

Workforce Race Equality Standard Report (WRES)

For the period:

1st April 2018 – 31st March 2019

For further information about the WRES, please contact the
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Introduction

The NHS Constitution sets out the rights, to which all patients, communities and staff are entitled to, and the pledges and responsibilities which the NHS is committed to achieve, in ensuring that the NHS operates fairly and effectively.

At NHS Bexley Clinical Commissioning Group we are dedicated to achieving the best possible outcomes for Bexley residents. Ultimately, ensuring that equality and diversity is at the heart of all we do, both within our own workforce and across the services we commission.

This report outlines the purpose of the WRES and our responsibilities as a Clinical Commissioning Group (CCG); it summarises how we collect relevant employee data and provides our WRES action plan.

Background

The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by the NHS in April 2015 to help gauge race equality. It is designed to further drive progress to eliminate wider aspects of discrimination in the treatment of Black and Minority Ethnic (BME) staff.

The main purpose of WRES is:

- To help local and national NHS organisations to review their data against the nine WRES indicators
- To produce action plans to close any identified gaps in workplace experience between white and black minority ethnic staff
- To improve BME representation at the Board level of the organisation

As a CCG we have two roles in relation to WRES;

1. As commissioners of NHS services
2. As employers

This means that as a commissioning organisation we are responsible for monitoring our providers' WRES results and action plans through performance management arrangements. We are also required to have due regard to the WRES in respect of our workforce.

Our employee data

Most of the data that underpins this report, in relation to the nine WRES indicators, is provided voluntarily by individuals when applying for a post, or as part of a staff survey. Information on the Electronic Staff Record (ESR) also informs the basis of this report.

It should be noted that completion of ethnicity monitoring is voluntary and staff chose if they want to share this information or not. Our workforce size also means that data percentages should be treated with caution as a small change in numbers could lead to a large change in the percentages. However, we recognise that action needs to be taken to ensure our BME workforce has equal opportunities and receives fair treatment in the workplace.

There are nine WRES indicators that highlight any differences between the experience and treatment of white staff and BME staff in the NHS with a view to improvement where necessary. These are as follows:

Table 1 The Workforce Race Equality Standard indicators

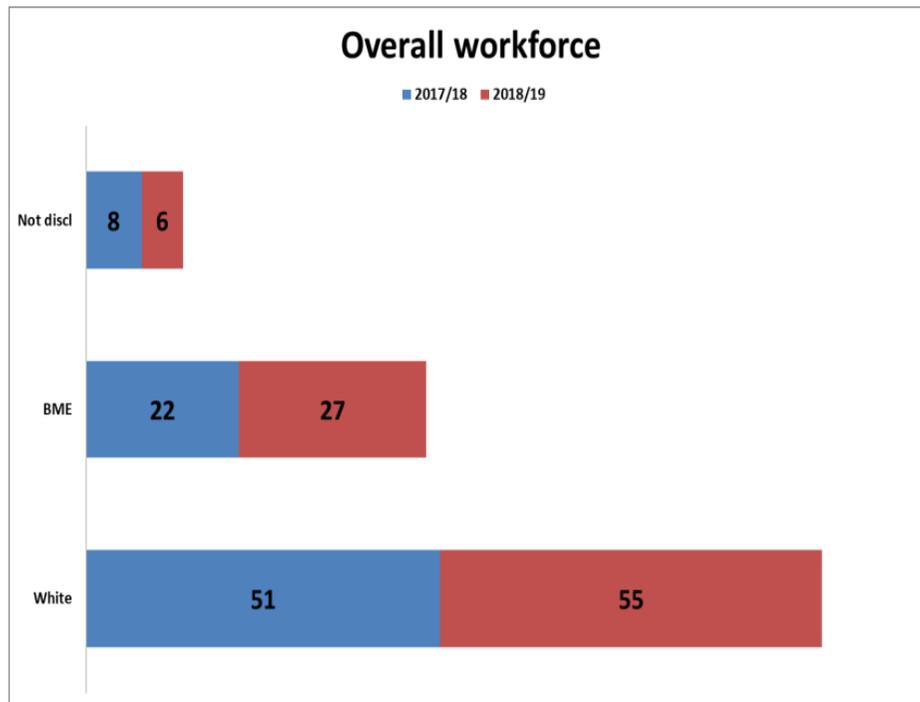
| Workforce indicators For each of these four workforce Indicators, <u>compare the data for white and BME staff</u> | |
|---|---|
| 1. | Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p>Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p> |
| 2. | Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts |
| 3. | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as they have always used. |
| 4. | Relative likelihood of staff accessing non-mandatory training and CPD |
| National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u> | |
| 5. | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months |
| 6. | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months |
| 7. | Percentage believing that trust provides equal opportunities for career progression or promotion |
| 8. | In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues |
| Board representation indicator For this indicator, <u>compare the difference for white and BME staff</u> | |
| 9. | Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p>Note: This is an amended version of the previous definition of Indicator 9</p> |

