

NHS Workforce Race Equality Standard report and action plan 2018

1. Introduction

This is the 2018 NHS Workforce Race Equality Standard (WRES) report for West Hampshire Clinical Commissioning Group (CCG). The report provides details of:

- The CCG position against the 9 WRES indicators in 2018
- The progress made on our 2017/18 WRES actions
- Our WRES action plan for 2018/19.

2. Background

The aim of the NHS Workforce Race Equality Standard is to help NHS organisations ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES was first made available to the NHS in April 2015, and has been included in the NHS Standard Contract since 2015/16. This means NHS hospital and community Trusts must use the WRES, and report their findings to NHS England each year. NHS England then publishes a national report based on WRES information from across the country. The most recent report was published in April 2017 and is available [here](#).

3. WRES and the Clinical Commissioning Group

The CCG has two roles in relation to the WRES.

As a commissioner we are required to:

- Give assurance to NHS England that our providers are implementing the WRES (this is part of the [CCG Improvement and Assessment Framework](#))
- Make WRES implementation, results and subsequent action plans part of contract monitoring and negotiation
- Have meaningful dialogue with providers when something is amiss with use of the WRES, and/or what the results of the WRES show.

As an employer the CCG must have 'due regard' to the WRES. This means using the WRES to help improve workplace experiences and representation at all levels for our BAME staff. In practice the CCG should:

- Collect data on their workforce by ethnicity, as well as, by other characteristics given protection under the Equality Act 2010
- Carry out data analysis
- From 1 July 2016 onwards, produce and publish an annual report using the WRES reporting template, together with a WRES action plan.

4. West Hampshire CCG position against WRES indicators in 2018

The current CCG position against the WRES indicators is based on a snapshot of the West Hampshire CCG workforce on 31 March 2018, recruitment and training records for the period 1 April 2017 to 31 March 2018, and the 2017 NHS Staff Survey [results](#) for the CCG. Our 2018 WRES indicators have been submitted to NHS England using the web-based WRES reporting template.

For context, Appendix one gives details of the ethnic make-up of the local population, plus how the ethnicity profile of CCG employees has changed since 2014. Note that for the purposes of WRES calculations ‘White’ staff includes White British, Irish and Any other white ethnic groups.

WRES Indicator 1: *Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and Very Senior Management (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by non-clinical staff and clinical staff.*

(Compare the data for White and BAME staff)

Agenda for Change Pay Band	% BAME clinical staff in Band for 2018	% BAME non-clinical staff in Band for 2018	Overall workforce 2018		
			White	BAME	Not stated
Band 1-4	0%	5.1%	88.9% (257 staff)	5.5% (16)	5.5% (16)
Band 5-7	4.4%	8.9%			
Band 8-9 and VSM	6.3%	5.3%			

Non-clinical staff 2018			Clinical staff 2018		
White	BAME	Not stated	White	BAME	Not stated
90.32%	5.91%	3.76%	86.41%	4.85%	8.74%
168	11	7	89	5*	9

*Will be redacted when published on website to maintain anonymity

Overall CCG workforce – year on year

	2014	2015	2016	2017	2018
White staff	-	-	89.6%	89.0%	88.9% (257 staff)
BAME staff	-	-	4.3%	5.1%	5.5% (16 staff)
Undisclosed/ not stated	25.3%	11.3%	6.1%	5.9%	5.5% (16 staff)
				Total	289 staff

Note: The significant proportion of 'Undisclosed' and 'Not stated' records for ethnic background in 2014 and 2015 makes data comparisons unreliable. Over the last 3 years the CCG has taken action to reduce the number of undisclosed/not stated records in the Electronic Staff Record.

Comparing the 2017 data with that for 2018:

- Amongst employees with non-clinical roles, those from BAME backgrounds now make-up 5.9% of staff, compared to 3.4% in 2017
- Amongst employees in clinical roles 4.8% are from BAME backgrounds. This is up from 1.7% in 2017.

