: nil return	White: nil return  BME: nil return	Bury CCG has not previously participated in the NHS National Staff Survey
7.	<b>Percentage believing that the CCG provides equal opportunities for career progression and promotion.</b>	White: nil return  BME: nil return	White: nil return  BME: nil return	Bury CCG has not previously participated in the NHS National Staff Survey
8.	<b>In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager, team leader or other colleagues.</b>	White: nil return  BME: nil return	White: nil return  BME: nil return	Bury CCG has not previously participated in the NHS National Staff Survey
<b>Board representation indicator:</b> For this indicator, compare the difference for White and BME staff				
9.	<b>Percentage difference between the organisations' Board voting membership and its overall workforce</b>	BME Workforce: 18.6% % BME Voting Members: 13.3% % Difference: -5.3%  White Workforce: 76.1% % White Voting members: 66.7% % Difference: -9.4%	BME Workforce: 17.7% % BME Voting Members: 23.5% % Difference: 5.8%  White Workforce: 76.1% % White Voting members: 58.8% % Difference: -17.3%	Over the last 12 months: <ul style="list-style-type: none"> <li>• % BME voting board members fell from 23.5% to 13.3% and was lower than BME workforce 18.6%.</li> <li>• % White voting board members increased from 58.8% to 66.7% and was lower than White workforce 76.1%.</li> </ul>

9		<p>BME Workforce: 18.6% % BME Voting Members: 0% % Difference: - 18.8%</p> <p><b>Including Sector Chairs</b> 5.5% less BME members on the Governing Body than across the CCG</p>		
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## Appendix 2

### Bury CCG Workforce Race Equality Standard (WRES) Action Plan 2019/20

Number	WRES Metrics	Action	Timescale	Lead
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.	To further examine staff pay band data to identify trends and actions in relation to BME representation in higher pay bands.	Jan 2020	Deputy Director of Business Delivery/HR Business Partner/EDHR Business Partner
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	Annual review of recruitment and selection data.  Ongoing work with GMSS to increase the knowledge and experience around best practice in recruitment & selection	Feb 2020  Ongoing	Deputy Director of Business Delivery/HR Business Partner /EDHR Business Partner
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.	HR Provider to continue to record details of all formal employee relations cases and confidentially capture equality data attributed to those individuals for annual reporting purposes to the CCG.	Ongoing	Deputy Director of Business Delivery/HR Business Partner/EDHR Business Partner
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	The CCG will review its current non mandatory training processes (those captured via GMSS Learning Management System and internal processes) to gain a better understanding and to ensure employees are treated fairly.  The CCG will continue to collect and monitor data to ensure continuous	March 2020	Deputy Director of Business Delivery/OD Manager

		improvement.		
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	To undertake internal staff survey.	March 2020	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	To undertake internal staff survey.	March 2020	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
7.	Percentage believing the Trust (CCG) provides equal opportunities for career progression or promotion.	To undertake internal staff survey.	March 2020	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
8.	In the last 12 months have you personally experienced discrimination at work from any of the following? <ul style="list-style-type: none"> <li>• Manager</li> <li>• Team Leader</li> <li>• Other Colleagues</li> </ul>	To undertake internal staff survey.	March 2020	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
9.	Percentage difference between the organisations' Board voting membership and its overall workforce	Further work to increase BME board members  Encourage board members in the unknown category to declare ethnicity  Ensure fair processes are in place for the recruitment of board roles.	Ongoing	Deputy Director of Business Delivery/HR Business Partner/EDHR Business Partner