Indicator 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

Source: Electronic staff record as at 31st March 2019

| | 2017-18 | | 2018-19 | |
|----------------------|---------|-----|-----------|------------|
| BME | 22 | 27% | 27 | 31% |
| White | 51 | 63% | 55 | 63% |
| Not disclosed | 8 | 10% | 6 | 7% |



What is this data telling us?

- BME representation in our workforce has increased by a small percentage since the previous reporting period.
- The level of non disclosure has also slightly improved, showing a reduction from 10% to 7%

What action are we planning?

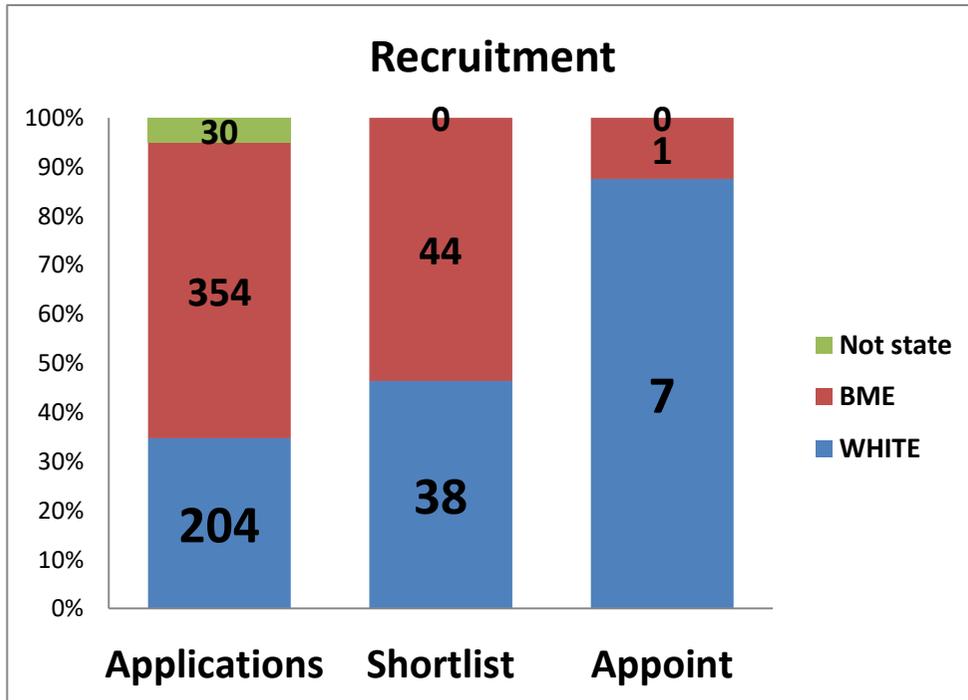
- Promote equality self reporting with staff
- Consider publicising jobs locally as well as on NHS jobs to attract applicants from local communities.

Indicator 2:

Relative likelihood of staff being appointed from shortlisting across all posts

Source: Electronic staff record as at 31st March 2019

| | Applications | % | Shortlisted | % | Appointed | % |
|----------------------|--------------|-----------|-------------|-----------|-----------|-----------|
| White | 204 | 35 | 38 | 46 | 7 | 87 |
| BME | 354 | 60 | 44 | 54 | 1 | 13 |
| Not disclosed | 30 | 5 | 0 | | 0 | 0 |



What is this data telling us?

- The number of BME candidates that are shortlisted is slightly higher than the % of White applicants
- Once shortlisted White applicants are more likely to be appointed than BME applicants

What action are we planning?

- Offer unconscious bias training to managers – linking what this means at work (including recruitment and selection)
- Consider diversity on recruitment panels, working with CSU and other CCGs where possible

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 two year rolling average of the current year and previous year.

Source: Disciplinary action data held by Human Resources 1st April 2017 – 31st March 2019

What is this data telling us?

- There are no formal disciplinary cases recorded

What action are we planning?

- Continue to monitor this indicator by ethnicity to identify any trends over time

Indicator 4:

Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD)

What is this data telling us?