The 2018 data for WRES Indicator 1 highlights that:

- We must continue our efforts to eliminate the proportion of 'Unknown' and 'Not stated' staff records for ethnic background
- At 5.5% the proportion of BAME employees in the CCG workforce is a little higher than the proportion in the local population (3.7%)
- There are no employees from BAME backgrounds in pay bands 4, 8b, 8c and 8d.

WRES Indicator 2: *Relative likelihood of staff being appointed from short listing across all posts.*

(Compare the data for White and BAME staff)

	2016		2017		2018	
	White	BAME	White	BAME	White	BAME
Number short listed applicants	255	39	368	74	431	78
Number appointed applicants	54	5	63	5	89	10
Ratio shortlisting to appointment	21.2%	12.8%	17.1%	6.8%	20.6%	12.8%
Relative likelihood White staff being appointed compared to BAME	1.65 times greater		2.53 times greater		1.61 times greater	

WRES Indicator 2 shows that:

- BAME job applicants who are short listed for interview are relatively less likely to be recruited compared to white interviewees. This situation has improved since 2017.

WRES Indicator 3: *Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.*

(Compare the data for White and BAME staff)

	2016		2017		2018	
	White	BAME	White	BAME	White	BAME
Number in workforce	182	8	210	12	273	16
Number of staff entering formal disciplinary	0	0	0	0	0	0
Likelihood of White staff entering formal disciplinary	0		0		0	
Likelihood of BME staff entering formal disciplinary	0		0		0	
Relative likelihood BAME staff entering formal disciplinary compared to White staff is	0.00		0.00		0.00	

The 2018 data for WRES Indicator 3 highlights that:

- In 2016, 2017 and 2018 no employees were disciplined under the formal process.

WRES Indicator 4: *Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD).*

(Compare the data for White and BAME staff)

	2016		2017		2018	
	White	BAME	White	BAME	White	BAME
Number of staff in workforce	182	8	210	12	273	16
Number of staff accessing non mandatory training and CPD	20	1	14	1	55	3
Likelihood of White staff accessing non-mandatory training and CPD	0.110		0.066		0.201	
Likelihood of BAME staff accessing non-mandatory training and CPD	0.125		0.083		0.187	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff is	0.879		0.795		1.074	

Note: A figure below 1 indicates White staff members are less likely to access non-mandatory training and CPD than BAME staff.

The information about staff training comes from two sources:

- The ConsultOD system provided by the Commissioning Support Unit (this shows 23 staff accessed non-mandatory training)
- Internal CCG training request records (35 staff in total accessed training)
- Both records are for the period 1 April 2017 to 31 March 2018.

The records for 1 April 2017 to 31 March 2018 show that employees from White ethnic backgrounds were 1.074 times more likely to access non-mandatory training and CPD than BAME staff.

WRES Indicator 5: Key Finding 25 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
(Based on NHS Staff Survey results)

West Hampshire CCG Staff Survey results for Key Finding 25								
Percentage of staff experiencing harassment, bullying or abuse from patients	WRES 2015		WRES 2016		WRES 2017		WRES 2018	
	White	BAME	White	BAME	White	BAME	White	BAME
	13.7%	-	18%	-	16%	-	8%	-
-	-	6%*	7%*	8%*	10%*	9%*	7%*	

Note: Survey data for BAME staff withheld as less than 11 respondents. WRES position each year is based on NHS Staff Survey completed in autumn of previous year. * Average (median) for all CCGs.

Although we are not able to disaggregate the experience of BAME employees because the number of BAME survey respondents is lower than 11, the 2018 results for WRES Indicator 5 suggests that:

- About the same proportion of CCG employees experience harassment, bullying or abuse from patients, relatives or the public compared with the average for staff in all other CCGs
- This situation is better than in 2017 (a statistically significant change), when the CCG was worse than average compared to all other CCGs in England.

The CCG has previously identified that employees working in the Continuing Healthcare (CHC) Team are more likely to face harassment, bullying or abuse from patients, relatives or the public. This is confirmed by the 2017 Staff Survey results which show that 20% of respondents from CHC had experienced abuse – this compares to 11% in the Quality Team and 0% in most other teams.

