

## NHS Workforce Race Equality Standard (WRES) Report 2018/19

### Introduction:

The main purpose of the WRES is to help the NHS as a whole to improve its workforce race equality performance. There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and opportunities, has a significant impact on staff well-being and patient outcomes.

The completing WRES returns it will also:

- a. help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- b. enable action plans to be produced to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- c. to improve BME representation at the Board level of the organisation.

The CCG is also required to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES and working on its results and subsequent action plans should be a part of contract monitoring and negotiation between the CCG and their respective providers. However, the credibility of the CCG's relationship with its providers can only be meaningful if the CCG itself is taking serious action to improve its own performance against the WRES indicators. CCGs should commit to the principles of the WRES and apply as much of it as possible to their own workforce. The following report is an indication of the due regard to using the WRES in helping to improve workplace experiences and representation at all levels for our own BME staff.

This WRES report outlines the differences between the experience and treatment of White and BME staff with the aim of closing any identified gaps. "White" staff includes White British, Irish and Any Other White. The "Black and Minority Ethnic" BME staff category includes all others except "unknown" and "not stated."

There are nine WRES indicators. The first four indicators are from workforce data; the second four focus on findings from the previous NHS Staff Survey questions; and the ninth indicator centres on Black and Minority Ethnic (BME) representation on Boards.

The revised Indicator is based upon the goal of organisations moving towards having workforces that are representative of the local populations served, and Boards that are reflective of those workforces.

The demography of Greenwich's 282,849,000 population of is ethnically diverse with 62% white and 38% of population coming from a non-white ethnic group.

The total number of CCG overall workforce is 85 (these figures incorporate the Governing Body members, Clinical Project Leads and interim staff) of which 77 (91%) self-reported their ethnicity with 8 staff (9%) not declaring.

To encourage staff to declare their ethnicity the CCG has through the CSU implemented a regular automatic prompt within the Workforce system for all staff to update their profiles.

An audit was undertaken within 2018-19 to update all staff demographics and emergency contact data.

Regularly at staff briefings staff are reminded of the importance of keeping their personal details up-to-date with the assurance of confidentiality.

At recruitment staff are asked to complete a new starter form which includes ethnicity.

**The proportion of BME staff employed within the CCG at the date of this report was 52% (44/85), white staff 39% (33/85), 9% (8/85) unknown and not stated which is representative of the local population. This is a 2% decrease in the number of BME and a 3% increase in white staff employed from 2017-18.**

**Date range: 1 APR 2018 – 31 MAR 2019**

**Indicator 1:** Percentage of Non-Clinical and Clinical staff in each of the AfC Bands 1-9 and VSM (including Governing Body members) compared with the percentage of the overall workforce.

% BME Staff	Non Clinical AfC	% White Staff	% BME Staff	Clinical AfC	% White Staff
1%	Band 3	0%	3.5%	Local MED	0%
2%	Band 4	0%	2.3%	Local NED	1%
4.7%	Band 5	2.35%	0%	Local Nurse	1%
3.5%	Band 6	1%	0%	Consultant	0%
3.5%	Band 7	7.1%	5.8%	RB Band 7	0%
4.7%	Band 8a	3.5%	1%	RB Band 8A	3.5%
1%	Band 8b	4.7%	1%	RB Band 8B	0%
3.5%	Band 8c	3.5%	0%	RB Band 8C	2.3%
2.3%	Band 8d	2.5%	1%	Adhoc	7%
0%	Band 9	4.7%			
0%	Local VSM	2.3%			
52%	Benchmark(Overall % of staff)	39%	52%	Benchmark(Overall % of staff)	39%

There has been an overall 4% decrease in the number of BME staff employed by the CCG. In comparison to 2017-18 Bands 8d has continued to show a fairly even split of BME and

White staff occupying these roles. Band 8c has seen a 1.3% increase in BME staff and a 1% decrease in White Staff. Bands 3-6 have remained relatively similar although there has been variation within the Band 4 & 5 due to an internal restructure. Compared to 2017-18 there is no BME representation at Band 9 or Very Senior Management (VSM) levels.

We have seen a marked reduction of 6.5% of BME staff and 3.3% of White staff representation across Local Medical positions and a 2.3% drop in BME Staff for local Non-Executive Directors.

There has also been a 4.8% increase in BME in Review Body Band 7 posts.

**Indicator 2: NHS Jobs Equal Opportunities Progress**

Provides the number of applications and percentages of applications, plus those shortlisted or appointed, broken down into each of the monitoring categories.

Category	Description	Applications	%	Shortlisted	% Short	Appointed	%
Ethnicity	WHITE	194	20%	41	21%	7	17%
	BME	687	72%	83	12%	11	13%
	Not Stated	75	0.08%	8	11%	3	37.5%%

The data shows that BME applicants freely apply for positions with the CCG but are less likely to be shortlisted and recruited. Although they now represent 52% of our workforce they are in low banded positions with the exception of clinical/medical positions. Future monitoring may be required in relation to the ethnicity of those being short listed by the banding of the post, as data does not allow more granular analysis to understand the likelihood of BME applications being appointed to higher bandings.

**Indicator 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 year rolling average of the current year and the previous year.**

Ethnicity	2017-18	2018-19
White British	0	0
BME	0	0

**Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD**

2017-18	2018-19
1:3	1:3

The level of staff accessing non-mandatory training and CPD remains relatively low. Steps are being taken to incorporate the personal development plans within workforce which would

allow monitoring of training undertaken. The data suggests that BME staff are less likely to be offered personal development opportunities than their white colleagues. Management programmes appear only to be offered to those in higher bandings where there is less representation of BME staff.