- Information for non-mandatory training and CPD training is not currently collected

What action are we planning / has been taken

- Introduced new appraisal system which includes section on career development
- Refreshed training and development policy which now includes guidance on how to apply for career development support
- Encourage staff to identify their career steps and consider opportunities to progress

Indicators 5 – 6: National NHS Staff Survey Indicators

| Summary of staff survey results | 2017 | 2018 |
|---|---|---|
| <p>WRES indicator – 5</p> <p>KF25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p> | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> • White: 2.4% • BME: 6.3% | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> • White: 4.3% <i>(9.4%)</i> • BME: 12.5% <i>(10.0%)</i> |
| <p>WRES indicator – 6</p> <p>KF26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p> | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> • White: 17.1% • BME: 31.3% | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> • White: 23.9% <i>(18.6%)</i> • BME: 37.5% <i>(29.8%)</i> |

(National average shown in blue italic)

What is this data telling us?

- There has been an increase in the percentage of staff that experienced harassment, bullying or abuse from patients (WRES 5), which is slightly higher than national average for BME staff and nearly double the national average for white staff.
- There is an increase in the percentage of staff that experienced harassment, bullying or abuse from staff (WRES 6). Both results are higher than the national CCG average.

What action are we planning?

- Launch negative behaviour survey to all staff
- Explore unconscious bias training

Indicators 7– 8: National NHS Staff Survey Indicators

| Summary of staff survey results | 2017 | 2018 |
|---|--|---|
| <p>WRES indicator – 7</p> <p>KF21: Percentage of staff believing that the CCG provides equal opportunities for career progression or promotion</p> | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> White: 86.7% BME: No data avail. | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> White: 85.7% <i>(88.0%)</i> BME: 63.6% <i>(59.3%)</i> |
| <p>WRES indicator – 8</p> <p>Q,17: In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues</p> | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> White: 7.3% BME: 6.3% | <p>Of the total who responded those who said 'Yes'</p> <ul style="list-style-type: none"> White: 11.1% <i>(4.7%)</i> BME: 6.3% <i>(13.9%)</i> |

(National average shown in blue italic)

What is this data telling us?

- There has been a slight fall in the number of white staff believing the CCG provides equal opportunities for progression (WRES 7), this percentage is also slightly lower than the national average for CCG's (88%). In contrast the number of BME staff is slightly higher than the national average for CCG's (59.3).
- WRES 8 shows that the number of staff who report having experienced discrimination at work has significantly increased for white staff; whilst the percentage of BME staff remains the same as previous reporting period. The national CCG average for BME staff is 13.9%., whilst for white staff the average is 4.5% - this means that the reporting data for the CCG is significantly higher.

What action are we planning?

- Launch negative behaviour survey for staff
- Appointments available for staff to discuss 1:1 with Managing Director
- Further participation in NHS staff survey and analysis of results
- Engage with staff network
- Staff awayday/workshop
- Continue to embed new appraisal process
- Support training and development through PDP's

Indicator 9:

Percentage difference between the organisation the organisations Board executive membership and its overall workforce

| | 2018 Governing Body | | 2018 CCG Staff | |
|---------------|---------------------|------|----------------|------|
| White | 8 | 50% | 49 | 68% |
| BME | 8 | 50% | 20 | 28% |
| Not disclosed | 0 | | 3 | 4% |
| Total | 16 | 100% | 72 | 100% |

Source: Electronic staff record as at 31st March 2019

What is this data telling us?

The data presented above provides assurance that the Governing Body is a reflection of the CCG workforce.

Action plan

| WRES indicator | Action | Timescale | Lead |
|----------------|---|-----------|------|
| 1 & 9 | Promote to and encourage staff to update information on ESR | | |
| 2 | Consider publicising jobs locally to attract applications from Bexley community | | |
| 2 | Offer unconscious bias training for managers | | |
| 2 | Consider diversity representation on recruitment panels | | |
| 5 & 6 | Launch negative behaviour survey to all staff | | |
| 6 | 1:1 meetings with Managing Director for staff | | |
| 6 & 7 | Further participation in NHS staff survey & analysis of results | | |
| 6 | Engagement with staff network | | |
| 6 | Staff away day | | |
| 4 & 7 | Embed new appraisal process | | |
| 4 & 7 | Support training and development through PDP's | | |
| | | | |
| | Circulate WRES report and action plan to staff network for comment | | |
| | Continue to monitor provider WRES via CQRG meetings | | |
| | Continue to create a culture of EDI through staff events and learning programmes for everyone | | |
| | Promote national inclusion week with staff | | |