We believe this difference in levels of abuse is explained (at least in part) by the stress and anxiety patients and their relatives are under during the process of

applying for NHS funded continuing healthcare. Often the patient will be very unwell or terminally ill, and the decision about eligibility has significant financial implications. Recognising this, the CCG has taken action to support staff and reduce the risk of them experiencing harassment, bullying or abuse - see action plan below.

WRES Indicator 6: Key Finding 26 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

(Based on NHS Staff Survey results)

West Hampshire CCG Staff Survey results for Key Finding 26								
Percentage of staff experiencing harassment, bullying or abuse from staff	WRES 2015		WRES 2016		WRES 2017		WRES 2018	
	White	BAME	White	BAME	White	BAME	White	BAME
	29.8%	-	25%	-	22%	-	17%	-
-	-	14%*	27%*	17%*	25%*	18%*	31%*	

Note: Survey data for BAME staff withheld as less than 11 respondents. * Average (median) for all CCGs.

2018 data for WRES Indicator 6 shows that:

- About the same proportion of West Hampshire CCG staff experience harassment, bullying or abuse from colleagues, compared to the average for all CCGs in England
- Although we are unable to disaggregate the experience of BAME staff (information withheld by survey provider), the level of abuse by staff against White staff has fallen each year since 2015 (Note: The change since 2017 is not statistically significant)
- The overall staff survey result for Key Finding 26 was average compared to all other CCGs in England.

Again, the CCG has taken steps to try to reduce this risk for all staff (see WRES action plan below).

WRES Indicator 7: Key Finding 21 - Percentage believing that Trust provides equal opportunities for career progression or promotion.

(Based on NHS Staff Survey results)

West Hampshire CCG Staff Survey results for Key Finding 21								
Percentage of staff believing CCG provides equal opportunities for progression	WRES 2015		WRES 2016		WRES 2017		WRES 2018	
	White	BAME	White	BAME	White	BAME	White	BAME
	71.9%	-	84%	-	86%	-	90%	-
-	-	92%*	73%*	90%*	67%*	87%*	60%*	

Note: Survey data for BAME staff withheld as less than 11 respondents. * Average (median) for all CCGs.

2018 data for WRES Indicator 7 highlights that:

- The proportion of White employees who believe that West Hampshire CCG provides equal opportunities for career progression or promotion is about the same as the average for all CCGs in England
- For the overall staff survey result for Key Finding 21, there has been no statistically significant change in 2016 or 2017.

WRES Indicator 8: Q17b In the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues?

(Based on NHS Staff Survey results)

West Hampshire CCG Staff Survey results								
Percentage of staff experiencing discrimination from a manager/colleague	WRES 2015		WRES 2016		WRES 2017		WRES 2018	
	White	BAME	White	BAME	White	BAME	White	BAME
	5.3%	-	6%	-	7%	-	5%	-
-	-	3%*	7%*	4%*	13%*	5%*	15%*	

Note: Survey data for BAME staff withheld as less than 11 respondents. * Average (median) for all CCGs.

The proportion of West Hampshire CCG employees experiencing discrimination from a manager or colleague is small, and about the same as the average for all other CCGs in England. We do not know if employees from BAME backgrounds have a differential experience of discrimination.

The *Dignity and Respect Policy* and *Dignity and Respect in the Workplace* training implemented as part of the 2016 WRES action plan were aimed at tackling discrimination, as well as bullying and harassment. The training proposal for CCG line managers in our 2018/19 WRES action plan will cover discrimination.

WRES Indicator 9: *Percentage difference between the organisations’ Board membership and its overall workforce disaggregated:*

- *By voting membership of the Board*
- *By executive membership of the Board*

(Compare the difference for White and BAME staff)

This indicator is based on the goal that each organisation should work towards having an overall workforce, and Board membership, that is representative of the local population served.

