

NHS Workforce Race Equality Standard report and action plan 2017

1. Introduction

This is the 2017 NHS Workforce Race Equality Standard (WRES) report for West Hampshire Clinical Commissioning Group (CCG). The report provides details of:

- The CCG position against the WRES indicators in 2017
- The progress made on our 2016/17 WRES actions
- Our WRES action plan for 2017/18.

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 2017

The current CCG position against the 9 WRES indicators is based on a snapshot of the West Hampshire CCG workforce on 31 March 2017, and the CCG 2016 NHS Staff Survey results. This information has been submitted to NHS England using the 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	White staff in Band	BAME staff in Band	Undisclosed/ not stated	Overall workforce		
				White	BAME	Not stated
Band 3	91.6%	4.2%	4.2%	89.0%	5.1%	5.9%
Band 4	93.7%	0.0%	6.3%			
Band 5	94.7%	0.0%	5.3%			
Band 6	76.7%	3.3%	20.0%			
Band 7	84.6%	3.8%	11.6%			
Band 8a	84.1%	11.4%	4.5%			
Band 8b	100%	0.0%	0.0%			
Band 8c	100%	0.0%	0.0%			
Band 8d	100%	0.0%	0.0%			
Band 9	0%	100%	0.0%			
Spot salary/ VSM	90.6%	9.4%	0.0%			

WRES guidance asks that this calculation is taken separately for non-clinical and clinical staff:

- Amongst staff with non-clinical roles, those from BAME backgrounds make-up 3.4% (across all pay bands)
- Amongst employees in clinical roles 1.7%% are from BAME backgrounds (across all pay bands)

Note: The CCG has relatively few clinicians compared to a provider Trust so we have only published ethnicity data for clinical and non-clinical staff overall, rather than break this information down further into ethnicity in each pay band for clinical and non-clinical roles.

The 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 5.1% 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, 5, 8b, 8c and 8d.

Overall CCG workforce – year on year

	2014	2015	2016	2017
White staff	-	-	89.6%	89.0%
BAME staff	-	-	4.3%	5.1%
Undisclosed/ not stated	25.3%	11.3%	6.1%	5.9%

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.

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	
	White	BAME	White	BAME
Number short listed applicants	255	39	368	74
Number appointed applicants	54	5	63	5
Ratio shortlisting to appointment	21.2%	12.8%	17.1%	6.8%
Relative likelihood of White staff being appointed from short listing compared to BAME staff is	1.65 times greater		2.53 times greater	

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 got worse since 2016.

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	
	White	BAME	White	BAME
Number in workforce	182	8	210	12
Number of staff entering formal disciplinary	0	0	0	0
Likelihood of White staff entering formal disciplinary	0		0	
Likelihood of BME staff entering formal disciplinary	0		0	
The relative likelihood of BAME staff entering formal disciplinary compared to White staff is	0.00		0.00	

In 2016 and 2017 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	
	White	BAME	White	BAME
Number of staff in workforce	182	8	210	12
Number of staff accessing non mandatory training and CPD	20	1	14	1
Likelihood of White staff accessing non-mandatory training and CPD	0.110		0.066	
Likelihood of BAME staff accessing non-mandatory training and CPD	0.125		0.083	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff is	0.879		0.795	

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

In 2016 the CCG started gathering information about non-mandatory training and CPD completed by staff. The records from 1 April 2016 to 31 March 2017 show that employees from White ethnic backgrounds were less 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)

Percentage of staff experiencing harassment, bullying or abuse from patients	WRES 2015		WRES 2016		WRES 2017	
	White	BAME	White	BAME	White	BAME
	13.7%	-	18%	-	16%	-
	-	-	6%*	7%*	8%*	10%*

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, Indicator 5 suggests that a greater proportion of CCG employees experience harassment, bullying or abuse from patients compared with staff in other CCGs.

This is emphasised by the overall 2016 staff survey result, which showed that for Key Finding 25 the CCG is worse than average compared to all other CCGs in England.

This is largely explained by the fact that West Hampshire CCG hosts the Continuing Healthcare (CHC) Team on behalf of all Hampshire CCGs (around 70 employees). Decisions about eligibility for NHS funded care have significant financial implications for patients and their relatives, and are taken at a time when patients are very unwell or terminally ill. This can mean that the CHC team are more likely to face abuse because patients and their relatives are stressed and worried.

