

NHS Workforce Race Equality Standard (WRES) Report 2017/18

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, patient outcomes it will also:

- a. to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- b. to produce action plans 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 CCGs and their respective providers. However, the credibility of the CCGs 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. The 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 their 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 centre 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.

There has also been a change in the demography of the population, with significant migration into the borough by people from other parts of the world, most notably Nigeria and other West African countries, Nepal and a number of Eastern European countries such as

Poland and Lithuania. Approximately half of the borough's 255,000 population are now of black and minority ethnic background.

The total of staff (figures incorporate the Governing Body members, CPLs and interim staff) who have self-reported by ethnicity was 80, with 9 staff (10%) of the overall workforce, not declaring their ethnicity.

The proportion of BME staff employed within the CCG at the date of this report was 54% (48/89) white staff 36% (32/89) 10% (9/89) unknown and not stated which is representative of the local population. This is a 5% increase in the number of BME staff employed from 2016-17

Date range: 1 APR 2017 – 31 MAR 2018

Indicator 1: Percentage of Non-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
0%	Band 3	0%	17%	Local MED	83%
57%	Band 4	29%	67%	Local NED	33%
17%	Band 5	83%	38%	Local Nurse	38%
67%	Band 6	33%	67%	Consultant	17%
38%	Band 7	38%	44%	RB Band 7	44%
67%	Band 8a	17%	67%	RB Band 8A	33%
44%	Band 8b	44%	50%	RB Band 8C	50%
67%	Band 8c	33%			
50%	Band 8d	50%			
1%	Band 9	3%			
0%	Local VSM	2%			
54%	Benchmark(Overall % of staff)	36%	54%	Benchmark(Overall % of staff)	36%

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	269	31%	44	16%	3	7%
	BME	537	63%	59	11%	6	10%
	Not Stated	54	6%	6	11%	0	0.0%

Analysis of the 806 job applications received revealed that 63% were from BME 31% White applicants. The conversion shows that in total 103 were shortlisted, with a higher percentage of white applications being selected for interview: 16% White, 11% BME. At shortlisting stage 1:6 white applicants were selected as opposed to 1:9 BME applicants. However at interview 1:10 BME applicants as opposed to 1:14 White applicants would be appointed.

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	2016-2018
White British	1
BME	1

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

2016-17	2017-18
3.85	3.81

The level of staff accessing non-mandatory training and CPD remain relatively low. Steps are being taken to incorporate the appraisal template within workforce which would allow monitoring of training undertaken as part a PDP.

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

Ethnicity	2016-17	2017-18
White	15%	8%
BME	12%	25%

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

Ethnicity	2016-17	2017-18
White	49%	24%
BME	30%	39%

This shows that there has been a significant improvement for white members of staff but a 9% increase in BME reporting that they have experienced harassment, bullying or abuse from staff.

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

Ethnicity	2016-17	2017-18
White	43%	83%
BME	16%	70%

There has been a significant improvement of the number of all staff that believes that the CCG is providing equal opportunities for career progression.

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.

Ethnicity	2016-17	2017-18
White	13%	0%
BME	27%	25%

Governing Body Representation Indicator

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

2017-18 Comparison Difference	%
Governing Body Members	16%
Overall Workforce	84%

Ethnicity	Governing Body Membership (14)	Overall Workforce
White	43%	34%
BME	57%	54%

This report provides significant assurance that the Governing Body is a reflection of the CCG workforce.

WRES Action Plan

Action	Action Owner	Date to be Completed	Comments
Unconscious Bias Training for CCG employees for staff	Compliance Manger	Sept 2018	6 free places have been offered by LGT for CCG staff

Action	Action Owner	Date to be Completed	Comments
specifically involved in the recruitment of new staff and those responsible for line management.			to join the Trust's in house training.
Provide a Advisory, Conciliation, and Arbitration Service (ACAS) guide employees which provides help and advice on Bullying and harassment at work	Compliance Manager/HR	Sept 2018	
Provide a Advisory, Conciliation, and Arbitration Service (ACAS) guide which offers practical advice to managers and employers on Bullying and harassment at work to help them prevent it and to be able to deal with it should it occur.	Compliance Manager/HR	Sept 2018	
Source and provide training: Behaviours at work – understanding the unacceptable.	Compliance Manager/HR	Mar 2019	

Carol Berry
Compliance Manager
May 2018