		WRES 2017						
		Board voting membership*		Board executive membership*		Overall workforce		
		White	BAME	White	BAME	White	BAME	Not known
Percentage difference		90%	10%	85.7%	14.3%	89.0%	5.1%	5.9%
		+1%	+4.9%		+9.2%			
		WRES 2018						
		Board voting membership*		Board executive membership*		Overall workforce		
		White	BAME	White	BAME	White	BAME	Not known
Percentage difference		87.5%	12.5%	88.9%	11.1%	88.9%	5.5%	5.5%
		-1.4%	+7%	0%	+5.6%			

* CCG Board voting membership and executive membership on 31 March 2018.

Both the West Hampshire CCG Board voting membership and executive membership have a positive percentage difference of BAME representation compared to the overall workforce.

5. Assurance that commissioned providers are using WRES

As a commissioner we have to give assurance to NHS England that providers are implementing WRES. To achieve this, we request and review WRES reports, action plans and other equalities information from all the providers we commission service from. This is written into the Quality Schedule and is part of contract monitoring.

We have collated information about provider progress on WRES on the next page.

Main commissioned provider compliance with the WRES

Provider Trust	WRES report published 2015	WRES report published 2016/17 and action plan in place	WRES report published 2017/18 and action plan in place	WRES summary report submitted to NHS England by 31 July 2018	WRES report and action plan published on Trust website
Hampshire Hospitals NHS Foundation Trust	No	Yes	Yes	Yes	Staff engagement currently underway, with paper to Board in September. Intend to publish by 28 September 2018
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Yes	Yes	Yes	Yes	Plan to publish by end of September
Salisbury Hospital NHS Trust	Yes	Yes	Yes	Yes	WRES report/action plan will be published end of September/early October following board ratification
South Central Ambulance Service NHS Foundation	Yes	Yes	Yes	Yes	Paper to Board on the 27th September

Trust					and subject to approval will be published thereafter
Southern Health NHS Foundation Trust	Yes	Yes	Yes	Yes	Revised WRES action plan to be published on 21 September 2018 following HR SMT on 20 September 2018
University Hospitals Southampton NHS Foundation Trust	Yes	Yes	No	Yes	WRES summary report/action plan will be published on Trust website around 28th September

Note: WRES guidance states that organisations should publish their annual WRES data on their website, alongside their WRES action plan. Submission of WRES to NHS England is by 31 July 2018

6. Review of WRES action plan 2017/18

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/lead	Progress
1. Write to the 5.9% of employees with blank records for ethnicity requesting their ethnic background, with aim of achieving 100% data completeness.	100% of staff records have defined ethnic background by 31/03/18.	1, 3, 4, 9	31/03/18	SCW Commissioning Support Unit	Completed 30/07/18.
2. Complete audit of records kept at short listing and interview for a band 3, 8a and director level post to assess whether recruitment processes set out in CCG policy are followed.	Three audits completed by 31/03/18.	1, 2, 7, 9	31/03/18	Equality and Diversity Manager	Partially completed. Data analysis of ethnic background of applicants, those short listed and new starters suggests a number of factors may be influencing recruitment decisions, including possibility of unconscious bias.
3. Continue roll-out of <i>Dignity and Respect in the Workplace</i> training at both Omega House and for the	<i>Dignity and Respect in the Workplace</i> training attended by 40% of employees by 31/03/18	5, 6, 7, 8	31/03/18	Equality and Diversity Manager	Achieved but uptake target not reached. Delivery of this training

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/lead	Progress
Continuing Healthcare Team	Experience of bullying and harassment from both patients and colleagues reduces for both White and BAME employees (as measured by NHS Staff Survey).				<p>postponed in 2016/17, but commenced in spring 2017.</p> <p>Attendance was not mandatory, and the course was run as part of the 'Awareness Wednesday' lunchtime sessions at CCG offices in Eastleigh and Fareham.</p> <p>A total of 24 staff undertook this training (11.5% of the workforce).</p> <p>Statistically significant reduction in bullying, harassment and abuse by patients against staff from 16% to 8% as measured by staff survey Key Finding 25.</p>
4. Build fairness and inclusion into CCG Managers Toolkit and courses that stem from Skills Assessment	Information and examples that relate to equality and inclusion included throughout	2, 3, 4, 5, 6, 7, 8	31/12/17	Associate Director of Communications and Staff Development	<p>Achieved.</p> <p>Draft CCG Managers Toolkit and new organisational behaviour framework both amended to</p>