Recognising this, the CCG has taken action to support staff and reduce the risk of them experiencing harassment, bullying or abuse - see action plans outlined in section 6 and 7 of this report.

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)

Percentage of staff experiencing harassment, bullying or abuse from staff	WRES 2015		WRES 2016		WRES 2017	
	White	BAME	White	BAME	White	BAME
	29.8%	-	25%	-	22%	-
	-	-	14%*	27%*	17%*	25%*

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

WRES Indicator 6 shows that when compared to other CCGs, a greater proportion of West Hampshire CCG staff experience harassment, bullying or abuse from colleagues, although the proportion has fallen each year since 2015 (not a statistically significant change from 2016 to 2017). The overall staff survey result for Key Finding 26 in 2016 was worse than 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 plans 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)

Percentage of staff believing CCG provides equal opportunities for progression	WRES 2015		WRES 2016		WRES 2017	
	White	BAME	White	BAME	White	BAME
	71.9%	-	84%	-	86%	-
	-	-	92%*	73%*	90%*	67%*

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

The proportion of White employees who believe that West Hampshire CCG provides equal opportunities for career progression or promotion is a little lower than the average for all CCGs. The staff survey results for White staff have improved each year since 2015.

The overall survey result for Key Finding 21 puts West Hampshire CCG as average compared to all other CCGs in England. Also the percentage change from 2016 to 2017 is not statistically significant.

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)

Percentage of staff experiencing discrimination from manager/colleague	WRES 2015		WRES 2016		WRES 2017	
	White	BAME	White	BAME	White	BAME
	5.3%	-	6%	-	7%	-
	-	-	3%*	7%*	4%*	13%*

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, but above average (worse than) that for all other CCGs in England.

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.

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.

Percentage difference between Board voting and executive memberships and overall workforce	WRES 2017						
	Board voting membership*		Board executive membership*		Overall workforce		
	White	BAME	White	BAME	White	BAME	Undisclosed
	90%	10%	85.7%	14.3%	89.0%	5.1%	5.9%
		+4.9%		+9.2%			

* CCG Board voting membership and executive membership on 31 March 2017 – for further details see Appendix two.

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. Focus group for BAME staff

In line with the CCG WRES action plan for 2016/17, a focus group was held for BAME staff. Employees from ‘White other’ backgrounds also attended. Some individuals chose to have one-to-one meetings rather than speak in a group setting.

We are not publishing the focus group findings as part of this report in order to maintain anonymity. However the views and experiences of BAME employees were discussed by the CCG Learning and Growth Group, and used to inform the WRES action plan for 2017/18.

6. 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 below.

Main commissioned provider compliance with the WRES

Provider Trust	WRES report published 2015	WRES report published 2016/17	WRES action plan in place
Hampshire Hospitals NHS Foundation Trust	No	Yes	Yes
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Yes	Yes	Yes
Salisbury Hospital NHS Trust	Yes	Yes	Yes
South Central Ambulance Service NHS Foundation Trust	Yes	Yes	Yes
Southern Health NHS Foundation Trust	Yes	Yes	Yes
University Hospitals Southampton NHS Foundation Trust	Yes	Yes	Yes

Note: WRES guidance states that organisations should publish their annual WRES data on their website, alongside their WRES action plan.

7. Review of WRES action plan 2016/17

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/ lead	Progress
1. Write to the 11.3% 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 30/11/16.	1, 3, 4, 9	30/11/16	Aneta Sanders	Action implemented. Following contact with employees undefined records for ethnic background have reduced to 5.9% by 31 March 2017.
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 are fair and transparent.	Audit completed by 30/11/16.	1, 2, 7, 9	30/11/16	Nick Birtley Christine Mbabazi	Completed. Audit of recruitment practices found that record keeping of decision making at shortlisting and interview not consistently in line with recruitment policy. Data analysis of ethnic background of applicants, those short listed and new starters suggests a number of factors including unconscious bias may be influencing decisions.