However during 2018-19 several of the GP membership of the Governing Body stepped down and 6 new GPs were elected. The new membership underwent a 6 month developmental programme but this is not reflected in the data as GPs and Lay Members do not complete the NHS Staff Survey.

**Indicator 5:** KF 25 Percentage of staff experiencing harassment and bullying or abuse from patients, relatives or the public in last 12 months.

<b>Ethnicity</b>	<b>2017-18</b>	<b>2018-19</b>
White	8%	24%
BME	25%	39%

The CCG went through a period of staff turnover which may or may not have had an impact on the data. The CCG has over the last year made great strides to understand what has contributed to its staff experiencing bullying and harassment.

The CCG has promoted an open door culture for staff to raise issues. Strengthening and raising awareness of Zero Tolerance and Lone Working Policies. Line Managers have undertaken Stress Awareness Training and the importance of regular staff having regular 1:1s and having effective appraisals have been emphasised and encouraged.

**Indicator 6:** KF 27 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

<b>Ethnicity</b>	<b>2017-18</b>	<b>2018-19</b>
White	24%	24%
BME	39%	34%

In comparison to 2017-18 the data remain fairly consistent and there does not appear to have been any significant improvement for white members of staff, with only a 5% decrease in reporting numbers for BME staff. We should be mindful that 2018-19 has been a period of change, which can invariably impact on staff stress levels. The CCG has developed a CCG mission statement on acceptable behaviour towards all staff. Line Managers have undertaken Stress Awareness Training and all staff have had an Annual appraisal, PDP with clear personal objectives.

Implementing the Organisation Development Plan has enabled the effective utilisation of skills across CCG by supporting increased autonomy and to model behaviours to support a more empowered culture. Supporting individual/team development opportunities and assessing staff capacity and capability, to ensure that team structures are fit for purpose. The CCG intends to develop a talent management policy and explore models to support a coaching culture.

**Indicator 7:** KF21. Percentage believing that trust provides equals opportunities for career progression or promotion.

<b>Ethnicity</b>	<b>2017-18</b>	<b>2018-19</b>
White	83%	100%
BME	70%	50%

There is a significant gap between White and BME staff who believe they are given equal opportunity for career progression and development. This may be due to management programmes being offered to those in higher bandings which have a lower representation of BME staff. Steps have been taken to incorporate the appraisal/PDP template within workforce which would allow monitoring of training undertaken. A series of Appraisal training sessions has been provided to all line managers.

**Indicator 8:** Q17 In last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues.

<b>Ethnicity</b>	<b>2017-18</b>	<b>2018-19</b>
White	0%	43%
BME	25%	8%

The CCG went through a significant period of change in 2018-19 as a result of proactive recruitment to fill vacancies, and some sickness and natural wastage within the administration team which may have had some impact on capacity and the stress levels of remaining staff.

The CCG continues to promote the annual appraisal/PDP process which enables and clear personal objectives for all staff, whilst exploring model behaviours to support a more empowered culture.

### **Governing Body Representation Indicator**

**Indicator 9:** Comparison of the percentage difference between the organisations' Governing Body voting membership and its overall workforce.

<b>2017-18 Comparison of Governing Body Membership to Overall Workforce.</b>	<b>%</b>	<b>2018-19 Comparison of Governing Body Membership to Overall Workforce</b>	<b>%</b>
Governing Body Voting Members	16%	Governing Body Voting Members	21%
<b>2017-18</b>			
<b>Ethnicity</b>	<b>Governing Body Membership (14)</b>	<b>Overall Workforce</b>	
White	43%	34%	
BME	57%	54%	
<b>2018-19</b>			
<b>Ethnicity</b>	<b>Governing Body Membership (??)</b>	<b>Overall Workforce</b>	
White	33%	39%	
BME	67%	52%	

The voting Governing Body membership equates to 21% of the CCG's overall workforce. Further breakdown by ethnicity shows that the voting Governing Body membership is made up of 33% White and 67% BME compared to the overall workforce of 39% White and 52% BME. If this is now compared to the overall demography of Greenwich's 289,000 population of which 62% are white and 38% coming from a non-white ethnic group, Greenwich CCG has a higher BME representation within its overall staff and the Governing Body membership.

## WRES Action Plan

Workforce equality is a challenge and especially difficult is that of cultural and transformational change on the workforce. Given the impending system-wide change NHS Greenwich CCG will now take a more collaborative approach aligning with the SEL Workforce Equality Strategy.

Action	Action Owner	Date to be Completed	Comments
<b>Develop and roll-out a programme for line managers and supervisors – with a focus on learning and accountability on workforce race inequality</b>			
<b>Introduction of Unconscious Bias training to all recruitment staff.</b>	<b>Compliance Manager/HR</b>	<b>Sept 2019</b>	
<b>Introduce a BME member of staff on all the recruitment panel</b>			
<b>Consider how appraisal can be used to develop management skills of BME staff. Offering management programmes to develop career progression of staff in lower bandings</b>			
<b>Future monitoring to take place in relation to the banding of the post. To allow a</b>	<b>HR Partners</b>	<b>March 2020</b>	

Action	Action Owner	Date to be Completed	Comments
granular analysis to understand the likelihood of BME applications being appointed to higher bandings.			

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**July 2019**

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