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/lead	Progress
project.	toolkit and training programmes so that managers are well equipped to address issues.				include equality and inclusion.
5. Provide training and support to CCG Quality Managers so they can monitor commissioned provider progress against NHS Workforce Race Equality Standard and other equality measures as per quality schedule.	Quality Managers have the skills to independently assess progress of commissioned providers based on WRES reports and other equality measures as per 2017/18 quality schedule.	1, 2, 3, 4, 5, 6, 7, 8, 9	31/03/18	Equality and Diversity Manager	Achieved. Training delivered to Quality Team on Public Sector Equality Duty, WRES and Accessible Information Standard.

7. West Hampshire CCG WRES action plan 2018/19

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/ lead
1. Complete audit of records kept at short listing and interview for a band 3, 8a and director level post to assess whether recruitment processes set out in CCG policy are followed.	<ul style="list-style-type: none"> Three audits completed by 30/06/19. 	1, 2, 7, 9	30/06/19	Equality and Diversity Manager
2. Implement package of training for new and existing staff covering: <ul style="list-style-type: none"> Managing performance and conduct Equality and diversity awareness Developing high performing teams Addressing concerns in line with CCG policy 	<ul style="list-style-type: none"> All staff have attended training Staff report that they are more confident at identifying and responding to discrimination, harassment and abuse Position against WRES Indicators 5, 6, 7 and 8 improve year on year. 	5, 6 and 8	30/06/19	Organisational Development Manager and Equality and Diversity Manager
3. Complete research project to identify reasons why people from BAME backgrounds are not represented in Pay Bands 8a and above (including VSM)	<ul style="list-style-type: none"> Reasons identified and action plan to address developed. 	1, 2, 7 and 9	31/12/18	Equality and Diversity Manager

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/ lead
4. Establish method to record internal promotions and disaggregate by protected characteristic (including race)	<ul style="list-style-type: none"> • Disaggregated data is gathered in useable form • Relative likelihood of white and BAME staff being promoted identified 	1, 2, 7 and 9	30/9/18	Equality and Diversity Manager
5. Promote how staff can record incidents of bullying, harassment, abuse and discrimination using the incident reporting system	<ul style="list-style-type: none"> • Increase in the number of incidents reported by staff 	5, 6 and 8	30/6/19	Equality and Diversity Manager