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/lead	Progress
3. Develop and implement a positive behaviour campaign based on CCG values (fair, compassionate, honest, inclusive and ambitious).	Positive behaviour campaign completed by 31/03/17.	5, 6, 8	31/03/17	Liz Kite CCG Staff Forum	Positive behaviours linked to CCG values identified in partnership with the Staff Forum members. Positive behaviours included in new <i>Dignity and Respect Policy</i> .
4. Develop and implement <i>Dignity and Respect in the Workplace</i> training for all staff.	<i>Dignity and Respect in the Workplace</i> training attended by at least 60% of employees by 31/03/17	5, 6, 8	31/03/17	Nick Birtley Christine Mbabazi Aneta Sanders	Ongoing. Training package developed. Roll out of training delayed until April 2017.
5. Draft, consult on and approve a <i>Dignity and Respect Policy</i> for the CCG.	CCG <i>Dignity and Respect Policy</i> approved at Policy Sub-Group on 07/11/16.	5, 6, 8	30/11/16	Nick Birtley	Complete. Policy approved at Policy Sub-group on 3 May 2017.
6. Run BAME staff focus group to gather information about their experience of the organisation and identify improvements.	Views of BME staff gathered by 23/12/16.	5, 6, 7, 8	23/12/16	Nick Birtley Christine Mbabazi	Complete. Focus group held on 6 June 2017. Some staff preferred to meet on a one-to-one basis. Findings to inform WRES plan for 2017/18.

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/ lead	Progress
7. All CCG employees to complete a skills assessment to inform CCG learning and organisational development plan.	Skills Assessment completed by all staff and used to shape learning and organisational development plan.	4, 7	28/02/17	Liz Kite All CCG staff	Ongoing. Skills assessment developed and piloted by Strategy and Service Development Directorate in June 2017. Full implementation planned for September 2017.

7. WRES action plan 2017/18

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/ lead
1. Write to the 5.9% of employees with blank records for ethnicity requesting their ethnic background.	100% of staff records have defined ethnic background by 31/03/18.	1, 3, 4, 9	31/03/18	Aneta Sanders
2. Complete audit of records kept at short listing and interview for a band 3, 8a and director level post to assess whether recruitment	Three audits completed by 31/03/18.	1, 2, 7, 9	31/03/18	Nick Birtley

Action	Measure of success	To improve WRES indicator	Target completion date	Responsibility/ lead
processes set out in CCG policy are followed.				
3. Continue roll-out of <i>Dignity and Respect in the Workplace</i> training at both Omega House and for the Continuing Healthcare Team.	<ul style="list-style-type: none"> • <i>Dignity and Respect in the Workplace</i> training attended by 40% of employees by 31/03/18. • Experience of bullying and harassment from both patients and colleagues reduces for both White and BAME employees (as measured by NHS Staff Survey). 	5, 6, 7, 8	40% of staff completed by 31/03/18	Nick Birtley Aneta Saunders
4. Build fairness and inclusion into CCG Managers Toolkit and courses that stem from Skills Assessment project.	Information and examples that relate to equality and inclusion included throughout toolkit and training programmes so that managers are well equipped to address issues.	2, 3, 4, 5, 6, 7, 8	31/12/17	Liz Kite Nick Birtley
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	Nick Birtley and CCG Quality Managers