Appendix one

Ethnic make-up of the local population

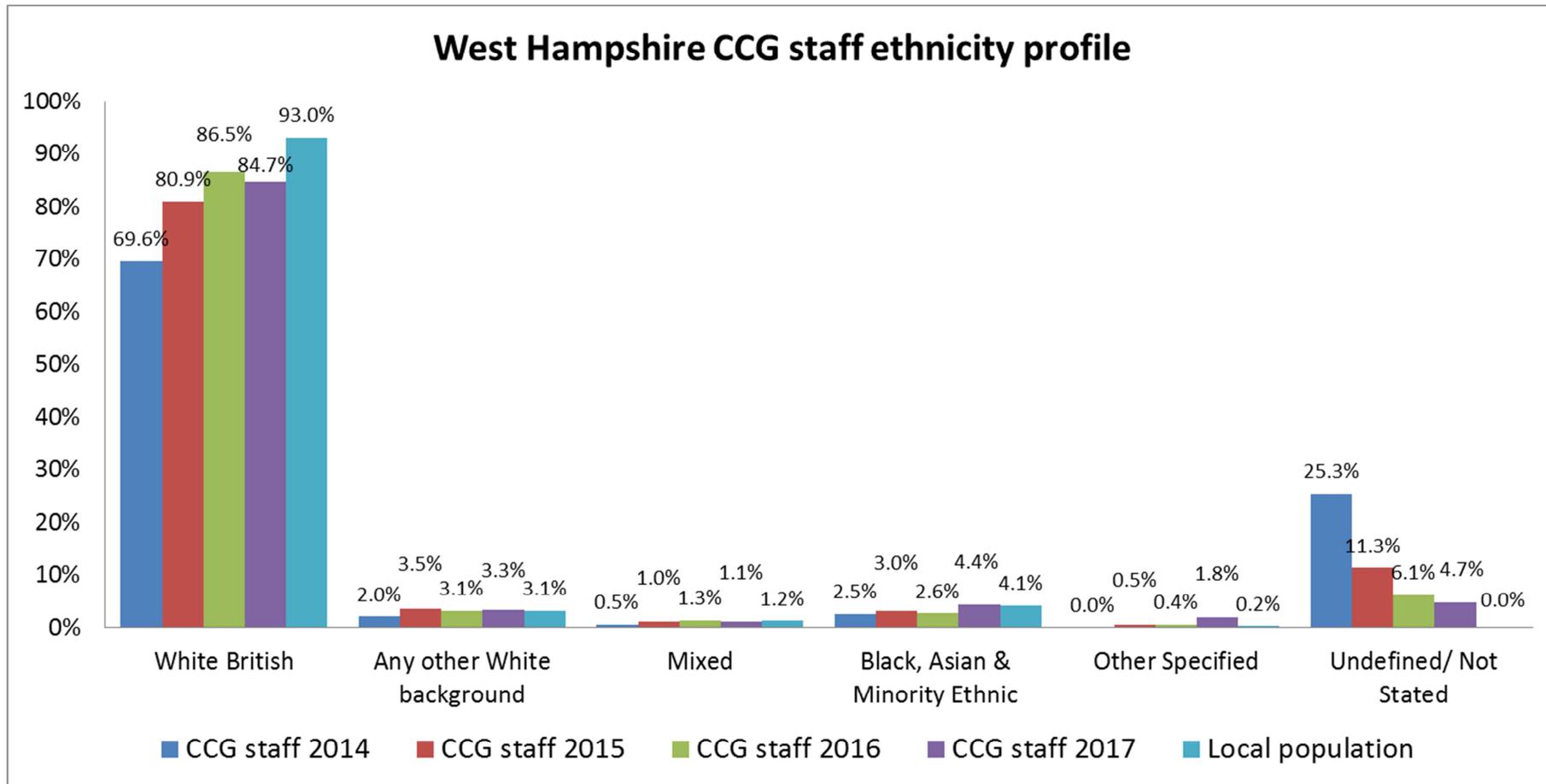
Ethnic group	Proportion of population West Hampshire	Proportion of population England and Wales
White British	93%	80%
White other (Irish, Western European, Eastern European)	3.1%	5.5%
Asian or Asian British	1.9%	7.5%
Mixed/ multiple	1.2%	2.2%
Black	0.4%	3.3%
Other	0.2%	0.6%

(Based on 2011 Census data from the Office for National Statistics)

Ethnic profile of CCG workforce 2014 to 2017

The staff ethnic background profile (see next page) tells us that:

- The relatively high proportion of 'Undefined/ not stated' records in 2014 and 2015 make comparison with other years problematic
- Our efforts to improve data quality have reduced the proportion of undefined records for ethnicity from 66% in 2013 to 4.7% in December 2017. This improvement has been supported by the introduction of mandatory reporting against the NHS Workforce Race Equality Standard (WRES)
- In December 2017 the proportion of staff from 'Mixed' ethnic backgrounds, 'Black, Asian and Minority Ethnic' (BAME) and 'Other ethnicities' reflected the local population for the first time
- Within the BAME group, employees have backgrounds from Asian and Asian British 1.8%, Black or Black British Caribbean 0.4%, and Black or Black British African 2.2%. Previously these groups were under-represented in the workforce
- BAME employees remain under-represented in more senior roles.



Note: No data available in 2013. Snapshot date is the 31 December each year. Local population data is from ONS 2011 Census.

ENDS