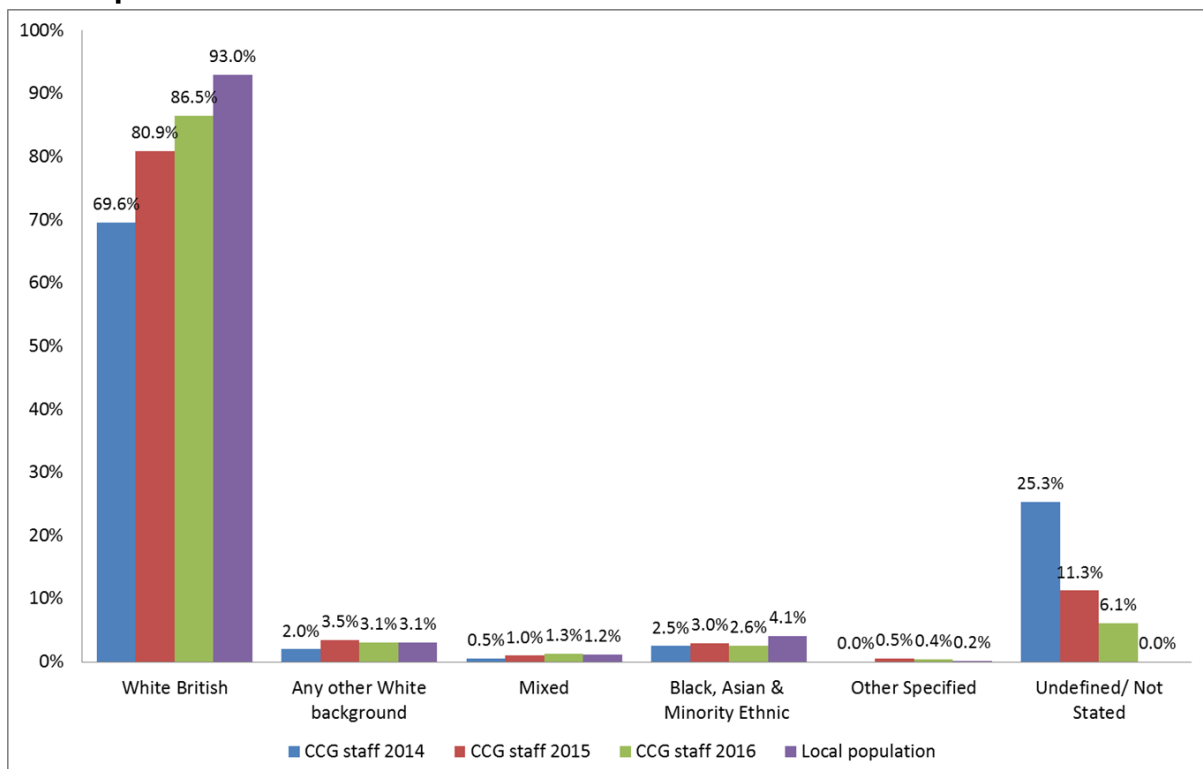
Appendix one

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 2016



(Data from Electronic Staff Record)

Comparing the ethnic make-up of the local population with that of our employees gives a positive overall picture, as our workforce reflects the community we serve:

- The proportion of staff from Black, Asian and Minority Ethnic backgrounds at 2.6%, is similar to local population of 2.3%
- The proportion of employees from White other backgrounds at 3.1% is the same as the local population (3.1%).

Over the last few years we have reduced the proportion of blank staff records for ethnic background:

	2014	2015	2016	2017
Proportion of undefined/ not stated records for ethnicity in Electronic Staff Record	25.3%	11.3%	6.1%	5.9%

Appendix two

West Hampshire Clinical Commissioning Group Board membership

For the purposes of reporting on WRES Indicator 9 the CCG Board membership on 31 March 2017 was used.

Voting members

1. Dr Nick Arney, Clinical Executive Director, Patient and Public Engagement
2. Dr Tim Cotton, Vice Clinical Chairman
3. Mike Fulford, Chief Finance Officer and Deputy Chief Officer
4. Simon Garlick, Lay Member, Governance
5. Judith Gillow, Lay Member, Quality* and Interim Board Nurse (from March 2017 – sickness cover for Andrea O’Connell)
6. Ian Green, Lay Member, Patient and Public Involvement
7. Heather Hauschild, Chief Officer
8. Dr Simon Hunter, Clinical Executive Director
9. Dr Sarah Schofield, Clinical Chairman
10. Dr Tim Thurston, Clinical Executive Director

Executive members

1. Mike Fulford, Chief Finance Officer and Deputy Chief Officer
2. Judith Gillow, Lay Member, Quality* and Interim Board Nurse (from March 2017 – sickness cover for Andrea O’Connell)
3. Heather Hauschild, Chief Officer
4. Jenny Erwin, Acting Director of Commissioning, Mid Hampshire*
5. Beverley Goddard, Director of Performance and Delivery (from June 2016)
6. Rachael King, Director of Commissioning, West* (all year) and South*
7. Heather Mitchell, Director of Strategy and Service Development*

Non-voting members

1. Dr Sallie Bacon, Integrated Services Director, Hampshire County Council*
2. Jenny Erwin, Acting Director of Commissioning, Mid Hampshire*
3. Beverley Goddard, Director of Performance and Delivery (from June 2016)
4. Rachael King, Director of Commissioning, West* (all year) and South*
5. Heather Mitchell, Director of Strategy and Service Development*
6. Barbara Moorhouse, Lay Member, Strategy and Finance*
7. Helen Pardoe, Secondary Care Consultant*

* Non-voting member, in attendance

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